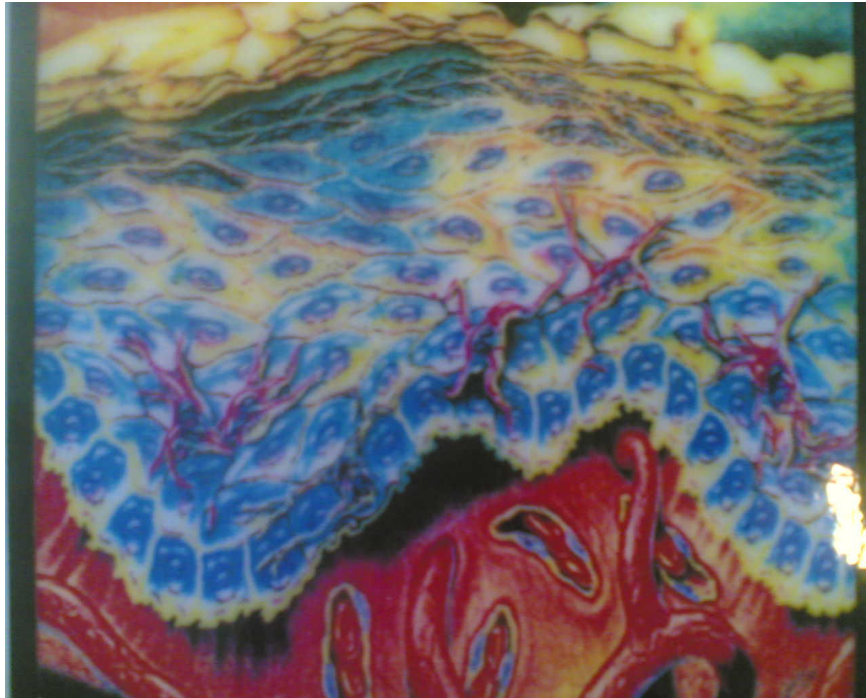


OMAN MEDICAL SPECIALTY BOARD



المجلس العماني للاختصاصات الطبية

**RESIDENCY
TRAINING PROGRAMME
LOGBOOK IN DERMATOLOGY
&
GENITO-URINARY MEDICINE**



SULTANATE OF OMAN MINISTRY OF HEALTH

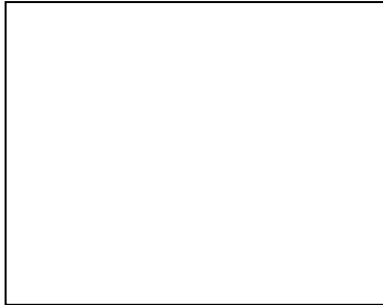
**DEPARTMENT OF DERMATOLOGY
&
G.U.M.
AL- NAHDHA HOSPITAL
MUSCAT
SULTANATE OF OMAN**

DEPARTMENT OF DERMATOLOGY

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IDENTIFICATION



NAME: _____

OMSB NO.: _____

STAFF NO.: _____

BATCH (YEARWISE): _____

NO. & YEAR OF REGISTRATION: _____

| <u>NAME OF SUPERVISORS:</u> | DESIGNATION: | SIGNATURE |
|------------------------------------|---------------------|------------------|
|------------------------------------|---------------------|------------------|

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NAME & SIGNATURE OF CHAIRMAN:

DEPARTMENT OF DERMATOLOGY & G.U.M.

**AL NAHDHA HOSPITAL
MUSCAT**

CERTIFICATE OF COMPLETION

This is to certify that Mr./Mrs./Miss. _____
was under my supervision and has satisfactorily completed this log book solely
by him/her and the candidate is deem fit to appear for the final examination.

OMSB-Chairman Dermatology

Date: / / /

1. **GENERAL INTRODUCTION;**

The objective of this book is to help the student to learn and to provide record of experiences gained during the posting in various disciplines. Each student is expected to participate in all the activities of the department, as a satisfactory period of clinical training is necessary before sitting for the final examination. Students who do not submit a satisfactory log book may be deferred from sitting the final examination till they have a further period of clinical exposure.

Students are advised to take their log books whenever they participate in clinical practice and to make sure to get the signatures of their teachers/tutors immediately.

THE STUDENTS ARE REMINDED THAT ANY FALSE ENTRIES WOULD BAR THEM FROM THE EXAMINATION.

2. INFORMATION:

The course consists of 4 years of intensive training in Dermatology, Venereology, Leprosy, Andrology and allied branches.

It consists of two parts: **Part I and Part II.**

Junior Residency-R1& R4

Part I - consists of first two years which includes a year of rotation in allied subjects like General Medicine, Plastic Surgery, Pediatrics & Psychiatry. It also includes understanding of basic knowledge in Dermatology, Pathology, Mycology, Immunopathology & Microbiology.

(Senior Residency-R3 & R4)

Part II - includes 2 years of extensive clinical knowledge of Dermatology, Venereology, Leprosy and Andrology and Dermatopathology.

