

**The Colleges of Medicine
of
South Africa**

**Die Kolleges vir Geneeskunde
van
Suid-Afrika**

LOGBOOK FOR DIP FOR MED(SA) CLIN PATH
LOGBOEK VIR DIP GEREG GEN(SA) CLIN PATH

**DIPLOMA IN FORENSIC MEDICINE
LOGBOOK AND REQUIREMENTS – DIP FOR MED(SA) – CLIN PATH**

GENERAL INSTRUCTIONS

1. Please **write legibly** and give **brief, concise** descriptions/summaries of cases as requested below.
2. These training activities have been designed to ensure that your practical training experience is as comprehensive as possible and will serve as enhancement of your theoretical knowledge.
3. We therefore strongly advise that you study the recommended learning material **PRIOR** to attempting the practical training activities, in order for you to reap the most benefit from both your learning and the practical activities.
4. Candidates with other certifiable post-graduate academic qualifications, which include prior training in certain of the practical training skills outlined below, may be exempted from such activities at the discretion of the Examinations and Credentials Committee. Proof of such qualifications will be required.

DIP FOR MED(SA) – CLIN PATH - LOGBOOK REQUIREMENTS:

1. AUTOPSIES: (Complete, full autopsies)	OBSERVED (20)	PERFORMED (6)
• Gunshot wounds	5	2
• Decomposed remains	1	0
• Skeleton	1(If possible)	0
• Stab wounds	2	1
• Anaesthetic associated deaths	2	0
• Rape (technique can be taught and 'practised' on other female victims)	1	0
• Hanging or strangulation	1	1
• Drugs or poisoning	1	0
• Motor vehicle accidents	2	1
• Assault with head injuries	2	1
• Natural or sudden unexplained deaths	1	0
• Stillborn or liveborn with gestational Ageing	1	0
2. SPECIAL TECHNIQUES: (Can be taught and practised on all cases)	OBSERVED (17)	PERFORMED (21)
• Bloodless neck	2	2
• Pneumothorax test	1	2
• Venous air embolism test	1	2
• Subclavian vessels diss	1	2
• Alcohol specimen collection	5 5	5
• Toxi specimen collection	1	2
• Rape examination and specimen Collection	2	2
• Histo specimen collection	2	2
• Opening of spine	1	1
• Hydrostatic test in babies	1	1
3. CLINICAL FORENSIC EXAMINATIONS: (Difficult with LIVE victims – must have consent of patient etc)	OBSERVED (15/16)	PERFORMED/ EXAMINED (0)
• Rape and sexual assault cases (3 or 4 adults & 1 or 2 children)	5 (In Total)	0 but must assist with 1
• Drunk driver examinations	5	0 but must assist with 1
• Child or elder abuse cases (may include sexual abuse)	2	0 but must assist with 1
• Ageing of people	1(If possible)	0
• Mental certification	1(If possible)	0
4. COURT WORK:	OBSERVED (8)	TESTIFIED (0)
• Testifying in court	4	0
• Dockets: - negligence reports	4	0

AUTOPSIES OBSERVED (20)				
DATE OF ACTIVITY	ACTIVITY OBSERVED Case or Body (DR) Numbers	BRIEF DESCRIPTION of CASE including: Age- group, Sex, Race, Forensic History and Findings	NAME OF TRAINING DOCTOR and VENUE	SIGNATURE OF TRAINING DOCTOR
EXAMPLE DATE: 01/01/04	Anaesthetic Associated Death DR No: 33/2004	<i>White neonate. Surgery performed for multiple congenital cardiac abnormalities. Died during surgery of cardiac failure. Autopsy revealed surgically repaired congenital cardiac abnormalities and pulmonary oedema.</i>	NAME: Dr Vellema VENUE: JHB Mortuary	
1. DATE:	Gunshot Wound Death DR No:		NAME: VENUE:	
2. DATE:	Gunshot Wound Death DR No:		NAME: VENUE:	
3. DATE:	Gunshot Wound Death DR No:		NAME: VENUE:	

4. DATE:	Gunshot Wound Death DR No:		NAME: VENUE:	
5. DATE:	Gunshot Wound Death DR No:		NAME: VENUE:	
6. DATE:	Decomposed Body DR No:		NAME: VENUE:	
7. DATE:	Skeleton (If possible) DR No:		NAME: VENUE:	

8. DATE:	Stab Wounds DR No:		NAME: VENUE:	
9. DATE:	Stab Wounds DR No:		NAME: VENUE:	
10. DATE:	Anaesthetic Associated Death DR No:		NAME: VENUE:	
11. DATE:	Anaesthetic Associated Death DR No:		NAME: VENUE:	

12. DATE:	Rape or Sexual Assault DR No:		NAME: VENUE:	
13. DATE:	Hanging or Strangulation DR No:		NAME: VENUE:	
14. DATE:	Drug Overdose or Poisoning DR No:		NAME: VENUE:	
15. DATE:	Motor Vehicle Accident DR No:		NAME: VENUE:	

16. DATE:	Motor Vehicle Accident DR No:		NAME: VENUE:	
17. DATE:	Assault (With head injuries if possible) DR No:		NAME: VENUE:	
18. DATE:	Assault (With head injuries if possible) DR No:		NAME: VENUE:	
19. DATE:	Natural or Sudden Unexplained Death DR No:		NAME: VENUE:	

SPECIAL TECHNIQUES OBSERVED (17)				
DATE OF ACTIVITY	ACTIVITY OBSERVED	BRIEF DESCRIPTION of ACTIVITY and FINDINGS	NAME OF TRAINING DOCTOR and VENUE	SIGNATURE OF TRAINING DOCTOR
<i>EXAMPLE</i> DATE: 01/01/04	Subclavian Vessel Dissection	<i>Stab wound in supraclavicular area of neck. Dissection revealed penetrating incised wound in left subclavian artery.</i>	<i>Name:</i> Prof Scholtz <i>Venue:</i> JHB Mortuary	
1. DATE:	Bloodless Neck Dissection		Name: Venue:	
2. DATE:	Bloodless Neck Dissection		Name: Venue:	
3. DATE:	Pneumothorax Test		Name: Venue:	
4. DATE:	Venous Air Embolism Test		Name: Venue:	
5. DATE:	Subclavian Vessels Dissection		Name: Venue:	
6. DATE:	Alcohol Specimen Collection		Name: Venue:	
7. DATE:	Alcohol Specimen Collection		Name: Venue:	
8. DATE:	Alcohol Specimen Collection		Name: Venue:	
9. DATE:	Alcohol Specimen Collection		Name: Venue:	

SPECIAL TECHNIQUES PERFORMED (21)				
DATE OF ACTIVITY	ACTIVITY PERFORMED	BRIEF DESCRIPTION of ACTIVITY and FINDINGS	NAME OF TRAINING DOCTOR and VENUE	SIGNATURE OF TRAINING DOCTOR
<i>EXAMPLE</i> DATE: 01/01/04	<i>Bloodless Neck Dissection</i>	<i>Random "practice" Case. Middle aged Black woman, died in MVA. No positive findings.</i>	<i>Name:</i> <i>Prof Scholtz</i> <i>Venue:</i> <i>JB Mortuary</i>	
1. DATE:	Bloodless Neck Dissection		Name: Venue:	
2. DATE:	Bloodless Neck Dissection		Name: Venue:	
3. DATE:	Pneumothorax Test		Name: Venue:	
4. DATE:	Pneumothorax Test		Name: Venue:	
5. DATE:	Venous Air Embolism Test		Name: Venue:	
6. DATE:	Venous Air Embolism Test		Name: Venue:	
7. DATE:	Subclavian Vessels Dissection		Name: Venue:	
8. DATE:	Subclavian Vessels Dissection		Name: Venue:	
9. DATE:	Alcohol Specimen Collection		Name: Venue:	

10. DATE:	Alcohol Specimen Collection		Name:	
			Venue:	
11. DATE:	Alcohol Specimen Collection		Name:	
			Venue:	
12. DATE:	Alcohol Specimen Collection		Name:	
			Venue:	
13. DATE:	Alcohol Specimen Collection		Name:	
			Venue:	
14. DATE:	Toxicological Specimen Collection		Name:	
			Venue:	
15. DATE:	Toxicological Specimen Collection		Name:	
			Venue:	
16. DATE:	Rape Examination and Specimen Collection		Name:	
			Venue:	
17. DATE:	Rape Examination and Specimen Collection		Name:	
			Venue:	
18. DATE:	Histological Specimen Collection		Name:	
			Venue:	
19. DATE:	Histological Specimen Collection		Name:	
			Venue:	
20. DATE:	Opening of Spine		Name:	
			Venue:	
21. DATE:	Hydrostatic Test		Name:	
			Venue:	

AUTOPSIES PERFORMED (6)				
DATE OF ACTIVITY	ACTIVITY PERFORMED Case- or Body (DR) numbers	BRIEF DESCRIPTION of CASE including: Age- group, Sex, Race, Forensic History and Findings.	NAME OF TRAINING DOCTOR and VENUE	SIGNATURE OF TRAINING DOCTOR
<i>EXAMPLE</i> DATE: 01/01/04	<i>Gunshot Autopsy</i> DR No: 01/2004	<i>Young Black male, shot 3X through windscreen in car hi-jacking. 1 GSW through head and 2 GSW's in chest, 2 spent bullets retrieved in back.</i>	NAME: <i>Dr Vellema</i> VENUE: <i>JHB Mortuary</i>	
1. DATE:	<i>Gunshot Autopsy</i> DR No:		NAME: VENUE:	
2. DATE:	<i>Gunshot Autopsy</i> DR No:		NAME: VENUE:	

<p>3.</p> <p>DATE:</p>	<p>Stab Autopsy</p> <p>DR No:</p>		<p>NAME:</p> <p>VENUE:</p>	
<p>4.</p> <p>DATE:</p>	<p>Hanging or Strangulation Autopsy</p> <p>DR No:</p>		<p>NAME:</p> <p>VENUE:</p>	
<p>5.</p> <p>DATE:</p>	<p>Motor Vehicle Accident Autopsy</p> <p>DR No:</p>		<p>NAME:</p> <p>VENUE:</p>	
<p>6.</p> <p>DATE:</p>	<p>Assault and/or Head Injuries Autopsy</p> <p>DR No:</p>		<p>NAME:</p> <p>VENUE:</p>	

CLINICAL FORENSIC EXAMINATIONS OBSERVED and ASSISTED (15 / 16)				
DATE OF ACTIVITY	ACTIVITY OBSERVED and ASSISTED Case- or Body (DR) numbers	BRIEF DESCRIPTION of CASE including: Age, Sex, Race, Forensic History and Findings.	NAME OF TRAINING DOCTOR and VENUE	SIGNATURE OF TRAINING DOCTOR
<i>EXAMPLE</i> DATE: <i>01/01/04</i>	<i>Female Child Rape Examination</i> CASE No: 14/2/04	<i>11 Year old Coloured female virgin, allegedly raped by stepfather. No menarche yet. Accompanied by Aunt. Extensive vaginal and anal lacerations. Dried semen and blood on legs.</i>	NAME: <i>Dr Jacklin</i> VENUE: <i>TMI – Teddy Bear Clinic</i>	
1. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	
2. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	
3. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	

<p>4.</p> <p>DATE:</p>	<p>Rape or Sexual Assault Examination</p> <p>CASE No:</p>		<p>NAME:</p> <p>VENUE:</p>	
<p>5.</p> <p>DATE:</p>	<p>Rape or Sexual Assault Examination</p> <p>CASE No:</p>		<p>NAME:</p> <p>VENUE:</p>	
<p>6.</p> <p>DATE:</p>	<p>Drunken Driver or Driving Under the Influence (Dui) Examination</p> <p>CASE No:</p>		<p>NAME:</p> <p>VENUE:</p>	
<p>7.</p> <p>DATE:</p>	<p>Drunken Driver or Driving Under the Influence (Dui) Examination</p> <p>CASE No:</p>		<p>NAME:</p> <p>VENUE:</p>	
<p>8.</p> <p>DATE:</p>	<p>Drunken Driver or Driving Under the Influence (Dui) Examination</p> <p>CASE No:</p>		<p>NAME:</p> <p>VENUE:</p>	

9. DATE:	Drunken Driver or Driving Under the Influence (Dui) Examination CASE No:		NAME: VENUE:	
10. DATE:	Drunken Driver or Driving Under the Influence (Dui) Examination CASE No:		NAME: VENUE:	
11. DATE:	Child- or Elder Abuse Examination CASE No:		NAME: VENUE:	
12. DATE:	Child- or Elder Abuse Examination CAS No:		NAME: VENUE:	
13. DATE:	Child- or Elder Abuse Examination CAS No:		NAME: VENUE:	

CLINICAL AND NON-CLINICAL COURT RELATED WORK OBSERVED: (8)				
DATE OF ACTIVITY	ACTIVITY PERFORMED or OBSERVED Case- or Body (DR) numbers	BRIEF DESCRIPTION of CASE including: Age-group, Sex, Race, Forensic History and Findings	NAME OF TRAINING DOCTOR and VENUE	SIGNATURE OF TRAINING DOCTOR
EXAMPLE (A) DATE: 20/01/04	TESTIFYING IN COURT CASE No: 13/03/02	<i>Elderly White female, allegedly raped by intruders. Macroscopic and DNA evidence of rape. 5 Accused males. Positive DNA comparisons with 2 of the accused.</i>	NAME: Dr Nkobi VENUE: JHB Higher Court 4 C	
EXAMPLE (B) DATE: 12/01/04	NEGLIGENCE REPORT DR No: 1544/03	<i>Young White male, died of pulmonary embolism 3 days following hospital admission for fractured pelvis, sustained in a motor vehicle accident.</i>	NAME: Dr Vellema VENUE: JHB Dept of Forensic Medicine	
1. DATE:	Testifying in Court CASE No:		NAME: VENUE:	
2. DATE:	Testifying in Court CASE No:		NAME: VENUE:	
3. DATE:	Testifying in Court CASE No:		NAME: VENUE:	

4. DATE:	Testifying in Court CASE No:		NAME: VENUE:	
5. DATE:	Negligence Report DR No:		NAME: VENUE:	
6. DATE:	Negligence Report DR No:		NAME: VENUE:	
7. DATE:	Negligence Report DR No:		NAME: VENUE:	
8. DATE:	Negligence Report DR No:		NAME: VENUE:	

FINAL COMMENTS BY HEADS OF DEPARTMENTS:

NAME OF CANDIDATE:

DATES OF TRAINING PERIODS:

FORENSIC PATHOLOGY TRAINING:

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CHILD ABUSE AND SEXUAL ASSAULT EXAMINATIONS:

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ADULT RAPE AND DRUNKEN DRIVER EXAMINATIONS:

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(A) UNIVERSITY HEAD OF DEPARTMENT OF FORENSIC PATHOLOGY:
(*MEDICO-LEGAL AUTOPSIES, TECHNIQUES, DOCKETS AND COURT WORK*)

DATE: NAME: SIGNATURE:

(A) HEAD OF CLINICAL FORENSIC MEDICINE DEPARTMENT:
(*CHILD ABUSE AND SEXUAL ASSAULT EXAMINATIONS*)

DATE: NAME: SIGNATURE:

(A) CHIEF REGIONAL "DISTRICT SURGEON" / FORENSIC MEDICAL OFFICER:
(ADULT RAPE AND DRUNKEN DRIVER EXAMINATIONS)

DATE: NAME: SIGNATURE: