



## Division of Orthopaedic Surgery

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### **The After-hours Service & Coverage in Orthopaedic Surgery**

#### **The purpose**

This document seeks to define the conduct of the after-hours service in the Orthopaedic Surgery department.

The document is meant to define the above service in a more practical, department specific format and at the same time in alignment with the set Commuted Overtime policy of the Gauteng Health department. It is not intended to and cannot be seen or perceived to be in conflict to the central policy. Should a conflict arise regarding this matter, the main government policy documents will reign supreme.

#### **Defining the service**

The after-hours service is part of or an extension of the 24 hours emergency trauma orthopaedic service that is conducted through the Orthopaedic Casualty department/ Ortho-pit, Ward 10 Emergencies Admission Ward and Dedicated 24 hours Emergency Theatre 10.

#### **The participants**

For an efficient and satisfactory after-hours orthopaedic service delivery, the following categories are expected to participate with the aim of satisfying a common objective and specific roles as dictated by the training objectives, competencies, level of seniority and responsibility:

- a. **Interns** - Youngest members of the team in their formative career phase who need guidance, further theory and practical training, supervision and monitoring at all times for the limited period spent in the department. They

are being prepared to become independent doctors but at this stage are not expected to take independent decisions without consultation with the Registrars or Consultants.

- b. **Medical Officers & Registrars** - These are the centre and the engine of our structure and service and serve the purpose of having a handle on every aspect of the emergency activities as they aspire to develop the expertise in the field of Orthopaedic Surgery. Informed enthusiasm, initiative, passion, some more independence and self-drive is expected. They are expected to incrementally grow their theoretical knowledge and competencies, develop a sense of being in command of the clinical situations, be meticulous and decisive but yet know that they are not in charge as they account and report to their consultants who have a duty to direct, teach, support and supervise them.
- c. **Consultants** - As the most senior members of the team, have an ultimate responsibility to own up to each and every clinical activity and decisions made when on duty/ call. The overall management, teaching, training, supervision and monitoring rests squarely on their shoulders. It is therefore expected that their presence must be felt at all times, be it physically and otherwise. A continuous connection is expected with the team on duty and the work of the day or night. A poor team performance or that of the individual team members will be a direct reflection of the Consultant in charge.

### **The conduct of the commuted overtime service**

The Orthopaedic Trauma Unit will be responsible for the 07h00 - 16h00 emergency trauma activities as per Ortho Pit/ Emergency Theatre 10 duty roster drawn up by the HOD or as delegated. There will be the Medical Officer/ Registrar/ Consultant team allocated for the specific days.

An after-hours (16h00 - 07h00) day to day monthly duty roster will be drawn up with specific and balanced teams allocated by the HOD or as delegated. This will cover all the weekends and holidays distributed in the best equitable manner.

The covering Consultants are expected to lead and co-ordinate the teams as far as conducting hand overs, prioritising patients and planning procedures. They have to ensure that all members of the team are present and that the correct competencies are in place with quality work being ensured.

The Consultant on call has a responsibility to make sure and insist that the appropriate level of service is rendered when on duty by being physically visible and supportive to his / her team. This should include making rounds in the Ortho Pit, theatre and Admissions Ward with teaching and skills being imparted.

The Weekend ward rounds led by the Consultants on call in the Admission Ward 10 with the existing and new teams have to be conducted. This must also include clearing the Ortho Pit and overlaying wards.

The Consultant on call will be responsible for the chairing of the post-intake X-rays meeting which will serve as a formal hand over meeting during the mid-week period.

At the conclusion of each call, a standardised report by the exiting Consultant indicating the team members, total number of patients seen in the Ortho Pit, admitted, operated on, types of procedures performed, left overs and the problems encountered will be drawn up for the HOD's attention.

**Prof MT Ramokgopa**: HOD Orthopaedic Surgery (21<sup>st</sup> January 2019)