Duration of rotation of the various allied subjects.

Allied Branches:

General Medicine - 1 Block

Rheumatology -1 Block

Endocrinology -1 Block

Infectious Disease -1 Block

Psychiatry -1 Block

Oncology - 1 Block

Pediatrics - 1 Block

Surgery

General Surgery - 1 Block

Plastic surgery - 2 Block

Pathology:

Microbiology - 1 Block

Histopathology - 2 Block

Main subjects:

| | | |
|--------------------|---|----------------|
| Dermatology | } | |
| Venereology | } | 2 YEARS |
| Leprology | } | |
| AIDS | } | |

| | |
|--------------------------|------------|
| Infertility & STD | : 2 blocks |
| Immunopathology | : 2 blocks |
| Paediatric dermatology | : 3 blocks |
| Mycology & Microbiology | : 3 blocks |
| Dermato-surgery & Laser | : 3 blocks |
| Phototherapy & Psoriasis | : 3 blocks |
| Genodermatis | : 2 blocks |

The training is compulsory and is recognized for post-graduate degree course in Dermatology & G.U.M. affiliated to Ministry of Health and Arab Board of Dermatology.

CLERKING OF CASE HISTORIES

100 cases: (40 MALE, 30 FEMALE & 30 PAEDIATRIC CASES)

| SR.NO. | DATE | DIAGNOSIS | I.P. NO. | REMARKS & SIGN OF SUPERVISOR |
|--------|------|-----------|----------|------------------------------|
| Males | | | | |
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* Minimum of 50 case histories are to be clerked before appearing for the final examination.

* As far as possible avoid including similar cases. Maximum of 2 or 3 similar cases are acceptable.

CLERKING OF CASE HISTORIES

100 cases: (40 MALE, 30 FEMALE & 30 PAEDIATRIC CASES)

| SR.NO. Males | DATE | DIAGNOSIS | I.P. NO. | REMARKS & SIGN OF SUPERVISOR |
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CLERKING OF CASE HISTORIES

100 cases: (40 MALE, 30 FEMALE & 30 PAEDIATRIC CASES)

| SR.NO. Females | DATE | DIAGNOSIS | I.P. NO. | REMARKS & SIGN OF SUPERVISOR |
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CLERKING OF CASE HISTORIES

100 cases: (40 MALE, 30 FEMALE & 30 PAEDIATRIC CASES)

| SR.NO. | DATE | DIAGNOSIS | I.P. NO. | REMARKS & SIGN OF SUPERVISOR |
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| Females | | | | |
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CLERKING OF CASE HISTORIES

100 cases: (40 MALE, 30 FEMALE & 30 PAEDIATRIC CASES)

| SR.NO. | DATE | DIAGNOSIS | I.P. NO. | REMARKS & SIGN OF SUPERVISOR |
|------------|------|-----------|----------|---------------------------------|
| Paediatric | | | | |
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CLERKING OF CASE HISTORIES

100 cases: (40 MALE, 30 FEMALE & 30 PAEDIATRIC CASES)

| SR.NO. Paediatric | DATE | DIAGNOSIS | I.P. NO. | REMARKS & SIGN OF SUPERVISOR |
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SEMINAR & SCIENTIFIC ACTIVITIES (50)

| SR.NO. | DATE | DIAGNOSIS | I.P. NO. | REMARKS & SIGN OF SUPERVISOR |
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*Minimum of 50 above seminars & scientific activities are mandatory prior to examination

SEMINAR & SCIENTIFIC ACTIVITIES (50)

| SR.NO. | DATE | DIAGNOSIS | I.P. NO. | REMARKS & SIGN OF SUPERVISOR |
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SEMINARS & SCIENTIFIC ACTIVITIES (50)

| SR.NO. | DATE | TOPICS | REMARKS & SIGN OF SUPERVISOR |
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CASE PRESENTATION (50)

| SR.NO. | DATE | TOPIC | REMARKS & SIGN OF SUPERVISOR |
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A minimum of 50 presentations is mandatory prior to examination.

CASE PRESENTATION (50)

| SR.NO. | DATE | TOPIC | REMARKS & SIGN OF SUPERVISOR |
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CASE PRESENTATION (50)

| SR.NO. | DATE | TOPIC | REMARKS & SIGN OF SUPERVISOR |
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JOURNAL CLUB PRESENTATION

| SR.NO. | DATE | TOPIC | REMARKS & SIGN OF SUPERVISOR |
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*A minimum of 20 presentations is mandatory prior to examination.

HISTOPATHOLOGY

| SR.NO. | DATE | TOPIC | REMARKS & SIGN OF SUPERVISOR |
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50 slide discussions is mandatory prior to examination

HISTOPATHOLOGY

| SR.NO. | DATE | TOPIC | REMARKS & SIGN OF SUPERVISOR |
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HISTOPATHOLOGY

| SR.NO. | DATE | TOPIC | REMARKS & SIGN OF SUPERVISOR |
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MINOR SURGICAL PROCEDURES

BIOPSIES (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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*Minimum of 50 minor surgical procedures are mandatory prior to appearing in the final examination.

MINOR SURGICAL PROCEDURES

BIOPSIES (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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MINOR SURGICAL PROCEDURES

BIOPSIES (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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MINOR SURGICAL PROCEDURES
ELECTRO CAUTERIZATION (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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* Minimum of 50 electro cauterization procedures are mandatory prior to appearing in the final exam.

MINOR SURGICAL PROCEDURES
ELECTRO CAUTERIZATION (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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MINOR SURGICAL PROCEDURES
ELECTRO CAUTERIZATION (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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MINOR SURGICAL PROCEDURES

CRYOSURGERY (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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* Minimum of 50 minor surgical procedures in each category are mandatory prior to appearing in the final exam.

MINOR SURGICAL PROCEDURES

CRYOSURGERY (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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MINOR SURGICAL PROCEDURES

CRYOSURGERY (50)

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MINOR PROCEDURES LASER (20)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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*Minimum of 20 Laser are to be completed prior to appearing of final exam.

MINOR PROCEDURES
SKIN GRAFTING (10)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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*Minimum of 10 minor procedures are to be completed prior to appearing of exams

MINOR PROCEDURES

WOOD'S LAMP (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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*Minimum of 50 above minor procedures are to be completed prior to appearing of exams.

MINOR PROCEDURES

WOOD'S LAMP (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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MINOR PROCEDURES

WOOD'S LAMP (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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SPECIAL PROCEDURES
FUNGAL SCRAPING (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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*Minimum of 50 above special procedures are to be completed prior to final exam.

SPECIAL PROCEDURES
FUNGAL SCRAPING (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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SPECIAL PROCEDURES

FUNGAL SCRAPING (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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SPECIAL PROCEDURES

PUVA (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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*Minimum of 50 above special procedures are to be completed prior to final exam.

SPECIAL PROCEDURES

PUVA (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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SPECIAL PROCEDURES

PUVA (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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SPECIAL PROCEDURES
PATCH TEST (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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*Minimum of 50 above special procedures are to be completed prior to appearing of exams.

SPECIAL PROCEDURES

PATCH TEST (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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SPECIAL PROCEDURES
PATCH TEST (50)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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LASER THERAPY PROCEDURES

(25 CASES)

| SR.NO. | DATE | DIAGNOSIS | I.P. NO. | REMARKS & SIGN OF SUPERVISOR |
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*Minimum of 25 Laser Therapy procedures are mandatory prior to appearing in the final exams

CHEMICAL PEELING PROCEDURES
(25 CASES)

| SR.NO. | DATE | DIAGNOSIS | SIGN OF SUPERVISOR |
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* Minimum of 25 Chemical Peeling procedures are mandatory prior to appearing in the final exam.

REPORT ON RESIDENTS IN SPECIALITY TRAINING

DEPARTMENT OF: _____

NAME: _____ ROTATION: Pathology (SQU)

YEAR OR TRAINING: R1 R2 R3 R4

EVALUATION PERIOD FROM: _____ TO: _____

| CRITERIA | VERY GOOD | GOOD | SATIS-FACTORY | UNSATIS-FACTORY | CANNOT JUDGE |
|--|------------------|-------------|----------------------|------------------------|---------------------|
| KNOWLEDGE A) Clinical Science | | | | | |
| B) Basic Sciences | | | | | |
| PATIENT SKILLS: History | | | | | |
| Physical Examination | | | | | |
| Interpretation and Utilization of information | | | | | |
| Clinical Judgement | | | | | |
| Organisation of work | | | | | |
| Emergency Care | | | | | |
| CLINICAL SKILLS: Procedures, Operations etc. | | | | | |
| ATTITUDE: Scientific interest and activity | | | | | |
| Responsibility | | | | | |
| DISCIPLINE AND PUNCTUALITY | | | | | |
| PATIENT RELATIONSHIPS | | | | | |
| PROFESSIONAL RELATIONSHIP | | | | | |
| ETHICS | | | | | |
| SPECIAL CRITERIA (SPECIFY) | | | | | |
| OVERALL EVALUATION OF COMPETENCE & PROGRESS | | | | | |

REPORT ON RESIDENTS IN SPECIALITY TRAINING

DEPARTMENT OF: _____

NAME: _____ :ROTATION: Pathology (Royal Hospital)

YEAR OR TRAINING: R1 R2 R3 R4

EVALUATION PERIOD FROM: _____ TO: _____

| CRITERIA | VERY GOOD | GOOD | SATIS-FACTORY | UNSATIS-FACTORY | CANNOT JUDGE |
|--|------------------|-------------|----------------------|------------------------|---------------------|
| KNOWLEDGE | | | | | |
| A) Clinical Science | | | | | |
| B) Basic Sciences | | | | | |
| PATIENT SKILLS: | | | | | |
| History | | | | | |
| Physical Examination | | | | | |
| Interpretation and Utilization of information | | | | | |
| Clinical Judgement | | | | | |
| Organisation of work | | | | | |
| Emergency Care | | | | | |
| CLINICAL SKILLS: Procedures, Operations etc. | | | | | |
| ATTITUDE: Scientific interest and activity | | | | | |
| Responsibility | | | | | |
| DISCIPLINE AND PUNCTUALITY | | | | | |
| PATIENT RELATIONSHIPS | | | | | |
| PROFESSIONAL RELATIONSHIP | | | | | |
| ETHICS | | | | | |
| SPECIAL CRITERIA (SPECIFY) | | | | | |
| OVERALL EVALUATION OF COMPETENCE & PROGRESS | | | | | |

REPORT ON RESIDENTS IN SPECIALITY TRAINING

DEPARTMENT OF: _____

NAME: _____ ROTATION: Microbiology

YEAR OR TRAINING: R1 R2 R3 R4

EVALUATION PERIOD FROM: _____ TO: _____

| CRITERIA | VERY GOOD | GOOD | SATIS-FACTORY | UNSATIS-FACTORY | CANNOT JUDGE |
|--|------------------|-------------|----------------------|------------------------|---------------------|
| KNOWLEDGE A) Clinical Science | | | | | |
| B) Basic Sciences | | | | | |
| PATIENT SKILLS: History | | | | | |
| Physical Examination | | | | | |
| Interpretation and Utilization of information | | | | | |
| Clinical Judgement | | | | | |
| Organisation of work | | | | | |
| Emergency Care | | | | | |
| CLINICAL SKILLS: Procedures, Operations etc. | | | | | |
| ATTITUDE: Scientific interest and activity | | | | | |
| Responsibility | | | | | |
| DISCIPLINE AND PUNCTUALITY | | | | | |
| PATIENT RELATIONSHIPS | | | | | |
| PROFESSIONAL RELATIONSHIP | | | | | |
| ETHICS | | | | | |
| SPECIAL CRITERIA (SPECIFY) | | | | | |
| OVERALL EVALUATION OF COMPETENCE & PROGRESS | | | | | |

REPORT ON RESIDENTS IN SPECIALITY TRAINING

DEPARTMENT OF: _____

NAME: _____ ROTATION: Gen. Int. Medicine

YEAR OR TRAINING: R1 R2 R3 R4

EVALUATION PERIOD FROM: _____ TO: _____

| CRITERIA | VERY GOOD | GOOD | SATIS-FACTORY | UNSATIS-FACTORY | CANNOT JUDGE |
|--|------------------|-------------|----------------------|------------------------|---------------------|
| KNOWLEDGE | | | | | |
| A) Clinical Science | | | | | |
| B) Basic Sciences | | | | | |
| PATIENT SKILLS: | | | | | |
| History | | | | | |
| Physical Examination | | | | | |
| Interpretation and Utilization of information | | | | | |
| Clinical Judgement | | | | | |
| Organisation of work | | | | | |
| Emergency Care | | | | | |
| CLINICAL SKILLS: Procedures, Operations etc. | | | | | |
| ATTITUDE: Scientific interest and activity | | | | | |
| Responsibility | | | | | |
| DISCIPLINE AND PUNCTUALITY | | | | | |
| PATIENT RELATIONSHIPS | | | | | |
| PROFESSIONAL RELATIONSHIP | | | | | |
| ETHICS | | | | | |
| SPECIAL CRITERIA (SPECIFY) | | | | | |
| OVERALL EVALUATION OF COMPETENCE & PROGRESS | | | | | |

REPORT ON RESIDENTS IN SPECIALITY TRAINING

DEPARTMENT OF: _____

NAME: _____ ROTATION: Paediatric

YEAR OR TRAINING: R1 R2 R3 R4

EVALUATION PERIOD FROM: _____ TO: _____

| CRITERIA | VERY GOOD | GOOD | SATIS-FACTORY | UNSATIS-FACTORY | CANNOT JUDGE |
|--|------------------|-------------|----------------------|------------------------|---------------------|
| KNOWLEDGE | | | | | |
| A) Clinical Science | | | | | |
| B) Basic Sciences | | | | | |
| PATIENT SKILLS: | | | | | |
| History | | | | | |
| Physical Examination | | | | | |
| Interpretation and Utilization of information | | | | | |
| Clinical Judgement | | | | | |
| Organisation of work | | | | | |
| Emergency Care | | | | | |
| CLINICAL SKILLS: Procedures, Operations etc. | | | | | |
| ATTITUDE: Scientific interest and activity | | | | | |
| Responsibility | | | | | |
| DISCIPLINE AND PUNCTUALITY | | | | | |
| PATIENT RELATIONSHIPS | | | | | |
| PROFESSIONAL RELATIONSHIP | | | | | |
| ETHICS | | | | | |
| SPECIAL CRITERIA (SPECIFY) | | | | | |
| OVERALL EVALUATION OF COMPETENCE & PROGRESS | | | | | |

