

# **MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE**



## **SENIOR REGISTRAR LOGBOOK**

**FOR**

**CARDIOTHORACIC, VASCULAR, CARDIAC (PAEDS),  
THORACIC, CARDIOVASCULAR AND CARDIAC SURGERY**

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

**GENERIC FORMAT FOR PRE-REGISTRATION SENIOR REGISTRAR IN CARDIOTHORACIC, VASCULAR, CARDIAC (PAEDS), THORACIC, CARDIOVASCULAR AND CARDIAC SURGERY**

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

This logbook is divided into two sections

**Section A**

Generic topics covered in this section do apply to all the above specialties and for the basis for any specialties, hence knowledge or completion of Section A is mandatory for completion of Section B.

**Section B**

Specialty Section \_ This Section deal specifically with performing adequate procedures in the relevant Specialist with the sole aim of producing an independent and competent Specialist.

**1. NAME:** \_\_\_\_\_

**2. Period of Clinical Assessment**

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**3. Period of Training**

**From** \_\_\_\_\_

**To** \_\_\_\_\_

**4. Teaching Hospital** \_\_\_\_\_

**5. Names of Surgeon in Unit** \_\_\_\_\_


**6. Number of Weeks Absent** \_\_\_\_\_ **Reasons** \_\_\_\_\_

**7. Research Required Satisfied YES /NO**

**8. Name of Supervisor** \_\_\_\_\_

**9. Signature of Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_

**10. Signature of Senior Registrar** \_\_\_\_\_ **Date** \_\_\_\_\_

## Section A

### 1. THORACO CARDIAC

#### i. General Knowledge of all possible thoracic incisions

Date	Name of Patient	Hospital Number	Diagnosis	Mode of Treatment	No of days in Hospital	Outcome	Supervisor's Signature

#### ii. Emergencies

Date	Name of Patient	Hospital Number	Diagnosis	Mode of Treatment	No of days in Hospital	Outcome	Supervisor's Signature

**iii. Investigations**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Diagnosis</b>	<b>Mode of Treatment</b>	<b>No of days in Hospital</b>	<b>Outcome</b>	<b>Supervisor's Signature</b>

**PAEDIATRIC EMERGENCIES**

**i. Foreign Bodies (Oesophageal and bronchial) : at least 10 patients**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Diagnosis</b>	<b>Mode of Treatment</b>	<b>No of days in Hospital</b>	<b>Outcome</b>	<b>Supervisor's Signature</b>

ii. **Blunt Chest Trauma** : at least 10 patients

Date	Name of Patient	Hospital Number	Diagnosis	Mode of Treatment	No of days in Hospital	Outcome	Supervisor's Signature

iii. **Penetrating Chest Trauma** : at least 5 patients

Date	Name of Patient	Hospital Number	Diagnosis	Mode of Treatment	No of days in Hospital	Outcome	Supervisor's Signature



iv. **RTA** : at least 10 patients

Date	Name of Patient	Hospital Number	Diagnosis	Mode of Treatment	No of days in Hospital	Outcome	Supervisor's Signature

#### **CHEST X RAY (AP AND LATERAL)**

i. **Pleural Effusion** : at least 5 patients

Date	Name of Patient	Hospital Number	Diagnosis	Mode of Treatment	No of days in Hospital	Outcome	Supervisor's Signature

**ii. Foreign Body :** at least 5 patients

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Diagnosis</b>	<b>Mode of Treatment</b>	<b>No of days in Hospital</b>	<b>Outcome</b>	<b>Supervisor's Signature</b>

**iii. Rib Fractures:** at least 5 patients

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Diagnosis</b>	<b>Mode of Treatment</b>	<b>No of days in Hospital</b>	<b>Outcome</b>	<b>Supervisor's Signature</b>

**iv. Haemothorax :** at least 5 patients

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Diagnosis</b>	<b>Mode of Treatment</b>	<b>No of days in Hospital</b>	<b>Outcome</b>	<b>Supervisor's Signature</b>

**v. Pneumothorax :** at least 5 patients

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Diagnosis</b>	<b>Mode of Treatment</b>	<b>No of days in Hospital</b>	<b>Outcome</b>	<b>Supervisor's Signature</b>

**vi. Blunt Chest Trauma**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Diagnosis</b>	<b>Mode of Treatment</b>	<b>No of days in Hospital</b>	<b>Outcome</b>	<b>Supervisor's Signature</b>

**vii. Frail Chest : at least 5 patients**

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Diagnosis</b>	<b>Mode of Treatment</b>	<b>No of days in Hospital</b>	<b>Outcome</b>	<b>Supervisor's Signature</b>

**viii. Tension Pneumothorax**

Date	Name of Patient	Hospital Number	Diagnosis	Mode of Treatment	No of days in Hospital	Outcome	Supervisor's Signature

*Note: At Least 2 weeks of attachment with a Radiologist who will be Supervisor*

**2. VASCULAR**

**i. Penetrating Trauma With Vascular Injury : at least 5 patients**

Date	Name of Patient	Hospital Number	Diagnosis	Mode of Treatment	No of days in Hospital	Outcome	Supervisor's Signature

ii. **Non Traumatic Vascular Emergencies** : at least 5 patients

Date	Name of Patient	Hospital Number	Diagnosis	Mode of Treatment	No of days in Hospital	Outcome	Supervisor's Signature

iii. **Aorta And All Periplueral Arteries** : at least 5 patients

Date	Name of Patient	Hospital Number	Diagnosis	Mode of Treatment	No of days in Hospital	Outcome	Supervisor's Signature

**iv. Veins :** at least 5 patients

<b>Date</b>	<b>Name of Patient</b>	<b>Hospital Number</b>	<b>Diagnosis</b>	<b>Mode of Treatment</b>	<b>No of days in Hospital</b>	<b>Outcome</b>	<b>Supervisor's Signature</b>

Note: The Registrar is expected to do at least 20 patients in various areas of his specialty. 10 of which he should be the lead Surgeon with his supervisor as assistant and 10 of which he is an assistant. All cases to be separated as in Section A. these are to be submitted to the Medical and Dental Practitioners Council of Zimbabwe which will in turn do a randomized check or should they which to check all cases before registration. Please note no separate written report of recommendation is required from the Supervisor. The comments on a case by case basis should be used by the MDPCZ for Specialist Registration.

**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:.....**



