**MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE**

****

**SENIOR REGISTRAR LOGBOOK**

**FOR**

**OTOLARYNGOLOGISTS**

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

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

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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

1. **Throat and neck**
2. **Endotracheal intubation :**  at least five (5) patients

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Direct Laryngoscopy for : FB removal :**  at least five (5) patients

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1. **Microlaryngology – tumour biopsy :**  at least five (5) patients

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1. **Debulking of laryngeal papilloma :**  at least five (5) patients

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1. **Panendoscopy:**  at least five (5) patients

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1. **Phonosurgery**

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1. **Vocal cord stripping :** at least five (5)

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1. **Medialization procedures** : at least two (2)

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1. **Total laryngectomy: :** at least five (5)

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1. **Partial laryngectomy**: at least two (2)

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1. **Neck dissection – selective :** at least five (5)

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1. **Neck dissection modified :** at least five (5)

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1. **Neck dissection radical :** at least five (5)

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1. **Surgery on neck post radio therapy :** at least 2

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1. **Parapharyngeal space abscess I and D :**  at least 5

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1. **Retropharyngeal space abscess I and D :**  at least 5

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1. **Control oropharyngealhaemorhage complicated requiring hospitalization with secondary intervention eg post tonsillectomy /adenoidectomy :** at least 2

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1. **Diverticulectomy cervical approach :**  at least one (1)

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1. **Insertion of glottis stents:**  at least two (2)

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1. **Trachesplasty (Stomaplasty) – post laryngectomy:** at least two (2)

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1. **Post tracheostomy:**  at least five (5)

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1. **New born direct microlaryngoscopy – diagnostic cricoidssplit:** at least two (2)

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1. **Sistrunk procedure :**  at least five (5)

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1. **Management of chyle fistula (surgical intervention):** at least two (2)

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Awake tracheostamies– electively :** at least five (5)

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1. **Awake tracheostomies emergencies :** at Least five (5)

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1. **Neck exploration post trauma :**  At least five (5)

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1. **Parapharyngeal approach in tumour resection :**  at least three (3)

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Ears**
2. **Repair of meatal stenosis:** at least three (3)

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Tympanoplasty with ossiculaplasty:** at least five (5)

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1. **Biopsy of external auditory canal:** at least five (5)

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1. **Excision of external ear partial and simple repair** : at least two (2)

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1. **Complete amputation:** at least two (2)

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1. **Radical excision external ear + canal with out neck dissection / with neck dissection :** at least two (2)

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Middle ear exploration post auricular / permeatal approach :** at least three (3)

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1. **Simple mastoidectomy :** at least five (5)

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1. **Complete mastoidectomy / Radical Mastoidectomy**at least five (5)

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1. **Modified radical mastoidectomy**at least five (5)

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1. **Nose**
2. **Repair of choanal atresia intranasala approach :** at least five (5)

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1. **Repair of choanal atresia transpalatine approach :** at least two (2)

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1. **Dacrocystorhinostomy – external approach:** at least three (3)

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1. **Nasal Septal abscess/haematoma I and D :** at least three (5)

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1. **Intanasalpolypectomy in OPD :**at least ten (10)

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1. **FB Removal in OPD :** at least ten (10)

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1. **External frontoethmoidectomy / lynch type of op :** at least five (5)

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1. **Rhinectoctomy– total:**at least three (3)

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1. **Rhinectomy– partial :** at least three (3)

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1. **Submucosal resection of septum (nasal) :** at least five (5)

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1. **Lateral rhinotomy :** at least five (5)

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1. **CSF leakrepairethmoid region open approach :** at least two (2)

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 **ENDOSCOPIC WORK**

1. **FESS unilateral and bilateral**: at least five (5)

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1. **Middle meatus antrostomy :** at least five (5)

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1. **Anterior ethmoidectomy:** at least five (5)

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1. **Posterior ethmoidectomy :** at least five (5)

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1. **Sphenodotomy**: at least five (5)

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1. **Oral and face**
2. **Parotidectomy – superficial :**  at least five (5) (with facial nerve preservation)

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1. **Parotidectomy – total :** at least three (3)

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1. **Submandibulectomy:**  at least five (5)

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1. **Commando :**  at least two (2)

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Glossectomy – partial no closure :** at least two (2)

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Glossectomy - Primary closure :**  at least two (2)

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Glossectomy - Skin grafting :** at least two (2)

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Glossectomy - Flap closure** : at least two (2)

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Maxillectomy – partial :**  at least five (5) (with and without or bitalexenteration)

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Maxillectomy- total** : at least three (3)

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Radical resection tonsils, pillars and retromolar**

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Trigone no closure** : at least three (3)

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Trigone – closure with flap**: at least three (3)

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Resection of tumors of oropharynx and soft palate** : at least three (3)

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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**Overall assessment by Chairperson Department of Otoralyngology**

Registrable …………………………………………………………………………………………………………………..

Non Registrable………………………………………………………………………………………………………………

**Recommendation by Zimbabwe Society of Otoralyngologists**

Registrable……………………………………………………………………………………………………………………

Non registrable…………………………………………………………………………………………………………….