

MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE



SENIOR REGISTRAR LOGBOOK FOR UROLOGY

Please note that out patients departments and calls are a requirement

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

1

2

3

4

Date of Assessment.....

Names of Assessors: Dr.....

Designation.....

DR.....

Designation.....

I certify that I have checked and verified this Logbook

.....

Date..... Dean of

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)

GENERIC FORMAT FOR PRE-REGISTRATION SENIOR REGISTRAR FOR UROLOGY

Personal Attributes	Strengths	Areas Of Improvement	Score
1. <u>Presentation</u> Personal/physical appearance			
2. <u>Communication</u> 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			
3. <u>Management</u> Planning and Organization Sets goals and priorities. Plans ahead and utilizes resources effectively. Ability to meet deadlines and monitor tasks.			
4. <u>Judgement</u> Considers pros and cons before making decisions. Considers risks. Considers impact of decisions and seeks advice.			
5. <u>Leadership</u> Effectively manages situations and implements changes when required. Motivates, coordinates, guides and develops subordinates through actions and attitudes.			
6. <u>Ethics</u> Observance of both the patient's and the doctor's rights. Considers the ethical impact of decisions. Demonstrates actions and attitudes of integrity.			
7. <u>Reliability</u> Can achieve goals without supervision. Dependable and trustworthy.			
8. <u>Quality of Work</u> Achieves high quality of work that meets requirements of the job.			
9. <u>Quantity of Work</u> Achieves or exceeds the standard amount of work expected on the job.			
10. <u>Initiative</u> A self starter. Provides solutions to problems.			
11. <u>Cooperation</u> Willingness to work with others as a team member			
12. <u>Assessment by other disciplines</u> Professional conduct, reliability and quality of work.			
13. <u>Participation in clinical audit, clinical governance and Continuous Professional Development</u>			
14. <u>Teaching</u> Junior medical and dental staff. Nurses and other health professionals.			
15. <u>Research</u> Participation in ongoing research.			
16. Others			

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.

OVERALL PROFESSIONAL/CLINICAL COMPETENCE:									
Score:	1	2	3	4	5	6	7	8	9

Attendance to Consults: Expeditiously and appropriately attends to consults from other specialties and liaises with the consultant.									
Score:	1	2	3	4	5	6	7	8	9
Comment									
Leadership: takes responsibility of own action and action of the team. Takes lead in ward rounds,(posttake and at least two business rounds/week) Organizing regular ward meetings and Participation in committees at hospital and/or national level. Takes initiative to correct any management deficits that may affect team effectiveness and patient outcomes.									
Score:	1	2	3	4	5	6	7	8	9
Comment									
Team Player: Accepts appropriate responsibility, Reliable, Supportive and approachable.									
Score:	1	2	3	4	5	6	7	8	9
Comment									
Honesty and Integrity:									
Is there any concern about honesty and integrity: YES NO									
Comment									

AUDIT : covering at least two audits during the SR year (one in each six months)									
Score:	1	2	3	4	5	6	7	8	9
Comment									
Professional Interactions and Integrity									
Attitude to colleagues									
Score:	1	2	3	4	5	6	7	8	9
Attitude to Junior staff									
Score:	1	2	3	4	5	6	7	8	9
Attitude to Nursing staff									
Score:	1	2	3	4	5	6	7	8	9
Attitude to Patients									
Score:	1	2	3	4	5	6	7	8	9
Comment									

1. It is assumed that the person has successfully completed the relevant post graduate training programme, that is recognized in Urology, for example :-
 - i) M Med (Urology) from a recognized University
 - ii) FRCS (Urology)
 - iii) FCS (SA) Urology
 - iv) FCS (ECSA) Urology
 - v) American Board Certified Urologist etc
2. The Senior Registrar rotations is the application of the theoretical and practical knowledge acquired over the training programme.
3. Successful completions of the Senior Registrar year enables the candidate to be entered into the Medical and Dental Practitioners Council of Zimbabwe Register of Specialist Urological Surgeons
4. It should be remembered that after successful completion of the Senior Registrar rotation the candidate must be suitable for appointment to a Consultant Post if such a post becomes available.
5. Below is a benchmark on which assessment will be based. That is to say if a candidate can satisfy these requirements then they have acquired enough competency to be registered with the MDPCZ as a Specialist Urologist.

Benchmark for registration of specialist urologist

Endoscopy

- Urethrocystoscopy ureteric cannulation and radiography (including ureteropyelography)
- Ureteroscopy
- Dilatation of ureters Endoscopic repair of ureterocele
- Optic internal urethrotomy
- Fulguration of posterior urethral valves
- Urethrolithoplaxy
- Bladder neck dilatation
- Cystolithoplaxy
- Dormia basket retrieval of ureteral stones
- TUR
 - a) TUR(P)
 - b) TUR(BT)
 - c) TUR(BN) [blader neck incision]

Kidney

1. Biopsy
2. Drainage of peri-renal abscess
3. Excision of renal cyst
4. Repair of PUJ obstruction
5. Insertion of Renal Pelvis Drain
 - a) Percutaneous (including radiologic)
 - b) Peri-urethral
6. Nephrectomy for benign disease

7. Nephrectomy for malignant disease including Wilms' Tumours
8. Pyelolithotomy
9. Nephrolithotomy
10. PCNL
11. Renal Transplant

Ureter

1. Exploration of ureter
2. Ureterolithomy Ureteric reimplantation, including Baori Flaps
3. Repair of ureteric injuries
4. Ureteric transfers / substitution

Bladder

1. Cystostomy
2. Vesicostomy
3. Repair of ruptured bladder
4. Partial cystectomy
5. Radical cystectomy
6. Ectopic vesicae
7. Urinary diversion techniques

