General Admin:

1. **Leave:** Be sure that you arrange leave timeously:
   
a. Annual leave is arranged well in advance for the academic year starting on 1 February and ending on 31 January, so that all rosters can incorporate registrar and medical officer leave days. Your leave affects others who may have to cover for you so please ensure requests are submitted early.

   b. The 22 days of annual leave are split into 4 weeks, each of the weeks starting on a Monday, and 2 additional days. The 4 weeks of annual leave can be taken as separate weeks, or as 2 consecutive weeks. If you would like to take 4 consecutive weeks of leave, this needs prior approval by Prof Raubenheimer, and will only be allowed in special circumstances.

   c. All annual leave needs prior approval:

      i. The 4 weeks of annual leave (whether taken as individual weeks, as two consecutive weeks, or more) will be signed off by Prof Raubenheimer. Do not submit annual leave forms for full weeks of leave to Heads of Division or the Head of Department, as all leave forms are processed centrally, through Prof Raubenheimer’s office.

      ii. The additional two days of leave (to make up the 22 days) need approval by the Head of Division from where you would like to take the additional leave days.

   d. All leave forms for the new academic year need to be submitted to Yasmina Craven’s office by 31 January. Registrars or medical officers starting after 31 January, must submit their leave forms within their first month of contract at GSH.

      i. The 4 weeks of leave must be submitted to Yasmina Craven’s office, the Divisions will be informed of your leave, and it will reflect on the rosters sent out to the entire Department

      ii. The additional 2 days must also be submitted to Yasmina Craven’s office, after it has been approved by the Head of Division from where you will take leave.

   e. Under no circumstances are you allowed to change your leave dates without the knowledge and approval of the chief registrar (applicable to registrars) and Professor Raubenheimer (applicable to medical officers). Under special circumstances we will try to accommodate your request, but this needs to be communicated timely to the chief registrar and Professor Raubenheimer. If you
do not take your leave when it has been allocated, we cannot guarantee that you could be granted leave at another time during the year. Also, swops are incredibly difficult, as it has a knock-on effect on vac relief and several special units.

f. Special leave forms (illness, family responsibility, exams) need to be submitted with proof of reason for absence to Yasmina Craven’s office. HR cannot process special leave without proof, and will otherwise process special leave as annual leave.

2. **Vac relief (vacation relief):** when registrars in General Medicine rotations go on leave, a registrar from a special unit will be sent to stand in whilst on leave. This will be reflected on the vac relief roster. Vac relief is split equally between the Divisions doing vac relief.
   a. **Rotations for which vac relief is sent:** G floor at GSH, C15, Mitchell’s Plain Hospital, Somerset Hospital, Victoria Hospital and any special unit where the registrar does not work with a senior registrar or medical officer
   b. **Rotations from which registrars can be asked to do vac relief:** Endocrinology, GIT (when two registrars are allocated / during de-escalation period), Infectious Diseases (during de-escalation period), Liver, Neurology, Respiratory and Rheumatology
   c. During vac relief, registrars are required to do
      i. 1 week day call and possibly 1 weekend call if allocated to 1 week of vac relief (the two calls must be spaced 5 days apart)
      ii. 2 week day calls and 1 weekend call (middle weekend) if allocated to 2 weeks of vac relief (vac relief starts on Mondays, weekends prior need to be covered by the registrar going on leave. However, it is suggested that rosters are planned in such a way that registrars going on leave do not do calls the weekend prior to their leave)
   d. Registrars who do C15 shifts for their overtime (Endocrinology, GIT, Infectious Diseases, Liver, Neurology, Respiratory and Rheumatology) will have
      i. 1 week shift deducted for the month of vac relief, if allocated to do 1 week of vac relief that month
      ii. 2 week shifts deducted for the month of vac relief, if allocated to do 2 weeks of vac relief that month

3. Registrar rotations are three months and medical officer rotations four months. Be aware that when rotating through special units, overtime responsibilities include four shifts a month in the yellow area in C15. Where possible, you may try to arrange your yellow area shift on the same day as your call for your unit.

4. **Parking and GSH ID cards:** on F floor in old main building, try to do this as soon as possible and preferably before starting work. Parking is usually allocated in “N zone” or sometimes in P3/P4. If you are called in after-hours you may use the parking adjacent to C15 which you access by driving up the ramp. Access is allowed after 4pm.
5. **Contracts**: HR (Old main building H floor) requires separate contracts for your appointment and your overtime. **Overtime contracts must be signed yearly**. This is done no later than 31 December at Ms Wakefield’s office.

6. **Speed dials**: Fill in a form at D3 (switch board). This must also be signed by the HOD; you need to arrange a speed dial before starting the special rotations to facilitate referrals when you are on call.

7. **Whatsapp groups**: There are several whatsapp groups which are central to communication between registrars and medical officers. MOs should join the MO whatsapp group and the registrars group. Registrars should join the **Med Reg Whatsapp Group**. Ask around to be added. When in special units you will also be added to the unit’s whatsapp group.

8. Ask for the password for the Registrar lounge on G floor – it is open to all registrars and MOs. Speak to Yasmina Craven for a locker. (021) 4046154

9. **Isite/PhysicianUtility**: passwords for requesting radiology can be obtained from Brandon 77163. Please obtain one as soon as possible so you can request and access xrays/CTs. Radiology is very strict about clinicians sharing passwords as this makes it difficult for them to report urgent findings to the requesting clinician. Please do not use other people’s logins as they will be cut off from the system. Rather get your own login as soon as possible.

10. **NHLS access**: You need your own login to access NHLS results.

11. **Discharge summaries**: When on the G-floor or in special units, discharge summaries are done electronically on the CCR system. Arrange a login with Prof Raubenheimer.

12. **Daily on call rosters**: It is useful to phone paging (3333) during the day and ask to have your email address added to the list to receive the daily call roster via email. This is sent out every day at around 8:30am.

**Academics:**

**Department of Medicine Meetings** are on Thursdays from 16:00 till 17:00 and everyone is encouraged to attend if you are not on call. Registrars and MOs regularly present cases at this meeting. If you present you have the option to send your summary for publication to the SAMJ CEM.

**Daily Bed Side Teaching Sessions** are aimed at FCP2 candidates but are extremely beneficial. Find out from the organising registrars which sessions you may attend. Most sessions are open to all registrars although some are specifically for those writing FCP2 in the next session.

**Registrar teaching** takes place every Thursday before the department meeting from 14:00 – 16:00 in the Bill Hoffenberg room J floor Old main Building. You may be asked to assist with organising some sessions.

**FCP part 1 teaching** is arranged by a group who will be writing the January / June sessions and is also held from 14:00 – 16:00 on a Thursday.

**Clinical teaching aimed at MOs and junior** registrars is planned for Tuesday afternoons at 17:00 and will be arranged by the teaching committee. Attend as often as possible and volunteer to present.
The FCP part 1 refresher course occurs once a year (usually first weekend of May) and is a fantastic way to prepare for your part one exams. Speak to Liziwe Figlan to register. 021 406 6841

Division teaching is arranged by the Divisions and usually caters to people rotating through that Division. Details of weekly teaching can be found in the division sections in this document. Additionally, there are many seminars organised on a yearly basis both by divisions in the medicine department and by others. Ensure you are on the departmental mailing list where many of these are advertised as they come around. Also please ensure you are receiving teaching emails.

Registration with UCT

You must ensure that you are appropriately registered with UCT. Registrars need to register and pay each year for “FCP1” if you have not yet passed this exam or for “FCP2” if you have passed FCP1. This applies for every year of your registrar time, even if you start after annual registration at UCT has closed. Please liaise with the Post Grad Office as soon as you start as a registrar. You must also be registered for your “MMed” in the year in which you plan to submit your MMed. This carries an additional fee. Registration is done with Thobeka Mngaza at the post grad office at med school. You can reach her on 021 404 7768 or on thobeka.mngaza@uct.ac.za

Aside from being compulsory, registration as a UCT student enables you to
- Access UCT libraries including off campus login
- Access Vula (registrar’s academic website)
- Access to Up To Date on your cell phone and other devices
- Access Eduroam (Wi-Fi) and to get a UCT email address if you would like one.

If you are an MO you do not have to register with UCT. However, you should get a “T-number” which is free and affiliates you to the university enabling you to access the libraries, vula, and eduroam. Speak to Sharon Wakefield on J floor in old main building. She can be contacted on 021 406 6209. Once you have a T-number, speak to Prof Peter Raubenheimer (peter.raubenheimer@uct.ac.za) who will add you to the appropriate courses on vula.

For technical problems with wifi and UCT library internet access: speak to ICTS at med school (021 650 4500).

Volunteering

Our teaching program relies on regs and MOs to help arrange, coordinate and facilitate tuts and workshops. Please participate in presenting and organising where you can. This is of course easier when you are rotating at GSH. Consider joining the teaching committee.

Recommended courses:
Aside from the regular academic activities in the department, there is a great variety of courses and seminars available. Useful courses include:

ACLS:
ECG course:
Liaise with the Division of Cardiology with regards to annual ECG courses for registrars.
Alternatively, you could attend the Emergency Physicians’ course:
http://mdinc.co.za/courses/ecg-training-courses/
Dr Ibrahim D’Andrea 0737314412 dandrea@mdinc.co.za

BASIC ICU course:
This is an internationally accredited course run by our ICU and bookings fill up months in advance (Ingrid.wilson@westerncape.gov)

Point of Care Ultrasound Course
021 486 9222; jolandi@onscreenav.co.za
This course caters to emergency medicine regs but is nonetheless useful and interesting.

Statistics course online
www.coursera.org Understanding Clinical Research (now a requirement for your MMed)

Upper endoscopy course
A one day course run periodically by the continuing education department. Contact ce.administration@uct.ac.za
STRUCTURE OF THE HOSPITAL AND WARDS

SERVICES

- Audiology
- Counsellors
- Dietician
- Occupational Therapy
- Physiotherapy
- OPD
- Psychology
- Radiology
- Social Work

WARDS

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<thead>
<tr>
<th>WARD</th>
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<td>7431</td>
</tr>
<tr>
<td>B</td>
<td>Paediatrics</td>
<td>7432</td>
</tr>
<tr>
<td>C</td>
<td>MDR Female</td>
<td>7433</td>
</tr>
<tr>
<td>D</td>
<td>Drug-sensitive TB Female</td>
<td>7434</td>
</tr>
<tr>
<td>E</td>
<td>XDR-TB Male</td>
<td>7435</td>
</tr>
<tr>
<td>F</td>
<td>Pre-XDR-TB Male</td>
<td>7436</td>
</tr>
<tr>
<td>G</td>
<td>Pre- and XDR-TB Female</td>
<td>7438</td>
</tr>
<tr>
<td>H</td>
<td>Pre- and XDR-TB Female</td>
<td>8320 (Security) Ask for sister</td>
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<tr>
<td>3</td>
<td>Paediatrics</td>
<td>7440</td>
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</table>
WEEKLY & MONTHLY ROSTER

WEEKLY

- **Mon (DS-TB) Wed (MDR) Thurs (Pre & XDR):** “Readings” 08h00: Weekly admissions. MDT discussions. Referrals to allied medical colleagues
- **Mondays 08h00:** Ward round in ward B (Prof Schaaf)
- **Tuesdays 08h00:** Operational clinical meeting (whole hospital)
- **Alternate Tuesdays 13h30:** Pulmonology Prof Dheda/Prof Dawson:
  - Problem cases and X-rays mainly from the clinics
- **Wednesdays 9H30am:** ID ward round Dr Sipho Dlamini:
  - Admissions to wards A&D and any difficult/interesting cases
- **Wednesdays at 09h30:** Paeds clinical meetings
- **Fridays 11h00:** Doctors Journal club meetings (in process of applying for CPD)

MONTHLY

- **First Tuesdays 08h00:** Monthly Grand Round: 30 minute presentation and discussion on any relevant topic from each department. Aimed at doctors and nurses
- **First Fridays 08h00:** PTC (Pharmaceutical and Therapeutics Committee). Please bring your ADR forms to this meeting
- **Second Fridays 14h00:** Stellenbosch Med School
  - TB presentation and case discussions.
  - Please ensure your ward is covered when you go
- **Fourth Wednesdays 14h00:** M&M meeting
  - Please bring any unexpected deaths; cases to learn from; poor referrals and all resuscitations

CALLS

- Please come into the hospital on the weekends and public holidays to red flagged patients and to see if there are any new problems. Familiarise yourself with what medicines are available in the afterhours cupboard (list attached); the fridge and the emergency trolleys
• Please encourage telephonic presentation of patient problems by nursing in the A-B-C format:
  • **Age**
  • **Admission** date
  • **Background** conditions (including HIV status, diabetes)
  • **Baseline** function
    • Mobility (fully mobile, short distance or bed bound)
    • Mental state (interacting normally, mildly or severely confused)
  • **Change** in condition (current problem)
  • **Current** observations
  • **Chart** medications

• The portable ECG machine is available in the Night Sisters office in ward D
• There is only one Sister on at night for the hospital: Night sister’s cell: 071 619 5807
• You will be covering the whole hospital including wards B and 3 (Paeds). Our Paeds doctor, Dr Willemse, is usually available over the phone should you have paeds problems (sd 5023/082 937 4490)
• Please let Dr Julian te Riele (Clinical Manager) know well in advance if you have call date requests

**ADMINISTRATION**

• Natalie Fabrik (Ext 7401) is your go-to person
• You will need to see Sr Esbach (Occupational health Ext 8331 Sd 5096) regarding your mask fit test, pre-employment CXR, etc)
• You will need a speed dial number so you can be contacted on your cell phones when you are not in the ward
• Please inform your ward, the cover person and Natalie if you are going off duty
• Please forward me your email address and cell phone numbers.
• There should be an internal telephone list in your office
• Mr Snyders at switch (99) can assist you with your PIN number to make outside calls, otherwise go through switch. All private calls are for your monthly account
• The current practice at Brooklyn Chest is that all staff (**including Doctors**) is expected to clock in and out of the facility on a daily basis. These are checked on a monthly basis
• All patients need a “TB data” (an in-house database) print out as part of their discharge
• You will be guided on the Admission and Discharge process to be followed in the wards. Mr Felton at OPD (8310) is our admissions officer

**RESEARCH**

• There are three main groups of researchers at Brooklyn Chest.
- **TASK - current activities**
  - Multiple “novel combination” (NC) studies
  - NIX study. 6 month injectable-free treatment shortening study for XDR and DR-TB patients without options. Enrolling
  - Bdq/Dlm safety trial
- **Desmond Tutu - current activities**
  - Multiple paediatric PK studies
- **UCT Lung infection and immunity unit – current activities**
  - NEXT study. 6 month injectable-free treatment shortening study for MDR-TB

**SPECIAL POINTS**

- You are expected to provide regular informal teaching for nursing staff in your ward. Try to make as many interactions with nursing (and also with patients) informative and educational
- Please discuss any planned operational research with the clinical manager
- Management of nosocomial sepsis at Brooklyn Chest - the current S.O.P.

