

MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE



SENIOR REGISTRAR LOGBOOK FOR RADIOTHERAPY & ONCOLOGY

Please note that out patients departments and calls are a requirement

PERSONAL DETAILS

SURNAME.....

FORENAMES..... (BLOCK LETTERS)

MDPCZ REGISTRATION NUMBER:.....

DATE OF BIRTH
(DD/MM/YY)

Registered address

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.....

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

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)

GENERIC FORMAT FOR PRE-REGISTRATION REQUIREMENTS SENIOR REGISTRAR

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 • <u>Interpersonal relations</u> Work colleagues and superiors			
3. <u>Management</u> <u>Planning and Organization</u> 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. <u>Others</u>			

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 score.

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
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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
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Comment

Team Player: Accepts appropriate responsibility, Reliable, Supportive and approachable.

Score:	1	2	3	4	5	6	7	8	9
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Comment

Honesty and Integrity:

Is there any concern about honesty and integrity:	YES	NO
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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

SECTION 2: Activities to be done;

Part I – Procedures that need to be done during the 1st quarter of the senior registrar year

Date of Assessment:

Name of Assessor:

Activities					
	Poor	Satisfactory	Good	Excellent	Not done
Outpatient clinics: New patients, Review and SIM clinics					
Ward round attendance and participation					
Chemotherapy Administration					
Brachytherapy					
Chart round attendance and participation					
Journal Club attendance and participation					
MDT meetings attendance and participation					

Any additional comments:

Signed: Date:

Part II – Procedures that need to be done during the 2nd quarter of the senior registrar year

Date of Assessment:

Name of Assessor:

Activities					
	Poor	Satisfactory	Good	Excellent	Not done
Outpatient clinics: New patients, Review and SIM clinics					
Ward round attendance and participation					
Chemotherapy Administration					
Brachytherapy					
Chart round attendance and participation					
Journal Club attendance and participation					
MDT meetings attendance and participation					

Any additional comments:

Signed: Date:

Part III – Procedures that need to be done during the 3rd quarter of the senior registrar year

Date of Assessment:

Name of Assessor:

Activities					
	Poor	Satisfactory	Good	Excellent	Not done
Outpatient clinics: New patients, Review and SIM clinics					
Ward round attendance and participation					
Chemotherapy Administration					
Brachytherapy					
Chart round attendance and participation					
Journal Club attendance and participation					
MDT meetings attendance and participation					

Any additional comments:

Signed: Date:

Part IV – Procedures that need to be done during the 4th quarter of the senior registrar year

Date of Assessment:

Name of Assessor:

Activities					
	Poor	Satisfactory	Good	Excellent	Not done
Outpatient clinics: New patients, Review and SIM clinics					
Ward round attendance and participation					
Chemotherapy Administration					
Brachytherapy					
Chart round attendance and participation					
Journal Club attendance and participation					
MDT meetings attendance and participation					

Any additional comments:

Signed: Date:

SECTION 3: Procedures to be done;

Patient Management Log Book:

A. RADIOTHERAPY TREATMENT

Minimum 50 Patients

1. Breast cancer

SCORING KEY

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 score.

	Name of Patient and File Number	DATE	Diagnosis and Treatment Intent any previous Treatment	Simulation/Treatment Technique/Planning and Prescription	Patient Outcome	Supervisor Score and Signature
1.	Mrs A. Faith 12/2003	10/05/13	Breast Cancer Stage T2 N1 M0 Post MRM and 6 cycles of CAF	Simulated and Treatment planning done; Prescribed 45Gy/20#/4weeks @ 2Gy/#	Completed RT Treatment well-tolerated	
2.						
3.						
4.						
5.						

2. Gynaecological cancers

(Cervix, Uterus, Vulva, Ovary)

	Name of Patient and File Number	DATE	Diagnosis and Treatment Intent any previous Treatment	Simulation/Treatment Technique/Planning and Prescription	Patient Outcome	Supervisor Score and Signature
1.	Mrs A. Faith 12/2003	10/05/13	Breast Cancer Stage T2 N1 M0 Post MRM and 6 cycles of CAF	Simulated and Treatment planning done; Prescribed 45Gy/20#/4weeks @ 2Gy/#	Completed RT Treatment well-tolerated	
2.						
3.						
4.						
5.						

3. Thorax- Lung Cancer

	Name of Patient and File Number	DATE	Diagnosis and Treatment Intent any previous Treatment	Simulation/Treatment Technique/Planning and Prescription	Patient Outcome	Supervisor Score and Signature
1.	Mrs A. Faith 12/2003	10/05/13	Breast Cancer Stage T2 N1 M0 Post MRM and 6 cycles of CAF	Simulated and Treatment planning done; Prescribed 45Gy/20#/4weeks @ 2Gy/#	Completed RT Treatment well-tolerated	
2.						
3.						
4.						

4. Gastrointestinal Cancers

Esophagus, Gastric, Rectal, Anal Cancers

	Name of Patient and File Number	DATE	Diagnosis and Treatment Intent any previous Treatment	Simulation/Treatment Technique/Planning and Prescription	Patient Outcome	Supervisor Score and Signature
1.	Mrs A. Faith 12/2003	10/05/13	Breast Cancer Stage T2 N1 M0 Post MRM and 6 cycles of CAF	Simulated and Treatment planning done; Prescribed 45Gy/20#/4weeks @ 2Gy/#	Completed RT Treatment well-tolerated	
2.						
3.						
4.						
5.						

5. Head and Neck/ENT Cancers

Lip and Oral Cavity, Oropharynx, Hypopharynx, Nasopharynx, Larynx, Paranasal Sinus Cancers, Salivary Glands

	Name of Patient and File Number	DATE	Diagnosis and Treatment Intent any previous Treatment	Simulation/Treatment Technique/Planning and Prescription	Patient Outcome	Supervisor Score and Signature
1.	Mrs A. Faith 12/2003	10/05/13	Breast Cancer Stage T2 N1 M0 Post MRM and 6 cycles of CAF	Simulated and Treatment planning done; Prescribed 45Gy/20#/4weeks @ 2Gy/#	Completed RT Treatment well-tolerated	
2.						
3.						
4.						
5.						

6. Urological Cancers and Male Genital Cancers

Kidney, Bladder, Prostate, Penile and Testis

	Name of Patient and File Number	DATE	Diagnosis and Treatment Intent any previous Treatment	Simulation/Treatment Technique/Planning and Prescription	Patient Outcome	Supervisor Score and Signature
1.	Mrs A. Faith 12/2003	10/05/13	Breast Cancer Stage T2 N1 M0 Post MRM and 6 cycles of CAF	Simulated and Treatment planning done; Prescribed 45Gy/20#/4weeks @ 2Gy/#	Completed RT Treatment well- tolerated	
2.						
3.						
4.						
5.						

7. Skin Cancers and Melanoma

	Name of Patient and File Number	DATE	Diagnosis and Treatment Intent any previous Treatment	Simulation/Treatment Technique/Planning and Prescription	Patient Outcome	Supervisor Score and Signature
1.	Mrs A. Faith 12/2003	10/05/13	Breast Cancer Stage T2 N1 M0 Post MRM and 6 cycles of CAF	Simulated and Treatment planning done; Prescribed 45Gy/20#/4weeks @ 2Gy/#	Completed RT Treatment well-tolerated	
2.						
3.						
4.						
5.						

8. Bone and Soft Tissue Tumours

	Name of Patient and File Number	DATE	Diagnosis and Treatment Intent any previous Treatment	Simulation/Treatment Technique/Planning and Prescription	Patient Outcome	Supervisor Score and Signature
1.	Mrs A. Faith 12/2003	10/05/13	Breast Cancer Stage T2 N1 M0 Post MRM and 6 cycles of CAF	Simulated and Treatment planning done; Prescribed 45Gy/20#/4weeks @ 2Gy/#	Completed RT Treatment well-tolerated	
2.						
3.						
4.						
5.						