Prostate

1. Prostate biopsy
2. Open prostatectomy
3. (TURP)
4. Radical Prostatectomy

Urethra

1. Urethroplasty
2. Hypospadias repair

Penis

1. Partial / total penectomy
2. Scrotum and testis

Scrotum and Testis

1. Biopsy of the testis
2. Hydrocele and epididymal cysts
3. Vasectomy
4. Epidydymo / vasovasostomy
5. Simple orchidectomy
6. Radical orchidectomy
7. Excision of para testicular masses

Andrology

1. Erectile dysfunction
2. Infertility

Management Of Urological Emergencies

1. Torsion of the testis
2. Epididymorchitis
3. Acute prostatitis
4. Cystitis
 - a) Acute
 - b) Chronic
5. Pyelonephritis
6. Priapism
7. Acute obstructive renal failure
8. Urogenital trauma
 - a) Fracture of the penis
 - b) Puncture of the urethra
 - c) Rupture of the bladder
 - d) All degrees of trauma including vascular injury

Groin And Retroperitoneum

1. Surgery for cryptorchidism
2. Surgery for congenital hernia
3. Surgery for inguinal hernia
4. Repair of varicoceles
5. Deep and superficial inguinal lymph node dissection
6. Retroperitoneal lymph node dissection

Paediatric surgery

1. Hypospadias
2. Epispadias
3. Bladder extrophy
4. Intersex surgery eg vaginoplasty and clitoroplasty

Female Urology

1. Vesicovaginal fistulae repair
2. Surgery for female incontinence eg TVT, TOT, Colposuspension
3. Repair of urethral diverticuli

1. ENDOSCOPY

i. Urethrocystoscopy

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Ureteric Cannulation

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. Ureteroscopy

Date	Name of Patient	Hospital Number	Supervisor's Signature

iv. Avulsion of Posterior Urethral Valves

Date	Name of Patient	Hospital Number	Supervisor's Signature

v. Litholapaxy

Date	Name of Patient	Hospital Number	Supervisor's Signature

vi. Endoscopic Repairs

Date	Name of Patient	Hospital Number	Supervisor's Signature

2. KIDNEY

i. Biopsy

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Excision Of Renal Cyst

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. Repair Of PUJ Obstruction

Date	Name of Patient	Hospital Number	Supervisor's Signature

iv. Nephrectomy For Benign Disease

Date	Name of Patient	Hospital Number	Supervisor's Signature

v. Nephrectomy For Malignant Disease

Date	Name of Patient	Hospital Number	Supervisor's Signature

vi. Pyelolithotom

Date	Name of Patient	Hospital Number	Supervisor's Signature

vii. Nephrolithotomy

Date	Name of Patient	Hospital Number	Supervisor's Signature

3. URETER

i. Exploration Of Ureter

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Ureterolithomy

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. Ureteric Reimplantation

Date	Name of Patient	Hospital Number	Supervisor's Signature

iv. Repair Of Ureteric Injuries

Date	Name of Patient	Hospital Number	Supervisor's Signature

4. BLADDER

i. Repair Of Ruptured Bladder

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Partial Cystectomy

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. Radical Cystectomy

Date	Name of Patient	Hospital Number	Supervisor's Signature

iv. Urinary Diversion Techniques

Date	Name of Patient	Hospital Number	Supervisor's Signature

5. PROSTATE

i. Prostate Biopsy

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Prostatectomy

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. (TURP)

Date	Name of Patient	Hospital Number	Supervisor's Signature

iv. Radical Prostatectomy

Date	Name of Patient	Hospital Number	Supervisor's Signature

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6. URETHRA

i. Optic Internal Urethrotomy

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Urethral Dilatation

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. Urethroplasty

Date	Name of Patient	Hospital Number	Supervisor's Signature

7. PENIS

i. Partial / Total Penectomy

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Circumcision

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. Priapism: Vascular Shunts

Date	Name of Patient	Hospital Number	Supervisor's Signature

8. TESTIS

i. Biopsy Of The Testis

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Vasectomy

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. Vasovasostomy

Date	Name of Patient	Hospital Number	Supervisor's Signature

iv. Simple Orchidectomy

Date	Name of Patient	Hospital Number	Supervisor's Signature

v. Radical Orchidectomy

Date	Name of Patient	Hospital Number	Supervisor's Signature

vi. Testicular Exploration of Torsion

Date	Name of Patient	Hospital Number	Supervisor's Signature

vii. Excision Of Para Testicular Masses

Date	Name of Patient	Hospital Number	Supervisor's Signature

9. GROIN AND RETROPERITONEUM

i. Surgery For Cryptorchidism

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Surgery For Congenital Hernia

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. Surgery For Inguinal Hernia

Date	Name of Patient	Hospital Number	Supervisor's Signature

iv. Repair Of Vericocetes

Date	Name of Patient	Hospital Number	Supervisor's Signature

v. Deep And Superficial Unguinal Lymph Node Dissection

Date	Name of Patient	Hospital Number	Supervisor's Signature

vi. Retroperitoneal Lymph Node Dissection

Date	Name of Patient	Hospital Number	Supervisor's Signature

10. PAEDIATRIC SURGERY

i. Hypospadias

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Epispadias

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. Bladder Extrophy

Date	Name of Patient	Hospital Number	Supervisor's Signature

iv. Intersex Surgery Eg Vaginaplasty And Cliteroplasty

Date	Name of Patient	Hospital Number	Supervisor's Signature

11. FEMALE UROLOGY

i. Vesicovaginal Fistulae Repair

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Surgery For Female Incontinence Eg TVT, TOT, Colposuspension

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. Repair Of Urethral Diverticuli

Date	Name of Patient	Hospital Number	Supervisor's Signature

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:**