**TB patient referral pathway**

- Drug
  - Full nursing care
  - 24hr O2 dependent
  - ICD cases
  - BCH
- Defaulting meds
  - O2 depends on availability
  - Ambulant
  - Short term cases
  - DPM
- MDR
  - Mal
  - Female
  - DPM
  - BCH
  - BCH
- Pre XDR /
Please note:

1. Please make sure every attempt is made to get a culture for 1\textsuperscript{st} and 2\textsuperscript{nd} line sensitivities to the lab after a GXP diagnosis or following a period of default. If there is a GXP/culture from another site we also want a current/new sputum culture in the pipeline please.

2. Referral forms are available in the wards

3. Please complete with the following information attached:
   a. Hard copy of recent lab results
   b. Treatment date started
   c. CT Brain reports
   d. Abdominal ultrasound reports
   e. Doppler ultrasound reports
   f. Xray reports
   g. HIV status and ART history (defaulting history and previous medication)
   h. Reason for admission

4. Referals are faxed by Indie (Medicine secretary) to BCH or DPM or both. Please indicate where you would like the patient to be referred on the form.

5. BCH and DPM inform the ward clerks whether a patient has been accepted or not

6. BCH or DPM transport arrives to collect the patient

7. Medically stable patients with adherence issues may need to be discharged directly to their clinic
   - Ensure a BCH OPD date is arranged for the patient at discharge

If problems arise:

\textit{BCH}

- Pending female MDR admission contact Dr Nihal de Vries on 082 3009744
- Otherwise, contact Dr Julian te Riele on 074 1826726
- Admissions clerk BCH – Mr Felton 021 5088310
- BCH Fax no – 021 5087423

\textit{DPM}

- Female patients: Dr Janet Scott 021 7137688, 0847654543
- Male patients: Dr Croxford 021 7137617, 0837033442
- Male MDR patients: Dr Harding 021 7137643, 0823264721
- Admissions clerk DPM – Mrs Shereen Sallie 021 7137606
- DPM Fax no’s – 021 7121057 / Switchboard 021 7130335
C15 is one unit you will rotate through multiple times. Consider it home and each stint will be easier. It’s best to be open-minded about practising emergency medicine in an Internal Medicine programme and you will find there is a lot to be learned.

The unit has an extensive intro pack which you will receive when you start in C15; this induction pack provides a very brief outline.

**STRUCTURE OF THE UNIT**

- **C15 Anteroom, Holding Area, Overflow and Med Reg area**: total capacity of 28 beds
- **Anteroom Resus**: 7 beds
- **C12 High Care Unit**: 10 beds
- **C13 low care/short stay**: 15 beds
- **Minors (Yellow/Green Triage Area)**: this is a walk-in area which sees patients from GSH drainage area who triage green/yellow and have been referred from a GP, primary care facility or belong to a tertiary clinic (such as the oncology clinics). (Dr Parolis will explain this further when you start in C15)
- **Rapid Access Clinic**: this is a facility available for reviewing patients seen in yellow area who are returning for results or investigations that need to be performed semi-urgently in order to facilitate a clear diagnostic plan (patients requiring sputum results for TB can follow up at CHC but patients with alarm symptoms returning for G-scope would be reviewed at Rapid Access as an example)

**STAFF**

- **CONSULTANTS**
  - Dr Gerry Parolis 77094
  - Dr Annemarie Kropman 77117
  - Dr Patryk Szymanski 76348

- **NURSING STAFF**
- Please **introduce yourself to the nursing staff** as you go through the rotation—it makes a world of difference to the efficient functioning of the unit and everyone’s mental health!

- **OTHER STAFF**
  - C15 secretary: Nandie Maketesi (in consultant’s office)
  - Social Worker: Precious Kopane

**C15 ROSTER**
This is organised into day and night shifts which can vary on a day-to-day basis.

Dr Szymanski does the monthly roster for everyone rotating through C15 and Dr Parolis prepares the roster for the special units covering the minors area. It is a mammoth task and to make requests you need to write in the request book in the consultant’s office by the 15th of the month preceding your request.

You can make a request for a specific weekend off and for a specific week day off.

**C15 SPECIAL UNITS ROSTER**
When rotating through special units that do not have sleep in calls, you will do some shifts in the minors area of C15.

Dr Parolis prepares this roster and it is made available through the secretary at the end of each month. You can also make requests in the roster request book where this roster is concerned. It is often helpful to do both your special unit call and C15 shift on the same day.

**TEACHING AND RESOURCES**
- Formal teaching is on Friday mornings
- There is a folder on the desktop of most of the computers in all the areas of C15 labelled study topics which has documents and articles on a number of different emergency medical problems such as overdose; acute coronary syndromes; endocrine emergencies etc.

**IMPORTANT CONTACT DETAILS**
- C15 emergency line 5209
- A list of important numbers is on the wall just above the emergency line in ante room

**TIPS AND HINTS**
• **Accepting patients from referral centres**: please ensure the nurses covering Resus Area are aware if there is an intubated patient en route so that a resus bay, ventilator and other equipment can be prepared and the nursing staff is ready for the patient.

• Try to do as much as you can for your patients before handover to the next team: this includes - making sure you have done a Suicide Risk Scale for ODs, making sure you have made the necessary radiology requests, bloods or referrals to special units if possible.

• **Blood transfusions**: here is a surcharge after hours thus you need to consider whether the transfusion can wait for 08h00. If a decision is made to transfuse, please try to ensure you have consent, a blood products form filled and have put up a blood giving line when you make the decision to transfuse as the blood may only be ready with the next shift.

• **G-scopes**: try to ensure you have obtained consent and filled a G-scope referral form once you have made the decision to scope a patient.

• **C15 is a tough rotation**: everyone is exhausted; try and support and encourage your colleagues, this always makes for a better shift!
STRUCTURE OF THE UNIT/WARD

HOT SIDE (C26 CCU)
- 6 beds, full cardiac monitoring and ventilator capacity
- Run separately to the ward
- Only for acute coronary syndromes or patients with primarily cardiac disease requiring intensive care
- The Consultant and Senior reg on call for the week run the Hot Side for that week

COLD SIDE (C26 WARD)
- 12 bed unit, run as a normal ward
- For elective admissions or stable transfers from CCU
- Completely closed from Friday after 4pm till Monday 7am (no patients and no nursing staff)
- May sometimes house Medreg outliers if not full

E17 CLINIC
- Clinic runs Monday to Friday (except Thursday afternoons)
- Morning clinics are generally for new patients (referrals booked by the consultant or senior reg in the subspecialty)
- Afternoon clinics start promptly at 2pm and all registrars/MOs are to attend unless post call or have a pressing emergency to attend to.

C25 CATH LAB
- 2 separate labs available that can function independently
- All invasive diagnostic and interventional procedures happen here
- Dr Pandie’s office and the Cardiac Technologists’ office are also in C25
- The Senior Reg office for Angio reports is also in C25 and will be where all the Angio discs and reports for daily cath meetings are kept

ROSTERING
- There are usually 5-6 MOs/MedRegs rotating through cardiology at any given time
  - 2 in Hot Side
  - 2 or 3 in Cold Side
  - 1 in E17 Clinic
- One registrar/MO is rostered daily to perform exercise stress tests and Tilt table testing on E17 clinic patients from 09H00 to 13h00
- This is rotated every week or month so that each person gets at least a month in each area
- This roster is drawn up by a MedReg or an MO
  
  Everyone does at least 5-6 calls per month which run from 08H00 till the following day after the Cath Meeting (13h59)

**STAFF**

<table>
<thead>
<tr>
<th>CONSULTANTS</th>
<th>REGISTRARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof Mpiko Ntsheke (Head of Division) 76377</td>
<td>Dr Arthur Mutyaba 77303</td>
</tr>
<tr>
<td>Dr Ashley Chin 76531</td>
<td>Dr Brian Kiggundu 77058</td>
</tr>
<tr>
<td>Dr Blanche Cupido 76887</td>
<td>Dr Chishala Chishala 76779</td>
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<tr>
<td>Dr Mukesh Chhiba 76849</td>
<td>Dr. Zimasa Jama 77102</td>
</tr>
<tr>
<td>Dr Khulile Moeketsi 76177</td>
<td>Dr. Phila Mkoko 77090</td>
</tr>
<tr>
<td>Dr Shaheen Pandie 76233</td>
<td>Dr. Charle Viljoen 77470</td>
</tr>
</tbody>
</table>

- **NURSING STAFF**
  - Nursing team CCU is led by Sr Faiza Kasker
  - Nursing team in Cold Side led by Sr. Serene Wessels
  - Nursing team E17 Clinic led by Sr. Michelle Gowie
  - Nursing team C25 led by Sr. Joanne Hartnick
  - Please ensure you **introduce yourself to the nursing staff** at the beginning of the rotation.
  - C26 Cold Side requires that the **plan for the patients under your care is handed over to a sister or senior nurse at the end of each day**

- **OTHER STAFF**
  - **Clerk C26**: Naomi Davids
  - **Clerks E17**: Lin and Rehana
  - **Clerks C25**: Phaphama Magadla, Bonita
  - **Cardiac Techs**: Marclyn Govender, Kimberleigh Thangaveloo, Glenda Govender, Thabo Ngaka, Unesu Chikavhanga, Pikkie Jane van Zyl, Francois and students.
  - **Prof’s Secretary**: Shanaaz Davids (email: 01441024@uct.ac.za, ext 6084 – please contact her prior to arriving in the rotation for the rosters, and please submit rosters to her)
  - **Other part-time consultants (Legends)**: Prof Commerford, Prof Mayosi, Prof Scott Millar, Dr Stevens (they will probably be seen in the clinics or in Echo room and are always willing to teach)
WEEKLY ROSTER

All days start between 7:30-8am
(in some cases consultants may ask you to come in earlier for Hot Side handover)

- **Monday**
  - **08h00-12h30**: Cold Side admissions (The admission book is kept with the sisters on Cold Side – they will triage patients on arrival. These patients are split amongst the Cold Side regs and admitted)
  - **08h00**: Hot Side ward round- new overnight admissions are presented first and E17 morning clinic starts (MedReg/MO allocated goes straight up to clinic)
  - **13h00**: EP/ECG teaching (please give interesting ECG’s to Dr Chin in prep for this meeting)
  - **14h00**: Clinic starts (all MedRegs and MO’s to attend, post-call doctor leaves)
  - **16h00**: Cold Side presentation of admitted cases to consultants and senior regs (this can run till 8pm at times and Hot Side handover to the on call doctor happens after)

- **Tuesday**
  - **08h00**: Hot Side handover (Cold Side team may join for teaching, or can prep discharges for their patients)
  - **12h45**: Cath Meeting in E17 conference room (please get the list from the Reg office in C25, ensure that files or discharge summaries for these patients are taken up with you as each patient is presented prior to the angio review and discussion)
  - **14h00**: E17 Clinic

- **Wednesday**
  - **08h00-12h30**: Cold Side admissions
  - **08h00**: Hot Side ward round or Clinic Reg/Mo starts in Clinic
  - **12h45**: Cath Meeting
  - **14h00**: E17 Clinic starts (all MedRegs and MO’s to attend, post-call doctor leaves)
  - **16h00**: Cold Side presentation of admitted cases to consultants and senior regs

- **Thursday**
  - **08h00**: Hot Side ward round, Cold Side prep discharges, Clinic Reg/MO starts in clinic
  - **12h45**: Cath Meeting
  - **14h00**: MedRegs/MOs to attend Thursday teaching, on-call doctor remains in CCU

- **Friday**
  - **08h00**: Hot Side ward round, Cold Side discharges or transfer-outs must be completed before 12h00, Clinic MedReg/MO starts in Clinic
  - **12h00**: Cath Meeting
  - **14h00**: E17 Clinic starts (all MedRegs and MO’s to attend, post-call doctor leaves)
  - **16h15**: Surgical Meeting starts (All Medregs and MO’s to attend), Hot Side handover to all doctors on for weekend starts thereafter.
CALLS
The on call team is made up of a MedReg/MO, Senior Cardiology Reg and Consultant
You are required to:
- Take all outside referrals for urgent angiography or acute cases (from 16h00 – prior to this the Hot Side team should take referrals)
- Capture the referrals onto the referral form and attach to the fax (no 021 404 2033) and then discuss with your senior registrar, who will make a decision on the case – you will then feedback to the referring doctor
- Manage the CCU patients overnight
- Remove any femoral sheaths for patients in CCU or C12 High Care
- Do morning bloods for CCU patients (try to make your blood packs early and then at around 04h30-05h00 take the bloods so that your results will be out before the morning round)
- Assisting Cardiothoracics with ordering RBC’s for theatre is also part of your responsibility
- GSH consults are seen by the senior Regs, except if it is an after-hours acute (Hot) case
- Make notes for all the CCU cases before the morning round

TEACHING AND RESOURCES
- Teaching and academic initiative are important in Cardiology and there are plenty of opportunities for formal and informal teaching.
- The formal teaching takes place during ECG teaching sessions, Journal Club and Peer-driven presentations
- Medical registrars and medical officers are expected to present cases on Mondays and Wednesdays in the form of Cold Side admissions where informal bedside tutorials on these patients are then given.
- Please buy Dr Stevens’ Congenital Heart Abnormalities book from Shanaaz, it is invaluable when studying this part of cardiology.

