

**MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF  
ZIMBABWE**



**SENIOR REGISTRAR LOGBOOK  
FOR  
PROSTHODONTICS**

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Promoting the health of the population of Zimbabwe through guiding the medical and dental professions

**PERSONAL DETAILS**

**SURNAME**.....

**FORENAMES**..... (BLOCK LETTERS)

**MDPCZ REGISTRATION NUMBER:**.....

**DATE OF BIRTH** .....(DD/MM/YY)

**Registered address**.....

.....

.....

**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 SENIOR REGISTRAR

Personal Attributes	Strengths	Areas Of Improvement	Score
<b>1. <u>Presentation</u></b> Personal/physical appearance			
<b>2.</b>			
<b>3. <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 • <b>Interpersonal relations</b> Work colleagues and superiors			
<b>4. <u>Management</u></b> <b>Planning and Organization</b> Sets goals and priorities. Plans ahead and utilizes resources effectively. Ability to meet deadlines and monitor tasks.			
<b>5. <u>Judgement</u></b> Considers pros and cons before making decisions. Considers risks. Considers impact of decisions and seeks advice.			
<b>6. <u>Leadership</u></b> Effectively manages situations and implements changes when required. Motivates, coordinates, guides and develops subordinates through actions and attitudes.			
<b>7. <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>8. <u>Reliability</u></b> Can achieve goals without supervision. Dependable and trustworthy.			
<b>9. <u>Quality of Work</u></b> Achieves high quality of work that meets requirements of the job.			
<b>10. <u>Quantity of Work</u></b> Achieves or exceeds the standard amount of work expected on the job.			
<b>11. <u>Initiative</u></b> A self starter. Provides solutions to problems.			
<b>12. <u>Cooperation</u></b> Willingness to work with others as a team member			
<b>13. <u>Assessment by other disciplines</u></b> Professional conduct, reliability and quality of work.			
<b>14. <u>Participation in clinical audit, clinical governance and Continuous Professional Development</u></b>			
<b>15. <u>Teaching</u></b> Junior medical and dental staff. Nurses and other health professionals.			
<b>16. <u>Research</u></b> Participation in ongoing research.			
<b>17. <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 score

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

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										

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

### A. Diagnosis and Treatment planning (TEN CASES)

[illegible]

**B. REMOVABLE PROSTHODONTICS**

- a) Complete Dentures with varying complexities (severe residual ridge resorption, children, following cancer or severe trauma, single maxillary dentures opposing natural teeth, immediate replacement dentures and duplication of complete dentures) (AT LEAST THREE CASES)

Chief complaint and problem list	Diagnoses	Treatment rendered	Comments and reflections

- b) A wide variety of cases to demonstrate a good grasp of prosthodontic knowledge as well as clinical competence (altered cast, use of precision attachments, overdentures including designs) (AT LEAST 2 CASES)

Diagnosis	Treatment protocol/ Prosthesis type	Treatment outcome	Remarks

**C. FIXED PROSTHODONTICS to include (Occlusal analysis of natural dentition, multidisciplinary cases of full mouth rehabilitation, restoration of function for**



**severe tooth surface loss, temporization and fabrication of Michigan type of occlusal splint)**

**Demonstrate knowledge of material and the selection thereof and other techniques such as CAD/CAM.) (ONE CASE )**

Diagnosis	Treatment protocol/ Prosthesis type	Treatment outcome	Remarks

**a) Conventional Crown and Bridgework (THREE CASES)**

Diagnosis	Treatment protocol	Treatment outcome	Remarks

**b) Post and core crowns (different techniques, direct and indirect) (THREE CASES)**

Diagnosis	Treatment protocol	Treatment outcome	Remarks

c) **Veneers (Prep as well as non-prep veneers of different materials) (TWO CASES)**

Diagnosis	Treatment protocol	Treatment outcome	Remarks

D. **Implantology**

**Demonstrate the knowledge and competence in the interdisciplinary approach to diagnoses and treatment planning as well as placement and restoration of implants. Cases to include the high aesthetic zone, single implants, removable and fixed removable to fixed-fixed implant supported prosthesis. One should also be exposed to managing a case of all sorts of complications associated with implantology from surgical, prosthodontic to dental laboratory complications) (TWO CASES)**

Diagnosis	Treatment protocol	Treatment outcome	Remarks

#### **E. Maxillofacial prostheses**

**Cases to include conventional removable prosthetics and the adhesive retained prostheses as well and the implant supported, obturators, ocular, auricular, nasal, orbital and other craniofacial prostheses. Ability to record a facial moulage (ONE CASE)**

Diagnosis	Treatment protocol/ Prosthesis type	Treatment outcome	Remarks

#### **F. ENDODONTICS**

Single and multirooted as well as cases with various complicated root formations. Referred by GP dentists. Complex cases where healing has not occurred and retrieval of broken files. Bleaching of both vital and non-vital teeth. Management of endodontic emergencies, dental pain and teeth recalcitrant to routine local anesthesia. (THREE CASES)

Diagnosis	Treatment protocol/ Prosthesis type	Treatment outcome	Remarks

#### **G. GERIATRIC DENTISTRY**

A variety of cases to demonstrate knowledge and clinical competence in modification, adaptation and use of appropriate techniques in the treatment of the elderly and the frail. Ability to manage both transitional dentition and provision of complete dentures in the frail care patients with various cumulative or specific mental, physical or physiological challenges) (THREE CASES)

Diagnosis	Treatment protocol	Treatment outcome	Remarks

#### **H. AESTHETIC DENTISTRY**

**A selection of clinical cases that stand out as having addressed various aesthetic challenges of patients using good prosthodontic protocols (TWO CASES)**

Diagnosis	Treatment protocol/ Prosthesis type	Treatment outcome	Remarks

**I. CRANIOMANDIBULAR DISORDERS AND OROFACIAL PAIN**

**A sufficient number of cases that show competence in providing interdisciplinary care, managed and documented. (THREE CASES)**

Diagnosis	Treatment protocol	Number of cases
<b>J. COMMENTS AND REFLECTIONS OF CASE</b> This should be a reflection of the challenges that one encountered during the course of managing the case in question. One can write the reflections immediately after each case highlighting the learning points		



**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**

.....  
.....

**SIGNATURE:**.....

**DATE:**.....