



**Ain Shams Residency Training Program  
(M.D. Degree)**

**Training Activities Booklet**



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**Important department and faculty regulations:** (for more details read the Medical Doctorate in Neurosurgery Program Guide and Logbook.)

- This booklet is an essential part of the "Medical Doctorate in Neurosurgery Program Guide and Logbook" and complementary to it.

- Ain Shams neurosurgical program for the MD degree in Neurosurgery is a 75 credit hour's program. The minimum duration of getting these credit hours is 3 years (6 semesters).

- The training period is divided as follows:

- Advanced neuroscience course (6 credit hours).
- Advanced neurosurgery course (22 credit hours).
- One of the optional courses (forensic medicine, computer science, medical ethics or medical laws) (2 credit hours).
- Research activity (30 credit hours).
- Fulfilling the logbook requirements including this booklet (15 credit hours).

Semesters	Course Title
<b>1</b> (6 credit hours)	- Advanced neurosurgery course <ul style="list-style-type: none"> <li>• Cranial</li> </ul>
<b>2</b> (6 credit hours)	- Advanced neurosurgery course <ul style="list-style-type: none"> <li>• Spinal</li> </ul>
<b>3</b> (6 credit hours)	- Advanced neurosurgery course <ul style="list-style-type: none"> <li>• Vascular, Head injury &amp; peripheral nerve injury</li> </ul>
<b>4</b> (4 credit hours)	- Advanced neurosurgery course <ul style="list-style-type: none"> <li>• Functional</li> </ul>
<b>5</b> (6 credit hours)	- Advanced neuroscience course
<b>6</b> (2 credit hours)	- Elective (forensic medicine, computer science, medical ethics or medical laws) course

- The prerequisites to enter the final MD exam are:

- ✓ Completed all the 6 semesters' courses.
- ✓ The research study is presented and accepted at least one month before application to the final MD exam.
- ✓ Fulfilled at least 75 % of the log book requirement (including this booklet) and this should be signed by the program co-supervisor, the program supervisor, the academic advisor and the head of the department. (N.B. the minimum numbers stated in the logbook and the booklet for each training activity is equal to 75% of the requirements.)

## **Training Activities Required for the M.D. Degree**

### **1<sup>st</sup> semester**

#### **I. Case-Based Discussion (CBD)**

At least 6 cases are required with assessment rating appropriate for this stage.

#### **II. Clinical Evaluation Exercise (CEX)**

At least 6 cases are required with assessment rating appropriate for this stage.

#### **III. Procedure-Based Assessment (PBA)**

The numbers of procedures mentioned below are the minimum numbers of required procedures in this stage with assessment at least level (1) in the levels of competence.

#### **IV. Presentation Skills (Observation of Teaching)**

At least one presentation is required with assessment rating appropriate for this stage.

#### **V. Neurosurgery Lectures Attendance**

Attendance of at least 6 neurosurgery lectures is required.

#### **VI. Scientific Meetings Attendance**

Attendance of at least one scientific meeting or workshop for neurosurgery (national or international) is required.

#### **VII. Thesis Attendance**

Attendance of at least 2 Thesis presentations and discussion is required.

#### **VIII. Outpatient Practice Based Learning**

Attendance of at least 6 outpatient clinics is required.

#### **VIII. Research Activity**

The candidate started his essay or thesis research study.

## **2<sup>nd</sup> semester**

### **I. Case-Based discussion (CBD)**

At least 6 cases are required with assessment rating appropriate for this stage.

### **II. Clinical Evaluation Exercise (CEX)**

At least 6 cases are required with assessment rating appropriate for this stage.

### **III. Procedure-Based Assessment (PBA)**

The numbers of procedures mentioned below are the minimum numbers of required procedures in this stage with assessment at least level (2) in the levels of competence.

### **IV. Presentation Skills (Observation of Teaching)**

At least one presentation is required with assessment rating appropriate for this stage.

### **V. Neurosurgery Lectures Attendance**

Attendance of at least 6 neurosurgery lectures is required.

### **VI. Scientific Meetings Attendance**

Attendance of at least one scientific meeting or workshop for neurosurgery (national or international) is required.