IMPORTANT CONTACT DETAILS
- CCU 021 404 2020
- Hot Case Fax 021 404 2033
- Cold Case Fax 021 404 6070
- ECG ladies 77866/021 404 6099
- E17 Clinic 021 404 6092/3
- Shanaaz 021 404 6085
- Cardiac Techs 021 404/4094

TIPS AND HINTS
• **Discharge summaries**
  ▪ Are computerised.
  ▪ Please ensure that these are completed appropriately as you will often need to present using them in the cath meeting (Details such as ECG changes, baseline and Echo findings are important)
  ▪ Ensure that you always have at least two contact numbers on the discharge summary and for the meeting

• Cardiology is seen as one of the more difficult specialities, however, probably one of the most valuable learning opportunities in the MedReg program. A lot of the nursing staff and senior regs are very supportive and the consultants harbour a wealth of knowledge. If you don’t mind hard work, a little bit of sacrifice and patience, you will utterly enjoy this block.
# Endocrine

## Staff

### Consultants

<table>
<thead>
<tr>
<th>Consultant</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>Prof Levitt (Head of Department)</td>
<td>76813</td>
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<tr>
<td>Prof Ross</td>
<td>76814</td>
</tr>
<tr>
<td>Prof Raubenheimer</td>
<td>77062</td>
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<tr>
<td>Prof Dave</td>
<td>76815</td>
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<tr>
<td>Prof Sandler</td>
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<tr>
<td>Dr Toet</td>
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</tbody>
</table>

- OTHER STAFF
  - Departmental Secretary: Liezel Fisher (liezel.fisher@uct.ac.za)

## Weekly Roster

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday</strong></td>
<td>08h00-09h00</td>
<td>See ward patients</td>
<td>F-floor OPD</td>
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<tr>
<td></td>
<td>09h00</td>
<td>Thyroid clinic</td>
<td>F-floor OPD</td>
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<tr>
<td></td>
<td>13h00</td>
<td>Bisphosphonate clinic preparation</td>
<td>F-floor OPD</td>
</tr>
<tr>
<td></td>
<td>16h00</td>
<td>Ward round</td>
<td>F-floor OPD</td>
</tr>
<tr>
<td><strong>Tuesday</strong></td>
<td>08h00-09h00</td>
<td>See ward patients</td>
<td>C9</td>
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<tr>
<td></td>
<td>08h30</td>
<td>Bisphosphonate clinic</td>
<td>Bill Hoffenberg</td>
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<tr>
<td></td>
<td>11h30</td>
<td>Combined Academic meeting/lunch</td>
<td>F-floor OPD</td>
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<tr>
<td></td>
<td>13h30</td>
<td>General follow-up clinic</td>
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<tr>
<td></td>
<td>16h30</td>
<td>Ward round</td>
<td></td>
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<tr>
<td><strong>Wednesday</strong></td>
<td>07h30-11h00</td>
<td>Synacthen tests</td>
<td>G16</td>
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<tr>
<td></td>
<td>11h00</td>
<td>New Patient Clinic</td>
<td>F-floor OPD</td>
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<tr>
<td></td>
<td>16h30</td>
<td>Ward round</td>
<td></td>
</tr>
<tr>
<td><strong>Thursday</strong></td>
<td>08h00-09h00</td>
<td>See ward patients</td>
<td>H-floor OPD</td>
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<tr>
<td></td>
<td>09h00</td>
<td>Diabetic clinic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13h30</td>
<td>Pituitary clinic on alternate Thursdays</td>
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**Monday**

- Early morning someone should drop off a list of the bisphosphonate patients at C9 in order for the clerk to request the folders.
- The thyroid clinic is a very busy clinic – be careful not to get too absorbed in other complaints. Seeing new patients is easy if you follow the format outlined on the clerking sheet.
- **Please do everything in duplicate** – if there is no buff, then keep a copy with a sticker and the nurses will make a buff at the end of the day.
- Make sure that the buffs are kept separate from the yellow folder – they help enormously when folders go missing.
- Discuss each patient with a consultant, especially early in the block.
- Keep an eye out for stable hypothyroid patients, especially those who have had $^{131}$I therapy in the past and are now on Eltroxin replacement – they can all be discharged to primary care.
- Prior to the end of the day, do planning for the Bisphosphonate Clinic happening on Tuesday: review the blood results and Deka scans to determine who should receive a dose and who should be rebooked for Deka scans.

**Tuesday**

- The Bisphosphonate Clinic can be chaos if no preparation done before: there is only one computer to be shared with the clerk and it is impossible to check Deka scans and blood results when 10 (or more) patients arrive.
- **Important blood results to check are:**
  - Ca$^{2+}$ level – if below 2.2 do not give, check if the patient is actually taking Titralac and Vit D, reschedule having made sure a Vit D level is also requested. Zoledronic acid can crash the calcium down and cause dangerous hypocalcaemia.
  - Vit D – if deficient do not give, rather reschedule & make sure the patient is taking the tablets.
Creatinine – dosing of Zoledronic acid is according to eGFR – there is a dosing adjustment schedule on the wall in C9 to guide therapy

- Dexa scans need to be done at 2 year intervals – review the scans the day before to evaluate response to the bisphosphonate & discuss with consultant. Patients often arrive with companions; send the companion to C9 to make a repeat appointment while waiting

- There is uncertainty about the duration of Zoledronic acid therapy at the moment, (a protocol is being drafted) and at the moment patients need to be reviewed in the general Endocrine follow-up clinic after the 3rd dose (i.e. 3rd year) on Zoledronic acid. Many of the patients in the bisphosphonate clinic do not have follow up dates for review – this needs to be addressed, and they need to rebooked on a non-urgent basis for the Tuesday follow-up clinic. Do not rebook for the C9 clinic until they have been reviewed by the general Endocrine clinic.

- At the moment booking for C9 works like this:
  - On the day that the patient arrives (e.g. Tuesday 10 January 2017) the patient’s sticker is placed in the 2017 book on that date (although the booking will be for a date in 2018)
  - Write the date in 2018 next to the sticker (i.e the corresponding 1st Tuesday in 2018 will be 9 January 2018) If the patient is rebooked for another date in 2018, then place the sticker at the corresponding 2017 date
  - Please make sure every patient has a valid telephone number
  - The nurses need to give the patient a date to take bloods prior to the clinic, and patients need to be issued with a form – bloods to be taken are: Creat, Ca\(^{2+}\) and Vit D

**Wednesday**

- **Short Synacthen tests** are done on outpatients arriving in G16
- The patients are due to come in at 08h00, but need not be cancelled if they arrive later

- **Short Synacthen tests are done like this:**
  - Baseline cortisol (yellow top) and ACTH (purple on ice) are drawn
  - 4ml equaling 1mcg of Synacthen is then injected IV
  - 30min after injection another cortisol level is taken

- Patients need to sign **consent** and a **modified Section 21 form** which needs to go to pharmacy with a TTO form on which 1mg of Synacthen is ordered – the best is to always keep a stock of Synacthen in the “Endocrine box” in the medication fridge in G16

- **Mix the Synacthen as follows:** *Inject the entire ampoule of Synacthen into 1L NaCl – this can be kept for a few days, as long as it is refrigerated. We often have to do short Synacthen tests on other inpatients e.g. the neurosurgery ward. Make sure it is clearly labelled with a yellow sticker and an expiry date, otherwise the G16 nurses will discard it*
• The New Patient Clinic starts at 11h00 on F-floor in OPD. Expect to be busy until 16h00, even though only a few patients typically arrive (7 are booked but not all of them arrive)

• Thursdays and Fridays
  • Diabetic Clinic—very busy!
  • New patients are seen first & discussed with consultants
  • No buffs are kept in this clinic and so duplication of notes is not required
  • Try to limit counseling to the basics and book patients for the educators but write clearly what you’d like them to be educated on
  • Patients go routinely to C17 for HbA1C and fasting glucose test on the morning of their visit, they don’t need forms for that. Blood forms are only given if you want extra tests to be done at the same time prior to the visit, i.e. fasting lipids and/or a creatinine.
  • Very few patients know what an HbA1C is, but it is a useful motivational tool
  • Ask a consultant if you think a patient is fit for discharge (either very poorly controlled despite a long time in the clinic, or very well informed and excellently controlled)
  • Use the glucose monitoring sheet – the computers on H-floor now print to a remote printer in the front office. Give to patients to do home monitoring and motivate them to self-adjust their insulin
  • If there are no glucometers and patients have the means to buy their own – the brand is Accuchek Active, and then the hospital-issued strips are compatible
  • Order 2 boxes of strips on script for patients on basal-bolus who need to check 4 times per day

TEACHING AND RESOURCES

• Vula
• C15 Emergency Folder on Endocrine Emergencies
• JEMSDA guidelines
• American Association of Endocrinologists has many free guidelines

OTHER CONTACT DETAILS

• LE32: 4272/3
• Nuclear Medicine 4389
• E10 Pharmacy 3218/9
• OPD Pharmacy 5400
• MRI bookings 6374 (if urgent outpatient MRI: request under Medicine Semi-Urgent slots)
• G floor porters 5239
TIPS AND HINTS

- Always ask patients for their phone numbers: folder phone numbers are always wrong
- **LE32 scripts**: call the clinic at 4272/3 to check if there are any scripts for you before heading to New Patient Clinic
- If you see an interesting inpatient, I suggest you check when the unit is next due to present; you don’t want to prepare a presentation over 3 days!
STRUCTURE OF THE FIRMS & CALLS

- Two registrars per firm (Monday, Tuesday, Wednesday, Thursday)
- Calls are done by the firm on their allocated week day and with their allocated consultant
- The weekend roster is worked out on a rolling basis. It is up to each firm to decide which calls will be covered by which registrars
  - When one registrar is on call for a firm, the other registrar is responsible for pinkies until 16h00 on weekdays
  - On weekends, one registrar covers both intake and referrals. The registrar on intake is expected to stay until 23h00 or until such time that all the referred patients have been seen. They are also expected to return during the night if they are called for emergencies relating to one of their patients, or if emergency referrals from other departments are made

WEEKLY SCHEDULE

- **WARD PATIENTS:** Each firm is expected to see every one of their patients on a daily basis. Patients seen by interns should be reviewed either on a ward round or verbally.

- **CONSULTANT ROUNDS:** dependent on each firm, but should happen at least 3 times per week.

- **MOPD:** Each firm is also responsible for running MOPD on one day of the week. One registrar is expected to attend MOPD from 10h00 until about 13h00. They see new referrals as well as follow-up patients. If a patient needs admission from MOPD, it is courteous to admit the patient to your own firm. This may be discussed with the consultant on call in the clinic.
  - **Monday MOPD:** Wednesday Firm
  - **Tuesday MOPD:** Thursday Firm
  - **Wednesday MOPD:** Monday Firm
  - **Thursday MOPD:** Tuesday Firm

- **ANTIBIOTIC STEWARDSHIP ROUNDS:** every Tuesday at 12h00 IN G17. All registrars are expected to attend.

- **REGISTRAR TEACHING:** 14h00-16h00 on Thursday afternoons, and may be attended if ward work is completed. Academic meetings run from 16h00-17h00 on a Thursday.
• **DEPARTMENT MEETING:** 08h00 every Friday in the Bill Hoffenberg. The format changes from time to time, but generally it is a case presentation by one of the firms. The last Friday of every month is the Morbidity and Mortality meeting and every firm is expected to present their own statistics.

• **TIPS AND HINTS**

  - There are no other formal scheduled activities on G-floor, as patient care is the priority.

  - Many tutorials and student teaching slots also arise during the block and one registrar in a firm may be expected to attend. Please liaise with your colleagues to ensure that the firm is always covered until 17h00 if you are attending other activities.
STRUCTURE OF THE UNIT/WARD
The Groote Schuur Hospital GIT Clinic is a multidisciplinary clinic comprising medical gastroenterology, three surgical sub-divisions namely hepatobiliary surgery, foregut and colorectal surgery & stomatherapy. It is a busy clinic providing a specialist referral service in the GSH drainage area and support to other specialties within the hospital.

