

Electroconvulsive Therapy Log

Resident: _____

Dates of ECT Rotation: _____

This form is used to document a resident's training in the use of electroconvulsive therapy (ECT). Training in ECT is determined by the criteria listed below. It is recognized that a resident's future competence in the use of ECT will be determined by his or her continued training and use of the procedure.

Date of Treatment	Demographic Information	Indication for ECT	Lead Placement and Settings (pulse width, frequency, duration, amps)	Special considerations and/or Complications
Ex: 8/1/18	SJ 39 F	MDD, treatment refractory	BLBT, 0.5/40/4/800	

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To be completed by attending ECT psychiatrist:

- Does this resident demonstrate understanding of the indications for ECT? Yes No
- Does this resident demonstrate understanding of contraindications for ECT? Yes No
- Does this resident demonstrate skills needed to perform pre-ECT work-up? Yes No
- Does this resident demonstrate appropriate ECT technique? Yes No
- Is this resident skilled in monitoring adverse effects of ECT? Yes No
- Is this resident skilled in post-ECT follow-up? Yes No
- Does this resident understand possible complications of ECT? Yes No

Signature of Resident Date

Signature of ECT Psychiatrist Date

APPROVED FOR SUBMISSION INTO RESIDENT'S PERMANENT FILE

Signature of Psychiatry Residency Director Date