



**تعليمات عامة للمتقدم**

1- اقرأ التعلميات قبل تعبئة أي جزء من الكتاب - سجل سير التدريب - حيث أن كل صفحة فيه مكتوبة بشكل واضح. إذا وجدت أية صعوبة عليك باستشارة مسؤول التدريب في مستشفاك.

2- عليك بتعبئة الكتاب لكامل مدة التدريب على أن تكون تعبئة الكتاب على أسس يومية وتقدم صورة منه سنوياً للجنة التدريب والتوصيف وشؤون الاعتراف للتأكد من كفاءة العملية التدريبية.

3- قبل انتهاء مدة التدريب بثلاثة شهور يرسل المشرف تقريراً إلى الأمانة العامة بموافقته على ما جاء في سجل التدريب.

4- على المسؤول عن التدريب أن يوقع ويؤرخ بدء التدريب على هذا الكتاب.

5- على المتدرب أن يحمل كتاب التدريب معه باستمرار اثناء العمل.

6- على المتدرب كتابة فترات الغياب المرضي والإجازات.

**تعليمات للمشرف على التدريب**

يطلب من المشرف على التدريب التوقيع على الأنشطة المدونة في سجل التدريب.

في حال وجود نقص بالتدريب في الناحية العملية أو النظرية فيجب أن يبين ذلك مع اتخاذ جميع الإجراءات للتغلب عليه.

وإذا اتخذت بعض الإجراءات خارج محتويات كتاب / سجل سير التدريب / فعلى المشرف على التدريب

ذكر ذلك حتى تستطيع لجنة التدريب والتوصيف الاطلاع عليه.

**معلومات شخصية**

الإسم الأول:..........................الثاني:.............................العائلة:.........................

الجنس:.............................مكان وتاريخ الولادة:................... الجنسية:..................

سنة التخرج:..................المكان:...............................................

دراسات عليا:...............................................................................................

تاريخ الحصول على الجزء الأول:......................................................................

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تعليق المشرف على التدريب

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المشرف على التدريب........................ التوقيع.......................... التاريخ................

**الإجازات السنوية: الإجازات المرضية:**

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**المهمات الدراسية:**

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**المــقــــدمــــــة**

**النشاط العلمي المطلوب استيفاؤه من المتدرب**

Minimal Requirements

 Case presentations 2/year

Journal Club 2/year

Grand Round 1/week

Out Patient Clinic 1/week

On Call Duties 1/week

**النشاط العلمي والعملي المطلوب استيفاؤه خلال الـ (4 سنوات)**

**Case Presentation (عددها 8)**

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| **توقيع المشرف** | **التفاصيل** | **رقم السجل** | **التاريخ** |
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**النشاط العلمي والعملي المطلوب استيفاؤه خلال الـ (4 سنوات)**

**Journal Club (8 عددها)**

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| **توقيع المشرف** | **التفاصيل** | **التاريخ** |
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**النشاط العلمي والعملي المطلوب استيفاؤه خلال الـ (4 سنوات)**

**Out Patient Clinic (عددها 40 بالسنة)**

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| **توقيع المشرف** | **التفاصيل** | **التاريخ** |
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**النشاط العلمي والعملي المطلوب استيفاؤه خلال الـ (4 سنوات)**

**On call duties (عددها 40 بالسنة)**

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**النشاط العلمي والعملي المطلوب استيفاؤه خلال الـ (4 سنوات)**

**Grand Round (عددها 40 بالسنة)**

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**النشاطات العلمية الدورية**

(المحاضرات ، الندوات العلمية ، المرور السريري)

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**النشاطات العلمية الدورية**

(المحاضرات ، الندوات العلمية ، المرور السريري)

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**المشاركة في عملية التعليم والبحث العملي للأطباء المقيمين ولغيرهم**

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| **الموضوع** | **التفضيلات** | **التاريخ** |
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العمليات المجراة من قبل المتدرب خلال الأربع سنوات كحد أدنى

