UNIVERSITY OF KWAZULU-NATAL

Nelson R Mandela School of Medicine

School of Clinical Medicine
ANAESTHESIOLOGY AND CRITICAL CARE

REGISTRAR HANDBOOK

POSTGRADUATE & REGISTRAR TRAINING

Third Edition: August 2018

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Website: anaesthetics.ukzn.ac.za

1. WELCOME AND INTRODUCTION

Welcome to the University of KwaZulu-Natal (UKZN), Discipline of Anaesthesiology and Critical Care (DACC). We are one of the country's largest Anaesthesiology departments.

OUR VISION: To be the premier department of African scholarship and clinical service in Anaesthesiology, Critical Care & Pain Medicine.

MISSION STATEMENT
A truly South African Department of Anaesthesiology, Critical Care & Pain Medicine that is:
- excellent academically
- innovative in research
- delivering a superb clinical service
- actively involved in outreach
- critically engaged with society
- demographically representative, redressing the disadvantages, inequities and imbalances of the past.

The three main functions of our department are
- Clinical Service
- Teaching
- Research.

The Discipline of Anaesthesiology and Critical Care
A comprehensive four-year postgraduate Masters in Medicine (M Med) degree training programme from UKZN is offered 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)).

The MMed Program
It is essential that all trainees register with the University for the MMed course on commencement of training and on an annual basis. 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. Anaesthetics Part Two, A compulsory research component is included in the second module.

Anaesthetics Part One module
The main purposes of the Anaesthetics Part One module are to ensure that learners have the necessary knowledge and understanding of the basic sciences that underlie 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. FCA Part 1 tutorials are held every Wednesday at 14h30 in the IALCH seminar room (see "**FCA Part 1 tutorials**" below).

Anaesthetics Part Two module
The main purposes of the Anaesthetics Part Two module are two-fold: (i) to prepare the learner to undertake a successful research project leading to the completion of the degree Master of Medicine in Anaesthesiology, and (ii) preparation for the final CMSA fellowship examination required for registration with the Health Professions Council of South Africa as a specialist anaesthesiologist. The programme consists of a series of lectures, tutorials and seminars in addition to ongoing in-service training. For further information see **"Academic Meetings: FCA ll Combined Monday Tutorials"** below.

Rotations
The rotations are structured to complement the training modules and are divided into general and speciality specific blocks in keeping with the respective content of the Part One and Part Two modules. The speciality specific blocks are again divided into a junior component including Trauma and Neurosurgical Anaesthesia which will usually be done in the R2 year and a senior component including Anaesthesia for Cardio-Thoracic, Paediatric and Vascular and Major Surgery which will be allocated to the R3 year. 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. There is a merit elective rotation in the R3 and R4 years for registrars who feel incomplete in any particular rotation. Senior registrars are expected to attempt the Final specialist examination within their 48 months of registrar training. There may be times when registrars who do not fulfil 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 subspeciality areas

of anaesthesia including Anaesthesia for Cardio-thoracic, Neurosurgery, Obstetric, Paediatric, Vascular and Major surgery and 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. See **Appendix 4** below

Completion of Training

The DACC has set high standards for patient care and members joining will be expected to meet these standards during their training period. A process of ongoing assessment (see **Appendix 2** below) has been established to monitor individuals progress throughout their four-year training period. Should you decide to take full advantage of all the facilities, training opportunities and the wealth of expertise available, you are likely to be rewarded with success. The DACC will strive to make your stay as rewarding and successful as possible.

Failure to make satisfactory academic progress will result in the trainee being requested to exit the programme after the fourth 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 DACC. Members of the DACC who have gained specialist registration are encouraged to apply for any vacant consultant post in the DACC.

Hospitals Involved in Training

During the four-year training period registrars will rotate through the hospitals listed below attached to the UKZN Discipline of Anaesthesiology and Critical Care (DACC) and its satellite institutions. Although general principles do apply to all members throughout their stay in the DACC, individual variations of these rules may apply to each institution. It remains the responsibility of registrars 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 RE Hodgson
Address: 800 Bellair Road, Mayville, 4091
Private Bag X03 Mayville, 4058   Contact Details: 031-2401805

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 U Singh
Address: P O Box 977 Durban 4000
16 Erskine Terrace, South Beach   Contact Details: 031-3272763/ 2495 / 2809

King Dinizulu Hospital
Institutional Head of Anaesthesia: Dr N Brouckaert
Address: P O Dormerton, Durban, 4015
75 Dr RD Naidu Drive, Sydenham, Durban, 4091   Contact Details: 031 242 6000/ 031 460 5256

Prince Mshiyeni Memorial Hospital
Institutional Head of Anaesthesia: Dr R Ramjee
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 S Ramcharan
Address: 33 Centenary Road, Greyville, 4052   Contact Details: 031-314 2247/ 2250

Ngwelezane Hospital
Institutional Head of Anaesthesia: Dr S Sewpersad
Address Private Bag X 20021, Empangeni, 3880
Thanduyise Road, Ngwelezane Empangeni,   Contact Details: (035) 901 7000 / 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 M Vaughn
Address: Private Bag X 5706, Port Shepstone, 4240
11 Bazley Street, Port Shepstone, 4240   Contact Details: (039) 688 6171 / 6285

Mahatma Gandhi Hospital
Institutional Head of Anaesthesia: Dr S Reddy
Address: P/Bag X13 Mount Edgecombe 4300
100 Phoenix Highway, Phoenix   Contact Details: 031 502 1719 ext 2086 / 2077

McCords Hospital
Institutional Head of Anaesthesia: Dr Kamini Naidoo
Address: 28 Mccord Rd, Berea, Durban, 4001   Contact Details: 031 268 5700

2. INTRODUCTION TO THE SCHOOL AND DISCPLINE OF ANAESTHETICS AND CRITICAL CARE (DACC)

2.1 Introduction

The M Med Programme is offered by the Discipline of Anaesthesiology and Critical Care, which is part of the School of Clinical Medicine. The School of Clinical Medicine is one of four Schools which constitute the College of Health Sciences of the University of KwaZulu-Natal.

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

Personal Supervisor (rotating) → Head of Discipline - Dr PD Gopalan→ Acting Dean and Head of School - Professor Ncoza **Dlova**→ DVC – **Professor Busisiwe Ncama**→ Acting Vice-Chancellor and Principal - **Professor Nana Poku**

However, you might also have dealings with the School of Clinical Medicine Office
- School's Operation Manager - **Mrs Antoinette Botha**.
- School's Higher Degrees Office - Ms Khwezi Khanyile, Principal Programme Officer, SCM. Tel: 031 260 4956 Email: khanyilen2@ukzn.ac.za
- The Academic Leader of Research (ALR), Dr Jacqueline M Van Wyk, provides academic leadership in Research within the School. She works closely with the Dean and Head of School, academic leaders of the disciplines and the academic staff to develop excellence in research and to promote and facilitate the pursuit of higher degrees within the School. As part of this, the ALR works in close association with the College Dean of Research to harmonise research policy and bring about improvement and innovation within our research practices and postgraduate studies.
- The Academic Leader: Registrar Training, Dr Suvira Ramlall, will provide leadership and guidance in all other aspects of registrar training (excluding research).
- Please note, if you wish to contact people, the electronic telephone book on the website (https://teldir.ukzn.ac.za/), gives the phone numbers of all staff members of the University. Type the first name to reach them by email, 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 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. In addition, the Dean sends a monthly feedback newsletter. If you do not receive please enquire about this.