The endoscopy suite includes facilities for upper endoscopy, lower endoscopy, ERCP and a recovery room. The daily clinics also run out of E23.

The unit has been allocated 4-6 beds in ward G12 which are almost exclusively used by inflammatory bowel disease patients either for elective admission for investigations or for emergency admission with exacerbations of their disease. There is a daily ward round in G12. Usually the medical officer rotating through GIT will be primarily responsible for the ward patients with a senior registrar. Responsibilities include ensuring that result flow sheets are kept up-to-date and that x-rays and other results are available, referrals are made timeously eg most GIT patients should be reviewed by the dietician early in their admission. A typed discharge letter (GSH format) should be completed on discharge of every patient. Please ensure that the referring doctor and/or GP receive a copy of this summary as well as Chantall Stewart, who keeps a file of the summaries in her office. GSH policy dictates that all summaries are ICD coded to ensure that all diagnoses are accompanied by the appropriate code.

Venofer clinic
There will be a venofer clinic at the endoscopy unit (E23) for our own patients on a Wednesday and Thursday. There is a maximum of 4 bookings per day and usually the medical officer will run the venofer clinic. Please make sure you don’t book venofer clinics if the medical officer is on leave, unless a registrar is available to run the clinic. Venofer needs to be pre-booked at the inpatient pharmacy (best to pre order it one day before the clinic) and stocked in your office at E23.

Infliximab
There are currently 4 patients receiving infliximab. Please check the wardbook at G12 to see when the patients are booked. The patient will be admitted on the day of administration. Before admission you need to check the FBC/dif. Once you have checked the FBC + patients has been admitted officially, you can order the infliximab from the sterile pharmacy (with use of the blue board). On discharge, please check follow up dates for clinic/infliximab booking (normally every 8 weeks). The medical officer usually administers the infliximab.

STAFF

<table>
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<tr>
<th>CONSULTANTS</th>
<th>REGISTRARS</th>
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Dr Sassa Botha runs the pH-studies/manometry laboratory and has sessions from Wednesday to Friday.

- **NURSING STAFF**
  Sr. Maré van Wyk is the Operational Manager and is in charge of nursing in the clinic.
  Charmaine Alexander is the sister in charge of the IBD clinic.

- **Other staff**
  Chantall Stewart is the secretary to Prof Thomson, you may ask her to assist you where possible.
  The clerks in the reception office are Allie Lippert and Lindy Glover. Karin Fenton is our UCT administrator.

**WEEKLY ROSTER**

- **Monday**
  7:30 Daily ward round (MO and senior reg)
  New patient clinic + follow up clinic
  Medical officer to email Dr Locketz to prepare for histopath meeting on Tuesday

- **Tuesday**
  7:30 Daily ward round (MO and senior reg)
  This is academic day. At 2pm there is an academic ward round, usually attended by colleagues in private practice. At 3pm there is a histopathology meeting at D8 to discuss biopsy cases. This is followed by a tea and lecture. Please watch the roster for your turn to present.
  IBD clinic

- **Wednesday**
  7:30 Daily ward round (MO and senior reg)
  8am: Journal club
  New patient clinic
  8.00-9.0 enofer clinic (max 4 bookings)

- **Thursday**
  7:30 Daily ward round (MO and senior reg)
  IBD clinic
  8.00-9.00 venofer clinic (max 4 bookings)

- **Friday**
  7:30 Daily ward round (MO and senior reg)
  Follow up clinic
CALLS
On call duties involve clerking and admitting known GIT patients to G12. The IBD clinic has an open-door policy so most patients arrange a day time appointment if feeling unwell. After-hours admissions are thus infrequent. In the event of an after-hours admission, please feel free to contact the consultant on call to discuss the case at any time. In general, non-IBD new patients with GIT problems are admitted to either general medicine or surgery. GIT referral is then arranged the next working day. On weekends the on-call person will do a daily ward round and be available to cover ward problems and casualty referrals should they arise. Note that there is a specific person on call for emergency scopes, separate from the general GIT on call person and that this may be a medical or surgical senior registrar.

Many referrals, especially those made during the day, are for upper endoscopy requests and the referring doctor should be informed that the patient would be placed on the next emergency endoscopy list which occurs on a daily basis. It is not required that these patients are seen. Referrals for colonoscopy, video capsule endoscopy or PEG placement must be discussed with Leonin Katsidzira as this is a limited resource and only appropriate cases will be accepted. Other referrals must be seen on the day of referral and the case be discussed with a senior registrar/consultant before embarking on a detailed clerk and work up.

TEACHING AND RESOURCES
IMPORTANT CONTACT DETAILS
TIPS AND HINTS

Tea and coffee are available in Chantall Stewart’s office, Room 93 or in the sisters office. On Fridays at 10 o’clock there is usually a tea in our library sponsored by a pharmaceutical company. Should problems arise during your stay in the department, please discuss these with Prof Sandie Thomson (or one of the other consultants in his absence).

Procedures
Gastroscopy and colonoscopy are more difficult procedures to master and due to your short stay in department it is not practical for you to be taught these procedures. You are however welcome to spend time in the endoscopy room, once other duties are completed, to watch and assist with endoscopy. If you would like to participate in learning gastroscopy, you will need to ask Sr van Wyk to give you an introductory lesson first. Prof Thomson also will provide you with a letter to the nursing staff explaining that you will be training in upper endoscopy. There is an upper endoscopy course run periodically which is very useful if you are able to complete this course before or during your GIT rotation. Contact ce.administration@uct.ac.za to find out when it will be running.

Conclusion
We trust you will enjoy your stay in the department and find it a valuable learning experience.
STRUCTURE OF THE UNIT/WARD

- E5: The Haematology Clinic and Day Ward:
  - All Haematology clinics take place here.
  - Day Ward: administration of chemotherapy, giving blood products and for admitting patients.
  - The Cell Support Room: Blood Products Irradiator, area where Stem Cell harvesting and plasmapheresis take place
  - The blood products storage fridge: contains all Factor products
- G8/G7: General haematology wards: 10 beds between both wards, shared with Oncology
- F4: Haematology ICU: Isolation facility for patients undergoing intensive chemotherapy and BM transplantation.
- Allocation of MOs/Regs:
  - MOs: The two MOs allocated to Haematology will divide the 4 month rotation: Each Mo will spend 2 months in F4 and assisting in the general ward; and then 2 months in the clinic.
  - Regs: The two Regs allocated to Haematology will divide the 3 month rotation: each will spend 6 weeks in the General Ward; and then 6 weeks in the clinic.
- Clinic duties:
  - Checking of blood and other blood products with the sisters
  - Clinical assessment of patients being followed up
  - Clinical assessment of new patients referred to Haematology
  - Administration of intra-thecal chemotherapy
  - Administration of donor lymphocytes and autologous stem cells (as outpatient)
  - Removal of Hickman lines under local anaesthesia
  - Bone marrow biopsies every Friday
  - Patients should always be discussed with senior registrar and/or consultant
- Ward duties:
  - Clinical assessment and repeating of bloods on the in-patients on a daily basis
  - Administration and irradiation of blood and blood products for the in-patients
  - Consultant ward rounds every Monday and Thursday
  - Administration of intra-thecal chemotherapy
• OTHER STAFF
  ▪ Clerks: Elaine Young, Gaafka Schalkwyk: 3084 / 3383
  ▪ Clinic Sisters: Sr. Charles 3083
  ▪ Haemophillia Co-ordinator: Sr. Cruikshank 76195 / 082 788 1038
  ▪ Social Worker: Nomalizo Sineke: 76905 / 3089
  ▪ Secretary: Chantal Mc Carthy 3077 Fax: 3088

WEEKLY ROSTER

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
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<tbody>
<tr>
<td>07h45</td>
<td>Radiology meeting (C7MRI Seminar Room)</td>
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<tr>
<td>08h15</td>
<td>Grand ward round: E5 tearoom</td>
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<tr>
<td>09h00</td>
<td>Myeloma Clinic (Dr Du Toit)</td>
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<tr>
<td>13H30</td>
<td>Infectious Disease Meeting: Consultant on call, Senior Reg, F4 MO</td>
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<tr>
<th>Time</th>
<th>Tuesday</th>
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<tbody>
<tr>
<td>08h00</td>
<td>Journal Club: E5 tearoom</td>
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<tr>
<td>09h00</td>
<td>CML / CLL / High Grade Lymphoma Clinic (Prof Novitzky)</td>
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<tr>
<th>Time</th>
<th>Wednesday</th>
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<tbody>
<tr>
<td>08h00</td>
<td>Haemoglobinopathy / Low Grade Lymphoma Clinic (Dr Du Toit)</td>
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<tr>
<th>Time</th>
<th>Thursday</th>
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<tbody>
<tr>
<td>07h30</td>
<td>Grand ward round: E5 tearoom</td>
</tr>
<tr>
<td>09h00</td>
<td>New patient Clinic / Myeloproliferative Neoplasms Clinic (Dr Verburgh)</td>
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</table>
| 16h00-17h00 | Dept of Medicine Clinical Meetings  
                      **Venue:** LT2 |
CALLS

When on call, you are responsible for receiving outside calls (from peripheral day hospitals and clinics) for advice. You are also responsible for in-patient referrals. All patients need to be discussed with senior registrar and/or consultant.

From 8am to 4pm: clinical duties and telephonic consults and referrals. If the patient is referred from C15 as an emergency, you are relieved of your clinical duties to assess the patient in C15 as preference.

After 4pm till 8am (next day): responsible for outside and in-patient referrals, as well as after hours clinical duties in G7/8 and F4. Mostly you are responsible for repeating tumor lysis bloods or coagulation profiles and blood cultures if patients develop temperature spikes. If a plan for a particular patient hasn’t been formulated/handed over, the patients must always be discussed with the senior registrar and/or consultant.

Currently we do not do sleep in calls, however when on call you need to stay on site until 8pm. If the sister in F4 wants you to assess a patient, it is your responsibility to come in from home to assess the patient as these patients receive intense chemotherapy (as treatment or conditioning) or has received a bone marrow transplant.

Mostly, weekend calls are Friday/Sunday calls. You are responsible to assess the in-patients and repeat blood tests in G7/8 and every alternate weekend to assess the patients in F4 isolation unit. The senior registrar does the ward round every alternate weekend (when the MO/registrar only sees the in-patients in G7/8) and do a ward round with the MO/registrar in G7/8 once they have completed the ward round in F4. You are responsible for the outside and in-patient referrals.

TEACHING AND RESOURCES

- Resources:
  - Haematology and Haemophillia protocols are provided on arrival
  - On request the UCT students Haematology Textbook is a great revision tool
  - For all the budding haematologists try Essential Haematology by Hoffbrand
  - Upon arrival in E5, the senior registrar will supply you with 12 different topics that will be divided between the senior registrar and medical registrars. It will be expected of you to prepare a power point presentation on the particular topic.
These topics will be discussed every Friday afternoon after the clinic has been done. If the clinic is extremely busy (often the case), we can discuss the topic the following Monday as the Monday general clinic if often not too busy.

**OTHER CONTACT DETAILS**
- Blood bank: 4091/4092
- Bleeding room: 3086
- Cell support room: 3170
- Haem-path bench (to book bone marrow biopsies/request blood films): 3092/4018
- Haem technologist: 3191
- Gill Blackbeard (Flow Cytometry): 3092/6331
- Cytogenetics: 4449 / 4509

**TIPS AND HINTS**
1. One of the clinic doctors needs to be available in E5 from 07h30 onwards to check and initiate blood products

2. Ensure you correctly complete the patients folders as per Dr Verburg’s layout.

3. In F4: be organised, the mornings are very early and you need to ensure that all your blood forms are prepared for the nurses to take samples. Highly recommend doing all the forms for the week ahead of time. Ensure that your toxicology samples are sent off before 10:00 with the porter directly to the toxicology lab.
INTENSIVE CARE UNIT

The ICU rotation is both a challenging and an enjoyable rotation. There is a clearly structured modus operandi and an approachable team of specialists. You will be trained in the requisite skills required and there is a strong focus on teaching.

This guide should be used supplement to the ICU intro that you will receive when you start.

STRUCTURE OF THE UNIT/WARD

You will rotate through C27 (medical) and D12 (surgical) ICU during your time in this rotation. The medical ICU will admit a surgical case and vice versa if necessary and at the discretion of the consultant on call.

C27: 8 bed unit which includes 3 potential Isolation ICU beds in E26

D12: 8 bed unit

UCT PAH ICU: up to 20 beds (variable)

STAFF

<table>
<thead>
<tr>
<th>CONSULTANTS</th>
<th>ROTATING STAFF</th>
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<tbody>
<tr>
<td>Prof I Joubert 76172</td>
<td>Consultants &amp; Senior Registrars from Respiratory Medicine</td>
</tr>
<tr>
<td>Dr R Raine 76161</td>
<td>Junior Consultants from Anaesthetics</td>
</tr>
<tr>
<td>Dr M Millar 76406</td>
<td>Consultants sub-specialising in Critical Care</td>
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<tr>
<td>Dr J Piercy 76407</td>
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<tr>
<td>Prof Michell 76326</td>
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<tr>
<td>Dr D Thomson 76740</td>
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- OTHER STAFF
  - ICU SECRETARY: Ingrid Wilson – Ingrid.wilson@westerncape.gov.za; (021) 404- 3279

Before arriving on day one it is strongly recommended to pop down to C27 and visit Ingrid. She will give you an intro pack to ICU and is the go-to person with regard to any roster issues or basically any problems during your rotation. Call requests and leave for the following month need to go via Ingrid.

WEEKLY ROSTER

C27/D12 daily ward rounds are at 08h30 and 15h30.
All patients need to be clerked with the daily clerking sheet (which you will find at the nurses stations)
Generally this requires arriving between **07H00 and 07h30** – the daily review is expected to be thorough and detailed so use the time wisely. There are usually 4-5 registrars per unit so divide the patients accordingly
Weekend ward rounds are at the discretion of the consultant.

- **Monday**
  12h30 **Journal club**- in the C27 registrar room  (Ingrid will let you know if a rep is bringing lunch)

- **Tuesday**
  13h00 **Grand Round** – venue will be announced on the day

- **Wednesday**
  **Practical teaching** (U/S, central lines etc)

- **Thursday**
  11h00 **Registrar tutorials** – usually in D23

- **Friday**
  14h00 **Registrar presentations**
  Last Friday of the month – M&M

**CALLS**

- The C27 MedReg/MO on call does cover for UCT PAH during week nights from 21h00. It is advisable to get as detailed a handover as possible from the UCT registrar as there can be complicated cases.
- On weekends the C27 MedReg/MO covers from 12h00 as above
- The D12 MedReg/MO covers D22 Cardiothoracic ICU after the PM ward round (although there is also a Cardiothoracic Reg on call).

**TEACHING AND RESOURCES**

**BASIC ICU COURSE**

- The Department of Critical Care runs this two day course which is a good comprehensive intro to ICU including ventilator troubleshooting.
- Speak to Ingrid to put yourself down for the next course.

**OTHER**
• Ask Dr Joubert to add you to the Vula critical care group – there is a wealth of articles and resources available there
• Don’t be shy to ask for help learning a procedure – it is much easier to get taught something during the day than to learn it at night

TIPS AND HINTS
• The ICU nursing staff are superb and if you communicate with them well you will get the full benefit of their expertise and assistance.
• Learn the apron rules and infection control routines on Day 1 – ask one of the sisters!
• The daily clerking sheet has a number of features on it – eg RSBI (rapid shallow breathing index) – these are not there by chance. You would do well to find out what all these things are early and why they have been prioritised to be on the clerking sheet
• You will receive a call referral form which needs to be handed in the next morning – if you forget Ingrid will be calling you post-call

ASSESSMENT
The purpose of the assessment is to review the knowledge you have acquired during your rotation and the questions are therefore practical and related to core topics that you should have encountered.
• **Presentation:** you will be allocated a presentation date & Ingrid will give you a list of available topics
• **End of block oral assessment**
During your 3-month rotation you will gain experience on the diagnosis and management of the Infectious Diseases seen in our academic referral setting. We are physicians and work closely with a team of microbiologists, infection control nurses and pharmacists. The rotation allows opportunity to develop clinical and presentation skills, and cover Infectious Diseases and antibiotic pharmacotherapy theory required for the FCP exam.

STRUCTURE OF THE UNIT/WARD

ID CLINIC

- G26 ID Clinic is primarily an Antiretroviral Therapy clinic, run by Prof Dlamini
- It provides an excellent opportunity to discuss complicated ART regimens and ART Resistance testing.

RAPID ASSESSMENT UNIT

- The Rapid Assessment Unit in G26 operates Monday-Thursday between 08h00 and 16h00.
- There is a doctor rostered to be available to see patients booked for this service. These patients are usually referred from peripheral clinics and have been discussed with a consultant.

REFERRALS

- All referrals must be seen on the day of referral if possible (Clerking books in G26 and SR office).
- Ward referrals are not to be seen in G26 ID clinic.
- When seeing a new patient, perform a thorough history and examination, update all relevant microbiology and histology results (printers in SR office and G26 clinic).
- Daily follow up all referrals until discharge/death. All patients who have travelled outside South Africa in the last 5 years require a Geosentinel surveillance form to be completed and handed in to Prof Mendelson (forms in SR office and outside Prof Mendelson’s office).
- All patients with S. aureus bacteraemia (MSSA and MRSA) require unsolicited ID consultation; the microbiology registrar on call provides the patient’s details on the
relevant Whatsapp group (forms in SR office)

**STAFF**

<table>
<thead>
<tr>
<th>CONSULTANTS</th>
<th>SENIOR REGISTRARS</th>
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<tbody>
<tr>
<td>Prof Marc Mendelson (Head of Division) 76758</td>
<td>Dr Denasha Reddy 76827</td>
</tr>
<tr>
<td>Prof Sipho Dlamini 76380</td>
<td>Dr Sandra Ngongang 77010</td>
</tr>
<tr>
<td>Dr Tom Boyles 77320</td>
<td>Supernumerary senior registrar from Berlin (April to October)</td>
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<tr>
<td>Prof Gary Maartens (weekly teaching round)</td>
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</tbody>
</table>

- **OTHER STAFF**
  - Clerks: Sylvia (G26) 0214045328
  - HIV Counsellors: Noxolo and Vivian 073 237 5207 & 072 649 3409

*The Division also hosts many international observers ranging from medical students to infectious diseases specialists.*

**WEEKLY ROSTER**

- **Monday**
  - 08h30 New Referrals and follow-up consultations
  - 12h00 Blood Culture Meeting-C18 Microbiology Lab
  - 14h00 Computer Case Review-Seminar Room & Consultant Rounds
- **Tuesday**
  - 08h30 G26 ID Clinic (Prof Dlamini)
  - 12h00 G17 Antimicrobial Stewardship Round (Prof Mendelson)
  - 16h00 Consultant Rounds (Prof Maartens)
- **Wednesday**
  - 08h30 Senior Reg Outreach at DP Marais or New Referrals and follow-up consultations
  - 14h00 Consultant Rounds
- **Thursday**
  - 09h00 Microbiology Plate Round C18, ID Teaching Round & Tea
  - 12h00 Blood Culture Meeting C18 Microbiology Lab
  - 14h00 Consultant Rounds
  - 16h00 Department of Medicine Meeting
- **Friday**
08h30 New Referrals and Follow-Up consultations
14h00 ID Academic Meeting G16 Seminar Room
15h00 X-ray meeting (Prof Goodman) G16 Seminar Room
16h00 Consultant Rounds

CALLS
- Weekend and weekday calls are divided amongst medical registrars and ID SRs.
- Medical registrars are expected to do a minimum of 1 weekend per month, and 2 weekday calls per week (all Wednesdays).
- SRs cover the remaining weekends and weekdays (all Thursdays). When on call, you are expected to come out to see urgent cases (e.g. ICU and transplant patients) and ID emergencies (e.g. malaria, suspected VHF).
- All cases should be discussed with the ID consultant on call.
- Non-urgent weekend referrals can be seen on Monday, including *Staphylococcus aureus* bacteremia consultations.

TEACHING AND RESOURCES
- Download the SAASP, Antimicrobial Recommendations Western Cape, Sanford Guide to Antimicrobial Therapy
- Read up on all cases seen; most of your learning will be on clinical ward rounds

TIPS AND HINTS
- No white coats, ties or scarves
- Discuss patients with microbiology at weekly blood culture meetings
- Please handover your patients before any leave. Ensure that names and locations of patients are correctly documented
- All leave to be approved by Prof Mendelson
LIVER

STRUCTURE OF THE UNIT/WARD/HCU

- 5 beds in G12 and 2 beds in E12 (Liver) transplant HCU
- There is only one firm, headed by Professor Wendy Spearman. The firm includes one Liver / GIT senior registrar, 2 medical registrars and occasionally one supernumerary medical registrar. The medical registrars are split between the general medical ward (G12) and HCU (E12: Liver transplant unit). Monthly rotations between the units occur depending on the number of rotating registrars.

STAFF

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<thead>
<tr>
<th>CONSULTANTS</th>
<th>SENIOR REGISTRAR</th>
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<tbody>
<tr>
<td>Prof Wendy Spearman (Head of Division)</td>
<td>Dr Mirthe Van Der Valk (GIT) 76172</td>
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<tr>
<td>76879</td>
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<tr>
<td>Prof Mark Sonderup 77185</td>
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<tr>
<td>Dr Neliswa Gogela</td>
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NURSING STAFF

- Nursing team for:
  - general ward admissions are led by G12 Sister Roy.
  - transplant admissions are led by E12 Sister Solomon.
- Please ensure you introduce yourself to the nursing staff at the beginning of the rotation.
- G12 and E12 requires that the plan for the patients under your care is handed over to a sister or senior nurse at the end of each ward round.

OTHER STAFF

- Clerks: G12 – Rushida
- Social Worker: Mr Lungi
- Dietitian: Lynette Cilliers
- Prof Spearman’s secretary: Fozia Francis

WEEKLY ROSTER

- Monday

  HCU
  8:40 E12 ward round. Patients in the HCU should be clerked before the ward round. Basic bloods are done by the nursing staff at 4am (excluding cultures). All new results (excluding drug levels) should be out by 8am. Every HCU patient gets a blood culture, CMV VL, EBV VL, urine culture together with FBC, CEU, LFT, INR and tacrolimus or
cyclosporine level every Monday. The nurses do us a favour by pulling bloods at 4am, please cherish this relationship and help them with the occasional difficult venesection.

9:15 – clerking outliers, new referrals (if on call) and assisting with G12 ward work

Every patient gets a blood culture, with FBC, CEU, LFT, INR and tacrolimus or cyclosporine level (if appropriate) every Monday.

12:30 ward round, starts in G12 doctors room where all blood results from the morning are reviewed. All outlier patients are then discussed. The round ends in E12 with outstanding tacrolimus or cyclosporine levels. Thereafter new consultations are discussed with the on call consultant.

- Tuesday

  HCU

  8:30 E12 ward round
  9:00 Liver clinic (don’t be late!!!)

  G12

  8:00 review all ward admissions and do daily bloods (FBC, CEU, LFT, INR, drug level)
  9:00 Liver clinic (don’t be late!!!)

Clinic usually finishes at 15:30 – 16:00. The ward round then starts at G12 doctors room, ending in E12.

- Wednesday

  HCU

  8:30 E12 ward round
  9:00 Transplant clinic (alternate Wednesdays) otherwise review all outliers, new referrals (if on call) and assisting with G12 ward work. The transplant clinic usually includes Prof Spearman and the senior registrars, however you will be asked to help if short staffed.

  G12

  8:00 review all ward admissions and do daily bloods (FBC, CEU, LFT, INR, drug level)

  12:30 Ward round starts at G12 doctors room, ending in E12.

- Thursday

  HCU

  8:30 E12 ward round
  9:00 Paracentesis clinic in C9. (usually 3-4 patients for paracentesis and venesections).
  Tip – leave your speed dial with the sister in C9 and they will call you when the patients arrive. Don’t book more than 3-4 patients a day as you are usually alone. Thereafter review all outliers.
G12
8:00 review all ward admissions and do daily bloods (FBC, CEU, LFT, INR, drug level)

12:00 Ward round starts at G12 doctors room, ending in E12.
14:00 Reg teaching at Bill Hoffenberg

• Friday

HCU
8:30 E12 ward round
9:00 review all outliers

G12
8:00 review all ward admissions and do daily bloods (FBC, CEU, LFT, INR, drug level)

10:00 Ward round starts at G12 doctors room, ending in E12.
11:00 Histology with Dr Mike Locketz in D4
12:00 Academic presentations at J floor old main building – seminar room before Falcone theatre. Please get key and set the projector up (housed at Liziwe’s office).

CALLS
Rotating GIT senior registrar, Dr Mirthe van Der Valk draws up the monthly roster and academic presentation roster. Please email/ WhatsApp her with any roster requests prior to starting the rotation.

You are usually on call for 7 days in a row. The call starts on Monday 8am and ends on Monday 8am the following week.

Weekend calls
All patients (G12, E12 and outliers) need to be seen with daily bloods taken by 09:30. Ward round will begin in E12, moving to G12 and then the outliers. Please call the on call consultant with outstanding drug levels (12pm) as immunosuppressive dosages may change.

Overtime
You are required to do two C15 – yellow area shifts per month on a Friday (only day you will leave by 16:00). It would help if you arrange your calls for the same week you are on call for Liver. (discuss C15 dates with Dr Parolus)

TEACHING AND RESOURCES
• This is a busy rotation however it has one of the best bed side teaching. Maximize this one-on-one opportunity.
IMPORTANT CONTACT DETAILS

- G12 – 021 404 3243
- G12 – doctor’s office 021 404 3468
- G12 – ward clerk 021 404 3304
- E12 – nurses station 021 404 3312
- Liver clinic (OMB) 021 406 6394
- Referrals are emailed to fozia.francis@uct.ac.za

TIPS AND HINTS

- **Discharge summaries**
  - G12 – on ECCR
- There will be a lot of ward reviews in G12 that need bloods taken or results reviewed. Please keep a book with their stickers and trend of blood results per visit. Please show Prof at the end of each ward round.
- **E12 - A chemistry form containing the necessary requests, together with a pharmacology form must be filled out for the following day and attached at the nursing table for bloods to be drawn at 4am.**
- It would help the weekend on call registrar a lot if all blood forms are written out on Friday and handed to the sisters in E12.
MITCHELL’S PLAIN DISTRICT HOSPITAL

STRUCTURE OF THE UNIT/WARD

- **FIVE MEDICAL TEAMS (A to E)**
  - Each consists of a Medical Registrar / Medical Officer and either an Intern / Cosmo. One team consists of two MOs
- There are 4 Registrars allocated to MPDH and 3 of these will each be allocated a 1 month Research block.
- **PIWR Mon-Thurs** are done by Drs Maughan and Crede. Friday is covered by Dr Bana. Start either 07h30 or 08h00. Weekend rounds start at 07h00
- **MOPD**
  - Each team will be able to book patients for review post discharge. Use your “team diary” provided, and avoid booking patients on your on-call day. Do not follow up patients for prolonged periods (rather refer to GSH) and do not book patients for your colleagues to see once your rotation has ended.
  - ID patients can be discussed with Ashraf Davids, who runs the ID service and is happy to review ID-related problems in his clinic post discharge.
  - There are currently no new patient MOPD bookings from outside, although this may change during the year.
  - **Exercise stress tests** are done on your own patients, or you may be asked by the EC staff to do OPD ESTs on low risk patients, which the EC consultants have personally reviewed.
  - Book these in your own OPD diary
- **CARNATION WARD**
  - Step-down facility for stable medical patients, all patients referred to Carnation must have stickers placed in the “Carnation Book” in Female and Male Medical Wards.