### **VII. Thesis Attendance**

Attendance of at least 2 Thesis presentations and discussion is required.

### **VIII. Outpatient Practice Based Learning**

Attendance of at least 6 outpatient clinics is required.

### **VIII. Research Activity**

The candidate started his essay or thesis research study.

## **3<sup>rd</sup> semester**

### **I. Case-Based discussion (CBD)**

At least 6 cases are required with assessment rating appropriate for this stage.

### **II. Clinical Evaluation Exercise (CEX)**

At least 6 cases are required with assessment rating appropriate for this stage.

### **III. Procedure-Based Assessment (PBA)**

The numbers of procedures mentioned below are the minimum numbers of required procedures in this stage with assessment at least level (3) in the levels of competence.

### **IV. Presentation Skills (Observation of Teaching)**

At least one presentation is required with assessment rating appropriate for this stage.

### **V. Neurosurgery Lectures Attendance**

Attendance of at least 6 neurosurgery lectures is required.

### **VI. Scientific Meetings Attendance**

Attendance of at least one scientific meeting or workshop for neurosurgery (national or international) is required.

### **VII. Thesis Attendance**

Attendance of at least 2 Thesis presentations and discussion is required.

### **VIII. Outpatient Practice Based Learning**

Attendance of at least 6 outpatient clinics is required.

### **VIII. Research Activity**

The candidate started his essay or thesis research study.



## **4<sup>th</sup> semester**

### **I. Case-Based discussion (CBD):**

At least 6 cases are required with assessment rating appropriate for this stage.

### **II. Clinical Evaluation Exercise (CEX)**

At least 6 cases are required with assessment rating appropriate for this stage.

### **III. Procedure-Based Assessment (PBA)**

The numbers of procedures mentioned below are the minimum numbers of required procedures in this stage with assessment at least level (4) in the levels of competence.

### **IV. Presentation Skills (Observation of Teaching)**

At least one presentation is required with assessment rating appropriate for this stage.

### **V. Neurosurgery Lectures Attendance**

Attendance of at least 6 neurosurgery lectures is required.

### **VI. Scientific Meetings Attendance**

Attendance of at least one scientific meeting or workshop for neurosurgery (national or international) is required.

### **VII. Thesis Attendance**

Attendance of at least 2 Thesis presentations and discussion is required.

### **VIII. Outpatient Practice Based Learning**

Attendance of at least 6 outpatient clinics is required.

### **VIII. Research Activity**

The research study is presented and accepted.

## **5<sup>th</sup> semester**

### **I. Case-Based discussion (CBD):**

At least 6 cases are required with assessment rating appropriate for this stage.

### **II. Clinical Evaluation Exercise (CEX)**

At least 6 cases are required with assessment rating appropriate for this stage.

### **III. Procedure-Based Assessment (PBA)**

The numbers of procedures mentioned below are the minimum numbers of required procedures in this stage with assessment at least level (4) in the levels of competence.

### **IV. Presentation Skills (Observation of Teaching)**

At least one presentation is required with assessment rating appropriate for this stage.

### **V. Neurosurgery Lectures Attendance**

Attendance of at least 6 neurosurgery lectures is required.

### **VI. Scientific Meetings Attendance**

Attendance of at least one scientific meeting or workshop for neurosurgery (national or international) is required.

### **VII. Thesis Attendance**

Attendance of at least 2 Thesis presentations and discussion is required.

### **VIII. Outpatient Practice Based Learning**

Attendance of at least 6 outpatient clinics is required.

### **VIII. Research Activity**

The research study is presented and accepted.

## **6<sup>th</sup> semester**

### **I. Case-Based discussion (CBD):**

At least 6 cases are required with assessment rating appropriate for this stage.

### **II. Clinical Evaluation Exercise (CEX)**

At least 6 cases are required with assessment rating appropriate for this stage.

### **III. Procedure-Based Assessment (PBA)**

The numbers of procedures mentioned below are the minimum numbers of required procedures in this stage with assessment at least level (4) in the levels of competence.

### **IV. Presentation Skills (Observation of Teaching)**

At least one presentation is required with assessment rating appropriate for this stage.

### **V. Neurosurgery Lectures Attendance**

Attendance of at least 6 neurosurgery lectures is required.

### **VI. Scientific Meetings Attendance**

Attendance of at least one scientific meeting or workshop for neurosurgery (national or international) is required.

### **VII. Thesis Attendance**

Attendance of at least 2 Thesis presentations and discussion is required.

### **VIII. Outpatient Practice Based Learning**

Attendance of at least 6 outpatient clinics is required.

### **VIII. Research Activity**

The research study is presented and accepted.

Student's Name: ..... (Must be fulfilled)

**Half Annual Report of 1<sup>st</sup> Semester Training Activities**

Training Activity	Fulfilled The Requirements		Note
	Yes	No	
<b>Case-Based discussion (CBD)</b> (At least 6 cases with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Clinical Evaluation Exercise (CEX)</b> (At least 6 cases with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Procedure-Based Assessment (PBA)</b> (At least the numbers of procedures mentioned in the Procedure-Based Assessment forms. Taking in consideration the level of competence for the stage)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Presentation Skills (Observation of Teaching)</b> (At least one presentation with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Neurosurgery Lectures</b> (Attendance of at least 6 lectures with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Scientific Meetings</b> (Attendance of at least one meeting with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Thesis discussions</b> (Attendance of at least 2 discussions with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Outpatient Clinic practice</b> (Attendance of at least 6 outpatient clinics with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Research Activity</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Comments:</b>			

Training Program co-supervisor

Training Program supervisor

Date:

Student's Name: ..... (Must be fulfilled)

**Half Annual Report of 2<sup>nd</sup> Semester Training Activities**

Training Activity	Fulfilled The Requirements		Note
	Yes	No	
<b>Case-Based discussion (CBD)</b> (At least 6 cases with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Clinical Evaluation Exercise (CEX)</b> (At least 6 cases with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Procedure-Based Assessment (PBA)</b> (At least the numbers of procedures mentioned in the Procedure-Based Assessment forms. Taking in consideration the level of competence for the stage)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Presentation Skills (Observation of Teaching)</b> (At least one presentation with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Neurosurgery Lectures</b> (Attendance of at least 6 lectures with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Scientific Meetings</b> (Attendance of at least one meeting with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Thesis discussions</b> (Attendance of at least 2 discussions with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Outpatient Clinic practice</b> (Attendance of at least 6 outpatient clinics with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Research Activity</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Comments:</b>			

Training Program co-supervisor

Training Program supervisor

Date:

Student's Name: ..... (Must be fulfilled)

**Half Annual Report of 3<sup>rd</sup> Semester Training Activities**

Training Activity	Fulfilled The Requirements		Note
	Yes	No	
<b>Case-Based discussion (CBD)</b> (At least 6 cases with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Clinical Evaluation Exercise (CEX)</b> (At least 6 cases with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Procedure-Based Assessment (PBA)</b> (At least the numbers of procedures mentioned in the Procedure-Based Assessment forms. Taking in consideration the level of competence for the stage)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Presentation Skills (Observation of Teaching)</b> (At least one presentation with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Neurosurgery Lectures</b> (Attendance of at least 6 lectures with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Scientific Meetings</b> (Attendance of at least one meeting with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Thesis discussions</b> (Attendance of at least 2 discussions with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Outpatient Clinic practice</b> (Attendance of at least 6 outpatient clinics with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Research Activity</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Comments:</b>			

Training Program co-supervisor

Training Program supervisor

Date:

Student's Name: ..... (Must be fulfilled)

**Half Annual Report of 4<sup>th</sup> Semester Training Activities**

Training Activity	Fulfilled The Requirements		Note
	Yes	No	
<b>Case-Based discussion (CBD)</b> (At least 6 cases with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Clinical Evaluation Exercise (CEX)</b> (At least 6 cases with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Procedure-Based Assessment (PBA)</b> (At least the numbers of procedures mentioned in the Procedure-Based Assessment forms. Taking in consideration the level of competence for the stage)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Presentation Skills (Observation of Teaching)</b> (At least one presentation with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Neurosurgery Lectures</b> (Attendance of at least 6 lectures with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Scientific Meetings</b> (Attendance of at least one meeting with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Thesis discussions</b> (Attendance of at least 2 discussions with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Outpatient Clinic practice</b> (Attendance of at least 6 outpatient clinics with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Research Activity</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Comments:</b>			

