#### The Arab Board of Health Specializations

## Scientific Council of Internal Medicine



# Log Book of Academic Activities

For Rheumatology Residency Training Program





# Evaluation form for the trainee in the specialty of Rheumatic disease

#### Candidate's data

Name of Candidate	
Nationality	
Nationality	
DOB	
Address	
Personal email address	
Mobile#	
Hospital or Training& Institute	
Year	
Arab Board Registry Number:	
Institutional email	
Personal photo.	



## TRAINING CENTER (HOSPITAL):

Hospital Title:
Hospital Address:
Duration of training: From / / to / /
Telephone #
Email address
Signature of training supervisor:
Hospital stamp:
Date of Signature & Stamp:



# First Year 1<sup>st</sup> six months

The trainee is requested to fill out the existing form accurately and commit to being signed by the training supervisor at least once a week

#### 1. Patient care:

Attending medical consultations with the supervisor

Supervisor Name & signature	Diagnosis	Admission Date	Patient's name
Truine & Signature		Duce	1141110



## 2. Skills Required and Acquired (The table is dictated every 6 months):

		Nun	nber:	
-Joint aspiration (direct sup	pervision)		(3-5)	
-Tendon injection (direct su	upervision)		(3-5)	
-Training in the use of DEX	XA device		(3-5)	
- X-ray interpretation			(3-5)	
-Other procedures to specify	y:			
Observ	ing Sonography (3 -	–5 Each j	oint )	
Joint's name	]	The num	ber	
Wrist				
Elbow				
Shoulders				
Ankle				
Knee				
Hip				
Tendons				
Others to specify				



## 3. Scientific activities:

	Number:
- Attending weekly teaching sessions	
- Attending conferences	
- Participating in preparing lectures	
- Participating in research only	
- Participating in the training of undergraduate students	
- Other activities specify:	



# First Year 2<sup>st</sup> six months

#### 1. Patient care:

Attending medical consultations with the supervisor

Supervisor Name & signature	Diagnosis	Admission Date	Patient's name
Name & signature		Date	паше



2. Skills Required and Acquired (Skills table to be completed every 6 months):

<u> </u>	<del>-</del>	<b>.</b>		
T : / /! /!		Number		
-Joint aspiration (dire			(3-5)	
-Tendon injection (di	rect supervision)		(3-5)	
Training in the use of	f DEXA device		(3-5)	
Reading X-ray			(3-5)	
Other procedures spe	ecify:			
ОЬ	serving Sonography	(3 - 5 each	joint)	
Joint's name		The number	er	
Wrist				
Elbow				
Shoulders				
Ankle				
Knee				
Hip				
Tendons				
Others specify				





Scientific Council of Rheumatology - Training Committee

3. Scientific activities:	
<ul> <li>Attending weekly teaching sessions</li> <li>Attending conferences</li> <li>Participating in preparing lectures</li> <li>Participating in research only</li> <li>Participating in the training of undergr</li> <li>Other activities to specify</li> </ul>	Number:
4. Medical research:	
- Participate in medical research	Number $\square$ Yes $\square$ No $\square$
- Others	Number
5. Medical ethics and professionalism	<u>ı:</u>
- Attendance	Yes No
- Night calls	Yes No D
- Vacations	No $\square$ If yes, number $\square$
- Unexcused absence	No $\square$ If yes, number $\square$
- Dealing with the patient and his family	acceptable $\square$ un acceptable $\square$ outstanding $\square$
- Dealing with the work team	acceptable $\square$ un acceptable $\square$ outstanding $\square$

#### 6. Log book should be sent along with a recommendation letter in envelope sealed by the supervisor.



knowledge				
Skills				
Professionalism				
Trainee notes regarding:				
1. Working hours, night calls and logistics				
2. Time to discuss cases with senior and professors				
3. Learning skills				



#### Trainers' recommendations:

The performance of the trained	has been discussed and the follow	ving has been agreed upon:
If not successful mention the re	eason:	
<u>Trainer's name</u>	<u>signature</u>	<u>Date</u>
Supervisor's name	<u>signature</u>	<u>Date</u>



#### Second Year

1. Patient care:

Supervisor Name & signature	Diagnosis	Admission Date	Patient's name
- Medical consultations		ber □ Week ber □ Week	

			_
- Medical consultatio - Outpatient clinic (ge	Number   Number	Week Week	



 ${\it Scientific Council of Rheumatology-Training Committee}$ 

1. Skills Required and Acquired (Skills table to be completed every 6 months):						
	Number:					
-Arthrocenthesis			(3-5)			
-Tendon injection			(3-5)			
Being able to use DEXA device			(3-5)			
Interpretation of X-rays			(3-5)			
Intravenous drugs			(3-5)			
Other procedures specify						
Study of joints w	vith echo	(3-5 each joint)				
Joint's name		The	number			
Wrist						
Elbow						
Shoulders						
Ankle						
Knee						
Hip						
Tendons						
Others specify						

Scientific Council of Rheumatology - Training Committee



Number:

#### 2. Scientific activity:

			i (dilibel)	
- Attending scientific sessions				
- Participation in presenting lectures				
-Participate in the training of undergraduate students				
- Attending local and international meetings				
- Preparing and discussing scientific research, publishing it in a scientific journal,				
or presenting it at a conference:				
• The address				
• Date				
• Place				
- Other activities to specify				
3. Medical ethics and professiona	<u>llism:</u>			
- Attendance	Yes 🗌	No		
- Night calls	Yes 🗌	No		
- Vacations	No 🗆	If yes	s, number $\square$	
- Unexcused absence	No 🗆	If yes	s, number $\square$	
<ul><li>Dealing with the patient and his family</li><li>Dealing with the work team</li></ul>	acceptable ☐ acceptable ☐		cceptable  outstanding  cceptable  outstanding	
- Off center training				
- Center:				
- Duration:				
- Purpose:				
Supervisor's name:				

 $\label{logbook} \mbox{Log book should be sent along with a recommendation letter in envelope sealed by the supervisor.}$ 



knowledge				
Skills				
Professionalism				
	Trainee notes rega	arding:		
1. Working hours, night calls and logistics				
2. Time to discuss cases with senior and professors				
3. Learning skills				



#### Trainers' recommendations:

The performance of the trainee has been discussed and the following has been agreed upon:			
If not successful mention the rea	son:		
<u>Trainer's name</u>	<u>signature</u>	<u>Date</u>	
Supervisor's name	<u>signature</u>	<u>Date</u>	



#### Mid- year training report

(A separate report from each training supervisor)

- 1. Completing and signing the logbook is mandatory before the exam.
- 2. In case the trainee conduct was unsatisfactory; the report should be sent to the authorities.

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