



Intern 101

What I need to know

contents

WHAT I NEED TO KNOW

- 1** The best doctors learn from their mistakes
Dr Angelique Coetzee
- 2** SAMA will always be there for you
Dr Vusumuzi Nhlapho
- 4** Let's support one another
JUDASA committee
- 5** Top tips to survive your internship
Dr Chandré Balie
- 7** I will attend to my own health
Dr Sazi Nzama
- 8** Life is a journey – enjoy the ride
Dr Rhulani Ngwenya
- 9** Ten tips from your seniors
Prof. Mark Sonderup, Dr Akhtar Hussein

MY FIRST DAY

- 10** My first day
- 12** Footwear 101 for health professionals
Lucas Breedt
- 13** First day on the wards – how to cope
Dr Lynelle Govender

MEDICAL PROTECTION

- 16** How NOT to conduct yourself during internship
Jerry Mayaba
- 18** What are the requirements for issuing sick notes?
Karin Zybrands

WORKING CONDITIONS

- 19** Working conditions – what you need to know about

Editor: Diane de Kock
Copyeditor: Kirsten Morreira
Senior Designer: Clinton Griffin
Head of Publishing: Diane Smith

Editorial Enquiries: 083 301 8822 |
dianed@samedical.org

Advertising Enquiries: 012 481 2062 |
021 532 1281

Email: dianas@samedical.org
Published by the South African
Medical Association | Block F, Castle
Walk Corporate Park, Nossob Street |
Erasmuskloof Ext. 3, Pretoria

Email: publishing@samedical.org |
Tel. 012 481 2069

Printed by **Tandym Print (Pty) Ltd**

Opinions and statements, of whatever nature, are published in the *Intern 101* booklet under the authority of the submitting author, and should not be taken to present the official policy of the South African Medical Association (SAMA) unless an express statement accompanies the item in question.

The publication of advertisements promoting materials or services does not imply an endorsement by SAMA, unless such endorsement has been granted. SAMA does not guarantee any claims made for products by their manufacturers. SAMA accepts no responsibility for any advertisement or inserts that are published and inserted into *Intern 101*. All advertisements and inserts are published on behalf of and paid for by advertisers.

LEGAL ADVICE

The information contained in *Intern 101* is for informational purposes and does not constitute legal advice or give rise to any legal relationship between SAMA and the receiver of the information, and should not be acted upon until confirmed by a legal specialist.

PRESCRIBING 101

- 26** Rational and safe prescribing for internship
Prof. Marc Blockman, Prof. Mohamed Irhuma

SOUTH AFRICAN MEDICAL ASSOCIATION

- 28** The power of one voice
- 29** Testimonies
- 30** An app developed just for you

NUTRITION

- 32** Stress, digestion and nutrition are linked
- 34** Navigating workplace wellness
- 36** Food preparation tips

MENTAL HEALTH

- 37** Looking after your mental health and wellbeing
- 38** Depression does not discriminate – even doctors have it
- 39** Are you suffering from occupational-specific dysphoria?
Prof. Christoffel Grobler
- 41** Anxious? Try a controlled breathing technique

FINANCES

- 42** Five ways to make the most of your money
- 44** Budgeting 101
- 46** How doctors should protect their greatest asset – their own health

WHO TO CONTACT

- 48** Where to get help





MESSAGE FROM CHAIRPERSON

The best doctors learn from their mistakes

Dr Angelique Coetzee, *SAMA Chairperson*

Congratulations on coming this far; your years of study, dedication, blood, sweat and tears are finally paying off. This is an exciting new phase in your career, and the hard work you have put in will now be put to use as you continue your journey in our wonderful and rewarding profession.

You have made sacrifices, and there have sometimes been difficult decisions and compromises you have had to make to get to where you are now. In the end, though, you will realise that the struggles you have endured have all been worth it; you are on your way to becoming a medical professional, someone others look up to.

As you begin your internship I want to offer some advice: enjoy this time, and don't stop learning. Also, don't take yourself too seriously. Yes, you are tasked with an incredible responsibility, but you have trained to get here, and you have the knowledge. Consider each moment as it comes, and grow to become the best version of yourself that you can be.

Also, take this time to do two important things: firstly, make new friends and learn new things. Secondly, make mistakes – you can still do this. I know it sounds silly to point this out, but no-one is perfect, and everyone makes mistakes, including doctors. The best doctors, though, are those who learn from their mistakes, so don't be afraid to learn.

You will find yourself in new situations and strange circumstances, and you will be faced with tough questions and challenged with difficult decisions. That's good. The more you are pushed, the more you are challenged, the better you will become. Look around you, soak it all in, and learn, not only from senior doctors and healthcare professionals, but from your friends and from your patients. The lessons each of these people give you now will be invaluable on your medical journey.

Stay healthy, stay positive and keep going.

“The greatest glory in living lies not in never failing, but in rising every time we fail.” – Nelson Mandela



MESSAGE FROM CEO

SAMA will always be there for you

Dr Vusumuzi Nhlapho, *SAMA CEO*

As you enter the medical profession through your internship, many new challenges and situations will cross your path. For many of you this will be the first time you are in a formal working environment, and many new rules and guidelines will be given to you.

Rules and regulations are meant to protect everyone, and they have been developed over time to cover most working scenarios. Understand, though, that there may be issues beyond your control that may negatively impact your working environment. It's important to know that you have someone you can turn to for advice and guidance in these situations. For this reason, I want to urge you to join the South African Medical Association (SAMA), as part of our job is to protect you in yours. Being a member of SAMA means that you are always protected by a professional body established and run by medical doctors, for medical doctors.

Not only does SAMA offer you guidance and professional protection, we are also a professional family, which you can turn to if you need advice or assistance. You are now a doctor, and now is a good time to consider membership.

The road to get here has been long and challenging, and I'm sure many of you and your families have made enormous sacrifices to reach this point. This is surely a significant milestone not only for yourself, but the medical profession as well. The road ahead will also be challenging, with many long hours and sleepless nights. You will be tired and your mind will be challenged. Just remember that SAMA will always be there for you.

Welcome to the profession. I trust you will have a long, rewarding and fulfilling career, and I trust SAMA will be with you every step of the way.

“

**Part of our job is to
protect you in yours**

”



MESSAGE FROM JUDASA

Let's support one another

JUDASA committee

Congratulations, you have made it this far in your training! If you are a student, then in a few months' time you will graduate, enter the working world and become the medical doctor you have been training to be. If you have already graduated, welcome to the working world, and brace yourself for all-round growth in this profession of your choosing.

The Junior Doctors Association of SA (JUDASA), formed in 1992, is a membership committee of SAMA, formed to represent the legitimate needs and interests of junior doctors and to establish good relations between junior doctors and other medically associated groups, hospitals, public and private institutions and government. We also aim to serve the medical profession and promote health for all by striving for an affordable, non-racial, non-sexist, comprehensive and effective unitary health system to which all have the right of equitable access.

Membership of JUDASA is voluntary and is offered to all junior public health-sector doctors in SA. This includes clinical-year medical students, junior doctors in their 2-year internship, 1-year community service and 1 year after community service. Upon arrival at your hospitals, please ensure that your hospital has a JUDASA representative. If you would like to be part of the provincial or national structures, contact the provincial representative and look out for the SAMA branch meetings in your region. We encourage you to maintain an open channel of communication with your hospital reps, provincial reps and the executive committee. More details can be found on the SAMA website (<https://www.samedical.org>), as well as via social media.

Please consider applying to one of our many underserved rural hospitals around the country for your community service. Apart from affording you the opportunity to travel and to explore our beautiful country, it will also be an opportunity to bring much-needed quality healthcare to rural areas. It is also an opportunity to influence governance structures and hasten plans to reduce the service inequalities and lack of healthcare professionals largely found in our rural communities.

Support one another. The relationships formed during your internship years will shape your career. From the cleaners to the department heads, a hospital does not function unless we support each other. Learn people's names and be part of the team.

We wish you all the best in your internship and community service years. Many have described these years in various ways, but at the end of it all, it is what you make of it. It can be a wonderful character-building and career-defining training experience. Remember to enjoy it!

Top tips to survive your internship

Dr Chandré Balie, SAMA National Council, Constitutional Matters Committee, vice chairperson, Social and Ethics Committee

I completed my internship a number of years ago. So when I was asked to write an article about tips for internship, I was overwhelmed. I asked some colleagues who are currently busy with their internship, or completed it in the past few years, or who work with interns. Below are the collective thoughts of myself and Drs Amy Kopke, Carla Greyling, Marco Botha, Mmameriana Boshomane and Zinandri Hanekom. I hope this will aid you on your journey to becoming the best doctor that you can be.

Firstly, congratulations on completing your studies and getting your degree. The journey to your degree was long and difficult, with many hurdles along the way. Celebrate this achievement. Now, the real learning begins. During your internship you will learn a lot about how to actually do the job.

Take care of yourself. Make sure you take time to eat properly, drink water and go to the toilet. Step outside for 5 minutes. Yes, even when it is crazy busy. This is because nobody is going to notice that you are thirsty or hungry or exhausted, and make you take care of yourself. You need to do it for yourself, and your fellow interns. Bring enough food and water to work, especially on your calls.

Treat each patient the way you would want your parent, sibling, grandparent or yourself to be treated. Not just in terms of medical care, but also in terms of *Ubuntu* – greet people warmly; ask how they are doing; really listen when they talk to you or ask questions; give them the feedback you promised. That's what separates great technical doctors from doctors who patients flock to and love. Be professional at all times, whether at work or online.

Ask if you are unsure. Do not try to be a hero unless you are 100% sure about what you are doing. These are people's lives you will be dealing with. We cannot take chances. Also, on the other side of that coin, remember that you are not alone – you are an intern, so you always have a senior to turn to if you are struggling. The most important thing is to always ask. It does not matter how insignificant or stupid you feel it is, if you do not ask you will mess up now and possibly for the rest of your life. This is the best learning opportunity you will ever get, so make use of it. Never be afraid to ask for help, even if your senior is asleep.

It is also up to you how much you learn. There is always someone willing to teach, if you just show the smallest amount of interest. You are very much under the cover and protection of your seniors, so use this opportunity to learn how to suture properly, or put in chest drains and CVPs. Be actively involved in resuscitating newborns, children and adults alike. Run towards your fears. There are hands there to catch and teach you. You get out what you put in, so put in the effort: if you do a procedure 1 000 times, it means you will feel confident to do it on your own when you are out somewhere all by yourself in community service. Coming out of your internship more experienced gives you the confidence you need to be an amazing community service doctor.

Respect your seniors. You are visiting their department for 3 months only, and some of them have been there for years. You are a visitor in their department. So, do things the way they want it. Foster good relationships. Be willing to change the way you approach things. Learn to work as a team.

Use your leave days! Make time for holidays and weekends and friends and family. Stay home if you are sick. Attend weddings and funerals and kids' birthday parties. Bond with your intern group – have group socials, have breakfast or dinner as a team, go away for weekends as a team.

When you are overwhelmed, reach out. Internship is hard at times. Find a mentor, a pastor, a psychologist, a friend to help you through those tough times so that you don't end up overeating, overdrinking or using substances to cope.



DR CHANDRÉ BALIE

Find intern colleagues who share your work ethic and work with them as much as you can. Sharing the load with someone who works the way you do makes a world of difference. Work with other interns in your department. Check up on one another. Assist when another intern needs help ... so that when you are in a ditch, there is a fellow intern to come and help you.

Watch and learn. Not just medical stuff, but also leadership stuff. Are there traits you see in your heads of department, consultants, medical officers and fellow interns that you would love to cultivate? Emulate them. Are there situations and people that made you cringe, or made you feel small or useless or helpless? Remember those feelings, and promise never to make anyone else feel that way.

Teach others. You may be the most junior person in the team most of the time, but you have a lot to offer. Show the students how to do some of what you know. Help the nurses with skills that will make patients' lives easier.

Celebrate the positives. Successfully mastering a new skill. Getting a patient back. Discharging someone you thought would die. Look out for the great things your colleagues do, and point them out to them. Celebrate birthdays, the end of a rotation. Bring cupcakes. This is a very special time in your career and in your life.

Keep your intern log book up to date, so that you do not have to struggle at the end to get procedures and signatures. Do not leave your logbook incomplete. Get it signed off immediately.

Change your perspective on doing calls. Calls are long, tough and hard work, but there are many other people who also work night shifts, such as admin staff, nursing staff, porters and cleaners. It is tough for them as well. Many people wanted to be doctors, but could not. It is a privilege to be a doctor. People trust you automatically, because you a doctor.

Spend your money wisely. There is no need to buy a crazy expensive car. A car is not an asset. Your car only needs to be reliable. Save for a rainy day. Start investing in your retirement fund. Pay off your student debts from day one. That being said – treat yourself to one nice thing a month. It is probably the only time in your life you will not have very big financial obligations.

Stand up for yourself. Do not accept copious amounts of work that you will not be able to do – nobody can force you to do everything by yourself, and that is why you have seniors. Do not accept any kind of abuse of power. Stand your ground from day one, and nobody will take chances with you. Do not let anyone walk over you for being a junior or female or black or homosexual.

Lastly, work hard, but play harder.

“
Stand your ground from day one, and nobody will take chances with you
 ”



I will attend to my own health

Dr Sazi Nzama, *SAMA director*

Medical school teaches and will perhaps always teach the basic protocols and complex principles you require to become a safe clinician. Medical internship will teach you more. Your transition from student to intern brings with it many more responsibilities than undergraduate training can ever teach, the most paramount of those being your responsibility to yourself.

You will soon form part of a gradually evolving fraternity that among other aspects, cleaves to traditions and professional practices that at times decelerate the progression of the individual within the field, and alter the journey of the human in his or her personal journey. In all the duties you will perform and the various skills you will acquire and hone throughout your internship, your duty to yourself remains of utmost importance.

Medical internship, while bearing the responsibility of refining your training, also possesses the power to define your being, should you lose your centre. The understanding of oneself remains the ultimate key to surviving the next 2 intensive years of your life. When the programme stretches you to your wits' end, or threatens to rip apart and shred the very fabric of your existence, the knowledge and understanding of who you are as a person and what you stand for must remain resolute, and will act as an infallible guide or sounding board in your quest to become ...

Let every experience better inform you of the realities of the lives of our people, and allow each moment to expand your thinking and conceive the ideas that will create the tomorrow we so sorely desire. Utilise these years to better prepare yourself for the independence that will follow, and to guide your development as a person into a space where your vision for your life, and the goals you have set, align themselves with each other while you perform your civil service to mankind, both inside the hospital and outside of it.

Phrases such as "I'm not okay" or "It's not okay" have over the years become widely disenfranchised in the vocabulary of the modern-day doctor. Remember them: say them to yourself in secret until the guilt you've been made to feel or the weakness your trainers may have subliminally attached to them depart from you, and use them when necessary!

Find an outlet. Clinical medicine can and will, if given the chance, consume or absorb you until every facet of your existence becomes part of its legacy. So, pick up that guitar and finally learn how to play it, put on those boots and hike up Mount Kilimanjaro, pick up that brush and allow your wrists to dance across that blank canvas. And do so fervently.

Ultimately, on your journey to becoming the next best consultant, publisher, prosecutor, professor or even CEO (if you so aspire), understand that the road to get there demands that you as a person are well rounded in every aspect of your life.

While changing lives is what you do, it is in no way a complete reflection of who you are, and before you can be a doctor, you must first be human. Never forget that!

Good luck, and I look forward to seeing you in the near future.



DR SAZI NZAMA

**I will attend to my own health,
wellbeing and abilities in order to
provide care of the highest standard,
I solemnly swear**



DR RHULANI NGWENYA

Life is a journey – enjoy the ride

Dr Rhulani E Ngwenya, *general surgeon, plastic and reconstructive surgeon, senior lecturer (University of Pretoria), non-executive board director (SAMA)*

I'm reminded of a time, many years ago, when I took to the podium to address a group of eager youths about to enter medical school at the University of the Witwatersrand. I was the then Medical Students Council president, about the same age as yourself, with a belief that I had some level of life experience and wisdom to impart as I opened my address with the statement "Life is a journey". Now, as I look back, I realise how little I understood of that pregnant statement, and further, that the greater part of my journey was only beginning.

Perhaps now having gone through a fair share of the journey, I may offer some meaningful advice on points to consider along the journey that may bring you some success and personal satisfaction. I must caution that only a fool would attempt the impossible task of compressing life's pearls into 500 words of hazardous conclusions. We proceed.

Herewith my top 10 rules for a joyous and fulfilling journey.

- Don't be satisfied with being alive, be satisfied with living: drop your preconceived ideas of life, and explore the world wholeheartedly. Live with passion and meaning.
- Take time to stop and smell the flowers: believe that you will reach your destinations, don't rush, give yourself time ... time. Always keep in mind that no-one on their death bed ever wished they had spent a day longer at work.
- If medicine is all you know, then you don't know medicine! The world is full of many things to enjoy, so make sure you know something outside of medicine – learn to play an instrument, take part in a sport: the list is endless.
- Don't let your appetite grow bigger than your wallet: always remember there is an older you whose wellbeing is dependent on the financial choices you make now, so please don't disappoint that person.
- Beware the company you keep: you will only go as far as the associates you choose. Run with the champions, run like the champions. Be selfish with your future, flee from the toxic and unambitious personalities.
- Despise comfort zones: ease and comfort are the greatest threats to progress. Aim to constantly stretch yourself – only then will you discover your limitless self. Always remember, it is only in hot water that a teabag can reveal its richest flavour.
- You cannot fatten a calf at the marketplace: it is not about speed and intelligence, it's about consistency. Culture the right habits early, and practise them consistently.
- Own your life: discover yourself early. Take advice, but not instruction. Let your actions be the result of your own conclusions. Be liberated.
- It never ends: as Nelson Mandela once said, at the end of the hill you realise that there is yet another one to climb. So, pace yourself and know when to stop. Some things that I went for cost me too much.
- The destination is not the goal: contrary to what is popularly believed, I have learnt it is not about the end, but the process. It is all about what the process makes of you, and what you become. Therefore, value the process most.

And this above all (quoting Polonius in Hamlet): to thine own self be true, and it must follow, as the night the day. Thou canst not then be false to any man. Farewell – I wish you all well!



To thine own self be true



Ten tips from your seniors

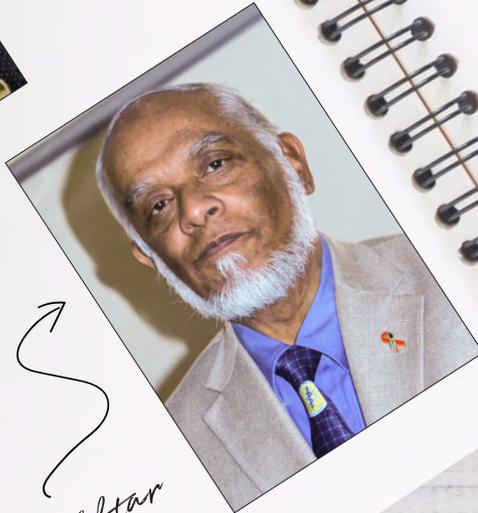
1. Make the House of God mandatory reading before your internship, and Mount Misery before you're a registrar (books by Samuel Shem).
2. Understand clearly that medicine and internship are not easy. Trying to do it the easiest way doesn't help – it frustrates and complicates your life more.
3. There are simpler, less complicated, less stressful ways to make a good living – but few as rewarding as medicine.
4. When a patient crashes/collapses – first take your own pulse! (borrowed from the House of God).
5. Your logbook is your Bible – look after it.
6. Make sure you have your workplace ID card the day you start working.
7. Sign notes and pharmacy scripts properly – these are legal documents.
8. Communicate with your intern curator and supervisor for guidance all the time.
9. Be ethical and honest with patients and colleagues.
10. Respect both junior and senior colleagues – this includes your nursing colleagues.

Thanks to Prof. Mark Sonderup and Dr Akhtar Hussain for the above.

Prof. Mark Sonderup



Dr Akhtar Hussain



My first day

Out there things can happen, and frequently do,
 To people as brainy and footsy as you.
 And when things start to happen, don't worry, don't stew.
 Just go right along, you'll start happening too!
 Dr Seuss – *Oh, the places you'll go!*

The first day you set foot in the hospital as an intern is a day you will always remember. Some new doctors approach that first day with pure excitement, others with fear or dread, and others with a mixture of the two.

The first few days and even weeks of internship are a time of transition. You may feel as though you don't yet know what you are doing. But fear not. As an intern just starting out, you will have an enormous foundation of knowledge, having just completed medical school. That said, medical school does not teach you how to be a doctor – being an intern does.

What to bring

On your first day of work, bring along your matric certificate, a copy of your ID, your degree certificate, university graduation transcript, your SARS tax certificate (tax number) and proof of banking details.

Hospital structures

During your hospital orientation, you should be introduced to the various structures within your facility, including the services and personnel you will be calling on. You may be familiar with these from your final year as a medical student, but it is during your internship that you will really make use of them.

The **CEO** oversees all functions within the facility, and is mandated by the National Department of Health to provide appropriate health services for that facility's level of healthcare. You may not be in direct contact with the CEO until the day you need to sign your HPCSA logbook, but it is important to recognise this facility leadership.

The **clinical manager** oversees all clinical services associated with the facility, and may contact you about issues within departments and legal documents that need to be signed off.

The **intern curator** is a recognised figure by the HPCSA and hospital management. When you get to the hospital, enquire about who your intern curator is, and get their contact details.

Interns should identify two facility representatives and form an **intern committee** that meets with the intern curator on a regular basis. A member of the intern committee should sit with management to deal with internship issues. This is a forum to deal with any internal issues.

Maintain a good relationship with your clinical manager, as it is to this person that your intern curator will go with any issues.

The key to any complaint is to know your rights before approaching your superiors. You can refer to this booklet or your HPCSA *Guidelines for internship training* (see page 19) before contacting SAMA for assistance.

Six tips to improve communication with your patients

- Introduce yourself.
- Speak in layman's terms.
- Check if your patient has understood you.
- Be adaptable.
- Gain context for what's going on in your patient's life.
- Just be honest.

A useful exercise

Going through internship, it is easy to become jaded and forget why you became a doctor in the first place. Write yourself a note about how excited you are about starting your internship, and what your goals are right now. Open it the day after your internship is over.



Give yourself time

When you begin, it will probably take you a lot longer to get your work done than it will months later. You might be learning about a new computer system and hospital.

So get there early, and give yourself extra time to collect vitals, see and examine your patients and review their labs, their illnesses and the plan of care. Allowing yourself extra time when you start your intern year, particularly in the mornings, is likely to decrease the likelihood of making mistakes.

Get help when you need it

This is very important. There is nothing worse than saying you can handle something when you know you can't. You are there for the patient, not your ego.

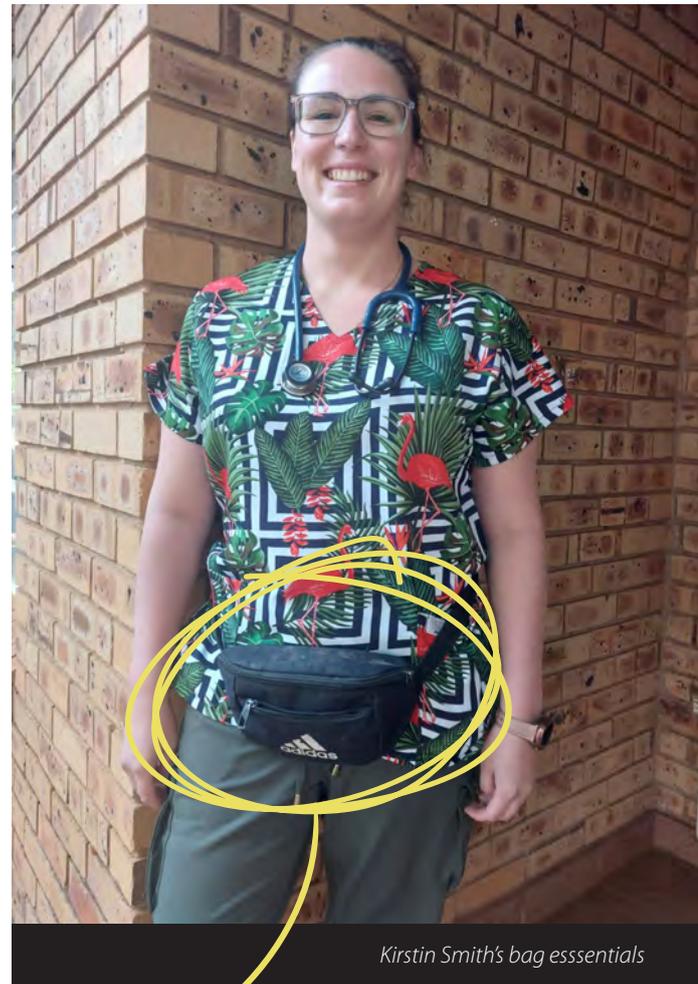
Be a team player

Now that you are an intern, you will be part of a team of people working to improve the health of your patients. Your first priority must be to work well with your team to help your patients. If you didn't appreciate the importance of healthcare teamwork as a medical student, you will quickly learn how important the team is as an intern. In hospitals, you can't accomplish anything without a team: for example, your fellow interns, your junior/senior resident, attending, nurses, social workers, technicians and secretaries.

Without all of these people working together, nothing happens in a hospital.

Create a support network

During your internship, it is important to have a support network – your family and friends. Make sure you talk to them and share your experiences to keep yourself grounded.



Kirstin Smith's bag essentials



- scissors/leatherman – to cut strapping for drips/ open drip bags
- tourniquet
- highlighter
- Abg syringe
- tape
- tape measure for obs/paedis
- black pens
- stapler
- an IN stamp if you have one
- oximeter – personal preference
- tissues – not all bathrooms have toilet paper
- protein snack, water and energy drink for emergencies
- lip ice – the theatres are freezing and the air con dries out your lips
- extra hair bands and sanitary products
- patellar hammer
- torch if you don't want to use your phone
- stethoscope

Footwear 101 for healthcare professionals

Lucas Breedt, *Podiatry Association of South Africa*

We all know that scrubs and colourful caps grab the attention of our patients, and are great ways to break the ice before a consultation. Footwear is now demanding its own spotlight due to the look and feel it provides healthcare professionals. As you begin your careers as colleagues, we would like to offer an easy-to-follow guide to selecting footwear.

The first step: Pull up your socks

There has been an explosion in the development and manufacture of various sock technologies and materials. When selecting a sock, it is important to note that most socks are made from a combination of materials, but a good rule of thumb is to stick to natural fibres such as cotton, bamboo and mohair blends.

- Cotton socks are cost-effective and moisture-wicking, which makes them ideal when running around all day.
- Bamboo has gained popularity in recent years as it helps provide an antimicrobial environment in addition to being moisture-wicking.
- Mohair socks are no longer just for diabetic patients. Mohair is a primary component in athletic sockwear as it has great moisture-wicking and temperature-regulating properties.

Remember to always take a pair of socks with you when you try on new shoes – you never know who tried them on earlier.

Shopping for shoes

If Cinderella has taught us anything, it is the difference a pair of shoes can make.

Athletic or active footwear has grown in popularity due to its versatility. Running shoes provide a good combination of support and cushioning that makes them ideal for professionals who spend a lot of time on their feet, as they are non-slip and easy to clean.

Rule 1: You don't need to break the bank. There are various models and brands on the market that will not cost you your first month's salary. Shoes, much like cars, release new models each year. The older models are often more cost-effective and have minimal changes to their technology.

Rule 2: Check the fit and ride. While shopping for shoes, it is imperative that you check that the shoe fits your foot well and feels comfortable. The first thing to do is to put on a pair of socks before fitting a shoe on each foot, lace up each shoe, check that you have enough space around your toes (follow the rule of thumb: place a thumb's width between the longest toes and the front of the shoe while having half a thumb's width between the widest part of your foot and the shoe) and go for a walk with the shoes on your feet – they should feel comfortable and supportive on your feet.

Rule 3: Get deep. While space in the toe box is important, the shoe should also have a deep heel-cup. Deeper heel-cups provide better ankle support for those long periods of standing and walking you will be doing in your intern year.

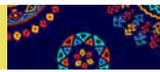
Rule 4: Make sure it sticks. Shoes should fit securely to your feet using laces or Velcro to prevent slippage and friction points. Loose-fitting shoes make you a fall risk with tired feet.

Rule 5: Be bright. Select a shoe that's you. Bright colours are great conversation pieces when engaging with patients.

Remember to take care of your feet by giving them an environment that is conducive to optimal performance. They are the only pair that you will ever have, and just as important as any diagnostic tool.



Crazysocks4docs Day is held every year on the first Friday of June. The day is all about raising awareness of the mental health of all doctors and health practitioners around the world! It is a simple way to start a conversation and helps make a tough topic a little less difficult to broach. We encourage everyone to participate in the campaign by wearing mismatched socks.
<https://www.crazysocks4docs.com.au/crazysocks4docs-day/>



The first day on the wards, learning about systems and processes, can be a daunting time for junior doctors

First day on the wards – how to cope

Dr Lynelle Govender, *contributing author to Medical Protection Society, lecturer, UCT*

The paper trail

Medical school teaches you about pathology and patients, but doesn't always teach you about the administrative duties required to manage those conditions and treat patients. Every order that your consultant gives on a ward round will inevitably require a form to be filled and sent in the right direction. The doctors' rooms in the wards are usually piled high with stacks of forms in unlabelled pigeonholes, each a different colour and for a different purpose.

Even if you do find the right form, you may make the classic mistake of not filling it out in proper duplicate or triplicate. At the risk of seeming silly, grab your senior medical officer on the first day and ask them the basics about the forms, especially for common things (X-rays, discharge summaries, lab forms). It will save you a wealth of time later, which you will gladly use up on doing actual procedures.

Staff and sticking together

For brief periods, your consultant will have a ward round, your senior may or may not stick around to help with ward duties and for the rest of the day it's just you on the ward, seemingly alone. The truth is though, you are not alone. You are surrounded by a team of nursing staff.

The importance of forming good relationships with nursing staff cannot be stressed enough. Be polite, learn names and under no circumstances flaunt arrogance or superiority.

The nurses have been working in the wards far longer than you have. If you are polite, they tend to help you with learning the system and doing tasks. If you are rude, they won't. If you are fortunate enough to have another intern working on the same ward as you, help each other, even if you are in different "teams" or "firms". Finish your work and check on your buddy. This is the only other doctor who will be in the ward all day with you. They will need your help, and one day you will certainly need theirs.

Organisation

In a ward, you may be looking after 50 patients or more – each person with a different name, number and set of instructions for the day. It adds up, it gets confusing, and then it gets crazy.

All sorts of people become doctors: people who are good at being organised, and people who have a more chaotic approach to tasks. On the wards, though, it doesn't matter what kind of person you are. It is vital that you have an organised approach to your workload for the day. Whether it is on a clipboard or in a notebook, write your ward work down as you go along in the round with the consultant. After the round, separate things into what needs to be done first, and what things can be done together. The busier your ward becomes, the more essential it is that you have a strategy. Time management is, ironically, a skill that is learnt over time. You will become faster and faster at doing procedures and making notes, and you will become cleverer and cleverer at the little tricks to getting things done efficiently.

I had a very strict consultant who once said there was no such thing as too much ward work. It was only the fault of the intern for not being efficient enough. This is a rather harsh approach, and obviously not always true; however, it does reflect the level of expectation that your seniors will have of you. The pressure placed on you as an intern on your first day can seem insurmountable.

The workload is immense. Some seniors are wonderful; they can help you with your paperwork and procedures and even provide the emotional support structure you need. And some seniors leave much to be desired. Working unsupervised is horrible under any circumstances, but on your first day it can be downright dangerous. If you are unsure how to do a procedure, stop and ask. It is no longer about your pride, or your senior's attitude – it is quite simply about providing safe treatment for the patient.

Finally, in coping with the first day on the wards, the most important person you need to remember to look after is yourself. It's not complicated. Eat when you are hungry. Drink water often. And ask for help as often as you need to. The learning curve is initially very steep, but with surprising speed you will master the wards and learn to cope in situations that were once beyond your strength or expertise.

“ Ask for help as often as you need to ”

Case study

Dr S is a newly qualified doctor. On 29 December, he has orientation at the hospital where he will start his internship on 1 January. His first rotation will be obstetrics and gynaecology (O&G). General orientation is little more than a series of presentations by various members of the hospital management. The head of department of O&G then fetches her group of interns and takes them to her department. But here, orientation continues as another presentation in yet another overcrowded room. The newly qualified doctors breeze through the wards, but they are not provided with any practical information.

As 1 January is a Saturday on this particular year, only two interns will be required to come in. These two interns will do the first call for the rotation. The first call of a rotation is the absolute worst. Not only are you completely inexperienced in clinical aspects of the department, but you are also unsure of the practicalities of the system. The head of department expects two interns to volunteer for this madness. Silence. Dr S quickly realises that no-one will volunteer. He raises his hand: he will do it.

1 January rolls around and before he knows it, Dr S is outside the hospital walking in for his first day. In medical school, you imagine that this will be a grand affair. It's your first day working as an actual qualified doctor, after all. But it is none of these things. Work starts almost immediately as you push through the labour ward doors. Dr S is expected to start the ward round in the labour ward. The registrar who is supposed to be accompanying him has been called to theatre for an emergency caesarean, and has taken his fellow intern with him. Quite suddenly, Dr S is alone.

He tries his best to see the patients and come up with appropriate management plans, but even the simplest of ward tasks become a challenge because he does not know the system. He doesn't know which forms to use to order blood tests, or how to order units of blood after hours, or what number to call when he has to book an emergency case in theatre. Thirty hours pass by in a blur of work and stress. Before he knows it, the call is over ... and it's already 2 January.



Take the next

STEP

FREE membership for interns

Do you have the protection you deserve?

Your employer may cover you financially for clinical negligence claims, but they won't protect your reputation, or offer expert advice when you need it most.

With Medical Protection you can ask for advice from our local team of medicolegal experts, as well as gaining access to a host of other benefits.

See how our membership benefits support you when state indemnity doesn't.

- ✓ Support in HPCSA investigations and representation at hearings [view video](#)
- ✓ Help in disciplinary proceedings
- ✓ Assistance with criminal investigations arising from your clinical practice
- ✓ Help responding to patient complaints
- ✓ Medicolegal advice line, available 24/7 in an emergency
- ✓ Support for managing unwanted media attention
- ✓ Protection for Good Samaritans acts worldwide
- ✓ CPD courses and online learning to help prevent issues arising

JOIN NOW

Should you have any questions please email rsaenquiries@medicalprotection.org and one of our local team will be in touch.



How NOT to conduct yourself during internship

Jerry Mayaba, director, MacRobert Incorporated

Dr Intern, a SA citizen, qualified with an MB ChB *cum laude* from UCT in 2018. He was appointed for internship at Steve Biko Academic Hospital with effect from 1 July 2019. Doctors training in SA have to complete 2 years of internship. While there is no exam at the end the internship, they must complete a log book after rotation in all prescribed domains.

In terms of the HPCSA *Guidelines for Internship Training* 2017 edition, the purpose of internship is to effect transition from undergraduate studies to the professional world, with concomitant responsibility to patients, the health team and communities. The key objective of the internship is to provide interns with insight, understanding and experience in patient care. The intern must be issued with a duty certificate on satisfactory completion of the 2-year training programme.

Dr Intern had to undergo 4-month rotations in each of the domains of general medicine, general surgery (including surgical trauma), obstetrics and gynaecology, and paediatrics. A further 3-month rotation was required in family medicine/primary care, and a 2-month rotation in anaesthesiology and orthopaedics (including orthopaedic trauma), as well as a 1-month rotation in psychiatry. He was also given an opportunity to attend short courses such as BEST, basic life support, etc.

Dr Intern's responsibilities included, among other things, promoting a professional image, signing an attendance register, keeping a log book and performing various tasks as required by the log book, being aware of the patient rights charter and not performing work without supervision (including work in private practice) during his period of internship.

During his period of internship, Dr Intern engaged in the following unprofessional conduct:

- He did not complete a log book daily, despite repeated reminders by his domain supervisor.
- He absented himself from work without approval of the domain supervisor on every rotation.
- While absent from work, he performed work as a locum for a local independent practitioner.
- He refused to perform legal abortions during his rotation in obstetrics and gynaecology because of his religious beliefs.

As a result, Dr Intern received several verbal and written warnings for his unprofessional conduct. All remedial steps to assist him to improve his performance yielded no results, as he never adhered to any of them. He was also not present for mid-rotation (mid-block) assessments, for no valid reason. His domain supervisors all provided negative feedback on the 139 evaluation form and log book.

Dr Intern has gone through the 2-year internship period and now needs to be signed off, and to obtain a duty certificate. The hospital refuses to sign him off, and has recommended an extension of his internship for another 12 months under stringent supervision conditions, together



with disciplinary steps to be taken by the HPCSA for unprofessional conduct in performing locum work and refusing to perform legal abortions during his rotation.

Clearly, Dr Intern is an author of his own misfortune. Qualifying *cum laude* and being provided with the opportunity to intern at one of the best academic hospitals in the country, while admirable and sought-after achievements, are just no substitute for good, old-fashioned hard work and good ethics. Interns need to do all they can to obtain proper training and gain the experience needed to practise independently in what is a demanding, but ultimately very rewarding, career choice.

125 years of
inspiring
confidence and
trust within the
medical
profession



PROFESSIONAL
INDEMNITY LAW

MacRobert
Attorneys

What are the requirements for issuing sick notes?

Karin Zybrands, *director, MacRoberts Attorneys*

In February 2020, the KwaZulu-Natal High Court issued a warrant of arrest against former president Jacob Zuma when it found that a sick note that had been presented to the court on his behalf was insufficient proof that he was indeed too ill to appear in person. The sick note in question was published in the media, and this led to some discussion as to what are, in fact, the requirements for an acceptable sick note.

In the "Ethical rules of conduct for practitioners" registered under the Health Professions Act No. 56 of 1974, it is stated that a practitioner shall grant a certificate of illness only if such certificate contains the following information:

- the name, address and qualification of the practitioner
- the name of the patient
- the employment number of the patient (if applicable)
- the date and time of the examination
- whether the certificate is being issued as a result of personal observations by the practitioner during an examination, or as a result of information that has been received from the patient and which is based on acceptable medical grounds
- a description of the illness, disorder or malady in layman's terminology with the informed consent of the patient – if the patient is not prepared to give such consent, the practitioner shall merely specify that, in his or her opinion based on an examination of such patient, the patient is unfit to work
- whether the patient is totally indisposed for duty, or whether the patient is able to perform less strenuous duties in the work situation
- the exact period of recommended sick leave
- the date of issue of the certificate of illness
- and the initial and surname in block letters, and the registration number, of the practitioner who issued the certificate.

Furthermore, the certificate must be signed by the practitioner next to his or her initials and surname printed in block letters. The rules also state that if pre-printed stationery is used, a practitioner shall delete words that are not applicable.

In some cases, an employer may question the validity or details on a sick note. If a medical practitioner receives such a query from an employer of a patient, it is important to keep in mind that the practitioner still has a duty of confidentiality towards the patient. Accordingly, the practitioner may only disclose additional information (which does not appear on the sick certificate) to the employer with the patient's consent.





Working conditions – what you need to know about

Chesa! You've made it!

Finally, you're a doctor ... congratulations!

Late nights studying for who? Being on call with no pay for what?

Internship is here, and no worries, it's going to be an exciting time for you as you say goodbye to the books and hello to a Persal number, bank account, major randelas and paying huge amounts of tax!

This section aims to help you better understand your working conditions, rights, payslip, responsibilities, training requirements, contract and the HPCSA guidelines. Do not sign anything you do not understand – you have every right to ask for clarity.

Enough said, let's get to the pressing issues.

Working conditions

The most common questions SAMA receives yearly are about working conditions. Because facilities differ across a range of factors, including size, capacity and training, there will always be variation in working conditions from hospital to hospital.

Remember that it is the HPCSA's responsibility to ensure that your facility is up to scratch with the **accreditation** needed to train interns. This is reviewed every second year in the form of site visits. Make use of these visits. The HPCSA holds your facility accountable, and needs to know what your experience has been like.

Also remember that the relationship between employee and employer is a complex one, and negotiating working conditions in a contained manner is an absolute must. Your intern curator is there to do this for you.

One of the biggest challenges with addressing issues regarding working conditions is ensuring that **guidelines** are adhered to in a correct and fair manner. Often you will be told: "guidelines are merely guidelines". This is correct.

Unless there is an Act written into labour law regarding your particular issue, your facility is not obliged to practise this. Your facility is, however, held **accountable** to a written guideline, particularly if the author of the guidelines is the National Department of Health (NDoH).

According to the 2021 *HPCSA Guidelines for Internship Training* (https://www.hpcsa.co.za/Uploads/Registration_Forms/MDB%20FORM/2020%20Forms/2021_IN_HANDBOOK_PART_I.pdf), an intern should not be allocated more than 25 inpatient beds. SAMA will continually share updated guidelines with members as they are produced.

Your intern curator may do the same.

Always refer to the latest version of the guidelines in taking up your issue. And remember that documentation is crucial.

Salary package explained

A **remuneration package** includes both your salary and benefits. **All income** includes your basic salary, rural allowance and commuted overtime. **Benefits** include medical aid, pension fund, etc.

When choosing your remuneration package, you can choose from two options: government and non-government. Within the **government package**, your medical aid (GEMS) and pension fund (GEPF) are organised for you, to which the government makes a contribution on your behalf. Included is an optional 13th cheque paid to you in your birth month. Within the **non-government package**, you will receive your full pay in order to organise your own benefits. The 13th cheque is incorporated into your monthly salary. It is important to note that whatever portion of your benefits you do not use will be paid to you in cash. This amount can be spent on funds such as retirement and insurance, and should be organised by you, regardless of the package choice.

Your salary structure and the two different salary packages you can choose from are shown in Fig. 1.

- All income includes your basic salary, rural allowances and commuted overtime.
- You organise your own benefits, such as pension fund and medical aid.
- You are advised to look into retirement annuity options.

Taxes

You will need to provide your HR department with a **SARS number** and a bank account number before you sign your contract. Please ensure you obtain this information before your first day of work.

Your tax is automatically deducted from your salary before it is deposited into your account each month. Please note that you may qualify for a **tax refund** for the first 2 months of your first year of internship, due to adjustment of your tax rate, provided this is the first time you are receiving remuneration.

Commuted overtime (fixed overtime)

In addition to your basic salary, you will be paid overtime.

Interns are obliged to perform commuted overtime over and above their normal working hours. This contributes to the **learning objectives** set out by the HPCSA. If a hospital complex does not follow these guidelines, it runs the risk of losing its accreditation as an internship training facility.

Interns are obligated to sign their overtime contracts as **category three**. This will ensure that the HPCSA guidelines on internship training are complied with. This portion of the contract has to be renewed every financial period at the hospital complex human resources (HR) department.