Discipline of Anaesthesiology and Critical Care Staff

Head of Department
Dr Dean Gopalan	031 260 4328	gopalan@ukzn.ac.za

Deputy Head
Dr Zane Farina	033 897 3414	zane.farina@kznhealth.gov.za
Dr Larissa Cronje	031 3603424	larissa.cronje@kznhealth.gov.za

Senior Administrative Officer (UKZN)
Mrs Camy Singh	031 260 4329	singhc@ukzn.ac.za

Administrative Officer (UKZN)
Ms Londiwe Cebekhulu	031 260 4472	cebekhulul@ukzn.ac.za

Principal Technician (UKZN)
Mr Naren Bhimsan	031 240 1784	bhimsan@ukzn.ac.za

Departmental Secretaries (DOH)
Mrs Arun Pillay	031 240 2450	arunpil@ialch.co.za
Mrs Hannah Freddy	031 240 1762/3	hannahnai@ialch.co.za
Mrs Colette Govender	033 897 3413/4	colette.govender@kznhealth.gov.za

Research Assistants (UKZN)
Ms Ncumisa Msolo	031 260 4596	msolon@ukzn.ac.za
Mr Simphiwe Gumede	033 897 3395	PeriopResearchPmb@ukzn.ac.za
Ms Mbalenhle Mbuyisa	031 240 1729	Vision@ukzn.ac.za
Ms Myriches Thulile Biyase	031 240 1729	Vision@ukzn.ac.za

2.2 Responsibilities of the Discipline/School

The School of Clinical Medicine is responsible for the academic development of the registrar in the Discipline of Anaesthesiology and Critical Care. The Head of the DACC 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 and Semester assessments.
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 that arise in the training of registrars referred.
8. Work with the School to maintain and improve the quality of M Med programme.

The responsibility of the Clinical Supervisor (rotating) is to:
1. Support the registrars 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. Meet with the registrars at the beginning of the attachment to orientate the registrars and to clarify mutual expectations of the block.
3. Meet with the registrars midway through the attachment to discuss performance and progress and complete any required documentation e.g. mid-block assessment forms.
4. Meet at the end of the attachment to provide feedback, and complete the assessment forms.
5. Assist the registrars to access appropriate resources to improve learning and development.
6. Assess the Professional Portfolio and the self-evaluation sheet of registrars on a regular basis to ensure progress is adequate.
7. Counsel and support the registrars in their professional learning and development.
8. Make regular contact with the health service departments to discuss progress of the Registrar during the period of attachment.
9. Highlight deficiencies identified to both the registrar and DACC management.

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 that can accommodate the research of registrars.

2.3 The responsibilities of the School Office

The duties of this office are to:
- Register the registrar annually as a MMed student before the registration deadline of the University;
- 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;
- Process the Research Protocol of the registrar through both the PG Committee and the Ethics Committee.
- 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 DACC and the School can only support and facilitate. In the final instance, learning is the responsibility of the registrar. The DACC expects the following of the registrar to:
a) 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 activities of the DACC is mandatory.** Registrars are expected to attend at least 70% of scheduled activities.
b) Complete required tasks, projects, questionnaires and portfolios on time and with the required attention to the intended learning outcomes.
c) Give feedback to the DACC about clinical rotations and other teaching/learning events in order to make improvement possible.
d) Take responsibility for own learning by actively seeking out opportunities and resources appropriate to their needs.
e) Upholding the vision, mission and ethical codes of the University and the profession of Medicine.

f) 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.

g) Participate in teaching activities within the DACC and clinical areas as delegated.

h) Ensure appropriate, professional and complete clinical care of all patients including

    a. premedication- it remains the duty of the Registrar allocated to the operating list to ensure that the patient is assessed preoperatively and medicated appropriately.

    b. post-operative patient follow-up - it remains the duty of the Registrar allocated to the operating list to ensure that the patient is assessed postoperatively.

i) Undergraduate teaching: The department in addition to postgraduate training provides under-graduate teaching in Anaesthesia. Postgraduate trainees are expected to assist with undergraduate teaching.

Activities that 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 DACC 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 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.

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 libraries

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

4.2 Medical School Library

Access to the Library is free to members of staff, undergraduates and honorary postgraduates on the presentation of official University ID Card. Medical Officers may join the Medical Library as subscribers.

http://library.ukzn.ac.za/TopNav/GeneralInformation/BorrowingPrivileges.aspx

Library hours, which may change during student vacations, are reflected below:-

Days	Term Time	Exam Time	Vacation
Weekdays [Mon-Fri]	24hrs	24hrs	8:00 – 16:30
Saturday	24hrs	24hrs	8:30 – 12:30
Sunday	24hrs	24hrs	Closed

Access to the library webpage and electronic resources:- http://library.ukzn.ac.za/Homepage.aspx

Off campus access to all databases is also available but requires activation of your LAN username and password.

All e-resources are available to registered students and joint establishment staff.

Medical Library offers training in:-

World Cat, (the computerized library catalogued) which is the system where all Library resources are catalogued. Access and the use of the academic databases efficiently and evaluation of websites and use of bibliographic tool, e.g. EndNote.

For more questions please contact the Librarians:- http://library.ukzn.ac.za/SubjectLibrarians772.aspx
For Circulations queries, contact the Issue Desk at 031-260 4261

4.3 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: Mr Naren Bhimsan, email: bhimsan@ukzn.ac.za

Department of Anaesthesiology Weekly Newsletter (D.A.W.N.)
This is the 2-page Discipline of Anaesthesiology and Critical Care Weekly Newsletter (D.A.W.N.). It is distributed at the Friday Morning Meeting and is then available on the Departmental website and via email. It includes various notices and articles. Departmental members who wish to have information advertised in "DAWN" must e-mail this to Ms Londiwe Cebekhulu cebekhuluL@ukzn.ac.za before 14h00 on Wednesdays.

4.4 Offices and work spaces
Registrars may use general office space within the department at Medical School. Registrar offices are also available at IALCH.

4.5 Statistical advice
Once you start working on your research, you might need to consult with a College of Health Sciences statistical advisor. You may make an appointment to see one of the biostatistics consultants using the online booking system for biostatistics consultations for the staff and students in the College of Health Sciences via this link:

http://my.setmore.com/bookingpage/f3dbcb01-8d3d-4a3f-880a-0029c5273367

Note appointments can only be made via the online booking system and not directly with the consultants to avoid any issues/double bookings. One-hour slots are available Monday-Thursday 9am-5pm, with a maximum of one slot per individual per week. Please include a short description of the purpose/requirements of the meeting in the booking form (under "Comments"). Please also note the venue for meeting for each staff member under their respective profiles. To make best use of your and the statisticians time, individuals requiring assistance with data analysis must bring a cleaned and coded dataset along with specific dummy tables/figures they require constituted. If the statistician concerned cannot complete the required analysis in the allocated slot then follow-up bookings will need to be made to complete this work. As you will see on the online booking page we have a link for feedback ("Reviews"). Please submit any feedback so that we can constantly improve this service.

UKZN is placing the condition that PG students wishing to make an appointment for a biostatistics consultation must first have completed the first of the online biostats modules via UKZN learn
(Introductory Biostatistics, Part I: http://learn.ukzn.ac.za/course/view.php?id=45356). Please note this is now a requirement. Supervisors are requested to please make sure that their students are aware of this. This course is free and students are able to enroll themselves. It is also recommended that staff members who have not yet done so also complete these online biostats modules as part of a broader biostats capacity development initiative.
Note Dr Lougue will be available for consultations from Wednesday 1 March 2017. The venue for his consultations will be:
Ground floor Room 00-021, Oliver Tambo Building, Westville Campus

4.6 Skills laboratory
The Clinical Skills Laboratory at the School of Clinical Medicine (NRMSM) is primarily used to teach clinical skills to undergraduate students in the MBChB program. While scheduled teaching is done mainly during the week (8 am – 4 pm), post-graduate students may contact the manager of the facility for access to practice their skills. Please note that priority will be given to undergraduate teaching. Please contact Mr Rishi Premjith on 031260 4094/4611 or via email: premjithr@ukzn.ac.za for an appointment.

