

# MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE



## SENIOR REGISTRAR LOGBOOK FOR

## PAEDIATRIC SURGERY

**Please note that out patients departments and calls are a requirement**

# GENERIC FORMAT FOR PRE-REGISTRATION SENIOR REGISTRAR IN OPHTHALMOLOGY

Personal Attributes	Strengths	Areas Of Improvement	Score
1. <b><u>Presentation</u></b> <b>Personal/physical appearance</b>			
2. <b><u>Communication</u></b> Patient, relatives and any other interested parties. Effective verbal skills. Present ideas and information concisely. Inspires confidence in colleagues. Keeps others well informed etc <ul style="list-style-type: none"> <li>Interpersonal relations</li> <li>Work colleagues and superiors</li> </ul>			
3. <b><u>Management</u></b> Planning and Organization Sets goals and priorities. Plans ahead and utilizes resources effectively. Ability to meet deadlines and monitor tasks.			
4. <b><u>Judgement</u></b> Considers pros and cons before making decisions. Considers risks. Considers impact of decisions and seeks advice.			
5. <b><u>Leadership</u></b> Effectively manages situations and implements changes when required. Motivates, coordinates, guides and develops subordinates through actions and attitudes.			
6. <b><u>Ethics</u></b> Observance of both the patient's and the doctor's rights. Considers the ethical impact of decisions. Demonstrates actions and attitudes of integrity.			
7. <b><u>Reliability</u></b> Can achieve goals without supervision. Dependable and trustworthy.			
8. <b><u>Quality of Work</u></b> Achieves high quality of work that meets requirements of the job.			
9. <b><u>Quantity of Work</u></b> Achieves or exceeds the standard amount of work expected on the job.			
10. <b><u>Initiative</u></b> <b>A self starter. Provides solutions to problems.</b>			
11. <b><u>Cooperation</u></b> Willingness to work with others as a team member			
12. <b><u>Assessment by other disciplines</u></b> Professional conduct, reliability and quality of work.			
13. <b><u>Participation in clinical audit, clinical governance and Continuous Professional Development</u></b>			
14. <b><u>Teaching</u></b> Junior medical and dental staff. Nurses and other health professionals.			
15. <b><u>Research</u></b> <b>Participation in ongoing research.</b>			
16. <b><u>Others</u></b>			

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

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

**Attendance to Consults:** Expeditiously and appropriately attends to consults from other specialties and liaises with the consultant.

<b>Score:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	
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<b>Comment</b>
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**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.

<b>Score:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	
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<b>Comment</b>
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**Team Player:** Accepts appropriate responsibility, Reliable, Supportive and approachable.

<b>Score:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	
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<b>Comment</b>
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**Honesty and Integrity:**

<b>Is there any concern about honesty and integrity:</b>	<b>YES</b>	<b>NO</b>
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<b>Comment</b>
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<b>AUDIT : covering at least two audits during the SR year (one in each six months)</b>									
<b>Score:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Comment</b>									
<b>Professional Interactions and Integrity</b>									
<b>Attitude to colleagues</b>									
<b>Score:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Attitude to Junior staff</b>									
<b>Score:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Attitude to Nursing staff</b>									
<b>Score:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Attitude to Patients</b>									
<b>Score:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Comment</b>									

**PAEDIATRIC SURGERY LOGBOOK**

**1. HEAD AND NECK**

**1.1 Excision Cystic Hygroma:**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**1.2 Ex Other Lymphatic/Vascular Malformation:**

**at least 3**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**1.3 Ex Periorbital Dermoid:**

**at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

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**1.4 Ex. Subcutaneous Dermoid :**

**at least 4**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**1.5 Thyroidectomy :**

**at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**1.6 Tracheostomy :**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**1.7 Ex Thyroglossal Cyst :****at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**1.8 Ex Branchial Remnant :****at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**1.9 Ex Lymph Node(s) Neck:****at least 3**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature


**1.10 Sternomastoid Division For Torticollis:**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**1.11 Operation For MAIS:**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**1.12 Operation On Preauricular Sinus :**

**at least 3**



Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**1.13 Drainage Abscess:**

**at least 4**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**1.14 Division Tongue Tie :**

**at least 4**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature


**1.15 Other Major :**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**1.16 Other Minor :**

**at least 4**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

## **2. SKIN AND APPENDAGES**

**2.1 Mastectomy For Gynaecomastia :**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>


**2.2 Ex Skin/Subcutaneous Lesion :**

**at least 4**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**2.3 Drainage Abscess :**

**at least 4**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**2.4 Ingrown Toenail Operation :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**2.5 Other :**

**at least 2**

Date	Nme of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**2.6 Ex Sacral Sinus / Coccygeal Pit :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

### **3. THORACIC**

**3.1 Chest Wall Deformity Surgery :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**3.2 Ex Intrathoracic Tumour : at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**3.3 Lung Resection : at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**3.4 Empyema Surgery : at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