REPORT ON RESIDENTS IN SPECIALITY TRAINING

DEPARTMENT OF: _____

NAME: _____ ROTATION: Psychiatry

YEAR OR TRAINING: R1 R2 R3 R4

EVALUATION PERIOD FROM: _____ TO: _____

| CRITERIA | VERY GOOD | GOOD | SATIS-FACTORY | UNSATIS-FACTORY | CANNOT JUDGE |
|--|-----------|------|---------------|-----------------|--------------|
| KNOWLEDGE | | | | | |
| A) Clinical Science | | | | | |
| B) Basic Sciences | | | | | |
| PATIENT SKILLS: | | | | | |
| History | | | | | |
| Physical Examination | | | | | |
| Interpretation and Utilization of information | | | | | |
| Clinical Judgement | | | | | |
| Organisation of work | | | | | |
| Emergency Care | | | | | |
| CLINICAL SKILLS: Procedures, Operations etc. | | | | | |
| ATTITUDE: | | | | | |
| Scientific interest and activity | | | | | |
| Responsibility | | | | | |
| DISCIPLINE AND PUNCTUALITY | | | | | |
| PATIENT RELATIONSHIPS | | | | | |
| PROFESSIONAL RELATIONSHIP | | | | | |
| ETHICS | | | | | |
| SPECIAL CRITERIA (SPECIFY) | | | | | |
| OVERALL EVALUATION OF COMPETENCE & PROGRESS | | | | | |

REPORT ON RESIDENTS IN SPECIALITY TRAINING

DEPARTMENT OF: _____

NAME: _____ ROTATION: Rheumatology

YEAR OR TRAINING: R1 R2 R3 R4

EVALUATION PERIOD FROM: _____ TO: _____

| CRITERIA | VERY GOOD | GOOD | SATIS-FACTORY | UNSATIS-FACTORY | CANNOT JUDGE |
|--|------------------|-------------|----------------------|------------------------|---------------------|
| KNOWLEDGE | | | | | |
| A) Clinical Science | | | | | |
| B) Basic Sciences | | | | | |
| PATIENT SKILLS: | | | | | |
| History | | | | | |
| Physical Examination | | | | | |
| Interpretation and Utilization of information | | | | | |
| Clinical Judgement | | | | | |
| Organisation of work | | | | | |
| Emergency Care | | | | | |
| CLINICAL SKILLS: Procedures, Operations etc. | | | | | |
| ATTITUDE: Scientific interest and activity | | | | | |
| Responsibility | | | | | |
| DISCIPLINE AND PUNCTUALITY | | | | | |
| PATIENT RELATIONSHIPS | | | | | |
| PROFESSIONAL RELATIONSHIP | | | | | |
| ETHICS | | | | | |
| SPECIAL CRITERIA (SPECIFY) | | | | | |
| OVERALL EVALUATION OF COMPETENCE & PROGRESS | | | | | |

REPORT ON RESIDENTS IN SPECIALITY TRAINING

DEPARTMENT OF: _____

NAME: _____ ROTATION: Infectious Diseases

YEAR OR TRAINING: R1 R2 R3 R4

EVALUATION PERIOD FROM: _____ TO: _____

| CRITERIA | VERY GOOD | GOOD | SATIS-FACTORY | UNSATIS-FACTORY | CANNOT JUDGE |
|--|------------------|-------------|----------------------|------------------------|---------------------|
| KNOWLEDGE | | | | | |
| A) Clinical Science | | | | | |
| B) Basic Sciences | | | | | |
| PATIENT SKILLS: | | | | | |
| History | | | | | |
| Physical Examination | | | | | |
| Interpretation and Utilization of information | | | | | |
| Clinical Judgement | | | | | |
| Organisation of work | | | | | |
| Emergency Care | | | | | |
| CLINICAL SKILLS: Procedures, Operations etc. | | | | | |
| ATTITUDE: Scientific interest and activity | | | | | |
| Responsibility | | | | | |
| DISCIPLINE AND PUNCTUALITY | | | | | |
| PATIENT RELATIONSHIPS | | | | | |
| PROFESSIONAL RELATIONSHIP | | | | | |
| ETHICS | | | | | |
| SPECIAL CRITERIA (SPECIFY) | | | | | |
| OVERALL EVALUATION OF COMPETENCE & PROGRESS | | | | | |

REPORT ON RESIDENTS IN SPECIALITY TRAINING

DEPARTMENT OF: _____

NAME: _____ ROTATION: Plastic Surgery

YEAR OR TRAINING: R1 R2 R3 R4

EVALUATION PERIOD FROM: _____ TO: _____

| CRITERIA | VERY GOOD | GOOD | SATIS-FACTORY | UNSATIS-FACTORY | CANNOT JUDGE |
|--|------------------|-------------|----------------------|------------------------|---------------------|
| KNOWLEDGE | | | | | |
| A) Clinical Science | | | | | |
| B) Basic Sciences | | | | | |
| PATIENT SKILLS: | | | | | |
| History | | | | | |
| Physical Examination | | | | | |
| Interpretation and Utilization of information | | | | | |
| Clinical Judgment | | | | | |
| Organization of work | | | | | |
| Emergency Care | | | | | |
| CLINICAL SKILLS: Procedures, Operations etc. | | | | | |
| ATTITUDE: Scientific interest and activity | | | | | |
| Responsibility | | | | | |
| DISCIPLINE AND PUNCTUALITY | | | | | |
| PATIENT RELATIONSHIPS | | | | | |
| PROFESSIONAL RELATIONSHIP | | | | | |
| ETHICS | | | | | |
| SPECIAL CRITERIA (SPECIFY) | | | | | |
| OVERALL EVALUATION OF COMPETENCE & PROGRESS | | | | | |

REPORT ON RESIDENTS IN SPECIALITY TRAINING

DEPARTMENT OF: _____

NAME: _____ ROTATION: Plastic Surgery

YEAR OR TRAINING: R1 R2 R3 R4

EVALUATION PERIOD FROM: _____ TO: _____

| CRITERIA | VERY GOOD | GOOD | SATIS-FACTORY | UNSATIS-FACTORY | CANNOT JUDGE |
|--|------------------|-------------|----------------------|------------------------|---------------------|
| KNOWLEDGE | | | | | |
| A) Clinical Science | | | | | |
| B) Basic Sciences | | | | | |
| PATIENT SKILLS: | | | | | |
| History | | | | | |
| Physical Examination | | | | | |
| Interpretation and Utilization of information | | | | | |
| Clinical Judgment | | | | | |
| Organization of work | | | | | |
| Emergency Care | | | | | |
| CLINICAL SKILLS: Procedures, Operations etc. | | | | | |
| ATTITUDE: | | | | | |
| Scientific interest and activity | | | | | |
| Responsibility | | | | | |
| DISCIPLINE AND PUNCTUALITY | | | | | |
| PATIENT RELATIONSHIPS | | | | | |
| PROFESSIONAL RELATIONSHIP | | | | | |
| ETHICS | | | | | |
| SPECIAL CRITERIA (SPECIFY) | | | | | |
| OVERALL EVALUATION OF COMPETENCE & PROGRESS | | | | | |

REPORT ON RESIDENTS IN SPECIALITY TRAINING

DEPARTMENT OF: _____

NAME: _____ ROTATION: General Surgery

YEAR OR TRAINING: R1 R2 R3 R4

EVALUATION PERIOD FROM: _____ TO: _____

| CRITERIA | VERY GOOD | GOOD | SATISFACTORY | UNSATISFACTORY | CANNOT JUDGE |
|--|-----------|------|--------------|----------------|--------------|
| KNOWLEDGE | | | | | |
| A) Clinical Science | | | | | |
| B) Basic Sciences | | | | | |
| PATIENT SKILLS: | | | | | |
| History | | | | | |
| Physical Examination | | | | | |
| Interpretation and Utilization of information | | | | | |
| Clinical Judgment | | | | | |
| Organization of work | | | | | |
| Emergency Care | | | | | |
| CLINICAL SKILLS: Procedures, Operations etc. | | | | | |
| ATTITUDE: | | | | | |
| Scientific interest and activity | | | | | |
| Responsibility | | | | | |
| DISCIPLINE AND PUNCTUALITY | | | | | |
| PATIENT RELATIONSHIPS | | | | | |
| PROFESSIONAL RELATIONSHIP | | | | | |
| ETHICS | | | | | |
| SPECIAL CRITERIA (SPECIFY) | | | | | |
| OVERALL EVALUATION OF COMPETENCE & PROGRESS | | | | | |

IN-TRAINING EVALAUTION REPORT
Filled by Course Supervisor

Form 1

يملأ بواسطة المشرف

القسم
DEPARTMENT OF: _____

الاسم
NAME: _____

دورة في
ROTATION IN: _____

سنة التدريب
YEAR OF TRAINING: R1 R2 R3 R4

فترة التقييم
EVALUATION PERIOD: From: _____ إلى
To: _____

| CRITERIA | A ممتاز | B جيد | C مرضي | D ضعيف | Comments ملاحظات |
|---|------------|----------|-----------|-----------|---------------------|
| KNOWLEDGE A) Clinical Sciences أ) المعلومات السريرية | | | | | |
| B) Basic Sciences ب) العلوم الأساسية | | | | | |
| PATIENT SKILLS المهارات المرضية 2. History التاريخ المرضي | | | | | |
| 3. Physical Examination الفحص السريري | | | | | |
| 4. Interpretation and utilization of information. محاولة جمع المعلومات العلمية | | | | | |
| 5. Clinical judgment القرارات السريرية | | | | | |
| 6. Organization of work. تنظيم العمل | | | | | |
| 7. Emergency Care العناية خلال الطوارئ | | | | | |
| CLINICAL SKILLS | | | | | |
| 8. Procedures, Operation, etc. المهارات في العمليات القدرات الفنية | | | | | |
| 9. ATTITUDE العلاقات Scientific interest and activity التركيز العلمي والنشاطات | | | | | |
| 10. RESPONSIBILIT تحمل المسؤولية | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| 11. MOTIVATION التحفيز والاهتمام | | | | | |
| 12. Self assessment التقييم الذاتي | | | | | |
| 13. Physician –patient relationships علاقة الطبيب بمرضىه | | | | | |
| 14 Team relationships العلاقات مع زملائه | | | | | |
| 15 Performance under stress التصرف تحت ضغط العمل | | | | | |
| 16 Overall competence التقييم العام للقدرات | | | | | |