 Main surgeon Assistant Surgeon

• Occuloplasty & Orbit 20 30

•Strabismus Surgery 10 20

•ECCE 10 20

•Phaco 25 30

•Glaucoma Surgery 5 10

•Corneal Surgery 10 10

•Vitro- retinal Surgery - 10

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 **80 130**

**أنواع العمليات المجراة من قبل المتدرب**

• **Occuloplasty & Orbit:**

 **Minor:** chalazion , Tarsotomy, Tarsorrhpy, Repair of lid wound.

 **Major:** Ptosis, reconstructive lid surgery**.**

• **Lacrimal Surgery**

 **Minor:** Probing, Irregation, intubation.

 **Major:** DCR

• **Strabismus surgery:**

Recession, Resection

• **Glaucom Surgery:**

Trabeculotomy, Trabeculectomy, Filtering with antimetabolites, and combined phaco – trab.

• **Corneal surgery:**

 **Minor**: Removal of corneal FB , conjunctival and amniotic membrane grafts.

 **Major:** Keratoplasty and repair of corneal laceration.

• **Vitreoretinal:**

Scleral buckling procedures and pars plana vitrectomy.

**العمليات المجراة من قبل المتدرب**

**Occuloplasty & Orbit :نوع العملية**

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| **توقيع المشرف** | **Occuloplasty&Orbit/نوع العملية** | **جراح مساعد** | **جراح اساس** | **رقم السجل** | **التاريخ** | **ت** |
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**العمليات المجراة من قبل المتدرب**

**Occuloplasty & Orbit :نوع العملية**

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| **توقيع المشرف** | **Occuloplasty&Orbit/نوع العملية** | **جراح مساعد** | **جراح اساس** | **رقم السجل** | **التاريخ** | **ت** |
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**العمليات المجراة من قبل المتدرب**

**Strabismus Surgery:نوع العملية**

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| **توقيع المشرف** | **نوع العملية/****Strabismus Surgery** | **جراح مساعد** | **جراح اساس** | **رقم السجل** | **التاريخ** | **ت** |
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**العمليات المجراة من قبل المتدرب**

**ECCE:نوع العملية**

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| **توقيع المشرف** | **ECCEنوع العملية** | **جراح مساعد** | **جراح اساس** | **رقم السجل** | **التاريخ** | **ت** |
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**العمليات المجراة من قبل المتدرب**

**Phaco:نوع العملية**

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| **توقيع المشرف** | **phaco/نوع العملية** | **جراح مساعد** | **جراح اساس** | **رقم السجل** | **التاريخ** | **ت** |
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**العمليات المجراة من قبل المتدرب**

**Glaucoma Surgery:نوع العملية**

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| **توقيع المشرف** | **Glaucoma Surgery/نوع العملية** | **جراح مساعد** | **جراح اساس** | **رقم السجل** | **التاريخ** | **ت** |
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**العمليات المجراة من قبل المتدرب**

**Corneal Surgery:نوع العملية**

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| **توقيع المشرف** | **Corneal Surgery/نوع العملية** | **جراح مساعد** | **جراح اساس** | **رقم السجل** | **التاريخ** | **ت** |
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**العمليات المجراة من قبل المتدرب**

**Vitro – retinal surgery:نوع العملية**

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| **توقيع المشرف** | **Vitro – retinal surgery/نوع العملية** | **جراح مساعد** | **جراح اساس** | **رقم السجل** | **التاريخ** | **ت** |
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**أنواع عمليات الليزر المجراة من قبل المتدرب كحد أدنى**

**Laser Procedures**

**Argon Laser (for retinal disease) 20**

**YAG Laser Iridotomy 10**

 **Capsuloctomy 10**

**عمليات الليزر المجراة من قبل المتدرب:**

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| **توقيع المشرف** | **نوع الليزر** | **رقم السجل** | **التاريخ** | **ت** |
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**تعليق المستشارين على التدريب للمتقدمين**

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**المستشار المدرب................ التوقيع ................ التاريخ ........................**