



LIAQUAT UNIVERSITY OF MEDICAL & HEALTH
SCIENCES

&

SIR COWASJEE JEHangIR, INSTITUTE OF
PSYCHIATRY, HYDERABAD

LOG BOOK

MD PSYCHIATRY
TRAINING PROGRAM

CONTENTS

	Page No
CERTIFICATE OF COMPLETION OF TRAINING	01
Training details	
In-patients	02
Out-patient	03
Emergency patients	04
Journal Clubs	05
Case presentations	06
Procedures	
Psychotherapies	07
Psychometric Tests	08
Electro-convulsive Therapies	09
Common Medical Procedures	10
Monthly Evaluation Record	11
Rotations	12



Certificate of Completion of MD Training Subject of Psychiatry

*This is to certify that **Dr.***

S/W/D/O

*has successfully completed his/her training, as Postgraduate
Resident as M.D Psychiatry, Trainee from
to.....under my supervision.*

S/he has remained regular and punctual during her training.

I wish him/her success in future.

Date

Name and Signature of Supervisor

ROTATIONS

General Medicine

Unit

Level of Performance (On a scale of 1-5)

Attendance

Punctuality

Ward performance

Academic performance

Adherence to Bio-Ethics/ Hospital protocols/ Behavior

Over all

Date

Name and Signature of Unit chief/ Elective Supervisor

Neurology

Unit

Level of Performance (On a scale of 1-5)

Attendance

Punctuality

Ward performance

Academic performance

Adherence to Bio-Ethics/ Hospital protocols/ Behavior

Over all

Date

Name and Signature of Unit chief/ Elective Supervisor