



المجلس العلمي لاختصاص الامراض الجلدية والتناسلية
SCIENTIFIC COUNCIL OF DERMATOLOGY & VENEREOLOGY

كتيب التدريب العلمي والعملي لاختصاص الامراض الجلدية والتناسلية

Logbook of Academic Activities for Dermatology & Venereology

1ST Year Residency Training Program

Personal information:

Candidate name: -----

Date of registration: / / Registration number: -----

Dater of starting training: / /

Training center and country: -----

Fulltime trainee (4-5 days/week) () Partial trainee (2-3 days/week ().

Supervisor details:

Supervisor name: -----

Qualification: Board certified () MD () PhD () OTHERS:-----Year:-----

Affiliation: Professor () Associate professor () Assistant professor () Lecturer ()

Consultant () Specialist ()

Candidate training, duties and activities / month

Outpatient clinics (4-8 days/month)	2
Inpatient (Word) rounds, Consultation and discussion (4-8 days / month)	2
Duties (Evening and night) (2-4 days / month)	2
Laboratory and therapy clinics (Electro, Crayo,) (2-6 days/ month)	2

FIRST YEAR RESIDENCY TRAINING (R1)

CLINICAL CASES (History, diagnosis, management and follow up)

Total cases 60 cases (20 male cases, 20 female cases, 20 pediatric cases)

Date: From / / To / /

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment
1							
2							
3							
4							
5							
6							
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12							
13							
14							
15							

Candidate signature: ----- Supervisor approval: -----

Date: / /

FIRST YEAR RESIDENCY TRAINING (R1)

CLINICAL CASES (History, diagnosis, management and follow up)

Total cases 60 cases (20 male cases, 20 female cases, 20 pediatric cases)

Date: From / / To / /

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment &Follow up
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

Candidate signature: ----- Supervisor approval: -----

Date: / /

FIRST YEAR RESIDENCY TRAINING (R1)

CLINICAL CASES (History, diagnosis, management and follow up)

Total cases 60 cases (20 male cases, 20 female cases, 20 pediatric cases)

Date: From / / To / /

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment &Follow up
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							

Candidate signature: ----- Supervisor approval: -----

Date: / /

FIRST YEAR RESIDENCY TRAINING (R1)

CLINICAL CASES (History, diagnosis, management and follow up)

Total cases 60 cases (20 male cases, 20 female cases, 20 pediatric cases)

Date: From / / To / /

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment &Follow up
46							
47							
48							
49							
50							
51							
52							
53							
54							
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56							
57							
58							
59							
60							

Candidate signature: ----- Supervisor approval: -----

Date: / /

FIRST YEAR RESIDENCY TRAINING (R1)

BIOPSY (Excisional, Incisional, Punch, Shave)

Minimum 12 Biopsies/ Year Minimum 2 biopsies/ Month.

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Type of Biopsy	Site	Stain required	Histopathology Report
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Candidate signature: ----- Supervisor approval: -----

Date: / /

FIRST YEAR RESIDENCY TRAINING (R1)

ELECTROCAUTERY (EC)

Minimum 24 cases/ Year Minimum 2 (cases)/ Month

Date: From / / To / /

SN	Age	Sex	Clinical diagnosis	Site	Number of lesions >10 or <10	Results and complications
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Candidate signature: ----- Supervisor approval: -----

Date: / /

FIRST YEAR RESIDENCY TRAINING (R1)

ELECTROCAUTERY (EC)

Minimum 24 cases/ Year Minimum 2 (cases)/ Month

Date: From / / To / /

SN	Age	Sex	Clinical diagnosis	Site	Number of lesions >10 or <10	Results and complications
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Candidate signature: ----- Supervisor approval: -----

Date: / /

FIRST YEAR RESIDENCY TRAINING (R1)

CROTHERAPY

Minimum 12 cases/ Year Minimum 2 cases/ Month

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Sites	Number of lesions <10 or >10	Results and complications
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Candidate signature: ----- Supervisor approval: -----

Date: / /

FIRST YEAR RESIDENCY TRAINING (R1)

DIAGNOSTIC TESTS (Patch test, Slit smear, Leishmania bodies, Dermoscopy)

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Diagnostic Test	Result notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Candidate signature: ----- Supervisor approval: -----

Date: / /

FIRST YEAR RESIDENCY TRAINING (R1)

MICROBIOLOGY (KOH, Gram stain, Methylene blue)

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Test	Site	Stain	Result notes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Candidate signature: ----- Supervisor approval: -----

Date: / /

FIRST YEAR RESIDENCY TRAINING (R1)

WOODS LAMP EXAMINATION

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Site	Result notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Candidate signature: ----- Supervisor approval: -----

Date: / /

FIRST YEAR RESIDENCY TRAINING (R1)

MINOR SURGERY

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Type of minor surgery	Result notes
1					
2					
3					
4					
5					

Candidate signature: ----- Supervisor approval: -----

Date: / /

FIRST YEAR RESIDENCY TRAINING (R1)

HISTOPATHOLOGY

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Stain	Description and diagnosis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Candidate signature: ----- Supervisor approval: -----

Date: / /

FIRST YEAR RESIDENCY TRAINING (R1)

SCIENTIFIC ACTIVITIES (Conferences, Workshops, Scientific days, Seminars, Online Arab Board CME).

Date: From / / To / /

SN	Scientific activity	Date/ place	Credit hours
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Candidate signature: ----- Supervisor approval: -----

Date: / / To / /

FIRST YEAR RESIDENCY TRAINING (R1)

Journal club .

Date: From / / To / /

SN	Date	Title	Published journal/ Year
1			
2			
3			
4			
5			
6			
7			

Candidate signature: ----- Supervisor approval: -----

Date: / / To / /

FIRST YEAR RESIDENCY TRAINING (R1)

PRESENTATION (Lectures, tutorials, case presentation)

Date: From / / To / /

SN	Date	Place	Type of presentation	Title
1				
2				
3				
4				
5				
6				
7				

Candidate signature: ----- Supervisor approval: -----

Date:



تقييم السنة الاولى للتدريب العلمي والعملية لاختصاص الامراض الجلدية والتناسلية

Evaluation of the first-year residency training program

اسم المتدرب:

اسم المشرف:

تاريخ التسليم:

اسم المقيم:

تاريخ التقييم:

قرار التقييم:

1) كتيب التدريب متكامل وينتقل المتدرب الى السنة الثانية للتدريب (2R) ()

2) توجد نواقص في الاتي:

.....

ويطلب من المتدرب اعادة التدريب في الجزء المطلوب

3) التدريب غير متكامل ويطلب من المتدرب اعادة السنة التدريبية الاولى (1R) ()

اعتماد لجنة التدريب



المجلس العلمي لاختصاص الأمراض الجلدية والتناسلية
SCIENTIFIC COUNCIL OF DERMATOLOGY & VENEREOLOGY

كتيب التدريب العلمي والعملي لاختصاص الأمراض الجلدية والتناسلية
Logbook of Academic Activities for Dermatology & Venereology
2nd Year Residency Training Program

Personal information:

Candidate name: -----

Date of registration: / / Registration number: -----

Dater of starting training: / /

Training center and country: -----

Fulltime trainee (4-5 days/week) () Partial trainee (2-3 days/week ().

Supervisor details:

Supervisor name: -----

Qualification: Board certified () MD () PhD () OTHERS:-----Year:-----

Affiliation: Professor () Associate professor () Assistant professor () Lecturer ()

Consultant () Specialist ().

Candidate training, duties and activities / month

Outpatient clinics (4-8 days/month)	8
Inpatient (Word) rounds, Consultation and discussion (4-8 days / month)	8
Duties (Evening and night) (2-4 days / month)	4
Laboratory and therapy clinics (Electro, Crayo, Photo, Laser) (2-6 days/ month)	4

SECOND YEAR RESIDENCY TRAINING (R2)

CLINICAL CASES (History, diagnosis, management and follow up)

Total cases 75 cases (25 male cases, 25 female cases, 25 pediatric cases)

Date: From / / To / /

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment
1							
2							
3							
4							
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12							
13							
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15							

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

CLINICAL CASES (History, diagnosis, management and follow up)

Total cases 75 cases (25 male cases, 25 female cases, 25 pediatric cases)

Date: From / / To / /

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment &Follow up
16							
17							
18							
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29							
30							

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

CLINICAL CASES (History, diagnosis, management and follow up)

Total cases 75 cases (25 male cases, 25 female cases, 25 pediatric cases)

Date: From / / To / /

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment &Follow up
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