Training Program co-supervisor

Training Program supervisor

Date:

Student's Name: ..... (Must be fulfilled)

**Half Annual Report of 5<sup>th</sup> Semester Training Activities**

Training Activity	Fulfilled The Requirements		Note
	Yes	No	
<b>Case-Based discussion (CBD)</b> (At least 6 cases with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Clinical Evaluation Exercise (CEX)</b> (At least 6 cases with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Procedure-Based Assessment (PBA)</b> (At least the numbers of procedures mentioned in the Procedure-Based Assessment forms. Taking in consideration the level of competence for the stage)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Presentation Skills (Observation of Teaching)</b> (At least one presentation with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Neurosurgery Lectures</b> (Attendance of at least 6 lectures with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Scientific Meetings</b> (Attendance of at least one meeting with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Thesis discussions</b> (Attendance of at least 2 discussions with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Outpatient Clinic practice</b> (Attendance of at least 6 outpatient clinics with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Research Activity</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Comments:</b>			

Training Program co-supervisor

Training Program supervisor

Date:



Student's Name: ..... (Must be fulfilled)

**Half Annual Report of 6<sup>th</sup> Semester Training Activities**

Training Activity	Fulfilled The Requirements		Note
	Yes	No	
<b>Case-Based discussion (CBD)</b> (At least 6 cases with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Clinical Evaluation Exercise (CEX)</b> (At least 6 cases with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Procedure-Based Assessment (PBA)</b> (At least the numbers of procedures mentioned in the Procedure-Based Assessment forms. Taking in consideration the level of competence for the stage)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Presentation Skills (Observation of Teaching)</b> (At least one presentation with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Neurosurgery Lectures</b> (Attendance of at least 6 lectures with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Scientific Meetings</b> (Attendance of at least one meeting with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Thesis discussions</b> (Attendance of at least 2 discussions with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Outpatient Clinic practice</b> (Attendance of at least 6 outpatient clinics with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Research Activity</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Comments:</b>			

Training Program co-supervisor

Training Program supervisor

Date:

Student's Name: ..... (Must be fulfilled)

**Final Report of Training Activities** (prerequisite to enter the final MD exam)

Training Activity	Fulfilled The Requirements		Note
	Yes	No	
<b>Case-Based discussion (CBD)</b> (At least 36 cases with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Clinical Evaluation Exercise (CEX)</b> (At least 36 cases with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Procedure-Based Assessment (PBA)</b> (At least the numbers of procedures mentioned in the Procedure-Based Assessment forms multiplied by six. Taking in consideration the level of competence for the stage)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Presentation Skills (Observation of Teaching)</b> (At least 6 presentations with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Neurosurgery Lectures</b> (Attendance of at least 36 lectures with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Scientific Meetings</b> (Attendance of at least 6 meetings with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Thesis discussions</b> (Attendance of at least 12 discussions with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Outpatient Clinic practice</b> (Attendance of at least 36 outpatient clinics with assessment rating appropriate for the stage.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Research Activity</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Comments:</b>			

Training Program co-supervisor

Training Program supervisor

Date:

Student's Name: ..... (Must be fulfilled)

**Approval for the Final M.D. Exam Entry**

On reviewing the training activities we found all the pre-requisites were fulfilled / not fulfilled by the trainee and so he/she is candidate / not candidate for the final Ain Shams Neurosurgery MD examination.

**Academic Advisor**

**Head of the department**

**Comment:**

Student's Name: ..... (Must be fulfilled)

**Case-Based discussion (CBD)**

No	Date	Case Summary	Semester	Assessment Appropriate for the stage		Trainer Name & signature	Head of The Unit signature
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Student's Name: ..... (Must be fulfilled)

**Case-Based discussion (CBD)**

No	Date	Case Summary	Semester	Assessment Appropriate for the stage		Trainer Name & signature	Head of The Unit signature
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Student's Name: ..... (Must be fulfilled)

**Case-Based discussion (CBD)**

No	Date	Case Summary	Semester	Assessment Appropriate for the stage		Trainer Name & signature	Head of The Unit signature
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Student's Name: ..... (Must be fulfilled)

**Case-Based discussion (CBD)**

No	Date	Case Summary	Semester	Assessment Appropriate for the stage		Trainer Name & signature	Head of The Unit signature
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Student's Name: ..... (Must be fulfilled)

**Case-Based discussion (CBD)**

No	Date	Case Summary	Semester	Assessment Appropriate for the stage		Trainer Name & signature	Head of The Unit signature
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		



Student's Name: ..... (Must be fulfilled)

**Case-Based discussion (CBD)**

No	Date	Case Summary	Semester	Assessment Appropriate for the stage		Trainer Name & signature	Head of The Unit signature
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Student's Name: ..... (Must be fulfilled)

**Case-Based discussion (CBD)**

No	Date	Case Summary	Semester	Assessment Appropriate for the stage		Trainer Name & signature	Head of The Unit signature
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Student's Name: ..... (Must be fulfilled)

**Clinical Evaluation Exercise (CEX)**

No	Date	Case Summary	Semester	Assessment Appropriate for the stage		Trainer Name & signature	Head of The Unit signature
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Student's Name: ..... (Must be fulfilled)

**Clinical Evaluation Exercise (CEX)**

No	Date	Case Summary	Semester	Assessment Appropriate for the stage		Trainer Name & signature	Head of The Unit signature
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Student's Name: ..... (Must be fulfilled)

**Clinical Evaluation Exercise (CEX)**

No	Date	Case Summary	Semester	Assessment Appropriate for the stage		Trainer Name & signature	Head of The Unit signature
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Student's Name: ..... (Must be fulfilled)

**Clinical Evaluation Exercise (CEX)**

No	Date	Case Summary	Semester	Assessment Appropriate for the stage		Trainer Name & signature	Head of The Unit signature
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Student's Name: ..... (Must be fulfilled)

**Clinical Evaluation Exercise (CEX)**

No	Date	Case Summary	Semester	Assessment Appropriate for the stage		Trainer Name & signature	Head of The Unit signature
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Student's Name: ..... (Must be fulfilled)

**Clinical Evaluation Exercise (CEX)**

No	Date	Case Summary	Semester	Assessment Appropriate for the stage		Trainer Name & signature	Head of The Unit signature
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		



Student's Name: ..... (Must be fulfilled)

**Clinical Evaluation Exercise (CEX)**

No	Date	Case Summary	Semester	Assessment Appropriate for the stage		Trainer Name & signature	Head of The Unit signature
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Surgical principles and approaches	Positioning for lumbar spine surgery (2)						
		Positioning for dorsal spine surgery (2)					

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Surgical principles and approaches	Positioning for cervical spine surgery (2)						
		Positioning for anterior cranial fossa surgery (2)					

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Surgical principles and approaches	Positioning for middle cranial fossa surgery (2)						
		Positioning for posterior cranial fossa surgery (2)					

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Surgical principles and approaches	Safe use of skull fixation (2)						
		Precise and safe handling of instruments (suction, electro-coagulation, craniotome, drill, CUSA) (2)					

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Surgical principles and approaches	Burr hole (general and specific) (2)						
	Scalp flap & dissection for anterior cranial fossa (2)						

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Surgical principles and approaches	Scalp flap & dissection for middle cranial fossa (2)						
		Scalp flap & dissection for posterior cranial fossa (2)					

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Surgical principles and approaches	Craniotomy for anterior cranial fossa surgery (2)						
		Craniotomy for middle cranial fossa surgery (2)					



Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Surgical principles and approaches	Craniotomy for posterior cranial fossa surgery (2)						
		Principles of cranial dural opening (2)					

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Surgical principles and approaches	Principles of spinal dural opening (2)						
		Principles of cranial dural closure (2)					

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Surgical principles and approaches	Principles of spinal dural closure (2)						
		Dissection of the subarachnoid plane using the operating microscope (2)					

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Surgical principles and approaches	Principles of internal tumor debulking (2)						
		Principles of intracranial and spinal hemostasis (2)					

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Cranial trauma	Elevation of depressed skull fracture (2)						
		Evacuation of chronic subdural hematoma (2)					

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Cranial trauma	Evacuation of extradural hematoma (2)						
		Evacuation of acute subdural hematoma (2)					

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Cranial trauma	Evacuation of intracerebral hematoma (2)						
		De-compressive craniotomy and extensive duroplasty (2)					

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature
Cranial trauma	Cranioplasty (1)					

Hydro-cephalus and increased ICP	Insertion of external ventricular drain (2)					



Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Hydrocephalus and increased ICP	Insertion of ventriculo-peritoneal shunt (2)						
		Revision of shunt (2)					

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Hydrocephalus and increased ICP	Insertion of ventriculo-atrial shunt (1)						
	Lumbo-peritoneal shunt (1)						
	Endoscopic 3 <sup>rd</sup> ventriculostomy (1)						

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Neural tube defect	Repair of spinal dysraphism (2)						
		Repair of encephalocele (1)					
		Untethering of the spinal cord (short filum terminale, dermal sinus or diastomatomyelia) (1)					

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Spine	Lumbar laminectomy (2)						
		Cervical or Dorsal laminectomy (2)					

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
	Lumbar fenestration (2)						
	Lumbar discectomy (2)						
	Anterior cervical approach (2)						

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Spine	Anterior cervical approach (2)						
		Anterior cervical microscopic discectomy and fusion (2)					
		Trans-pedicular screw placement (2)					

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature
Spine	Trans-pedicular screw placement (2)					
	Facetal block (1)					
	Excision of intra-dural & extra-medullary lesion(1)					
	Excision of intra-dural & intra-medullary lesion(1)					

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Intra-Cranial lesions	Excision of intra-axial supra-tentorial lesions (1)						
	Excision of convexity supra-tentorial lesions (1)						
	Excision of sellar and / or suprasellar lesions (1)						
	Excision of intra-axial infra-tentorial lesions (1)						



Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Intra-Cranial lesions	Excision of convexity infra-tentorial lesions (1)						
	Excision of cerebello-pontine angle lesion(1)						
	Trans-sphenoidal surgery, microscopic and / or endoscopic (1)						
Dissection for cerebral aneurysm (1)							

Student's Name: ..... (Must be fulfilled)

**Procedure-Based Assessment (PBA)**

Category	Procedure & Minimum required number for each semester	Date	Semester	Level of Competence (See levels of competence at the end of PBA forms)	Trainer Name & Signature	Head of The Unit Signature	
Stereotactic surgery	Stereotactic biopsy, aspiration or implanting (1)						

Peripheral nerves	Entrapment de-compression (1)						
	Nerve repair and grafting (1)						

**Procedure-Based Assessment (PBA) levels of competence:**

- Level 0: Insufficient evidence observed to support a judgment.
- Level 1: Unable to perform the procedure under supervision.
- Level 2: Able to perform the procedure under supervision.
- Level 3: Able to perform the procedure with minimal supervision.
- Level 4: Competent to perform the procedure unsupervised.

Student's Name: ..... (Must be fulfilled)

**Presentation Skills (Observation of Teaching)**

No	Date	Title of Presentation	Semester	Assessment Appropriate for the stage		Trainer Name & signature	Head of The Unit signature
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
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				<input type="checkbox"/>	<input type="checkbox"/>		

Student's Name: ..... (Must be fulfilled)

**Neurosurgery Lectures Attendance**

No	Date	Subject	Semester	Lecturer Name & signature	Head of The Unit signature





Student's Name: ..... (Must be fulfilled)

**Scientific Meetings Attendance**

No	Date	Title of the meeting or workshop	Place	Semester	Trainer Name & signature	Head of The Unit signature

Student's Name: ..... (Must be fulfilled)

**Thesis Discussions Attendance**

No	Date	Title of Thesis or Essay	Place	Semester	Supervisor Name & signature	Head of The Unit signature