**STAFF**

<table>
<thead>
<tr>
<th>CONSULTANTS</th>
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<tbody>
<tr>
<td>Dr Crede</td>
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<tr>
<td>Dr Maughan</td>
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<td>Dr De Vries</td>
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<tr>
<td>Dr Bana</td>
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<td>Dr Viljoen</td>
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## WEEKLY ROSTER

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td><strong>M O N D A Y</strong></td>
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<tr>
<td>13h00</td>
<td>Departmental Business/Social/lunch meeting</td>
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<tr>
<td><strong>T U E S D A Y</strong></td>
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<tr>
<td>09h00</td>
<td>Medicine Huddle</td>
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<tr>
<td>14h00</td>
<td>Fortnightly Multidisciplinary round (a member of each team must attend)</td>
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<tr>
<td><strong>W E D N E S D A Y</strong></td>
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<tr>
<td>11h30</td>
<td>Antibiotic Stewardship Round</td>
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<tr>
<td>15h00</td>
<td>Academic presentation as per weekly roster, monthly M&amp;M</td>
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<tr>
<td><strong>T H U R S D A Y</strong></td>
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<tr>
<td>08h00</td>
<td>Journal Club as per roster</td>
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<tr>
<td>14h00-16h00</td>
<td>FCP 2 Teaching Bill Hoffenberg GSH</td>
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<tr>
<td>16h00-17h00</td>
<td>Dept of Medicine Clinical Meetings (LT2 GSH)</td>
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<tr>
<td><strong>F R I D A Y</strong></td>
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<tr>
<td>14h00</td>
<td>Weekend Handover Meeting</td>
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## CALLS

- Each team is on call every 5th day (D1)
- D3 you will have a consultant round to review all patients. Consultants are happy to review patients on other days, and help with OPD reviews. Ask and you will get help!
- Registrars are expected to be on site till 23h00 and to come out if there is an ICU admission or an emergency. Sleep-in facility available if needed (ante-natal ward)
- During the Research Block the Registrar will cover 4 weekday calls from 16h00 for a colleague as well as the PIWR and one Saturday and the PIWR on Sunday.
- On weekends, not all patients in the wards are seen due to staffing constraints. Critically ill patients are identified on the hand-over on Friday, and these patients are seen on both days. On one day all female patients are seen, incl outliers, and the other day all male patients are reviewed. Please make clear hand-over notes on the Friday. A dedicated “weekend management plan” sheet must be used for the weekends.
OTHER CONTACT DETAILS

- EMS 7228
- GSH Switch Board 7117
- SOCIAL WORKERS
  - Mrs Lucas 7073
  - Ms Sallie 7552
  - Mrs Williams 7551
- Laboratory 4780
- Porters 2144
- Pharmacy 4599
- OPD Bookings 2151
- G-Scope 4771
- FEMALE Medical Ward 4715
- Male Medical Ward 4696
- Overnight Ward 4654
- Bed Manager (Mrs Abrahams) 7062

TIPS AND HINTS

- Referrals to other specialties are made telephonically, plus a written referral
- eCCR is used for admissions and discharges-access code will be provided
- ECM: MPH uses an electronic note storage system. Use this to obtain old notes. Password will be given to you when you start work
- Radiology login – will be provided
- Speed dial – will be provided
STRUCTURE OF THE UNIT/WARD

- 18 beds in total: 10 neurology, 6 stroke, 2 geriatrics
- There are two Neurology firms, headed by the Neurology registrars. The medical registrars and medical officers are split between the two firms, and patients are allocated to each of them.

STAFF

<table>
<thead>
<tr>
<th>CONSULTANTS</th>
<th>REGISTRARS</th>
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<tbody>
<tr>
<td>Prof Alan Bryer (Head of Division) 77267</td>
<td>Dr Helen Cross 76504</td>
</tr>
<tr>
<td>Dr Eddy Lee Pan 77439</td>
<td>Dr Sarvani Chetty 77616</td>
</tr>
<tr>
<td>Prof Jeannine Heckmann 76861</td>
<td>Dr Wonga Matshikiza 77493</td>
</tr>
<tr>
<td>Dr Lawrence Tucker 77438</td>
<td>Dr Saara Neshuku 77394</td>
</tr>
<tr>
<td>Dr Kathleen Bateman 76346</td>
<td>Dr Silvanus Wabwire 76334</td>
</tr>
<tr>
<td>Dr Helen Cross 76504</td>
<td>Dr Herman Ekea 77458</td>
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</table>

- NURSING STAFF
  - Nursing team led by Sister Blouws
  - Please ensure you introduc**e yourself to the nursing staff** at the beginning of the rotation.
  - E7 requires that the plan for the patients under your care is handed over to a sister or senior nurse at the end of each day.

- OTHER STAFF
  - Clerks: Cynthia and Michelle
  - Social Worker: Belinda Dixon (office in E8, near EEG section)
  - Neurophysiology technicians: Carla Bailey, Kelly Malefo, Henco van Dyk
  - OT: Corien Theron (stroke), Natasha Naidoo (neuro)
  - Physio: Samantha Gelderblom
  - Dietitian: Lynette Cilliers
  - Speech therapy: Lee Meyer
  - Prof Bryer’s secretary: Jolene Woolley

WEEKLY ROSTER

- Monday
  - 8.00 journal club – Macgregor Room, E8
  - 9.00 onwards – clerking new admissions or seeing a ward day case
13.30 stroke ward round, E7 with Prof Bryer and the multidisciplinary team
14.00 registrar ward round – each firm sees the new admissions/problems with old cases

- **Tuesday**
  8.15 consultant ward round (main teaching round of the week)
  11.00 ward admin meeting in Macgregor Room, E8 (cases for Friday presentations will be allocated)
  12.00 social round
  13.00 Neurology OPD (Epilepsy/Headache mostly), floor H OPD building

- **Wednesday**
  8.15 radiology meeting
  9.00 E7 ward clinic
  13.30 stroke ward round with Dr de Villiers and multidisciplinary team

- **Thursday**
  8.15 Consultant ward round, E7
  9.30 Neurology outpatients, floor F OPD building
  14.00 Open for teaching

- **Friday**
  8.30
  1st and 3rd of month – Myasthenia Gravis clinic
  2nd of month – Tygerschuur meeting at Tygerberg Hospital
  Last of every 2nd month – Motor Neuron Disease clinic
  12.00 Academic case presentations in LT2, E floor.
  13.30 Academic meeting: difficult case discussion/research presentation/ID meeting

**CALLS**
_Helen Cross, the senior Neurology registrar, does the monthly roster. Please email her with any roster requests prior to starting the rotation._

- **Neurology**
  - The neurology calls are a 24h call covered by the neurology registrars and rotating medical registrars.
  - All cases are discussed with the consultant on call.

- **Stroke**
  - These calls are covered by Medical Registrars and Medical Officers.
  - Stroke calls are to have a doctor on standby for potential thrombolysis cases, and to see other ward/casualty stroke referrals.
- Please read the stroke protocol before your first stroke call and make sure you understand the NIH stroke scale scoring system.

- Ward
  - The medical officers do the ward cover calls. This usually rotates on a weekly basis.
  - The medical officer on call that week will come in on the weekend mornings and see all the ward patients.

**TEACHING AND RESOURCES**
- Teaching and academics are regarded as important in Neurology and there are plenty of opportunities for formal and informal teaching. All the consultants are approachable and may give extra tutorials if asked.
- The formal teaching round is on a Tuesday morning, and it is advisable to read around the patients in your firm on a Monday night.
- Medical registrars and medical officers are expected to present interesting cases on a Friday afternoon.
- The recommended textbook for Neurology is *Neurology and Neurosurgery Illustrated by Kenneth Lindsay et al.*
- There is a folder on the desktop of one of the computers in the doctors’ office labelled “Dr Tucker’s review articles”, which contains review articles on many of the common neurological topics.

**IMPORTANT CONTACT DETAILS**
- Nursing station 021 404 3204/5
- Doctors’ office 021 404 3444
- Clerks 021 404 6029/ 404 3209
- Jolene 021 404 3198
- Belinda 021 404 5446
- Fax number for Neurology referrals 021 404 5350
- Helen Cross (for roster requests): helenmargot@gmail.com

**TIPS AND HINTS**
• **Discharge summaries**
  - Are computerised.
  - Please give Dr Lee Pan your full name and email address at the start of the rotation so he can assign you login details.
• Neurology is seen as a more ‘chilled’ rotation, because of the relatively low numbers of patients. However it gives you ample opportunity to hone your clinical neurological examination skills and to develop an approach to the commoner neurological problems that will be encountered as a physician. The consultants are very approachable and we would suggest you ask them for extra teaching-Wednesday afternoons are generally a good time.
NEW SOMERSET HOSPITAL

**STRUCTURE OF THE UNIT/WARD**
- There are 5 medical teams: A-E that each consist of a Medical Registrar and either an Intern / Cosmo or Medical Officer. Each team is allocated to a specific consultant.
- Each team is on call every 5th day
- MOPD: Runs on Wednesdays and Thursdays, the Reg will be in clinic pre-call (D4) and your intern will be in clinic on D3

**STAFF**

| CONSULTANTS                  |  |  
|----------------------------|---|---
| Dr Vallie                  | 2926 |
| Dr Banderker               | 2578 |
| Dr Moosa                   | 2927 |
| Dr Woolfe (Private Consultant) |  |

**WEEKLY ROSTER**

| MONDAY |  |
|--------|---
| 08h00  | ICU Ward Round |
| 12h00  | Antibiotic Stewardship |
| 14h30  | Registrar teaching (Dr Vallie) |

| TUESDAY |  |
|---------|---
| 08h00   | ICU Ward Round |
| 12h00   | Academic Meeting: 2 Regs will each present a 30min topic. Last week of the month replaced by M&M (Indie keeps folders, Regs need to prepare their teams patients as per provided document) |
| 14h00   | ECHOs with Dr Lachmann |

| WEDNESDAY |  |
|-----------|---
<p>| 08h00     | ICU Ward Round |
| 08h30     | MOPD as per Roster (till last patient seen) |</p>
<table>
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<tr>
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<tr>
<td>08h00</td>
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<td>MOPD as per Roster (till last patient seen)</td>
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<tr>
<td>14h00-16h00</td>
<td>FCP 2 Teaching Bill Hoffenbeg GSH</td>
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<tr>
<td>16h00-17h00</td>
<td>Dept of Medicine Clinical Meetings</td>
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<td><strong>Venue:</strong> LT2 GSH</td>
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**CALLS**
- Registrars are expected to be on site till 00h00 and to come out if there is an ICU admission or an emergency.

**OTHER CONTACT DETAILS**
- Indie (Secretary): 6543
- Pharmacy: 6362/6460
- Physio: 6468/6350
- OT: 6481
- Dietician: 6486
- Social Worker:
  - Bikersteth Female Ward: 6353
  - King Edward Male Ward: 6208
  - Bailey TB Ward: 6129
  - 1st floor: 6211
  - 6th floor: 6330/6316
  - ICU: 6215
- OPD fax: 021 402 6369
- OPD clerk: 6202 / 6203
- Radiology: 6243
- PACs Co-ordinator: Shaun 6189
- NHLS Green point: 2165 (021 417 9300)
- NHLS GSH: 021 404 4129
- GSH: 2050

**TIPS AND HINTS**
- Stress ECGs are done on Fridays by the MOs, you need to discuss with a consultant to book a test.
- Outpatient ECHOs can be booked with the clerks, details of inpatient ECHOs can be given to the MO / Cosmo doing the ECHOs that day but you are responsible to ensure that the patient is at the ECHO room by 14h00
STRUCTURE OF THE UNIT/WARD

- Renal is divided into Transplant, General, Acute Dialysis and Clinics.
- Medical registrars and medical officers are allocated to each division for a certain number of weeks during their rotation.
- The Renal Transplant Unit is in E12, and is covered by medical and surgical registrars.
- Renal does not have a specific ward, and consults all over the hospital when other specialties require management of patients either for general renal input or acute dialysis.
- Renal does have elective admissions for biopsies into G12, on a Monday and Wednesday, and they can be booked into the admissions book in G12.

