



General Surgery

DEPARTMENTAL Programme

**2015
Edition**

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Vision

- To be the Best Academic Department of Surgery in the region.

Mission

- Practise best clinical surgery whatever the circumstances.

Objectives

- To create conducive learning environment
- To produce safe medical practitioners in the Surgical Emergency
- To produce competent doctors in their chosen field
- To train critical thinkers and learners with ability to adopt and adapt new knowledge

Values

- Respect of human right of all our patients and their families
- Uphold the highest professional and ethical standards
- Any intervention should only be in the best interest of the patient
- A vibrant and pleasurable training environment

Calling

- Our calling is to prevent premature death and to relieve suffering
- Our calling is not to abolish death, but allow our patients to die with dignity

MOTTO

- To Till Our Best Is The Best

Surgeons often have a heavy workload stretching over many hours. It is absolutely imperative that a surgeon's decisions and actions are of such a nature that he will be able, on all occasions, to give an account of his actions, both to himself, his colleagues and the patient. Be patient. Exercise restraint even in the face of provocation from colleagues, management or patients. Irascible and erratic behavior may harm your patient and certainly will harm working relationships with your colleagues. To take out your temper on instruments or theatre personnel, blaming everybody else except yourself, is a sign of a personality out of control.

A surgeon always acts under control; people are placing their lives in one's hands.

- A good doctor is always a good doctor, regardless of the circumstances or environment.

Circumstances should not influence your being a good doctor. They can only influence the extent of your ability; a lack of essentials makes one less effective but not a bad doctor. Always strive to be a good doctor.

- **It is by training that the athlete becomes fit.**

This Department strives to work to the best of its ability. There should always be an all out effort to render the best service to our clients, the patients.

- **Paper has a better memory than the keenest brain.**
(*Scripta menant verba volant*)

Please have a little pocket note book ready to jot down those precious pearls that come your way so frequently and to note what needs done. Furthermore, all encounters with the patient must be accurately, if only briefly recorded. These notes might save our collective bacon when medico-legal threats arise.

- You cannot be taught in absentia.

Medicine is a practical profession. It is learnt by both theoretical tuition, and practical demonstrations and professional task execution. One cannot study Medicine by correspondence. You must present yourself to all learning opportunities.

It is very easy to pick up during an examination which student has combined textbook with practice and those who just studied the textbook.

- **Lead by example.**

Consultants to interns are in one way or another, leaders. Please do it with distinction.

- **Good leadership is the highest form of service**

The good leader will have a servant's heart and will lead people to self-actualization. Good leadership is not for self enrichment. He will not use the shoulders of his subordinates so that he can get all the honour and glory.

- Punctuality is the courtesy of Kings.

Arriving late and leaving early is growing a disease amongst doctors and the cell phone and bleep have accentuated this bad habit. The notion amongst people that whenever a doctor arrives late or leaves early, he/she is going to save a life, has cultivated this habit. We all know that it is not so in many cases. Please be punctual and show respect to your colleagues and on time.

- **When the road changes from tar to dirt to corrugation and potholes, that is when rattles are picked up and the quality of the vehicle is tested.**

In spite of all the negativity around us, there is still enough to be extremely thankful for. We are still in a position to get world class training, we can all keep our heads up high wherever we go in the world and whenever overseas guests visit our Department, they are all very impressed with our training and compliment us on the quality surgeons that we produce. We are currently addressing the apparent weakness in systematic research through reorganization and streamlining the clinic and clinical processes.

All members of the Department are urged not to fall into the trap of negative talking because this is a vicious downward spiral; one thing leads to the next and it is very difficult to get back into an upward trajectory. There is an impression that the standard of maintenance is dropping in the hospitals. The Department of Surgery is urged to be part of the solution rather stand aloof and criticize! When you see a piece of paper or other debris lying around, pick it up and put it in the bin. In the wards the nurses are not there to clear up after doctors, please help by clearing up after you have done a rectal examination, put up an IV or while you have your gloves on, just help with the cleaning up of the sigmoidoscopy for example

- **Your demeanor and deportment must befit the profession at all times.**

Personal neatness is taken for granted. Everybody is part of the professional team.

We expect everybody to look like doctors and not like some other occupations where it is "cool" to look scruffy.

May the coming year be one of many successes and fulfilment as you strive to make the best contribution that you can.

GENERAL

All members of the Department of Surgery are expected to be representative of the Department at all times. They should "buy into" the *Motto* of the Department and will be "signatories" to the code of conduct, performing their duties as expected of each individual.

CODE OF CONDUCT

- Our primary concern is the patient's best interest at all times.
- Show respect for the patient and their expectations through our demeanor, attitude and appearance (as outlined in the Dress Code)

- Being involved in an academic department, means that, at all times, we shall endeavour to improve our knowledge of the subject of Surgery, by self study and attendance of and contribution to all academic meetings at all times.
- We should become involved in research, regardless how humble.

ACADEMIC MEETINGS

- All ward rounds, regardless of who leads the ward round:
 - ◆ Intern and Students
 - ◆ M.O., Intern and Students
 - ◆ Registrar, M.O., Interns and Students
 - ◆ Consultant, Registrar, M.O., Interns and Students
- Post intake report with the H.O.D.
- Morbidity and Mortality meetings on Monday afternoons
- X-Ray discussions on Monday afternoons
- Academic afternoons (Friday afternoons)
- Anatomical Pathology on Wednesday 3rd week as scheduled
- Principles of Surgery on Wednesday afternoons
- Research meetings on Tuesday afternoons
- Gastroenterology meetings on alternate Thursday afternoons
- Surgical anatomy demonstration on Tuesday afternoons
- Paediatric Surgery discussions as per schedule
- Vascular Surgery discussions as per schedule

DUTIES OF CONSULTANTS

Consultants should:

- Be academic leaders within the team (ensure that you are well-read)
- Guide the treatment of patients
- Teach under- and post-graduate students
 - ◆ Clinical signs and symptoms
 - ◆ History taking
 - ◆ Examination of the Surgical patient
 - ◆ Case presentations
 - ◆ Practical operative techniques by
 - demonstrating and
 - assisting at operations
 - do research
 - supervise and moderate post-graduate presentations. NB. do not wait to be contacted by the registrars, initiate the contact.
- Set the parameters for the functioning of the firm and communicate these clearly to the team at a formal meeting at the commencement of any new time period or when new team joins the firm
- Participate in the examination and evaluation of students. Try to co-ordinate leave with sic block exams. No major operations during sic block exams.

Examination rules (Under- and post-graduate)

Under no circumstances during written or practical examinations will any books, notes, texts or electronic aids be allowed to be used to augment or aid the students performance.

During practical examinations the following is permissible, stethoscope, ENT-set, Baumenometer, tuning fork, Patella hammer, gloves, KY-jelly, cotton wool and pin for neurological examination, blank writing pad and pen.

REGISTRARS

Registrars are in the Department to learn the practice of the Discipline of Surgery. The most senior registrar in the firm is the chief co-ordinator of the functionality of the firm.

- Responsibilities may be delegated to junior colleagues, but s/he remains responsible for the quality control, and completion of tasks
- Do clinical work/history/filing/discharge letters/investigations/examinations/discharge/presentations/consultations regarding their patients
- Link between H.O.D. and juniors
- Available for their patients at all times
- Get involved with research as early as possible
- Finalise a topic
- Liase with the moderator
- Do the TNM course soon

1st Year

Primary subjects, Anatomy, Physiology and Anatomical Pathology must be passed during this year. Study the basics of the Principles of General Surgery. Any standard surgical textbook may be used for this purpose.

“Principles of Surgery” lectures and discussions run over a yearly cycle, it is expected of you to start attending these discussions on a Wednesday afternoon at 16:00 in the Department of Surgery lecture room, so that by the time that you do the Intermediate examination after 2 years you will be thoroughly prepared.

2nd Year

This year will be spent in other Surgical Disciplines; the principles as outlined in the brochure need to be studied. You will be examined at the end of the year, when successful you will return to the study of General Surgery within the Departmental rotation. If unsuccessful, you will be re-examined after six (6) months, re-examinations may only take place twice. (i.e. 2 failures maximum)

Rotations:

- | | |
|--------------------|------------|
| • Intensive Care | 3 months |
| • Thoracic Surgery | 1-2 months |
| • Plastic Surgery | 1-2 months |
| • Neurosurgery | 1-2 months |
| • Urology | 1-2 months |
| • Orthopaedics | 1-2 months |

3rd – 5th Year

The process of the study of Surgery in this Department should develop and perfect the art and practice of Surgery for each Registrar. At the end of the 5th year it will be expected of you to be proficient in the management of General Surgery clinical problems and appropriate operation. At the end of your 5 yr training period you will be expected to write Professional Exit Examination by the College of Surgeons (SA) FCS (SA) on behalf of HPCSA. You will be expected to present and successfully defend a research Dissertation for University MMed (Chir)

- Discussion of X-Rays
- Discussion of Surgical Pathology
- Discussion of Surgical Anatomy
- Discussion of Surgical Operative Techniques

- Discussion of General Surgery
 - Indications for operations
 - Types of operations
 - Treatment options
 - Controversies
 - Current views/Historic views/your view

Ultrasound (basic) for neck, vascular and abdomen

The final examination can only be repeated once.

NB: You cannot receive the M.Med(Surg) degree unless you have submitted a thesis of research. The format of the thesis is included in the “Departmental programme booklet”. From 2015 there will be a single exit final professional exam currently administered by Colleges of Medicine SA which require a prior research thesis/dissertation by training University.

Congress attendance

It is expected of you to read papers at congresses

- SRS/ Registrar Symposium
- ASSA
- VASSA/Trauma
- SAGES

Logbook

- It is expected of you to keep a record of everything you do on a **daily basis**
- This is recorded in a diary – especially for that purpose
- All the information is transferred **weekly** to an Excell file on a computer within the Department or at home
- All logbooks (the diary) will be inspected by the H.O.D. on a rostered basis, published separately from time to time.
- The diary will be checked and duly signed by your current Head of Firm before it is brought for inspection.
- Included in the Departmental Programme is a list of procedures as well as the level of expertise expected of you at the end of your training.

Morbidity and Mortality meetings

This is a learning experience. Fruitful discussion depends on all the information being presented, if a post mortem was performed on your patient it **MUST** be attended by a team member, to get final feedback. Relevant pathology reports and X-rays must also be available and presented on all cases.

Final word

When you decide to do an operation on your own

- Know your limitations
- Shout for help before it is too late
- Consult rather sooner than later
- If you cannot get hold of anybody, phone Prof. Mokoena

HIV + AIDS

The retrovirus is prevalent in our community, all patients must be managed as if they are positive. Universal precautions must be taken, protective eye wear is imperative during operations and resuscitation.

In the event of inadvertent exposure, the necessary ARV medication must be commenced. See student flow-chart. (See Attachment A at the back of the book).

All patients with sepsis or cancer must be tested for HIV status.

MEDICAL OFFICERS

Medical Officers who intend to become Surgeons, must do their Primary Examinations during the year, before they can be considered for a Registrar position. You need to register with the University as well as at the different Departments, notifying them when you intend to do the examination. Consult with the Heads of Departments on the curriculum and appropriate textbooks.

- Anatomy
- Physiology
- Anatomical Pathology

It is also strongly recommended that you complete the following courses in this time:

- ATLS
- BSS
- TNM

During the year, you will be exposed to the Department and the Department to you. Mutual affinity will determine whether you will continue and be appointed as a registrar, whereupon the registrar rotation will commence.

M.O. duties will be within the Surgical firm and will be similar to those of a registrars, keeping the individual's lack of experience in mind.

It is the duty of the firm to

- Be supportive
- Provide a learning environment
- Teach you the Principles of surgery especially signs and symptoms and not to abuse your juniority

It is expected of you to be

- Willing to learn
- Willing to do menial duties
- Willing to start at the bottom

INTERNS

This is part of your under-graduate studies.

You cannot register as a fully fledged practitioner unless you have "passed" this hurdle. You are not a non-essential person situated somewhere between the post- and under- graduates. Interns often "swing the lead" because there are colleagues above and below them who will do the work for them, because they have exams to pass and the interns do not.

It is expected of you to know all the patients in the firm, and be able to

- Assist with major operations
- Open and close an abdomen

- Remove minor tumours/cysts/lipoma
- Suture the bowel
- Remove an appendix
- Ligate a bloodvessel
- Do a proctoscopy
- Do a sigmoidoscopy
- Insert a central vein catheter
- Accompany the patient to special investigations eg. Gastroscopy, sonar, X-rays, angiography, Nuclear Medicine

DRESS CODE

It is expected of everyone in the Department of Surgery to show respect for the patient in attitude, demeanour and dress, at all times. Because what is considered to be fashionable *and* respectful dress, differs from time to time and from person to person culture to culture, it is necessary to have parameters within which individual variation can be expressed and tolerated.

It is an insult to a patient when one is involved in asking personal questions or encroaching on their physical privacy during an examination, to be scruffy, unkempt, wearing skimpy clothing that may reveal the cleavage, too much thighs, umbilicus, midriff, chest or other parts of ones anatomy.

PATIENT RESPONSIBILITY

Patients managed in the Department of Surgery, are in medicolegal terms the responsibility of the qualified members of staff. Under-graduate students who are members of the integrated professional team that treats patients are afforded the opportunity to learn and hone clinical skills in the treatment of patients. This is a privilege and not a right.

All patients should be treated with utmost dignity, respect and professional commitment by all including the under-graduate members of the team at all times. In the event of any dereliction of duty by a student towards patients, the student will forfeit the privilege to further clinical training in the Department of Surgery.

GENERAL DIRECTIVES

- Clean/washed/No B.O. or you will be asked to return home to complete your ablutions
- Clean clothes
- White coat
- **NB** A safari jacket is not a white coat
A safari jacket is primary dress, but one may wear something suitable underneath, if one so wishes,
NO long sleeves under a short sleeved jacket, least of all a jersey. A safari jacket being primary dress,
A SAFARI IS BUTTONED UP but white coat can be worn unbuttoned.

Hands always clean and groomed (disinfected if necessary)

Nails always short and clean (it is absolutely unacceptable to do an internal investigation/examination on a patient with long nails)

Hair: Men no ponytails
 no hair longer than to the collar
 clean, non-greasy
 : Ladies hair tied back
 no hair in the face
 “Fringes” above the eye-brows

- Natural hair is easier to keep clean and under control in theatre – artificial hair (plaits, extensions etc) is acceptable as long as it meets the above requirements
- Ladies – no exposed cleavage or midriff
 No mini dresses
- No running shoes or related footwear
- Men – no sandals
- Men – shoes with socks
- Men – if one intends to wear a white coat, the dress underneath is SHIRT AND TIE
 - if it is hot and one wants to be “open necked” – one may wear a safari jacket or a white short sleeved shirt with a collar

(SIC) JUNIOR INTERNS

The rotation in Surgery will consists of a total of 7 (seven) weeks, three weeks respectively at the Steve Biko Academic Hospital and Kalafong Hospital. The last week is for the Block Exams.
 You will be assigned to firms, wherein you will function as a junior colleague. You will be responsible for your patient

- Clerking
- History
- Examination
- Investigations
- Consultations
- Attendance of operations and procedures eg.
 - ◆ Gastroscopy
 - ◆ X-Rays
 - ◆ Sonar
 - ◆ Angiography
- You will attend special tutorials in
 - ◆ Paediatric Surgery
 - ◆ Neurosurgery and
 - ◆ Plastic Surgery
 - ◆ Vascular Surgery has a special week assigned to it

During your time in General Surgery you will attend the post-graduate academic programme.
 There is no doubt that you will pick up enough information to be of benefit to you, because not everything that is discussed is at postgraduate level.

Each firm has its own weekly routine, it is expected of you to slot in with all the activities eg.

- Special clinics
- Out-patients
- Ward-rounds
- Theatre sessions
- Academic Programme
- Emergency calls

Just as the rest of the team, you are available for your patients, 7 days a week. Your team must have your contact details at all times.

- ON CALL DUTY: SIC students will be on call until 22:00 on a week day and weekend i.e. 18h00-08h00 Friday, 08h00-08h00 Saturday and 08h00 -22h00 Sunday according to their allocated firm schedule. Students are excused to be ON CALL the night (after 18:00) or the Sunday before end of block examination.

X-Ray discussion

Mondays: 15:30 Dept of Radiology, Level 5, Room 51125

- All students must review the CD on Lung X-Rays in the Computer lab, Room 71148, Dept of Surgery, before the first meeting (Keys available at Room 71147)
- Each firm must bring at least two sets of X-Rays for discussion.

Head of the Department:

Prof T Mokoena Chief Specialist + 27 12 354 2100

Consultants:**Steve Biko Academic Hospital:**

Prof JP Pretorius	Principal Specialist		+ 27 12 354 2106
Prof LM Ntlhe	Principal Specialist	#62441	0823728337
Dr MR Maluleke	Principal Specialist	#62198	084 410 5756 + 27 12 354 2105
Dr H Pienaar	Principal Specialist	#62521	082 777 0277 + 27 12 354 2103
Dr C Jeske	Medical Specialist	#61961	082 600 4703
Prof VOL Karusseit	Senior Clinical Tutor	#61671	+ 27 12 354 2104

Plastic Surgery:

Dr S Selahle	Head Plastic Surgery	Steve Biko Academic	+ 27 12 354 1666
Dr E Eksteen		#61803	082 920 3291
Dr L Volkwyn		#61840	
Dr Kenoshi	Registrar	#61602	
Dr Doman	Registrar	#62294	
Dr Potgieter	Registrar	#62689	

Pediatric Surgery:

Dr E Muller	Pediatric Surgeon	#61348	+ 27 12 354 32102
Dr M v Niekerk	Private Paediatric Surgeon		083 6539009
Dr M De Villiers	Parttime Surgeon	Steve Biko Academic #61191	082787 7632

Unitas Hospital:

Prof H vd Walt Head Laparoscopy Surgery Unitas

Vascular Surgery:

Dr Mulaudzi	Head		+27 12 354 2113
Dr Sikhosana	Consultant		+27 12 354 2113
Dr S Tsotetsi	Consultant	Steve Biko Academic #62889	073 235 8741
Dr M Tarkowski	Fellow Vasc		

Kalafong Hospital:

Dr E Osman	+ 27 12 373 1004	073 203 0820
Dr R Maharaj		
Dr H Jekel	083 279 0301	
Dr B Jackson		

Military Hospital:

Dr TG Mothabeng	Head of Department	012 314 0679
Dr T Ngcobo	Surgeon	082 415 4170
Dr OD Mothwedi	Surgeon	082 922 6175

Part time consultants / session holders:

Prof HJC du Plessis	Principal Specialist	#61351	082 556 4891	+ 27 12 354 2048
Dr A De Beer	Private Consultant			+27 12 320 8364
Dr N Welkovich	Private Surgeon			082 4989896
Dr N Laage	Private Surgeon			+27 125486931
Dr AA du Plessis	Private Surgeon			+27 125462408
Dr HL Kluyts	Intensive Care Anaesthetist			083 680 3839
Dr A Bezuidenhout	Private Surgeon	#62654		082 413 2710
Dr G Scharf	Private Surgeon	Kalafong Hospital		082 5522811
Dr P v Rooyen	Private Surgeon			082 3318793

Dr B Gordhan	Private Surgeon		083 325 9186
Dr S Malinga	Private Surgeon		082 899 8710
Dr G v Wyk	Private Surgeon	Kalafong Hospital	082 448 6040
Dr S Sepeng	Private Surgeon	Kalafong Hospital	082 965 2659

Personnel in Training:

Mabizela MS	G surg	62945	msmabizela@yahoo.com
Masola SM	G surg	63067	Dr.sm.masola@gmail.com
Pratt TL	G surg	63075	tiffpratt@gmail.com
Ramsamy K	G surg	63076	kevinramsamy@gmail.com
Kekana MD	G surg	0726310420	drdeekekana@yahoo.com
Shastry D	G surg	63060	dimple_deepa@hotmail.com
Ngwenya RE	G surg	63069	ngwenare@gmail.com
Jele N	G surg	61628	Nompstar@gmail.co,
Peffer M	G surg	62867	ml.peffer@gmail.com
Truter M	G surg	62555	Marilize.truter12@gmail.com
Ramabulana M	G surg	62998	fuseson@yahoo.com
Rampai T	G surg	62342	tirampai@gmail.com
Sehawu D	G surg	62966	dsehawu@yahoo.com
Wheeler N	G surg	61132	Natasha.wheeler@hotmail.co.za
Khalushi R	G surg	61426	erkhalushi@yahoo.com
Docrat F	G surg	62887	Docratf21@gmail.com
Malefahlo T	G surg	62883	Moletje85@gmail.com
Pretorius H	G surg	62893	henripretoria@gmail.com
vd Schyff F	G surg	61842	Francisca.vds@gmail.com
Joubert M	G surg	62881	imjoubert@yahoo.com
Morrison S	G surg	61494	sherzmo@gmail.com
Mathebula P	G surg	62276	pbtshabs@yahoo.com
Mabaso B	G surg	62803	79brianne79@gmail.com
Lawrence B	G surg	62741	Lawrence.bryangarath@gmail.com
Sandamela M	G surg	62523	mpho_sandamela@yahoo.com
Matsinhe C	G surg	61469	matsinhec@webmail.co.za

Administrative personnel:

Ms B Hlatshwayo	Administrative Officer	Steve Biko Hospital	(012) 354-2081
Ms T Moumakoe	Sec. to Prof T Mokoena	Steve Biko Academic	+ 27 12 354-2099
Ms T Haken	Sec. to Dr Mothabeng	1 Military Hospital	082 929 7388 + 27 12 314 0679
Ms C Kleingeld	Dep. Secretary	Witbank Hospital	+ 27 13 653 2173
Ms M Nawn	Administrative Officer	Steve Biko Academic	+ 27 12 354 1721
Mr N Meintjes	Res Assistant	Steve Biko Academic	+ 27 12 354 1703
Ms E Joubert	Research Assistant	Steve Biko Academic	+ 27 12 354 2095
Sr S De Jager	Research Assistant	Steve Biko Academic	+ 27 12 354 2094
		Steve Biko Academic	+ 27 12 354 2048
Ms M Cilliers	Sec. to Dr H Pienaar	Steve Biko Academic	+ 27 12 354 1411
Ms S Theron	Sec. to Prof Karusseit	Steve Biko Academic	+ 27 12 354 2105
Ms Y Schonfeldt	Sec. to Prof JP Pretorius	Steve Biko Academic	+ 27 12 354 2107

Ms T Masimola	Sec. to Paed Surgery	Steve	Biko Academic	+ 27 12 354 2102
Ms C Maile	Sec. to Dr Sehlale	Steve Biko	Academic	+ 27 12 354 1666
Ms G Pritchard	Sec. to Prof Ntlhe	Steve Biko	Acedemic	+ 27 12 354 5403
Ms C Mpane	Sec to Dr C Jeske	Steve Biko	Academic	+27 12 354 3785
Ms J Legodi	Spec Axil Res Asst	Steve Biko	Academic	+083 5360875
Mr F Meintjes	Research Assistant	Steve Biko	Academic	+27 12 354 4929

Congresses/Symposiums/Courses

- Assa/Sages Symposium - 7-10 August (UKZN)
- SRS/ Registrar Symposium - 22-25 June 2014 (UKZN)
- Controversies in Surgery Symposium - 2-3 October 2015
- Basic Surgery Skills Course (BSSC) - Once a month (Contact Mrs Cilliers x1411)

DEPARTMENT OF SURGERY

CMSA EXAM DATES 2015

*Please view the time table on <http://www.collegemedsa.ac.za> for this examination, once it is published, for exact dates, venues and times for each candidate.

SEMESTER 1

EXAM	DATE
(SURG) FINAL & INTERMEDIATE PAPER 1	19 March 2015 9:00 - 12:00
(SURG) FINAL & INTERMEDIATE PAPER 2	20 March 2015 9:00 - 12:00
ORALS: FINAL & INTERMEDIATE	18 - 20 May 2015 8:00 - 16:00 CAPE TOWN
PRIMARY PAPER 1	26 March 2015 Anatomy MCQ
PRIMARY PAPER 2	27 March 2015 Physiology /Pathology MCQ

Contact person: Martie Nawn
Department of Surgery,
Tel 012 354 1721
CMSA CONTACT: JHB 011 489 3902

SEMESTER 2 Preliminary roster

(SURG) FINAL & INTERMEDIATE PAPER 1	31 August 2015 - 4Sept 2015 9:00 - 12:00
SURG) FINAL & INTERMEDIATE PAPER 2	4 August 2015 - 28 August 2015 9:00 - 12:00
ORALS: INTERMEDIATE & FINAL	19 - 21 October 2015 8:00 - 16:00 DURBAN

MN 08/01/2015

DEPARTMENT OF SURGERY UNIVERSITY OF PRETORIA

MMED

EXAM DATES 2015 PRELIMINARY EXAM DATES SEMESTER 1

EXAM	DATE
BVC 801 INTERMEDIATE PAPER 1	26 MAY 2015
CHR 800 FINAL PAPER1	26 MAY 2015
BVC 801 INTERMEDIATE PAPER 2	27 MAY 2015
CHR 800 FINAL PAPER 2	27 MAY 2015
BVC 801 INTERMEDIATE ORALS: Intensive Care, General Surg, Specilized Subjects	1 JUNE 2015
CHR 800 FINAL CLINICALS & ORAL	2 JUNE 2015

Contact person: Martie Nawn
Department of Surgery,
Tel 012 354 1721

MN 9/01/15

Academic Program Structure:

General:

1. It is expected of all members in the Department of Surgery to attend all official meetings.
2. No "opposition meetings" will be allowed.
3. Presentations will be made available on the internet in the following way:
 - Subject discussions have to be made available at least 10 days before the presentation in MS WORD format to Ms Marie Cilliers or via the e-mail at marie.cilliers@up.ac.za
 - Summaries of the case of the week may be handed in after the presentation at the same address.
 - Journal Club articles should be circulated at least 5 days before

Meetings in **BOLD** are compulsory

Monday	Departmental X-Rays	16:00 – 17:00
	1 st Monday of every month log-book inspection	
	PAH Morbidity and Mortality	17:00 – 18:00
Tuesday	Intensive Care Morbidity and Mortality	08:30 – 09:30
	Surgical Anatomy	15:00 – 15:45
	Research meeting	16:00 – 17:00
Wednesday	Principles in Surgery	16:00 – 17:00
	Paediatric Surgery Meeting SBA Hospital	17:00 – 18:00
	Anatomical Pathology (see dates)	16:00 – 17:00
	Kalafong Morbidity and Mortality Meeting	08:30 – 08:00
Thursday	Vascular Academic Ward Round	09:00 – 10:30
	Gastro-enterology	16:00 – 17:00
	Vascular M&M every last Thursday of month	7:15 – 08:00
	3 rd Thursday Nursing and Sisters and Allied Health Profession Meeting	15:00 – 16:00
	3 rd Thursday Multidisciplinary Morbidity and Mortality Meeting	16:00 – 17:00

Mondays:

- **PAH X-Rays:** 15:30-16:15
It will commence every Monday during the academic year excluding school holidays in the lecture hall Department of Radiology 5th floor NPAH. People working at Kalafong are encouraged to attend this meeting and therefore the time has been organized in such a way that it will be possible for them to attend. This session will take the following format:

The allocated surgical firm as well as the allocated radiology registrar will each collect 3 sets of X-rays. (6 sets in total) The surgery/radiology registrar will inform the surgery/radiology registrar of his/her 3 cases one (1) week before the discussion, so that proper preparation can take place, one (1) or two (2) slides with the clinical summary will be appropriate. The radiology and surgery registrars will lead the discussion in turns.
- **Morbidity and Mortality meeting:** 16:30-17:30
Morbidity and Mortality meetings are compulsory. This is a teaching activity and contributes to the maintenance of standards. This meeting will be at 16:30 in the Department of Surgery, seminar room 1. Whenever other departments are involved in a Morbidity or Mortality, the relevant persons should be invited timeously and if it is a person in training, then the consultant should accompany the person.

In the absence of an X-Ray meeting the PAH MM meeting will relocate to the 16:00 slot in the seminar room 1 of the Department of Surgery. Cases to be discussed are from Monday morning to Monday morning.

Tuesday:

- **Intensive care Mortality and Morbidity Meeting:** 08:30 – 09:30
Cases discussed will be intensive care cases from Monday to Monday morning. Necessarily some cases of the departmental MM will be repeated at this meeting but the level of discussion is aimed more at the intermediate level and will concentrate on patho-physiology. This meeting is also aimed at the nursing staff of Intensive Care.

Wednesday:

- **Principles of Surgery** 16:00 – 17:00
Seminar room 1 (71144) in the department. The subjects and moderators are in the programme. It is expected that the whole Department will attend these discussions as these are usually of a high standard, so that we can all remain updated on developments in the areas where we don't always read literature.
- **Anatomical Pathology:** 16:00 – 17:00
The dates for this meeting for the year 2015 will be 11 March, 6 May and 9 September. All personnel including Kalafong staff are encouraged to attend these as they are of a high standard. The location of this meeting is as before on the 3rd Level of the Institute of Pathology, Room 3-69.

Thursday:

- **Kalafong Morbidity and Mortality Meeting:** 07:15 – 08:00
This will be part of the early morning meeting where statistics on the week's operations will be presented with the relevant Morbidity and Mortality
- **Vascular Academic Ward Round:** 09:00 – 11:00
In the Unit for Peripheral Vascular Disease, Steve Biko Academic Hospital. This ward round is usually also attended by the Department of Radiology.

Vascular Surgery Morbidity and Mortality Meeting after intake report on the last Thursday of every month.

- **Gastro-enterology:**

16:00 – 17:00

This is a combined Gastroenterology meeting between Surgical and Medical Gastroenterologists. Special problem cases or even just interesting cases are discussed. This meeting can also report back on congresses, which have been attended. X-Rays from different firms (including Kalafong) are discussed and it is the responsibility of the Surgical registrar working at Gastroenterology to co-ordinate these.

First Thursday: Medical Gastro-enterology Presentation

Second Thursday: Surgical Gastro-enterology Presentation

Third Thursday: Multidisciplinary morbidity and mortality presentation

Fourth Thursday: Vascular morbidity and mortality presentation

- **Kalafong X-Rays:**

13:00 – 14:00

This meeting is scheduled for every Wednesday during the University Academic Year and takes place in the Department of Radiology's seminar room at Kalafong Hospital.

Fridays :

Consultant meeting 12h00 – 13h00

Agenda will be published weekly

- **Departmental Academic Meeting:**

13:00 – 17:00

This is the major academic afternoon of the Department and takes place in the SEMINAR ROOM DEPARTMENT OF SURGERY LEVEL 7 for the duration of the year. Meetings at Kalafong (Klinikala Lecture Hall 1-1) will take place as per schedule published.

13:00 – 13:10 Applied Anatomy/Physiology

13:10 – 14:00 Subject discussion (30 min + 10 min commentary by a senior registrar + 10 min discussion time)

14:00 – 14:20 Case of the week

14:20 – 14:25 Pharmaceutical Company makes an commercial input

14:25 – 15:00 Tea / refreshments

15:00 – 15:30 Discussion of the exam case

15:30 – 16:00 Journal Club

- Discussion of the exam case:

Examiners and candidates are as per published list. The examiner will choose an appropriate case and will give the name of the patient as well as the ward to Brenda at Prof Mokoena office. The candidate will receive the name at 12:00 after which s/he will examine the patient in the ward.

Thereafter the candidate will report in the Lecture Hall where he/she will be examined following the subject discussion in front of his/her colleagues for 30 minutes by the examiner. A discussion of the case will follow as well as proposed investigations and management which the candidate must be prepared to defend. This should be a teaching experience, to teach the candidate how to present a case, defend his viewpoint as far as the treatment is concerned and also teach junior candidates on how it should be done.

- Subject discussion: (30 min and 10 min discussion)

These are as per published list in this book. It is expected of the Moderator to contact the presenter well in advance and discuss with him/her the angle of the specific topic that needs to be discussed. The idea of the subject discussion is to highlight newer viewpoints as well as controversies and not simply to give a summary of a textbook. The presenter will then compile the discussion in MS WORD format (including references) and make it available to the Department via Ms M Cilliers who will then distribute this via e-mail to every members of the department, as well as on the website. This should happen 10 days

before the discussion date on the program, so that the persons that have to comment have time to prepare.

The format of the presentation is left to the moderator and presenter. A 30-minute presentation will be followed by a 10 minute commentary by allocated registrars followed by a 10-minute discussion and if MS PowerPoint is used, the following procedure has to be followed:

1. *Steve Biko Academic Hospital*: The presenter has to take responsibility for the operational aspects. The Departmental laptop and digital projector can be used for presentations and can be collected at Ms Martie Nawn's office before the start of the afternoon program.
2. *Kalafong Hospital*: Arrangements need to be made for the digital projector with Ms Ina v Aarde well in advance and with the departmental secretary for the Departmental laptop.
3. **NB: Commentary: To give the commentator an opportunity to prepare, the complete presentation should be with Marie Cilliers 10 days before the presentation.**

Case of the week:

We would like the relevant firm to select an interesting case or cases. When this case is then presented, it should be presented in such a way that questions can be asked throughout. The purpose of this presentation is not only to share an interesting case, but also that of teaching the clinical course of disease.

The proposed format will be to start by giving the history and then to ask relevant questions that pertain to the history. In a similar way the examination, special investigation, differential diagnoses, treatment and outcome of the patient can be presented. This is a very important aspect of the afternoon and it is expected that visual and technical aids should be used liberally. The patient can be photographed; X-rays, special investigation and graph must all be presented. A short theoretical discussion may follow but this should not degenerate into a second subject discussion.

In the past much work has gone into these presentations and it is a pity that most of this work is lost. We therefore urge the presenters to make available this work to the Department after the presentation via Ms Marie Cilliers who can then distribute it and place on website.

▪ **Journal Club:**

Consultants and registrars are allocated journal topics to prepare and the idea is to give a critical analysis of the article.

▪ **Vascular post-graduate program:**

Will be every first Tuesday of the month at the Steve Biko Academic Hospital.

The programme will have the following format:

17:00 – 18:15 Ward round,

18:30 – 19:30 Discussion in seminar room:

1. Subject discussion presented by an authority on the subject
2. Operative technique presented by the vascular fellow
3. Interesting case discussion

Registrar Mentorslist 2015

Prof TR Mokoena	Prof V Karusseit	Dr H Pienaar	Prof J Pretorius
Lawrence B 083 275 0630 #62741	1. Peffer M #62867	1.Pretorius HJ 082 767 2748 #62893	1.Mathebula PB 073 287 2629 #62276
2.Ramabulana MM 076 820 1742		2.Docrat S 082 578 6649 #62887	1.Mabaso MB 082 559 8166 #62803
3.Rampai T 072 554 4562			
Dr Mothabeng	Dr E Osman	Dr R Maluleke	Dr B Jackson
1.Morrison SE 082 335 7466 #61494	1.Malefahlo MT 084 817 4330 #62883	1.Wheeler N 072 240 9482 #61132	1.Jele NL 082 382 0206
2.Sandamela MS 072 331 1269 #62523	2.Khalushi R 072 921 9383 #61426	2.Sehawu RD #62966	Vd Schyff F 083 279 4152 #61842
3.Giel TUT 071 720 7929 #62291			

Dr R Maharaj	Prof Luvhengo	Dr Khulu	Dr Vukasinovic	Dr Jeske
1.Kenoshi B 083 775 6082 #61602	1.Omar 2.Shastry	1.Ngwenya	1.Mabizela	1.Truter M #62555

Registrars Mentors Meetings 2015

Consultant	Registrar	1 st semester	2 nd semester
Prof Mokoena	C. Matsinhe MM. Ramabulana T. Rampai	10 April 2015	25 September 2015
Dr Ngcobo	Shastry	27 March 2015	18 September 2015
Prof Ntlhe	Ramsamy M.Joubert Ndotora	10 April 2015	21 August 2015
Prof Karusseit	Peffer	13 March 2015	14 August 2015
Dr Pienaar	HJ. Pretorius S.Docrat	08 May 2015	7 August 2015
Prof Pretorius	PB. Mathebula	13 March 2015	14 August 2015
Dr Maharaj	Kekana/Luthuli	20 March 2015	25 September 2015
Dr Mothabeng	SE Morrison MS Sandamela TUT. Giel	27 March 2015	18 September 2015
Prof Du Plessis	MB. Mabaso B. Lawrence F. Vd Schyff	10 April 2015	11 September 2015
Dr Khulu	Ngwenya	10 April 2015	25 September 2015
Dr Osman	MT Malefahlo R. Khalushi	10 April 2015	11 September 2015
Dr Maluleke	N. Wheeler RD. Sehawu	29 May 2015	16 October 2015
Dr Jackson	NL Jele/T Pratt	13 March 2015	14 August 2015
Dr Vukasinovic	Mabizela	10 April 2015	11 September 2015
Dr Jeske	M Truter	08 May 2015	14 August 2015
Dr Montwedi	S Masola	15 May 2015	23 October 2015

