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RAWALPINDI MEDICAL UNIVERSITY

UNIVERSITY RESIDENCY PROGRAM- 2020
OF PSYCHIATRY



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Rawalpindi Medical University

University Residency Program 2020 Log Book

MD Psychiatry Institute of Psychiatry

WHO Collaborating Centre for Mental Health Research & Training

PREFACE



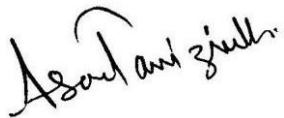
It is indeed a milestone development to initiate the MD Psychiatry Program at the Institute of Psychiatry, Rawalpindi Medical University. Behavioral Sciences and Psychiatry form a vital and an essential component of any post graduate training in any specialty to achieve competence as a specialized Health Professional.

I would like to take this opportunity to acknowledge the vision and efforts of Prof. Muhammad Umar, Vice Chancellor, Rawalpindi Medical University, for his support and wisdom in the creation of this document and look forward for his enduring leadership towards accomplishing the MD Program in Psychiatry.

I remain grateful to the Director, Department of Medical Education, Professor Rai Muhammad Ashghar and his staff for facilitating me and my team in formulating this logbook.

I am indebted to my faculty members, Dr. Bushra Razzaque, Dr. Sadia Yasir, Dr. Muhammad Azeem Rao and Dr Zarnain Umar, Senior Registrars at the Institute of Psychiatry for organizing and formulating this logbook, they all performed very well within a limited time frame.

I am also grateful to my faculty members, Associate Professor, Dr. Muhammad Munir Ahmed, Assistant Professors Dr. Ayesha Minhas, Dr. Muhammad Kashif, Dr. Mahmood Ali Khan, Psychologists Ghulam Fatima and Amina Liaqat for reviewing this document. Mr Asif Siddique for compiling and formatting this document.



Prof Asad Tamizuddin Nizami

Professor of Psychiatry Chairman Institute of Psychiatry
Rawalpindi Medical University
Rawalpindi

ENROLMENT DETAILS

Program of Admission _____

Session _____

Registration / Training Number _____

Name of Candidate _____

Father's Name _____

Date of Birth ___ / ___ / ___ CNIC No. _____

Present Address _____

Permanent Address _____

E-mail Address _____

Cell Phone _____

Date of Start of Training _____

Date of Completion of Training _____

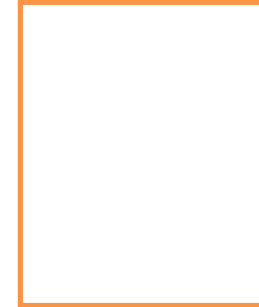
Name of Supervisor _____

Designation of Supervisor _____

Qualification of Supervisor _____

Title of department / Unit _____

Name of Training Institute / Hospital _____



INDEX:	Page No
CASE PRESENTATION	5
TOPIC PRESENTATION	6
JOURNAL CLUB	7
PROBLEM BASED LEARNING: Team Round	8
GRAND TEACHING ROUNDS	9
INTERNATIONAL/ NATIONAL FACULTY LECTURES CME	10
EMERGENCY	11
INDOOR PATIENTS	12
OPD AND CLINICS	13
DIRECTLY OBSERVED ASSESSMENTS: MENTAL STATE EXAMINATION	14
MULTIDISCIPLINARY MEETINGS	15
CONFERENCES/ CLINICOPATHOLOGICAL CONFERENCE	16
MORBIDITY/MORTALITY MEETINGS	17
HANDS ON TRAINING : APPLICATION OF PSYCHOMETRIC SCALES	18
MULTIDISCIPLINARY FACULTY AND PGT MEETINGS	19
PUBLICATIONS	20
MAJOR RESEARCH PROJECT/ ABSTRACT/SYNOPSIS/DISSERTATION	21
WRITTEN ASSESMENT/ TEST RECORD	22
CLINICAL EXAMINATION RECORD	23

CASE PRESENTATION IN MORNING MEETING

SR#	DATE	REG# OF PATIENT	BRIEF DESCRIPTION	COMMENTS	SIGNATURES OF THE SUPERVISOR

TOPIC PRESENTATION IN WARDROUNDS

SR#	DATE	TOPIC	SIGNATURES OF THE SUPERVISOR

DIRECTLY OBSERVED ASSESMENTS-MSE

SNO	DATE	REGISTRATION NO. OF PATIENT	NAME OF ASSESMENT-MSE	PLACE OF ASSESMENT	NAME & DESIGNATION OF SUPERVISOR

**MULTI DISCIPLINARY-FACULTY AND
PGT MEETINGS**

SR#	DATE	BRIEF DESCRIPTION	SUGGESTIONS	SIGNATURES OF THE SUPERVISOR

CONFERENCES/CLINIC PATHOLOGICAL CONFERENCE-RMU

SR#	DATE	BRIEF DESCRIPTION OF THE TOPIC/CASE DISCUSSED	SUGGESTIONS	SIGNATURES OF THE SUPERVISOR

MORBIDITY/MORTALITY MEETINGS

SR#	DATE	BRIEF DESCRIPTION	SUGGESTIONS	SIGNATURES OF THE SUPERVISOR

HANDS ON TRAINING/APPLICATION OF PSYCHOMETRIC SCALES

SR#	DATE	TITLE	VENUE	FACILITATOR	SIGNATURES OF THE SUPERVISOR

PUBLICATIONS

SNO.	NAME OF PUBLICATION	TYPE OF PUBLICATION ARTICLE/EDITORIAL/CASE REPORT ETC	NAME OF JOURANL	DATE OF PUBLICATION	PAGE NO.	SIGNATURES OF THE SUPERVISOR

MAJOR RESEARCH PROJECT/ ABSTRACT/SYNOPSIS/DISSERTATION

SNO.	RESEARCH TOPIC	PLACE OF RESEARCH	SUPERVISOR NAME & DESIGNATION	BRIEF DETAILS	SIGNATURES OF THE SUPERVISOR

