

MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE



SENIOR REGISTRAR LOGBOOK FOR PSYCHIATRY

Please note that out patients departments and calls are a requirement

GENERIC FORMAT FOR PRE-REGISTRATION SENIOR REGISTRAR IN PSYCHIATRY

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	
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	
Comment										
Team Player: Accepts appropriate responsibility, Reliable, Supportive and approachable.										
Score:	1	2	3	4	5	6	7	8	9	
Comment										
Honesty and Integrity:										
Is there any concern about honesty and integrity:							YES	NO		
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									

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

Date	Name of Patient	Hospital Number	Supervisor's Signature

2. Psychotherapy (Long Case) Under Supervision Of A Clinical Psychologist And Presentation In A Clinical Seminar: at least 1

Date	Name of Patient	Hospital Number	Supervisor's Signature

3. Psychotherapy (Short Case) Under Supervision Of A Clinical Psychologist And Presentation In A Clinical Seminar: at least 2

Date	Name of Patient	Hospital Number	Supervisor's Signature

4. Forensic Follow-Up And Write-Up Of Forensic Report

4.1 Victim : At least 6

Date	Name of Patient	Hospital Number	Supervisor's Signature

4.2 Perpetrator : At least 6

Date	Name of Patient	Hospital Number	Supervisor's Signature

5. Conduct Advanced Clinical Seminar : At least 3

Date	Name of Patient	Hospital Number	Supervisor's Signature

6. Conduct Electro-Convulsive Therapy: at least 4

Date	Name of Patient	Hospital Number	Supervisor's Signature

7. **Attend And Read Electroencephalogram:** at least 10

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:.....