

MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE



SENIOR REGISTRAR LOGBOOK

FOR

OTOLARYNGOLOGISTS

Please note that out patients departments and calls are a requirement

GENERIC FORMAT FOR PRE-REGISTRATION SENIOR REGISTRAR IN OTOLARYNGOLOGY

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									

A. Throat and neck

i. Endotracheal intubation : at least five (5) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Direct Laryngoscopy for : FB removal : at least five (5) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. Microlaryngology – tumour biopsy : at least five (5) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

iv. Debulking of laryngeal papilloma : at least five (5) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

v. Panendoscopy: at least five (5) patients

Date	Name of Patient	Hospital Number	Supervisor's Signature

i. Phonosurgery

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. **Vocal cord stripping** : at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. **Medialization procedures** : at least two (2)

Date	Name of Patient	Hospital Number	Supervisor's Signature

iv. **Total laryngectomy:** : at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

v. **Partial laryngectomy:** at least two (2)

Date	Name of Patient	Hospital Number	Supervisor's Signature

vi. Neck dissection – selective : at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

vii. Neck dissection modified : at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

viii. Neck dissection radical : at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

ix. Surgery on neck post radio therapy : at least 2

Date	Name of Patient	Hospital Number	Supervisor's Signature

x. Parapharyngeal space abscess I and D : at least 5

Date	Name of Patient	Hospital Number	Supervisor's Signature

xi. Retropharyngeal space abscess I and D : at least 5

Date	Name of Patient	Hospital Number	Supervisor's Signature

xii. Control oropharyngeal haemorrhage complicated requiring hospitalization with secondary intervention eg post tonsillectomy /adenoidectomy : at least 2

Date	Name of Patient	Hospital Number	Supervisor's Signature

i. Diverticulectomy cervical approach : at least one (1)

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Insertion of glottis stents: at least two (2)

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. Tracheoplasty (Stomoplasty) – post laryngectomy: at least two (2)

Date	Name of Patient	Hospital Number	Supervisor's Signature

iv. Post tracheostomy: at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

v. New born direct microlaryngoscopy – diagnostic cricoidssplit: at least two (2)

Date	Name of Patient	Hospital Number	Supervisor's Signature

i. Sistrunk procedure : at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Management of chyle fistula (surgical intervention): at least two (2)

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. Awake tracheostamies– electively : at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

iv. Awake tracheostomies emergencies : at Least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

v. Neck exploration post trauma : At least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

vi. Parapharyngeal approach in tumour resection : at least three (3)

Date	Name of Patient	Hospital Number	Supervisor's Signature

B. Ears**i. Repair of meatal stenosis: at least three (3)**

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. Tympanoplasty with ossiculoplasty: at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. Biopsy of external auditory canal: at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

iv. Excision of external ear partial and simple repair : at least two (2)

Date	Name of Patient	Hospital Number	Supervisor's Signature

v. Complete amputation: at least two (2)

Date	Name of Patient	Hospital Number	Supervisor's Signature

vi. Radical excision external ear + canal with out neck dissection / with neck dissection : at least two (2)

Date	Name of Patient	Hospital Number	Supervisor's Signature

vii. Middle ear exploration post auricular / permealatal approach : at least three (3)

Date	Name of Patient	Hospital Number	Supervisor's Signature

viii. Simple mastoidectomy : at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

ix. Complete mastoidectomy / Radical Mastoidectomy at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

x. Modified radical mastoidectomy at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

C. Nose

i. **Repair of choanal atresia intranasala approach** : at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

ii. **Repair of choanal atresia transpalatine approach** : at least two (2)

Date	Name of Patient	Hospital Number	Supervisor's Signature

iii. **Dacrocystorhinostomy – external approach:** at least three (3)

Date	Name of Patient	Hospital Number	Supervisor's Signature

iv. **Nasal Septal abscess/haematoma I and D** : at least three (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

v. Intanasalpolypectomy in OPD :at least ten (10)

Date	Name of Patient	Hospital Number	Supervisor's Signature

vi. FB Removal in OPD : at least ten (10)

Date	Name of Patient	Hospital Number	Supervisor's Signature

vii. External frontoethmoidectomy / lynch type of op : at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

viii. Rhinectomy– total:at least three (3)

Date	Name of Patient	Hospital Number	Supervisor's Signature

ix. Rhinectomy– partial : at least three (3)

Date	Name of Patient	Hospital Number	Supervisor's Signature

x. Submucosal resection of septum (nasal) : at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

xi. Lateral rhinotomy : at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

xii. CSF leakrepair ethmoid region open approach : at least two (2)

Date	Name of Patient	Hospital Number	Supervisor's Signature

ENDOSCOPIC WORK

xiii. FESS unilateral and bilateral: at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

xiv. Middle meatus antrostomy : at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

xv. Anterior ethmoidectomy: at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

xvi. Posterior ethmoidectomy : at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

xvii. Sphenodotomy: at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

D. Oral and face

- i. **Parotidectomy – superficial** : at least five (5) (with facial nerve preservation)

Date	Name of Patient	Hospital Number	Supervisor's Signature

- ii. **Parotidectomy – total** : at least three (3)

Date	Name of Patient	Hospital Number	Supervisor's Signature

- iii. **Submandibulectomy**: at least five (5)

Date	Name of Patient	Hospital Number	Supervisor's Signature

- iv. **Commando** : at least two (2)

Date	Name of Patient	Hospital Number	Supervisor's Signature

v. Glossectomy – partial no closure : at least two (2)

Date	Name of Patient	Hospital Number	Supervisor's Signature

vi. Glossectomy - Primary closure : at least two (2)

Date	Name of Patient	Hospital Number	Supervisor's Signature

vii. Glossectomy - Skin grafting : at least two (2)

Date	Name of Patient	Hospital Number	Supervisor's Signature

viii. Glossectomy - Flap closure : at least two (2)

Date	Name of Patient	Hospital Number	Supervisor's Signature

ix. Maxillectomy – partial : at least five (5) (with and without or bitalexenteration)

Date	Name of Patient	Hospital Number	Supervisor's Signature

x. Maxillectomy- total : at least three (3)

Date	Name of Patient	Hospital Number	Supervisor's Signature

xi. Radical resection tonsils, pillars and retromolar

Date	Name of Patient	Hospital Number	Supervisor's Signature

xii. Trigone no closure : at least three (3)

Date	Name of Patient	Hospital Number	Supervisor's Signature

xiii. Trigone – closure with flap: at least three (3)

Date	Name of Patient	Hospital Number	Supervisor's Signature

xiv. Resection of tumors of oropharynx and soft palate : at least three (3)

Date	Name of Patient	Hospital Number	Supervisor's Signature

**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:.....