

MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE



SENIOR REGISTRAR LOGBOOK FOR OBSTETRICS & GYNAECOLOGY

Please note that outpatients 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

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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)

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GENERIC FORMAT FOR PRE-REGISTRATION 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> 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			
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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	
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									

Part 1 – Procedures that need to be done during the senior registrar year

NOTE: ALL PROCEDURES DONE BY SENIOR REGISTRAR SHOULD BE SIGNED FOR BY THE CONSULTANT. THE CONSULTANT'S SIGNATURE MUST BE CONTEMPORANEOUS AND NOT RETROSPECTIVE.

- 1) Please record Total Abdominal hysterectomies that you did as the surgeon during the course of the year. A total of 15 Total Abdominal Hysterectomies that you did as the surgeon are required.

Date	Name of patient	Hospital number	Indication for hysterectomy	Consultant Signature

- 2) Please record laparoscopies that you did as the surgeon during the course of the year. A total of 5 laparoscopies that you did as the surgeon are required

Date	Name of patient	Hospital number	Indication for laparoscopy	Consultant Signature

- 3) Please record 5 hysteroscopies that you did *or assisted in* during the course of the year.
Please mark 'surgeon' or 'assistant' against each name as appropriate.

Date	Name of patient	Hospital number	Indication for hysteroscopy	Consultant Signature

- 4) Please record 15 colposcopies that you did during the course of the year.

Date	Name of patient	Hospital number	Indication for colposcopy	Consultant Signature

- 5) Please record 5 vaginal hysterectomies that you either did or assisted in during the course of the year. Please mark 'Surgeon' or 'Assistant' against each name as appropriate.

Date	Name of patient	Hospital number	Indication for vaginal hysterectomy	Consultant Signature

- 6) Please record 5 anterior or posterior colporrhaphies that you either did or assisted in during the course of the year. Please mark 'Surgeon' or 'Assistant' against each name as appropriate.

Date	Name of patient	Hospital number	Indication for colporrhaphy	Consultant Signature

- 7) Please record 5 extended hysterectomies that you either did or assisted in during the course of the year. Please mark 'Surgeon' or 'Assistant' against each name as appropriate.

Date	Name of patient	Hospital number	Surgeon/Assistant	Consultant Signature

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- 8) Please record 5 suction curettage procedures (for molar pregnancy) that you did as the surgeon during the course of the year.

Date	Name of patient	Hospital number	Consultant Signature

- 9) Please record 5 laparatomies for repair of ruptured uterus that you did as the surgeon during the course of the year.

Date	Name of patient	Hospital number	Consultant Signature

- 10) Please record 5 emergency caesarean hysterectomies that you did as the surgeon during the course of the year.

Date	Name of patient	Hospital number	Consultant Signature

11) Please record 5 Care and Delivery of multiple pregnancy that you did as the surgeon

Date	Name of patient	Hospital number	Consultant Signature

12) Please record 10 cases of PPH that you managed as the Surgeon

Date	Name of patient	Hospital number	Consultant Signature

13) Please record 5 cases of hysterectomy for PPH that you performed during the course of the year.

Date	Name of patient	Hospital number	Consultant Signature

14) Please record 15 cases of vacuum/forceps delivery that you performed

Date	Name of patient	Hospital number	Consultant Signature

15) Please record 10 cases of induction of labour by any method that you performed

Date	Name of patient	Hospital number	Consultant Signature

16) Please record 10 cases of eclampsia that you managed

Date	Name of patient	Hospital number	Consultant Signature

17) Please record any 5 cases of recurrent miscarriages that you managed

Date	Name of patient	Hospital number	Consultant Signature

18) Please record caesarean sections performed for the following indications:

i) Placenta Previa (5 cases)

Date	Name of patient	Hospital number	Consultant Signature

ii) Transverse Lie

Date	Name of patient	Hospital number	Consultant Signature

iii) Breech Presentation

Date	Name of patient	Hospital number	Consultant Signature

iv) Multiple Pregnancy

Date	Name of patient	Hospital number	Consultant Signature

v) Obstructed Labour

Date	Name of patient	Hospital number	Consultant Signature

19) Please record 2 cases of shoulder dystocia that you have managed

Date	Name of patient	Hospital number	Consultant Signature

20) Please record 5 cases of cord prolapse that you have managed

Date	Name of patient	Hospital number	Consultant Signature

21) Please record cases of prelabour rupture of membranes that you have managed:-

i) At term (5 cases)

Date	Name of patient	Hospital number	Consultant Signature

ii) Pre-term (5 cases)

Date	Name of patient	Hospital number	Consultant Signature

22) Please record 5 cases of diabetes in pregnancy that you have managed

Date	Name of patient	Hospital number	Consultant Signature

23) Please record 5 cases of cardiac diseases in pregnancy that you have managed

Date	Name of patient	Hospital number	Consultant Signature

24) Please record 5 cases of Urinary Tract Infection in pregnancy that you have managed.

Date	Name of patient	Hospital number	Consultant Signature

25) Please record 10 cases of hypertensive diseases in pregnancy that you have managed

Date	Name of patient	Hospital number	Consultant Signature

26) Please record 5 cases of malaria in pregnancy that you have managed

Date	Name of patient	Hospital number	Consultant Signature

27) Please record other medical conditions in pregnancy that you have managed

i) Asthma (5 cases)

Date	Name of patient	Hospital number	Consultant Signature

ii) Epilepsy (2 cases)

Date	Name of patient	Hospital number	Consultant Signature

28) Please record 10 cases of HIV positive patients that you have managed

Date	Name of patient	Hospital number	Consultant Signature

29) Please record 10cases of preterm labour that you have managed

Date	Name of patient	Hospital number	Consultant Signature

30) Please record 5 cases of post term pregnancy that you have managed

Date	Name of patient	Hospital number	Consultant Signature

31) Please record 5 cases of intrauterine growth retarded that you have managed

Date	Name of patient	Hospital number	Consultant Signature

32) Please record 5 cases of large for dates that you have managed

Date	Name of patient	Hospital number	Consultant Signature

33) Please record 5 cases of anaemia in pregnancy that you have managed

Date	Name of patient	Hospital number	Consultant Signature

34) Please record 5 cases of pregnancy with IUD that you have managed

Date	Name of patient	Hospital number	Consultant Signature

35) Please record the clinical and journal club meetings attended during the year which must be signed by a consultant prospectively. The candidate must attend at least 60% of the total number of meetings held in the year.

Date	Title of Meeting	Journal/Clinical Meeting	Consultant 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:.....

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