**MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF**

**ZIMBABWE**

****

**SENIOR REGISTRAR LOGBOOK**

**FOR**

**ANAESTHETICS**

Promoting the health of the population of Zimbabwe through guiding the medical and dental professions

**PERSONAL DETAILS**

**SURNAME …………………………………………………**

**FORENAMES (BLOCK LETTERS)**

**MDPCZ REGISTRATION NUMBER:**

DATE OF BIRTH

(DD/MM/YY)

Registered address

EMAIL ADDRESS

Date of Commencing SR supervised Training ……………………………...

Name of training Institution ………………………………………

Institutions & Periods/Dates

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2

3

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Date of Assessment......................................................................................

Names of Assessors: Dr.................................................................................

 Designation.............................................................

 DR...........................................................................

 Designation.............................................................

I certify that I have checked and verified this Logbook

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Date Dean of

*Promoting the health of the population of Zimbabwe through guiding the medical and dental profession*

**Preamble**

As a regulator Council has a statutory responsibility of assisting in the promotion of the health of the Zimbabwean public by ensuring high standards of medical education and practice.

The Council has a duty to ensure that the public of Zimbabwe receives quality care. The following guidelines have been developed to guide recently qualified Specialists both locally and abroad seeking specialist registration with the Council.

**Requirements for Specialist Registration**

Recently qualified practitioners Masters in Medicine (M Meds) or any approved specialist qualification by the Council upon successful completion of their specialist degree programmes are required to undertake 12 months Senior Registrar (SR) supervised practice in an approved teaching Designated Health Institution by the Council. The Senior Registrar programme is an accredited year of training intended to broaden both clinical acumen and knowledge base with a view of preparing for autonomous practice as a Consultant. Thus each Specialty has prescribed for itself areas, with Council input and approval, a set of generic and specific competencies that it feels forms a sound basis for lifelong development and practice as a safe Consultant.

In this regard, a SR is mandated to fulfill the requirements of their respective log book.

This must be duly signed by the respective supervising Consultant and submitted to the Council together with two 6 monthly reports from and signed by the respective Clinical Director and two supervising Consultants from their respective Specialty.

Where not specified in the logbook, a SR must show evidence of:

1. Participation in ongoing regular unit meetings(pathology, radiology, oncology etc)
2. Active in regular departmental audit meetings,
3. Active in clinical research and teaching activities.
4. At least 5 supervised clinical contact sessions a week , while optimally having no more than 20 percent unsupervised work load(surgical disciplines to have one independent list/week)

Promoting the health of the population of Zimbabwe through guiding the medical and dental professions

**GENERIC FORMAT FOR PRE-REGISTRATION SENIOR REGISTRAR IN ANAESTHETICS**

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| **Personal Attributes**  | **Strengths** | **Areas Of Improvement** | **Score**  |
| 1. **Presentation**

 **Personal/physical appearance**  |  |  |  |
| 1. **Communication**

Patient, relatives and any other interested parties.Effective verbal skills. Present ideas and information concisely. Inspires confidence in colleagues. Keeps others well informed etc • Interpersonal relations Work colleagues and superiors |  |  |  |
| 1. **Management**

Planning and OrganizationSets goals and priorities. Plans ahead and utilizes resources effectively. Ability to meet deadlines and monitor tasks.  |  |  |  |
| 1. **Judgement**

Considers pros and cons before making decisions. Considers risks. Considers impact of decisions and seeks advice. |  |  |  |
| 1. **Leadership**

Effectively manages situations and implements changes when required. Motivates, coordinates, guides and develops subordinates through actions and attitudes. |  |  |  |
| 1. **Ethics**

Observance of both the patient’s and the doctor’s rights. Considers the ethical impact of decisions. Demonstrates actions and attitudes of integrity. |  |  |  |
| 1. **Reliability**

Can achieve goals without supervision. Dependable and trustworthy. |  |  |  |
| 1. **Quality of Work**

Achieves high quality of work that meets requirements of the job**.** |  |  |  |
| 1. **Quantity of Work**

Achieves or exceeds the standard amount of work expected on the job. |  |  |  |
| 1. **Initiative**

**A self starter. Provides solutions to problems.** |  |  |  |
| 1. **Cooperation**

Willingness to work with others as a team member |  |  |  |
| 1. **Assessment by other disciplines**

Professional conduct, reliability and quality of work. |  |  |  |
| 1. **Participation in clinical audit, clinical governance and Continuous Professional Development**
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| 1. **Teaching**

Junior medical and dental staff. Nurses and other health professionals. |  |  |  |
| 1. **Research**

**Participation in ongoing research.** |  |  |  |
| 1. **Others**
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Score 1 – 5 : 1 is the worst score and 5 is the best score. Meet candidate quarterly and discuss strengths and areas of improvement. Consolidate with rating from other departments for overall

**The Holder of MMed (Anaesthetics) in their first year post qualification is expected to have fulfilled the following:**

1. **LEADERSHIP SKILLS**

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| **Attributes** | **Areas of improvement** | **Score****P/A/G/E** |
| Ability to lead and guide all team members in the theatre setting |  |  |
| Set an exemplary cooperative attitude with surgical colleagues. |  |  |
| Demonstrate to both senior and junior colleagues by teaching :The reason for postponement of casesThe need to be non confrontational where misunderstood |  |  |

1. **PROFESSIONAL CONDUCT AND APPEARANCE**

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| **Attributes** | **Areas of improvement** | **Score****P/A/G/E** |
| Demonstrate to and guide juniors in and around the work environment on* Professional conductand demeanour
* Dress code
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| Consultations and response to calls for help* Innovativeness
* Speed of response
 |  |  |
| Conducting of audit in either Theatre or ICU on topical issues |  |  |
| Ability to advice or discipline where necessary e.g. absence from work by juniors when expected to be either on call or on routine duties |  |  |
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 **SCORE KEY**

**P:** POOR

**A:** AVERAGE

**G:** GOOD

**E:** EXCELLENT

**A. TEACHING**

1. **Teach both in Theatre and ICU (SRMOs, Diploma in Anaesthesia, MMed and Nurses):** At least 16 sessions

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1. **Conduct Lectures /Tutorials Outside Theatres Or** **ICU:** at least two (2) sessions

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1. **Lead 2 (Two) Sessions Morbidity And Mortality meeting.**

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1. **Present At Least 2 (Two) Lectures To The Zimbabwe Anaesthetic Association Or Any Professional Body Of Specialties On CME Accredited Sessions**

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1. **ANAESTHESIA PRACTICE**

**CARDIOTHORACICS**

1. **Cardiothoracics Unaccompanied:** At least 10 patients (Thoracotomy; Closed Heart Surgery; Oesophagectomy; Pneumonectomy; Lobectomy; Major Thoracic Trauma)

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1. **Major Vascular (Aortic Cross Clamp):** At least three (3) patients (Does Open Heart surgery count here?)

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1. **PAEDIATRIC SURGERY**
2. **Neonatal Surgery:** at least ten (10) patients

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1. **Pyloric Stenosis:** at least three (3) patients

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1. **Bowel atresia:**  At least five (5) patients

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1. **Diaphragmatic Hernia/ Tracheo –Oesophageal Fistula:** at least four (4) patients

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1. **PSARP/ Pull through for Hirschprung**: at leastfour (4)patients

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1. **Nephrectomies for Wilm’s tumour:** at least four (4) patients

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1. **Laparoscopic paediatric surgery**: at leastfive (5)patients

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1. **Any other Specialty which may present a Neonate for surgery**

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1. **Other Paediatric cases:** at least twenty (20) patients

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1. **NEUROSURGERY**
2. **Neuroradiology – Interventional, CT, MRI etc.: at least three (3) patients**

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**Regional Aneasthesia???**

1. **Craniotomies and craniectomies:** at least five (5) tumours and two (2) vascular

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1. **Laminectomy and ACDF:** at least six (6)

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1. **Posterior fossa surgery:** at least two (2) patients

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1. **Other (Neuroendoscopic procedures e.g. ETV, Transphenoidal Endoscopic assisted craniotomies, endoscopic spinal surgery)** at least three (3) patients

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1. **Burr hole:** at least fifteen (15) patients

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1. **OBSTETRICS AND GYNAECOLOGY**
2. **Severe PIH and eclamptics:** at least fifteen (15) patients

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1. **Obstetrics Patients With Heart Disease Requiring Anaesthesia (valvular disease or cardiomyopathy):**  at least five (5) patients

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1. **Wertheim’s, Caesarean hysterectomy or Gynaecological Oncology:**  at least five (5) patients

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1. **Neonatal resuscitation:** at least ten (10) patients

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Major Obstetric Haemorrhage??

1. **MAXILLOFACIAL +ENT + PLASTICS**
2. **Major craniofacial excisions (surgeries): at least six (6) patients**

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1. **Upper airway obstruction: at least five (5) patients**

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1. **Laryngectomy: at least one (1) patient**

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1. **OTHER SPECIALITIES**
2. **Abnormal Positioning In Theatre For Surgery**: at least eight (8) patients

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1. **Major Orthopaedic, Urological Cases:** at lease (8) patients

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1. **Internal Medicine Patients Admitted Into ICU**: at least five (5) patients

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1. **GENERAL SURGERY**
2. Major general surgical cases requiring ICU/HDU care e.g. thyroidectomy, AP resection, gangrenous obstructed bowel: at least twenty (20) patients

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1. **ICU**
2. **Admissions, Ventilator Set Up, Management, And Discharge, Includes Paediatric Patients, Critical Illness Scoring and Resuscitation**: at least twenty (20) patients

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1. **Conducting Rounds**: at least twenty five (25)

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1. **Teach Procedures (CVP, PAC, ABGS**): at least ten (10)

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1. **Institution Of Parental Nutrition Where Possible/ Available**: at least two (2)

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1. **OTHER NECESSARY PROCEDURES**
2. **Central Neuroaxial Blockade: Thoracic & Lumbar Epidurals:** at least ten (10)

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| **Date**  | **Procedure** | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Peripheral Nerve Blocks E.g. Sciatic, Three In One, Brachial Plexus, Wrist And Ankle Blockade :** at least ten (10) patients

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| **Date**  | **Procedure** | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Bier’s Block:** at least one (1) patient

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**OTHER NECESSARY PROCEDURES**

1. **Ophthalmic Subtenon, Peri And Retrobulbar Block:** at least (10)

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| **Date**  | **Procedure** | **Hospital Number**  | **Supervisor’s Signature**  |
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**IF THERE ARE ANY UNFILLED AREAS, THE CHAIRPERSON OF THE DEPARTMENT SHOULD PROVIDE JUSTIFICATION**.

**Recommendation by the Supervising Consultant (*please print name & stamp)***

Eligible for Registration ……………………………………………………………………………………………………

Not Eligible for registration ……………………………………………………………………………………………….

**Recommendation by the Coordinator/Head of Unit *(where applicable)***

Eligible for Registration ……………………………………………………………………………………………………

Not Eligible for registration ……………………………………………………………………………………………….

**Overall Recommendation by the Chairperson of Department (*please print name & stamp)***

Eligible for Registration ……………………………………………………………………………………………………

Not Eligible for registration ………………………………………………………………………………………………

**Recommendation by the Association (*please print name & stamp)***

Eligible for Registration ……………………………………………………………………………………………………

Not Eligible for registration ………………………………………………………………………………………………

**PLEASE GIVE REASONS IF THERE IS A NEGATIVE REPORT**

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**COMMENTS BY THE SENIOR REGISTRAR**

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**SIGNATURE**…………………………………………………**DATE:**………………………