4.7 Human Patient Simulator- SMART Centre
The SMART Centre (Simulated Modules in Anaesthesia & Resuscitation Training) is the practical teaching centre of the DACC. This centre has acquired hi-fidelity human patient simulators since September 2003 and is based at the Inkosi Albert Luthuli Hospital. A second centre is in operation at Grey's Hospital in Pietermaritzburg. The SMART Centre has been at the forefront of training medical personnel both locally and of recently almost 100 medical personnel from Sub Saharan Africa.

The centre consists of both normal and hi-fidelity equipment catering for adult and paediatric teaching including Anaesthesia, Ultrasound, airway management and trauma.

We invite you to use the Simulation centre to MAXIMISE YOUR POTENTIAL as an anaesthesiologist.
Contact Naren Bhimsan 082 463 2636 or **bhimsan@ukzn.ac.za**

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 objective of the training program is to produce anaesthesiologists who, from their start in clinical service, will provide safe and quality care to their patients based upon the attributes that will ultimately qualify them as a specialist anaesthesiologist, namely (see figure):

> ➢ Medical expert
> ➢ Communicator
> ➢ Collaborator
> ➢ Leader
> ➢ Health advocate
> ➢ Scholar and teacher
> ➢ Professional

The knowledge, values, skills and behaviours of each attribute are listed below and will be evaluated at the end of each semester.
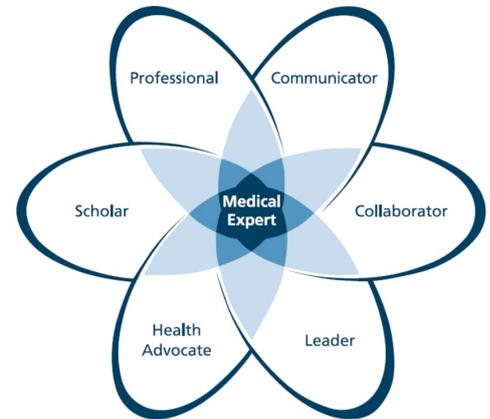
Competent Clinician (medical expert)
- Practises medicine competently at the current level of training
- Is competent at clinical assessment and establishes appropriate problem list
- Plans and perform interventions and procedures for the purpose of assessment and/or management
- Establishes management plans for timely follow-up and appropriate consultation
- Follows the patient's progress intelligently and effectively
- Actively participates, as an individual and as a member of a team, in the continuous improvement of health care quality and patient safety

Communicator
- Establishes professional therapeutic relationships with patients and their families
- Elicits and contextualises accurate and relevant clinical, personal and social information to inform care
- Engages patients and others in developing plans that reflect the patient's health care needs and goals
- Documents and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy

Collaborator
- Works effectively with other physicians and other health care professionals
- Works with colleagues to prevent misunderstandings, manage differences, and resolve conflicts
- Transfers care of a patient to a colleague or another facility effectively and safely

Leader
- Contributes to the improvement of healthcare delivery in teams, organizations and systems
- Uses health-care resources wisely, conservatively and effectively, and utilises evidence and management systems to achieve appropriate care
- Demonstrates leadership in professional practice
- Manages time effectively, and strikes the right balance between professional and personal life
- Implements processes to ensure personal practice improvement

Health Advocate
- Incorporates disease prevention, health promotion and health surveillance interactions with patients
- Works with patients and families to address determinants of health
- Participates in processes to improve health in the community, including the identification of health determinants, improvement in health surveillance and health promotion

Scholar
- Engages in the continuous improvement and enhancement of their professional activities through ongoing learning
- Facilitates the learning of peers, colleagues and other health professionals
- Consults reference sources and incorporates this knowledge into patient care

- Integrates best available evidence into clinical decisions; critically evaluate evaluates research results and the literature and incorporates these insights into clinical practice.
- Contributes to the dissemination and/or creation of knowledge and practices applicable to health

Professional
- Demonstrates a commitment to patients by applying best practices and adhering to high ethical standards
- Demonstrates a commitment to society by recognizing and responding to the social contract in health care (i.e. meeting society's expectations)
- Demonstrates a commitment to the profession by adhering to and promoting ethical and professional standards of practice
- Demonstrates a commitment to optimizing the well-being of one's self and one's colleagues in order to foster optimal patient care

6. THE PROGRAMME STRUCTURE

6.1 Macro academic schedule

Year	Schedule	Assessment
1	Clinical rotations Complete a Research module Complete and submit research protocol Begin to develop a Professional Portfolio Prepare for Part 1 examination	<u>Formative:</u> 3-montly <u>Summative:</u> Research Proposal to HDC PP assessment
2	Clinical rotations Collect research data Maintain Professional Portfolio up-to-date Complete Part 1 examination	<u>Formative:</u> 3-montly <u>Summative:</u> PP assessment Part 1 examination
3	Clinical rotations Analyze research data and prepare write-up Maintain Professional Portfolio up-to-date Prepare for Part 2 examination	<u>Formative:</u> 3-montly <u>Summative:</u> PP assessment
4	Clinical rotations Submission of research article/dissertation Maintain Professional Portfolio up-to-date Complete Part 2 examination	<u>Formative:</u> 3-montly <u>Summative:</u> PP assessment Part 2 examination Research complete status

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
- Tutorial programmes

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
- attendance at the College Annual Research Days
- presentation at a minimum of one national conference

7. ACADEMIC MEETINGS

There are a number of educational meetings held by the DACC. Attendance at these CPD-accredited meetings is **compulsory**.

Friday Morning Meeting

Every Friday at 07h15 – 08h15 in L5 Lecture Theatre, 2nd 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). Tea, coffee and snacks are supplied from 07h00 onwards. This meeting is accredited with 1 CPD point.

Rules for FMM Roster:

1. Provisional allocations for the year are completed by 31 October of the preceding year. A confirmed programme will then be publicized by 30 November.
2. All requests for allocations must be made via email to Dr S Naidu and Londiwe Cebekhulu by the third week in October of the preceding year, after which, no requests will be granted. The onus is then upon individuals to arrange any desired swaps. The DACC will need to be timeously notified of such swaps.
3. Every attempt will be made to grant requests, however it is not guaranteed that all requests will be honoured. Requests will be granted in the order in which they are received.
4. The first meeting of the year will be on the second Friday in January
5. The last meeting of the year will be on the last Friday in November
6. There will be no FMM on a public holiday Friday
7. There will be no FMM following a public holiday that falls on a Thursday
8. There will be a clinical forum slot every third Friday of the month. This will consist of;
9. Two clinical forum presentations 30 min each (including discussion)
10. Clinical forum is meant to be a very interactive discussion of an interesting case.
11. The following is a suggestion for the format of the clinical forum:
    - Patient details
    - Course of events
    - Learning points
    - Short review of subject

    It will be helpful to share any references that you feel are important

12. There will be 11 clinical forum slots for the year. The distribution will be as detailed in the table below:

HOSPITAL	DEPARTMENT	TOTAL
KEH	General/ICU	3
IALCH	General/Cardiac/Paeds/Vascular/Trauma-burns/ICU 2B/Pain/High risk obstets	8
ADDINGTON	General/ICU	2
RKK	General	2
KGV	General	2
PMMH	General/ICU	2
McCORDS	General	1
ST AIDANS	General	1
MGMH	General	1
	TOTAL FOR THE YEAR	22

13. The FMM seminars will start promptly at 07h15 and end at 08h15. The FMM seminar will consist of a:
    - 30 min presentation
    - 15 min discussion
    - 15 min additional item. This will include (amongst other items):
        - MMed research presentation
        - HCU feedback session
        - Smart Centre update
        - General discussion
14. A FMM slot will be created for those who will be presenting talks/research at SASA. We urge you to please take advantage of this opportunity, as it serves as a practise session and also allows those who cannot attend SASA to listen to the talk.

Guidelines for Registrars:

Registrars will be expected to do at least four (4) presentations during their training. This will consist of:

1. At least two FMM seminars, usually starting from the 4th semester of training (i.e. the second half of year 2)
    a. Talks will not be allocated to registrars after completion of training time, provided that at least 2 FMM talks have been completed by the registrar.
    b. A Consultant is allocated to act as moderator for the presentation.
    c. The presenter should choose a topic for presentation in conjunction with the moderator at least 8 weeks in advance. This topic should be forwarded to Londiwe Cebekhulu – cebekhuluI@ukzn.ac.za for publication in the DAWN.
    d. The presenter, guided by the moderator, should make a text of their presentation available to the DACC. This should be:
        i. Typed as single spaced Arial Font 12 with a
        ii. List of references at the end.
        iii. Diagrams and pictures need to be of a high quality and resolution and must be appropriately referenced.
        iv. The publication is expected to be of a high quality and if suitable may be chosen for submission for publication in a national journal.
        v. The text (booklet) will also be made available to DACC staff on the website.
        vi. The text should be ready at least three weeks before the presentation and should be forwarded to Londiwe Cebekhulu for plagiarism (after your moderator has approved). If plagiarism score > 15% it will have to be modified.
        vii. Thereafter, submit to Londiwe Cebekhulu cebekhuluL@ukzn.ac.za for editing and printing.
    e. The slide presentation should be on Powerpoint.

i. The presentation should be no longer than 30 minutes. Registrars are reminded to pre-check the length of their presentations.
ii. Text on slides should be clear and well-spaced.
iii. No more than seven lines on a slide.
iv. Use your spell check!
v. Pictures and diagrams make for better presentations.

2.   One pre-research 15 min presentation (i.e. before submission to postgrad)
   - Two dedicated research slots will be available for presentation of protocols (June and November)
   - The onus is on the registrar to inform the FMM co-ordinator as to when he/she will be presenting
   - If a registrar is unable to present at this time, then a 15 min slot will be allocated at another time
   - One post-research 15 min presentation (i.e. upon completion of MMed)
   - The onus is on the registrar to inform the FMM co-ordinator as to when he/she will be presenting

THE ABOVE IS A DEPARTMENTAL REQUIREMENT, FORMING PART OF THE REGISTRAR PORTFOLIO AND WILL NEED TO BE SIGNED OFF BY DR DEAN GOPALAN

General DACC 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!

With the moderator and the allocated registrar on the podium, the floor will then be open for discussion for 15 min. 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 at the end.

Time lines for FMM:

12 weeks to go:	Contact with Moderator
8 weeks to go:	Topic to Londi Literature search complete
6 weeks to go:	First draft to moderator
4 weeks to go:	Second draft to moderator
3 weeks to go:	Text to Londiwe for plagiarism check Slide presentation to Moderator
2 weeks to go:	Text to Londi for editing and printing
1 week to go:	Final preparations for talk

Contact persons:
1   Dr Sailuja Naidu   sailujan@yahoo.co.uk
2   Camy Singh   singhc@ukzn.ac.za
3   Londiwe Cebekhulu   cebekhuluL@ukzn.ac.za
4   Naren Bhimsan   bhimsan@ukzn.ac.za

Score sheet:
The presentation is scored by 5 Consultants. Please see Scoring below for details of 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	Total-40
1	**Subject Research** Is there evidence of extensive research into subject e.g. appropriate references, in-depth knowledge		5
2	**Content** Has the appropriate information been chosen to achieve the objectives of the presentation?		5
3	**Audio-visual** Have aids been appropriately used in presentation? e.g. quality of slides, pictures, graphs etc.		5
4	**Oral Presentation** Is the presenter able to communicate effectively? e.g. speech, language, audience contact		5
5	**Controversies and questions** Has the presenter handled controversies appropriately? Has the presenter answered questions appropriately?		5
6	**Impact Factor** What is the impact of the presentation? e.g. In changing practice, increasing awareness, etc.		5

7	**Accompanying Booklet** Has a suitable booklet been compiled? Is the text adequate and relevant to the topic? Are the diagrams and pictures of high quality & resolution? Is there a list of references at the end? Is the quality suitable for publication?		10

Dr S Naidu
FMM Co-Ordinator
Anaesthesiology & Critical Care
UNIVERSITY OF KWAZULU-NATAL

Journal Club

This meeting is held locally at each hospital and may occur on different days and take on different formats. Enquire from the Head of Clinical Unit at each hospital.

Evening Lectures

From time to time the DACC 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 Critical Care Society of Southern Africa (CCSSA). When such lectures are held registrars are expected to attend.

SASA KZN Branch CME Meetings

The local branch of SASA regularly holds CME meetings. Please see DAWN for details of these SASA CME meetings.

CCSSA KZN Branch Meetings

The local CCSSA hold an annual mini-symposium each year that rotates between Durban and Pietermaritzburg.

DA Tutorials

Tutorials are held in the KRITH building at 16:30 every Thursday. Co-ordinator: **Dr J Kanjee jaydkanjee@yahoo.com**

FCA I Tutorials

A series of tutorials are held every Wednesday afternoon starting at 14h30 in the IALCH seminar room. The program includes selected topics from the syllabus. This is by no means exhaustive. Please refer to the CMSA website for the complete syllabus. An attempt is made by each consultant facilitating the tutorial to send out reading material or requirements for the tutorial the week before. The format of the tutorial may vary. A mock exam is held twice a year a few weeks before the actual CMSA exam each semester. The current format is a 3-hour paper of 20 short questions (10 marks each) with content from Physiology, Pharmacology and Physics. Co-ordinator: Dr Komalan Govender komgovender@gmail.com

FCA ll Combined Monday Tutorials

Contact Persons: Dr Jenna Taylor   jennaleightay@gmail.com and Dr Mags Mudely magsmedely@telkomsa.net

The academic program for the final FCA candidates aims to prepare them for the various aspects of the CMSA examination. Tutorials covering the theoretical as well as the clinical components are held on Monday afternoons from 15h00-18h15 at the IALCH Anaesthetic seminar room.

Registrars are formally requested to register for the programme, which runs over a 12-month period, and are given time to attend once fully registered. The theory component comprises a series of vivas, discussion of controversies and a review of the current literature on the allocated topics. A list of articles or references allocated by each theory tutor is loaded onto the FCA ll site on the DACC's website and candidates can access these at their leisure to assist with preparation for their tutorials. A second examiner joins the group after completion of the theory component and a simulated clinical examination ensues for 2 candidates who are examined on a clinical as well as a paper patient.

These sessions are intended to be interactive, requiring adequate preparation by the registrars. At the start of each year, a list of topics and tutors is made available to all on the programme and can also be located on the FCA ll component of the DACC's website.

Each candidate is also expected to sit 2 mock examinations (which run every January and June in the DACC) prior to their sitting the CMSA exams. This is a means of assessing their readiness for the final exit examination and to assist with examination technique.

This programme is intense and very comprehensive and strives to produce a mature anaesthesiologist.

The Part Two Clinical Course

The Discipline of Anaesthesiology and Critical Care has held The Clinical Course annually for more than three decades. 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 30 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. The course is run annually in September after the FCA Part 2 Written and before the Oral and Clinical examinations. A new course coordinator is appointed each year.

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 DACC are advised to book a place on the course timeously. Such bookings should be made online on the first Monday in January. 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 DACC reserves the right to restrict the total number of local registrars attending the course consequent upon the other functions of the DACC being met.

Contact: Mrs C Singh 031 2604329 / singhc@ukzn.ac.za

The Discipline's Prizes and Awards

The DACC annually awards numerous prizes. These awards are made at the DACC's official end-of-year 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 DACC (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 7 categories totalling 40 points. 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.

4. **Best Results FCA(SA) Part 2 Examinations**
   This award is made to the candidate achieving the best examination results in the FCA(SA) final Fellowship examinations. The Registrar achieving the best results will win a trip to either the National SASA or CCSSA Conference in the year following the award.

8. THE COLLEGE EXAMINATIONS

The Diploma in Anaesthetics of the College of Anaesthetists of South Africa: DA(SA)
For more details on the Curriculum, Syllabus and Examinations and the forthcoming Exam dates please consult the CMSA website: https://www.cmsa.co.za/view_exam.aspx?QualificationID=46

The Fellowship of the College of Anaesthetists of South Africa: FCA (SA)
Please see the "Regulations for admission to the Fellowship of the College of Anaesthetists of South Africa FCA(SA)" available on the CMSA website below for more details on the Curriculum, Syllabus and Examinations and for the forthcoming Examination dates: https://www.cmsa.co.za/view_exam.aspx?QualificationID=1

9. MMED RULES AT UKZN

A summary of the MMed rules (see below) are available on the University Website. The full version of the rules is available in the College of Health Sciences UKZN 2018 Handbook: http://saa.ukzn.ac.za/files/hs.pdf

Structure:
The degree consists of coursework and in-service clinical training, as well as a research project which complies with the HPCSA requirements to train as a specialist. The minimum duration of the programme is four years full-time. UKZN understands the time constraints experienced during full time clinical training and although it is required that students should comply with the research component within the specified time period of four years, the university allows a maximum registration period of six years for the completion of the degree.

ADMISSION TO MMED PROGRAMME
For eligibility to register within the programme, refer to the College of Health Sciences handbook.
The following admission processes apply:
- All candidates should be in a specialist training post within the DACC of choice at the Department of Health in KwaZulu-Natal or the National Health Laboratory Services in KwaZulu-Natal.
- All candidates should apply for registration at UKZN as post-graduate students.
- All candidates should apply for registration with the HPCSA as a specialist-in-training.

Normally specialist training posts in the Department of Health and the National Laboratory Services of KwaZulu-Natal are filled in January of each year, but posts may become available outside these periods due to resignations, withdrawals and or other reasons.
Registration with UKZN should happen every year before mid-February or if a position is taken up later in the year, within 1 month of taking up the clinical training post.

PROGRAMME OVERVIEW

Students should register for the following modules:

Research Methodology	(16 Credits)
Clinical and Professional Practice 1	(270 credits)
Research Project	(164 credits)
Clinical and Professional Practice 2	(270 credits)
Graduation Total	(720 credits)

*Please refer to specific clinical disciplines for programme content and details. In service training is in the specialist area of the discipline, the details of which will be decided within the academic discipline

Suggested Time Lines:

Clinical and Professional Practice 1:	Year 1-2
Research Methodology:	Year 1
Clinical and Professional Practice 2:	Year 2-4
Research Project:	Year 2-3

a. Research Methodology Module

The online Research Methodology module is a semester-based module. It is advised that students attempt the module having identified an area of research in collaboration with their research supervisor. This is a necessary prerequisite for completion of module tasks which collectively develop into a research protocol. Students receive feedback on task submissions from the module coordinator and the research supervisor. The final protocol is submitted to the Postgraduate Office for approval of the study towards the MMed degree.

The module content includes:
1. Introduction to the Research Process
2. Formulating a research question (aim, objectives)
3. Literature Review, library Resources, Referencing
4. Reading Scientific literature
5. Research designs (appropriate sampling, case studies, surveys, epidemiology, systematic review, health systems research, experimental design, etc)
7. Research protocol – including planning data analysis
8. Instrument design and testing
9. Ethics of research
10. Analysing data (descriptive and comparative)
11. Quantitative and Qualitative data analysis
12. Discussing research results
13. Presenting research
14. Writing research reports
15. Ethics of publishing

b. The Research Project

The research component constitutes 25% of the degree. The research project may include the following:
- Retrospective chart reviews
- Retrospective mining of prospective databases
- Case series (not single cases)
- Collective review of a topic
- Systematic review of a topic
- Surveys, including epidemiology
- Quantitative/qualitative/mixed methods research
- Health systems research
- Experimental design pilot study (provided it fulfil certain criteria)
- Experimental design research based project
- Medical Education

A dissertation based on the research may be submitted for the MMed examination and is examined in accordance with University rules. Printed article or those accepted for publication (proof of acceptance should be provided) are accepted to fulfil the research criteria without further examination.

Candidates fulfil the requirements for the MMed degree once they have successfully completed all the relevant College of Medicine of South Africa examinations as well as the final report on the research component.

1. PROCEDURE
    a) The supervisor must ensure that the protocol is of high quality and appropriate for the purposes of the degree for which the student is registered. There is no formal external review process. We suggest that academics and students within the disciplines present their work to each other to receive consultative input to improve the work of the students.

    b) The Academic Leader of Research is available for advice and assistance.

    c) The protocol, the protocol submission page and the formal ethics application must be submitted to the Postgraduate Office. These documents can be accessed on the university website under the School of Clinical Medicine webpage.

    d) The Postgraduate Office will forward the submission to the relevant ethics committee once the protocol has been approved by the Academic Leader and Gate Keepers permission has been granted.

    e) Once the Ethics Committee has granted permission the research may begin.

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 DACC 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 Discipline; and
- The DACC shall ensure that the provisions of clause 11.9.1 are included in the employment contracts of all such state trainees.

MMED FEES

- MMed students no longer receive fee remission. MMed students presently pay a registration fee of R3750 annually. In addition, there are additional charges levied by UKZN related to modules, etc.
- Please see the following link for a published guide to Fees:
  https://www.ukzn.ac.za/wp-content/uploads/2018/01/2018-FEE-BOOKLET-1.pdf

10. THE RESEARCH COMPONENT

10.1 The research process

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

- During your first year, register for the compulsory Research Methodology Module 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 area/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, start collecting literature. Once you have some literature begin writing a literature review. The literature review will be required when you submit your proposal and when you write up your research. Keep developing a single literature review which you will use during the period of your research. Keep up to date with the literature by regularly doing new literature searches to see what is being added to the area.

- During your second year, prepare a research proposal/protocol (terms often used synonymously although there are subtle differences which are not worth splitting hairs over) with the assistance of your research supervisor. By paying attention to writing a comprehensive protocol you will be preparing parts of your write up e.g. the methods section. If you do this initial work well in your protocol, you will have a store to cut and paste from later.

- Having completed the protocol, submit it for approval to Post-Graduate Office. They will send it to internal school reviewers and to the Biomedical Research Ethics Committee (BREC) of the University, which has to approve it. Provisional approval will be granted pending provincial DoH approval. 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. Expedited ethics applications are applied for where there is no direct human involvement or where the risk is very low e.g. retrospective chart reviews and surveys where no sensitive questions are asked. Full ethics approvals are required for studies were the participant involvement may pose more than 'no risk' e.g. surveys where sensitive information is requested or where extra tissue samples or invasive procedures are required. Aim to get through this process by the end of the second year.

- During your third year, collect and analyse 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.

NOTE:

There are two ways in which you can complete your research component, both requiring you to prepare an article for publication in an academic journal. If you have your research article accepted for publication you will be considered degree complete. This is sometimes achieved in the fourth year of registrar training and this is a recommended route. However, you may be at the mercy of editors who do not care a dot about when you finish training.

Towards the second semester of your fourth year you can prepare a two-chapter dissertation for examination. The second chapter will comprise your article and the first chapter will be an introduction and literature review (which you will have been working on for a couple of years anyway). If you have to go the dissertation route, submit your article for publication anyway. It's good for science and good for your CV.

10.2 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 publishable review of evidence, ie a scoping or a systematic review. Do not be conned into thinking this is an easy way out. A proper review is very hard work.

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

10.4 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:
1. Acquiring confidence and skill in research and teaching.
2. 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 College. 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.

<u>The program</u>

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 6 months as a registrar.
    1. Induction for MMed and Fellowship
    2. 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

10.5 Conditions for the research process

*   When an MMed research project is published, the student is named as first author, and authorship guidelines are followed.
*   If a student completes a dissertation and does not submit the article for publication, the supervisor will assist the student within one year of graduation to get it accepted for publication. 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 ethical approval - if title changes then the PG office and BREC must be informed & approve the change
*   The PG office and BREC 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.
*   Dissertations should 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.
*   The PG office 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

10.6 Agreement between UKZN and DOH regarding Research

The following clauses in this agreement pertain to research, and may be useful to know about:
10.6.1   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:
        10.6.1 1   the research proposal has been approved by the relevant University Ethics Committee; and

10.6.1.2 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.