STAFF

<table>
<thead>
<tr>
<th>CONSULTANTS</th>
<th>SENIOR REGISTRARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof Brian Rayner (Head of Division) 77034</td>
<td>Dr Bianca Davidson 77326 (until Feb 2017)</td>
</tr>
<tr>
<td>Prof Ikechi Okpechi 76953</td>
<td>Dr Megan Borkum 77371</td>
</tr>
<tr>
<td>Prof Nicci Wearne 77312</td>
<td>Dr Chimota Phiri 76995</td>
</tr>
<tr>
<td>Dr Zunaid Barday 76786</td>
<td>Dr Shepherd Kajawo 76594</td>
</tr>
<tr>
<td>Dr Erika Jones</td>
<td>Dr Martha Amwaama 76587</td>
</tr>
<tr>
<td></td>
<td>Dr Walter Moloi 77096</td>
</tr>
</tbody>
</table>

OTHER STAFF

- Clerks: Anwar and Joy 021 404 3314
- Social Workers: Lungi and Adele 021 404 3229 or 76784
- Clinic Sisters: Sister Goliath, Nurse du Plessis and Nurse Mariam Amardien
- Dialysis sisters
- Renal Techs
- Dietitian: Lynette Cilliers
- Typist: Alison Oosthuizen 021 404 2024
- Secretary: Denise Blankenberg 021 404 5215

WEEKLY ROSTER

This will differ according to where you are working. Transplant Rounds are at 9.00 every day in E12.

Monday

8.00 Academic Meeting – Seminar room (all to attend)
9.00 onwards – Hypertension Clinic/Dialysis rounds /Transplant Round and clinic
13.30 General and Dialysis ward rounds with consultant

- **Tuesday**
  8.00 U10 Clinic
  9.00 Transplant Round
  **12.00 New Patient Clinic (all to attend)**

- **Wednesday**
  8.00 Transplant Clinic
  9.00 Transplant Round
  **12.00 Nephritic Clinic (all to attend)**

- **Thursday**
  8.00 HIVAN and PD Clinic
  11.00 Registrar Teaching (all to attend)
  12.00 Renal Replacement Meeting (all to attend)
  13.30 Adolescent Clinic (not every week)
  14.00 Open for teaching if all divisions have finished their work

- **Friday**
  8.00 Transplant Clinic
  **10.00 Tea (all to attend)**
  **12.00 Biopsy Meeting (all to attend)**
  Pre-weekend ward rounds are held on Friday, at a time that the weekend consultant decides. All registrars/MOs involved in Acute Dialysis, General, and those on call for the weekend are to attend.

**CALLS**

*Renal calls are from 16h00 on weekdays, and weekends are covered by the same registrar from a Friday to a Sunday.*

- **Weekday Calls**
  - Initially all registrars and MOs are on call with a senior registrar and a consultant. This may change towards the end of the rotation, where the registrars are on call with only a consultant.
  - All cases are discussed first with the senior registrar, who will discuss with the consultant on call.
  - If a patient is for dialysis, you will be required to call out the renal technicians after-hours to set up the machines, as well as a dialysis sister if the patient is being dialysed outside ICU

- **Weekend Calls**
• Rounds usually start at 06h00 so that you can be ready to discuss all the patients with the consultant on call just after 09h00.
• Once all the work is done, you can call from home, and come in when necessary to see patients and assess for dialysis.
• Registrars rotating through Renal are not expected to do Yellow Area calls in C15.
• On the Sunday night, you will be expected to email the weekend list to the team, so that the General and Acute teams know who to start with in the morning.

• Transplant
  • The Transplant Unit may call you overnight with a problem with one of the transplant patients, or to clerk in a patient that has been admitted for transplant the next morning.

TEACHING AND RESOURCES
• The teaching in Renal is excellent, and provides a good overall review of general nephrology topics.
• Formal teaching for registrars is in the form of lectures on a Thursday at 11h00.
• Medical registrars and medical officers are expected to present in the academic meetings on a Monday morning. You will be rostered to present, and must discuss your choice of topic with your senior registrar or consultant.

OTHER CONTACT DETAILS
• Renal Transplant Unit 021 404 3312 or 021 404 3327
• Dialysis Technicians 021 404 3366
• Acute Dialysis 021 404 3310 or 021 404 3478
• Chronic Dialysis 021 404 3275 or 021 404 3215
• PD 0214043297
• Hypertension Clinic 021 404 5378 or 021 404 6905 or 021 404 6102
• Renal Fax (referrals) 021 404 5215

TIPS AND HINTS
• Acute Dialysis
  • When you are on for acute dialysis you will need to start at 06h00 in order to see all the patients and have a dialysis plan for the sisters by 08h00
  • When you start, give your cards to the secretary so that access to the unit can be arranged
• Try and observe or put in lines in your first week, so that you have already done a few by the time you are on call

• New patients at Hypertension Clinic all need a letter that must be dictated by the doctor who has seen them. This can be dictated into a voice note and sent to Alison, or you can email her the letter, which she will format. The template is with Sister Barrett in the Hypertension Clinic in E17. Try and get these letters done on the same day, otherwise it becomes impossible to do them weeks down the line
RESPIRATORY

STRUCTURE OF THE UNIT/WARD

- The Respiratory Clinic comprises of the following: out-patients, in-patients, consultative "cold" service

- The clinic registrars & MOs are jointly responsible for patients in G17 (attached to Wednesday Symons Firm). Consultants do ward rounds by arrangement with registrar or MO in charge of their cases.

- Consultations during working hours (08h00 -15h00) are split evenly between the Registrars and MOs on a rotating system that is allocated by the Secretary (Ms. Robertson)

- You will be emailed the Respiratory Clinic Handbook prior to starting the rotation, ensure you read it carefully as it contains important information about the clinic, patient notes and buffs, special investigations and how to request them

STAFF

<table>
<thead>
<tr>
<th>CONSULTANTS</th>
<th>SENIOR REGISTRARS</th>
</tr>
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<tbody>
<tr>
<td>Prof. Keertan Dheda (Head of Division)</td>
<td>76586</td>
</tr>
<tr>
<td>Prof. Gill Ainslie</td>
<td>76088</td>
</tr>
<tr>
<td>Dr. Ricky Raine</td>
<td>76161</td>
</tr>
<tr>
<td>Dr. Greg Symons</td>
<td>76688</td>
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<tr>
<td>Dr. Greg Calligaro</td>
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<tr>
<td>Dr. Allie Esmail</td>
<td></td>
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<tr>
<td>Dr. Lynelle Mottay</td>
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<tr>
<td>Prof. Richard van Zyl-Smit (Hon Consultant)</td>
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<tr>
<td>Prof. Rodney Dawson (Hon Consultant)</td>
<td></td>
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<tr>
<td>Prof. E. Bateman (Emeritus Ass. Prof, Hon Consultant)</td>
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<tr>
<td>Ass. Prof. P. Wilcox (Emeritus Ass. Prof, Hon Consultant)</td>
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<tr>
<th>OTHER STAFF</th>
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<tbody>
<tr>
<td>Clerks: Mr Clive Davids, Mrs Washiela Rus, Ms Abrahams 4142/4369</td>
</tr>
<tr>
<td>Clinic Sisters: Sister Cooper 4375/4300</td>
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<tr>
<td>Lung functions: Mr Peter Sephaka (Tech) 4372</td>
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</table>
**WEEKLY ROSTER**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Consultant(s)</th>
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<tbody>
<tr>
<td><strong>M O N D A Y</strong></td>
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<tr>
<td>08h00</td>
<td>Dheda/van Zyl-Smit New Patient &amp; Follow-up Clinic</td>
<td>Prof Dheda/Prof van Zyl-Smit</td>
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<tr>
<td>08h30</td>
<td>Invasive Bronchoscopy/Thoracoscopy List</td>
<td>Dr Calligaro, Prof Dheda</td>
</tr>
<tr>
<td>14h00</td>
<td>Adolescent Allergy/Respiratory Clinic &amp; Smoking Cessation Clinic</td>
<td>Prof van Zyl-Smit</td>
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<tr>
<td>14h00</td>
<td>Combined Bronchus Clinic</td>
<td>Senior Regs</td>
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<td></td>
<td><strong>Venue:</strong> LE 34</td>
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<tr>
<td>15h00</td>
<td>MDR &amp; XDR TB Comb Pulm/Surgery Clinic</td>
<td>Dr Calligaro, Prof Dheda, Prof Linegar,</td>
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<td><strong>T U E S D A Y</strong></td>
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<tr>
<td>08h00</td>
<td>Ainslie New Patient Clinic</td>
<td>Prof Ainslie</td>
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<td>08h00</td>
<td>Occupational Lung Disease Clinic</td>
<td>Dr Adams</td>
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<tr>
<td>09h00</td>
<td>Interstitial Lung Disease Clinic: Prof Ainslie</td>
<td>Prof Ainslie</td>
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<tr>
<td>13h30</td>
<td>DR TB Clinic</td>
<td>Prof Dheda/ Dr Calligaro (alternating)</td>
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<td></td>
<td><strong>Venue:</strong> Brooklyn Chest Hosp</td>
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<tr>
<td><strong>W E D N E S D A Y</strong></td>
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<tr>
<td>08h00</td>
<td>Symons/Dawson New Patient &amp; Follow-up Clinic</td>
<td>Dr Symons/Prof Dawson</td>
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<tr>
<td>13h00</td>
<td>Sleep Study Reporting Meeting</td>
<td>Dr Raine, Dr Symons</td>
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<tr>
<td>14h00</td>
<td>Raine Follow-up Clinic</td>
<td>Dr Raine</td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
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<tr>
<td>16h00</td>
<td>Resp Academic Meeting</td>
<td>E16 Seminar Room</td>
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<td></td>
<td><strong>Venue:</strong> E16 Seminar Room</td>
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<td></td>
<td><strong>4th Fri of month:</strong> Path Meeting</td>
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<td></td>
<td><strong>Venue:</strong> Path Sem Room, C32 LE Block</td>
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<tr>
<td>17h00</td>
<td>Resp Journal Club</td>
<td>E16 Seminar Room</td>
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<tr>
<td></td>
<td><strong>Venue:</strong> E16 Seminar Room</td>
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<td></td>
<td><strong>T H U R S D A Y</strong></td>
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<tr>
<td>08h00</td>
<td>Respiratory X-ray Meeting</td>
<td>C11 Seminar Room</td>
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<tr>
<td>09h00-13h00</td>
<td>Ainslie Follow-up Clinic</td>
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<tr>
<td>10h30-13h00</td>
<td>Exercise Testing</td>
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<tr>
<td>11h30-13h00</td>
<td>Bronchoscopy List</td>
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<tr>
<td>12h00-14h00</td>
<td>4th Thursday of month: Sleep Clinic</td>
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<tr>
<td>12h00-14h00</td>
<td>Adolescent Allergy/Respiratory Clinic &amp; Smoking Cessation Clinic</td>
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<tr>
<td>14h00-15h00</td>
<td>Cystic Fibrosis Clinic</td>
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<tr>
<td>16h00-17h00</td>
<td>Dept of Medicine Clinical Meetings</td>
<td>LT2</td>
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<tr>
<td></td>
<td><strong>Venue:</strong> LT2</td>
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<tr>
<td></td>
<td><strong>F R I D A Y</strong></td>
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<tr>
<td>08h00</td>
<td>Ward Work</td>
<td></td>
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<tr>
<td>08h30-13h00</td>
<td>Calligaro New &amp; Follow-up Clinic</td>
<td></td>
</tr>
<tr>
<td>14h00</td>
<td>ICU Clinical Meeting</td>
<td>D27 Sem Room Anaesthetic Dept</td>
</tr>
</tbody>
</table>

**CALLS**

- The registrars & MO alternate ward call on a weekly basis, Monday to Sunday.
- It is expected to receive after hours/weekend calls from patients, GPs, the Emergency Unit and patients who are well known to the Clinic, while at home.
• Such potential admissions should be discussed with the respiratory consultant in charge of the patient prior to accepting the patient for emergency admission. Failing him/her, it can be discussed with the consultant on call.

TEACHING AND RESOURCES

• The teaching in Respiratory is excellent and most teaching takes place on a one-one basis during patient presentations.

• Medical registrars and medical officers are expected to present in the academic meetings on a Wednesday afternoon. You will be rostered to present, and must discuss your choice of topic with your consultant.

• The Respiratory E16 Booklet is an excellent, detailed resource and includes important details about clerking notes, patient summaries and the layout the doctors are expected to use. Read this booklet carefully especially when doing the electronic patient summaries.

• Resources:
  o The SA Thoracic Society Guidelines for both asthma and COPD which are available on both the Respiratory Clinic and Medical Registrars Vula sites. The SA Thoracic Society website (www.pulmonology.co.za)
  o The Normal Lung. John Murray (Saunders)
  o Respiratory Physiology – The Essentials. John West (Williams and Wilkens)
OTHER CONTACT DETAILS
• The Lung Institute: 71/6119
• Respiratory Fax (referrals) 021 404 4369
• CT bookings: 4209

TIPS AND HINTS
4. Keep up to date with your electronic summaries as they can build up fast.

5. Ensure you correctly plot all PFTs in the patient’s folders.

6. You will be responsible for doing 2-3 departmental presentations during your time in the department. Make sure you meet with your consultant timeously to choose a topic and the review the presentation with them prior to the meeting.