9. Adult Neurological Tumours (PNS and CNS)

	Name of Patient and File Number	DATE	Diagnosis and Treatment Intent any previous Treatment	Simulation/Treatment Technique/Planning and Prescription	Patient Outcome	Supervisor Score and Signature
1.	Mrs A. Faith 12/2003	10/05/13	Breast Cancer Stage T2 N1 M0 Post MRM and 6 cycles of CAF	Simulated and Treatment planning done; Prescribed 45Gy/20#/4weeks @ 2Gy/#	Completed RT Treatment well-tolerated	
2.						
3.						
4.						
5.						

10. Paediatric Malignancies

	Name of Patient and File Number	DATE	Diagnosis and Treatment Intent any previous Treatment	Simulation/Treatment Technique/Planning and Prescription	Patient Outcome	Supervisor Score and Signature
1.	Mrs A. Faith 12/2003	10/05/13	Breast Cancer Stage T2 N1 M0 Post MRM and 6 cycles of CAF	Simulated and Treatment planning done; Prescribed 45Gy/20#/4weeks @ 2Gy/#	Completed RT Treatment well-tolerated	
2.						
3.						
4.						
5.						

11. Lymphoreticular Malignancies and Myeloma

	Name of Patient and File Number	DATE	Diagnosis and Treatment Intent any previous Treatment	Simulation/Treatment Technique/Planning and Prescription	Patient Outcome	Supervisor Score and Signature
1.	Mrs A. Faith 12/2003	10/05/13	Breast Cancer Stage T2 N1 M0 Post MRM and 6 cycles of CAF	Simulated and Treatment planning done; Prescribed 45Gy/20#/4weeks @ 2Gy/#	Completed RT Treatment well-tolerated	
2.						
3.						
4.						
5.						

12. Kaposi Sarcoma

	Name of Patient and File Number	DATE	Diagnosis and Treatment Intent any previous Treatment	Simulation/Treatment Technique/Planning and Prescription	Patient Outcome	Supervisor Score and Signature
1.	Mrs A. Faith 12/2003	10/05/13	Breast Cancer Stage T2 N1 M0 Post MRM and 6 cycles of CAF	Simulated and Treatment planning done; Prescribed 45Gy/20#/4weeks @ 2Gy/#	Completed RT Treatment well-tolerated	
2.						
3.						
4.						
5.						

13. Brachytherapy

	Name of Patient and File Number	DATE	Diagnosis and Treatment Intent any previous Treatment	Procedure/Treatment Technique/Planning and Prescription	Patient Outcome	Supervisor Score and Signature
1.	Faith 12/2003	10/05/13	Cervical Cancer Stage IIB On Chemoradiation	Brachytherapy Procedure and planning- Brief description 7Gy to Point A, once a week x 3 insertion	Completed Treatment well-tolerated	
2.						
3.						
4.						
5.						

RADIOTHERAPY TREATMENT Overall Comments:

Supervisor 1:

DATE: **NAME:** **SIGNATURE:**

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Supervisor 2:

DATE: **NAME:** **SIGNATURE:**

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B. SYSTEMIC THERAPY: Chemotherapy/Hormonal and Targetted Therapy Treatment
Minimum 30 Patients

	Name of Patient and File Number	DATE	Diagnosis and Treatment Intent any previous Treatment	Regimes and prescription(BSA)	Patient Outcome	Supervisor Score and Signature
1.	Mrs A. Faith 12/2003	10/05/ 13	Breast Cancer Stage T2 N1 M0 Post MRM Radical Treatment	AC x4 → Tx4 (BSA 1.6) AC = Doxorubicin 60mg/m2 (100mg) and cyclophosphamide 600mg/m2 (1000mg) Day 1 every 21 days for 4 cycles followed by 4 cycles of Taxotere 100mg/m2 Day 1 every 21 days for 4 cycles	Completed 8 cycles of chemotherapy; Well-tolerated	
2.						
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28						
29						
30						

Systemic Therapy Overall Comments:

Supervisor 1:

DATE: **NAME:** **SIGNATURE:**

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Supervisor 2:

DATE: **NAME:** **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:.....