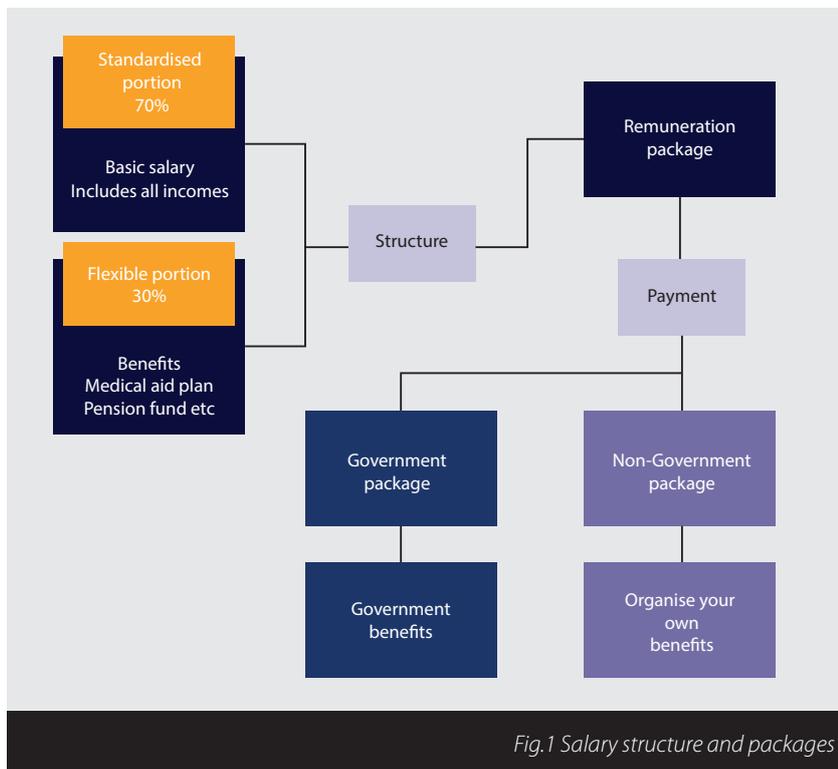


Fig.1 Salary structure and packages



The HPCSA guidelines on internship training state that no intern should work more than 80 hours of commuted overtime per month, and those 80 hours are sufficient for training purposes.

The situation is slightly different for community service medical officers (COSMOs). They are entitled to turn down the option of working any overtime hours after negotiations with their specific hospital complex management.

If the COSMOs opt to work overtime hours, they are limited to the maximum number prescribed by their commuted overtime contract, which is usually 80 hours of commuted overtime per month.

COSMOs sign either category three or four commuted overtime contracts depending on the particular hospital complex. The option presented to COSMOs is based on the **operational requirements** of the hospital complex. It is the hospital management's responsibility to identify the applicable category. Category three is, however, still the most common, even for COSMOs.

In terms of practical implications when signing your overtime contract, it is important to realise that there are four different overtime categories, as illustrated in Fig. 2.

It will state on your contract that you are paid overtime at **1.3 x the normal hourly rate**. This is consistent with normal trade practices. This figure is calculated according to the following formula:

$$\frac{(\text{Salary notch} \times 7)}{(365 \times 40)} = \frac{(Y^* \times 4)}{3} \times \text{hourly category (i.e. 8, 12 or 16)} \times 52$$

*Y is the sum total of (notch x 7)/(365 x 40)

NB: If there are no figures outlined in your overtime contract, you are not obliged to sign. Rather wait until those figures are confirmed. Remember to make a copy of your signed contract for your own records.

SAMA is unable to ensure that these rules are enforced in every hospital. It is therefore the responsibility of each member to ensure they are adhered to, and if not, to report the matter to SAMA, and we will take the matter forward.

Understanding your payslip

Two deductions appear on your payslip: a **statutory deduction**, which is tax and is not negotiable, and **optional deductions** which are GEPP, GEMS and a trade union subscription. Interns, unlike medical officers, do not pay the Bargaining Council Agency fee because their conditions of employment are not negotiated at the Bargaining Council. The Department of Health and the HPCSA jointly decide on interns' working conditions.

Please note that you will need to keep a close eye on your payslip on first issue by your HR department. If you note that there is a trade union subscription fee deducted from your salary and you have not given your consent to your employer, you can approach

Category 1	0-4 hours per week	Claims for actual hours overtime performed will be paid per week according to the Public Service Regulations, Part V.E
Category 2	5-12 hours per week	Overtime remuneration will be paid for actual hours at a per week commuted rate equivalent to 8 hours
Category 3	13-20 hours per week	Overtime remuneration will be paid for actual hours at a per week commuted rate equivalent to 16 hours
Category 4	>20 hours per week	Claims for actual hours in excess of 20 hours ie over and per week above commuted rate in group three may be paid in accordance with the Public Service Regulations, Part V.E at the discretion of the Head of the Provincial Department

Fig.2. The four categories of commuted overtime

Qaphela! Beware!
 Commuted overtime is usually a set amount irrespective of the overtime worked, i.e. you sign a commuted overtime contract, which averages your overtime pay to 16 hours per week.

your HR immediately and cancel the deduction. If you do not formally cancel the subscription, your employer will continue to deduct the amount. You have the right to choose which trade union to belong to as provided for in the Labour Relations Act. Therefore, it is also your right to be associated with a representative of your choice. SAMA is not a trade union but a professional association, and therefore SAMA membership fees are not paid through the PERSAL system.

Safe working hours

How are the calls? Definitely one of the first questions to come up.

It is no secret that working as a doctor in the public sector in SA goes hand-in-hand with some tortuously long shifts, otherwise known as “calls”. The day after your night shift is fondly known as “post-call”.

Depending on your hospital and the duration of shifts, an intern may be expected to work a fair number of calls per month. Please calculate your hours, and keep them documented in case an issue arises.

Some provinces have written their own guidelines on continuous working hours, which will only apply to you if you work within that province.

HPCSA 2020 Guidelines:

- Interns should work 40 hours per working week.
- Commuted overtime should not exceed 20 hours per working week.
- 80 hours overtime should not be exceeded in a 4-week cycle.
- Continuous service should not exceed 26 hours. Interns should be relieved of duty after this period. Shorter shifts are recommended in busy settings.
- Interns should not work full weekends, unless there is a 12-hour break during the weekend.
- Interns should not be on duty every second night.

Accommodation

Every hospital complex in SA is obligated to provide safe accommodation for all interns, but sadly not all COSMOs. All accommodation should meet the HPCSA guidelines standards.

SAMA is aware that accommodation is one of the biggest issues interns face: please do not hesitate to contact your nearest SAMA branch if you need assistance.

On-call facilities

Satisfactory sleeping and recreational facilities for interns, especially when on duty, should exist in each accredited facility. Sleeping accommodation should be such that the intern may rest and sleep while awaiting the next patient or operation.



After the tragic death of a colleague driving home post-call in July 2016, the Junior Doctors Association of SA (JUDASA) and the Safe Working Hours Campaign set out to get the existing HPCSA guidelines on continuous working hours shortened to fit in line with the best available evidence “that after 16 hours of continuous wakefulness, we are unsafe to practise medicine.”

Unfortunately, the 16-hour goal was not achieved. However, the guidelines were rewritten to state that interns should not work more than 26 hours continuously.



“

You are granted 22 working days
annual leave

”

Transport

The intern should use a National Department of Health vehicle (if (s)he has a valid driver's licence) or be driven to the facility using the health department transport pool

Logbooks

The HPCSA has released a logbook to be signed at the end of each block. Please make sure that you have read the requirements before you start any block, and that you complete all the required tasks, otherwise you will not be signed off at the end of the respective block.

To be able to register for your community service, ensure that *all* your blocks are signed off.

This is important because SAMA receives numerous complaints about some hospital complexes' heads of department refusing to sign interns off for various reasons, or even using these as a manipulation tool. We encourage you to bring the matter before your intern curator as soon as it arises, so that you can attempt to resolve it internally.

Inform your SAMA hospital representative from the beginning, and keep everything in writing.

Interns should be supervised and logbooks signed off by a "registered medical practitioner with at least 3 years' post-internship clinical experience in that specific domain of training". Training must be completed within 36 months of registering.

The most important form in your logbook is form 10A. This must be signed off at the end of each rotation, and at the end of your internship. Make copies of this form at the start of your internship in case errors are made. The HPCSA will *not* accept any errors or alterations.

Leave

You are entitled to five different kinds of leave periods.

Annual leave: You are granted 22 working days (excluding weekends), which are split into 11 working days in the first semester and the other 11 days in the next semester. It is advisable that leave be taken during the 4-month departmental rotations instead of the 2-month rotations. You should liaise with your intern curator and the head of department regarding when your leave is allocated to you, and if you would like to make any adjustments.

Sick leave: During your internship, you are allocated 12 sick days per year with full pay. Always ensure that if you are sick and absent from work for a period longer than 3 days, a medical certificate is submitted. In addition, if you are sick more than twice within an 8-week period, a medical certificate is also warranted. If you are going to have a medical procedure, it is courteous to let your intern curator and head of department know, and submit your notification in advance. If you fall ill on the day of a call, it is your responsibility to find a replacement. No study leave is allowed except for recommended short courses approved by the relevant head of department. COSMOs are permitted 36 days of sick leave, but the days are spread over your 3 years of internship and community service – basically, you are allowed 12 days sick leave during each of the 3 years.

Family responsibility leave: You are granted 3 days' leave in the event of a birth of your child or illness of your child/spouse/life partner, and 5 days in the event of the death of your child/spouse/life partner or immediate family member. Please ensure that proof is provided, such as medical certificates and death certificates, respectively.

Maternity and paternity leave: The number of days allocated for maternity leave may vary depending on the type of employment and where you are placed for your internship or community service. Both interns and COSMOs are generally allowed 10 days of each month of their contract, culminating to a maximum of 4 months of maternity leave. Maternity leave taken in your internship year will result in extension of your internship. The latter does not apply to COSMOs. Paternity leave is permitted for 3 days if your spouse/life partner gives birth; however, proof must be submitted.

Special leave: Special leave of up to 7 days per year may be approved for core skills training related to internship. Planned leave may be granted in domains as follows: a maximum of 5 working days in a 2-month domain; a maximum of 7 working days in a 3-month domain; a maximum of 12 working days in a 6-month domain. However, the planned special leave in each year must not exceed 22 working days.

Training

We often forget that medical internship is set up first and foremost to provide new graduates with clinical training. If at any point you feel that you are not achieving your logbook training requirements, it is your responsibility to raise this with your intern curator and head of department.

Caution

Always notify your head of department immediately if you are unable to make it to work. No notification of any leave period will result in no pay for missed working days.





Evaluation throughout your rotation is critical, and should involve a pre-rotation discussion of the objectives, a mid-block assessment and an end-of-block assessment, as per your logbook.

Please ensure that these are signed off on time, as you do not want to have to find time to do this once you have already moved on to another rotation.

Advanced Cardiac Life Support and additional courses

It remains at the discretion of the hospital complex medical managers and HR development committees to arrange payment for these courses. This is unfortunate, but does not mean that your individual hospital cannot be encouraged to organise in-house courses that will provide you with the skills, if not the accreditation. It is recommended in the HPCSA guidelines that an intern be given an opportunity to attend short courses.

RWOPS

RWOPS (renumerative work outside of public service) – you are not allowed to be involved in locum work during your internship or community service year.

Medicolegal matters

In section 36(2) of the Health Professions Act No. 56 of 1974, interns are not prohibited from issuing any certificate or document that may be issued by a medical practitioner. In so doing, interns may describe themselves as medical practitioners. It is, however, wise to seek guidance from the doctor under whose supervision you work if you are unsure about specific documentation.

NB: You should be working under supervision at all times.

How to approach an internal matter

The intern curator is a figure recognised by the HPCSA and hospital management. When you get to your hospital, enquire who your intern curator is, and get their contact details.

Interns should then form an intern committee that meets with the intern curator on a regular basis. A member of the intern committee should sit with management once a month to deal with internship issues. This is a forum to deal with any internal issues.

The key to winning any battle is to be sure that you know exactly what your rights are before approaching your superiors. You can refer to the HPCSA handbook to get more clarification about your rights as an intern.

Make it a habit to always send your complaints and responses in writing, and keep all documentation of communication. If you feel that an issue is not being dealt with internally, contact SAMA. We require dates and times of incidents, hence we strictly must have complaints in writing.

The HPCSA rules regarding supervision

- The ratio of interns to supervisors can be up to 4:1.
- Access to supervisors should be available 24 hours a day.
- After-hours call roster must comprise of intern on duty and medical officer on first call.
- A consultant/supervisor must be available on second call.
- Internship training must be completed within 36 months of registering



HEALTH PROFESSIONS COUNCIL OF
SOUTH AFRICA

MEDICAL AND DENTAL PROFESSIONS BOARD

HANDBOOK ON INTERNSHIP TRAINING

GUIDELINES FOR INTERNS, ACCREDITED FACILITIES
AND HEALTH AUTHORITIES

PRETORIA
2021 EDITION



**If you feel an issue is not being dealt with internally,
contact SAMA**



Rational and safe prescribing 101

Prof. Marc Blockman, Department of Medicine, Division of Clinical Pharmacology, UCT, Prof. Mohamed Irhuma, Department of Pharmacy and Pharmacology, Wits

Acquiring skills in prescribing is a complex process and requires practice and ongoing review for all of us.

Rational prescribing is part of a process that includes defining the patient’s problem(s), setting therapeutic objectives and communicating adequately with the patient and caregiver. Medicines should be prescribed only when the benefits are expected to outweigh the risks to the individual patient. Monitoring the effectiveness and safety of the treatment administered is essential in deciding whether this should be continued, changed or stopped. Any drug may produce unwanted or unexpected adverse reactions.

Any concurrent use of medication should be considered when selecting and monitoring the effects of treatment. Appropriate routes of administration should be selected, and education must be provided on optimal administration.

Irrational prescribing is common, and leads to ineffective and unsafe treatment, exacerbation or prolongation of illness and higher costs. Numerous factors contribute to poor prescribing habits, including patient pressure, high-powered manufacturer marketing and poor role models.

New medicines are launched regularly, and evidence on existing medicines increases constantly. Adverse drug reactions are frequently only reported in the post-marketing phase, so unknown early on – so be careful. You should ensure that you prescribe medicines with which you are familiar, and regularly update your knowledge of therapeutics through unbiased sources.

The interpretation of medicines information, and extrapolation to treatment of individual patients, requires active critical appraisal and life-long learning.

Many drug-induced diseases occur in patients who are at special risk, such as pregnant and lactating women, those at the extremes of age, patients with impaired liver and/or renal function, and those with comorbid diseases or taking concurrent medication (**including “over-the-counter”, traditional, alternative and complementary medicines**). Care should be taken when prescribing for these patients!

Conditions or types of patients that can lead to special risk and therefore require special care include:

- renal impairment
- liver pathology
- pregnancy
- breastfeeding
- obese patients
- older patients
- children.

Prescription writing

- The age/date of birth should be stated, particularly in children. Use special care when prescribing for neonates, infants and children.
- It is recommended that the body mass be recorded on the prescription, particularly in children and other special risk cases.
- Avoid unnecessary use of decimal points: write 5 mg not 5.0 mg to avoid confusion.
- For quantities <1 g, use 500 mg rather than 0.5 g.
- For quantities <1 mg, use 100 mcg rather than 0.1 mg. Avoid writing microgram as µg; rather write microgram in full or ‘mcg’.
- When a decimal is unavoidable, it should be preceded by a zero, for example 0.5 mg rather than .5 mg.
- When expressing volume in litres, avoid “l” as it can be confused with the figure “1”; use “L”, e.g. 0.75 L or 750 mL.
- Units (e.g. for insulin) should not be abbreviated.

Prescription writing

A prescription is an order or set of instructions either written or transmitted electronically/verbally, by an authorised prescriber to a dispenser, for the preparation and use of medicine(s) by a specified patient. The format must comply with the legal requirements that are summarised and illustrated below, with recommendations identified in parentheses.

Dr _____ MB ChB	Name and qualifications
HPCSA registration no.: XXXXXXXXXX	Health council registration number
32 Rational Rd, Morningside, Durban	Address of prescriber
24 October 2021	Date of issued prescription
Mr J Sick. ID no.: 020404 0071 086 Age: 16 years (66 kg). Male. Address: 2 Able Street, Durban	Name, identification number, address, age, (body weight) and sex of patient (parent/guardian details of neonates)
Rx: Doxycycline caps 100 mg × 30	Approved medicine name (international non-proprietary name (INN)/generic), dosage form, strength, quantity
Take one capsule daily after food	Instructions for use: dose and frequency of administration
Repeat 5 × at 1/12 intervals (Acne/L70.9)	Number and interval of repeats (Diagnosis/ICD10 code)
_____	Prescriber’s signature

This is an abbreviation of the original article, please see [http://samainsider.org.za/public/site/files/Rational%20prescribing%20for%20interns%20\(full\)-final.doc](http://samainsider.org.za/public/site/files/Rational%20prescribing%20for%20interns%20(full)-final.doc) for the original.

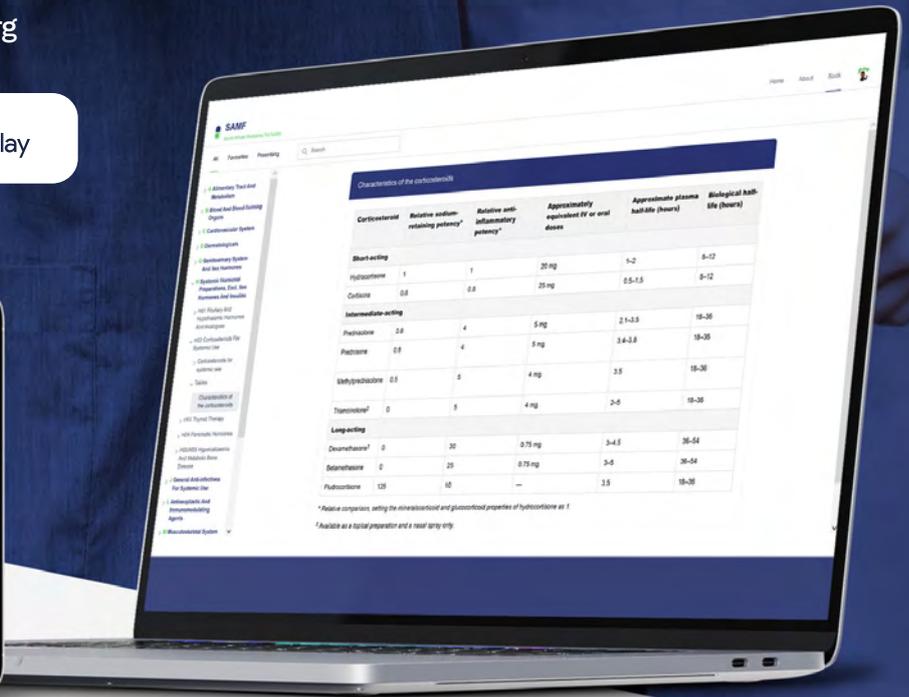
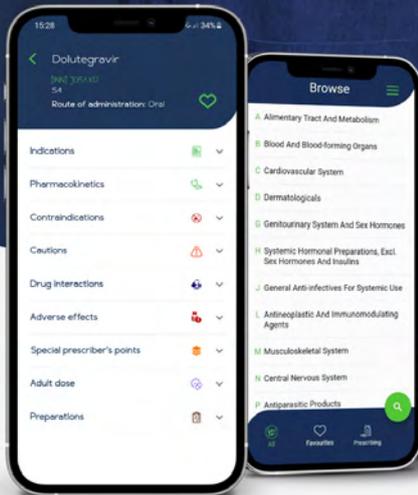
THE GOLD STANDARD OF MEDICINES INFORMATION

Welcome to the future. The SAMF - trusted since 1988 - is now also digital. We are excited to introduce the SAMF App and website, created by Clinical Pharmacology at the University of Cape Town and the South African Medical Association: a game-changer in the field of medicine.

Visit: samf-app.com to learn more.
Sales queries: reeneh@samedical.org

Available on the App Store

ANDROID APP ON Google Play



Up-to-date, unbiased information in your pocket



Favourites list



Powerful search function



Reviewed by respected clinicians in their fields



Easy Access



Updated every 6 months



Advert free



Voice search function



Support by the Medicines Information Centre, UCT



MEDICINES INFORMATION CENTRE

Powered by:



SAMF
South African Medicines Formulary

The power of one voice

As you launch into your career as a member of the medical profession, the realities of life as a doctor will hit. One of these will be an awareness of the things that don't work. This can be overwhelming and frustrating, but a solution is there – become a member of the South African Medical Association (SAMA).

SAMA aims to unite doctors for the health of the nation, and is well on the way to becoming the leading and preferred membership organisation advocating for and supporting medical practitioners in SA. Make your voice heard, and contribute to advocacy on behalf of your profession and society as a whole. SAMA is driven by a desire to bring about change and improve the lives and wellbeing of all South Africans.

One example of SAMA's advocacy is that after the tragic death of a colleague driving home post-call in July 2016, SAMA and the Safe Working Hours Campaign set out to get the existing HPCSA guidelines on continuous working hours shortened to fit in line with the best available evidence: "that after 16 hours of continuous wakefulness, we are unsafe to practise medicine."

Unfortunately, the 16-hour goal was not achieved. However the guidelines were rewritten to state that interns should not work more than 26 hours continuously.

Membership of SAMA is a shortcut to a range of benefits and information, including:

- representation and support for individuals and groups in all matters affecting the profession (the CMSA, HPCSA, Presidency, Ministry of Health, World Medical Association, World Health Organization and other medical associations and interest groups across the globe)
- industrial relations assistance, support and legal representation
- private practice assistance, and medical coding support and services
- continuing professional development (CPD) services, including access to advice, information, recording systems and free or discounted training courses
- member only communications: the *South African Medical Journal (SAMJ)* incorporating *Continuing Medical Education (CME)*, electronic access to the *South African Journal of Bioethics and Law (SAJBL)* and *SAMA Insider*
- special offers exclusive to SAMA members, such as preferential and discounted rates for vehicles, car rental, insurance, roadside assistance, lifestyle benefits and online CPD and short courses.
- expert legal advice, updates on legislation, medical ethics and labour relations
- assistance with ethical and professional compliance issues
- drafting of wills, including legal advice related to living wills
- strategic stakeholder engagement and advocacy
- CMSA matters
- exclusive member events and seminars: CPD accreditation, ethical and clinical CPD events, conferences, symposiums, seminars and webinars for SAMA members
- expert accounting and taxation advice, and updates and guidance for individual members or practices
- liaison with bankers and financial institutions when members need assistance to reduce certain operational costs, where such institutions already have a relationship with SAMA
- bursaries and scholarships
- research ethics oversight.

Join now:

Members@samedical.org

Phone: 012 481 2071

Member benefits: <https://www.samedical.org/about-us/membershipBenefits>



**SOUTH AFRICAN
MEDICAL ASSOCIATION**
UNITING DOCTORS FOR THE HEALTH OF THE NATION

Testimonies

Know your rights

I started my internship with little to no knowledge about my rights within the medical field. It's not something we were ever taught during our studies, and it's crucial knowledge that all young doctors should be taught and be aware of for our own safety and protection.

Being a member of SAMA is not only a responsible decision, it's also a sensible one. SAMA is a whole body of legal professionals well versed in the rights pertaining to doctors and our working environment. They provide the knowledge we lack. I've received top-tier efficient and effective services from my SAMA representative, who is always available. I couldn't recommend their services enough, which I have already to many of my fellow interns, and it's a debit order and decision none of us regret.

Dr Ayesha Bradlow

Pursue your dreams

I am a community service doctor in Klerksdorp, and this would not have been possible without the assistance of SAMA.

When I discovered that internship is not necessarily a 2-year period, but rather a 24-month period that can be completed within 36 months, I was encouraged to pursue my dream of being Miss South Africa in 2020. I did well in the competition; however, when I had to resume my career, I found out that my post as a conserve doctor was no longer allocated to me, and that I would have to be unemployed for 5 more months. I then reached out to SAMA even though I was not a member, and signed up for membership within 24 hours. The compassionate members of SAMA persistently fought for me, and I got a job within a week, after months of struggling alone. Thank you, SAMA.

Dr Thato Mosehle

Your mental health matters

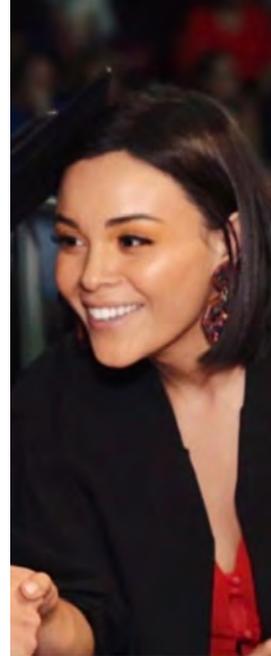
The journey of internship was one that was made more wholesome and bearable by the presence of SAMA.

SAMA was pivotal in ensuring that our commuted overtime was protected. They stepped in and orchestrated a meeting between the interns and hospital seniors, and played the role of bridging the gap between both parties. Our hours were subsequently reduced in a manner that allowed for working relationships to be protected.

Amidst the excitement and eagerness to please that comes with being a fresh intern, being aware of the fact that you have rights and that your mental health matters is tantamount to owning a stethoscope. SAMA works to elevate this point, and legalises your right to a safeguarded and protected internship.

I'm grateful for my status as a member of SAMA, as the connection has given me the confidence and reassurance needed to make the most of my time as a young, enthusiastic, passionate ... but vulnerable doctor. With SAMA behind me, I can continue to advocate for a wonderful working experience for junior doctors.

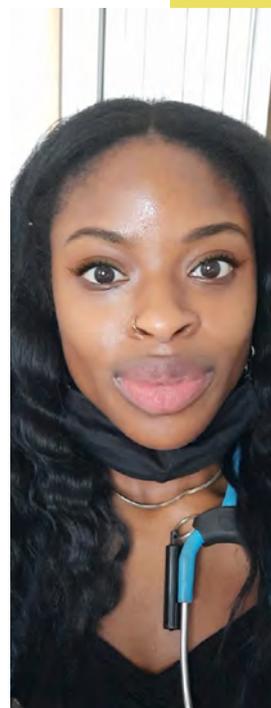
Dr Desire Obi



DR AYESHA BRADLOW



DR THATO MOSEHLE



DR DESIRE OBI

An app developed just for you

Get ready for the app that was developed just for you, for connecting you to the people who matter to you most. Designed for mobile devices, and powered by SAMA.

With the SAMA app, you can:

- interact with colleagues, your branch and head office
- send messages
- start group discussions
- update your profile
- receive daily news updates on important issues
- elevate your status by gaining points on the leader board
- communicate sensitive issues to SAMA by using the anonymous whistleblower function
- access all SAMA social media platforms
- check out the latest SAMA podcasts.
- access SAMA journals,

We are continuously developing new functionality, which will soon be launched. Install the app and become part of the SAMA family.





We'd like to invite you to download the official **SA Medical Association** Mobile app. Connect with fellow members and stay in the loop with all important information, activity feed, member profiles, notifications, private messaging and more!

As a valued SAMA member we will send you an invite to download and install the official **SA Medical Association** Mobile app. The invite will include installation details and a unique username and password.



Stress, digestion and nutrition are linked

Stress, as an appropriate response to real danger, is an evolutionary lifesaver. Thanks to the fight-or-flight responses in our ancestors' bodies, we, their descendants, have made it through to the 21st century. It's ironic that in this modern age, with extraordinary technologies devoted to eliminating hazards and increasing our ease in life, our stress levels are off the charts. We've become aware that our bodies, almost perpetually flooded with the stress hormones adrenalin and cortisol, are now at risk from their own, age-old, protective ingenuity.

Our bodies are well designed to cope with short bursts of lifesaving stress, but it is sustained stress resulting from a barrage of perceived threats that takes its toll. Flowing adrenalin and cortisol from our activated endocrine system ignite both visceral and cerebral reactions, and they do so by drawing the body's energy away from other systems, such as our digestion and immunity.

How stress can undermine our nutrition

Apart from raising the risks of digestive ailments, chronic stress can influence how and what we eat, to the detriment of our healthy eating plans. Research has shown that in susceptible individuals, chronic stress can lead to overeating, especially highly palatable, less nutritious foods that are high in processed carbohydrates, sugar, salt and unhealthy fats. High cortisol levels, in combination with high insulin levels, may be responsible. The hormone ghrelin, which regulates hunger, may also play a role. The "happy hormone" serotonin may have an impact, as the consumption of carbohydrate-rich foods may trigger its release, which can have a momentary calming effect on stressed individuals. Unfortunately, the consumption of these foods can have a negative effect on blood sugar levels, causing spikes and drops in blood sugar that then make one feel agitated, fatigued and hungry, and grab for the same sugary, highly-processed foods that initiated this process, leading to a vicious circle of poorer dietary choices.

The impact of stress on our weight

Sustained stress might impact on our weight management. While some people may lose weight, those who are inclined toward emotional eating can go the opposite way. Adrenalin can trigger overeating or the eating of unhealthy foods to calm the response. One may eat mindlessly, and not focus on the taste of food, portions and satiety level. Elevated cortisol creates physiological changes that help to replenish the body's energy stores, which are used and depleted during the stress response. It makes you want to eat more to obtain more energy. This leads to increased appetite and cravings for sweet and fatty foods, which can lead to fat gain, particularly around the belly.



Nutrition's role in stress management

Just like physical activity and mindfulness, nutrition has an important role to play in managing stress and caring for ourselves during a difficult time. Keeping your healthy eating regime on track, or changing to one during times of prolonged stress, can have positive physical and emotional impacts. We recommend the following:

- Eat regular meals to avoid blood glucose dips. This helps to keep hunger, and hormones such as insulin, in check. Skipping meals can exacerbate symptoms of stress and erode your stress response.
- Focus on a diet rich in plant-based, high-fibre foods such as vegetables, fruit, legumes, nuts and whole grains, as well as lean proteins and healthy fats, which will assist in better blood sugar regulation to better manage the short-term effects of stress.
- Avoid highly processed carbohydrate-rich foods, as well as sugary and fatty foods.
- Be careful about eating “treat” foods, such as chocolate, in order to make you “feel better”. Likewise, be aware of not increasing your intake of caffeine or alcohol during stressful times.
- Consider including fermented foods in your diet, or taking a probiotic supplement to keep your gut microbiome healthy. Research has shown that stress affects the amount and type of healthy bacteria in the gut, which in turn can affect our immunity, which may be suppressed due to stress.

Source: *The Association for Dietetics in SA (ADSA)*.

Date and chickpea brownie bites

Ingredients:

For the date balls

- 1 cup dried dates, soaked in boiling water for 20 minutes and then drained
- ½ cup rolled oats
- 1 cup tinned chickpeas, rinsed well and drained
- Pinch of salt
- 1 tablespoon shredded coconut
- ½ cup cocoa powder

For the chocolate coating

- 80 g dark chocolate slab
- 1 teaspoon coconut oil

Method:

- Blend the oats in a food processor until it becomes oat flour.
- Add the dates and chickpeas and blend until smooth. Gradually add some water if the mixture is very stiff.
- Add the salt, coconut flakes and cocoa powder, and blend until smooth.
- Roll into balls and let set in the fridge.
- Melt the chocolate in the microwave, and then add the coconut oil and combine.
- Coat your date balls with the melted chocolate by dipping into the chocolate and coating. Remove with a spoon.
- Place on a cutting board or large oven dish with wax paper.
- Store in the fridge.

Top tip:

Sweet treats can definitely be part of a healthy diet, and can be consumed on occasion and in moderation! We love it!

Legumes, such as chickpeas, are some of the most versatile, nutrient-dense and affordable foods to add to your meals.

This recipe is vegan-friendly if vegan chocolate is used.



Navigating workplace wellness

What will we eat? When will we exercise? How will we get sufficient rest and sleep? What do we need to do to actively manage our stress today?

Hydrate: increase your daily water intake. Being well hydrated is important for overall health. Herbs such as mint, chopped fruit and lemon slices can all be used to make water more interesting. Remember that store-bought flavoured waters often have added sugar, and should therefore be avoided.

Eat regularly through the day by trying to eat every 2 - 3 hours.

Eating healthy snacks between main meals helps to maintain a healthy metabolism, and can help to control portions at main meals. Your first meal or snack of the day should be within 90 minutes of waking up. Avoid skipping meals.

Make healthy eating the workplace norm with healthy meeting snacks, healthy options in the canteen, water as the primary drink and bowls of fresh fruit.

Only eat until you feel satisfied. If you begin to feel uncomfortable or too full, then you've already eaten too much. If you still feel hungry after a meal, have some fresh vegetables with fat-free salad dressing.

Avoid eating while doing something else. Eating while driving, watching TV, being on an electronic device or working prevents most people from actually realising what and how much they are putting into their bodies. Focusing on your food enables you to be aware of what your body wants and needs.

Be active every day. It can be a considerable boost to your overall health to prioritise daily physical activity. Even a short walk is better than nothing.

Transform poor eating habits into healthy ones:

Start your day well: eat breakfast! Breakfast is linked to improved nutrient intakes, as well as improved concentration and alertness. Studies show that skipping breakfast is associated with increased stress, anxiety, depression, fatigue and tiredness.

Avoid temptation. The sight and smell of food is often enough to tempt us. Avoid keeping tempting but unhealthy foods around the house, and avoid the treat aisles in the supermarket.

Shop smart. To avoid impulsive buying, plan your shopping with a budget and a list of what you need to buy, and stick to it! If you don't buy unhealthy foods, you won't eat them.

Motivate yourself. Research shows that habits that don't serve us can be overcome with good intentions. For example, having a conscious intention to eat healthier snacks helps to override a habit of making poor food choices.

Do not starve yourself. One of the most common triggers for unhealthy snacking is hunger. Eat smaller, more frequent meals. Do not get to the point where you are so hungry you could wolf down anything you can get your hands on. Carry healthy snacks such as fruit, plain unsalted nuts or a tub of low-fat yoghurt to work to snack on.

Source: *The Association for Dietetics in SA (ADSA).*



Blueberry breakfast bars

Ingredients:

- 1¾ cup rolled oats (210 g)
- 2 TBSP ground flaxseed (10 g)
- 1 TBSP cinnamon (7 g)
- ½ tsp nutmeg (1 g)
- ½ tsp ginger (1 g)
- ½ tsp salt (2.5 g)
- ½ cup mixed unsalted nuts (70 g)
- ¼ cup pumpkin seeds (35 g)
- ¼ cup honey
- 1¼ cup milk
- 2 cups blueberries (245 g)

Instructions:

- Preheat the oven to 180°C.
- Mix the dry ingredients (oats, flaxseed, spices, salt, nuts and pumpkin seeds) in a large mixing bowl.
- Add the honey and milk, and mix well.
- Allow to soak for 10 - 15 minutes.
- Line a 20 × 20 cm baking dish with baking paper (use two pieces of baking paper going in opposing directions to make it easier to remove once cooled).
- Stir in the blueberries, and pour into the baking dish.
- Cook in the oven for 40 - 50 minutes
- until set.
- Allow to cool completely, then cut into eight bars.

You can make this bar vegan by swapping the milk for a plant-based milk of your choice (soya milk will be most aligned with the protein content as shown in the nutritional analysis), and substituting the honey with maple syrup or rice malt syrup.



An initiative by the Consumer Education Project of Milk SA



Milk and dairy

Helping to give you go during those long hours of work

As interns, you know how challenging it is to work torturously long hours. Apart from your body not physically getting time to recharge, its fuel stores also become totally depleted if you don't make time to eat. Extended working hours effectively stretch the workday and the body needs additional energy to sustain itself for such a long period. Research shows that workers who have long shifts of active and mentally demanding work (10–12 hours or more) often need a fourth meal to meet their energy demands and support sustainable energy output, ideally through consuming liquid items.

It is therefore very important to know what, and how much, to eat to help you function optimally in these circumstances:

- The most important thing is to maintain a routine.
- You will need four small, nutrient-rich meals for every 12 hours of continuous work. Have three meals during the workday and supplement your energy with a nutrient-rich snack mid-shift or during the night.
- Ideally your meals should be easy to eat on the run – time to sit down to eat is often a luxury!

Here are some examples of mid-shift snack items to consider:

- A portion of yoghurt, amasi or flavoured milk and a serving of fruit
- A sandwich (two slices of bread or a bread roll) with a protein filling such as cheese, meat, egg or peanut butter, and an energy drink (350 ml)
- An energy bar with a high protein and fibre content, together with a portion of (long-life) milk
- A serving of low-GI instant cereal that is high in energy, protein and dietary fibre, mixed with milk (this can be pre-mixed and used as a drink)
- A homemade smoothie, made by mixing milk and double-cream yoghurt with lots of fresh fruit, nuts and raw oats
- A 500 ml rehydration drink and a serving of fruit or a small packet of peanuts (40 g)

[Consult your dietitian for examples of specific brand options]



DID YOU KNOW?



Amasi is sour milk, a dairy-based product containing good-quality protein and many important nutrients as well as friendly bacteria that help to support good gut health. It is not the same as *magau*, which is a maize-based drink.

An energy drink provides carbohydrates and electrolytes. It is not the same as a cordial or fizzy drink, which only provides carbohydrates. Milk and flavoured milk not only offer the same hydration properties as an energy drink, but also provide good-quality protein in addition to carbohydrates and electrolytes.



Including DAIRY in your meals will help to improve your overall nutrient status, sustain your energy levels during long hours of work, help to maintain your bone and muscle strength, and support a healthy immune system.

HAVE MILK OR DAIRY PRODUCTS ON THEIR OWN OR AS PART OF AN ON-THE-GO MEAL – THEY'RE TASTY, NUTRIENT-RICH AND CONVENIENT.

Dairy gives you whatever GO you need

Follow us on



For evidence-based reviews on the role of dairy in health visit our webpage at www.rediscoverdairy.co.za/evidence-based_reviews/

[www.rediscoverdairy](http://www.rediscoverdairy.co.za)
.co.za

Food preparation tips

As a medical intern, chances are that you eat nearly half of your daily meals and snacks at work, and your physical activity (except for running in the hospital corridors) is low.

What small changes can you make to your daily eating that will help you move towards a healthier lifestyle?

Planning and preparing healthy meals

- At least one full day every week, try to prepare only unprocessed or minimally processed plant-based food.
- Try to include a variety of vegetables and fruit in daily meal plans – not only on weekends.
- Portion sizes of vegetables can be more generous if a variety of fruits is not available. Add extra vegetables to recipes
- “Vegify” your favourite recipes by swapping some of the animal-based foods for whole plant-based alternatives.
- Dry beans, peas, lentils and soya can also be used in many dishes, such as salads, soups and stews.

Healthy eating habits

- Enjoying a healthy eating plan also means preparing food in healthy ways, (boiling, steaming, grilling and baking, instead of frying).
- Be mindful about the amount of fat/oil, sugar and/or salt added in food preparation, and use these items sparingly. Use herbs and spices to flavour dishes.
- Practise portion control to avoid overeating: serve out portions onto a plate instead of eating straight from the container. Use smaller plates.
- Reserve time for eating.
- Take time to enjoy the flavours, smell, colour and textures of food before swallowing. This may also help to prevent overeating.
- Put down your utensil after each bite until you have enjoyed and swallowed what you already have in your mouth.

Buying cooked/ready-to-eat meals

- Many restaurants now provide nutrition information. Look for items that are lower in kilojoules, saturated fat, total sugar and sodium.
- Keep portion sizes small – for instance, choose the smallest food and drink options, or children-sized options.
- Where possible, select an item from the menu and avoid the “all-you-can-eat” buffet.
- Share a main dish. Ask for smaller plates and divide the meal.
- Order a side dish or a starter instead of a main dish.
- Steamed, grilled or roasted dishes have fewer calories than foods that are fried in oil or cooked in hard fats.
- Fried and coated foods, such as crispy chicken sandwiches or burgers, and breaded fish or chicken fillets, are high in fat and kilojoules.
- Choose healthier side dishes – for instance, instead of fries, choose a salad with a low-fat dressing or a baked potato, steamed rice or cooked vegetables, or add a fruit and low-fat, unsweetened yoghurt option with the meal.
- Choose wholewheat or brown bread or rolls, and wholewheat pasta dishes.
- Select fresh fruit instead as dessert.
- Avoid “specials” where the meal is served with a drink high in sugar, or high in sugar and fat.
- Rethink your drink – choose water!
- Do not just clean the plate – decide to save some for another meal.

Source: *The Association for Dietetics in SA (ADSA).*

Lunchbox tips

- Plan your breakfast/lunches for the week, and put a list on the fridge or counter to remind yourself what to pack.
- Prepare the night before, and store in the fridge or freezer.
- Most of the lunch box should consist of unprocessed or, minimally, plant-based foods.
- Follow hygienic food preparation methods. This is especially important when food will be stored for many hours before eating.
- In summer, freeze water bottles overnight to have ice-cold water throughout the day. This can also help to keep a lunchbox cool.

Emergency food

- Try trail mix, nuts, dried fruit, biltong, fresh fruit, yoghurt or drinking yoghurts.





Looking after your mental health and wellbeing

When you're focused on a career in helping others with their health, it can be hard to admit when you need help yourself. It is therefore important to recognise the signs that you or a fellow colleague might be experiencing stress or mental health problems. If left untreated, stress and acute distress can lead to depression and anxiety disorders, severely affecting your mental and physical health.

The good news is that there are many types of effective, easily accessible supports and treatments available. Help is out there, so nobody should be afraid to ask for it.



Intern oath

I swear in the presence of my capable and esteemed colleagues that I will:

- **look after myself and my colleagues in the face of adversity**
- **speak up against bullying, harassment or unprofessional behaviour in my workplace**
- **stay at home when I am sicker than my patients**
- **be hydrated enough not to initiate MET [medical emergency team] calls for my low urine output**
- **first take my own pulse in an emergency, and check on my colleagues' wellbeing as part of post-resuscitation care**
- **ask for help if I am struggling, having a bad day, or having difficulty responding to 11 simultaneous pages**
- **prioritise my allocated education time over non-urgent administrative tasks**
- **not feel guilty over taking my half-day or claiming hard-earned overtime, and support my colleagues to do the same**
- **be a doctor to everyone BUT NOT my family, friends or myself**
- **have my own GP, and prioritise my physical and mental wellbeing too**
- **set a good example, to protect my patients.**

Source: Developed by the Australian Medical Association (Western Australia) Doctors In Training Welfare Sub Committee.

Sleep is important

A good night's sleep can be refreshing, and helps us to reset. Sleep patterns can change when we are under pressure, in pain (physical, psychological, etc.), stressed or when interrupted by disturbances such as too much noise or light. The pattern usually normalises again according to our body clock. But what if it does not? There are things you can do to help it along.

Sleep enhancers:

- a quiet, comfortable resting space with the ability to darken it when it is sleep time, even with a full moon outside – it may be better not to have a TV or radio in your room if you struggle to sleep
- a warm drink such as milk (with no caffeine) before bed
- a warm bath before bed
- ensuring a temperature that is just right for your preference – an extra blanket if you prefer warmth, and light bed clothes if you prefer it cooler
- light exercise in the early evening, but do not leave it too late as it could have the opposite effect of activating you rather than making you feel restful
- meditation or other relaxation techniques.

Source: Prof. Zuki Zingela, SAMA Insider Mental Health Supplement, July 2020.



Depression does not discriminate – even doctors have it

Dr Sindisiwe van Zyl is a bubbly 41-year-old mother. A GP with a special interest in HIV treatment, this energetic doctor seems to have it all. But beneath the surface, Dr Sindi has a sad past, which she says she is slowly coming to terms with.

In April 2013, Dr Sindi was officially diagnosed with depression.