CLINICAL CASES (History, diagnosis, management and follow up)

Total cases 75 cases (25 male cases, 25 female cases, 25 pediatric cases)

Date: From / / To / /

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment &Follow up
46							
47							
48							
49							
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51							
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56							
57							
58							
59							
60							

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

CLINICAL CASES (History, diagnosis, management and follow up)

Total cases 75 cases (25 male cases, 25 female cases, 25 pediatric cases)

Date: From / / To / /

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment &Follow up
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

BIOPSY (Excisional, Incisional, Punch, Shave)

Minimum 24 Biopsies/ Year

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Type of Biopsy	Site	Stain required	Histopathology Report
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

BIOPSY (Excisional, Incisional, Punch, Shave)

Minimum 24 Biopsies/ Year

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Type of Biopsy	Site	Stain required	Histopathology Report
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

ELECTROCAUTERY (EC)

Minimum 24 cases/ Year Minimum 2 (cases)/ Month is

Date: From / / To / /

SN	Age	Sex	Clinical diagnosis	Site	Number of lesions <10 or > 10	Results
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2

ELECTROCAUTERY (EC)

Minimum 24 cases/ Year Minimum 2 (cases)/ Month is

Date: From / / To / /

SN	Age	Sex	Clinical diagnosis	Site	Number of lesions <10 or > 10	Results
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

CROTHERAPY

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Sites	Number of lesions <10 or >10	Results
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

CROTHERAPY

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Sites	Number of lesions <10 or >10	Results
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

PHOTOTHERAPY (PT): UVA, UVB, NB - UVB

Minimum 18 cases/ Year Minimum 2 cases/ Month

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Type of PT	Dose	Sites	Results and complications
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

DIAGNOSTIC TESTS (Patch test, Slit smear, Leishmania bodies, Dermoscopy)

Date: From / / To / /

SN	Age	Sex	Clinical diagnosis	Diagnostic Test	Result notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

MICROBIOLOGY (KOH, Gram stain, Methylene blue)

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Test	Site	Stain	Result notes
1							
2							
3							
4							
5							
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7							
8							
9							
10							
11							
12							

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

WOODS LAMP EXAMINATION

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Site	Result notes
1					
2					
3					
4					
5					
6					
7					
8					
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10					
11					
12					

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

LASERS

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Type of Laser
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

MINOR SURGERY

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Type of minor surgery	Result notes
1					
2					
3					
4					
5					

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

HISTOPATHOLOGY

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Stain	Description and diagnosis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

HISTOPATHOLOGY

Date: From / / To / /

SN	Age	Sex	Clinical Diagnosis	Stain	Description and diagnosis
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

Candidate signature: ----- Supervisor approval: -----

Date: / /

SECOND YEAR RESIDENCY TRAINING (R2)

SCIENTIFIC ACTIVITIES (Conferences, Workshops, Scientific days, Seminars, Online Arab Board CME).

Date: From / / To / /

SN	Scientific activity	Date/ place	Credit hours
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Candidate signature: ----- Supervisor approval: -----

Date: /

SECOND YEAR RESIDENCY TRAINING (R2)

Journal club

Date: From / / To / /

SN	Date	Title	Published journal/ Year
1			
2			
3			
4			
5			
6			
7			

Candidate signature: ----- Supervisor approval: -----

Date: / / To / /

SECOND YEAR RESIDENCY TRAINING (R2)

PRESENTATION (Lectures, tutorials, case presentation)

Date: From / / To / /

SN	Date	Place	Type of presentation	Title
1				
2				
3				
4				
5				
6				
7				

Candidate signature: ----- Supervisor approval: -----

Date: / / To / /



تقييم السنة الثانية للتدريب العلمي والعملية لاختصاص الامراض الجلدية والتناسلية

Evaluation of the second-year residency training program

اسم المتدرب:

اسم المشرف:

تاريخ التسليم:

اسم المقيم:

تاريخ التقييم:

قرار التقييم:

1) كتيب التدريب متكامل وينتقل المتدرب الى السنة الثانية للتدريب (3R) ()

2) توجد نواقص في الآتي:

.....

ويطلب من المتدرب اعادة التدريب في الجزء المطلوب ()

3) التدريب غير متكامل ويطلب من المتدرب اعادة السنة التدريبية الاولى (2R) ()

اعتماد لجنة التدريب