Mental Health ARST Logbook

Registrars will be required to maintain a logbook throughout their training. A component of maintaining this logbook involves reflecting on self-identified learning needs. The range of skills that are logged, and any proposed professional development in this area, should take into consideration the community needs.

This logbook will need to be regularly reviewed by the supervisor and reviewed by the medical educator at each meeting.

The Mental Health ARST performance criteria tracker assists registrars in monitoring and managing their progress across all domains of general practice and the ARST curriculum and should be used together with this logbook.

**Personal Information and Contact Details**

|  |  |
| --- | --- |
| Name |  |
| RACGP Number |  |
| Address |  |
| Email |  |
| Phone Number |  |

**Training Details**

|  |  |
| --- | --- |
| Name of hospital/clinic |  |
| Who accredited the training post? |  |
| Training term dates |  |
| Training time (e.g., 20 hours per week for 26 weeks) |  |

**Supervisor Details**

|  |  |
| --- | --- |
| Supervisor Name |  |
| Supervisor relevant qualifications |  |
| Phone |  |
| Email |  |

***Please note: if training is completed at two locations, please complete the training and supervisor details sections twice***

**Training Plan**

To guide planning of training outcomes, please refer to the Mental Health ARST curriculum.

If the number of training needs identified exceed the number of rows below, you may enter in additional rows to the document.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training Needs Identified | Training outcomes planned | Strategies for Achieving Outcomes | Outcomes Achieved | Date Reviewed with Supervisor / Medical Educator |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Observation of 3-5 psychiatric interviews in the presence of the supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| Observed Interview | | Registrar performed a psychiatric interview in the presence of supervisor, followed by discussion | |
| 1 | Date | Name of Supervisor | Feedback on Discussion |
| Signature |
| 2 | Date | Name of Supervisor | Feedback on Discussion |
| Signature |
| 3 | Date | Name of Supervisor | Feedback on Discussion |
| Signature |
| 4 | Date | Name of Supervisor | Feedback on Discussion |
| Signature |
| 5 | Date | Name of Supervisor | Feedback on Discussion |
| Signature |

**Performance of 3-5 psychiatric interviews with mental state examination and formulation in the presence of supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| Observed Interview | | Registrar performed a psychiatric interview with mental state examination and formulation in the presence of supervisor, followed by discussion | |
| 1 | Date | Name of Supervisor | Feedback on Discussion |
| Signature |
| 2 | Date | Name of Supervisor | Feedback on Discussion |
| Signature |
| 3 | Date | Name of Supervisor | Feedback on Discussion |
| Signature |
| 4 | Date | Name of Supervisor | Feedback on Discussion |
| Signature |
| 5 | Date | Name of Supervisor | Feedback on Discussion |
| Signature |

**Assess the patient and situation as appropriate for the therapies listed below and use these therapies correctly**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Appropriately assess patient and apply psychological therapies | |
| 1 | Date | Behavioural therapy (e.g. CBT) | Feedback on Discussion |
| Supervisor Name |
| 2 | Date | Alterative evidence-based therapy | Feedback on Discussion |
| Supervisor Name |

**Attendance at community and stakeholder organisation meetings e.g., carers’ association, mental health consumer group meetings, multi-disciplinary team meetings**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Community and stakeholder organisation meetings | |
| 1 | Date | Community of stakeholder group: | Details on Session |
| 2 | Date | Community of stakeholder group: | Details on Session |
| 3 | Date | Community of stakeholder group: | Details on Session |

**Statement of Completion**

I confirm I have completed all clinical and assessment requirements of the ARST Curriculum for Mental Health and have attached all relevant evidence required by the Rural Censor.

|  |  |
| --- | --- |
| Registrar Name |  |
| Signature |  |

**Supervisor Approval**

I confirm the registrar has successfully completed all clinical and assessment requirements, and I have provided feedback in an ongoing manner, for the ARST Curriculum for Mental Health.

|  |  |
| --- | --- |
| Supervisor Name |  |
| Signature |  |