**MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF**

**ZIMBABWE**



**SENIOR REGISTRAR LOGBOOK**

**FOR**

**PSYCHIATRY**

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

**GENERIC FORMAT FOR PRE-REGISTRATION SENIOR REGISTRAR IN PSYCHIATRY**

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| **Personal Attributes**  | **Strengths** | **Areas Of Improvement** | **Score**  |
| 1. **Presentation**

 **Personal/physical appearance**  |  |  |  |
| 1. **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 |  |  |  |
| 1. **Management**

Planning and OrganizationSets goals and priorities. Plans ahead and utilizes resources effectively. Ability to meet deadlines and monitor tasks.  |  |  |  |
| 1. **Judgement**

Considers pros and cons before making decisions. Considers risks. Considers impact of decisions and seeks advice. |  |  |  |
| 1. **Leadership**

Effectively manages situations and implements changes when required. Motivates, coordinates, guides and develops subordinates through actions and attitudes. |  |  |  |
| 1. **Ethics**

Observance of both the patient’s and the doctor’s rights. Considers the ethical impact of decisions. Demonstrates actions and attitudes of integrity. |  |  |  |
| 1. **Reliability**

Can achieve goals without supervision. Dependable and trustworthy. |  |  |  |
| 1. **Quality of Work**

Achieves high quality of work that meets requirements of the job**.** |  |  |  |
| 1. **Quantity of Work**

Achieves or exceeds the standard amount of work expected on the job. |  |  |  |
| 1. **Initiative**

**A self starter. Provides solutions to problems.** |  |  |  |
| 1. **Cooperation**

Willingness to work with others as a team member |  |  |  |
| 1. **Assessment by other disciplines**

Professional conduct, reliability and quality of work. |  |  |  |
| 1. **Participation in clinical audit, clinical governance and Continuous Professional Development**
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| 1. **Teaching**

Junior medical and dental staff. Nurses and other health professionals. |  |  |  |
| 1. **Research**

**Participation in ongoing research.** |  |  |  |
| 1. **Others**
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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

1. **Child Psychiatry Case Follow-Up And Presentation In Clinical Seminar :** At least 4

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Psychotherapy (Long Case) Under Supervision Of A Clinical Psychologist And**

**Presentation In A Clinical Seminar:**  at least 1

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Psychotherapy (Short Case) Under Supervision Of A Clinical Psychologist And**

**Presentation In A Clinical Seminar:**  at least 2

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Forensic Follow-Up And Write-Up Of Forensic Report**

**4.1 Victim :**  At least 6

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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* 1. **Perpetrator :**  At least 6

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Conduct Advanced Clinical Seminar :**  At least 3

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Conduct Electro-Convulsive Therapy:**  at least 4

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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1. **Attend And Read Electroencephalogram:** at least 10

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| **Date**  | **Name of Patient**  | **Hospital Number**  | **Supervisor’s Signature**  |
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**Overall assessment by Chairperson Department of Psychiatry**

Registrable …………………………………………………………………………………………………………………..

Non Registrable……………………………………………………………………………………………………………

**Recommendation by Zimbabwe College of Psychiatry**

Registrable……………………………………………………………………………………………………………………

Non registrable…………………………………………………………………………………………………………….