

# School of Surgical Disciplines Discipline: Anaesthetics

## Registrars Handbook

### POSTGRADUATE & REGISTRAR TRAINING



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Website: [anaesthetics.ukzn.ac.za](http://anaesthetics.ukzn.ac.za)

## 1. WELCOME AND INTRODUCTION

Welcome to the University of KwaZulu-Natal (UKZN), Department of Anaesthetics. We are one of the largest departments in the country with over 100 members of staff.

The three main functions of our department are

1. clinical service
2. teaching
3. research.

The Department offers

1. a comprehensive four-year postgraduate training programme for registered medical practitioners wishing to obtain specialist registration with the Health Professions Council of South Africa in the field of Anaesthesiology (the Fellowship of the College of Anaesthetists of South Africa FCA(SA))
2. a Masters in Medicine (MMed) degree from UKZN.

The MMed Program

It is essential that all trainees register with the University for the MMed course on commencement of training. Failure to register will result in registrar training time not being recognized for the purposes of specialist registration.

The training programme is essentially divided into two training modules:

1. Anaesthetics Part One module
2. A compulsory research component is included in the second module.

Anaesthetics Part One module

The main purposes of the Anaesthetics Part One module is to ensure that learners have the necessary knowledge and understanding of the basic sciences that underly the study and practice of anaesthesia, to provide them with supervised clinical experience, and to strengthen their grasp of professional ethics and standards of appropriate behaviour. The Part One tutorial programme is run on a Thursday afternoon in a twelve month cycle commencing in January. The year is divided into three four-month periods for each of the three main divisions of the examination: Physics, Physiology and Pharmacology.

Anaesthetics Part Two module

The main purposes of the Anaesthetics Part Two module is to prepare the learner to undertake a successful research project leading to the completion of the degree Master of Medicine in Anaesthetics, and

preparation for the final fellowship examination required for registration with the Health Professions Council of South Africa as a specialist anaesthetist. The programme consists of a series of lectures, tutorials and seminars in addition to ongoing in-service training. **Further info under “Dept Academic Meetings”**

Rotations

These are structured to complement the training modules and are divided into junior and senior registrar rotations in keeping with the respective content of the Part One and Part Two modules. Registrars are considered for promotion to senior registrar status when they have completed two years of anaesthesia, passed the Primary FCA and have sufficient maturity and clinical competence. Senior registrars are expected to attempt the Final specialist examination within eighteen months of the Primary examinations. There may be times when registrars who do not fulfill all these requirements will be asked to “act up” as senior registrars for short periods following which they will return to junior registrar duties. FCA Part Two related rotations ensure adequate exposure to all the subspecialty areas of Anaesthesia including Cardio-thoracic anaesthesia, Neurosurgical Anaesthesia, Obstetric Anaesthesia, Paediatric Anaesthesia, Vascular Anaesthesia, Pain management and Critical Care Medicine. Please refer to the handbook entry of the University of KwaZulu-Natal for further details of the training modules.

Completion of Training

Failure to make satisfactory academic progress will result in the trainee being requested to exit the programme after the fifth semester if the Anaesthetics Part One module has not been completed by then. All trainees will be required to vacate their registrar posts after the completion of four years of training irrespective of whether or not their Part Two modules have been completed successfully. Members who have completed their training time but not the examinations may be accommodated in vacant Medical Officer posts within the department. Members of the Department who have gained specialist registration are encouraged to apply for any vacant consultant post in the Department. A Junior Specialist rotation allowing for elective periods of six months in subspecialty areas is in place.

Undergraduate teaching

The department in addition to postgraduate training provides undergraduate teaching in Anaesthesia. Postgraduate trainees are expected to assist with undergraduate teaching and will in return receive remission of fees for their Masters course provided all requirements are met.

## Hospitals Involved In Training

During the four year training period registrars will rotate among the hospitals attached to the Department within the Ethekewini district and may spend time in the Department's satellite institutions. Although general principles do apply to all members throughout their stay in the Department, individual variations of these rules apply to each institution. It remains the responsibility of members of the Departments to acquaint themselves with the guidelines that pertain to the respective institution to which they are allocated at the time.

### **Inkosi Albert Luthuli Central Hospital**

Institutional Head of Anaesthesia: Dr C Daniel  
Address: 800 Bellair Road, Mayville, 4091  
Private Bag X03 Mayville, 4058  
Contact Details: 031-2401802

### **King Edward VIII Hospital**

Institutional Head of Anaesthesia: Dr L Cronje  
Address: Private Bag X 02, Congella, 4013  
Contact Details: 031-3603424

### **Addington Hospital**

Institutional Head of Anaesthesia: Dr E Hodgson  
Address: P O Box 977 Durban 4000  
16 Erskine Terrace, South Beach  
Contact Details: 031-3272763

### **R.K.Khan Hospital**

Institutional Head of Anaesthesia: Dr S Tarr  
Address: Private Bag X004 Chatsworth 4030  
Road 336 Westcliff, Chatsworth  
Contact Details: 031-459 6203

### **King George V Hospital**

Institutional Head of Anaesthesia: Dr N Brouckaert  
Address: P O Dormerton, Durban, 4015  
7 Stanley Copley Drive, Sydenham  
Contact Details:

### **Prince Mshiyeni Memorial Hospital**

Institutional Head of Anaesthesia: Dr M Cloete  
Address Private Bag X 07, Mobeni 4060  
Mangosuthu Highway, V Section, Umlazi  
Contact Details: (031) 907 8162 / 8136

### **St Aidan's Mission Hospital**

Institutional Head of Anaesthesia: Dr U Singh  
Address: 33 Centenary Road, Greyville, 4052  
Contact Details: 031-314 2247

### **Ngwelezane Hospital**

Institutional Head of Anaesthesia: Dr D Barrett  
Address Private Bag X 20021, Emapngeni, 3880  
Thanduyise Road, Ngwelezane Empangeni,  
Contact Details: (035) 901 7197

### **Greys/Edendale Complex**

Institutional Head of Anaesthesia: Dr Z Farina  
Address Private Bag X9001, Pietermaritzburg 3200  
Grey's Hospital, Townbush Road, Pietermaritzburg, 3200  
Contact Details: (033) 033 897 3414

### **Port Shepstone Hospital**

Institutional Head of Anaesthesia: Dr S Blakemore  
Address: Private Bag X 5706, Port Shepstone, 4240  
11 Bazley Street, Port Shepstone, 4240  
Contact Details: (039) 688 6171

### **Mahatma Gandhi Hospital**

Institutional Head of Anaesthesia: Dr Rungan  
Address: P/Bag X13 Mount Edgecombe 4300  
100 Phoenix highway, Phoenix  
Contact Details: 031 502 1719

The Department has set high standards for patient care and members joining the Department will be expected to meet these standards during their training period. A process of ongoing assessment has been established to monitor progress of individuals throughout their stay in the Department. Should you decide to take full advantage of all the facilities, training opportunities and the wealth of expertise available to you, you are likely to be rewarded with success. The Department will strive to make your stay in the Department as rewarding and successful as possible.

## 2. INTRODUCTION TO THE SCHOOL AND DEPARTMENT

### 2.1 Introduction

The M Med Programme is offered by the Department of Anaesthetics, which is part of the School of Surgical Discipline. The School is one of six Schools which make up the Nelson R Mandela School/Faculty of Medicine. The Faculty, with the Faculty of Health Sciences, constitutes the College of Health Sciences.

- You will be dealing with the following academic line managers:

Personal Supervisor (rotating) → Head of Department - **Dr PD Gopalan** → Head of School - **Vacant** → Dean's Assistant → Dean – **Prof W Sturm** → DVC – **Prof L. Uys**

The Dean is being assisted by a Deputy Dean, who deals mostly with Undergraduate matters, as well as three Dean's Assistants. One of them, **Prof Sandy Thomson**, has the delegation of dealing with M Med Matters. Other Dean's Assistants are **Dr Anna Voce**, who deals with Course Work Masters degrees, and **Prof TE Madiba**, who deals with the HPCSA and CPD matters.

- However, you might also have dealings with the Faculty Office. You will be dealing mainly with the Post-Graduate Office, who works to the Faculty Manager (**Ms Jaqui Habana**). The policy-making and decision-making (outside of routine matters) are dealt with by the Post-graduate Committee, who meets once a month, and is currently chaired by **Professor P Moodley**.

In the Post-graduate Office the division of work is as follows:

Student registration:

Research protocols and examination:

◆ Please note, if you want to contact people, the electronic telephone book on the website (indicated by an i in a circle, gives the phone numbers of all staff members of the University. If you try to reach them by email, you should be able to type the first name, and the computer should recognize the person and give you the full name, and automatically address the email.

- We would like to encourage you to interact with the wider Faculty and University. The website is a good place to start ([www.ukzn.ac.za](http://www.ukzn.ac.za)). You should also receive an electronic newsletter every month from the Division of Public Relations. If you don't

receive it, please enquire. The College of Health Sciences also published an electronic newsletter every six months, which should also bring to your attention who is doing what.

### Department of Anaesthetic Staff

#### Head of Department:

Dr Dean Gopalan 031-260 4328 [gopalan@ukzn.ac.za](mailto:gopalan@ukzn.ac.za)

#### Deputy Head of Department

Dr Clive Daniel 031-240 1802 [daniel@ukzn.ac.za](mailto:daniel@ukzn.ac.za)

#### Research Professor

Prof Chris Rout 031-2604343 [rout@ukzn.ac.za](mailto:rout@ukzn.ac.za)

#### Senior Administrative Officer

Ms Carol Newman 031-2604326 [newman@ukzn.ac.za](mailto:newman@ukzn.ac.za)

#### Assistant Administrative Officers

Mrs Camy Singh 031-2604329 [singhc@ukzn.ac.za](mailto:singhc@ukzn.ac.za)

Ms Nonhlanhla Mabaso 031-2604328 [Mabasonpz@ukzn.ac.za](mailto:Mabasonpz@ukzn.ac.za)

#### Chief Technician

Mr Naren Bhimsan 2604344/ 2401784 [bhimsan@ukzn.ac.za](mailto:bhimsan@ukzn.ac.za)

#### Research Assistant

Mrs Zukie Maliti 031-2401763 [maliti@ukzn.ac.za](mailto:maliti@ukzn.ac.za)

#### Messenger

Mr Siphon Maphumulo 031-2604328

#### Departmental Secretaries

Ms Arun Pillay 031-2402450 [arunpil@ialch.co.za](mailto:arunpil@ialch.co.za)

Mrs Hannah Freddy 031-2401762 [hannahnai@ialch.co.za](mailto:hannahnai@ialch.co.za)

### 2.2 Responsibilities of the Department/School

The School of Surgical Disciplines is responsible for the academic development of the Registrar in discipline of Anaesthetics. The Head of the Department is responsible for structuring and monitoring the programme of study.

The responsibility of the HOD is to:

1. Structure the rotation of registrars to enable comprehensive learning.
2. Allocate a clinical and a research supervisor to each registrar.
3. Monitor the quality of rotations through the rotation feedback sheets and other mechanisms.
4. Monitor the progress of each registrar through the annual Professional Portfolio assessment.
5. Develops a programme of formal teaching of registrars in the Department.

6. Develop a programme of valid and reliable assessment of the progress of registrars.
7. Deal with problems which arise in the training of registrars referred.
8. Work with the Faculty Higher Education Committee to maintain and improve the quality of M Med programme.

The responsibility of the Clinical Supervisor (rotating) is to:

1. Meet with the registrars at least once per roster period to support them in carrying out their attachment to the best of their professional ability, to identify their own learning needs and to plan to address these.
2. Assist the registrars to access appropriate resources to improve learning and development.
3. Assess the Professional Portfolio and the self-evaluation sheet of registrars at least every three months to ensure progress is adequate.
4. Counsel and support the registrars in their professional learning and development.
5. Make regular contact with the health service departments to discuss progress of the Registrar during the period of attachment.

The responsibility of the Research Supervisor is to:

1. Assist the registrar to prepare an acceptable research protocol, which is approved for implementation by the PGC of the Faculty.
2. Ensure that the research report/article is up to the standard of a Masters degree at this University.
3. Access research funding which can assist registrars to do their research
4. Set up larger research programmes which can accommodate the research of registrars.

### 2.3 The responsibilities of the Faculty Office

The duties of this office is to:

1. Register the registrar annually as a M Med student before the registration deadline of the University;
2. Monitor the progress and financial standing of each registrar annually, in order to know whether re-registration may be done in every new year, and what the financial status is;
3. Process the Research Protocol of the registrar through both the PG Committee and the Ethics Committee.
4. Communicate with the candidate about both the outcome and progress of the research and the registration processes.

### 2.4 The responsibilities of the registrar/student

Learning is not a passive process, depending on others only. The Department and Faculty can only support and facilitate. In the final instance, learning is the responsibility of the registrar. The Department expects the following the registrar to:

1. Optimally utilize the learning opportunities provided by keeping to clinical and academics schedules, attending scheduled activities and engaging seriously with these events. **Participation in scheduled Departmental activities is mandatory.** Registrars are expected to attend at least 70% of scheduled departmental activities.
2. Complete required tasks, projects, questionnaires and portfolios on time and with the required attention to the intended learning outcomes.
3. Give feedback to the Department about clinical rotations and other teaching/learning events in order to make improvement possible.
4. Take responsibility for own learning by actively seeking out opportunities and resources appropriate to their needs.
5. Upholding the vision, mission and ethical codes of the University and the profession of medicine.
6. Senior Registrars are expected to contribute to the academic programme of Junior Registrars, while those who have completed their specialist examinations are expected to assist junior colleagues preparing for their examinations.
7. Participate in teaching activities in the Department and clinical areas as delegated.
8. Premedication- it remains the duty of the Registrar allocated to the operating list to ensure that the patient is assessed preoperatively and medicated appropriately

Activities which are outside the responsibility of Registrars:

- ➡ Managing of financial accounts or cost centres.
- ➡ Signing of any financial requisitions.
- ➡ Organising of activities or programmes without the consent of the Head of Department or Programme Manager
- ➡ Representing the Department at any meetings or forums without the consent of the Head of Department/Programme Manager

### 3. THE ACADEMIC CALENDER

The University offers a number of events annually aimed at getting academics and students to talk with each other within and across disciplinary boundaries.

**Inaugural lectures:** Every new full Professor delivers an inaugural lecture within a year from taking the chair. These events, with the topic to be addressed are regularly advertised.

**Annual Pfizer College of Health Sciences Research Symposium:** Academics from all disciplines within the College deliver papers and engage in discussion. It is usually two days, and alternates between the campuses.

**Faculty Research Symposium:** This is the opportunity for students in the NRMSOM to present their research.

**Annual Teaching and Learning Conference:** The University holds an annual conference around different themes in higher education. It is usually held during the September vacation.

### 4. ACADEMIC RESOURCES

It is important that you know about all the learning resources available to you, and use these optimally. You might find many more, but here is a list to start you off:

#### 4.1 The library

On completion of registration with the postgraduate office, registrars will have membership to all UKZN libraries. Access to the libraries requires a valid student card. Information regarding borrowing privileges and services offered by the libraries can be viewed on the homepage of the library <http://library.ukzn.ac.za>

#### Medical Library

Access to the Library is free to members of staff, undergraduates and postgraduates on presentation of official University ID Card. Medical officers may join the Medical Library at a cost of R300 per year with a letter from their Department (R600 for access to all UKZN libraries). Library hours, which may change during student vacations, are reflected below:

| Medical Library | Term time    | Vacation     | Exam Time    |
|-----------------|--------------|--------------|--------------|
| Weekdays        | 8:30 - 22:00 | 8:30 - 17:30 | 8:30 - 22:00 |
| Friday          | 8:30 - 19:30 | 8:30 - 17:30 | 8:30 - 19:30 |
| Saturday        | 9:00 - 17:00 | 9:00 - 12:30 | 9:00 - 17:00 |
| Sunday          | Closed       | Closed       | 9:00 - 17:00 |

#### 4.2 Computer-based resources

##### Departmental Website

The official website of the department is <http://www.anaesthetics.ukzn.ac.za>. This site is kept up to date with the teaching programme time-tables, registrar leave slots, notices, announcements, links to the various sub-departments as well as satellite hospitals, etc. Please visit this site at your earliest convenience. The webmaster is Naren Bhimsan and may be contacted on [bhimsan@ukzn.ac.za](mailto:bhimsan@ukzn.ac.za).

##### Departmental Newsletters

###### Weekly Publication (D.A.W.N.)

This is the 2-page Department of Anaesthetics Weekly Newsletter (D.A.W.N.). It is distributed at the Friday Morning Meeting and is then available on the Departmental website. It includes various notices and articles. Departmental members who wish to have information advertised in "DAWN" must e-mail this to Camy ([singhc@ukzn.ac.za](mailto:singhc@ukzn.ac.za)) before 14h00 on Wednesdays.

###### Monthly Publication (D.A.M.N.)

This is the 4-page Department of Anaesthetics Monthly Newsletter (D.A.M.N.) which is published in the last week of each month for distribution at the last Friday Morning Meeting of the month. The publication is then later made available on the Departmental website. It includes various notices, articles, crosswords, etc. Departmental members who wish to have information / articles published in "DAMN" must e-mail these to Camy ([singhc@ukzn.ac.za](mailto:singhc@ukzn.ac.za)).

Access to the library webpage and electronic resources requires activation of your LAN username and password. Off campus access to some of the databases is available from the webpage.

Medical library offers training in :

- iLink OPAC (the computerized library catalogue)
- access and use of the academic databases efficiently
- evaluation of websites
- bibliographic tools, eg. Endnote and RefWorks

Mrs Nonhlanhla Ngcobo, x4373 ([ngcobon15@ukzn.ac.za](mailto:ngcobon15@ukzn.ac.za)) is the Campus Librarian at the Medical Library. Ms Rani Moodley, x4372 ([moodleyk@ukzn.ac.za](mailto:moodleyk@ukzn.ac.za)) and Ms Sara Mitha, x4766 ([mithasa@ukzn.ac.za](mailto:mithasa@ukzn.ac.za)) are the Subject Librarians at the library and they assist with research queries. For Circulation queries, contact the Issue Desk at 031-2604261.

#### 4.3 Offices and work spaces

Registrars may use general office space within the department at Medical School. Registrar offices are also available at IALCH.

#### 4.4 Statistical advice

Once you start working on your research, you might need to consult with a Statistical Advisor. Do this early in your planning. Contact Ms Tonya Esterhuizen, a Biostatistician at x 4522 or [esterhuizent@ukzn.ac.za](mailto:esterhuizent@ukzn.ac.za)

#### 4.5 Web-based modules

We have two web-based teaching modules which is aimed at academics, but which you might also find useful:

- Introduction to Teaching at a University
- Doing Research Supervision.

To access these, go to [www.ols.ac.za](http://www.ols.ac.za)

#### 4.6 Skills laboratory

The Skills Laboratory is set up to teach skills to practitioners on models before they venture to use these skills on patients. The opening hours are from 08H00 to 16H00 on weekdays; on Saturdays from 08H00 to 14H00.

While scheduled teaching is done mainly for under-graduate students, post-graduate students can make an appointment with the manager for individual demonstration and assessment in any of the skills. Please contact Ms Saras Reddy at 031 260 4468 or email her at [reddys15@ukzn.ac.za](mailto:reddys15@ukzn.ac.za)

#### 4.7 Human Patient Simulator (HPS)

The HPS was acquired by the department in September 2003. Many departmental staff members have been trained to use the HPS as a significant teaching tool. Naren Bhimsan is presently responsible for the running of the HPS.

Human patient simulators represent the latest in the state of the art simulation technology to train medical personal at all levels of medical education without risk to patients, to cut mistakes by professionals and, when errors happen, to find out why. Students are shown how the dynamic coupling of the cardiovascular, pulmonary and pharmacological system in the physical embodiment of Stan allows for the complete characterization of an adult patient. Stan is connected to standard monitors used in the operating theatres and they function exactly as though it was a real patient.

The clinical systems of the HPS include the following modules: Normal and Difficult Airway Module, Pulmonary system, Cardiovascular system, Genitourinary system, Thumb twitch module, Advanced cardiac life support, Airway management and ventilation, Chest compression, Cardiac arrhythmias and Electrical therapy.

We invite you to use the Simulation laboratory to MAXIMISE YOUR POTENTIAL as an anaesthesiologist. Contact Naren Bhimsan 082 463 2636

## 5. THE PROGRAMME OUTCOMES

The MMed (Anaes) is aimed at providing graduates with the knowledge and competence in anaesthesiology, and to provide improved health service to the population. It aims to provide graduates with the foundations for specialist professional practice, engagement with the research process and continued professional and scientific growth.

The programme is organized to prepare a specialist to fulfil four distinct roles:

- A Specialist practitioner (outcomes 4 to 12)
- A researcher (outcomes 1 to 3)
- A leader and teacher (outcomes 13 to 15)

The programme prepares graduates to be able to

1. Demonstrate academic literacy to access appropriate resources and to produce papers and presentations which convey clinical and scientific information and thinking effectively.
2. Conceptualize, develop and implement a research protocol which satisfies the standards of the University.
3. Understand statistical analysis as described in scientific articles and as used in their own research.
4. Perform appropriate physical examination using specialist skills.

5. Use the results of appropriate special investigations as a basis for interventions.
6. Plan and implement appropriate treatment options in accordance with the needs and preferences of the patient.
7. Demonstrate competence in procedures essential to the area of specialization.
8. Ensure maintenance of high ethical standards in practice and research.
9. Benchmark clinical practice against international standards, using available evidence.
10. Effectively inform patients and their families about their condition and treatment in order to optimize their participation in treatment and prevention.
11. Analyze the impact of contextual and health systems changes on the specialty area and take appropriate action.
12. Analyze statistical data in the area of specialty in order to identify trends, service and/or treatment deficiencies.
13. Create and sustain harmonious and effective service delivery teams.
14. Provide leadership for service delivery in the public health services.
15. Mentor junior colleagues in the area of specialty.

## 6. THE PROGRAMME STRUCTURE

### 6.1 Macro academic schedule

| Year | Schedule  | Assessment  |
|------|---|---|
| 1    | Clinical rotation<br>Complete a Research module<br>Begin to develop a research protocol<br>Begin to develop a Professional Portfolio (PP) | <u>Formative:</u> 3-monthly<br><u>Summative:</u><br>Research Proposal to HDC<br>PP assessment |
| 2    | Clinical rotation<br>Complete and submit research protocol<br>Prepare for Part 1 examination<br>Continue to work on PP                    | <u>Formative:</u><br>3-monthly<br><u>Summative:</u><br>PP assessment<br>Part 1 examination    |
| 3    | Clinical rotation<br>Teach one PBL theme<br>Collect and analyze research data<br>Continue to work on PP                                   | <u>Formative:</u><br>3-monthly<br><u>Summative:</u><br>PP assessment                          |
| 4    | Clinical rotation<br>Write research article<br>Continue to work on PP   | <u>Formative:</u><br>3-monthly<br><u>Summative:</u><br>PP assessment<br>Part 2 examination    |

## 6.2 Academic teaching/learning opportunities

The main elements are

- Clinical rotation with specific learning objectives for each rotation
- Registrar presentations
- Journal Club
- Research Meetings
- Monthly Staff Meetings
- Visiting Experts Seminar Series

The following commitments are important performance monitoring criteria:

- attendance at scheduled departmental meetings
- attendance at local specialty-related conferences
- attendance at regional professional society meetings
- the Faculty of Medicine and School annual Research Days;
- presentation at a minimum of one national conference

### DEPARTMENTAL ACADEMIC MEETINGS

There are a number of educational meetings held by the Department. Attendance at these CPD-accredited meetings is compulsory. Registers are kept for all these meetings.

#### Friday Morning Meeting

*Every Friday at 07h15 – 08h15 in L5 Lecture Theatre, 2<sup>nd</sup> Floor, Medical School.*

Each week the Department meets on Friday mornings before theatre lists commence. An allocated registrar makes an academic presentation on a pre-selected subject. There is a prize for the best presentation during the year. **(see Prizes and Awards page further down)** Please remember that this meeting starts promptly at 07h15 and it is considered extremely discourteous to arrive late. Tea, coffee and snacks are supplied from 07h00 onwards. This meeting is accredited with 1 CPD point.

Provisional allocations for the year are completed by 31 October of the preceding year. This provisional allocation will be placed on the website, in the attendance file of all meetings and e-mailed to all staff. Staff members then have four weeks to effect any changes. A confirmed programme will then be publicized by 30 November.



Two Registrars are allocated for each meeting, one as a presenter and the other (usually a senior registrar), to deliver commentary on the presentation. A Consultant is allocated to act as moderator for the presentation. The presenter should choose a topic for presentation in conjunction with the moderator at least 8 weeks in advance. The topic should be forwarded to Camy Singh ([singhc@ukzn.ac.za](mailto:singhc@ukzn.ac.za)) for publication in DAWN.

The presenter, guided by the moderator, should make a text of their presentation available to the Department. This should be typed as single spaced Arial Font 10 with a list of references at the end. Diagrams and pictures need to be of a high quality and resolution. The publication is expected to be of a high quality and if suitable may be chosen for submission for publication in a national journal. The text will also be made available to Departmental staff on the website. The text should be ready at least two weeks before the presentation and should be forwarded to Camy Singh for editing and printing.

The slide presentation should be on Powerpoint. This should be handed in to Camy Singh on the Friday preceding the presentation. The presentation should be no longer than 30 minutes. Registrars are reminded to pre-check the length of their presentations. Text on slides should be clear and well spaced. Remember, usually no more than seven lines on a slide. Use your spell check! Pictures and diagrams make for better presentations. Always list the objectives of your presentation. Moderators should not have their first viewing at the meeting!

The presenter should ensure that their talk is loaded on the Departmental lap-top on Thursday afternoon. Call Camy Singh on 031-260 4329. On the Friday morning, the presenter should fetch the lap-top and audio-visual kit from the Department. Meetings will start promptly at 07h15. General Department announcements are made, after which the moderator will introduce the speaker and the subject. When a company sponsors breakfast, they will be allowed to address the meeting for not longer than five minutes. A presentation of 30 minutes will then follow. Face the audience and speak clearly!

The presentation will be followed by a commentary delivered by the allocated registrar. This commentator would have perused the text and slide presentation well in advance. The registrar is expected to critique the presentation by evaluating whether the presentation has appropriately covered the subject and addressed the controversies. This should NOT merely be a presentation of new information not covered in the

presentation. Nor should it just be a review of a journal article on the subject. The commentary should be no longer than 7 minutes.

With the moderator and the allocated registrars on the podium, the floor will then be open for discussion. This should give the moderator an ideal opportunity to hone their skills as chairperson. Discussion should be encouraged. The moderator may pose questions to registrars in the audience. The moderator is then expected to make a summary statement before the meeting closes at 08h15.

Time lines for FMM:

|                 |  |
|-----------------|--|
| 12 weeks to go: | Contact with Moderator                             |
| 8 weeks to go:  | Topic to Camy<br>Literature search complete        |
| 6 weeks to go:  | First draft to moderator                           |
| 4 weeks to go:  | Second draft to moderator                          |
| 2 weeks to go:  | Text to Camy<br>Slide presentation to<br>Moderator |
| 1 week to go:   | Slide presentation to Camy                         |

Contact Persons: Alan Hunter ([alanhun@ialch.co.za](mailto:alanhun@ialch.co.za)) co-ordinator  
Camy Singh ([singhc@ukzn.ac.za](mailto:singhc@ukzn.ac.za))

Score sheet: The presentation is scored by 5 Consultants according to the following criteria. Feedback will be given to the presenter.

#### SCORING

For each of the following six criteria, score the presentation out of a maximum of 5.

|   | Criterion   | Score | Totla-30 |
|---|---|-------|----------|
| 1 | <b>Subject Research</b><br>Is there evidence of extensive research into subject<br>e.g. appropriate references, in-depth knowledge                  |       | 5        |
| 2 | <b>Content</b><br>Has the appropriate information been chosen to achieve the objectives of the presentation?  |       | 5        |
| 3 | <b>Audio-visual</b><br>Have aids been appropriately used in presentation?<br>e.g. quality of slides, pictures, graphs etc.                          |       | 5        |
| 4 | <b>Oral Presentation</b><br>Is the presenter able to communicate effectively?<br>e.g. speech, language, audience contact                            |       | 5        |
| 5 | <b>Controversies and questions</b><br>Has the presenter handled controversies appropriately?<br>Has the presenter answered questions appropriately? |       | 5        |
| 6 | <b>Impact Factor</b><br>What is the impact of the presentation?<br>e.g. In changing practice, increasing awareness, etc.                            |       | 5        |

## Journal Club

*Third Tuesday of each month from 16h30 – 17h30 in L5 Lecture Theatre, 2<sup>nd</sup> Floor, Medical School.*

This meeting is for all staff! Registrars are allocated journals / journal articles to peruse by a member of the consultant staff within a specific subspeciality. After discussion, selected articles are presented in relation to content and scientific validity.

Provisional allocations for the year are completed by 31 October of the preceding year. This provisional allocation will be placed on the website, in the attendance file of all meetings and e-mailed to all staff. Staff members then have four weeks to effect any changes. A confirmed programme will then be publicized by 30 November.

2 Registrars and 2 Consultants are allocated to each meeting. Each pair of registrar/consultant will cover 2 articles within a subspeciality. The articles are presented on Powerpoint by the registrars, with each article taking 15 minutes.

Snacks and drinks will be provided. The meeting is accredited for 1 CPD point.

Contact Persons: Joe Rubin ([josephrub@ialch.co.za](mailto:josephrub@ialch.co.za)) co-ordinator  
Camy Singh ([singhc@ukzn.ac.za](mailto:singhc@ukzn.ac.za))

## Research Meeting

*Fourth Tuesday of each month at L5 16h30 – 17h30 in L5 Lecture Theatre, 2<sup>nd</sup> Floor, Medical School.*

The purpose of the meeting is to teach the practical aspects of trial design and analysis and to help researchers with critical analysis of their own protocols. All departmental research studies are presented at this meeting prior to submission to the Ethics and Research Committees of the Medical School.

Snacks and drinks will be provided. The meeting is accredited for 1 CPD point.

Contact Persons: Bruce Biccard ([Bruce.Biccard@nda.ox.ac.uk](mailto:Bruce.Biccard@nda.ox.ac.uk)) co-ordinator  
Zukie Maliti ([maliti@ukzn.ac.za](mailto:maliti@ukzn.ac.za))

## Meeting structure.

1. Research lecture- 15 minutes
2. Registrar first research presentation- 15 minutes
3. Registrar first research presentation- 15 minutes
4. Registrar follow up research presentation- 5 minutes
5. Registrar follow up research presentation- 5 minutes
6. Registrar follow up research presentation- 5 minutes

## Research lectures.

1. The research process
2. Research ethics
3. Qualitative versus quantitative research
4. Writing a protocol
5. Research resources
6. Literature review
7. Student-supervisor relationship
8. Questionnaires
9. Sample size
10. Statistics
11. Writing a paper

## Clinical Forum

*First Tuesday of each month at 16h30 – 17h30 in L5 Lecture Theatre, 2<sup>nd</sup> Floor, Medical School.*

This meeting is for all staff! This is a clinical meeting at which interesting cases are presented and discussed.

Provisional allocations for the year are completed by 31 October of the preceding year. This provisional allocation will be placed on the website, in the attendance file of all meetings and e-mailed to all staff. Staff members then have four weeks to effect any changes. A confirmed programme will then be publicized by 30 November.

2 Registrars and 2 Consultants are allocated to each meeting. Each pair of registrar/consultant will present an interesting clinical case within a subspeciality. The cases are presented on Powerpoint by the registrars, with each presentation (including discussion) taking 30 minutes. Clinical aspects of the case are presented and discussed. This should be followed by a short presentation on the underlying subject. Consultants are expected to pose questions to registrars in the audience.

Snacks and drinks will be provided. The meeting is accredited for 1 CPD point.

Contact Persons: **VACANT – co-ordinator**  
Camy Singh ([singhc@ukzn.ac.za](mailto:singhc@ukzn.ac.za))

### **Evening Lectures**

From time to time the Department is privileged to host visiting speakers both national and international. Lectures are held on an ad hoc basis, often in conjunction with the South African Society of Anaesthetists (SASA) or the CCSSA. When such lectures are held registrars are expected to attend.

### **SASA KZN Branch Meetings**

*First Tuesday of each month at 17h30 – 19h00 in the Boardroom at Entabeni Hospital*

The local branch of SASA has a monthly academic meeting. On the first Tuesday of every month a lecture is presented on a wide variety of subjects. Staff are encouraged to attend the meeting which is not restricted to SASA members. If however, you need a CPD certificate, you need to be a member of the Society. Registrars, especially those about to sit for the examinations, will find the meeting particularly useful.

Snacks and drinks are provided by the sponsor company. The meeting is accredited for 1 CPD point. The annual programme may be found on Departmental notice boards or on our website.

### **CCSSA KZN Branch Meetings**

*Third Thursday of each month at 17h30-19h00 in the Boardroom at Entabeni Hospital*

The local branch of CCSSA has a monthly academic meeting. On the third Thursday of every month a lecture is presented on a wide variety of subjects. The last presentation for the year is usually delivered by a visiting national speaker. Staff are encouraged to attend the meeting which is not restricted to SASA members. If however, you need a CPD certificate, you need to be a member of the Society. Registrars, especially those about to sit for the examinations, will find the meeting particularly useful.

Snacks and drinks are provided by the sponsor company. The meeting is accredited for 1 CPD point. The annual programme may be found on Departmental notice boards or on our website.

### **Part Two Monday Tutorials**

The academic program for the final FCA candidates aims to prepare them for the various aspects of the examination. Tutorials covering the theoretical component are held on Monday afternoons from 16h30 onwards at IALCH Anaesthetic seminar room. This will be done in the form of vivas, essay writing and a review of the current literature on the allocated topics.

These sessions are intended to be interactive discussions requiring adequate preparation by the registrars. The program will run over 1 calendar year, with the list of topics and tutors being made available at the beginning of the year.

These tutorials will be supplemented by clinical sessions on Saturday mornings.

Theroshnie Kisten

**SEE APPENDIX FOR DETAILED PROGRAMME**

### **Part Two Clinical Course**

The Department of Anaesthetics has held The Clinical Course annually for the past 26 years. This until recently was the only such course held nationally. The course, aimed at assisting candidates preparing for the clinical / oral component of the Fellowship in Anaesthesia examinations, is held in the middle of September between the written and clinical sections of the FCA Part 2 examinations. Note that a similar course has been started jointly between the Departments of Anaesthesia at the Universities of Witwatersrand and Pretoria. This course is held during April.

The Durban Clinical Course is restricted to 25 candidates. Candidates sitting the examination will be given preference. The course aims to simulate examination conditions, preparing candidates for the clinical and oral examinations. It is an extremely intensive course held over five days and incorporates lectures, practical workshops, clinical case presentations and mock oral examinations.

Candidates are divided into groups. Each candidate will however be expected to present a clinical case daily. This usually occurs in the mornings. The afternoons are usually taken up by mock oral examinations,

during which each candidate is exposed to a variety of examiners. The examiners pool is made up of national and local anaesthesiologists, and includes private anaesthesiologists and specialists from other disciplines.

A course dinner is traditionally held on the Wednesday evening, affording the candidates some respite from a gruelling week.

Registrars from the Department are advised to book a place on the course timeously. Such bookings should be made at least a year in advance. Five places are reserved for local registrars, but these are allocated on a first come-first serve basis. Additional places for local candidates will be on a competitive basis with registrars from elsewhere in the country.

The Department reserves the right to restrict the total number of local registrars attending the course consequent upon the other departmental functions being met.

#### Course Dates

|      |                 |       |
|------|-----------------|-------|
| 2008 | September 15-19 | IALCH |
| 2009 | September 14-18 | IALCH |

#### Contact People

|           |              |             |  |
|-----------|--------------|-------------|--|
| Bookings  | Ms C Newman  | 031-2604328 | <a href="mailto:newman@ukzn.ac.za">newman@ukzn.ac.za</a>   |
| Organiser | Dr. T Kisten | 031-2401762 | <a href="mailto:kistent@ukzn.ac.za">kistent@ukzn.ac.za</a> |

### Departmental Prizes And Awards

The Department annually awards numerous prizes. These awards are made at the official end-of-year Departmental function.

#### 1. Teacher-of-the-Year

This award is made to the Consultant who has made the greatest contribution to teaching of junior staff. The award is voted for by the registrars and medical officers (up to level of Principal Medical Officer).

At the end of November, voting forms will be made available. Each member of the junior staff will nominate 3 Consultants in order of preference. Consultants will be awarded 3 points as first choice, 2 points as second choice and 1 point as third choice. The Consultant with the most number of points will be declared "Teacher-of-the-Year".

The "Teacher-of-the-Year" will win a trip to either the National SASA or CCSSA Conference in the year following the award.

#### 2. Registrar-of-the-Year

This award is made to the Registrar who best epitomizes the qualities that define a registrar. These include, but are not limited to enthusiasm, clinical and academic ability, punctuality and attendance. The award is voted for by the consultant staff of the Department (including Chief Medical Officers).

At the end of November, voting forms will be made available. Each member of the Consultant staff will nominate 3 Registrars in order of preference. Registrars will be awarded 3 points as first choice, 2 points as second choice and 1 point as third choice. The Registrar with the most number of points will be declared "Registrar-of-the-Year".

The Registrar will win a trip to either the National SASA or CCSSA Conference in the year following the award.

#### 3. Best Presentation

This award is made to the Best Presentation by a Registrar at The Friday Morning Meeting.

Each presentation at the Friday Meeting is evaluated by 5 consultants. Each presentation is scored in 6 categories to a maximum of 5 points in each category. The presentation with the highest number of points will win the award.

The Registrar will win a trip to either the National SASA or CCSSA Conference in the year following the award.

## 7. THE COLLEGE EXAMINATIONS

### 7.1 Examination Structure

The examination consists of three parts, a written portion, a viva voce (oral) examination and a clinical assessment, each of which should be passed separately. However, a less than satisfactory performance in one section of the examination may be compensated by an above average performance elsewhere, in accordance with the general rules and guidelines of the Colleges of Medicine of South Africa. An outright failure in any section of the

examination will result in the candidate being failed in the examination as a whole, although individual low marks within each section will not necessarily fail a candidate. In each section, the final mark will be used to determine the success or otherwise of a candidate. Thus, the candidate need not pass every part of each section, but must complete each section with an overall mark of 50%. A mark between 45% - 50% can have compensation elsewhere.

#### 7.1.1 Writtens

|         |  |
|---------|--|
| PAPER 1 | FOUR Questions – 3 hours   |
| PAPER 2 | FOUR Questions – 3 hours   |
| PAPER 3 | Questions requiring short answers/calculations on data interpretation. |

#### 7.1.2 Clinicals

This section of the examination consists of two clinical cases. For each case, candidates are examined by two examiners.

##### CLINICAL 1

“Medical” case

Testing diagnostic and management ability

30 minutes to examine and 30 minutes to present and discuss

##### CLINICAL 2

“Surgical” case

Testing management ability focusing on anaesthetic-related issues

30 minutes to examine and 30 minutes to present and discuss

#### 7.1.3 Orals

This section of the examination takes the form of structured viva voce in which each examiner sets a structured series of questions.

There are four separate 15-minute oral examinations within this section of the examination, arranged in two pairs.

#### 7.1.4 Weighting

|                               |   |     |
|-------------------------------|---|-----|
| Paper 1                       | - | 15% |
| Paper 2                       | - | 15% |
| Paper 3 (data interpretation) | - | 10% |
| Oral                          | - | 30% |
| Clinical                      | - | 30% |

#### 7.2 Admission of Candidates to the Examination

A candidate may enter for the final (Part II) examination

7.2.1 after successfully passing the primary (Part I) examination, or

7.2.2 having been exempted from the primary examination  
7.2.3 on completion of at least three years following full registration by the Health Professions Council of South Africa as a medical practitioner

7.2.4 on production of evidence of:

7.2.4.1 having held a fulltime appointment as a registrar in the Department of Anaesthetics in a teaching hospital or teaching hospital satellite department for at least three years. (Only one of these three years may be spent in a satellite hospital)

7.2.4.2 having been assigned for three months of the above period to an Intensive Care Unit on a fulltime basis

7.2.5 The CMSA may accept from registrars part-time training of up to 50% of the training required for examination admission, provided the candidate submits evidence of prior approval by the Health Professions Council of South Africa of a part-time training programme acceptable for specialist registration

#### 7.3 Syllabus

The subjects of the examination are

- I. the history, principles and practise of anaesthesia and analgesia, including pre-operative and post-operative treatment
- II. clinical medicine and surgery related to the practise of anaesthetics
- III. the application of anatomy and pathology to the speciality of anaesthesia

#### 7.4 Rules for successful completion of the examination

7.4.1 Criteria for entry to the oral and clinical examination:

7.4.1.1 Candidates must pass the majority of questions in Paper 1 and 2 (e.g. 5 out of 8 questions)

7.4.1.2 Candidates must pass at least 50% of questions in Paper 3

7.4.1.3 Candidates must obtain a subminimum of 45% for each written paper

7.4.1.4 Candidates must obtain a minimum of a 50% average for all three written papers

7.4.2 Criteria for failing the Part II examination:

7.4.2.1 A failure in both clinical cases

7.4.2.2 A failure in more than two of out of the four orals in the oral component of the examination.

- 7.4.2.3 A subminimum of < 45% in any one component of the examination (written, oral, clinical)
- 7.4.2.4 A mark of >45% but < 50% in one component of the examination (written, oral, clinical) that is not compensated by the other two components
- 7.4.2.5 A failure (<50%) in any two components
- 7.4.2.6 An average of all three components (written, oral, clinical) of < 50%

## 7.5 Prizes and Certificates

There are currently TWO prizes offered by CASA for exceptional performances in FCA Part II examinations

### THE CREST HEALTHCARE TECHNOLOGY MEDAL

The medal is awarded to candidates who achieve distinguished results in the Fellowship examination of the College of Anaesthetists of South Africa.

### THE JACK ABELSOHN MEDAL AND BOOK PRIZE

This is awarded to the candidate who achieves the best results in the Clinical Section of the Fellowship examination of the College of Anaesthetists of South Africa.

## 8. M MED RULES AT UKZN

The rules appear as follows in the year-book:

**Description:** The degree comprises coursework and/or in-service clinical training and a research project leading to a dissertation or a published article. The coursework and clinical training comply with the requirements of the HPCSA for the training of specialists, but may have some additional material. This part of the degree is examined in a combination of written papers, oral examinations, a professional portfolio and practical laboratory or clinical examinations. In some specialisations, the examinations are conducted by Faculty, in others (the majority) the University does not set its own examinations and candidates must take the relevant College examinations. Where the University does set its own examinations, the option of taking the College examinations is nevertheless always available to candidates and the results of those examinations are accepted by the University. Successful completion of the examinations will qualify a

candidate for registration as a specialist with the HPCSA and fellowship of the appropriate College (*but see Note A below*).

The research component of the MMed degree comprises course work module and a supervised research project leading to a dissertation or a published article.

### Eligibility

To be eligible to apply to register for a degree of Master of Medicine, a candidate shall

- a) hold a Bachelor of Medicine and Bachelor of Surgery degree of the University, or have been admitted by the Senate to the status of such degree in terms of Common Rule GR7(a);
- b) have held such qualification for a period of at least two years prior to registration for the M Med; and
- c) satisfy the requirements of the Health Professions Council of South Africa (HPCSA) to enter specialist training; and
- d) to be placed in a HPCSA-approved specialist training post or be appointed in a supernumerary position. (*See Note A following these Rules, regarding candidates holding foreign qualifications.*)
- e) Certain specialist MMed degrees have additional requirements.
- f) Applicants who satisfy the above conditions shall be subject to selection.

### Registration and duration of the degree

The minimum periods of registration for the degree, and for certain specified modules in the degree curriculum, are shown in the syllabus for each speciality. Unless otherwise indicated, the degree takes at least six semester.

### Programme of study

Candidates shall engage in a programme of advanced study and clinical instruction in a curriculum approved by the Senate, and of research under the guidance of a supervisor approved by the Senate.

The curriculum of the degree shall have 444 credits in total. It shall comprise

- a) one module in research methodology (16 c)
- b) two or three major modules of coursework and in-service clinical instruction in the speciality discipline, designated *Part I* and *Part II* (184 c each)  
OR  
such further modules in specialist or ancillary disciplines as may be specified for the M Med Public Health and other specific disciplines, and
- c) a research project (60c).

### **Specialist registration with the HPCSA**

Every candidate shall be required to serve in an HPCSA-approved specialist training post in the appropriate discipline, and to comply with conditions laid down by the HPCSA. In particular, the minimum periods of incumbency shall be those reflected in the syllabi. Candidates in these training posts shall be required to administer a standard of service which, through an ethos of humanitarianism and excellence, brings credit to the profession and the University.

### **NB The Agreement between DOH and UKZN**

This agreement has a clause that refers to “state trainees” (such as registrars):

Where the Department employs any of its staff (“the state trainees”) in a training post (whether forming part of the Joint Health Establishment or not):

- the continued engagement of state trainees shall be subject to the discretion and ongoing approval of the University (including approval of their academic performance) which may be withdrawn at any time on notice to the Department; and
- the Department shall ensure that the provisions of clause 11.9.1 are included in the employment contracts of all such state trainees.

### **M MED FEES**

The following arrangement is in place with regard to M Med student fees:

- All students receive remission of fees for their first year of study.
- Students must complete the research methods course by the end of the first year in order to obtain fee remission for the second year.
- Students must have their protocol approved by the end of the second year in order to obtain fee remission for the third year.
- Students must get a positive progress report in every subsequent year to
- obtain fee remission for the next year.
- Students must complete their research by the end of the fifth year.

## **9. THE RESEARCH COMPONENT**

### **9.1 The research process**

To comply with the research requirements for the degree, take the following steps:

1. During your first year, register for one of the available Research Modules, and complete it. Remember, it is not going to get any easier to do it later, so postponing is not a good idea. At the same time, search for a research are/topic during your reading and practice. Attending research conferences locally or nationally might also help you to identify topics. As soon as you have your topic, write your second chapter (Literature review) or this section of a research article.
2. During your second year, prepare a research protocol with the assistance of your research supervisor. While preparing your proposal, it makes sense to also write chapters one and three of your thesis (1: Introduction, problem statement, objectives/questions; 3: Methodology), or these sections of your article.
3. Having done the protocol, submit it for approval to the School Research Committee and then onward to the Post-Graduate Office. They will send it to reviewers and to the Biomedical Ethics Committee of the University, who has to approve it. Please note that you may not collect any data before having Ethical Clearance. The specific application form which has to be used is found on the LAN at F:/usr/staff/general/ethics. Aim to get through this process by the end of the year.
4. During your third year, try to collect and analyze your data. If you delay to the fourth year, you might become so pressurized when preparing for the final examination, that you cannot get to the research. This allows you to write chapter four (Results) or this section of your research article by the end of this year.
5. In the final year you just need to write the final chapter/section of the article (Conclusions, discussion and recommendations) and submit.

### **9.2 Type of research and research reports**

For the M Med any type of research is acceptable, for instance:

- Health systems research – exploring an aspect of service delivery in your field of specialization;

- Laboratory-based research; If you have this in mind, it might be useful to attend some of the Research Meetings of the School of Laboratory Sciences.
- Clinical study;
- Quantitative or qualitative research methodology;
- A review of evidence.

The research report can be submitted in the form of a published article, or in the form of a dissertation. The first option is highly recommended.

### 9.3 Funding for research

- Funding obtained for departmental research must be done with the acknowledgement of the Head of Department. Such funds will be within a departmental code, with a consultant as a signatory.

### 9.4 Research supervision

The College wants to broaden your experience of training as a specialist to simultaneously include building your potential to go beyond being merely equipped for specialist clinical expertise. We aim to crown you with ability to contribute to developments in the profession through:

- Acquiring confidence and skill in research and teaching.
- Contributing to the research outputs of the university

Postgraduate clinical training in the specialties is supervised by your team of consultants in the course of your rendering service and through specifically designed academic development sessions within your respective department.

Because the MMed has a requisite research side to it, there is a specific need for you to get the appropriate guidance and supervision towards the conclusion of your MMed research whether by dissertation or publication. The latter is preferred, and will prove more convenient for you.

Supervision for the MMed will therefore take one or all of three options, with some minimum mandatory program content, and there will be need for you to be consistent with what you commit to:

#### Option 1: Individual Supervision

You may find it more helpful to work with your own *individual* supervisor. In this instance your supervision plan has to be ratified by, and be accountable

to the respective school and the faculty. Please evaluate the options by discussing with your consultant (clinical mentor) or your departmental head.

#### Option 2: Group Supervision - Departmental/School

Each respective department may design its own *group supervision plan* for its incumbent registrars. In this model, the department may seamlessly include the requisite research training and mentoring into its existing academic programs. The design of the plan will be the prerogative of the department in consultation with the school. Smaller departments may need the support of the larger ones. The plan will be ratified by and accountable to the faculty. Take time in your early days to establish what is available in your department, and make your choice.

#### Option 3: Group Supervision - Faculty

The Faculty makes provision for group supervision sessions because we realise the service pressure on registrars and consultants, and are therefore availing the group supervision model to ease the burden of obtaining your MMed. Once you join a group, you are required to continue with the group for at least one year.

Quite often, clinicians who are medical teachers and researchers start late in their professional life – this model provides a new opportunity for early introduction into that arena.

#### The program

The objectives of the program are

- Your instruction and assistance as an MMed and HPCSA student, in research methodology, protocol design and research writing.
- Mentoring you in the course of your training and research, by a shared pool of supervisors
- Providing you the opportunity of shared experiences with colleagues, and learning from senior students.
- Through yearly MMed symposia, to grant you opportunity to share your work with others.

The format of the program will be as follows(subject to change):

- Three monthly sessions will be held each year
- During these sessions a group of 15 Masters Students will meet each time for 1, 5 days with one or two senior researchers and a



supervisor who will guide you and teach you on specific mandatory modules.

#### YEAR 1

Session 1: This will commence at the end of your first 6months as a registrar.

- Induction for MMed and Fellowship
- Instruction on research Methodology (compulsory)

Session 2: Research protocol/proposal preparation and study design

Session 3: Presentation and discussion of work

Session 4: Finalisation of study proposal

#### YEAR 2 & 3

Data collection and analysis, review

Work evaluation and progress sessions

#### YEAR 4

Progressive writing up of dissertation

Publication of the work or submission of dissertation

The following groups will be functioning at NRMSOM during 2008:

| Group  | Target group                                    | Meeting times              |
|--|---|----------------------------|
| School of Laboratory sciences                        | All researchers doing laboratory-based research | Weekly meetings            |
| Clinical research Surgical Disciplines               | All registrars                                  | To be determined by school |
| Clinical research Clinical Medicine                  | All registrars                                  | To be determined by school |
| Health systems research                              | All registrars                                  | To be determined by school |
| Clinical Research Maternal, Child and Women's Health | All registrars                                  | To be determined by school |

### 9.5 Conditions for the research process

- When an M Med research project is published, the student's name appears as first author, and the usual authorship guidelines are followed.

- If a student completes a dissertation instead of an article, the supervisor will assist the student to prepare an article for publication within one year of graduation. If the student does not proceed toward publication within one year, the supervisor may prepare an article, and then becomes first author, with the student as second author.
- Publication of departmental research or research for a UKZN qualification in scientific journals must bear the name of the University, even if at the time of publication, Registrars and researchers are employed by other organisations.
- All research must be planned so as to be completed up to publication/report stage within the time period that is stipulated in the contract or research protocol. It is expressly understood that incomplete research studies will be brought to finality by departmental staff, with the full acknowledgement of the Registrar/researcher.
- Registrars must ensure that the title of their MMED dissertation is the same as the study for which they have received eithical approval - if title changes then PGECComm must be informed & approve the change
- The - PGEC must be informed & approve any change of protocol or change in supervisor
- Please state clearly in your ethics application that this study is "for degree purposes" and state which degree, else it will not be handed on to the PG Ed Comm; if this is not done then they have to be informed in writing that your study is for the MMED
- Dissertation has to be handed in 6-8 months prior to your anticipated college examination date, while the published article or a letter indicating that the article has been accepted for publication, may be handed in one month before the examination.
- PGE Committee has to be informed 3 months before in writing of your proposed date of submission of dissertation so that they can prepare examiners to mark it

### 9.6 Agreement between UKZN and DOH re research

The following clause in this agreement pertain to research, and may be useful to know about:

9.6.1 Research undertaken by University Staff or post-graduate Students (including Honours Students) may take place in the Healthcare Facilities and/or be funded by the Administration: provided that:

9.6.1 1 the research proposal has been approved by the relevant University Ethics Committee; and

9.6.1.2 the head of the Healthcare Facility where the data collection will take place has consented to the use of that Healthcare Facility and has agreed to provide access thereto for this purpose.

9.6.2 Undergraduate research shall be deemed to be projects and not research, and must be approved by:

9.6.2.1 the relevant Head of School, according to appropriate ethics' policies; and

9.6.2.2 the head of the Healthcare Facility where the work will be carried out.

9.6.3 Research may be carried out on behalf of the Department provided that the research proposal has been approved by the University Ethics Committee and a written agreement in respect thereof signed by the parties.

9.6.4 If approval has been given by the University Ethics Committee, a research proposal will not require ethical approval by the Department, at either a provincial or institutional level.

9.6.5 The Head of the Department's Ethics Committee shall sit on the University Ethics Committee.

9.6.6 Any equipment which is required primarily for research purposes:

9.6.6.1 will be supplied, licensed (if appropriate) insured and maintained by the University; and

9.6.6.2 must not be used on patients or their specimens outside the scope of the research unless the University has obtained the consent of the relevant area General Manager.

## 10. ASSESSMENT: CONTINUOUS AND SUMMATIVE

### 10.1 Terminology

Continuous assessment refers to the assessment of the student during the year I order for the student and the clinical supervisor to be aware of the progress (or lack of progress) toward the set learning objectives of each year. It allows for remedial plans to be made in problem areas, and for learning experiences to be tweaked to suit the student better.

In this programme two forms of continuous assessment are used:

- Registrar feedback form: the Registrar completed this after each rotation to give feedback to the Department about the quality of the rotation as a learning experience;
- Registrar Assessment: this form has to be completed by the registrar every three months, and discussed with the Clinical Supervisor, who completes his/her portion of the form. Both the registrar and the supervisor keeps a copy.

To make sure the continuous assessment is valid, there should be at least monthly contact with the academic supervisor for monitoring purposes.

Summative assessment refers to assessment on which progression decisions are based. In this programme the summative assessment methods are:

- The Professional Portfolio, which is handed in every year;
- The College Examinations, (part 1 and 2);
- The research article or dissertation.

## 11. ISSUES RE: DOH POSTS

### 11.1 What is expected from the Registrar by DOH?

For all practical purposes, the Registrar would fall under the control of the service head for the period of the service. It is expected that the Registrar would report for duty at the services during the period of attachment. If the Registrar has commitments at Medical School or elsewhere which are considered more important than the responsibilities of the service attachment, these should be negotiated.

A registrar post requires a quarterly Probation Report to be completed on behalf of the employing institution. Registrars who do not cope academically or professionally can have their contract terminated.

### 11.2 What are the responsibilities of the Registrar?

It would be expected that the service attachment head would give every opportunity for the Registrar to be exposed to and to gain specialist experience during the period of the attachment. This could be in the form of special projects, but could also include responsibility for on-going routine service activities, which would be done under supervision.

### 11.3 Rules of engagement

1. The Registrars will work for the health authority as do other health professionals with appropriate service responsibilities according to their experience and ability.
2. Supervision of Registrars will occur through a management team comprising the service supervisor, the academic supervisor and the Registrar.

3. Each Registrar will be directly accountable to the team. Overall formal responsibility will be to the Head of the Health Authority, and the Head of Department, or his/her delegate.
4. The team will meet at regular intervals.
5. The attachment will be governed by a written set of learning objectives and a personalised job description.

#### 11.4 Leave applications

All staff members are reminded to adhere to the following procedure:

1. Staff are required to submit completed leave forms to the Head of Department before proceeding on leave. This includes leave in respect of vacation, special, examination, attendance at conferences, workshops, seminars and courses.
2. Staff wishing to proceed on special leave in respect of attendances at conferences, workshops, seminars and courses whether on University or Public Service conditions of service, are **REMINDED** that they are required to inform/obtain consent from all relevant parties before proceeding on leave. For example, staff on University conditions of service are required to inform/obtain consent from the relevant provincial authorities relative to their hospital service activities and staff on Public Service conditions of service are required to do the same in respect of their academic activities. (a copy of the procedures as per public service will be circulated).
3. The Department will not condone any leave taken if proper procedures are not followed and the relevant authorization not acquired.

#### Department of Anaesthetics - leave allocations for Anaesthetic Medical Officers and Registrars

Members of the Department are advised to acquaint themselves with the regulations that apply to leave privileges. At entry level, annual leave allocation amounts to 22 working-days, This increases to a maximum of 28 days dependant on length of service. For the purposes of leave calculations weekends and public holidays are not included. The full annual allocation of leave is available as from 1 January of each year. Leave outstanding at the end of the year can be carried over to the first six months of the following year but will incur loss of overtime.

In order for the Durban Metropolitan Anaesthetic Department to function efficiently, allocation of leave for registrars, principal medical officers and medical officers has to be evenly distributed to a fixed number of

slots per week throughout the year. For maximum efficiency every available leave slot should be utilized. Members therefore need to ensure that they apply for at least two weeks (10 days) of vacation leave during the first half of the year. Members will be allowed a period of grace until the end of March to apply for this 10-day minimum. Those failing to do so, will have 10 days of leave randomly allocated from the remaining leave slots available until 30th June. Submission of motivations from members wishing to take their full allocation of leave in the second half of the year will be considered on individual merits.

All enquiries concerning the availability of leave need to be directed to the reception desk at IALCH telephone 031-2401762. Leave is restricted during college exams, periods coinciding with anaesthetic related courses and congresses and with the intake of new staff for the first two weeks of January and July. The latter is to accommodate orientation and computer training.

It is important for members joining the department halfway through the year to note that it may be difficult to accommodate leave in excess of two weeks during the second half of the year. They are advised to ensure that they attempt to take at least a proportion of their leave prior to transfer.

#### OTHER SPECIAL LEAVE CATEGORIES

Please note that most categories of special leave come without overtime payments.

**Leave for Examinations:** Absence from duty when writing exams needs to be covered by a leave form accompanied by an official examination timetable.

**Study Leave/Special 50:50 Leave:** Two weeks before each of the CMSA written examinations have been set aside for study leave for exam candidates with each candidate being allowed a one-week maximum. Candidates may wish to apply for the special 50:50 category of leave for this purpose in preference to utilizing their annual vacation leave. There are very strict guidelines attached to the granting of this form of leave and no retrograde applications will be accepted. Applications need to be supported by the HOD and accompanied by proof from the College that the applicant has registered for the examination.

**Sick Leave:** All absences from work due to illness need to be followed up immediately **with** a sick-leave form on return to work.

**Congress/Courses:** Special forms are available for leave applications for the **attendances** of courses and congresses and need to be processed well in advance.

**Family Responsibility Leave:** Restricted leave privileges are available to cover **family** responsibilities including those related to births, illness and death in the family

N.B. A regularly updated version of available leave slots is available on the Departmental Web page <http://anaesthetics.ukzn.ac.za>

### 11.5 Movement of registrars and senior registrars

Registrars are Medical practitioners who are fully qualified, registered with the Medical and Dental Professions Board of the HPCSA, in terms of the Health Professions Act, 1974 (Act No. 56 of 1974), and as such, were accepted and have entered specialist education and training programmes. The purpose of registrar education training is to enable postgraduate medical students to obtain knowledge, skills and experience in various disciplines, thereby enabling them to qualify as Specialists.

Registrars are thus required to register **concurrently** with KZNPA (to deliver service), and with NRMSM (for educational and training requirements), *id est*, they are required to register with the University of KwaZulu-Natal (NRMSM), while employed by the KwaZulu-Natal Provincial Administration.

For these and other reasons, their movements need to be timeously updated, hence the following procedure regarding their transfers to other departments and/or resignations need to be strictly followed: -

#### 11.5.1 Resignation procedures

1. The Head of Department writes a memo to the PG Office. A copy of the resignation letter from the registrar concerned should also be attached. Evidence attesting to the effect that the registrar concerned has advised the KZNPA of his/her intention to resign will also be required.
2. On receipt, the Postgraduate Education Administration will then update the records accordingly, and subsequently advise the HPCSA.

#### 11.5.2 Transfer from one Department to another

Transfer from one department to another are not, in any way, encouraged. However, in the case where they become somewhat inevitable, the following procedure will need to be strictly followed: -

1. The registrar concerned **first** obtain permission to do so from both departments, *viz*, the one at which he/she is currently employed and the department to which he/she seeks to be transferred.
2. At the same time, permission to transfer is obtained from the Human Resources Department (KZNPA).
3. The above shall also apply to Senior registrars/Consultants.

### 12. CONCLUSION

All Registrars and Medical Officers are required to read and keep abreast with these policies and procedures. Also note that these policies and procedures are evolving and this guideline will be constantly updated.

## APPENDIX 1- Summary of Academic Meetings

The table below indicates the Academic meetings held by the Department and associated professional societies in the Durban area. Registrars are expected to attend all meetings.

| Day       | Frequency                    | Title of Meeting               | Venue                                      | Time            |
|-----------|------------------------------|--------------------------------|--|-----------------|
| Monday    | Weekly                       | FCA Part Two Tutorial          | Anaesthetics Department Seminar room IALCH | 16h30           |
| Tuesday   | Week 1                       | Clinical Forum                 | L5 Lecture Room NRMSM                      | 16h30           |
|           | Week 2                       | Consultant / Registrar Meeting |  |                 |
|           | Week 3                       | Journal Club                   |  |                 |
|           | Week 4                       | Research Meeting               |  |                 |
|           | 1 <sup>st</sup> week monthly | SASA KZN Branch Meeting        | Entabeni Hospital Boardroom                | 17h30 for 18h00 |
| Wednesday | Weekly                       | Morbidity & Mortality Meetings | Seminar room, IALCH                        | 07h00           |
|           |                              |                                | KEH VIII, ICU Seminar Room                 | 07h00           |
|           |                              | DA(SA) Tutorials               | Anaesthetics Seminar Room NRMSM            | 16h30           |
| Thursday  | Weekly                       | FCA Part One tutorials         | IALCH/ NRMSM                               | 14h30           |
|           | 3 <sup>rd</sup> week monthly | Critical Care Society meeting  | Entabeni Hospital Boardroom                | 17h30 for 18h00 |
| Friday    | Weekly                       | Departmental Academic Meeting  | L5 lecture room NRMSM                      | 07h15           |
| Saturday  | Weekly                       | FCA Clinical Sessions          | King Edward VIII hospital                  | 08h00           |

## APPENDIX 2- General Guidelines - Inkosi Albert Luthuli Hospital

### For Anaesthetic Registrars / Medical Officers - Inkosi Albert Luthuli Hospital

Registrars will be seconded to IALCH either as part of a formalized rotation or on a day to day basis.

All registrars should endeavour to attend the MEDICOM computer course prior to your secondment. This must be arranged with Mrs. Arun Pillay (031 240 2450). This is essential to be able to access patient files and to complete theatre records. It is also essential that you obtain a security pass (forms can be obtained from Mrs. Hannah Ferry ext. 2401762) to facilitate access throughout the hospital and to be able to log in "help messages".

At your earliest convenience you should introduce yourself to the theatre manager - Matron Sihya.

Whilst in theatre please wear the appropriate protective clothes and do not leave the theatre area in these clothes unless going to ICU. The wearing of theatre clothes outside of OT is forbidden (unless going to ICU). The canteens are forbidden to serve staff in OT garb. Sleeping accommodation is available in the department of anaesthetics.

### Daily Elective Lists

Surgery should start at 08h00, this means you should arrive such as to allow time to check your anaesthetic work station and draw up drugs well before this. By 07:45 latest the anaesthetist, the surgeon and the patient should be in theatre. Do not however commence anaesthesia until a surgeon is present.

### Neuroanaesthesia Rotation

This service covers two elective neuro lists in addition to supplying a 24 hour emergency service. Report initially to Dr Osborn or Dr Daniel. The duty roster is available on the computer. The person responsible for premedication visits is indicated on the IALCH Daily roster. The Sunday Neuroanaesthetic registrar on call is responsible for the premed of patients for Monday Neurosurgery lists.

### Cardiothoracic Rotation

Specific details will be obtained from head of this service.

### **Obstetric Rotation**

Although the primary role in this rotation is to provide for a 24/7 emergency Obstetric Anaesthesia and Epidural service, a number of lists of other surgical disciplines are included (Please consult the IALCH daily roster for allocations). On completion of a list, do not leave prior to checking with Mrs. Arun Pillay or the floor consultant; you may be required to lend a hand with another list or in the pre-anaesthetic clinic. At night you will be second in line to run an emergency list and should be available to assist other registrars. Your direct supervisor after hours will be the IALCH Anaesthetic Senior Registrar.

### **ICU Rotation**

See separate guidelines on the IALCH departmental folder

### **Trauma and Burns Unit**

See separate guidelines on the IALCH departmental folder.

### **Paediatric Surgery**

See separate guidelines on the IALCH departmental folder.

### **Vascular Surgery**

See separate guidelines on the IALCH departmental folder.

### **Senior Registrars**

See separate guidelines below.

### **After Hour Duties (Emergency Call) Monday to Friday**

1<sup>st</sup> call will usually be a Neuro Rotator and may be called out to do emergencies from other disciplines.

2<sup>nd</sup> call will be the Obstetric registrar. This registrar has to be available to commence or treat complications of epidurals throughout the hospital, to anaesthetize any caesarean section, to assist the senior registrar when called upon to do so by opening a second theatre for general emergencies and provide rest breaks for the first call registrar.

3<sup>rd</sup> call will be the rotating registrar in cardio-thoracic. He/she will be back-up for the 2<sup>nd</sup> on call if busy. Additionally he/she must be available to assist with any cardiothoracic emergency. Where possible as registrar you should attempt to obtain maximum exposure during your rotation. It remains the task of the Cardio-thoracic registrar on call to conduct premed

visits to those patients who have not been seen due to late changes in the lists for the following day.

### **After Hour Duties (Saturday, Sunday And Public Holidays)**

These calls are all 24-hour calls. During these periods the first call will alternate between the Neuro and Cardiac registrars with the Neuro registrar doing first call during the days and second call at night and the Cardio-thoracic registrar second call during the day and first call at night. The Obstetric registrar will remain first call for Obstets and epidurals and third on call for other emergencies. The senior registrars may however use their discretions to reallocating as deemed appropriate depending on the complexity of the case and the experience of the registrars. In addition registrars may be required to render assistance to the registrars allocated to the Trauma and Burns units.

### **Communication**

All after hour's main theatre emergencies should be referred to the Senior Registrar on call. All obstetric emergencies or epidurals / PCA problems may however be referred to the Obstetric registrar on call directly. He/she should however keep the Senior Registrar informed of Obstetric emergencies.

Major vascular cases or paediatric emergencies must be referred to the registrar/consultant on duty for that discipline. Please be prepared to assist with the vascular cases if the need arises.

A consultant is rostered for paediatric and cardiac cases. One consultant (general) will also be available for advice on all other problems, medical or logistical.

It is each registrar's duty to hand over to the relieving registrar. No emergency registrar is to leave the hospital until relieved by his successor.

### **Compulsory Departmental Meetings at IALCH:**

**Wednesdays:** [07h00 – 07h45] Morbidity & Mortality meeting is compulsory for all Department members allocated to the hospital. [IALCH Seminar Room].

## GUIDELINES FOR SENIOR REGISTRARS AT IALCH

**DUTIES:** The duties of the Senior Registrars at IALCH are divided into both Emergency and Elective duties.

### **Emergency Duties:**

The main functions of the Senior Registrar after-hours are to:

- Provide immediate onsite senior cover for all other Anaesthetic registrars based at IALCH
- To coordinate the after hours' Anaesthetic activities.

These duties include providing cover for both the registrars operating in the main theatre complex and the registrars assigned to the Trauma and Burns units.

All after hour's cases should be referred to the Senior Registrar on call who in turn should assign the cases to the junior registrars on duty according to their skills and experience and their primary allocations. The senior registrar should attempt to ensure a fair distribution of the workload amongst the junior registrars.

The General consultant on call is first in line to provide advice and assistance to the senior registrar unless the problem relates to either Cardiac or Paediatric cases where the relevant consultant should be approached directly.

After hours periods are defined as 18:00 until 07:30 Monday to Thursday, 18:00 to 09:00 on Fridays and 07:30 until 07:30 on Saturdays and Sundays.

The Senior Registrar position would, in terms of recognized levels of supervision, be in line with the Royal College of Anaesthetists' third grade of supervision namely "A consultant covering and SpR 4 who is covering and SHO" with the consultant providing distant supervision. Senior Registrars should never have to function in the absence of the availability of a consultant for either advice or assistance. This rotation should provide them with a valuable training experience in the supervision of junior anaesthetists whilst having a senior consultant available to them for advice at all times.

### **Elective Duties:**

Senior registrars will be allocated to lists on a rotational basis to provide either sole or senior Anaesthetic cover for a list. The IALCH Floor Consultant will be available for advice and assistance. An attempt will be made to

accommodate requests by Senior Registrars wishing to work with consultants in any of the subspecialty areas of Anaesthesia based at IALCH.

### **Academic Activities**

All IALCH Senior Registrars should have completed all the rotations through the subspecialty areas and should preferably have served as a Senior Registrar on the floor at King Edward VIII before being allocated to the IALCH Senior Registrar rotation. They should in addition have completed their primary examination subjects. The department will make every attempt to ensure their full participation in the FCA Part Two programme aimed at preparation for the final FCA(SA) fellowship examinations. This includes the Tutorial programme on Monday afternoons at IALCH and the Clinical sessions on Saturday mornings at KEVIII hospital. While at IALCH they will have the opportunity of reacquainting themselves with the subspecialty areas of Anaesthesia based at IALCH and updating themselves to changes in these areas that may have occurred subsequent to their rotations through these areas as junior registrars.

Dr C H Daniel IALCH HOD Anaesthesia

## APPENDIX 3 -The Curriculum and Syllabus for the FCA(SA)

### Recommended subjects to be covered in the FCA (SA) Part II examination

- Preoperative preparation
- Post-operative care
- Anaesthetic pharmacology
- Anaesthesia for:
  - General surgery
  - Cardiac Surgery
  - Thoracic Surgery
  - Vascular Surgery
  - Orthopaedic Surgery
  - Otorhinolaryngology Surgery
  - Ophthalmological Procedures
  - Plastic and Maxillofacial Surgery
  - Gynaecological Procedures
  - Urological Surgery
  - Interventional Radiology
  - Transplant Surgery
  - Neurosurgery
  - Outpatients
  - Patients in remote situations
  - Obstetric patients
  - Paediatric patients
  - Situations requiring hypotension
  - Trauma Surgery
  - Patients with Endocrinological disorders
  - Patients with Metabolic, Hepatic and Renal disorders
- Acute pain management
- Chronic pain management
- Conscious sedation
- Airway management problems
- Cardio-pulmonary resuscitation
- Intensive Care
- General Medicine (with emphasis on muscle disorders, cardiovascular, respiratory and metabolic problems)
- Ethics and Medico-Legal Issues

## APPENDIX 4 - CMSA Exam dates for 2008 - 2010

### EXAMINATION DATES

|   |                        |   |
|---|------------------------|---|
| MARCH/APRIL/MAY – 2008  |                        |   |
| Written – Examination without orals   | 17, 18 & 19 March      |   |
| Written – Examinations with orals   | 25, 26 & 27 March      |   |
| <b>Oral (WESTERN CAPE)</b>  | <b>12 – 14 May</b>     | <b>DA(SA) 1 &amp; 2 April</b>             |
| AUGUST/SEPTEMBER/OCTOBER – 2008   |                        |   |
| Written – Examination without orals   | 26, 27 & 28 August     |   |
| Written – Examinations with orals   | 2, 3 & 4 September     |   |
| <b>Oral (DURBAN)</b>  | <b>20 – 22 October</b> | <b>DA(SA) 9 &amp; 10 September</b>        |
| MARCH/APRIL/MAY – 2009  |                        |   |
| Written – Examination without orals   | 17, 18 & 19 March      |   |
| Written – Examinations with orals   | 24, 25 & 26 March      |   |
| <b>Oral (GAUTENG)</b>   | <b>11 – 13 May</b>     | <b>DA(SA) 31 March &amp; 1 April</b>      |
| AUGUST/SEPTEMBER/OCTOBER – 2009   |                        |   |
| Written – Examination without orals   | 18, 19 & 20 August     |   |
| Written – Examinations with orals   | 25, 26 & 27 August     |   |
| <b>Oral (WESTERN CAPE)</b>  | <b>12 – 14 October</b> | <b>DA(SA) 1 &amp; 2 September</b>         |
| MARCH/APRIL/MAY – 2010  |                        |   |
| Written – Examination without orals   | 16, 17 & 18 March      |   |
| Written – Examinations with orals   | 23, 24 & 25 March      |   |
| <b>Oral (BLOEMFONTEIN)</b>  | <b>10 - 12 May</b>     | <b>DA(SA) 30 &amp; 31 March</b>           |
| AUGUST/SEPTEMBER/OCTOBER – 2010   |                        |   |
| Written – Examination without orals   | 17, 18 & 19 August     |   |
| Written – Examinations with orals   | 24, 25 & 26 August     |   |
| <b>Oral (DURBAN)</b>  | <b>11 – 13 October</b> | <b>DA(SA) 31 August &amp; 1 September</b> |
| Examinations are written in Cape Town, Johannesburg, Pretoria, Durban, East London, Port Elizabeth, Bloemfontein, Windhoek, Harare, Bulawayo, Blantyre and Glasgow. |                        |   |



**APPENDIX 5- Registrar Feedback Form**

**Please complete this form every time you complete a rotation and post it in the School mailbox/Faculty mailbox**

Programme: M Med (\_\_\_\_\_)

Year of study: 1  2  3  4

Area of rotation: \_\_\_\_\_

| ITEM  | Not at all true | Doubtful | Yes | Very much so |
|---|-----------------|----------|-----|--------------|
| 1. This was a positive learning experience  |                 |          |     |              |
| 2. Registrars were all treated equally  |                 |          |     |              |
| 3. The following people were good role models of caring and knowledgeable professionals |                 |          |     |              |
| 3.1 Professor(s)  |                 |          |     |              |
| 3.2 Consultant(s)   |                 |          |     |              |
| 4. The allocation of clinical learning experiences were done fairly                     |                 |          |     |              |
| 5. Tutorials and seminars were held as scheduled  |                 |          |     |              |
| 6. The clinical workload allows time for study and research                             |                 |          |     |              |

**Additional comments**

**APPENDIX 6 - Registrar Assessment**

**A. SELF ASSESSMENT**

1. Name:

2. Programme: M Med (\_\_\_\_\_)

3. Year of study:      1  June  December   
                                  2  June  December   
                                  3  June  December   
                                  4  June  December

4. Rate your own progress in the following areas:

| Area                                  | Worrying | Satisfactory | Pleasant |
|---------------------------------------|----------|--------------|----------|
| 1. Professional portfolio development |          |              |          |
| 2. Competency development             |          |              |          |
| 3. Research project                   |          |              |          |
| 4. Preparation for examination        |          |              |          |

5. Please comment on aspects you are having problems with

6. Please comment on issues you want to bring to the attention of the HOD

\_\_\_\_\_  
**Signed:**

\_\_\_\_\_  
**Date:**

## B. ASSESSMENT BY CLINICAL SUPERVISOR

7. Rate the progress of the registrar in the following areas:

| Area                                  | Worrying | Satisfactory | Pleasant |
|---------------------------------------|----------|--------------|----------|
| 1. Professional portfolio development |          |              |          |
| 2. Competency development             |          |              |          |
| 3. Research project                   |          |              |          |
| 4. Preparation for examination        |          |              |          |
|                                       |          |              |          |

8. Comment on areas where you and the registrar differ:

9. Make recommendations for remedial action where there are problems

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX 7 – Departmental Lecture Roster

### Part II - Monday Tutorials 2008

| Date     | Topic        | Consultant  | Registrar                 |
|----------|--------------|---|---------------------------|
| 07/01/08 | Introduction | Gopalan   |                           |
| 14/01/08 | CARDIAC 1    | CPB., Myocardial protection, OPCAB  | N Rorke                   |
| 21/01/08 | CARDIAC 2    | Congenital heart disease, Infective Endocarditis  | Soni<br>J Schmidt         |
| 28/01/08 | CARDIAC 3    | Valvular heart disease, Rheumatic Heart disease, Pulmonary HT, Pericardial disease  | L Lekha                   |
| 04/02/08 | CARDIAC 4    | HT, Cardiac failure, Cardiomyopathy   | Bechan<br>M Harripersadh  |
| 11/02/08 | CARDIAC 5    | Dysrhythmias, Pacemakers, Defibrillation  | J De Beurs                |
| 18/02/08 | RESP         | Asthma, COAD, Restrictive lung disease, Occ. Lung disease, Pre-op pulm. Assessment  | Kalafatis                 |
| 25/02/08 | THORACIC 1   | Lung Resection –pre-op assessment, One Lung Ventilation, Bronchial Ca., Thoracic Emergencies, (foreign bodies, massive haemoptysis, chest trauma) | Y Vatharajh               |
| 03/03/08 | World        | Congress of   | Anaesthesia<br>CPT        |
| 10/03/08 | THORACIC 2   | Mediastinal Masses, Oesophageal Surgery, Tracheal Surgery   | Tarr<br>N Rorke           |
| 17/03/08 | AIRWAY       |   | Hodgson                   |
| 24/03/08 | CMSA         | Written exam  | PUBLIC HOLIDAY            |
| 31/03/08 | PAEDS 1      | Neonatal Physiology, Transitional Physiology, Surgical emergencies  | Cronje                    |
| 07/04/08 | PAEDS 2      | PONV, Obstr. sleep apnoea, Downs & cerebral palsy, Airway emergencies & ENT, Day case surgery   | Kampik                    |
| 14/04/08 | Clinical     | Course-Part II  | PTA                       |
| 21/04/08 | PAEDS 3      | Pain & regionals, Ex-prem, Fluid Mx., Burns, Malignant hyperthermia   | Cronje<br>J Schmidt       |
| 28/04/08 | ENDOCRINE 1  | Diabetes Mellitus,  | Biccard<br>M Harripersadh |
| 05/05/08 | PUBLIC       | HOLIDAY   |                           |
| 12/05/08 | ENDOCRINE 2  | Phaeochromocytoma, Adrenal, Pituitary   | Biccard                   |
| 19/05/08 | CMSA         | Oral Examination  | Western Cape              |
| 26/05/08 | ENDOCRINE 3  | Thyroid, Parathyroid  | Biccard                   |
| 02/06/08 | ICU 1        | SIRS & Sepsis, Antibiotics, Nosocomial Infections & VAP   | Gopalan                   |
| 09/06/08 | ICU 2        | ARDS, VILI, Respiratory failure, Fat embolism   | Bechan                    |
| 16/06/08 | PUBLIC       | HOLIDAY   |                           |
| 23/06/08 | ICU 3        | GBS, CINMA, Tetanus, Nutrition in critically ill, Abdominal hypertension  | Muckart                   |
| 30/06/08 | ICU 4        | Shock & Resuscitation, Fluid Mx., Blood & component Therapy, Monitors Of Tissue Perfusion, Brain death, Ethics                                    | Gopalan                   |

|          |             |   |                |  |
|----------|-------------|---|----------------|--|
| 07/07/08 | RENAL 1     | Measuring Renal Function, Acute Renal failure(incl. peri-op & ICU), Renal Protection                            | Bechan         |  |
| 14/07/08 | RENAL 2     | Chronic Renal Failure, Renal replacement therapy, Renal transplant  | Kisten         |  |
| 21/07/08 | GIT 1       | Acute pancreatitis, Carcinoid disease, PONY   |                |  |
| 28/07/08 | GIT 2       | Acute liver disease , Chronic liver disease , Obstructive jaundice, Hepatic resection & transplant              | Tarr           |  |
| 04/08/08 | NEURO 1     | Cerebral Protection, Spinal Surgery, Neurofibromatosis, C-spine Injury ,  | Daniel         |  |
| 11/08/08 | NEURO 2     | Traumatic Brain Injury, Mx. ↑ ICP, Intracerebral aneurysms, Mx. head-injured for non-neurosurgery               | Osborn         |  |
| 18/08/08 | NEURO 3     | Post. Fossa Surgery(incl. non-supine position), Interventional neuroradiology & MRI, Cerebral Function Monitors | Osborn         |  |
| 25/08/08 | MUSC-SKEL   | Myasthenia gravis, Eaton-Lambert, Dystrophies, Multiple sclerosis,  |                |  |
| 01/09/08 | CMSA        | Written   | Examination    |  |
| 08/09/08 | PAIN 1      | Acute pain & regional anaesthesia,  | Hodgson        |  |
| 15/09/08 | CLINICAL    | COURSE-DURBAN   |                |  |
| 22/09/08 | PAIN 2      | Chronic pain & regionals,   | Hodgson        |  |
| 29/09/08 | PAIN 3      | Neuraxial Blockade  | Hodgson        |  |
| 06/10/08 | OBSTETS 1   | Physiology of pregnancy, Pre-eclampsia , Regional vs. GA  | Rout           |  |
| 13/10/08 | OBSTETS 2   | Antepartum Haemorrhage, Amniotic fluid embolism, Maternal mortality, Non-obstet. Surgery in pregnancy           | Rout           |  |
| 20/10/08 | OBSTETS 3   | Cardiac disease in pregnancy, HIV in pregnancy, Diabetes in pregnancy,  | U. Singh       |  |
| 27/10/08 | CMSA        | Oral examination  | Durban         |  |
| 03/11/08 | HAEM 1      | Haemoglobinopathies, Porphyria, Sickle-cell anaemia, Haemophilia  | Kalafatis      |  |
| 10/11/08 | HAEM 2      | Jehovah's Witness, Blood Conservation, DVT( Risk & Mx.)   | Kalafatis      |  |
| 17/11/08 | IMMUNO-LOGY | Allergy & anaphylaxis, SLE, Rheumatoid Arthritis, Scleroderma, Ankylosing spondylosis                           | Doorghapers ad |  |
| 24/11/08 | MISC.       | Uro-genital surgery, Day case surgery, Geriatrics, Trauma anaesth.  | Gildenhuys     |  |

## Clinical Forum - 2008

### Provisional Program

24/12/2007

|        |                            |                                 |   |
|--------|----------------------------|---------------------------------|---|
| 05-Feb | 1630 - 1700<br>1700 - 1730 | Addington<br>MGMH               | <b>Hodgson RE</b><br><b>Rungan D</b>    |
| 04-Mar | 1630 - 1700<br>1700 - 1730 | PMMH<br>Burns / Trauma          | <b>Cloete M</b><br><b>Poole S</b>       |
| 01-Apr | 1630 - 1700<br>1700 - 1730 | St Aidens<br>General            | <b>Singh U</b><br><b>Sommerville TE</b> |
| 06-May | 1630 - 1700<br>1700 - 1730 | Thoracics - KGV<br>Pain         | <b>Brouckaert</b><br><b>Rubin J</b>     |
| 03-Jun | 1630 - 1700<br>1700 - 1730 | General<br>Obstetrics           | <b>Kalafatis N</b><br><b>Cronje L</b>   |
| 01-Jul | 1630 - 1700<br>1700 - 1730 | Pre-Anaesthetic Clinic<br>Neuro | <b>Hunter A</b><br><b>Daniel C</b>      |
| 05-Aug | 1630 - 1700<br>1700 - 1730 | Craniofacial / Neuro<br>Paeds   | <b>Osborn I</b><br><b>Kampik C</b>      |
| 02-Sep | 1630 - 1700<br>1700 - 1730 | Vascular<br>KEH ICU             | <b>Biccard B</b><br><b>Singh D</b>      |
| 07-Oct | 1630 - 1700<br>1700 - 1730 | KEH S Block<br>RKK              | <b>Tarr S</b>                           |
| 04-Nov | 1630 - 1700<br>1700 - 1730 | Cardiac<br>IALCH ICU            | <b>Soni M</b><br><b>Kisten T</b>        |