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

10.6.2.1 The relevant Head of School, according to appropriate ethics' policies; and

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

10.6.3 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.

10.6.4 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.

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

10.6.6 Any equipment which is required primarily for research purposes:

10.6.6.1 Will be supplied, licensed (if appropriate) insured and maintained by the University; and

10.6.6.2 Must not be used on patients or their specimens outside the scope of the research unless the University has obtained the consent

11. ASSESSMENT: CONTINUOUS AND SUMMATIVE

Continuous assessment refers to the assessment of the student during the year in 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. To make sure the continuous assessment is valid, there should be at least monthly contact with the immediate supervisor for monitoring purposes.

In this programme two forms of continuous assessment are used:

1. Registrar feedback (Pink) form: the Registrar completes this after each rotation' to give feedback to the Department about the quality of the rotation as a learning experience; Note this is confidential and is forwarded to the HOD who will then discuss with respective units.

2. Registrar Assessment (Green) form: this form has to be completed by the registrar for each roster period, and discussed with the Clinical Supervisor, who completes his/her portion of the form. This is then forwarded to the HOD and thereafter captured within the portfolio.

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

- The Professional Portfolio, will be evaluated at the end of each semester; Should the portfolio not receive a satisfactory rating, the student is given 3 months to redo and resubmit failing which an academic exclusion may be done.
- The College Examinations, (part 1 and 2);
- The research article or dissertation.

For further details on the rules applicable to the Masters of Medicine (MMed) see page 120 -127 , CHS-MMed College of Health Sciences Handbook 2018 http://saa.ukzn.ac.za/files/hs.pdf

12. ISSUES RE: DOH POSTS

12.1 What is expected from the Registrar by DOH?

Currently registrars will either have a paypoint at King Edward Human Resources Department (Coastal Registrars including Ngwelezane, Stanger and Port Shepstone) or Grey's Hospital Human Resources. (Inland Registrars). If a registrar moves for a short rotation outside of the areas of responsibility (EG 3 month rotation) the paypoint is unlikely to move. If a longer rotation is envisaged then the paypoint will be rotated.

It is important that the registrar track where their paypoint is and ensures that all required Human Resources documents are completed and received by their respective paypoints.

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. Academic responsibilities may require being away from the DOH service sites. These periods away must be discussed with the roster makers and the Head Clinical Units at the relevant hospitals.

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.

The normal EPMDS (Performance Management in the DOH) must be completed by the Registrar. The details of this system as they apply to registrars are still unclear. However a quarterly review and an annual review must be submitted.

12.2 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.

12.3 Rules of engagement

- The Registrars will work for the health authority as do other health professionals with appropriate service responsibilities according to their experience and ability.
- Supervision of Registrars will occur through a management team comprising the service supervisor, the academic supervisor and the Registrar.
- 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.
- The team will meet at regular intervals.
- The attachment will be governed by a written set of learning objectives and a personalised job description.

12.4 Leave applications

All staff members are reminded to adhere to the following procedure:
- Staff are required to submit completed leave forms to the Head of Discipline before proceeding on leave. This includes leave in respect of vacation, special, examination, attendance at conferences, workshops, seminars and courses.
- 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).
- The DACC will not condone any leave taken if proper procedures are not followed and the relevant authorization not acquired.

Discipline of Anaesthesiology and Critical Care - Leave allocations for Anaesthetic Medical Officers and Registrars

Members of the Discipline 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 30 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. Thereafter that leave is forfeited.

In order for the Anaesthetic Service to function efficiently, allocation of leave for registrars, and medical officers working at IALCH 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 Mrs Hannah Freddy at IALCH telephone 031-2401762. Leave is restricted during college exams, study leave weeks, periods coinciding with anaesthetic related courses and congresses and with the intake of new staff for the first two weeks of January. The latter is to accommodate orientation and computer training.

It is important for members joining the DACC 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 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. 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.

10 days are allocated per year (limited to 2 days per examination) for study leave. Officials are also allowed the day before and the day on which they write their examinations as special leave.

However, any "study leave" other than examinations leave will need to come out of the officials Annual Leave.

Please ensure that study leave forms are handed in at least 3 weeks prior to the leave being taken in order for the forms to be processed timeously.

Sick Leave:

All absences from work due to illness need to be followed up immediately **with** a sick-leave form on return to work. If two or more days of sick leave are taken a doctor's certificate needs to accompany the sick leave form.

It is DOH policy to deduct overtime during sick leave. If you have fulfilled your overtime requirements in spite of being on sick leave you will need to send a call roster and a time sheet indicating that your overtime hours have been fulfilled along with the sick leave form.

Congress/Courses:

Special forms are available for leave applications for the **attendances** of courses and congresses. These need to be processed well in advance. (At least 3 months in advance for local congresses and 6 months in advance for international congresses)

Family Responsibility Leave:

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

Religious holidays (Time off for religious gatherings)

Special leave to a maximum of one working day per year may be granted for religious gatherings. According to the provincial policy framework for special leave: "Time off will not be granted should the rendering of services be impaired." and "Time off for religious purposes is not a right."

A leave form needs to be submitted with an official religious calendar attached indicating the religious day being taken.

Research Blocks:

These slots should not be seen as "leave" and registrars will be required to make up for the weekly 16 hours of overtime commitment with weekend calls. Two slots are available per week.

All registrars will be eligible for five weeks per 48 months. The five weeks is divided into a two-week and three-week slot.

Pre-requisites for 2-week slot:
- The Research Methodology and GCP modules must be completed.
- Registrars must present their hypothesis and protocol at the DACC research meeting.

Pre-requisites for 3-week slot:
- BREC approved proposal.
- Weekly supervisor reviews with progress reports are mandatory.
- If research slots are not booked one month before a roster starts if it will be made available for vacation/annual leave bookings.

For research leave, the supervisor needs to sign the leave form prior to submission. Supporting documents indicating that the above criteria have been met need to be included with the submission.

N.B. A regularly updated version of available leave slots is available on the DACC's Web page http://anaesthetics.ukzn.ac.za

12.5 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 disciplines and/or resignations need to be strictly followed: -

12.5.1 Resignation procedures
- The Head of Discipline 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. Acceptable resignation dates are 30th June and 31st December of each year.
- On receipt, the Postgraduate Education Administration will then update the records accordingly, and subsequently advise the HPCSA.
- A resignation form and the KZN DOH "exit interview" must also be completed.

12.5.2 Transfer from one Discipline to another
Transfer from one discipline 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: -
- The registrar concerned will **first** obtain permission to do so from both disciplines, *viz,* the one at which he/she is currently employed and the discipline to which he/she seeks to be transferred.
- At the same time, permission to transfer is obtained from the Human Resources Department (KZNPA).
- The above shall also apply to Senior registrars/Consultants.

13. 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- General Guidelines - Inkosi Albert Luthuli Hospital

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

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

All registrars are required to attend the MEDITECH 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 Freddy [031 240 1762) to facilitate access throughout the hospital and to be able to log in "help messages". The form must be presented to the security office at the level 2 northern entrance.

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

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 Discipline of Anaesthesiology and Critical Care.

Daily Elective Lists

Surgery should start at 08h00, which means you should arrive at 0715 at the latest to check your anaesthetic work station, draw up drugs and arrange for the insertion of lines / blocks. By 07:45 latest the anaesthetist, the surgeon and the patient should be in theatre. Do not commence anaesthesia without a senior anaesthetist being aware you are starting and readily available to assist if required. Induction should be delayed until a surgeon who is familiar with the patient and procedure to be performed is present in the operating theatre. The WHO checklist must be completed prior to induction & surgical incision.

Neuroanaesthesia Rotation

This service covers two elective neurosurgery lists in addition to supplying a 24-hour emergency service. Report initially to Dr Cardoso. The duty roster is available on the computer. Premedication of patients for elective surgery is the responsibility of the registrar allocated to the list. Arrangements may be made between registrars to cover premeds for registrars who are post call but responsibility remains with the registrar allocated to the list.

Cardiothoracic Rotation

The cardiothoracic rotation is a 3-month rotation during which registrars are exposed to adult and paediatric cardiac anaesthesia as well as thoracic anaesthesia. Cardiac seminars and tutorials are held in the Anaesthetic seminar room on Monday mornings at 6:45. Registrars will be expected to present a cardiac seminar once in their time during the rotation. Specific details will be obtained from, Dr Leanne Drummond, the head of this service.

Obstetric / Pain Rotation

The primary role of registrars in this rotation is to provide for a 24/7 emergency Obstetric Anaesthesia and Epidural service. In addition, registrars will cover the Acute Pain service providing postoperative pain management including opioid IV PCA, Epidural PCA and continuous nerve blocks. Registrars will also attend chronic pain clinics, which take place on Mondays and alternate Wednesdays. Registrars should contact Dr S Bechan, head of the Obstetrics and Pain division.

See **Appendix 1(a)** below for further information on this rotation.

Daily list allocations

➢ Registrars will work primarily in the rotation to which they have been allocated. However, due to on-call duties, it may be necessary to allocate registrars outside their rotation department. Allocations are compiled weekly and are usually available on the Wednesday prior to the week concerned.

➢ Registrars are responsible for seeing their own premeds. In a situation where a registrar is pre- or post-call, arrangements may be made for the premeds to be seen by a colleague. However the responsibility for ensuring the patients are seen remains that of the registrar covering the list.

➢ Surgical lists should be published by 14h00 and every effort will be made by consultants to ensure that registrars can see premeds prior to 16h00.

➢ After premeds have been seen the patients should be discussed with the consultant covering the list. Should the consultant not be available a message can be left or photographs of the front page of the yellow form can be sent by email or WhatsApp.

➢ Premeds for Monday are done by the weekend on call teams. If patients are in hospital on the Friday prior to the list it would be appreciated if these patients could be seen to reduce the weekend workload.

➢ On completion of a list, do not leave prior to checking with the floor consultant, as you may be required to lend a hand with another list or in the pre-anaesthetic clinic.

➢ At least three registrars are allocated for "long days" which entail working until 18h00 when the night team takes over. These registrars are allocated to lists that are expected to run over (e.g. free flaps) or are available to take over lists that

are running over unexpectedly. Allocation of "long day" registrars is done by the floor consultant. There may be too many lists running over to be covered by "long day" registrars in which case the registrar may be relieved by the consultant covering their list.at night you will be second in line to run an emergency list and should be available to assist other registrars.

ICU Rotation
See separate guidelines on the IALCH departmental folder

Trauma and Burns Unit
See separate guidelines on the IALCH departmental folder. The Head of the division of Trauma, Burns and Orthopaedic Anaesthesia is Dr Alex Torborg.

Paediatric Surgery
See separate guidelines on the IALCH departmental folder. The head of the division of Paediatric Anaesthesia is Dr Christian Kampik

Vascular Surgery
See separate guidelines on the IALCH departmental folder.

Senior Registrars
See separate guidelines below.

After Hour Duties (Emergency Call) Monday to Friday
After-hours periods are defined as 18h00 until 07h30 Monday to Thursday, 18h00 to 09h00 on Fridays and 07h30 until 07h30 on Saturdays and Sundays. Registrars should attempt to arrive 10-15min early for their calls to facilitate handover procedures.
Three registrars are on call. The most senior of the three registrars will allocate registrars to theatres according to the acuity of cases booked in discussion with the consultant on call.
Paediatric and cardiothoracic cases usually required the presence of the consultant on call for the department. Paediatric registrars are on-call off-site and will come in for paediatric emergencies.
A cardiac rotator would ideally work with the Cardiac consultant for after-hours emergencies but there will not always be a cardiothoracic rotator allocated.
Should a difference of opinion regarding a case arise, the registrar concerned should contact their consultant and advise his surgical colleague to do the same so that decisions can be made at specialist level.

After Hour Duties (Saturday, Sunday and Public Holidays)
Registrars on call in the main theatre complex work on a shift system.
All registrars on call at IALCH are expected to be on site at all times. Splitting of calls with registrars leaving the premises is NOT PERMITTED. Registrars who leave the premises while on call will be subject to a disciplinary process that may result in dismissal.

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. S/he should however keep the Senior Registrar informed of Obstetric emergencies.

Major cardiothoracic 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.
The first meeting of every month is a feedback session for registrars and MOs. Consultants meet on the last Wednesday of every month [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:

1. Provide immediate onsite senior cover for all other Anaesthetic registrars based at IALCH
2. To coordinate the after hours' Anaesthetic activities.
3. To contact the consultants / registrars on call for paediatrics, cardiac and general for advice on complex cases

Registrar cover includes both the main theatre complex and the Trauma unit.

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.

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. The IALCH floor consultant will coordinate anaesthesia activities in the main theatre complex from 07h30 – 18h00 on weekdays. S/he will take over from the night SR at 07h30 and hand over to the SR coming on duty at 18h00.

Elective Duties:

Senior registrars will be allocated to lists on a rotational basis under consultant supervision. In exceptional cases the senior registrar may be required to provide senior Anaesthetic cover for a list. The IALCH Floor Consultant will be available for advice and assistance in such cases.

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 Vlll 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 KE VIII 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 RE Hodgson IALCH HOD Anaesthesia

APPENDIX 1(a) - Obstetric and Pain Registrar Rotation at IALCH

This is planned as a YEAR 4 senior registrar rotation and consists of two components, High Risk Obstetrics and an Introduction to Acute and Chronic Pain Management. If you are entering this rotation having not done an Obstetric rotation before as a junior registrar, please inform me, so that appropriate adjustments can be made for your training.

During this block the key learning areas are:

- Understanding the physiology and management of acute postoperative pain, the pathophysiology of persistent postoperative pain, and other acute pain syndromes
- Basic clerking of a chronic pain patient: taking a history and examining the patient, including a full neurological examination
- Provide an epidural service to labouring mothers and
- Provide safe anaesthesia for high risk patients presenting for Caesarean section.

Due to the limited number of cases because of resource constraints, you will also be expected to work in other list on the days that you are not allocated to Pain Services or Caesar lists.

There are two academic meetings which you are expected to attend; a combined obstetric meeting at King Edward Hospital on a Tuesday morning at 07h00 and a lunch time Pain Journal club on Wednesdays at 12h00.

DAY DUTY
If you are allocated to Pain and Obstetrics on the weekly roster, you are required to accompany the Pain nurses on the Acute Postoperative Pain ward rounds at 07h30. All anaesthetists placing epidurals and PCA's during the day in theatre are expected to review their patients in recovery and ensure that they are pain free before signing them out. They are also expected to record the patients on the database and verbally communicate to you if there are any particular problems.

NIGHT DUTY
If you are on Night duty, you are expected to take a handover from the day team summarizing the acute pain problems and identifying any potential problems, do a ward round when you come on at 6 pm and later on at your discretion either before midnight or in the early morning. REMEMBER, that during this rotation, the management of patients with PCA and epidurals, and the co management of high risk obstetric patients are your priority.

There are four nurses who are a part of the Pain Services at IALCH: Sr. Charlene Parthab, Sr. Gita Ramjee, Sr. Ravika Ramaloo, and Sr. Katharuby Vandayer. They will accompany you on the acute pain round. Please meet them at Hannah's desk or the PAC before you start your round.

Your programme for the week is as follows. **You are expected to participate and join the Academic meeting at KEH labour ward irrespective of whether you are on call, post call or pre call. It is compulsory.** The senior registrar at IALCH will cover you for that time.

Below is the weekly roster that you are expected to follow:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
07.00		OBSTETS MTG KEH L/W	**M & M KEH IALCH PMMH**	**M & M RKK**	FMM
07.30	**08.00 -14.00 Chronic Pain Clinic IALCH**	**Acute Pain Reviews on Ward**	**Acute Pain Reviews on Ward**	**Acute Pain Reviews on Ward M & M KEH ICU, KRith**	
08.00		**INTERVENTIONS 2nd Tuesday of the month**	**BACK PAIN CLINIC 1st Wednesday month**		
09.00		LW high care		LW high care	**Acute Pain Reviews on Ward + LW high care**
11.00		Obstetric WR D4E		Obstetric WR D4E	Obstetric WR D4E
12.00			**PAIN JOURNAL CLUB**		
14.00 - 16.00	**Acute Pain / Obstetrics Issues**	**Acute Pain Reviews on Ward/**	**Acute Pain Reviews on Ward/ Obstetrics Reviews**	**Acute Pain Reviews on Ward**	**Acute Pain Reviews on Ward**

In the afternoons, you may be allocated to help with the Pre anaesthetic Clinic if your Pain and Obstetric commitments are fulfilled

During the first week please contact me so we can arrange for me to accompany you on the acute post ward round and I will join you to explain what needs to be done.

Sudha Bechan
IALCH HCU Pain Services and High Risk Obstetrics

APPENDIX 2 - Registrar Evaluation

DEPARTMENT OF ANAESTHETICS REGISTRAR EVALUATION 2017

NAME: ………………………………………………………………… PERIOD: ………/………/2017 to ……/………/2017

ROTATION: …………………………………………………………… *Please indicate appropriate grade with "X"*

	Category	unsatisfactory	below average	average	Above average	outstanding	Unable to comment
SCHOLARSHIP / ACADEMIC							
1	Basic Science knowledge applicable to Anaesthesia/Critical Care (Primary)						
2	Medical knowledge applicable to Anaesthesia/Critical Care (Part 2)						
3	Knowledge of Practical Anaesthesia / Critical Care (Reading on cases)						
4	Knowledge of relevant literature						
5	Interest in research						
PATIENT CARE							
6	Evaluation of patients						
7	Set Up / Preparation for patients						
8	Management of patients						
9	Record keeping *(adequate detail, legibility, accuracy)*						
10	Awareness of possible emergency situations						
11	Ability to handle emergency situations						
12	Clinical judgment & decision making						
13	Follow Up of patients						
14	Technical skills						
PERSONAL QUALITIES							
15	Professional Attitudes *(moral & ethical behaviour towards patients, families, colleagues)*						
16	Ability to relate to other health professionals *(teamwork, rapport with other staff)*						
17	Enthusiasm, interest, willingness to learn, *(self- learning, attends meetings commitment to job)*						
18	Responsibility & Reliability *(fulfils obligations, follows instructions, punctual, attention to detail)*						
19	Attitude to patients and families *(Empathic, caring)*						
20	Communication skills *(clarity, ability to talk to patients & families & colleagues)*						

ASSESSOR NAME & SIGNATURE & DATE	REGISTRAR SIGNATURE & DATE

General Comments:
……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

CHECK

HOD

USE REVERSE FOR ADDITIONAL COMMENTS   Reg/eval/01/01/2017

APPENDIX 3 - Rotation Evaluation Forms

DEPARTMENT OF ANAESTHETICS ROTATION EVALUATION 2017

REGISTRAR NAME: ………………………….……………….………… ….…… PERIOD: ………/…..…./2017 **to** ……/………/2017

ROTATION/BLOCK/MODULE: …………………………….………………………….... *Please indicate appropriate grade with "X"*

Thank you for completing this form timeously. It is an important part of your training and will assist you in reflecting on your achievements and performance during this module/block/rotation. It also allows the Department to continually improve the registrar training programme.
Note that the information on this form is treated as CONFIDENTIAL.
Please complete all sections of the form.
Kindly forward the completed form within **TWO WEEKS** of completion of the rotation/block/module to Mrs Arun Pillay at IALCH, contact details: arunpil@ialch.co.za or (031)2402450.

	Category	Did not meet requirements	Only just met requirements	Easily met requirements	Exceeded requirements	Unable to comment
	Overall structure of block					
1	Orientation / Induction programme into block/module					
2	Rostering and allocation of duties					
3	Knowledge acquisition during block					
4	Clinical management/decision making					
5	Skill acquisition during block					
6	Attitudes & Behaviour development during block					
7	Development of interest in research					
8	Informal / Clinical Teaching					
9	Structured teaching					
10	Consultant Clinical Supervision					
11	Consultant availability					
12	Assessment and remedial process					

Please give details of any areas marked as "not meeting requirements":

……
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APPENDIX 4 – Guideline to Registrar Allocations

- A block consists of 12 weeks. The first and last 2 weeks of each year will usually not be included in blocks, thus each academic year will consist of 4 blocks of 6 weeks and 4 blocks of 7 weeks each. Allocations will be made for each semester and there will be a structured progression from R1 to R4. Leave will have to be finalised 2 months ahead of each semester.
- R1 is designed to consolidate the work that was done in the DA year. Part of this year could be spent at King Edward VIII, Addington, RK Khan, Prince Mshiyeni Memorial, Ngwelezane, Port Shepstone, Madadeni or the Pietermaritzburg hospitals as a General rotation.
- R2 and R3 will usually be at IALCH. R2 General will comprise ENT, Eyes, Craniofacial, Maxillofacial, Dental, ECT, Difficult airway, Orthopaedics, Urology, Renal, Plastics, Gynaecology and Remote anaesthesia.
- The Elective rotations in R3 and R4 are merit rotations and meant to provide an opportunity for registrars to revisit rotations that they might feel "incomplete" in. Factors that will be taken into consideration in awarding this rotation will be MMed project progress, presentation at congresses or conferences, clinical performance, passing of FCA part 1 and attendance. Registrars who do not qualify for a merit rotation will be assigned to any other rotation, including leave cover.
- R3 rotations are strictly post-primary
- R4 rotations are designed to allow the registrar to sharpen clinical skills, acquire management skills and, by assuming the role of the consultant, allow the registrar to interact with hospital management, supply chain management, workshop and other disciplines. R4 General rotations could be spent at the R1 hospitals mentioned in point 2 above.
- 2 weeks per academic year of Research Leave (Guidelines included in revised leave regulations on dept website) will be available. Overtime will have to be made up during this leave by doing weekend calls. Special leave forms will need to be filled in by the registrar and MMed supervisor. This leave will be forfeited if criteria cannot be met – no carrying over.
- The Pietermaritzburg Complex, consisting of Greys, Edendale and Northdale hospitals, is able to provide additional training in obstetrics, paediatric and neonatal intensive care, adult intensive care, acute and chronic pain, and burns. The rotation there is usually 24 months but a maximum of 30 months (with motivation) can be spent there before having to relocate to IALCH for the cardio-thoracic, vascular and major surgery, paediatrics, and neurosurgery rotations.
- One day per month will be spent doing outreach.
- The proposed 4-year rotation plan below may be modified according to the staffing numbers, level of experience of the registrar and changes to the actual rotation that may become necessary.

R1:   **3** blocks of General
2 blocks of Obstetrics
1 block of ICU
1 block of Leave/Leave Cover
1 block of Research Leave/Research Leave Cover

R2:   2 blocks of Neurosurgery
2 blocks of Pain and Obstetrics
2 blocks of Obstetrics Senior (KEH usually)
2 blocks of Trauma

R3:   **2** blocks of Paediatrics
2 blocks of Cardiothoracics
2 blocks of Vascular and Major Surgery
1 elective block
1 block of Research Leave/Research Leave Cover

R4:   **2** blocks of IALCH Senior
2 blocks of KEH Senior
1 block of ICU KEH
1 block of King Dinizulu (thoracic and spine surgery)
1 elective block
1 block of Research Leave/Research Leave Cover

Handbook Version: January 2018