GUIDELINES FOR MO / Registrars / CSO / Interns
01 January 2007

Welcome to the Department of Orthopaedic Surgery

The Department of Orthopaedic Surgery is committed to:

Providing sound, safe orthopaedic treatment and care to patients according to the current trends in orthopaedic surgery, within the available resources and current provincial health care policies legislation.

Ensure the dignity, rights, comfort and safety of the patients, clients and health care providers.

Providing an excellent learning, teaching, working environment that is conducive to developing the medical and nursing staff to their full potential, thereby uplifting the standards of the medical and nursing profession. Standard of care cannot improve without uplifting the academic standards and environment.

STRUCTURE OF THE DEPARTMENT

This is one of the busiest departments. The medical staffs, at present, consist of two full-time Orthopaedic Consultants, 2 part-time Orthopaedic Consultants, 12 Registrars/Medical Officers and 6 interns. The attendant nursing staffs is an integral part of the department,

Inpatients are admitted to one of the following wards: 6B1 – Female ward; 6F – Male ward; H – Paediatric orthopaedic; D - Male district level care ward; G – Female district level care ward.

Units
For convenience we have 4 orthopaedic units – paediatric unit is included in 4th unit

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<tr>
<th>Clinic</th>
<th>Theatre</th>
<th>Grand Ward Round</th>
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<td>Firm I</td>
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<td>Firm II</td>
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<td>Firm III</td>
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<td>Firm IV</td>
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**Outpatients** - There will be doctors specifically allocated to work in OOPD to see new and acute emergency sent to OOPD during working hours. Patient will be allocated to the firm / unit depending upon his day of visit, or day of acceptance in the case of a referral. Any patient coming for a follow-up will thus belong to a firm / unit.

Friday day there is hand clinic in the morning 10 AM to 1 PM.

Follow-up Patients are seen Monday to Thursday in the OOPD. by Firm/ unit Doctors. But form / unit doctors will help with other patients as well.

**Orthopaedic emergencies** are usually referred from casualty/ out-lying hospitals and seen in OOPD area 24 hrs a day, everyday by Dr in OOPD / Dr. On-Duty. Plan is on way for emergency cases to be seen in casualty from 16.00 hrs to 08.00 hours and on public holidays week-ends included.

**Theatre** : There are daily theatres for cold and semi-elective emergency cases (cases not done on emergency boards). Emergency cases are booked on emergency boards, except for complex cases. More urgent cases will need crashing of elective slate. Timely and proper communication is thus essential.

**YOUR RESPONSIBILITY**

As a Medical Officer / Registrar you are responsible for the management of patients attending this hospital who require orthopaedic attention. You are also responsible for the academic activities of the department. **The Orthopaedic Consultant is responsible for your actions.**

**Privacy and confidentiality** are to be protected during all examinations, procedures and consultations.

Patients are to be provided with appropriate information relating to their diagnosis, management plan including purpose, benefit and risks associated with a proposed treatment or investigation etc to enable them to make knowledgeable decisions.

It is the duty of the Medical Officer / Registrar to ensure that **correct and proper informed consent has been taken.**

**Death is a priority.** The Medical Officer / Registrar in charge/on call are responsible for filling the relevant forms correctly.

A copy of all death certificates (orthopaedic patients) should be sent to the Orthopaedic Office for filing.

In this respect your services are required in the following areas:

1. Emergency / Casualty
2. In the wards
3. In the outpatient clinics
4. In the operating theatre
5. Morning X-ray meeting and Academic program
6. Other departmental program i.e. outreach program, research

**Doctors not engaged in theatre or ward work should come to help in the OOPD unless otherwise requested.**

**DO NOT DO THINGS THAT YOU DO NOT KNOW. GET HELP.**

CONTACT HOD, IF NONE AVAILABLE (speed dial 6098), or Dr. Peter Tzvetanov – 5912).

