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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**

**3rd 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**

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

**THIRD YEAR RESIDENCY TRAINING (R3)**

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

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases).**

**Date: From / / To / /**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment** | **Diagnostic****investigations** | **Related history** | **Clinical diagnosis** | **OPD****Inpatient (IP)** | **Sex** | **Age** | **SN** |
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|  |  |  |  |  |  |  | **2** |
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**Candidate signature: --------------------------- Supervisor approval: ---------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

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

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases).**

**Date: From / / To / /**

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| **Treatment** | **Diagnostic****investigations** | **Related history** | **Clinical diagnosis** | **OPD****Inpatient (IP)** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: ---------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

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

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases).**

**Date: From / / To / /**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment** | **Diagnostic****investigations** | **Related history** | **Clinical diagnosis** | **OPD****Inpatient (IP)** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: ---------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

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

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases).**

**Date: From / / To / /**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment** | **Diagnostic****investigations** | **Related history** | **Clinical diagnosis** | **OPD****Inpatient (IP)** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

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

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases).**

**Date: From / / To / /**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment** | **Diagnostic****investigations** | **Related history** | **Clinical diagnosis** | **OPD****Inpatient (IP)** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

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

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases).**

**Date: From / / To / /**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment** | **Diagnostic****investigations** | **Related history** | **Clinical diagnosis** | **OPD****Inpatient (IP)** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

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

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases).**

**Date: From / / To / /**

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| **Treatment** | **Diagnostic****investigations** | **Related history** | **Clinical diagnosis** | **OPD****Inpatient (IP)** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**BIOPSY (Excisional, Incisional, Punch, Shave)**

**Minimum 24 Biopsies/ Year**

 **Date: From / / To / /**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Histopathology****Report** | **Stain required** | **Site** | **Type of****Biopsy** | **Clinical****Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  |  | **1** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**BIOPSY (Excisional, Incisional, Punch, Shave)**

**Minimum 24 Biopsies/ Year **

 **Date: From / / To / /**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Histopathology****Report** | **Stain required** | **Site** | **Type of****Biopsy** | **Clinical****Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**ELECTROCAUTERY (EC)**

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

 **Date: From / / To / /**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Results** | **Number of lesions****<10 or >10** | **Site** | **Clinical****diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  | **1** |
|  |  |  |  |  |  | **2** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**ELECTROCAUTERY (EC)**

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

 **Date: From / / To / /**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Results** | **Number of lesions****<10 or >10** | **Site** | **Clinical****diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**CROTHERAPY**

**Minimum 24 cases/ Year Minimum 2 cases/ Month**

**Date: From / / To / /**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Results** | **Number of lesions****<10 or >10** | **Sites** | **Clinical****Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  | **1** |
|  |  |  |  |  |  | **2** |
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**Candidate signature: --------------------------- Supervisor approval: -------------------------------Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**CROTHERAPY**

**Minimum 24 cases/ Year Minimum 2 cases/ Month**

 **Date: From / / To / /**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Results** | **Number of lesions****<10 or >10** | **Sites** | **Clinical****Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: -------------------------------Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

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

**Minimum 24 cases/ Year **

 **Date: From / / To / /**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Results and complications** | **Sites** | **Dose** | **Type of PT** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  |  | **1** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**TRAINING (R3)**

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

**Minimum 24 cases/ Year**

 **Date: From / / To / /**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Results and complications** | **Sites** | **Dose** | **Type of PT** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

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

 **Date: From / / To / /**

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| --- | --- | --- | --- | --- | --- |
| **Result notes** | **Diagnostic Test** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  | **1** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**MICROBIOLOGY (KOH, Gram stain, Methylene blue)**

 **Date: From / / To / /**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Result notes** | **Stain** | **Site** | **Test** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  |  | **1** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**WOODS LAMP EXAMINATION**

 **Date: From / / To / /**

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| --- | --- | --- | --- | --- | --- |
| **Result notes** | **Site** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  | **1** |
|  |  |  |  |  | **2** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**LASERS**

 **Date: From / / To / /**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Laser** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  | **1** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**MINOR SURGERY**

 **Date: From / / To / /**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Result notes** | **Type of minor surgery** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  | **1** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**HISTOPATHOLOGY**

 **Date: From / / To / /**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description and diagnosis** | **Stain** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  | **1** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / / **

**THIRD YEAR RESIDENCY TRAINING (R3)**

**HISTOPATHOLOGY**

 **Date: From / / To / /**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description and diagnosis** | **Stain** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

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

 **Date: From / / To / /**

|  |  |  |  |
| --- | --- | --- | --- |
| **Credit hours** | **Date/ place** | **Scientific activity** | **SN** |
|  |  |  | **1** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3**

**journal club **

 **Date: From / / To / /**

|  |  |  |  |
| --- | --- | --- | --- |
| **Published journal/ Year** | **Title** | **Date** | **SN** |
|  |  |  | **1** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**PRESENTATION (Lectures, tutorials, case presentation) **

 **Date: From / / To / /**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Type of presentation** | **Place** | **Date** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date:**

****

تقييم السنة الثالثة للتدريب العلمي والعملي لاختصاص الامراض الجلدية والتناسلية

**Evaluation of the third-year residency training program**

اسم المتدرب: ------------------------------------------------------------------------

اسم المشرف: ------------------------------------------------------------------------

تاريخ التسليم: ------------------------------------------------------------------------

اسم المقيم: ---------------------------------------------------------------------------

تاريخ التقييم: ------------------------------------------------------------------------

قرار التقييم:

1. كتيب التدريب متكامل وينتقل المتدرب الى السنة الرابعة للتدريب (R4)
2. توجد نواقص في الاتي: ----------------------------------- -------------------------------------------------------------------------------------------------------------------------------

ويطلب من المتدرب اعادة التدريب فى الجزء المطلوب ( (

1. التدريب غير متكامل ويطلب من المتدرب اعادة السنة التدريبية الثالثة (R3)

اعتماد لجنة التدريب

****

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**

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

**FOURTH YEAR RESIDENCY TRAINING (R4)**

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

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases)**

**Date: From / / To / /**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment** | **Diagnostic****investigations** | **Related history** | **Clinical diagnosis** | **OPD****Inpatient (IP)** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: ---------------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

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

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases)**

**Date: From / / To / /**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment** | **Diagnostic****investigations** | **Related history** | **Clinical diagnosis** | **OPD****Inpatient (IP)** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  |  | **16** |
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**Candidate signature: --------------------------- Supervisor approval: ---------------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

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

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases)**

**Date: From / / To / /**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment** | **Diagnostic****investigations** | **Related history** | **Clinical diagnosis** | **OPD****Inpatient (IP)** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  |  | **31** |
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**Candidate signature: --------------------------- Supervisor approval: ---------------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

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

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases) **

**Date: From / / To / /**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment** | **Diagnostic****investigations** | **Related history** | **Clinical diagnosis** | **OPD****Inpatient (IP)** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  |  | **46** |
|  |  |  |  |  |  |  | **47** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

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

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases) **

**Date: From / / To / /**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment** | **Diagnostic****investigations** | **Related history** | **Clinical diagnosis** | **OPD****Inpatient (IP)** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  |  | **61** |
|  |  |  |  |  |  |  | **62** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

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

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases) **

**Date: From / / To / /**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment** | **Diagnostic****investigations** | **Related history** | **Clinical diagnosis** | **OPD****Inpatient (IP)** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  |  | **76** |
|  |  |  |  |  |  |  | **77** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

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

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases)**

**Date: From / / To / /**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment** | **Diagnostic****investigations** | **Related history** | **Clinical diagnosis** | **OPD****Inpatient (IP)** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**BIOPSY (Excisional, Incisional, Punch, Shave) **

**Minimum 24 Biopsies/ Year**

 **Date: From / / To / /**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Histopathology****Report** | **Stain required** | **Site** | **Type of****Biopsy** | **Clinical****Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  |  | **1** |
|  |  |  |  |  |  |  | **2** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**BIOPSY (Excisional, Incisional, Punch, Shave)**

**Minimum 24 Biopsies/ Year**

 **Date: From / / To / /**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Histopathology****Report** | **Stain required** | **Site**  | **Type of****Biopsy** | **Clinical** **Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  |  | **13** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**ELECTROCAUTERY (EC) **

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

 **Date: From / / To / /**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Results** | **Number of lesions****<10 or >10** | **Site** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  | **1** |
|  |  |  |  |  |  | **2** |
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**Candidate signature: --------------------------- Supervisor approval: -----------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**ELECTROCAUTERY (EC)**

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

 **Date: From / / To / /**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Results** | **Number of lesions****<10 or >10** | **Site** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  | **13** |
|  |  |  |  |  |  | **14** |
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**Candidate signature: --------------------------- Supervisor approval: -----------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4).**

**CROTHERAPY**

**Minimum 24 cases/ Year Minimum 2 cases/ Month**

 **Date: From / / To / /**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Results** | **Number of lesions****<10 or >10** | **Sites** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  | **1** |
|  |  |  |  |  |  | **2** |
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**Candidate signature: --------------------------- Supervisor approval: -------------------------------- Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4).**

**CROTHERAPY**

**Minimum 24 cases/ Year Minimum 2 cases/ Month**

 **Date: From / / To / /**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Results** | **Number of lesions****<10 or >10** | **Sites** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  | **13** |
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**Candidate signature: --------------------------- Supervisor approval: -------------------------------- Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

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

**Minimum 24 cases/ Year Minimum 2 cases/ Month**

 **Date: From / / To / /**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Results and complications** | **Sites** | **Dose** | **Type of****PT** | **Clinical****Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  |  | **1** |
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**Candidate signature: --------------------------- Supervisor approval: -------------------------------- Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

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

**Minimum 24 cases/ Year Minimum 2 cases/ Month**

 **Date: From / / To / /**

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| **Results and complications** | **Sites** | **Dose** | **Type of****PT** | **Clinical****Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: -------------------------------- Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

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

 **Date: From / / To / /**

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| --- | --- | --- | --- | --- | --- |
| **Result notes** | **Diagnostic Test** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  | **1** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FOURETGH YEAR RESIDENCY TRAINING (R4)**

**MICROBIOLOGY (KOH, Gram stain, Methylene blue)**

 **Date: From / / To / /**

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| **Result notes** | **Stain** | **Site** | **Test** | **Clinical****Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  |  | **1** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**WOODS LAMP EXAMINATION**

 **Date: From / / To / /**

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| --- | --- | --- | --- | --- | --- |
| **Result notes** | **Site** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**LASERS**

 **Date: From / / To / /**

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| --- | --- | --- | --- | --- |
| **Type of Laser** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  | **1** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**MINOR SURGERY**

 **Date: From / / To / /**

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| **Result notes** | **Type of minor surgery** | **Clinical****Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**HISTOPATHOLOGY**

 **Date: From / / To / /**

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| **Description and diagnosis** | **Stain** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**HISTOPATHOLOGY**

 **Date: From / / To / /**

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| **Description and diagnosis** | **Stain** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

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

 **Date: From / / To / /**

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| --- | --- | --- | --- |
| **Credit hours** | **Date/ place** | **Scientific activity** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**journal club **

 **Date: From / / To / /**

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| --- | --- | --- | --- |
| **Published journal/ Year** | **Title** | **Date** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**PRESENTATION (Lectures, tutorials, case presentation) **

 **Date: From / / To / /**

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| **Title** | **Type of presentation** | **Place** | **Date** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**Elective section**

**Aesthetic; 5 cases of Botox & 5 cases of Filler & 5 cases of Chemical peel for R4**

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| --- | --- | --- | --- | --- | --- | --- |
| **Type Botox** | **Site** | **Diagnosis** | **Age** | **Sex** | **Date** | **SN** |
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| **Type Filler** | **Site** | **Diagnosis** | **Age** | **Sex** | **Date** | **SN** |
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| **Type of Chemical peel** | **Site** | **Diagnosis** | **Age** | **Sex** | **Date** | **SN** |
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تقييم السنة الرابعة للتدريب العلمي والعملي لاختصاص الامراض الجلدية والتناسلية

**Evaluation of the fourth-year residency training program**

اسم المتدرب: ------------------------------------------------------------------------

اسم المشرف: ------------------------------------------------------------------------

تاريخ التسليم: ------------------------------------------------------------------------

اسم المقيم: ---------------------------------------------------------------------------

تاريخ التقييم: ------------------------------------------------------------------------

قرار التقييم:

1. كتيب التدريب للسنة الرابعة متكامل ويسمح للمتدرب بدخول الامتحان الكتابي النهائي
2. توجد نواقص في الاتي: --------------------------------------------- ------------------------------------------------------------------------------------------------------------------

ويطلب من المتدرب اعادة التدريب فى الجزء المطلوب ( )

1. التدريب غير متكامل ويطلب من المتدرب اعادة السنة التدريبية الرابعة (R4) ( (

اعتماد لجنة التدريب