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**3.5 Non Neonatal OA :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**3.6 Oesophageal Replacement :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**3.7 Biopsy Intrathoracic Tumour :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**3.8 Open Lung Biopsy :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

### 3.9 Thoracotomy For Trauma :

at least 2

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

### 3.10 Oesophagoscopy +/- FB, Stricture Dilation :

at least 6

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**3.11 Insertion Chest Tube :****at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**3.12 Bronchoscopy flexible and Rigid :****at least 3**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**3.13 Oesophagoscopy Rigid :****at least 5**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature



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**3.14 H Fistula–Non-Neonatal :**

**at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**3.15 Other Major:**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**3.16 Other Minor :**

**at least 4**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>


#### **4. ABDOMINAL**

##### **4.1 Liver Resection Or Transplantation : at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

##### **4.2 Liver Biopsy Open Wedge : at least 3**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

##### **4.3 Biliary Atresia Surgery : at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.4 Choledochal Cyst Surgery Or Biliary Reconstruction: at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.5 Open Cholecystectomy : at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.6 Other Biliary Procedure : at least 3**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.7 Rectoplasty/PSARP :**

**at least 5**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.8 Hirschsprung's ~ Definitive Surgery Outside Neonatal:**

**at least 5**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature


#### 4.9 Intussusception: Enema Reduction or Pneumatic Reduction

At least 4

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

#### 4.10 Intussusception: Open Reduction

at least 5

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.11 Meckel's Diverticulectomy :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.12 Laparotomy With Stoma Formation :**

**at least 5**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

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**4.13 Laparotomy Division Adhesions:**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.14 Laparotomy, Resection, Anastomosis :**

**at least 5**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.15 Laparotomy For Major Trauma :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.16 Closure Of Stoma :****at least 6**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.17 Splenectomy, Splenorrhaphy (Open) :****at least 3**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.18 Appendicectomy (Open) :****at least 3**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature




**4.19 Pyloromyotomy :**

**at least 3**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**4.20 Gastrostomy Open :**

**at least 3**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**4.21 Gastrostomy Percutaneous :**

**at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>


**4.22 Change Gastrostomy Button / Tube :**

**at least 3**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**4.23 Anoplasty (Non-Neonatal) :**

**at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**4.24 Rectal Prolapse Surgery :**

**at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>


**4.25 Internal Anal Sphincterotomy:**

**at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**4.26 Anal Fistulotomy :**

**at least 3**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**4.27 Rectal Biopsy Open :**

**at least 6**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>


**4.28 Drainage Perianal Abscess :**

**at least 4**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**4.29 Flexible Lower GI Endoscopy :**

**at least 5**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>


**4.30 EUA, Sigmoidoscopy :**

**at least 5**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**4.31 Fundoplication :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.32 Primary Peritonitis :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.33 Epigastric Hernia Repair :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.34 Inguinal Herniotomy < 6 Months :**

**at least 10**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**4.35 Inguinal Herniotomy > 6 Months :**

**at least 10**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.36 Orchidopexy < 1 Year, Or Testis At Or Above Deep Ring :**

**at least 5**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.37 Orchidopexy > 1 Year :**

**at least 3**



Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.38 Flexible Upper GI Endoscopy:**

**at least 5**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.39 Umbilical Hernia Repair :**

**at least 10**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.40 Femoral Hernia Repair :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.41 Malrotation / Volvulus (Non-Neonatal) :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.42 Sero - Muscular Biopsies (Colon) (Open) :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.43 Ace Procedure (Open) :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**4.44 Other Major Abdominal :****at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**4.45 Other Minor Abdominal :****at least 4**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

## 5 GENITOURINARY

### 5.1 Nephrectomy +/-Ureterectomy :

at least 5

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

### 5.2 Vesicostomy/Closure :

at least 2

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

### 5.3 Ureteric Anastomosis :

at least 2

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature


**5.4 Ureterocele Procedure :**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**5.5 Ureteric Reimplantation :**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**5.6 Cystoscopy And Manipulation :**

**at least 3**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>


**5.7 Cystoscopy:**

**at least 3**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**5.8 Bladder Exstrophy/Epispadias :**

**at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**5.9 Bladder Augmentation :**

**at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>


**5.10 Intersex - Clitoroplasty / Vaginoplasty :**

**at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**5.11 Cloacal Reconstruction :**

**at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**5.12 Meatotomy :**

**at least 4**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>



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**5.13 Circumcision :**

**at least 4**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**5.14 Varicocele Surgery (Open) :**

**at least 3**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**5.15 Scrotal Exploration For Testicular Torsion :**

**at least 3**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>


**5.16 Scrotal Exploration - Other Cause :**

**at least 4**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**5.17 Gonadectomy Intersex :**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**5.18 Ovarian Procedure :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**5.19 Insertion / Removal Peritoneal Dialysis Catheter :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**5.20 Division Labial Adhesions :**