“I guess it was something I’d always lived with, but in that year a couple of different events culminated in me needing to be hospitalised, officially, for depression,” she says.

In February that year, her boss was relieved of her duties, and Dr Sindi was promoted to a manager’s position. In the same week, she and her husband moved to a new house.

“Everything started unravelling, and it all just became too much for me to handle. Many patients with mental health issues can trace back to a specific point where this happens. For me, these two events collided, and I needed to go to hospital.”

In an article in *HIV Nursing Matters*, she described her condition as being in a dark and helpless place.

“I felt as if I was standing at the bottom of the ocean on a sunny day. I could see the sunlight streaming into the ocean, I knew that light and life were up there, but I had no will to kick myself off the bottom. I wanted to, but I just couldn’t do it,” she relates.

But then Dr Sindi got help. She was in therapy for 3 years, which has helped her deal more effectively with her condition. Through cognitive behavioural therapy, she’s been able to stop medication, and learnt to deal with problems through reasoning. There are still, she says, certain triggers, but she has learnt to cope with these more and more.

So, why is this important?

As a doctor, a healthcare worker, Dr Sindi says she hasn’t experienced any stigma from colleagues or peers about her condition. This, she maintains, is because she’s been brutally honest about her situation.

But, she says, other doctors and healthcare workers don’t necessarily see the signs of depression in themselves, which can have knock-on side-effects for their patients.

“A lot of doctors self-treat, which is fine for certain ailments and conditions. But, when it comes to mental health issues, you cannot do this. It is vital to get outside help, and accept that we are sometimes also patients. We are human beings first, doctors second, and that realisation is extremely important to our own wellbeing.”

And unfortunately, she says, many doctors are in denial about their own mental health.

“There’s this belief that doctors can’t ever get sick, or have mental illnesses. We have to move away from this, because it’s a barrier that can cause damage to the doctor and everyone he or she comes into contact with. I have crossed that barrier, but many of our colleagues have not,” she asserts.

For Dr Sindi van Zyl, life at the moment is good. She says she is looking after herself first, and that this makes a difference for everyone in her life. She is rebuilding relationships neglected due to her illness, especially with her friends and family. “It’s a long process, a slow process, but we are getting there. My message to other doctors and healthcare workers is simple – don’t run away from mental health issues. Instead, if you believe there is something wrong, get help, and get better.”

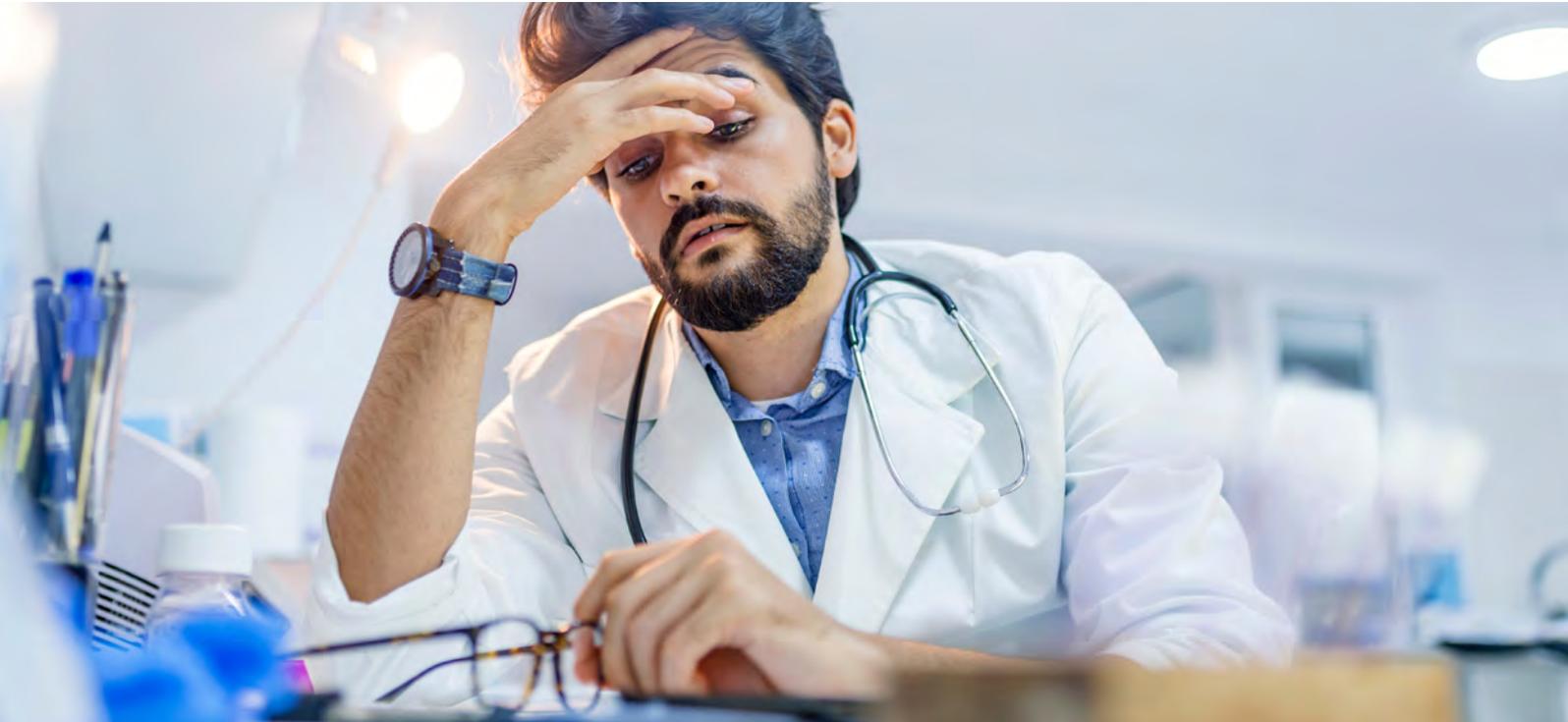
Source: SAMA Insider, November 2017, page 8.



Dr Sindi van Zyl

This article was originally published in 2017. We republish it here as a tribute to Dr Sindi van Zyl, a message we are sure she would have liked to leave for her colleagues. Sadly Sindi passed away from COVID complications in April this year.

It is vital to get outside help, and accept that we are sometimes also patients



Are you suffering from occupational-specific dysphoria?

Prof. Christoffel Grobler, *associate professor, Walter Sisulu University*

In a recent article on burnout by world expert Christina Maslach, she referred to burnout as “occupational-specific dysphoria”. While reading, I thought back to my first presentation on burnout, many years ago, while still in private practice as a psychiatrist.

I remember thinking to myself, “You hypocrite! You’re standing here preaching about the prevention of burnout, yet you are suffering from it yourself!” That day, I made a decision to do something about it and implement strategies to recover from my sense of permanent emotional exhaustion.

After I presented on the topic of “Depression in doctors” at a SAMA CPD function, one colleague asked, “Is burnout a real thing?” The question was followed by laughter, and quips such as “We are all probably suffering from burnout.” Well, as they say, there’s many a true word spoken in jest: the sad fact is that most of them probably were. Doctors seem to have resigned themselves to the fact that they must live out their lives in a constant state of emotional exhaustion and detachment.

What is burnout?

The term “burnout” was coined in the 1970s by American psychologist Herbert Freudenberger, and is recognised as an occupational hazard in the helping professions, such as healthcare. The relationships that such providers develop with their patients require an intense level of emotional contact, and although rewarding, it can also be draining. Within such occupations, the predominant habits are to be selfless and put others’ needs first.

Defined as a “prolonged response to chronic emotional and interpersonal job stressors”, Maslach and others describe burnout as “a point at which important, meaningful and challenging work becomes unpleasant, unfulfilling and meaningless”. Energy turns to exhaustion, involvement (or engagement) becomes cynicism, and efficacy is replaced by ineffectiveness.

Causes and organisational risk factors

- **Work overload** depletes the capacity of a person to meet the demands of the job.

- When employees do not have access to resources necessary to do an effective job, they are more likely to have a sense of **lack of control** and subsequently to suffer from burnout.
- Lack of recognition and **reward** devalues both the work and the workers, and is closely associated with feelings of inefficacy.
- **Community** refers to relationships with colleagues, which, when characterised by a lack of support and trust and unresolved conflict, increases the risk of burnout.
- **Fairness** refers to the extent to which decisions at work are perceived as being fair and equitable. Cynicism, anger and hostility are likely to arise when people feel they are not being treated with the appropriate respect.
- **Values** are the ideals and motivations that originally attracted people to their job. When there is a gap between individual and organisational values, employees will find themselves making a trade-off between work they want to do and work they have to do.

Consequences

The consequences of burnout in doctors are absenteeism, decreased productivity, job dissatisfaction, lower quality of care, lowered retention of skilled staff and poor patient care, and greater patient dissatisfaction.

Treatment and prevention

Some attempt to treat burnout after it has occurred, while others focus on how to prevent it, by promoting engagement. Four main aspects of physician resilience have been identified:

- attitudes and perspectives, which include valuing the physician role, maintaining professional interest, developing self-awareness and accepting personal limitations
- balance and prioritisation, which include setting boundaries and limits, and honouring the self
- practice management style, which includes sound business management and having good staff
- supportive relations, which include positive personal and professional relationships.

No measures to prevent burnout will be effective unless attention is paid to enhancing a positive work environment, defined as one that “attracts individuals into the health profession, encourages them to remain in the health workforce and enables them to perform effectively, to facilitate better adaptation to the work environment”.

Key features of a positive work environment include achieving work-life balance by providing a family-friendly work environment and flexible working hours. In as much as a positive work environment lowers the risk of burnout, the opposite is also true – the risk for burnout increases for doctors working in poorly functioning organisations.

Conclusion

In conclusion, if any of the following statements ring true for you, there is a chance that you might be suffering from burnout, or occupational-specific dysphoria:

- “I feel demoralised and emotionally exhausted all the time.”
- “I have become cynical about my work environment, and I protect myself by being disengaged from patients, colleagues and my work.”
- “My work has become meaningless and I don’t enjoy what I’m doing anymore; I do not feel I’m making a difference.”

At present, I can honestly say that I do not suffer from burnout. I ascribe it to the fact that I work in a hospital where the collegial support, ranging from medical colleagues to the other allied health professionals, and including management, is tangible. I feel privileged to work with such people, and it fills me with humility and thankfulness.

Source: SAMA Insider, May 2019, page 7.

And if you just can’t face another day of work, don’t quit. Here are some practical suggestions:

- Talk to colleagues about it. This can be in the setting of a regularly scheduled group, or simply informal conversations about the stresses of work.
- Develop new professional skills, such as teaching or academic writing.
- Make a conscious effort to get re-engaged with your clinical work – rediscover the idealism and intellectual curiosity that got you into medicine in the first place.
- Minimise administrative work.
- Learn how to meditate.



Anxious? Try a controlled breathing technique

Practise when you are relaxed so that you can do it whenever you need to.

Sit upright, if possible: sitting upright is usually better than lying down or slouching, as it can increase the capacity of your lungs to fill with air.

Control the rate of your breathing: if possible, breathe in through your nose and out through your mouth in a steady rhythm. Try to make your breath out twice as long as your breath in. This helps to empty your lungs of old air, and to make as much room as possible in your lungs for fresh oxygen-rich air. To do this, you may find it helpful to count “one” as you breathe in, and “two, three” as you breathe out.

If possible, use your diaphragm to breathe: your diaphragm is the big muscle under the lungs. It pulls the lungs downwards, which expands the airways to allow air to flow in. When we become breathless, we tend to forget to use this muscle, and often use the muscles at the top of the chest and our shoulders instead. Each breath is more shallow if you use these upper chest muscles, so you tend to breathe faster and feel more breathless if you use these rather than your diaphragm.

Try to relax your shoulders and upper chest muscles when you breathe: it is best to take the weight off your shoulders by supporting your arms on the side-arms of a chair, or on your lap. Gentle massage of your shoulders by a friend or relative may help you to relax. They can stand behind your chair and gently rub your shoulders, and encourage you to relax.

Try to relax your mind too: anxiety can make breathing problems worse. So, if possible, try to distract your mind when you are short of breath. For example, shut your eyes and try to concentrate on pleasant, peaceful thoughts. Some people find it easier to distract their mind by watching TV, or listening to music.

There are at least three ways in which slower abdominal breathing helps to prevent and control the symptoms of anxiety:

- It reverses the symptoms that are a direct result of anxious (rapid, shallow) breathing, such as dizziness, shakiness, confusion and blurred vision.
- It indirectly affects other symptoms that come with anxiety – symptoms most of us can’t control directly, such as heart rate.
- There is evidence that those who struggle with anxiety tend to chronically over-breathe, and that this chronic over-breathing reduces their bodies’ capacity to “buffer” or absorb small increases in anxiety. Practising controlled breathing on a regular basis may normalise your symptoms, making you less susceptible to small urges of anxiety. Keep in mind too that over-breathing can play a role in anxiety symptoms without your full awareness. Has this ever happened to you? You’re going about your day, experiencing various events but still not feeling particularly anxious. Suddenly, you’re lightheaded, your hands begin to tingle, things take on an unreal quality, and you begin to panic.

Source: *South African Depression and Anxiety Group.*



Five ways to make the most of your money

The good news is that you don't need a financial degree to effectively manage your money – but you must know what you want out of it. If you don't understand your motivation to save and invest, drawing up a budget or financial plan is pointless.

The idea is to be far more conscious about your spending right now, and clear about your future goals and ambitions.

Set up a budget

If you create a realistic budget, you're less likely to face financial stress. Some young people like to first take out from their monthly salary their basic fixed expenses, such as rent, food and fuel, and divide up the rest for lifestyle expenses (Netflix, clothes, a new phone, etc.) savings or to pay off debts.

Others like to automate their savings and investments and set up debit orders – for example, a retirement annuity or local or offshore unit trusts. In a way, it's a forced saving, and may protect you from overspending.

Save for an emergency

If you experience a financial setback (retrenchment, burst geyser or unexpected COVID test, for example), an emergency fund will see you through the worst of it. You can start as small as ZAR10 to ZAR100 a month, or 10% of your net salary.

When choosing a savings account for the fund, keep in mind that you might need to access the money quickly, so choose one that allows immediate access to your funds.

Build a good credit score

Most young professionals will need to borrow money at the start of their career – but not all credit is created equal. There are two types of credit. Secured credit means borrowing against an asset like a first home or a new car, while unsecured credit includes credit cards, store cards and personal loans.

Whenever you take on a loan, you will need to pay it back at a certain interest rate, and your credit history will determine the interest rate a bank will offer you. The healthier your credit score, the better the rate.

To maintain good credit health, check if you have any defaults or judgements against you, and remedy these as soon as possible. Make sure you make repayments on any credit cards and accounts on time every month – even paying a day late can have a negative impact on your score.

Grab a tax break

The SA National Treasury allows a tax-free savings account as an incentive to encourage saving. With a tax-free savings account, you can save or invest up to ZAR36 000 a year, capped at a total lifetime contribution of ZAR500 000, which will attract zero tax.

You can also consider increasing your retirement savings up to the maximum tax-deductible amount. Keep in mind that while you may be saving now, you will be taxed when you withdraw it.

When you're reconciling your income and expenses for your annual tax return, you will get a clear retrospective of your finances – use this information to create or adjust your budget.

Understand compounding interest

As a young medical professional who is starting a wealth creation journey, it's important to know about compounding interest.

This is interest calculated on the principal amount or first deposit that you save or invest. It includes all the accumulated interest for the investment or saving period of the first deposit, also called the compounding period. Simply put, it is interest on interest.

If you secure a 5% annual interest rate on a deposit of ZAR100, for example, you will get ZAR5 after 1 year. The following year, you will earn interest on that first deposit, plus interest on the interest you have just earned – because your account balance will now be higher, at ZAR105. Keep in mind that interest rates can be calculated daily, monthly or annually. The longer you don't touch your savings or investment, the more you will earn.

Source: Investec Private Banking staff writer.

Investec for young professionals

Partner with the award-winning bank of high income and high net worth individuals as a young professional.

As a young medical professional, you can experience our full Private Banking offering at a reduced fee until you turn 30.

If you're a medical intern or work in community service for the Department of Health and earn R600 000 a year, you can apply for and open an Investec Private Bank Account*.

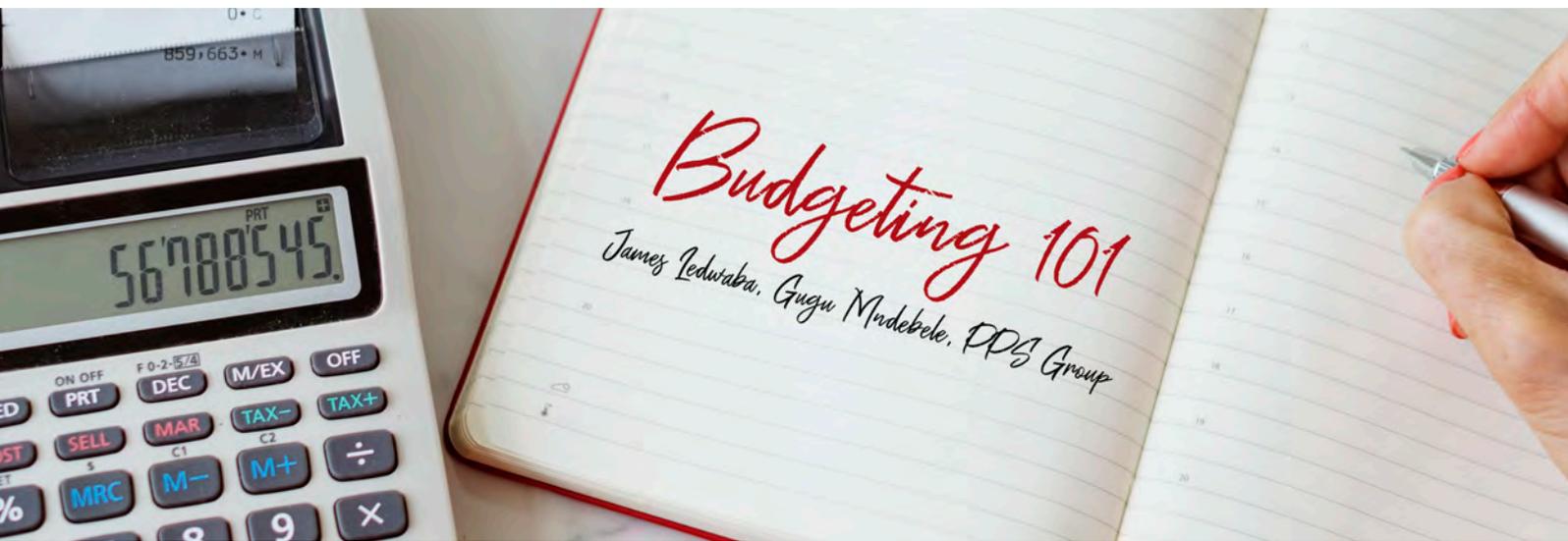
[View more](#)



[*Terms and conditions](#)

Investec Private Banking, a division of Investec Bank Limited registration number 1969/004763/06. Investec Private Banking is committed to the Code of Banking Practice as regulated by the Ombudsman for Banking Services. Copies of the Code and the Ombudsman's details are available on request or visit www.investec.com or www.obssa.co.za. A registered credit provider registration number NCRC9.

— OUT OF THE ORDINARY



The day has finally arrived. It is a day you will probably continue to celebrate every month, for the rest of your working career. It is payday!

You have just received your first salary, and you feel the world is your oyster. Finally, you can buy what you always dreamed of – or can you?

Receiving one's first salary is often the first step to financial independence. The key to success, however, is to learn how to manage your money from the very start. You therefore need to create a budget.

You might think that a budget is something that will restrict you. However, budgeting, if done well, will allow you to chase those dreams and goals you have for your future. Things such as going on an international trip, buying your first car or home, having that dream wedding or one day being able to afford to pay university fees for your children.

The principle behind a budget is to balance what you earn (salary) with what you spend. And at the end, you want a zero – all money accounted for.

Here are some easy steps to create a budget:

Gather all your financial paperwork

- bank statements
- recent utility bills
- credit card bills
- receipts from the last 3 months
- mortgage or car loan statements.

Determine your income

If you earn a regular salary, then you use your net income (or take-home pay) amount. However, if you have any additional jobs, then you need to include income from these as well (e.g. that online side-hustle you started as a student).

Create a list of all your expenses, for example:

- mortgage payments/rent
- car payments
- insurance (including medical aid)
- groceries
- utilities (including data)
- entertainment (e.g. music and/or movie subscriptions)
- personal care
- eating out
- childcare
- transportation costs
- travel
- student loans
- savings.





Fixed v. variable expenses

Identify which of your expenses are fixed amounts (e.g. rent) and which are variable (e.g. eating out). Start assigning a spending value to each category, beginning with your fixed expenses. Then, estimate how much you will need to spend per month on variable expenses. You can have a look at your credit card or bank transactions to determine how much you have spent on these recently. Be honest with yourself when setting these limits.

Calculate

Deduct your total anticipated expenses from your total monthly income. If your income is more than your expenses, then you are in a very good position, as you can use this money towards savings or paying off debt. However, if your expenses are more than your income, then you need to adjust limits. For example, you could consider lowering (or even “zeroing”) your “eating out” allowance.

The aim is to have your income and expense columns equal. This equal balance means all of your income is accounted for and budgeted toward a specific expense or savings goal. The 50-30-20 tool is what is recommended when budgeting:

- 50%: needs, or fixed/essential expenses (e.g. rent and groceries)
- 30%: wants (all other expenses not fitting in the other two categories)
- 20%: savings and debt.

You have a budget, what now?

Now that you have a budget, the aim is to stick to it. Download an app to your smartphone to assist you not only in setting it up, but also keeping to it. It is also a great idea to get yourself a financial adviser to assist you not only to create your budget but to start planning your financial future, right from the start.

Once you get into the habit of sticking to a budget, you will see just how easy it is to plan for paying for those events you always dreamt of, without having to use your medical skills to try and resuscitate your piggy bank.

Kindly note that this does not constitute financial advice. The information provided is purely informational. In terms of the Financial Advisory and Intermediary Services Act No. 37 of 2002, a financial services provider (FSP) should not provide advice to investors without an appropriate risk analysis and thorough examination of a client’s particular financial situation. The information, opinions and communication from the PPS Group or any of its subsidiaries, whether written, oral or implied, are expressed in good faith and not intended as investment advice, neither do they constitute an offer or solicitation in any manner. PPS is a licensed insurer and authorised FSP.

**WANT TO GIVE
YOUR PROFIT-SHARE
A BOOST?
THE FEELING
IS MUTUAL.**

That’s why we’ve amplified the earning potential of our products.

Mutualistic symbiosis is a relationship where both parties benefit, ensuring their success.

As a PPS member, you get a share of the profits. When PPS grows, you grow, that’s what the spirit of mutuality is all about. It’s also why we’ve now made it possible for you to see your share of the profits grow, by taking up a variety of products across the PPS Group subsidiaries and affiliates. The more of a variety of products and combinations you hold, the more Profit-Share growth you can expect.

Because when it comes to members wanting to grow their wealth, the feeling is mutual.

Learn how it works by visiting www.pps.co.za/mutualfeeling

PPS is a licensed insurer and FSP



FOR PROFESSIONALS
SINCE 1941

How doctors should protect their greatest asset – their own health

If the last 2 years have taught us anything, it's that our healthcare workers and doctors are critical frontline protectors of our society. According to data from the National Institute for Occupational Health, over 9 000 healthcare workers were hospitalised with COVID-19. This reality emphasised how important it is that our doctors protect their own wellbeing.

As we have seen already, dread disease and chronic ailments can strike the young and the old, and doctors are predominantly exposed and at risk. If you're looking to secure your wellbeing with a medical aid, why not go where other doctors go?

As one of SA's largest medical schemes, almost half of Profmed's membership base stems from the healthcare sector.

Profmed CEO Craig Comrie says, "We are a scheme built for professionals, most of whom happen to be healthcare workers. We know that doctors don't need the frills, they need a medical aid that understands their unique lifestyle."

Medical aids cannot adopt the one-size-fits-all approach. Your chosen option must suit your lifestyle. The market offers a host of schemes, but how do you separate the wheat from the chaff?

"Consider the medical aid tariff rate – the rate at which potential specialists and knowledge experts will charge for their services, and most importantly, ensure that you are comparing apples with apples by stripping out the marketing speak to expose the nuts and bolts," says Comrie.

Today's medical aid schemes include a savings portion from which members must cover their day-to-day bills, for example, visiting doctors, dentists or specialists or undergoing procedures such as X-rays and scans when not booked into a hospital. That annual savings portion can swiftly disappear if members do not keep their finger on the pulse.

When analysing various medical aid schemes, Comrie suggests considering whether your proposed scheme adequately covers your health needs and those of your dependants. He also notes that not all schemes cover major depression and psychiatric benefits – something he notes that Profmed pays particular attention to (and something that has been of particular importance during the global pandemic and the stresses this has caused frontline workers).

"You also need to question the limits imposed on certain benefits. Understand whether the scheme prescribes to specific network hospitals and doctors, and how these limitations may affect your annual medical cover."

Like all professionals, healthcare workers should have choices, and they resent a dictatorial approach when consulting doctors and specialists. "It is for precisely this reason that young professionals must seek out the knowledge of professional financial advisers, to help them select a medical aid for their specific needs. Don't let your busy lifestyle stop you from protecting what's most important – your own health and wellbeing."





DON'T LET YOUR BUSY LIFESTYLE STOP YOU FROM PROTECTING WHAT'S MOST IMPORTANT – YOUR OWN HEALTH AND WELLBEING

Profmed is the intelligent medical scheme for professionals

-  Unlimited hospitalisation
-  No deposits on admission to hospital
-  Rich maternity benefit and exciting Baby programme
-  A stand-alone day-to-day dental benefit
-  Preventative care for early detection of dread diseases
-  Competitive day-to-day benefits
-  Sabbatical benefit with lenient underwriting on return to RSA
-  International travel medical assistance
-  The Profmed App gives you access to an ER locator, your electronic membership card and more

Where to get help

SAMA Employee Relations Department

Please send queries to both Berthas@samedical.org and labour@samedical.org. They will be forwarded to the relevant department for attention.

Contact your local branch for assistance:

Branch contact details

Branch	Email	Telephone
Border Coastal	samabcb@samedical.org	043 642 1947
Cape Western	samacwb@samedical.org	021 532 3910
Eastern Highveld	samaehb@samedical.org	012 481 2026
Eastern Province	samaepb@samedical.org	041 365 7330
Free State	samafsb@samedical.org	051 405 3481
Free State Goldfields	samagfb@samedical.org	057 916 5618
Gauteng	samagsb@samedical.org	087 997 0726
Gauteng North	samagnb@samedical.org	012 481 2026
Griqualand West	samagwb@samedical.org	053 831 1154
KwaZulu-Natal Coastal	samancb@samedical.org	031 201 2087
KwaZulu-Natal Midlands	samanmb@samedical.org	033 347 0628
KwaZulu-Natal Northern	samannb@samedical.org	034 317 1545
Limpopo	samalpb@samedical.org	015 295 7899
Lowveld	samalvb@samedical.org	012 481 2026
North West Province	samanwb@samedical.org	082 826 4083
Outeniqua	samaoqb@samedical.org	044 871 2131
Transkei	samatrb@samedical.org	047 531 2809
Tygerberg Boland	samatbb@samedical.org	021 913 1122
Vaal River	samavrb@samedical.org	016 363 0400
West Rand	samawrb@samedical.org	011 954 5044

South African Depression and Anxiety Group (SADAG)

24-hour suicide crisis helpline: 0800 567 567

SADAG website: www.sadag.org

SADAG SMS: 31393

Podiatry Association of South Africa (PASA)

Tel: 27 86 1100249

Email: pasa@podiatrist.co.za

Website: www.podiatrist.co.za

Association for Dietetics in SA (ADSA)

Email: info@adsa.org.za

Website: <https://www.adsa.org.za>

Others

Lifeline SA (any time day or night, every day of the year): 0861 322 322

National Institute for Communicable Diseases toll-free COVID-19 hotline: 0800 0299 299

Discovery medical students helpline (24 hour): 0800 323 323

Higher Health 24-hour toll-free mental health helpline: 0800 36 36 36

The Healthcare Workers Care Network website: www.healthcareworkerscarenetwork.org.za





FOLLOW US ON SOCIAL MEDIA



SCAN ME



SCAN ME



SCAN ME



SCAN ME



SCAN ME



SCAN ME

WEBSITE

<https://www.samedical.org/>

WEBSITE ONLINE APPLICATIONS

<https://www.samedical.org/online-membership>

WEBSITE PODCASTS

<https://www.samedical.org/about-us/podcast>

SAMA MOBILE APP



SCAN ME



SCAN ME





Intern 101

What I need to know

members@samedical.org

Phone: 012 481 2071

Member benefits: <https://www.samedical.org/about-us/membershipBenefits>