

New Registrar and Medical Officer Orientation IALCH

By Dr Jenna Taylor

Based on work by Dr Rob Wise

Dear colleague

Welcome to a world of good medicine, multiple cafeterias, equipment that generally works, room service (well sort of), and computers for Africa!

This little booklet is not meant to be a complete atlas of life at IALCH but rather a little intro into who's who in this medical menagerie.

So here goes.....



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1) WHERE IS IALCH

The hospital is located in Cato Manor on a site bounded by Bellair Road, Edwin Swales Drive, and the N2 outer ring road.

Physical Address: IALCH, 800 Bellair Road, Cato Manor

www.ialch.co.za provides directions from all directions!

2) PARKING

As you drive up the hill, go through the boom gates: keep left until you have your access card – then you can enter via the boom on the right.

Theatre and the department of Anaesthetics is on the 4th Floor. The Trauma Unit is on the 3rd Floor.

3) HOSPITAL SET UP

So there are 4 wings A-D and each wing has a west and an east side when you reach the T junction at the end of the corridor.

There are 4 floors, with theatre, ICU's and the anaesthetic dept on the 4th. (See the maps at the end for a detailed floor plan.)

4) ID BADGES

Your ID badge is very important – it will allow you access to the hospital as well as providing you with a Staff ID number. Go to the second floor and walk right passed C and D wings. Keep going through the doors – the security office is on your right.

5) COMPUTERS

You just have to get along with computers in IALCH...it's a (virtually) paperless system. So the first thing you need to do is get yourself signed up for the computer course. It's a three day affair although the first day can be very short depending on who the instructor is. The other two days are usually half days in duration. At the end of it you'll be given a user name and password and will be able to access everything through 2 programs.

Mrs Pillay will book you in to these courses. Please liaise with her prior to commencing at IALCH.

Helpful links include:

Telephone directory: Q(IALCH Deficons)/telephone directory

Department Folder: Z:(Departmental)/Anaesthetics

Websites:

www.anaesthetics.ukzn.ac.za

6) FOOD

There are 3 cafeterias

Café 1 (3rd floor) has a sit down area with good coffee and pastries, but is generally visited by the public.

Café 2 (4th Floor on the A ward side) has the best selection of foods and has a large dining area

Café 3 (2nd floor) is known as the staff dining hall. A fair selection at good prices and open 24/7.

Veronica is the other very important person when it comes to food. She brings the food trolley to theatre twice a day (9h30 to 10h30 and 12h30 – 14h00) and you can order lunch from her.

7) CHANGE ROOMS

The change rooms are in the entrance to the theatre complex. Clothes can be brought from home or obtained from the person in the little room by the change rooms. Try to get yourself a locker (although your chances are not very good!) Don't forget to bring your lock with you.

8) THEATRE COMPLEX

They are world-class facilities with state-of-the-art equipment. All theatres have overhead cameras which can record and display close-up details of operations.

The hospital has a total of 19 Operating Theatres. There are 16 in the main block, 2 in the Trauma Department and 1 in the Burns Unit.

The main block consists of two suites, each with eight theatres dedicated to special functions.

Theatres:

- 1 – Obstetrics
- 2 – Cardiac
- 3 – Cardiac
- 4 – Urology / Renal
- 5 – Vascular
- 6 – Orthopaedics
- 7 – Orthopaedics
- 8 – Thoracics
- 9 – Paediatrics
- 10 – ENT
- 11 – Neuro & Craniofacial
- 12 – Neuro
- 13 – Eyes
- 14 – Plastics
- 15 – Surgery
- 16 – Gynae

Maxillofacial is done twice per week in the trauma theatre

9) WHO'S WHO

These are important people you must know & helpful numbers:

Name	Role	Office	Speed Dial
Mrs Arun Pillay	Administrative Officer	2450	
Mrs Hannah Freddy	Leave	1762	
Dr RE Hodgson	Clinical Head	1805	6785
Dr B Biccard	Vascular	1772	6520
Dr S Bechan	Obstetrics & Pain; Part I co-ordinator	1798	6991
Dr C Kampik	Paediatrics	1766	6526
Dr M Soni	Cardiothoracics	1772	6623
Dr N Kalafatis	Part II Co-ordinator	2053	7364
Dr J Taylor	Equipment Officer	1769	7332
Dr A Torborg	Safety Officer	1769	083 385 0217
Help desk	For EVERYTHING	2222	
Switchboard		9	
CCTs Office	Specialised equipment	2076	
Med school		6826	

Equipment officer – please notify Dr Taylor if you have any concerns or problems with equipment (permanent or consumables)

Safety officer – please contact Dr Torborg with any problems related to personal or patient safety.

10) THE CLASSROOM

Date	Time	Meeting	Location
Mondays	06h45	Cardiac	Seminar Room
Mondays	15h00 – 16h30	Part II theory	Seminar Room
Mondays	16h30 – 18h00	Part II clinical	Seminar Room
Tuesdays (3 rd or 4 th Tues of the month)	16h30 – 18h00	Combined Academic Meeting	L5 Med School
Wednesdays	07h00	M & M *	Seminar Room
Thursdays	07h00	Vascular tuts	Seminar Room
Thursdays	15h00 – 18h00	Part I tuts	Seminar Room
Fridays	07h15	Friday Morning Meeting	L5, Med School

* Please notify Dr L Drummond / Dr A Torborg / Dr J Taylor of morbidities, mortalities & interesting cases for presentation.

11) DAILY THEATRE WORK

Daily Slates

- Please ensure that you are in theatre by 07h30
- The patient should be in theatre by 07h40
- Cutting time is at 08h00
- Do not commence the anaesthetic before a surgeon arrives
- Confirm the availability on an ICU or High Care bed prior to commencing the case (beds are booked provisionally in advance but may be given to emergency cases in the interim)
- Please make use of the WHO Surgical Safety Checklist.
- It is your responsibility to sign out your patient from the recovery room. If it is after 16h00 AND your patient is stable, you can hand over to the long day registrar. Please document in the notes to whom you have handed over and at what time. This greatly assists the recovery room staff.

Daily Allocations

- Every week, Mrs Pillay will produce the theatre allocation.
- Once your slate has finished, please ensure that your consultant is aware that you are finished (sometimes they have to cover 2 theatres)
- After informing your slate consultant, please inform the floor consultant that you are finished. Your help may be required for emergencies or to give your colleagues a break.

Tea & Lunch breaks

- Breaks will be provided by the consultant on your list. Alternatively, the long day or obstetric registrar may be required to assist with breaks.
- Breaks have to be taken in theatre
- Tea break: 10 minutes
- Lunch break: 20 minutes

Epidurals & PCAs

- Please record all epidurals & PCAs legibly on the list in the anaesthetic office and hand over verbally to the Obstetrics / Pain registrar

12)PREMEDS

- It is the responsibility of the registrar allocated to the slate to ensure that all patients are seen preoperatively and that the consultant is informed of all the cases.
- If you are unable to see your patients, it is your responsibility to find someone to see them for you. It is NOT Mrs Pillay's responsibility
- Please phone your consultant regarding the slate, even if there aren't any "problem" cases unless they advise you otherwise.
- Weekend premeds:
 - o Some slates are booked on a Friday. If your slate is available, please see your cases.
 - o The weekend registrars tend to see the patients for the Monday slates, but this is time permitting. Ultimately, it is still your responsibility that your patients are seen.
 - o When working the weekend and assessing cases for Monday, please ensure that you notify both the registrar and consultant assigned to the slate of your findings.

13)DUTIES OF THE SR (Day Duty)

- Liaise with the floor consultant at all times with regards to emergencies or problems.
- Check each theatre at the start of the day to ensure that:
 - o Everyone has presented to work
 - o No one requires a hand to commence their slate
- Make a note on the daily allocation of anyone sick or working alone
- If redistribution of staff is required, liaise with the floor consultant & Mrs Pillay. The floor consultant needs to be involved in this process as they will be better equipped to distribute staff depending on experience and the cases on each slate
- Check the emergency book for any emergency cases
- Take bookings for emergency cases

- Introduce yourself to the floor sister for the day & assess the availability of nursing staff for the slates and for emergencies
- Assist the obstetric epidural registrar with emergency caesareans.
- Fridays – ensure that the ENT emergency registrar is called timeously to perform the cases
- At 3pm take a walk around the theatre complex to assess which theatres are still running. The allocation of long day registrars must take place with the assistance of the floor consultant. Do not take “bookings” from other staff for a long day doctor.
- Between 4 – 6pm: supervise other long day registrars / MOs. Contact the consultant on call if there are any problems that arise once the floor consultant has left.
- Hand over to the on call SR at 6pm

14) DUTIES OF THE LONG DAY REGISTRAR

- At 15h45, present yourself to the SR for the day for allocation
- Do NOT wait to be called
- Do NOT use the time between 4 – 6pm to do your own premeds, unless the SR has specifically given you permission
- Do not take “bookings” from other staff to take over their theatre at 4pm. These decisions are made by the floor consultant only.

15) CALLS

Call Rosters

- Mrs Pillay does the IALCH junior roster. It is your responsibility to contact her with regards to your requests.
- Please be reasonable – you cannot have multiple requests for weekends on and times to be on call and post call.
- A weekend off prior to your leave and the end of your leave is a privilege. As far as possible, we will try to ensure that you have at least one of them off but this is not guaranteed.
- Requests can be made in 2 ways:
 - o Email - arunpil@ialch.co.za
 - o Leave her a note attached to her computer in the office

After Hours Duties (Monday to Friday)

- 1st call will usually be a Neuro Rotator and may be called to do emergencies from other disciplines.
- 2nd 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.
- 3rd call will be the rotating registrar in cardio-thoracic. He/she will be back-up for the 2nd on call if busy. Additionally he/she must be available to assist with any cardiothoracic emergency. 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.
- The Senior Registrar (SR) is to co-ordinate all theatre cases and provide supervision to other staff. The SR should not be occupied with providing anaesthesia

After Hours 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 Obstetrics and epidurals and third on call for other emergencies. The senior registrars may however use their discretion to reallocate 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.
- 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.
- Weekend calls are 24 hour calls and no one should be off site during the entire 24 hour period of the call
- 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.

16) LEAVE PROCEDURE:

Leave for all registrars is co-ordinated by Hannah. The procedure is as follows:

- Check the departmental website & ensure that the desired spot is available
- Contact Hannah & book the leave (provisionally)
- Fill in a leave form and submit to Hannah
- Please note that leave is not final until your name appears on the website.

17) CLINICAL COURSE

- Every year, UKZN & University of Pretoria hold a clinical course in preparation for the Part II exams.
- Pretoria – prior to March exams
- UKZN – prior to September exams
- Please note that these courses are extremely popular. Do not wait for the course to be advertised as there will be no space left
- Email the co-ordinating secretary in order to get your name on the list:
 - o UKZN – Camy Singh – singhc@ukzn.ac.za
 - o UP – Hettie Steyn - Hettie.steyn@up.ac.za
- Those registrars interested in ushering for the course please liaise with the course co-ordinator

18) REFRESHER COURSES

- Courses are run for the Part I and Part II Programme
- These too are very popular – keep an eye on the DAWN and book your space as soon as it is advertised

19) VISION and POISE

- 2 large studies are currently being run from IALCH. There is a dedicated team involved in recruitment of patients. We need you to do the following:
 - o Liaise with the team if you have a study patient on your slate
 - o Draw pre-operative bloods if required
 - o Draw post-operative bloods if required
 - o Fill in the audit form in your theatre each day. This is for statistical purposes to assess how many eligible patients are not recruited.
- Perioperative Research Unit Office – extension 1729
- Any queries:
 - o Dr Bruce Biccard (VISION & POISE) - 6520
 - o Dr Leanne Drummond (POISE) - 6456

CONCLUSION

We hope that your stay at IALCH is enjoyable and productive. Please do discuss all concerns and suggestions with the relevant person.

The Anaesthetists Hymn

By the Amateur Transplants

(Sung to "Total Eclipse of the Heart")

Everybody wonders what anaesthetists do
while the patient is asleep.
Everybody wonders what we do for three hours
while that machine goes beep.
Everybody reckons we drink coffee and we gossip
and we're generally subversive.
Everybody reckons we do crosswords and sudoku's
and we chat up all the nurses.

But do you really think that's all we do?
Well let me tell you now it isn't true.

Cause we sometimes check the screen,
and every now and then we write stuff.
And if we have to intervene,
we inject a bit of white stuff.
And we offer to alter the light,
or the height of the bed.
Or fiddle with the radio, change the CD,
we even check the patient occasionally.
And if they move, we turn up the vapour,
and then we go back, to reading a paper.
Cause when the patient's asleep,
we just sit and listen to the beep,
we just sit and listen to the

Once upon a time I took pride in my job,
but now I think it's time to depart.
Cause I just sit here every day
and listen to blips of the heart