**at least 4**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

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**5.21 Other Major :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**5.22 Other Minor (Incl EUA) :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

## **6. NEONATAL**

**6.1 Abdominal Wall Defect: Simple Amphobocele :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

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**6.2 Abdominal Wall Defect: Complex Gastroschisis :**

**at least 5**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**6.3 Diaphragmatic Hernia Repair :**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**6.4 OA / TOF Surgery :**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>


**6.5 Laparotomy For NEC :** **at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**6.6 Laparotomy For Malrotation / Volvulus :** **at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**6.7 Laparotomy For GI Atresia :** **at least 5**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**6.8 Laparotomy For Meconium Ileus And Related Disorders :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**6.9 Hirschsprung's Definitive Surgery :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**6.10 Stoma Formation /Closure :****at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**6.11 Anoplasty :****at least 3**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**6.12 Other Major Neonatal Surgery (Including PDA) :****at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature



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**6.13 Contrast Enema For Meconium Ileus :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**6.14 Neonatal Urological Procedure – Specify :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**6.15 Neonatal Laparoscopy :**

**at least 3**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature


## 7 MINIMAL ACCESS SURGERY

### 7.1 Thoracoscopy Minor :

at least 1

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

### 7.2 Thoracoscopy Major (Including Procedure) :

at least 1

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

### 7.3 Laparoscopy Diagnostic/Assisted :

at least 3

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature


**7.4 Laparoscopic Appendicectomy :**

**at least 3**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**7.5 Laparoscopic Cholecystectomy:**

**at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**7.6 Laparoscopic Fundoplication ;****at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**7.7 Laparoscopic Splenectomy :****at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**7.8 Laparoscopy For UDT 1st Stage :****at least 3**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

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**7.9 Laparoscopy For UDT 2nd Stage :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**7.11 Laparoscopic Other Major :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**7.12 Laparoscopic Other Minor :**

**at least 3**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature


**7.13 Laparoscopic Assisted Rectoplasty/PSARP :**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**7.14 Laparoscopic Hirschprung's – Definitive (Non-Neonatal) :**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**7.15 Laparoscopic Gastrostomy :**

**at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

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**7.16 Laparoscopic ACE Procedure :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**7.17 Laparoscopic Seromuscular Biopsy :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**7.18 Laparoscopic Gonadectomy :**

**at least 3**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**7.19 Laparoscopic Ovarian Procedure :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

#### 7.20 Laparoscopic Ladd's Procedure :

at least 1

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

### 8 TUMOUR SURGERY

#### 8.1 Wilms Tumour :

at least 5

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature




**8.2 Neuroblastoma -Any Site :**

**at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**8.3 Rhabdomyosarcoma -Any Site :**

**at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**8.4 Liver Tumour :**

**at least 1**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>


**8.5 Gonadal Tumour :**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**8.6 Lymphoma Biopsy / Excision :**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**8.7 Sacrococcygeal Tumour Excision :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**8.8 Other Major Tumour Excision :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**8.9 Tumour Biopsy :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

## 9 INTERVENTIONAL RADIOLOGY

### 9.1 Sclerotherapy Of Lymphatic Malformation :

at least 3

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

### 9.2 Percutaneous Nephrostomy :

at least 1

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

## 10. OTHERS

### 10.1 Central Line Insertion :

at least 2

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

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**10.2 Central Line Removal :**

**at least 4**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**10.3 Lymph Node Biopsy:**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**10.4 Neurosurgical Major :**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>


**10.5 Laceration Major :**

**at least 2**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**10.6 Laceration Minor :**

**at least 4**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**10.7 Vessel Reconstruction :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**10.8 Removal Foreign Body :**

**at least 1**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**10.9 Other Major :**

**at least 2**

Date	Name of Patient	Hospital Number	Surgeon	Assistant	Supervisor's Signature

**10.10 Other Minor :**

**at least 4**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>

**10.11 Contrast Enema :**

**at least 5**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Surgeon</b>	<b>Assistant</b>	<b>Supervisor's Signature</b>



## SUMMARY

	Surgeon		Assistant		Observer		Totals	
	Maj:	Min:	Maj:	Min:	Maj:	Min:	Maj:	Min
<b>1.0 Head and Neck</b>								
<b>2.0 Skin and Appendages</b>								
<b>3.0 Thoracic</b>								
<b>4.0 Abdominal</b>								
<b>5.0 Genitourinary</b>								
<b>6.0 Neonatal</b>								
<b>7.0 Minimal Access Surgery</b>								
<b>8.0 Tumours</b>								

<b>9.0 Others</b>				
<b>Interventional radiology</b>				
<b><i>Totals</i></b>				
				<b>All cases =</b>

<b>Major 1</b>				
<b>Major 2</b>				
<b>Major 3</b>				
<b>Major 4</b>				
<b>Endoscopic 5</b>				



**IF THERE ARE ANY UNFULFILLED AREAS, THE CHAIRPERSON OF 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:.....**