References
1. The Respiratory Clinic Handbook – Prof Ainslie
RHEUMATOLOGY

STRUCTURE OF THE UNIT/WARD

- Rheumatology is largely an outpatient based speciality with emphasis being placed on the teaching students and registrars (focus is mainly placed on examination skills)
- Clinics are held either in the Outpatients Building on H floor (Arthritis and Lupus) or in Ward D6 (Combined orthos’ and arthritis) in the main hospital
- There are only 2 beds in Ward G16 for Rheumatology, which are used for the admission of stable new patients to expedite investigations, or for taking over management of stable, purely rheumatological patients from other departments
- Ward D14 beds are available if patients require rehabilitation

STAFF

<table>
<thead>
<tr>
<th>CONSULTANTS</th>
<th>SENIOR REGISTRAS</th>
</tr>
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<tbody>
<tr>
<td>Prof A Kalla 76863 (Head of Department)</td>
<td>Dr F Moosajee 76994</td>
</tr>
<tr>
<td>Dr A Gcelu 77285</td>
<td>Dr AG Mohammed</td>
</tr>
<tr>
<td><strong>Auxiliary Consultants:</strong></td>
<td>Dr W Latief (sessional MO → assists in Arthritis follow up clinics)</td>
</tr>
<tr>
<td>Dr R Breeds (Lupus clinic)</td>
<td></td>
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<tr>
<td>DR N Abrahams (every alt Thurs)</td>
<td></td>
</tr>
<tr>
<td>Dr S Botha 77279 (Mon, Wed&amp;Fri Clinics &amp; does calls)</td>
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<tr>
<td>Dr Tooke</td>
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</table>

NURSING STAFF

- Arthritis Sister: Margie Phillips → dedicated to the unit and assists in patient education and counselling
- Sister in charge in Ward D6 is Sr Top and she will help with the rehab bed booking and management of those patients
- Sister in charge in H-floor clinics are Sr Davids or Sr Mina, who will help with any questions you have on sorting out dates and investigations for patients

OTHER STAFF

- Nelly is the ward clerk in D6 and she will assist with Monday New patient clinic bookings and will request the folders for Cyclophosphamide/ Rituximab infusion patients and for the Xray meeting
WEEKLY ROSTER

- **Monday**
  
  8am New patient clinic in Ward D6
  1:30pm Arthritis clinic at H floor Outpatient Building

- **Tuesday**
  
  8am Lupus Clinic on H Floor Outpatient Building
  
  1pm Combined Orthos Clinic Ward D 6 (1st Tues of the month)
  Biologics Clinic Ward D6 (2nd Tues of the month)

- **Wednesday**
  
  7:45am Xray meeting C5/C7 (only on the 2nd Wed of every month)
  8:30am Academic meeting at Bill Hoffenberg OMB (all other Wed)
  12pm DG Clinic on H Floor Outpatient Building

- **Thursday**
  
  8am New Patient Clinic H Floor Outpatient Building
  
  2pm General Reg teaching

- **Friday**
  
  8am Arthritis Clinic Ward D6

CALLS

- The calls are usually week long (Mon – Sun) and entail you taking all inpatient and outpatient call/referrals
- Discussion with the Consultant on call for the week is advised for all referrals
- As part of being in a special unit you will also cover the Yellow area C15 for 2 evening (4pm – 11pm shift) and a possible weekend shift – These requests are not related to the rheumatology department

TEACHING AND RESOURCES

- Teaching occurs around the bedside and with the presentation of new patients at the Wednesday Academic meetings
- The Xray meeting is also invaluable in learning how to recognise the common changes associated with specific Rheumatologic conditions
- Suggested reading:
  - Clinical Examination: Rheum Tutor, High impact rheumatology (ACR website – free on Eduroam)
  - Reading:
    - High Impact Rheumatology
    - Green Rheumatology UCT book
TIPS AND REG DUTIES

- Please inform a senior registrar or consultant if you are unwell or unable to come to a clinic for whatever reason.

- If you see a patient in the clinic that requires admission, either directly to a Rheumatology bed or to the Medical registrar teams, you will be responsible for that patient during their hospital stay. The medical officer will also look after any patients admitted by the Senior registrars to the wards in Rheumatology beds.

- Try to see all your in-patients and examine them, on a Monday or at the very latest Tuesday afternoon in preparation for the Wednesday Academic Round. (Preparing a summary and adding all new investigations if the patient was previously presented will help to ensure things flow on the round – the new results should be printed and filed in the rheum folder)

- The senior registrars are approachable and helpful, discussion with them on clinic patients and referrals are welcome if you are unable to contact the consultant.

- It goes without saying that all the Blood results for New patient, RA, Lupus and D6 Arthritis should be checked on a weekly basis – if a result is abnormal request the folder and discuss with the Senior registrars or consultants.

- On the 2nd Wed of every month there will be an Xray meeting, you will need to prepare a summary of all the patients for review at this meeting and request all their folders to bring to the meeting. Please take a typed out summary to Dr Ahmed on the Monday afternoon before the x-ray meeting.

- You will also be in charge of the IV cyclophosphamide and biologics bookings. On a Monday morning before new patient clinic. Please always check FBC results before giving Cyclophosphamide

- To participate in Academic presentations, Journal club and even 5pm Medicine talks as allocated
• There may be an in-block assessment for you toward the end of your rotation focused on clinical examination of the joints, so ensure that by the end of your 3-month rotation your examination skills are on point.
SUPERNUMERARY INFORMATION

SUPERNUMERARY WELCOME PACK
Welcome to the department of Medicine, Groote Schuur Hospital. This piece is aimed at guiding you through your early months in the department, and to facilitate your integration into the department.

ACCOMODATION
Contact - Ms. Liziwe Figlan
The closest accommodation residence to Groote Schuur hospital is Rochester
Others: All African House +27216504152
IAPO: 0216502822/3740 can be of assistance
Vacation accommodation +27216501049/50/51/52
OBZ square

FOOD
For those residing in Rochester, you can get your payable meals from the canteen, also at Spar and Pick N Pay. You can also buy your groceries at Spar and Pick N Pick.
Within the Groote Schuur Hospital, you can have your meals at Le Groote’s on E-floor
Better advice: If possible make your own meals to save cost.

UCT REGISTRATION
Ms. Thobeka at the postgraduate office is very helpful.
Obtain a starter pact from Ms. Liziwe, including your Log book

BANKING
You will require a supporting Letter from the department, proof of accommodation duly stamped, admission offer and ID Card preferably your international passport. Contact Ms. Liziwe Figlan
Available banks include Standard bank- though there is branch at Mowbray, only the branch at Rondebosch deals with international transactions.
Other banks: FNB and ABSA all at Mowbray along the main road.
Preferably sort out UCT registration and opening of bank account before reporting to work.

WARDS
You will be assigned to a unit as a medical officer to work with a registrar and interns if starting on G floor. The primary wards apportioned to the medical unit on G floor includes 12, 16, 17, and 25. Each ward has an intern office with computers. Consumables are stored in the stores rooms on each ward, and also in the lockers. Where you’re unable to locate any consumable, ask the nurses on the ward.
Radiographic investigations are booked via the Isite from the computers.
Register with the Isite and NHLS to get access to the computer based investigation/result panel
You should be given log in details on registration, in the main while, the interns can be of assistance to you.
You should have access to up-to-date as this remains a wealth of resource materials for you.
Most computers in the intern office are stocked with resource materials.

EXAMS
Aim at writing your FCP1 and diploma exams as soon as possible
Start your MMEd as early as possible, preferably immediately after both exams.

LICENSE RENEWAL
This is crucial for your continuous practice, the staff of the HPSCA will always come for on the spot registration, commonly around March/ April in GSH. Endeavor to utilize the opportunity. Always liaise with Ms Liziwe and Ms Thobeka.

VISAS
Ensure that your visa/Permit are not expired on you. Start the process preferably 3-4months before the expiration. You will need a letter of motivation from the HOD to process your renewal. Please endeavor to liaise Ms Liziwe.
VICTORIA HOSPITAL

STRUCTURE OF THE UNIT/WARD

There are 2 medical wards (Sandes medical males and Sandes medical female). There is a combined surgical and medical ward, Wright ward. This ward consists of general medical and surgical, as well as a section for TB patients.
Clinic is Monday to Thursday. It must be attended by registrars unless on call or post call.

STAFF

<table>
<thead>
<tr>
<th>CONSULTANTS</th>
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<tbody>
<tr>
<td>Dr Nasif van der Schyff</td>
<td>072 191 0835</td>
</tr>
<tr>
<td>Dr Clint Cupido</td>
<td>072 627 5227</td>
</tr>
</tbody>
</table>

- OTHER STAFF
  - Secretary: Fatima Gallow 084 621 4490-she will assist with booking echo dates for patients
  - Secretary: Nichola Daniels 084 674 6745

WEEKLY ROSTER

<table>
<thead>
<tr>
<th>TIME</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
</tr>
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<tbody>
<tr>
<td>07h30</td>
<td>Grand ward round: HCU (Dr Cupido)</td>
<td>Grand ward round: HCU (Dr V/d Schyff)</td>
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<tr>
<td>08h30</td>
<td>PIWR Prof Hodkinson</td>
<td>PIWR Dr V/d Schyff/Cupido</td>
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<tr>
<td>11h00</td>
<td>ICU round with consultant from GSH</td>
<td>infectious disease round with Prof Mendelson and antibiotic stewardship</td>
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<tr>
<td>12h45</td>
<td>Diabetic/asthma clinic (registrars and interns)</td>
<td>MOPD and ward follow-ups</td>
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WEDNESDAY
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>07h30</td>
<td>Journal club at resource centre and last Wednesday of month at DPM</td>
</tr>
<tr>
<td>07h30</td>
<td>PIWR Dr Ebrahim</td>
</tr>
<tr>
<td>09h00</td>
<td>MOPD endocrine clinic</td>
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<tr>
<td>12h00</td>
<td>MIDC clinic, interns and Monday on call registrar (infectious disease clinic)</td>
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**THURSDAY**

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>07h30</td>
<td>Grand ward round: HCU (Dr Turner)</td>
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<tr>
<td>08h30</td>
<td>PIWR Dr V/d Schyff</td>
</tr>
<tr>
<td>09h00</td>
<td>Rheumatology clinic</td>
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**FRIDAY**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>07h30</td>
<td>Grand ward round: HCU (Dr van der Walt)</td>
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<tr>
<td>08h30</td>
<td>PIWR Dr Cupido</td>
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<tr>
<td>08h30</td>
<td>Teaching Dr V/d Schyff</td>
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<tr>
<td>08h30</td>
<td>Echo with Dr Lachman, (pre-call registrar to assist)</td>
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<tr>
<td>12h00</td>
<td>Handover</td>
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**CALLS**

- First: this is subject to change due to the safe working hours
- Interns do 24 hour calls
- Registrar is on call from 08h00 till 08h00, but you are expected to present your patients on post intake ward round and still see your old patients. However, the registrar is allowed to leave at 23h00, but you may be asked to come see any admissions that need to go to HCU. The emergency department will see acute emergencies but the registrar needs to admit them to HCU. If you are concerned you may have a difficult intubation, please call the anaesthetists to come and assist. They are very willing!
- Most patients will be admitted from the emergency department and some from MOPD. However, if a registrar sees a patient that needs admission from MOPD they are expected to admit the patient to their firm. However, if the patient from MOPD needs admission and is seen by one of the medical officers then the on-call team is expected to admit them, but it is still the responsibility of the medical officer at MOPD to do the necessary bloods, drips, etc.
• Surgical ward and psychiatry may ask you to see some ward consults, this should be done before 16h00, unless there is an emergency then they will ask for help.
• Registrars are expected to accept calls from GP’s, False Bay Hospital (FBH), DPM and other referral centres. FBH does not have a HCU, so their patients may come through to us. However, if HCU is full then they are expected to consult C15/ICU. If you are unsure if the patient needs to come through it is always a good idea to consult the consultant on call. GP’s may call for advice or ask for the patient to be sent through to MOPD
• Dr Cupido and Dr van der Schyff are the 2 full time consultants, but Dr Smit, Dr Bangani, and Dr Tooke work at 2 military hospital. All of the consultants will be on call at a week at a time. So it is always wise to consult the roster if you need to discuss a patient after hours.

OTHER CONTACT DETAILS
• The most important number to remember is #56323369258*0, this will allow you to call out of the hospital without going through switch board.
• Switch board
• X-rays after hours: 1176/1173
• SMM 1188/1291
• SMF 1177/1185
• Wright ward: 1195/1216
• HCU 1119
• Emergency unit 1183
• Pharmacy 1150

TIPS AND HINTS
• If you have not worked in the Western Cape, please remember it is expected for the registrar to call the various specialities’ at GSH for assistance. Furthermore, please remember to always ask about the patients baseline. I.e. ask about their ability to perform ADLs
• There are no CT scan facilities at Victoria so all patients need to be discussed with CT at GSH. If it is after hours or sick patients then C15 needs to be informed as the patient will go to CT via C15. We do however have ultrasound facilities which is done by Dr. Millford
• There is no NHLS lab or blood bank on-site, so results and blood products may take a little longer.
• There is an organization which is run by Dr Cupido which is called Abundant Life, there are a number of people involved with this, but the most important sister to know is Sr.
Pitout, she will be the one seeing your referrals. This organization will assist with home based care of patients that have a guarded prognosis

- Occasionally there is team building with the other firms. Don’t miss out!
- The Saturday on call team is expected to buy food for the handover on Friday afternoon. This is a nice time to bond with your colleagues
- The MOST important thing to remember is to please slot yourself into the team vibe of Victoria, you never know when you will need help from one of your colleagues. This includes working with the surgeons, they are very willing to help us so we show them the same respect.