

**The Colleges of Medicine
of
South Africa**

**Die Kolleges vir Geneeskunde
van
Suid-Afrika**

LOGBOOK FOR DIP FOR MED(SA) CLIN

LOGBOEK VIR DIP GEREG GEN(SA) CLIN

**DIPLOMA IN FORENSIC MEDICINE
LOGBOOK AND REQUIREMENTS – DIP FOR MED(SA) - CLIN**

GENERAL INSTRUCTIONS

1. Please **write legibly** and give **brief, concise** descriptions/summaries of cases as requested below.
2. These training activities have been designed to ensure that your practical training experience is as comprehensive as possible and will serve as enhancement of your theoretical knowledge.
3. We therefore strongly advise that you study the recommended learning material **PRIOR** to attempting the practical training activities, in order for you to reap the most benefit from both your learning and the practical activities.
4. Candidates with other certifiable post-graduate academic qualifications, which include prior training in certain of the practical training skills outlined below, may be exempted from such activities at the discretion of the Examinations and Credentials Committee. Proof of such qualifications will be required.

1.0 DIP FOR MED(SA) –CLIN - LOGBOOK REQUIREMENTS:

1. CLINICAL FORENSIC EXAMINATIONS:	OBSERVED (47)	PERFORMED/ EXAMINED (0)
<ul style="list-style-type: none"> • Rape and sexual assault cases (At least 8 children) 	20 (In Total)	0 but must assist with 10
<ul style="list-style-type: none"> • Drunk driver examinations 	15	0 but must assist with 10
<ul style="list-style-type: none"> • Child or elder abuse cases (May include sexual abuse) 	8	0 but must assist with 4
<ul style="list-style-type: none"> • Ageing of people 	2(If possible)	0
<ul style="list-style-type: none"> • Mental certification 	2(If possible)	0
2. COURT WORK:	OBSERVED (8)	TESTIFIED (0)
<ul style="list-style-type: none"> • Testifying in court <ul style="list-style-type: none"> - 3 Alcohol related cases - 4 Rape related cases - 1 Child Abuse related case 	8	0

CLINICAL FORENSIC EXAMINATIONS OBSERVED and ASSISTED (47)

RAPE AND SEXUAL ASSAULT CASES (20)

DATE OF ACTIVITY	ACTIVITY OBSERVED and ASSISTED Case- or Body (DR) numbers	BRIEF DESCRIPTION of CASE including: Age, Sex, Race, Forensic History and Findings	NAME OF TRAINING DOCTOR and VENUE	SIGNATURE OF TRAINING DOCTOR
<i>EXAMPLE</i> DATE: <i>01/01/04</i>	<i>FEMALE CHILD RAPE EXAMINATION</i> <i>CAS No: 14/2/04</i>	<i>11 Year old Coloured female virgin, allegedly raped by stepfather. No menarche yet. Accompanied by Aunt. Extensive vaginal and anal lacerations. Dried semen and blood on legs.</i>	NAME: <i>Dr Jacklin</i> VENUE: <i>TMI – Teddy Bear Clinic</i>	
1. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	
2. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	

3. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	
4. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	
5. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	
6. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	
7. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	

8. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	
9. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	
10. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	
11. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	
12. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	

13. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	
14. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	
15. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	
16. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	
17. DATE:	Rape or Sexual Assault Examination CASE No:		NAME: VENUE:	

DRIVING UNDER THE INFLUENCE (DUI) EXAMINATIONS (15)				
DATE OF ACTIVITY	ACTIVITY OBSERVED and ASSISTED Case-or Body (DR) numbers	BRIEF DESCRIPTION of CASE including: Age, Sex, Race, Forensic History and Findings.	NAME OF TRAINING DOCTOR and VENUE	SIGNATURE OF TRAINING DOCTOR
<i>EXAMPLE</i> DATE: 01/01/04	<i>DUI EXAMINATION</i> CASE No: 34/5/04	<i>31 Year old White male – arrested 1 hour earlier for “DUI” (driving under the influence). Strong odour of beer and appeared moderately intoxicated on examination.</i>	NAME: <i>Dr Nkobi</i> VENUE: <i>Hillbrow CHC</i>	
1. DATE:	Drunken Driver or Driving under the influence (DUI) Examination CASE No:		NAME: VENUE:	
2. DATE:	Drunken Driver or Driving under the influence (DUI) Examination CASE No:		NAME: VENUE:	
3. DATE:	Drunken Driver or Driving under the influence (DUI) Examination CASE No:		NAME: VENUE:	

4. DATE:	Drunken Driver or Driving under the influence (DUI) Examination CASE No:		NAME: VENUE:	
5. DATE:	Drunken Driver or Driving under the influence (DUI) Examination CASE No:		NAME: VENUE:	
6. DATE:	Drunken Driver or Driving under the influence (DUI) Examination CASE No:		NAME: VENUE:	
7. DATE:	Drunken Driver or Driving under the influence (DUI) Examination CASE No:		NAME: VENUE:	
8. DATE:	Drunken Driver or Driving under the influence (DUI) Examination CASE No:		NAME: VENUE:	

9. DATE:	Drunken Driver or Driving under the influence (DUI) Examination CASE No:		NAME: VENUE:	
10. DATE:	Drunken Driver or Driving under the influence (DUI) Examination CASE No:		NAME: VENUE:	
11. DATE:	Drunken Driver or Driving under the influence (DUI) Examination CASE No:		NAME: VENUE:	
12. DATE:	Drunken Driver or Driving under the influence (DUI) Examination CASE No:		NAME: VENUE:	
13. DATE:	Drunken Driver or Driving under the influence (DUI) Examination CASE No:		NAME: VENUE:	

CHILD or ELDER ABUSE EXAMINATIONS (8)				
DATE OF ACTIVITY	ACTIVITY OBSERVED and ASSISTED Case- or Body (DR) numbers	BRIEF DESCRIPTION of CASE including: Age, Sex, Race, Forensic History and Findings.	NAME OF TRAINING DOCTOR and VENUE	SIGNATURE OF TRAINING DOCTOR
1. DATE:	Child- or Elder Abuse Examination CASE No:		NAME: VENUE:	
2. DATE:	Child- or Elder Abuse Examination CASE No:		NAME: VENUE:	
3. DATE:	Child- or Elder Abuse Examination CASE No:		NAME: VENUE:	
4. DATE:	Child- or Elder Abuse Examination CASE No:		NAME: VENUE:	

5. DATE:	Child- or Elder Abuse Examination CASE No:		NAME: VENUE:	
6. DATE:	Child- or Elder Abuse Examination CASE No:		NAME: VENUE:	
7. DATE:	Child- or Elder Abuse Examination CASE No:		NAME: VENUE:	
8. DATE:	Child- or Elder Abuse Examination CASE No:		NAME: VENUE:	

AGEING AND MENTAL CERTIFICATION OF PEOPLE (4)				
DATE OF ACTIVITY	ACTIVITY OBSERVED and ASSISTED Case-or Body (DR) numbers	BRIEF DESCRIPTION of CASE including: Age, Sex, Race, Forensic History and Findings	NAME OF TRAINING DOCTOR and VENUE	SIGNATURE OF TRAINING DOCTOR
1. DATE:	Ageing of a person (If possible)		NAME: VENUE:	
2. DATE:	Ageing of a person (If possible)		NAME: VENUE:	
3. DATE:	Mental Certification (If possible)		NAME: VENUE:	
4. DATE:	Mental Certification (If possible)		NAME: VENUE:	

ADDITIONAL NOTES / REMARKS:

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CLINICAL COURT RELATED WORK <u>OBSERVED</u>: (8)				
DATE OF ACTIVITY	ACTIVITY OBSERVED Case- or Body (DR) numbers	BRIEF DESCRIPTION of CASE including: Age-group, Sex, Race, Forensic History and Findings.	NAME OF TRAINING DOCTOR and VENUE	SIGNATURE OF TRAINING DOCTOR
<i>EXAMPLE</i> DATE: 20/01/04	TESTIFYING IN COURT CASE No: 13/03/02	<i>Elderly White female, allegedly raped by intruders and survived. Macroscopic and DNA evidence of rape. 5 Accused males. Positive DNA comparisons with 2 of the accused</i>	NAME: Dr Nkobi VENUE: JHB Higher Court 4 C	
1. DATE:	Testifying in court CASE No:		NAME: VENUE:	
2. DATE:	Testifying in court CASE No:		NAME: VENUE:	
3. DATE:	Testifying in court CASE No:		NAME: VENUE:	
4. DATE:	Testifying in court CASE No:		NAME: VENUE:	

FINAL COMMENTS BY HEADS OF DEPARTMENTS:

NAME OF CANDIDATE:

DATES OF TRAINING PERIODS:

CHILD ABUSE AND SEXUAL ASSAULT EXAMINATIONS:

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ADULT RAPE AND DRUNKEN DRIVER EXAMINATIONS:

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AGEING AND MENTAL CERTIFICATION:

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HEAD OF CLINICAL FORENSIC MEDICINE DEPARTMENT:
(*CHILD ABUSE AND SEXUAL ASSAULT EXAMINATIONS*)

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DATE: NAME: SIGNATURE:

CHIEF REGIONAL FORENSIC COMMUNITY HEALTH CENTRE MEDICAL OFFICER:
(*ADULT RAPE AND DRUNKEN DRIVER EXAMINATIONS*)

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DATE: NAME: SIGNATURE: