MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF

ZIMBABWE



SENIOR REGISTRAR LOGBOOK

FOR

ORTHODONTICS

Please not that out patients departments and calls are a requirement

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 _____

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

Date

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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
1. Presentation		p.o.comont	
Personal/physical appearance			
2.			
3. Communication			
Patient, relatives and any other interested parties.			
Effective verbal skills. Present ideas and information concisely.			
Inspires confidence in colleagues. Keeps others well informed etc			
Interpersonal relations			
Work colleagues and superiors			
4. Management			
Planning and Organization			
Sets goals and priorities. Plans ahead and utilizes resources			
effectively. Ability to meet deadlines and monitor tasks.			
5. Judgement			
Considers pros and cons before making decisions. Considers			
risks. Considers impact of decisions and seeks advice.			
6. Leadership			
Effectively manages situations and implements changes when			
required. Motivates, coordinates, guides and develops			
subordinates through actions and attitudes.			
7. Ethics			
Observance of both the patient's and the doctor's rights.			
Considers the ethical impact of decisions. Demonstrates			
actions and attitudes of integrity.			
8. Reliability			
Can achieve goals without supervision. Dependable and			
trustworthy.			
9. Quality of Work			
Achieves high quality of work that meets requirements of the			
job.			
10. Quantity of Work			
Achieves or exceeds the standard amount of work expected on			
the job.			
11. <u>Initiative</u>			
A self starter. Provides solutions to problems.			
12. Cooperation			
Willingness to work with others as a team member			
13. Assessment by other disciplines			
Professional conduct, reliability and quality of work.			
14. Participation in clinical audit, clinical governance and			
Continuous Professional Development			
15. Teaching			
Junior medical and dental staff. Nurses and other health			
professionals.			
16. Research			
Participation in ongoing research.			
17. Others			
ii. Guiolg	J		

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 specialties and			•		pprop	riately att	ends to co	nsults	from other
Score:	1	2	3	4	5	6	7	8	9
Comment									
Leadership: ta rounds,(postta meetings and to correct any outcomes.	ake ar Partici	nd at ipation	least two be in committe	usiness es at h	roun ospita	ids/week) I and/or n	Organizi ational leve	ng re el. Tak	gular ward es initiative
Score:	1	2	3	4	5	6	7	8	9
Comment									
Team Player:	Ассер	ts app	ropriate resp	oonsibil	ity, Re	eliable, Su	upportive a	nd app	oroachable.
Score:	1	2	3	4	5	6	7	8	9
Comment									
Honesty and I	ntegrit	y:							
Is there any co	oncern	abou	t honesty an	d integi	rity:	YES		NO	
Comment									

AUDIT : cover	ing at	least tv	vo audits d	uring the SR	year	(one in ea	ch six month	ıs)	
Score:	1	2	3	4	5	6	7	8	9
Comment									
Professional I	nterad	ctions	and Integ	rity					
Attitude to col	leagu 1	es 2	3	4	5	6	7	8	9
			<u> </u>	4	<u> </u>	6		0	9
Attitude to Jui Score:	nior st 1	aff 2	3	4	5	6	7	8	9
Attitude to Nu	rsing	staff							
Score:	1	2	3	4	5	6	7	8	9
Attitude to Pa	tients								
Score:	1	2	3	4	5	6	7	8	9
Comment									

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 (<i>please print name & stamp</i>)
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
COMMENTS BY THE SENIOR REGISTRAR
SIGNATURE: DATE: