

**CMSA**

**PORTFOLIO OF LEARNING**

## Certificate in Rheumatology

of the

### College of Paediatricians of South Africa

**Cert Rheumatology(SA) Paed**

The purpose of this document is to serve as a record of the candidate’s training.

When the candidate applies to sit for the Cert Rheumatology(SA) examination, the logbook will be reviewed and signed by the Head of Department, who will supply a letter to the CMSA certifying that the logbook has been satisfactorily completed.

The logbook along with its formative evaluations and reports remains the property of the candidate, and does not need to be submitted to the CMSA.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HPCSA Training Post Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date appointed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### **PORTFOLIO OF LEARNING**

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Please read the Regulations and Curriculum for the Cert Rheumatology(SA) examination at the start of training – details are available on the CMSA website or hard copy can be obtained from the CMSA office or your Programme Supervisor

**SECTION 1**

WORK ROTATIONS

For your own records please describe the work environment (eg hospital, ward(s), number and type of patients) and your responsibilities. To be signed by consultant when you sit down with them for feedback after each block/rotation.

|  |  |  |  |
| --- | --- | --- | --- |
| From (Date) | To(Date) | Hospital/ Ward/ Firm/number and type of patients | Consultant’s signature |
|  |  | Hospital:Area:Type of patients and other commentsSupervising Consultant(s): |  |
|  |  | Hospital:Area:Type of patients and other commentsSupervising Consultant(s): |  |
|  |  | Hospital:Area:Type of patients and other commentsSupervising Consultant(s): |  |
|  |  | Hospital:Area:Type of patients and other commentsSupervising Consultant(s): |  |

**SECTION 2**

ELECTRONIC LINK TO COLLEGE REGULATIONS

[Link to the latest electronic copy of the Cert Rheumatology(SA) Paed regulations hosted on The Colleges of Medicine of South Africa Website](http://www.collegemedsa.ac.za/force_download.aspx?documentid=173&Name=Cert%20Rheumatology(SA)%20Paed%20regulations)

**SECTION 3**

FORMATIVE AND SUMMATIVE ASSESSMENT

#### **PERFORMANCE EVALUATIONS**

These performance evaluations are performed at least 6 monthly or at the end of each block or attachment and must be discussed with the candidate, and a copy given to him or her. The evaluations are strictly formative and may be reviewed by the Head of the Unit and the Head of Department but will not be made available to the CMSA. The exact format of the evaluation will vary from department to department but a suggested format is provided here:

|  |  |
| --- | --- |
| **Fellow:** | **Date of Evaluation:** |
| **Head Training Unit:** | **HOD:** |
| **Date of Appointment:** |  |
| **Period of Evaluation:** | **Service:** |

Rate the following scale and comment if necessary:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *X =* | *Excellent* |  | *S- =* | *Barely competent* |
| *S+ =* | *Very competent* |  | *F =* | *Needs Improvement* |
| *S =* | *Competent* |  | *U =* | *Unable to assess* |

|  |  |  |
| --- | --- | --- |
| **1.** | **Clinical Ability** |  |
|  | History taking and examination |  |
|  | Appropriate use of special investigations |  |
|  | Diagnostic competence and problem solving |  |
|  | Case presentations |  |

|  |  |  |
| --- | --- | --- |
| **2.** | **Personal Characteristics** |  |
|  | Thoroughness and reliability |  |
|  | Integrity |  |
|  | Interpersonal relationships |  |
|  | Empathy with child and family  |  |

|  |  |  |
| --- | --- | --- |
| **3.** | **Ward Management** |  |

|  |  |  |
| --- | --- | --- |
| **4.** | **Knowledge and experience** |  |

|  |  |  |
| --- | --- | --- |
| **5.** | **Overall impression** |  |

|  |  |
| --- | --- |
|  | **Comment**  **Signature:** |

**SECTION 4**

FORMAL TRAINING

## Attach copies of diplomas or certificates:

|  |  |
| --- | --- |
| Course / Conference | Date |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**SECTION 5**

PRESENTATIONS AT DEPARTMENTAL MEETINGS AND CONFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Topic | Venue | Supervisor’s signature |
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**SECTION 6**

LOGBOOK

To be signed by supervising consultant(s) DATE Consultant Signature

|  |  |  |  |
| --- | --- | --- | --- |
| 1.1 Theoretical knowledge of paediatric Rheumatology |  |  |  |
| 1.2 Clinical skills:* Diagnostic evaluation
* Interventional procedures
* Therapeutic decision making
 |  |  |  |
| 1.3 Maintenance of good ethical standards and an empathetic approach to patients |  |  |  |
| 1.4 Interpretation of imaging procedures  |  |  |  |
| 1.5 Ability to evaluate and apply histopathological and cytological results |  |  |  |
| **Intra-articular joint aspiration/injections** |  |  |  |
| Number performed *(target is 50)* |  |  |  |

**SECTION 7**

RESEARCH

**RESEARCH REPORT**:

Title:…………………………………………………………………………………………………………………………

Supervisor/s:……………………………………………………………………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| Milestone | Proposed date | Completion Date | Supervisor’s Signature |
| Proposal submitted to departmental review committee |  |  |  |
| Proposal accepted by departmental review committee |  |  |  |
| Proposal accepted by Ethics |  |  |  |
| Data analysis completed |  |  |  |
| Date presented  |  |  |  |

**ARTICLES/Case REPORTS / TOPIC REVIEWS SUBMITTED IN ADDITION TO ABOVE**

|  |  |  |
| --- | --- | --- |
| TITLE | DateCompleted | Supervisor’s Signature |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**RESEARCH TRAINING**:

Document any courses attended. eg Research methods, Research ethics, Proposal writing, Statistics, Understanding journal articles.

|  |  |
| --- | --- |
| Course | Date |
|  |  |
|  |  |
|  |  |

**SECTION 8**

DECLARATION ON COMPLETION OF TRAINING

I, …………………………………………….. hereby declare that all information contained in this Portfolio is a true and accurate record of my professional experience, education and training from …………………….. to ………………………………….. representing the period of training for the Cert Rheumatology(SA) qualification.

Signature of Candidate:

dATE: ……………………………………………..

I, ………………………………………….. hereby declare that ………..…………………………………………………………. has acquired sufficient professional experience, education and training from ……………………………………………. to ………..………………………. the period of training for the Cert Rheumatology(SA) qualification, and I recommend him/her as a candidate for the Cert Rheumatology(SA) examination.

Signature of Supervisor:

dATE: …………………………………………..