الاسم التاريخ
Name: _____ Date: _____

Signature: _____ التوقيع:

Supervisor: _____ المشرف:

Head of Department: _____ رئيس القسم:

IN-TRAINING EVALAUTION REPORT
Filled by Course Supervisor

Form 1

يملأ بواسطة المشرف

القسم
DEPARTMENT OF: _____

الاسم
NAME: _____

دورة في
ROTATION IN: _____

سنة التدريب
YEAR OF TRAINING: R1 R2 R3 R4

فترة التقييم
EVALUATION PERIOD: From: _____ إلى
To: _____

| CRITERIA | A ممتاز | B جيد | C مرضي | D ضعيف | Comments ملاحظات |
|--|------------|----------|-----------|-----------|---------------------|
| KNOWLEDGE A) Clinical Sciences أ) المعلومات السريرية | | | | | |
| B) Basic Sciences ب) العلوم الأساسية | | | | | |
| PATIENT SKILLS المهارات المرضية 2. History التاريخ المرضي | | | | | |
| 3. Physical Examination الفحص السريري | | | | | |
| 4. Interpretation and utilization of information. محاولة جمع المعلومات العلمية | | | | | |
| 5. Clinical judgment القرارات السريرية | | | | | |
| 6. Organization of work. تنظيم العمل | | | | | |
| 7. Emergency Care العناية خلال الطوارئ | | | | | |
| CLINICAL SKILLS 8. Procedures, Operation, etc. المهارات في العمليات القدرات الفنية | | | | | |
| 9. ATTITUDE العلاقات Scientific interest and activity التركيز العلمي والنشاطات | | | | | |
| 10. RESPONSIBILIT تحمل المسؤولية | | | | | |

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|---|--|--|--|--|--|
| 11. MOTIVATION التحفيز والاهتمام | | | | | |
| 12. Self assessment التقييم الذاتي | | | | | |
| 13. Physician –patient relationships علاقة الطبيب بمرضىه | | | | | |
| 14 Team relationships العلاقات مع زملائه | | | | | |
| 15 Performance under stress التصرف تحت ضغط العمل | | | | | |
| 16 Overall competence التقييم العام للقدرات | | | | | |

الاسم _____ التاريخ _____
Name: _____ Date: _____

Signature: _____ التوقيع:

Supervisor: _____ المشرف:

Head of Department: _____ رئيس القسم:

**THIRD YEAR
IN-TRAINING EVALUATION REPORT
Filled by Course Supervisor**
يملأ بواسطة المشرف

Form 1

القسم
DEPARTMENT OF: _____

الاسم
NAME: _____ دورة في
ROTATION IN: _____

سنة التدريب
YEAR OF TRAINING: R1 R2 R3 R4
فترة التقييم
EVALUATION PERIOD: من _____ إلى
From: _____ To: _____

| CRITERIA | A ممتاز | B جيد | C مرضى | D ضعيف | Comments ملاحظات |
|---|------------|----------|-----------|-----------|---------------------|
| KNOWLEDGE A) Clinical Sciences أ) المعلومات السريرية | | | | | |
| B) Basic Sciences ب) العلوم الأساسية | | | | | |
| PATIENT SKILLS المهارات المرضية | | | | | |
| 2. History التاريخ المرضي | | | | | |
| 3. Physical Examination الفحص السريري | | | | | |
| 4. Interpretation and utilization of information. محاولة جمع المعلومات العلمية | | | | | |
| 5. Clinical judgment القرارات السريرية | | | | | |
| 6. Organization of work. تنظيم العمل | | | | | |
| 7. Emergency Care العناية خلال الطوارئ | | | | | |
| CLINICAL SKILLS | | | | | |
| 8. Procedures, Operation, etc. المهارات في العمليات، القدرات الفنية | | | | | |
| 9. ATTITUDE العلاقات Scientific interest and activity التركيز العلمي والنشاطات | | | | | |
| 10. RESPONSIBILITY تحمل المسؤولية | | | | | |

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|---|--|--|--|--|--|
| 11. MOTIVATION التحفيز والاهتمام | | | | | |
| 12. Self assessment التقييم الذاتي | | | | | |
| 13. Physician –patient relationships علاقة الطبيب بمريضه | | | | | |
| 14 Team relationships العلاقات مع زملائه | | | | | |
| 15 Performance under stress التصرف تحت ضغط العمل | | | | | |
| 16 Overall competence التقييم العام للقدرات | | | | | |

الاسم التاريخ
Name: _____ Date: _____

Signature: _____ التوقيع:

Supervisor: _____ المشرف:

Head of Department: _____ رئيس القسم:

IN-TRAINING EVALAUTION REPORT
Filled by Course Supervisor
 يملأ بواسطة المشرف

Form 1

القسم
 DEPARTMENT OF: _____

الاسم
 NAME: _____

دورة في
 ROTATION IN: _____

سنة التدريب
 YEAR OF TRAINING: R1 R2 R3 R4

فترة التقييم
 EVALUATION PERIOD: من _____ إلى _____
 From: _____ To: _____

| CRITERIA | A ممتاز | B جيد | C مرضى | D ضعيف | Comments ملاحظات |
|---|------------|----------|-----------|-----------|---------------------|
| KNOWLEDGE A) Clinical Sciences أ) المعلومات السريرية | | | | | |
| B) Basic Sciences ب) العلوم الأساسية | | | | | |
| PATIENT SKILLS المهارات المرضية | | | | | |
| 2. History التاريخ المرضي | | | | | |
| 3. Physical Examination الفحص السريري | | | | | |
| 4. Interpretation and utilization of information. محاولة جمع المعلومات العلمية | | | | | |
| 5. Clinical judgment القرارات السريرية | | | | | |
| 6. Organization of work. تنظيم العمل | | | | | |
| 7. Emergency Care العناية خلال الطوارئ | | | | | |
| CLINICAL SKILLS | | | | | |
| 8. Procedures, Operation, etc. المهارات في العمليات القدرات الفنية | | | | | |
| 9. ATTITUDE العلاقات Scientific interest and activity التركيز العلمي والنشاطات | | | | | |
| 10. RESPONSIBILIT تحمل المسؤولية | | | | | |

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| 11. MOTIVATION التحفيز والاهتمام | | | | | |
| 12. Self assessment التقييم الذاتي | | | | | |
| 13. Physician –patient relationships علاقة الطبيب بمريضه | | | | | |
| 14 Team relationships العلاقات مع زملائه | | | | | |
| 15 Performance under stress التصرف تحت ضغط العمل | | | | | |
| 16 Overall competence التقييم العام للقدرات | | | | | |

الاسم _____ التاريخ _____
Name: _____ Date: _____

Signature: _____ التوقيع:

Supervisor: _____ المشرف:

Head of Department: _____ رئيس القسم:

FINAL IN-TRAINING EVALUATION REPORT
Filled by Course Supervisor
(يملأ بواسطة مدير البرنامج)

Form 11

(Please read the attached Explanatory Notes before completing this report).

NAME: OF CANDIDATE (Please print Surname first)

الإسم (اسم العائلة اولاً)

YEAR OF TRAINING: R1 R2 R3 R4

سنة التدريب

REPORT COVERS PERIOD From: _____ To: _____
 التقريـر من الفترة من إلى

UNIVERSITY OF MEDICAL INSTITUTE: _____
 الجامعة أو المؤسسة الصحية

NAME OF PROGRAMME DIRECTOR: _____
 اسم مدير البرنامج

HOSPITAL (s): _____
 المستشفى

| CRITERIA المعايير | A ممتاز | B جيد | C مرضى | D ضعيف | Comments ملاحظات |
|--|------------|----------|-----------|-----------|---------------------|
| Fundamental Skills المهارات الأساسية | | | | | |
| Data gathering: e.g. History & examination. جمع المعلومات خلال التاريخ المرضي والفحص | | | | | |
| Choice and use of ancillary tests: e.g. Laboratory tests. اختيار الاختبارات المعملية | | | | | |
| Soundness of judgment and decisions القرارات العلمية | | | | | |
| Performance under emergency conditions التصرف في الحالات الطارئة | | | | | |
| Records and reports (including oral reports) كتابة التقارير السريرية وتقديمها | | | | | |
| Discipline & punctuality الضبط والدقة | | | | | |
| Patient relationships العلاقات الشخصية مع المرضى | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| Professional relationship العلاقات بزملائه | | | | | |
| Ethics الالتزام بأخلاقيات الطب | | | | | |
| Special criteria (Specify) قدرات خاصة تتود ذكرها | | | | | |
| Overall evaluation of competence & progress التقييم العام | | | | | |

هل المتدرب (هو / هي في السنة النهائية) يبدي الاهتمام لتكملة البرنامج؟
Does the trainee (in his/her final year) demonstrate the interest to continue the Program?

نعم
Yes: _____

لا
No: _____

Comments and Remarks: ملاحظات

Other confidential information can be submitted separately.

إذا كان هناك معلومات سرية أخرى نرجو إرفاقها مع التقرير

| الاسم Name | التوقيع Signature | التاريخ Date |
|---|----------------------|-----------------|
| المشرف Supervisor of Rotation: _____ | _____ | _____ |

| | | |
|---|-------|-------|
| مدير البرنامج Programme Coordinator: _____ | _____ | _____ |
|---|-------|-------|