SURGERY MEETINGS 2015								
MONDAYS 15H30								
	RADIOLOGY DEPARTMENT				SURGERY DEPARTMENT			
DATE	CONSULTANT	#	REGISTRAR	#	CONSULTANT	#	REGISTRAR	#
02/02/2015	Dr E vd Walt	#61604	Dr N Sihlali	#62538	Prof T Mokoena		Morrison	61494
09/02/2015	Prof S Ahmad	#61885	Dr N Vilakazi	#62414	Dr R Maluleke		Lawrence	62741
16/02/2015	Dr E vd Walt	#61604	Dr P Henning	#62680	Prof M Ntlhe		Vd Schyff	61842
23/02/2015	Prof S Ahmad	#61885	Dr G Jackson	#61585	Dr H Pienaar		Mathebula	62276
02/03/2015	Dr E vd Walt	#61604	Dr E Mpofu	#62415	Gastro		Mabaso	62803
09/03/2015	Prof S Ahmad	#61885	Dr G Mashilo	#62457	Prof T Mokoena		Mabizela	62945
16/03/2015	Dr E vd Walt	#61604	Dr E Putter	#62681	Dr R Maluleke		Ramsamy	63076
23/03/2015	Prof S Ahmad	#61885	Dr A Mohamed Khan	#62682	Prof M Ntlhe		Vd Schyff	61842
13/04/2015	Dr E vd Walt	#61604	Dr Y Carrim	#61589	Dr H Pienaar		Kekana	0726310 420
20/04/2015	Prof S Ahmad	#61885	Dr C Liebenberg	#62008	Gastro		Mabaso	62803
04/05/2015	Dr E vd Walt	#61604	Dr E Gous	#62732	Prof T Mokoena		Sehawu	62966
11/05/2015	Prof S Ahmad	#61885	Dr Z Lamla-Hillie	#62731	Dr R Maluleke		Shastri	63060
18/05/2015	Dr E vd Walt	#61604	Dr P Rabie	#62843	Prof M Ntlhe		Joubert	62881
25/05/2015	Prof S Ahmad	#61885	Dr E Lebelo	#62844	Dr H Pienaar		Morrison	61494
01/06/2015	Dr E vd Walt	#61604	Dr A Mudau		Prof T Mokoena		Vd Schyff	61842
08/06/2015	Exams				Exams			
22/06/2015	Dr E vd Walt	#61604	Dr L Huang	#62250	Dr R Maluleke		Mathebula	62276
03/08/2015	Prof S Ahmad	#61885	Dr A Mudau		Prof M Ntlhe			
17/08/2015	Dr E vd Walt	#61604	Dr K Kgoebane	#61280	Dr H Pienaar			
24/08/2015	Prof S Ahmad	#61885	Dr I Menyatsoe	#62577	Prof T Mokoena			
07/09/2015	Dr E vd Walt	#61604	Dr P Rischbieter	#62833	Dr R Maluleke			
14/09/2015	Prof S Ahmad	#61885	Dr V Sitela	#62464	Prof M Ntlhe			
21/09/2015	Dr E vd Walt	#61604	Dr E Lebelo	#62844	Dr Pienaar			
28/09/2015	Prof S Ahmad	#61885	Dr N Rossouw	#62954	Prof T Mokoena			

Surgical Anatomy
(Tuesday 15:00 – 16:00)

Date	Moderator	Registrar	Subject	BMS venue
				4-24
20 January	Prof M Ntlhe	Wheeler	Thyroid + Parathyroid	4-25
27 January	Prof V.O.L Karusseit	Sandamela	Pancreas + relations	4-25
4 February	Dr BH Pienaar	Lawrence	Abdominal wall + Exposures	4-25
11 February	Prof T Mokoena	Mabaso	Gastro oesophageal junction + hiatus	
18 February	Dr E Osman	Khalushi	Spleen + relations	4-25
25 February	Prof Karusseit	Sehawu	Breast + Axilla	4-25
4 March	Prof Pretorius	Mabaso	Oral cavity, Neck (Block dissection), Salivary glands + relations	4-25
11 March	Dr M de Beer	Rampai	Anus + rectum	4-24
18 March	Dr E Osman	Truter	Stomach + duodenum	4-25
25 March	Dr Jeske	Ramabulana	Liver	4-25
1 Apr	Prof H du Plessis	Jele	Upper limb + hand	
8 Apr	Prof Mokoena	Ngwenya	Oesophagus + mediastinum	4-25
15 Apr	Dr MR Maluleke	Kekana	Inguinal canal	4-25
22 Apr	Dr H Pienaar	Peffer	Appendix; Colon	
29 Apr	Prof MV Ngcelwane	Shastri	Lower limb + Foot	4-25
6 May	Prof Mulaudzi	Shastri	Thoracic inlet	4-25
13 May	Dr Jeske	Mabizela	Biliary system + anomalies	4-25
20 May	Prof M Ntlhe	Pratt	Adrenals; Urological system	4-25
27 May	Dr M Maluleke	Masola	Ventral relations of the posterior abdominal wall	4-25

Consultant Research Review Tuesday

Month	Date	Consultant
<u>February</u> - -	03-Feb-15	Jackson
	10-Feb-15	Pienaar
	17-Feb-15	Mothabeng
	24-Feb-15	Vukasinovic

<u>March</u>	03-Mar-15	Ngcobo
	10-Mar-15	Montwedi
	17-Mar-15	Kirsten
	24-Mar-15	Maharaj
	31-Mar-15	Tsotetsi

<u>April</u> - -	07-Apr-15	Jeske
	14-Apr-15	Jekel
	21-Apr-15	Selahle
	28-Apr-15	Osman

<u>May</u>	05-May-15	Pretorius
	12-May-15	Muller
	19-May-15	Mulaudzi
	26-May-15	Ngcobo

<u>June</u>	02-Jun-15	Mbava
	09-Jun-15	Pienaar
	23-Jun-15	Khulu
	30-Jun-15	Ntlhe

RESEARCH PRESENTATIONS : FIRST SEMESTER : 2015

Date	Name of Presenter
February	
03	Ramsamy
	Morrison
10	Mabizela
	Jackson
17	Ngwenya
	Matsinhe
24	Bezuidenhout
	Mathebula
March	
03	Pretorius
	Jele
10	Pratt
	Mabaso
17	Masola
	Lawrence
24	Kekana
	Van Der Schyff
April	
07	Giel
	Khalushi
14	Joubert
	Morrison
21	Jele
	Pratt
28	Jackson
May	
05	Sehawu
	Van Der Schyff
12	Mathebula
	Ngwenya
19	Matsinhe
	Sandamela
26	Mabizela
	Setlai
June	
02	Shastry
	Giel
09	Ramsamy
	Kenoshi
16	Joubert
	Luthuli
23	Docrat
	Ndotora

**WEDNESDAY AFTERNOONS –
PRINCIPLES OF SURGERY AND SURGICAL SPECIALTIES : 16:00**

2

NB: Candidates should attend these seminars from the start of their training = 1st year as clinical assistants and continue till the end of their training. Protocols, Campaigns, ERAS

Date	Moderator	Subjects	Candidates
21 Jan	Prof JP Pretorius	<ul style="list-style-type: none"> Why is the Intermediate important? What is CC? Seeing the “big picture” Prevention is better than cure. Care bundles, protocols, campaigns, ERAS 	
28Jan	Dr N Welkovics	The critically ill patient: <ul style="list-style-type: none"> Recognizing the high-risk surgical patient “Scoring” systems for surgical risk Monitoring of the critically ill 	Mabizela (C) Masola(C) Pratt (C)
4 Feb	Dr TH De Klerk	Respiratory physiology of the lung: <ul style="list-style-type: none"> Pre-operative evaluation of the respiratory system Arterial blood gas analysis Lung physiotherapy 	C.Pretorius (O) Immelman (O) Davis (O)
11Feb	Prof JP Pretorius	Acute respiratory failure: <ul style="list-style-type: none"> Etiology and patho-physiology Acute lung injury The “ladder” of ventilatory support 	Lourens (U) Carrim (U) Gwiliza (U)
18 Feb	Dr N Welkovics	Respiratory Support and Monitoring <ul style="list-style-type: none"> Oxygen therapy; PaO₂/FiO₂ ratio, Hypoxaemia Lung protective ventilation. Alveolar recruitment. 	Mongwe (Car) Potgieter (P) Kenoshi (P) Mudau (O)
25 Feb	Prof JP Pretorius	Respiratory support: <ul style="list-style-type: none"> Humidification and inhalation therapy Mechanical ventilation and alveolar recruitment Weaning off ventilation 	Lebaka (M-Fac) Du Plessis (O) Truter (C)
4 Mrt	Dr N Welkovics	SIRS and Sepsis <ul style="list-style-type: none"> The role of host-defense systems in inflammation & sepsis Activation of coagulation, vs the role of anti-coagulant systems and fibrinolysis Endothelial dysfunction 	Peffer (C) Ramabulana(C) Rampai (C)
11 Mrt	Prof HJC du Plessis	Shock: Etiology and Pathophysiology <ul style="list-style-type: none"> Definition, etiology, classification and underlying differences. Pathophysiology, metabolic and endocrine response to shock. 	Masola (C) Pratt (C)
18 Mrt	Prof JP Pretorius	Circulatory failure: <ul style="list-style-type: none"> Current concepts in fluid + electrolyte therapy the four phases. The role and assessment of venous return in critical illness. 	Ramsamy (C) Ngwenya (C) Peffer (C)

		<ul style="list-style-type: none"> • All about oedema • Poly compartment syndrome 	Truter (C)
25 Mar	Dr A Bezuidenhout	Shock: Resuscitation <ul style="list-style-type: none"> • ABC and the importance of cardiopulmonary interaction. • CPR and defibrillation + Dysrhythmia • Electrical and pharmacological cardiac support 	C.Pretorius (O) Immelman (O) Davis (O)
1 Apr	Dr N Welkovics	Shock: Monitoring and treatment <ul style="list-style-type: none"> • Haemodynamics, Oxymetry, Capnometry. • Treatment of the different types of shock. • Optimizing circulation and delivery of oxygen • Monitoring and endpoints of resuscitation 	Lourens (U) Carrim (U) Gwiliza (U) Ngwenya (C)
8 Apr	Dr MR Maluleke	Acid Base and Electrolytes <ul style="list-style-type: none"> • Acid Base Homeostasis. • Lactic acidosis, reperfusion and metabolic acidosis • Electrolyte disturbances. 	Peffer (C) Truter (C) Ramabulana (C)
15 Apr	Prof JP Pretorius Dr TG Mothabeng	Antibiotics <ul style="list-style-type: none"> • Classes and mechanisms of action. • Empiric, de-escalation and prophylactic use of antibiotics. Cessation of antibiotics • Side effects and complications of antibiotic therapy • Comprehensive approach to management of infections 	Rampai (C) Mabizela (C) Masola (C) Pratt (C)
22 Apr	Prof HJC du Plessis Dr TG Mothabeng	Infections: <ul style="list-style-type: none"> • Preventative measures Abs, Nutrition etc • Soft tissue, surgical, nosocomial and community acquired infections • Antibiotics: PK-PD. • Antibiotics for the critically ill: volume of distribution. • Organ dysfunction. 	Mongwe (Car) Potgieter (P) Kenoshi (P) Mudau (O) Ramabulana (C)
29 Apr	Prof HJC du Plessis	Peri-operative bleeding and bleeding tendency: <ul style="list-style-type: none"> • Rules for massive transfusion of blood • Overview of component therapy • Complications of blood transfusion • Dilutional coagulopathy 	Rampai (C) Mabizela (C) Masola (C) Pratt (C)
6 May	Dr N Welkovics	Haemostasis <ul style="list-style-type: none"> • Clinical and laboratory investigations for coagulopathy • ROTEM • Etiology, diagnosis and treatment of DIC. • Interactions in inflammation, SIRS, sepsis, DIC and organ dysfunction 	Ramsamy (C) Ngwenya (C) Peffer (C) Truter (C) Lourens (U)
13 May	Dr V Ueckermann	Analgesia and Sedation <ul style="list-style-type: none"> • Pain control: drugs, techniques and methods of delivery. 	

		<ul style="list-style-type: none"> • Restlessness, sedation and delirium • Treatment of withdrawal: alcohol and nicotine. • Muscle relaxants and poly-neuromyopathy. 	
20 May	Dr A Bezuidenhout	Burns: <ul style="list-style-type: none"> • Classification and emergency treatment • Inhalation injuries • Fire hazard in theatre 	
27 May	Dr N Welkovich	Endocrine <ul style="list-style-type: none"> • Diabetic crisis and tight glycaemic control. • Adrenal crisis. • Role and use of steroids in sepsis 	
3 June	Dr A Bezuidenhout	Endocrine aspects of critical illness: <ul style="list-style-type: none"> • Thyroid crisis/Myxoedema Coma • Acute calcium derangements 	
10 June	Dr N Welkovich	Nutrition <ul style="list-style-type: none"> • Assessment of nutritional status and calculation of needs. • The case for TPN. • The case for TEN. 	
17 June	Prof JP Pretorius	<ul style="list-style-type: none"> • Nutrition: EEN: The role of the gut in health + disease • When to feed, what to use + which route • GUT failure 	
24 June	Prof HJC du Plessis	Organ dysfunction : SIRS { MODS [MOFS [
1 Jul	Prof JP Pretorius	Rehabilitation: <ul style="list-style-type: none"> • ICU acquired weakness and Early mobilization. • Liberation from mechanical ventilation. • Poly-neuromyopathy 	
8 Jul	Dr C Jeske	Gastro-intestinal: <ul style="list-style-type: none"> • Upper GIT bleeding • Acalculous Cholecystitis • Pseudo-membranous enterocolitis • Diarrhoea in the ICU 	
15 Jul	Dr R Maharaj	Non traumatic acute abdominal conditions Acute pancreatitis. Peritonitis– classification, microbiology and treatment. Mesenteric occlusive disease.	
22 Jul	Dr MR Maluleke	Kidney failure <ul style="list-style-type: none"> • Etiology and Pathogenesis of acute surgical renal failure. 	

		<ul style="list-style-type: none"> • Clinical picture, investigations and treatment of acute renal failure. • Myoglobinaemia and myoglobinuria 	
29 Jul	Dr B Jackson	Venous thrombo-embolic disease (DVT & PE) <ul style="list-style-type: none"> • Diagnosis of DVT and PE. • Prophylaxis of DVT. • Treatment of DVT, PE & thrombolytic therapy. 	
5 Aug	Dr B vd Walt	Radiology in the ICU: <ul style="list-style-type: none"> • CXR and CT scans • Ultrasound 	
12 Aug	Dr L Khulu Dr TG Mothabeng	Abdominal trauma <ul style="list-style-type: none"> • Blunt abdominal trauma and the conservative treatment thereof. • Abdominal hypertension and compartment syndrome. • Re-look laparotomies and the management of the open abdomen. 	
19 Aug	Dr C Jeske	Liver <ul style="list-style-type: none"> • Etiology and diagnostics of post-operative jaundice. • Altered haemostasis in jaundice and liver failure. • Surgery in the cirrhotic patient 	
26 Aug	Prof MS Mokgokong	Neurosurgery: <ul style="list-style-type: none"> • Head injuries (TBI) • Raised intra-cranial pressures: monitoring and management • "Secondary brain injury"; Hypoxic brain damage • (Primary vs secondary brain injury) 	
2 Sep	Prof MS Mokgokong	Neurosurgery: <ul style="list-style-type: none"> • Intracranial and Spinal cord infections • Coma: Etiology, clinical picture and emergency treatment. • Cortical death and brain stem death 	
9 Sep	Prof MI Tshifularo Prof FJ Jacobs	ENT / Max-Fax: <ul style="list-style-type: none"> • Facial fractures: classification and emergency treatment • Upper airway obstruction • Trauma to the larynx, pharynx and extra-thoracic trachea 	
16 Sep	Prof DJ du Plessis	Thoracic Surgery <ul style="list-style-type: none"> • Traumatic aortic rupture. • Stab wound heart. • Foreign body in the oesophagus 	
23 Sep	Prof DJ du Plessis	Thoracic Surgery: <ul style="list-style-type: none"> • Chest +Pulmonary injuries • Esophageal injuries • Empyema en lung abscess 	

30 Sep	Prof MV Ngcelwane	Orthopaedic Surgery: <ul style="list-style-type: none"> • Pelvic fracture. • The management of open fractures. • Paediatric orthopaedic trauma. 	
7 Oct	Prof MV Ngcelwane	Orthopedic Surgery: <ul style="list-style-type: none"> • Dislocations • Hand injuries and infections • Osteitis en septic arthritis 	
14 Oct	Prof EW Muller	Pediatric Surgery: <ul style="list-style-type: none"> • Foreign bodies in children • Clinical and biological symptoms of sepsis in neonates and children 	
21 Oct	Prof EW Muller	Pediatric Surgery: <ul style="list-style-type: none"> • Physiological differences between neonate, child and adult • Perioperative management • Prin management 	
28 Oct	Dr EM Moshokoa	Urology: <ul style="list-style-type: none"> • Infective conditions of the uro-genital tract • Urological trauma: Renal injuries • Urological trauma: Urether, bladder and urethra 	
4 Nov	Prof S Selahle	Plastic Surgery: <ul style="list-style-type: none"> • Wound healing • Principles of wound management • Principles of wound cover 	
11 Nov	Prof TV Mulaudzi	Vascular Surgery: <ul style="list-style-type: none"> • Crush injury + Compartment syndrome • Peripheral occlusive disease, acute and acute on chronic • Abdominal aortic aneurysm 	
18 Nov	Prof AC Stoltz	HIV in surgery <ul style="list-style-type: none"> • The role of HIV on surgical decision making • Current management of HIV patients • Effect of HIV on host response in bacterial sepsis 	
25 Nov	Prof JP Pretorius	Ethics in the ICU: <ul style="list-style-type: none"> • Informed consent for procedures • Goals of treatment at the end of life. (DNR and withdrawal) • Futility + withdrawal of Rx • Distributive justice and admission criteria 	

Rules of Engagement:

1. To make the 2014 Intermediate Seminars as successful and educational as possible to everyone, we have to establish a few rules.
2. Attendance is compulsory for all registrars of all surgical disciplines who are preparing for the intermediate examination in surgery.
3. The meeting cannot be successful if the presenters are absent and attendance is poor.
4. All presenters are obliged to:
 - a. Communicate with Ms Cilliers, x1411
 - b. Dept of Surg, about any changes in the programme and topics.
 - c. Discuss their topics well in advance with the appointed moderator to help them prepare.
 - d. The material prepared can be presented with the aid of a powerpoint presentation and/or a text document.

The presentation should not be mere regurgitation of the prepared material. The presenter should verbally explain what he has learned about his topic and stimulate discussion.
5. All registrars should come prepared about the week's topic in order to participate in the discussion.
6. If a presenter is unable to attend it, it is his duty to apologise and to find a replacement or to exchange his topic for another date. Again, the success of each meeting depends on full attendance and participation.
7. If any registrar drop out of the intermediary circuit, it is his or her duty to inform Ms Cilliers to have their topics re-assigned.
8. Good luck!

ACADEMIC PROGRAMME FOR 2015

Week	Case Of The Week	Topic	Anatomy/Physiology	Moderator	Journal Club	Exam Case
23 Jan 2015	Monday	Acute Pancreatitis Presenter: Pretorius Commentators: Ramabulana/Jele	Exocrine Pancreatic Secretion, Microphysiology And Biochemistry Ramsamy	Jeske	Acute Pancreatitis In Hiv Infection (Vd Schyff& Jeske)	Mabaso (Paper Case) Vs Karuseit
30 Jan 2015	Kalafong	Abdominal Incisions And Closure Presenter: Mabaso Commentators: Joubert/Mabizela	Abdominal Wall Anatomy Jele	Maluleke	Advantages And Disadvantages Of Vertical Vs Chevron (Maluleke & Sandamela)	Lawrence Vs Mokoena
06 Feb 2015	Tuesday	Inflammatory Bowel Disease Presenter: Lawrence Commentators: Morrison/Masola	Pathophysiology Of IBD Pratt	Pienaar/ Kgomo	Immunobiology Of IBD (Kgomo & Joubert)	Sandamela Vs Pienaar
13 Feb 2015	Wednesday	Non Toxic Benign Thyroid Goitre Presenter: Sandamela Commentators: Mathebula/Truter	Thyroid Metabolism Revisited Jele	Jekel	The Autonomous Growth As Basis For Multinodular Goitre (Ntlhe/Mabaso)	Morrison Vs Ntlhe
20 Feb 2015	Thursday	Minor Anal Conditions: Haemorrhoids, Fistula, Fissure, Perianal Abscesses Presenter: Morrison Commentators: Mabaso/Ngwenya	Eisenhammer Concepts Of Minor Anal Conditions Mabizela	Jackson	Which Is The Best Procedure For Management Of Haerrmohoids (Jackson/Lawrence)	Mathebula Vs Pienaar
27 Feb 2015	Kalafong	Intestinal Volvulus Presenter: Joubert Commentators: Pretorius/Mathebula	Embryological Development Of The Gastrointestinal Tract Ndatora	Maharaj	Management Of Gastric Volvulus (Maharaj/Sandamela)	Joubert (Paper Case) Vs Mokoena
06 Mar 2015	Paediatric surgery	Constipation In Childhood Presenter: Vd Schyff Commentators: Mabaso/Pratt	Colonic Physiology Motsei	Muller	Nonhirschsprung Colonic Myopathy In Africans (Bantu) (Muller/Joubert)	Mabaso (Paper Case) Vs Muller

13 Mar 2015	Monday	Squamous Cell Oesophagus Carcinoma Presenter: Sandamela Commentators: Joubert/Ramsamy	Anatomy And Physiology Of The Swallowing Mechanism Jele	Mokoena	Hpv Or Mycotoxins In Pathogenesis Of Ca Oesophagus (Kgomo/Morrison)	Sandamela Vs Mokoena
20 Mar 2015	Tuesday	Hepatic And Pancreatic Incidentaloma Management Presenter: Morrison Commentators: Mathebula	Hepatic Physiology Shastry	Jeske	Gastrointestinal Functional Endocrine Tumours (Jeske/Pratt)	Pretorius Vs Jeske
27 Mar 2015	Vascular surgery	Renovascular Hypertension Presenter: Mabaso Commentators: Joubert/Masola	Physiology Of Regulation Of Normotensive Status Kekana	Skhosana	Comparison Of Longterm Outcome Between Percutaneous Transluminal Angioplasty To Stenting In Renal Atherosclerosis (Tsoetsi/Lawrence)	Mabaso Vs Mulaudzi (Paper Case)
03 Apr 2015		Public Holiday Good Friday				
10 Apr 2015	Wednesday	Adrenal Incidentaloma Presenter: Lawrence Commentators: Mathebula/Pratt	Adrenal Physiology Motsei	Ntlhe	Genetics Of Men Syndromes (Ntlhe/Mabaso)	Lawrence (Paper Case) Vs Karusseit
17 Apr 2015	Thursday	Management Of Colonic Polyposis Presenter: Sandamela Commentators: Mabaso/Wheeler	Histology Of Polyps Colonic Mabizela	Pienaar	Molecular Genetics Of Colon Cancer (Pienaar/Lawrence)	Mabaso Vs Pienaar
24 Apr 2015	Vascular	Abdominal Aortic Aneurysm Management; Current Concepts Presenter: Lawrence Commentators: Sandamela/Ngwenya	Pathophysiology Of Atherosclerosis Jele	Mulaudzi	The Role Of Macrophages In Atherosclerosis Or The Cell Biology Of The Action Of Statins (Takowski/Pretorius)	Sandamela Vs Mulaudzi
01 May 2015		Public Holiday Workers Day				

08 May 2015	Kalafong	Melanoma; Current Practice And Concepts Presenter: Sandamela Commentators: Mabaso/Mathebula	Immunology Of Melanoma Kekana	Osman	Cell Biological Basis Of Immunotherapy For Melanoma (Osman/Lawrence)	Lawrence Vs Osman
15 May 2015	1 military hospital	Whole Body Blunt Trauma: Concepts Of Damage Control Surgery Presenter: Joubert Commentators: Pretorius/Kekana	Coagulopathy Of Shock And Trauma Masola	Mothabeng	Use Of Teg In The Clinical Management Of Blood Product Transfusion (Prof Pretorius/Docrat)	Joubert (Paper Case) Vs Mothabeng
22 May 2015	Monday	Adverse Events And Complications Of Anti Reflux Surgery Presenter: Morrison Commentators: Vd Schyff	Physiology And Anatomical Aspects Of Reflux Disease New Reg 2 Kal (Stil Tba)	Mokoena	Compare Antireflux Surgery And Ppi For Longterm Control Of Reflux (Mokoena/Mabaso)	Sandamela Vs Mokoena
29 May 2015	Tuesday	Surgical Aspects Of Portal Hypertension Presenter: Sandamela Commentators: Joubert/Sehawu	Physiology And Anatomy Of Portal Hypertension Motsei	Montwedi	Role Of Shunt Surgery To Portal Hypertension In Modern Era (Maluleke/Lawrence)	Vd Schyff Vs Montwedi
05 Jun 2015	Wednesday	Benign Breast Conditions Presenter: Vd Schyff Commentators: Mabizela/Mathebula	Anatomy Of The Breast Ndatora	Phakathi	Pathophysiology Of Giant Fibroadenoma (Phakathi/Sandamela)	Mathebula Vs Ntlhe
12 Jun 2015	Kalafong	Surgical Patient: Pre -Intra - Post Operative Evaluation/Management Presenter: Ramsamy Commentators: Shastry/Truter	Principles Of Nutrition Kekana	JP Pretorius	Metabolic Complications Of TPN (JP Pretorius/Wheeler)	Ngwenya Vs Jp Pretorius
19 Jun 2015	Thursday	Complications Of Diverticular Disease Presenter: Wheeler Commentators: Joubert/Kekana	Antimicrobial Therapy And Resistance Pratt	Pienaar	Arterial Embolisation For Bleeding Diverticular Disease And Its Outcomes (Pretorius/Pienaar)	Sandamela (Paper Case) Vs Karusseit

31 Jul 2015	Intensive care	Practice Of Eras In Constrained Environment Presenter: Sandamela Commentators: Morrison/Ngwenya	Physiology Of Wound Healing (Role Of Micronutrients) Ramsamy	JP Pretorius	Day Care Surgery For Intra-Abdominal Disease (Maharaj/Joubert)	Sandamela Vs Jp Pretorius
07 Aug 2015	Monday	Optimal Management In Upper Gastro-Intestinal Bleeding Presenter: Docrat Commentators: Sehawu/Masola	Dieulafoy And Other Bleeding Venous Gastropathies New Reg (Tba)	Osman	Scientific Basis For Coagulopathy In Haemorrhage (Osman)	Pretorius Vs Osman
14 Aug 2015	Kalafong	Skin Lesions (Other Than Melanoma) In General Surgery Including Hidradenitis Suppurativa Presenter: Mathebula Commentators: Pretorius/Jele	Physiology Of Sweating New Reg 2 Kal (Tba)	Selahle	Biological Management Of Keloid Formation (Selahle/Morrison)	Mathebula Vs Maluleke
21 Aug 2015	Tuesday	Primary Hepatic Malignancy Staging And Treatment Options Presenter: Joubert Commentators: Morrison/Pratt	Segmental Anatomy Of The Liver Rampai	Jeske	Tace And Ta Irradiation (TARE) For Hepatic Neoplasia (Jeske/Mathebula)	Joubert Vs Jeske
28 Aug 2015	Wednesday	Receptor Status And Genetic Manipulation In Breast Cancer Presenter: Morrison Commentators: Vd Schyff/Mathebula	Oncochemotherapy For The Surgeon Sandamela	Ngcobo	Is Intrauterine Germ Line Therapy Feasible For Management Of Breast Cancer Germ Line (Phakathi)	Sandamela Vs Ntlhe
04 Sep 2015	Thursday	Extent Of Colonic Resection In Carcinoma Of Colon And Rectum Presenter: Sandamela Commentators: Pretorius/Ramsamy	Anatomy And Lymphatic Drainage Of The Colon New Reg Sbah	Pienaar	Mesorectal Resection For Rectal Cancer And Its Outcomes (Pienaar/Wheeler)	Mathebula (Paper Case) Vs Pienaar

11 Sep 2015	Kalafong	Paraneoplastic Phenomena Presenter: Pretorius Commentators: Morrioso/Sandamela	Tumour Immunology Joubert	Montwedi	Management Of Paraneoplastic Hypercalcaemia (Jackson/Docrat)	Pretorius Vs Montwedi
18 Sep 2015	Paediatric Surgery	Acute Abdominal Conditions In The Neonate Presenter: Vd Schyff Commentators: Rampai/Sehawu	Embryology Of Malrotation And Atresia Sandamela	Van Niekerk	Management Of Short Bowel Syndrome (Van Niekerk/Sandamela)	Sandamela (Paper Case) Vs Van Niekerk
02 Oct 2015	Friday	Controversies Symposium				
09 Oct 2015	Kalafong	Current Concepts In Incisional Hernia Repair Presenter: Mathebula Commentators: Kekana/Wheeler	Anatomy Of The Inguinal Canal New Reg Sbah (Tba)	Jackson	Component Separation Repair Of Ventral Hernia (Jackson/Joubert)	Joubert Vs Karusseit
16 Oct 2015	Vascular	Investigation, Diagnosis & Management Of Chronic Venous Insufficiency Ulcers Presenter: Joubert Commentators: Khalushi/Pretorius	Venous Anatomy Of The Lower Limb New Reg 2 Kal	Skhosana	Operative Treatment Of Venous Ulcers (Tsotetsi/Mathebula)	Pretorius Vs Mulaudzi
23 Oct 2015	Wednesday	Pancreatic Adenocarcinoma: Early Detection And Advances In Treatment Presenter: Wheeler Commentators: Docrat	Pancreatic Development And Aberrations Thereof Luthuli	Maharaj	Pylorus Sparing Pancreatectomy (Jeske/Morrison)	Morrison Vs Jeske
30 Oct 2015	Thursday	Colostomy Revisited Presenter: Khalushi Commentators: Mathebula/Sehawu	Stoma Siting And Management Rampai	Vukasinovic	Continent Colostomy Care (Vukasinovic/ Joubert)	Mathebula Vs Ntlhe
6 Nov 2015	Monday	Asymptomatic Gastric Abnormalities: Volvulus/Intrathoracic Viscera Presenter: Ramsamy Commentators: Docrat/Truter	Physiology Of Acid Secretion And Suppression New Reg SBAH (TBA)	Osman	Epiphrenic Hernia Management (Osman/Pretorius)	Vd Schyff (Paper Case) Vs Mokoena

13 Nov 2015	Kalafong	Current Concepts In Burns Management Presenter: Kekana Commentators: Masola/Pratt	Physiolofy Of Vit C Therapy In Burns Patients New Mo SBAH	Selahle	Comparison Between Nonepithelial And Epithelial Skin Substitutes Burns Dressings (Selahle/Mabizela)	Ngwenya Vs Selahle
20 Nov 2015	Tuesday	Metastatic Liver Lesions: Management Options Presenter: Docrat Commentators: Wheeler/Ramabulana	Scientific Basis For Hepatic Arterial Embolism Therapy For Cancer Joubert	Jeske	Radiofrequency Ablation Of Hepatic Metastases (Jeske/Mathebula)	Morrison Vs Jeske
27 Nov 2015	Wednesday	Oesophageal Trauma Inclusive Of Corrosive Ingestion Presenter: Sehawu Commentators: Mathebula/Masola	Oesophageal Motility: Manometry Interpretation New Reg 2 Kal (TBA)	Mokoena	Surgical Management Of The Short Oesophagus (Mokoena/Khalushi)	Wheeler (Paper Case) Vs Mokoena



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences

22 November 2010

Hoofde van Departemente
Hoofde: STK-rotasies
Skool vir Geneeskunde
Fakulteit Gesondheidswetenskappe

Heads of Departments
Heads: SIC rotations
School of Medicine
Faculty of Health Sciences

Geagte Professor/Dokter

Dear Professor/Doctor

**NA-URE WERK VAN MBChB
STUDENTE:**

**AFTER HOURS WORK OF MBChB
STUDENTS:**

Die Fakulteit het in Augustus 2008 'n brief
vanaf HPCSA ontvang met die volgende
opdrag:

The Faculty received a letter in August
2008 from the HPCSA with the following
instruction:

- (i) STK-studente moet nie die nag of
naweek voor 'n einde van rotasie
eksamen werk nie.
- (ii) Studente wat later as 22:00 werk
wanneer hulle op roep is, moet afhê
na afloop van die oggend
vergadering.

- (i) SIC-students are not allowed to
work the night or the weekend
before end of rotation examination.
- (ii) Students who work later than 22:00
when on call, must be given off the
next day after morning meeting.

Ons het weer so 'n brief in 2009 ontvang
en nou in Junie 2010 'n finale aanmaning.

We received a similar letter in 2009 and
received a final warning in June 2010.

U samewerking met hierdie
aangeleentheid word waardeer.

Your cooperation in this regard will be
appreciated.

Met vriendelike groete

Kind regards

**Prof JA Ker
ADJUNKDEKAAN**

**Prof JA Ker
DEPUTY DEAN**

Dean's Office, Faculty of Health Sciences Tel Number + 27 12 354 1121
PO Box 867, Pretoria, 0001

University of Pretoria
Pretoria 0020 South Africa

Fax Number + 27 12 323 1351

E-mail:
james.ker@up.ac.za
marinda.schultz@up.ac.za
www.up.ac.za

Dissertation Protocol Guidelines 2007

ABSTRACT
TITLE PAGE
ACKNOWLEDGEMENT PAGE
CONTENTS (*List of contents*)
LIST OF TABLES AND FIGURES

Chapter 1 - INTRODUCTION

Introduction to the chapter

The chapter introductions do not have headings.

General background of the study

Relate the problem from the greater world to country and then to city or town. In other words put the research problem in perspective.

Societal background: changes in society that made the problem important.

Research background: new methods that seemed worth using.

Developments in the professional field that made the problem worth studying.

Problem statement

The way you state the problem will influence the way you present and summarize the results.

Professional significance of the problem

Why did you bother to conduct the study??

What additional knowledge will it add to what we already know?

Why is it important?

How will it help to improve public health?

Does it address essential health issues?

How will assist in training others?

How will it empower individuals?

How will it benefit colleagues, department, faculty and university?

Overview of the methodology

How did you conduct the study?

Which methods did you use?

Note that it will be discussed in full later.

Discuss only in broad terms here.

Delimitations of the study

Boundaries of the study, ways in which the findings may lack generalizability.

Nature and size of sample.

Uniqueness of the setting.

Time period during which study was done.

Limitations of methods used.

Definitions of key terms

Only define terms that are not generally understood.

Chapter 2 - LITERATURE REVIEW

Introductory paragraph

Should be brief, simply providing an overview of the chapter

Overview on the organization of the chapter

Shows clear linkage between what was known in the past about the topic and what was discovered in the present research. ? Explanation of the research process.

Review of theoretical and empirical literature

Identify major components.

Sort into divisions and subdivisions.

Must make coherent sense of the studies, do not simply describe them.

First generalize than specify

A summary of the meaning of the previous research and how it relates to this study

Must be comprehensive, include all major works. In depth and must show a depth of knowledge. Must be current – latest works. Must be selective, discriminate between unimportant works.

Must be unbiased and clearly organized.

Chapter 3 - AIM & OBJECTIVES OF STUDY

Two questions: How do we do? & How do we compare?

METHODOLOGY

Introductory paragraph

Ethical approval to do the study.

A description of the general methodology

Study design: e.g. retrospective longitudinal descriptive study

Type of research, why? Quantitative or qualitative research.

Research site

Place and time.

Subjects / participants

Number, age, ethnic identity, gender. Sample selection process: From which population.

What sampling procedure

Methods used for question 1:

Instruments and materials used

Identify the instruments used to obtain the data e.g. observations, interviews, surveys, document analysis, tests & measurements.

Procedures followed

Explain the exact procedure followed to obtain the information.

The data analysis made

Explain how the data was analysed.

Methods used for question 2: (If more than one question / problem)
Instrument and materials used
Procedures followed
The data analysis made

A summary statement of the methodology

Write a summary to point out the key features of the methodology.

Chapter 4 - RESULTS OF THE STUDY

Decide on the contents and format of the chapter.

Determine the organization of the chapter(either / or):

- a. *By hypothesis*
- b. *By research question*
- c. *By research method*
- d. *By chronology*
- e. *By variable*

Develop the tables and figures. Allow data to speak for itself.

Overview of the chapter

Introductory paragraph. Start by restating the question / problem.

Presentation of the results.

organized in terms of how the problem statement was posed in the first chapter.

Summary.

in general terms of the results obtained

Chapter 5 - DISCUSSION

This section is one place where interchapter consistency is not important.

Introduction

Short, brief and no heading.

Statement of the problem

Brief restatement of the problem

Review of the methodology

Brief summary

Summary of the results

Organised in terms of how the problem was posed

This could also be numbered or bulleted.

Try to keep observations separate from interpretations.

Discussion of the findings/results

Clarify the meaning of the study. Reflect on the study by answering the question: 'Well, aside from all the details, what does your study mean?'

Interpretation of the results

Researcher's insight. The reader expects you to make sense of the study.

Relationship of the current study to previous research

NB: Relate your findings to previous research, throughout the discussion. What contribution to the literature did you make?

Chapter 6 - CONCLUSION & RECOMMENDATIONS

Future research possibilities.

Implications for practice.

REFERENCES

- In the text do not use numbered referral to references, use the first author
- Vancouver system and only relevant references. See Library website for detailed explanation
- Alphabetical listing

Further reading:

Glatthorn AA, Joyner RL. Writing the winning thesis or dissertation: a step-by-step guide. 2nd edition, 2005, Carwin Press, California, London, New Delhi.

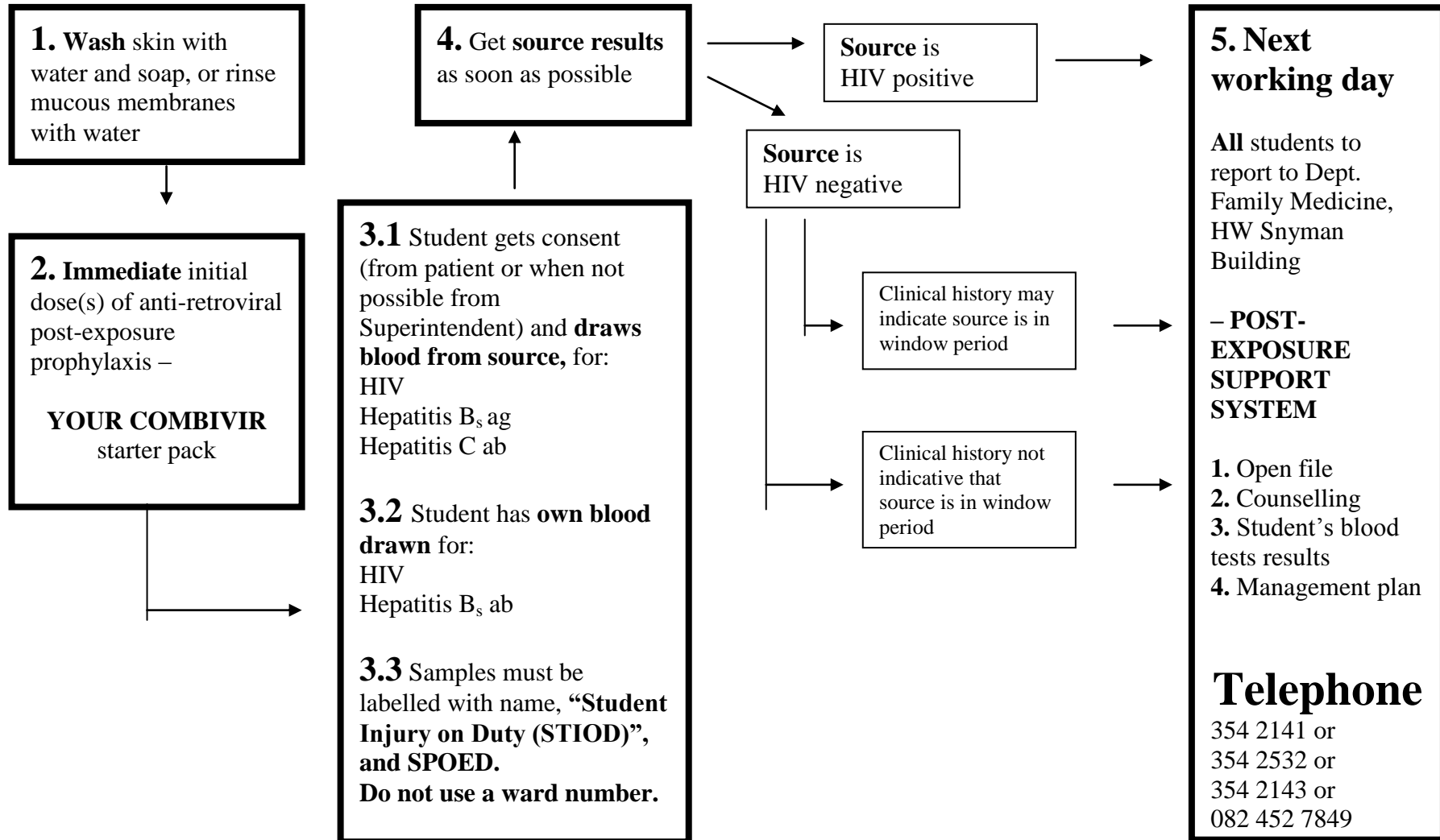
Woodford FP. Scientific writing for graduate students. 1989. Council of biology editors, Inc. Bethesda, Maryland.

Laparoscopic Surgery

Training of registrars in laparoscopic surgery will occur in several modules at Steve Biko Academic Hospital and at the practice of Prof Heine van der Walt at Unitas Hospital.

1. The elementary laparoscopy module of the Basic Surgical Skills course.
It is expected of registrars to complete the BSS course, either at SBAH or another venue.
The intermediate laparoscopic module of the BSS will be presented as required at SBAH or at another venue.
2. Basic laparoscopy exercises.
Registrars are required to practise and master more advanced laparoscopy techniques such as knot tying in the laboratory in the surgery department at SBAH. Mastery of these techniques must be demonstrated to and certified by a consultant.
3. Laparoscopy training will take place on an ad hoc basis at an animal laboratory as arranged by Prof van der Walt.
4. Registrars will be allocated to work for 2-3 months in the practice of Prof van der Walt in their more senior years.
5. Senior registrars who have completed their training under Prof van der Walt will perform laparoscopic procedures at SBAH. They will be tutored and assisted by consultants, including Prof van der Walt, on a rotation basis. This surgery will be performed at SBAH on a dedicated theatre list every second Monday. Initially only cholecystectomies will be performed but anti-reflux surgery may be performed if appropriate to the expertise of the registrar. The SBAH laparoscopy list will be administered by the Karusseit firm but cases will be recruited from all the firms and the surgery performed by current senior registrars that are available.
It is envisaged that a similar arrangement will be established at Kalafong Hospital in the future.
Laparoscopic procedures can be performed under guidance during the 1 Military Hospital rotation as appropriate to the expertise of the registrar.

Student Injury on Duty – needleprick or splash



PLEASE NOTE:

In order to document an incident fully, we need to submit your blood and the patient's blood for testing simultaneously. If the patient is unable to give consent, please approach the superintendent to give consent for the patient's HIV test.

You will not easily find someone to give you adequate counselling after hours.

Therefore, take your blood to the laboratory but wait for your appointment with the Department of Family Medicine the next working day to discuss **your results**. This will make no difference to **the immediate decisions that you should take on the basis of the exposure**.

This is provided that you take **YOUR COMBIVIR** immediately and then use the action tree (other side of this) to do what is required.

In the case of an incident at the start of a long weekend, when 72 hours of COMBIVIR may not be a sufficient supply, e.g. an incident on the Thursday night before the Easter weekend would require 96 hours of COMBIVIR before the next working day, you may phone the doctor-in-charge at the Steve Biko Academic Emergency unit to help you to organise an extra 36 hours of COMBIVIR.

AS SOON AS POSSIBLE, PLEASE REPORT ALL INCIDENTS TO THE DEPARTMENT OF FAMILY MEDICINE, REGARDLESS OF PATIENT STATUS, DEGREE OF RISK, OR CHOICE TO RATHER SEEK HELP IN THE PRIVATE SECTOR

Your COMBIVIR starter pack should be with you at all times. A prescription is available from the Department of Family Medicine. Riviera Pharmacy, 52 Annie Botha Ave sells it for R56:00

Applied Research Methods 800/Toegepaste Navorsings Metodiek 800 TNM 800 for 2015

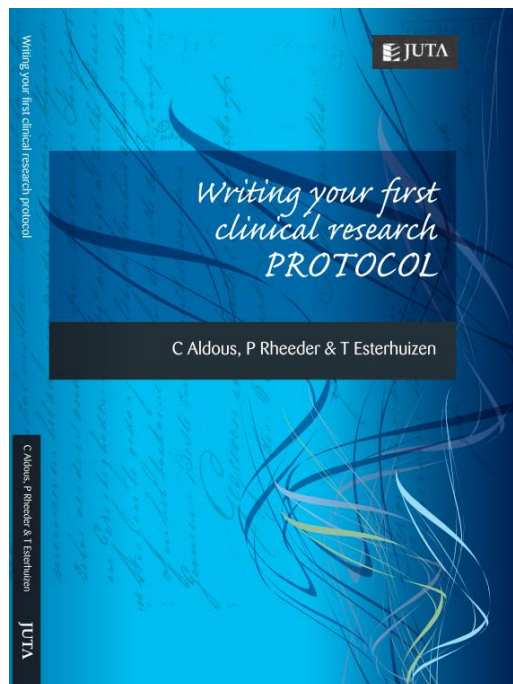
<http://web.up.ac.za/default.asp?ipkCategoryID=9293&subid=9293&ipklookid=8>

Introduction

The Applied Research Methods course is a compulsory attendance course for all Honours and Masters students including MMed students, as well as PhD students that have not yet done a formal research methods/protocol writing course.

NOW AVAILABLE AT THE LOCAL
BOOKMARK BOOKSHOP! (and other
bookshops in Hatfield)

This workbook is specifically aimed at post graduate students in the health care sciences doing the TNM800 course and who are putting together their first research protocol. This workbook follows the UP Faculty of Health Sciences template and guides the student step by step from start to finish. It includes a chapter on statistical planning and data analysis. UKZN (C. Aldous and T. Esterhuizen) and UP (P. Rheeder) worked together to produce what we hope will be a useful tool for students to complete their protocols and thus also projects successfully.



If at any time you have already completed such a course or one similar in nature you may ask for exemption by completing the form

<http://www.ais.up.ac.za/health/blocks/tnm800/exemptionformtnm800.doc>

and sending it to Prof. P Rheeder at Room 92436, 9th Floor, Dept Internal Medicine, Steve Biko Hospital or e-mailing it to prheeder@medic.up.ac.za.

1. Course objectives.

1. The aim of this attendance course is to equip students with the needed knowledge and skills to write a scientifically valid and feasible research protocol that will optimize the student's chance of successful completion of the project and that will meet all the requirements of the specific academic and ethics committees of the Faculty of Health Sciences.

PLEASE NOTE:

The course provides you with the resources you need to produce an excellent research protocol.

The protocol is your responsibility and assumes critical input from your supervisor (see registration form).

Satisfactory attendance of this course does not imply endorsement of your protocol.

PLEASE NOTE:

There are broadly 3 groups of students:

- 1) Clinical and Public Health orientated students (CL/PH)**
- 2) Laboratory based disciplines/medical anthropology (L)**
- 3) Those doing Qualitative Research (e.g. focus groups, in depth interviews) (Q)**

PLEASE make sure you identify which group you belong to on the REGISTRATION FORM and note that the focus of the various TNM 800 courses varies so ensure that you attend the course that is most appropriate for your needs.

2. Course options, contact details and registration

- a) Five Day TNM 800 (mornings only)(please register 3 months in advance)**
- b) There are certain departments that run courses for their students but which other students may join. If you are from any of these departments please contact the following:**

1.	Internal Medicine Tel contact Hester Els Tel: 012 354 2112 Hester.Els@up.ac.za (CL/PH)	Prof Paul Rheeder	25-29 May	08:00-13:00
2.	SHSPH contact Reuben Tel: 012 354 2409 assignments@postillion.up.ac.za (CL/PH) (L)(Q)	Prof Tiaan De Jager	2-6 March 12-16 Oct	08:00-13:00
3.	Nuclear Medicine Contact Elmarie.Wessels@up.ac.za Tel: 012 354 2374 (CL)	Prof Sathekge Dr Vorster Prof Rheeder	3-7 August	08:00-13:00
4.	Microbiology Prof Marthie M Ehlers Marthie.Ehlers@up.ac.za Tel: 012 319 2170 (L/CL)	Prof Marhtie Ehlers	2-6 March	08:00-13:00
5.	Department Internal Medicine Tel: Caroline 012 373 1075/1015 danie.vanzyl@up.ac.za (CL/PH)	Prof DG Van Zyl	9-13 Feb 3-7 Aug	08:00-13:00
6.	Department of Anatomy Contact Tel 012319 2432 santie.swarts@up.ac.za (L)	Prof EN L'abbe	4-8 May	08:30-13:00
7.	School of Health Care Sciences Dr C Maree and team Carin.Maree@up.ac.za (Q/PH/CL)	Dr CA Eksteen	1-5 June	08:00-13:00

8.	Department Paediatrics Rita Steyn 012 354-5276 rsteyn@medic.up.ac.za (CL/PH)	Prof R Green	20-24 July	14h00 – 16h00
9.	Department Psychiatry Tel 012 319 9741 Christa.kruger@up.ac.za (CL/PH/Q)	Prof C Kruger	As arranged by Dept	Thursdays 13:00-16:00
10.	Dept. of Biokinetics and Section Sports Medicine Rina.Grant@up.ac.za (CL/PH)	Dr R Grant	13-17 April	08:00-13:00
11.	Department Obstetrics and Gynaecology Tel 012 354-2366 (CL/PH)	Dr J Makin	As arranged by Dept	
12.	Department of Pharmacology Tel 012 319 2547 (CL/PH)(L)	Prof Vanessa Steenkamp	Tuesdays and Thursday in February	13:00-15:00
13.	SHSPH (CL/PH) FELTP (CL/PH)	Dr Bernice Harris Dr Lazarus Kuonza (Lazarus@nicd.ac.za)	contact Dr Kuonza	08:00-13:00

3. Course curriculum and content

To download all the Reading Material and Notes for the Course

<http://www.ais.up.ac.za/health/blocks/tnm800/tnm800.htm>

All the TNM 800 courses have the same objective: creating a scientifically sound great protocol!

Each course should therefore cover the following:

1. Motivation for research
2. Picking a research problem and setting priorities, applicability
3. The background to the problem: The literature review
4. Phrasing the question: title, aims and objectives, hypotheses

5. Methods

- a) Study designs including Qualitative research
- b) Bias and confounding
- c) Causality
- d) Measurement and definitions
- e) Questionnaires
- f) Sampling and sampling methods
- g) Pilot study

6. Data Analysis

- a) Sample size and power
- b) Types of data
- c) Distribution of data
- d) Comparing groups
- e) P values and confidence intervals
- f) Statistical vs clinical significance
- g) Statistical consultation

7. Budgeting and Funding

8. Ethics


- a) Basic Bioethics
- b) Guidelines (Helsinki etc)
- c) Vulnerable groups. Children etc
- d) Informed consent and Confidentiality
- c) Animal rights (if applicable)
- d) Fraud
- e) The Ethics and Protocol committee and how to process your protocol

9. Authorship

To download all the Documents for the Course go to
<http://www.ais.up.ac.za/health/blocks/tnm800/tnm800.htm>

4. Flow chart of the Protocol development process

3-6 months before the TNM 800 course

- 
- Contact your supervisor and finalise the research question/aims and objectives so that you can start working on the protocol using the template (<http://www.ais.up.ac.za/health/blocks/tnm800/tnmprotocoltemplate2008.rtf>) or another template provided by your department or School.
 - Register for the course you plan to attend at least 3 months in advance
 - Download and start reading the course notes that can be found at <http://www.ais.up.ac.za/health/blocks/tnm800/tnm800.htm>

During the TNM 800 course

Ensure that your supervisor is available during this time period so that you can revise your protocol in the afternoons

- You benefit most from this course if you can refine your protocol with the help of your supervisor as the course proceeds.
- By the last day of the course your protocol should be just about ready for submission to the required committees!

After the course

- You should *revise* the sections of protocol that had been identified as incomplete/unsatisfactory during the course.
- *Submit* your revised final protocol to the required academic committee (MSc or AAC or MMed or PhD) within the next 2 months (if you wait longer than this you lose crucial momentum!)
- AFTER approval of the academic committee you must then *submit* to the ethics committee.
- Certain students (Honours, MPH) need not submit to an academic committee and can submit directly to the ethics committee once they have the approval of their supervisors.

REGISTRATION FORM (SEE NEXT PAGE)

TNM 800 Registration

Please submit to the course organiser/secretariat after completion.
You will only be registered for TNM800 if this form is signed by your Supervisor.

For office use

Surname, Name and Initials											
Department											
Degree registered for?											
When did you register for this degree?											
Student number											
Telephone number(s):											
Fax number(s):											
E-mail address:											
TNM Course for which you want to enrol:	<table border="1"> <tr> <td></td> <td>presenter</td> <td>date</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		presenter	date							
	presenter	date									

5. Registration form

Give the title and a short description of your draft research protocol:	
Motivate the choice of your research topic:	
Have you already participated in a research project? If so, please list the project title and/or publication(s):	
<p>Please note:</p> <p>You must have a <u>draft protocol</u> on the <u>first day</u> of the course!</p>	

You have to be available for all sessions and you will have to have time to complete work as assigned by the course presenter.

I will hand in a draft protocol on the 1st day and be available throughout the indicated times for this course and will be able to complete assigned work.

Signature:

Student

Date:

This next section needs to be completed by your clinical/research SUPERVISOR:

Name of supervisor:

Department:

Telephone number:

Fax number:

E-mail address:

1. The student applying for the TNM800 does so with **my approval**.
2. If the student applies for a 3 or 5 day course, he/she will not have clinical/other duties during this week.
3. I discussed the research topic with the student and the student does have a **draft protocol**.
4. **I will be available** during the course to discuss protocol modifications with the student I supervise.
5. Most courses require the student to present the “final” protocol during the last day/session of the course. Your attendance at this report back is essential. This session will be during the Friday of the week in which the course is given.
I will /will not be present for this presentation. (delete which is not applicable).

Signature:

Supervisor

Date:

MMed Protocol committee

Procedure for application for review and approval of MMed protocols.

Background

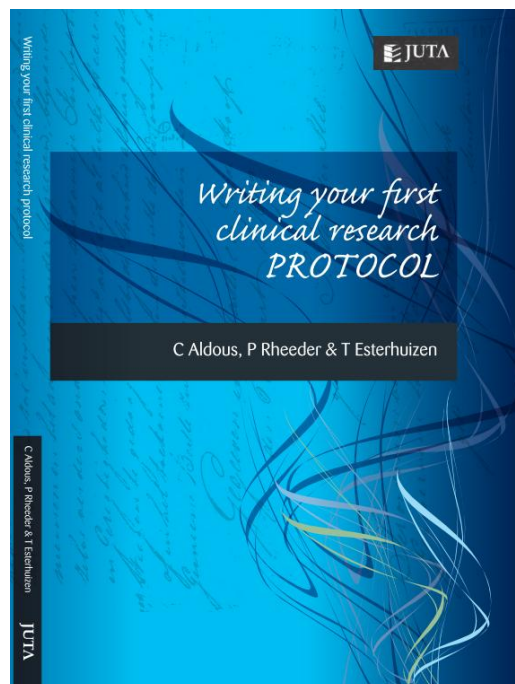
Because of the change in the requirements for qualification as specialist, feasible but valid research projects are becoming increasingly important. To ensure that academic standards are maintained, all MMed research protocols need to be approved for suitability and quality, before submission to the ethics committee. The MMed protocol committee was constituted in May 2008 and tasked to provide protocol development support to the various departments. The aim is to help increase the quality and quantity of research output within the School of Medicine. (MMed students of SHSPH are supervised and evaluated by the SHSPH).

The following are members of the MMed Protocol Committee:

Prof Refiloe Masekela (Paediatrics)
 Dr Melanie Louw (Anatomical Pathology)
 Dr Andrie Alberts (Anaesthetics)
 Dr Lorraine du Toit (Forensic Medicine)
 Prof Paul Rheeder (Internal Medicine) (Chairman)
 Dr Leon Snyman (O&G)
 Prof Danie van Zyl (Internal Medicine)
 Dr Mariza Vorster (Dept Nuclear Medicine)

NOW AVAILABLE AT THE LOCAL
 BOOKMARK BOOKSHOP! (and other
 bookshops in Hatfield)

This workbook is specifically aimed at post graduate students in the health care sciences doing the TNM800 course and who are compiling their first research protocol. This workbook follows the UP Faculty of Health Sciences template and guides the student step by step from start to finish. It includes a chapter on statistical planning and data analysis. UKZN (C. Aldous and T. Esterhuizen) and UP (P. Rheeder) worked together to produce what we hope will be a useful tool for students to complete their protocols and thus also projects successfully.



1. Guidelines

1. Please note that all MMed protocols will have to be submitted and approved by the MMed protocol committee before they can be submitted to the Ethics committee.
2. Applications can only be made after the student has completed a TNM800 course.

2. Submission requirements.

The following forms need to be completed and submitted to Mrs Dirkie Joubert (MMed protocol committee secretary): dirkie.joubert@up.ac.za , Tel: 012 354 1984.

All forms and the protocol should preferably be submitted electronically. All forms that need signatures should be scanned and submitted electronically, preferably as a pdf file. All electronic files should be named according to the form and the applicant's name (e.g. form1 dr JR Hagmann.docx)

- a) Protocol (single e-mail copy) (template1)
- b) Application form (form1)
- c) Supervisor form (form2)
- d) Letter of statistical support (form3) (see attached). If the researcher thinks a statistical consultation is not needed this form can be modified with a paragraph providing the reasons.
- e) Students own evaluation using protocol appraisal template (form 4) (assessment criteria on website)

3. Important dates for 2015

Closing date for submission	MMed protocol committee meeting
07-Jan-15	19-Jan-15
30-Jan-15	16-Feb-15
27-Feb-15	16-Mar-15
27-Mar-15	20-Apr-15
30-April-15	18-May-15
29-Mei-15	15-Jun-15
26-Jun-15	13-Jul-15
31-Jul-15	17-Aug-15
31-Aug-15	21-Sep-15
30-Sep-15	19-Oct-15
30-Oct-15	16-Nov-15

4. Types of studies acceptable:

Prospective or retrospective studies including audits randomized controlled trials, diagnostic studies, health economic studies (for example cost of illness or cost – effectiveness) and cross sectional studies are acceptable. Imaging studies or laboratory studies as deemed appropriate by the radiology and pathology departments will also be acceptable. Single case reports will not be acceptable; however in certain disciplines a case series may be described or investigated.

5. Feedback:

All protocols will be reviewed by two of the MMed protocol committee members. Each protocol will be discussed at the MMed protocol committee review meeting. Feedback to the candidate will be given after each review meeting. Candidates will be required to address each issue mentioned in the feedback before the deadline of the next meeting.

Please see the attached review form used to review the protocols (Protocol Appraisal template: form 5). It is useful to ask a colleague to review your protocol using the very same review template the reviewers will use. This may highlight corrections that are needed before submission.

6. Approval.

Once the committee is satisfied that the protocol meets the required standards a letter of approval will be issued and the student can apply to the ethics committee for approval.

**Prof P Rheeder
Chairman
MMed Committee
Dept Internal Medicine
Room 92436, 9th Floor
Steve Biko Academic Hospital
prheeder@medic.up.ac.za**

Statistical consultation for researchers in the Faculty of Health Sciences: 2015

Please note that the following options are available:

Site	Person		Appointments
School of Health Systems and Public Health (5 th Floor HW Snyman Building North, Room 5-38)	Ms Loveness Dzikiti		Kathy at (012) 354 2378
MRC statisticians (Soutpansberg road)			Emily at (012) 339 8523
Room 421.3 4 th floor above library	Prof Piet Becker		Sam at (012) 319 2191

[illegible]

Date		Diagnosis/ Indication	Age	Hospital Number	Unsupervised	Supervised	Assistant	Total	Outcome/Complication	Endorsement by Trainer
	- squamous cell carcinoma									
	-basal cell carcinoma									
	-melanoma –without lymph node dissection									
	-with sentinel lymph node biopsy									
	-with radical lymphadenectomy									
	Debridement, suturing, split Skin graft skin wounds									
	Full thickness rotational or free flap skin graft (specify)									
	Operative removal foreign body									
	Operative treatment of nails sole scalp other appendages									
	<u>BURNS</u>									
	Major procedures				10	2	2	14		
	Minor procedures				10	2	2	14		
	- escharotomy									
	- escharectomy									
	- skin draft									
	-release contactures									
	LYMPHATIC VASCULAR SURGERY									
	Major arterial procedures					5	10	15		
	Minor arterial procedures				10	5	5	20		
	Major venous procedures				5	5	5	15		
	Minor venous procedures				10	2	2	14		