Interns: You are required to work under supervision only. Do not dispose / discharge any patient on your own decision. Senior member of the team is always available to guide you.
Record keeping is an important part of patient management and research, and has medico-legal implication. You are required to make a written assessment, management plan, follow-up instructions, of every patient under your care on admission and to make comprehensive and accurate notes thereafter. The record should bear the date, time of each patient assessment, and your name eligibly. The record should contain information accurately to support the diagnosis, justify investigations, treatment. The course and result of investigation / treatment are to be documented regularly. The reason for encounter must be recorded.

You are required to compile case summary on discharge of the patient. Appropriate note / instruction etc should be given to the referring doctor / clinic.

**EMERGENCY DUTIES**
Each Medical Officer / Registrar / intern is rostered for an ‘on-call’ duty between 08h00 AM until 08h00 the next day. You are responsible for the orthopaedic management of any acute patient, or any orthopaedic consultations in this hospital. Dr. in OOPD will cover you until 4 PM should you be busy in theatre.

During this period of call, the Medical Officer / Registrar / intern are required to be in the hospital premises. An Orthopaedic Consultant is available every day and is responsible for your actions. You are required to discuss the patients admitted to the hospital under your care, and any consultations, with him. He or she should be informed of any patient requiring surgery.

**WARD PATIENTS**
The patients in the ward, under your care, are managed in association with the Intern and your Consultant. During the week it is your responsibility to visit your patients every day. Over weekends the Medical Officer / Registrar on call will do a round of all the orthopaedic patients and to attend to any problems. Proper communication and hand over of problem patient is thus desirable for ensuring continuum of optimal care.

Regular Consultant rounds are scheduled during the week.

**MORNING X-RAY MEETING**
Starting at 08h00 from Monday to Friday in department is compulsory for all Medical Officer / Registrars CSO / interns, (except for those who will be in theatre).

The radiographs of the patients admitted the previous day will be presented the following morning, except Saturday, Sundays, to a Consultant at the daily ‘Morning X-ray review meeting’.

An intake report will be required to be filled in by the Registrar on call and should be filed the Orthopaedic department on a daily basis.

**OUTPATIENT CLINICS**
The management of patients in this area is as important as those in any other area of the hospital. Most of these patients have made their arrangements especially to attend the clinic.

One Orthopaedic Consultant is usually available for consultation for any problems that you may encounter.
**THEATRE CASES**

It includes the preparation of patients, booking of operation lists and informing the theatre staff of specific equipment required for the procedure. Theatre list must be submitted before 12 noon the day before surgery. **All theatre lists must be shown to Consultants /HOD before submitting** to ensure appropriate manpower cover is available for the procedure, and the theatre time is utilised efficiently. **All equipments to be brought on loan basis require special motivation form to be filled and approved from HOD / designate**

Cutting time in theatre is 08h00 from Monday to a Friday. This means that you will be required to be in theatre by 07h30 on the day of theatre.

Emergency cases are booked and treated on the emergency list provided by the theatre every day. It may require the routine list to be cancelled or rearranged.

**Theatre cases cancelled / postponed for whatever reason should be counseled by the Medical Officer / Registrar.**

**Post- operative X-Rays:**

`Make sure to show the post-operative X-rays to the consultant / HOD before the patient is discharged.`

**ACADEMIC ACTIVITIES**

Monday 8 – 9 AM X- Ray Discussion
Wednesday 7.30 – 8.30AM Topics discussion

As a Registrar / Medical Officer it is expected that you will actively participate / attend the academic activities of the department. You will be expected to attend academic meetings scheduled at department; and at medical school when possible.

Service commitment, however, should not be compromised either – a necessary arrangement will need to be made.

Teaching and training of MO/Interns and other health care workers will be part of your job. Special teaching / training program will be organized from time to time.

Edendale hospital has a nice medical library, books and journals with full time efficient librarian and an access to Internet.

**Leave:**

Annual leave request must be done well in time. Generally, no more than two people will be given leave at any one time.

No leave will generally be given from 15 December to 15 January.

It is the responsibility of the doctor taking leave of any kind to see that his on call duty is covered. The arrangement made must be approved by HOD or designated.

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Mr. R.N. GONGAL FCS (SA) Ortho
Principal AND HOD

Review date 1 January 2008