

MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE



SENIOR REGISTRAR LOGBOOK FOR ANAESTHETICS

Please note that out patients departments and calls are a requirement

GENERIC FORMAT FOR PRE-REGISTRATION SENIOR REGISTRAR IN ANAESTHETICS

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 <ul style="list-style-type: none"> 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. <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

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									

The Holder of MMed (Anaesthetics) in their first year post qualification is expected to have fulfilled the following:

A. LEADERSHIP SKILLS

Attributes	Areas of improvement	Score P/A/G/E
Ability to lead and guide all team members in the theatre setting		
Set an exemplary cooperative attitude with surgical colleagues.		
Demonstrate to both senior and junior colleagues by teaching : The reason for postponement of cases The need to be non confrontational where misunderstood		

B. PROFESSIONAL CONDUCT AND APPEARANCE

Attributes	Areas of improvement	Score P/A/G/E
Demonstrate to and guide juniors in and around the work environment on <ul style="list-style-type: none"> Professional conduct and demeanour Dress code 		
Consultations and response to calls for help <ul style="list-style-type: none"> Innovativeness Speed of response 		
Conducting of audit in either Theatre or ICU on topical issues		
Ability to advice or discipline where necessary e.g. absence from work by juniors when expected to be either on call or on routine duties		

SCORE KEY

- P:** POOR
A: AVERAGE
G: GOOD
E: EXCELLENT

A. TEACHING

- i. **Teach both in Theatre and ICU (SRMOs, Diploma in Anaesthesia, MMed and Nurses):**
At least 16 sessions

Date	Topic	Supervisor's Signature

- ii. **Conduct Lectures /Tutorials Outside Theatres Or ICU :** at least two (2) sessions

Date	Topic	Supervisor's Signature

iii. **Lead 2 (Two) Sessions Morbidity And Mortality meeting.**

Date	Topic	Supervisor's Signature

iv. **Present At Least 2 (Two) Lectures To The Zimbabwe Anaesthetic Association Or Any Professional Body Of Specialties On CME Accredited Sessions**

Date	Topic	Supervisor's Signature

A. ANAESTHESIA PRACTICE

CARDIOTHORACICS

i. **Cardiothoracics Unaccompanied :** At least 10 patients (Thoracotomy; Closed Heart Surgery; Oesophagectomy; Pneumonectomy; lobectomy)

Date	Name of Patient	Hospital Number	Supervisor's Signature

- ii. **Major Vascular (Aortic Cross Clamp) :** At least three (3) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

B. PAEDIATRIC SURGERY

- i. **Neonatal Surgery :** at least thirty (30) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Pyloric Stenosis : at least five (5) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. Gastrocheisis : At least five (5) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

- iv. **Diaphragmatic Hernia / Bowel Atresia /Tracheo –Oesophageal Fistula Etc** : at least six (6) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

- v. **Any Other Specialty With May Present A Neonate For Surgery**

Date	Name of Patient	Hospital Number	Supervisor's Signature

C. NUEROSURGERY

- i. **Nueroradiology – Interventional, CT, MRI etc:** at least three (3) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

- ii. **Craniotomies and craniectomies:** At least six (6)

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. **Laminectomy** : at least six (6)

Date	Name of Patient	Hospital Number	Supervisor's Signature

iv. **Posterior fossa surgery** : at least two (2) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

v. **Burrhole** : at least fifteen (15) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

D. OBSTETRICS AND GYNAECOLOGY

i. Eclampsia : at least fifteen (15) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Obstetrics Patients With Heart Disease Requiring Anaesthesia: at least five (5) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. **Wertheims:** at least five (5) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

iv. **Neonatal resuscitation :** at least ten (10) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

E. JAWS +ENT + PLASTICS

i. **Major craniofacial excisions :** at least six (6) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Upper airway obstruction : at least five (5) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. Laryngectomy : at least one (1) patient

Date	Name of Patient	Hospital Number	Supervisor's Signature

F. OTHER SPECIALITIES

i. Abnormal Positioning In Theatre For Surgery : at least eight (8) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

- ii. **Major Orthopaedic, Urological Cases** : at lease (8) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

- iii. **Internal Medicine Patients Admitted Into ICU** : at least five (5) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

G. GENERAL SURGERY

- i. Major general surgical cases requiring ICU/HDU care e.g. thyroidectomy, AP resection, gangrenous obstructed bowel: at least twenty (20) patients

[illegible]

H. ICU

- i. **Admissions, Ventilator Set Up, Management, And Discharge, Includes Paediatric Patients And Critical Illness Scoring Resuscitation** : at least twenty (20) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. **Conducting Rounds:** at least thirty (30)

[illegible]

iii. **Teach Procedures (CVP, PAC, ABGS):** at least ten (10)

Date	Name of Patient	Hospital Number	Supervisor's Signature

iv. **Institution Of Parental Nutrition Where Possible/Available :** at least two (2)

Date	Name of Patient	Hospital Number	Supervisor's Signature

I. OTHER NECESSARY PROCEDURES

i. **Central Neuroaxil Blockade : Thoracic & Lumbar Epidurals :** at least ten (10)

Date	Name of Patient	Hospital Number	Supervisor's Signature

- ii. **Peripheral Nerve Blocks Eg Sciatic, Three In One, Bronchial Plexus, Wrist And Ankle Blockade** : at least ten (10) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

- iii. **Bier's Block** : at least one (1) patient

Date	Name of Patient	Hospital Number	Supervisor's Signature

OTHER NECESSARY PROCEDURES

- iv. **Ophthalmic Subtenon, Peri And Retrobulbar Block** : at least (10)

Date	Name of Patient	Hospital Number	Supervisor's Signature

**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:.....

