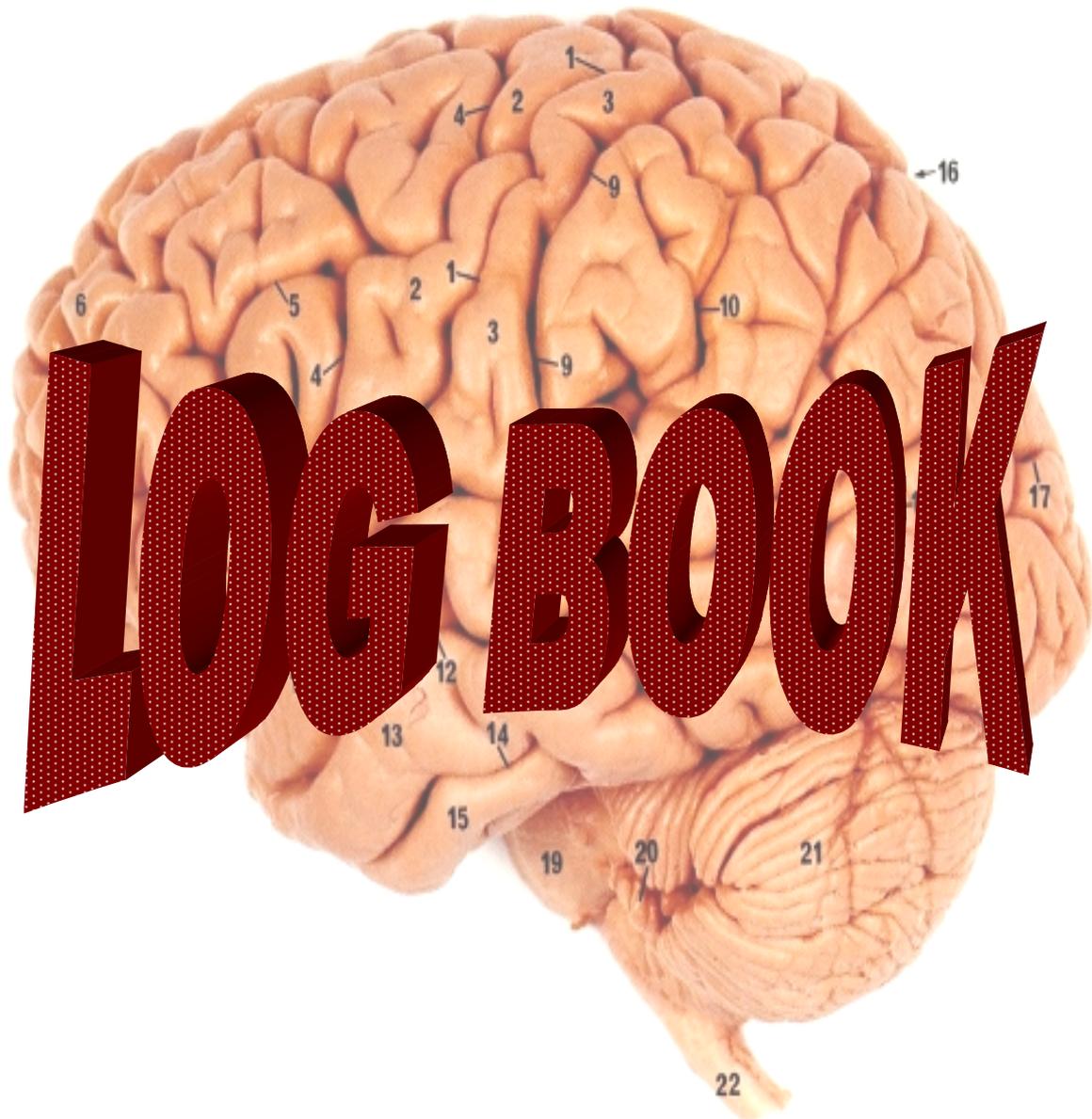




# ***Resident Physician***

***Mansoura University  
Faculty of Medicine  
Neurology Department***



# ***Personal Data***

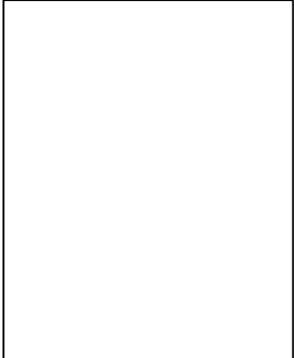
**Name:** .....

**Date of Birth:** ...../...../.....

**Home Address:** .....

**Telephone Number:** .....

**e-mail Address:** .....



**M.B., B. Ch.:**

**Date:** ...../...../.....

**Degree:** .....

**Present Job:**

**Work address:** .....

**Date of appointment:** ...../...../.....

**Master Degree:**

**Date of registration:** ...../...../.....

**Date of graduation (1<sup>st</sup> part):** ...../...../.....

**Date of discussion of thesis:** ...../...../.....

**Date of graduation (2<sup>nd</sup> part):** ...../...../.....

**Final degree:** .....

***Head of the Department***

***Vice Dean for research  
and postgraduate study***

# Contents

## **Resident Physician:**

### **A. Master Degree Course:**

**Scientific Lectures (1<sup>st</sup> part)**

**Practical Training Courses (1st part)**

**Scientific Lectures (2nd part)**

### **B. Master Degree Essay**

### **C. Scientific Activities:**

**Seminars**

**Conferences**

**Thesis Discussion**

**Training Courses and Workshops**

**Electrophysiological Training Program**

### **D. Other Activities at the Department:**

**Inpatient Department**

**General Neurology Outpatient Clinic**

**Epilepsy Outpatient Clinic**

**Clinical Rounds**

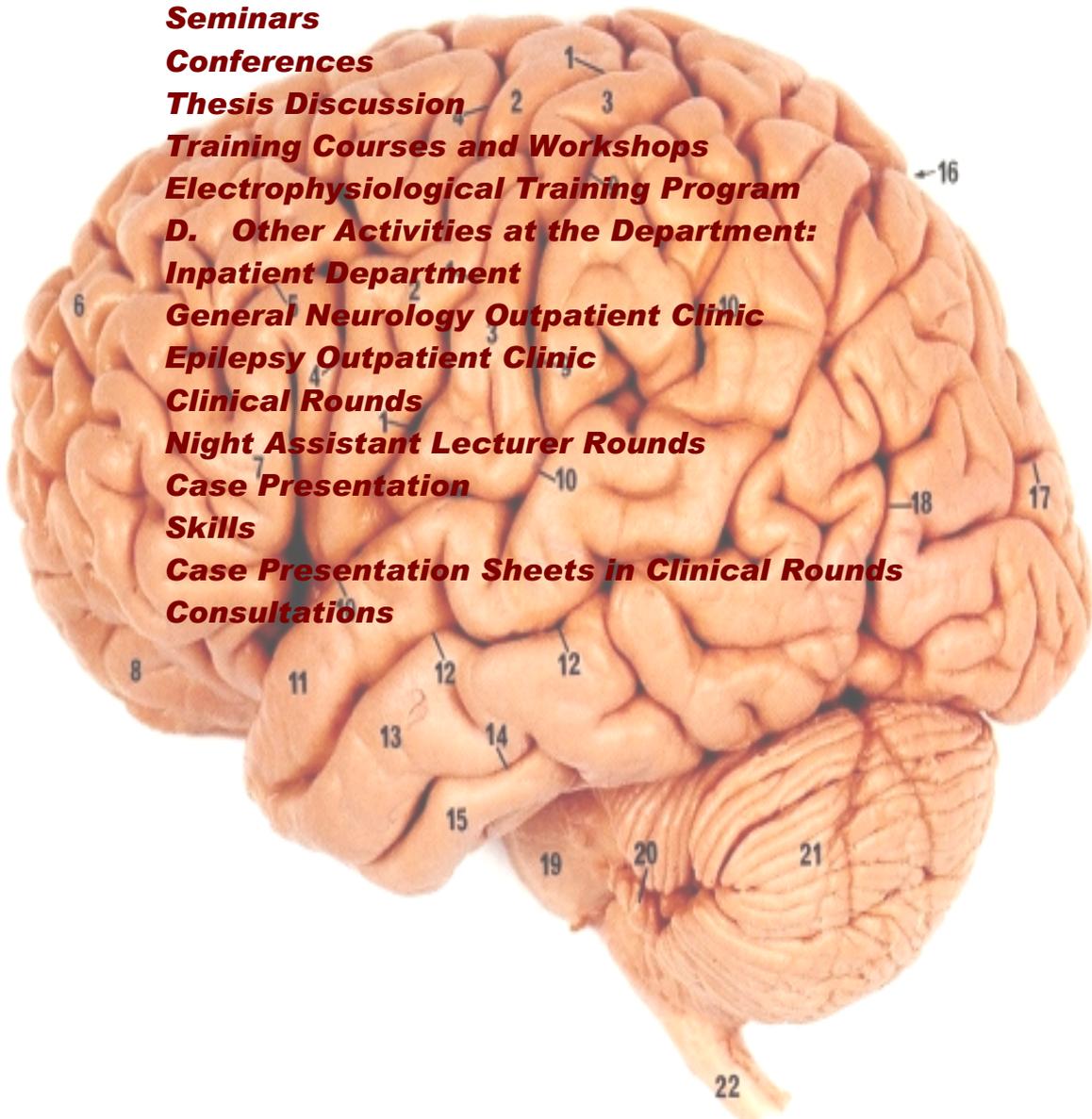
**Night Assistant Lecturer Rounds**

**Case Presentation**

**Skills**

**Case Presentation Sheets in Clinical Rounds**

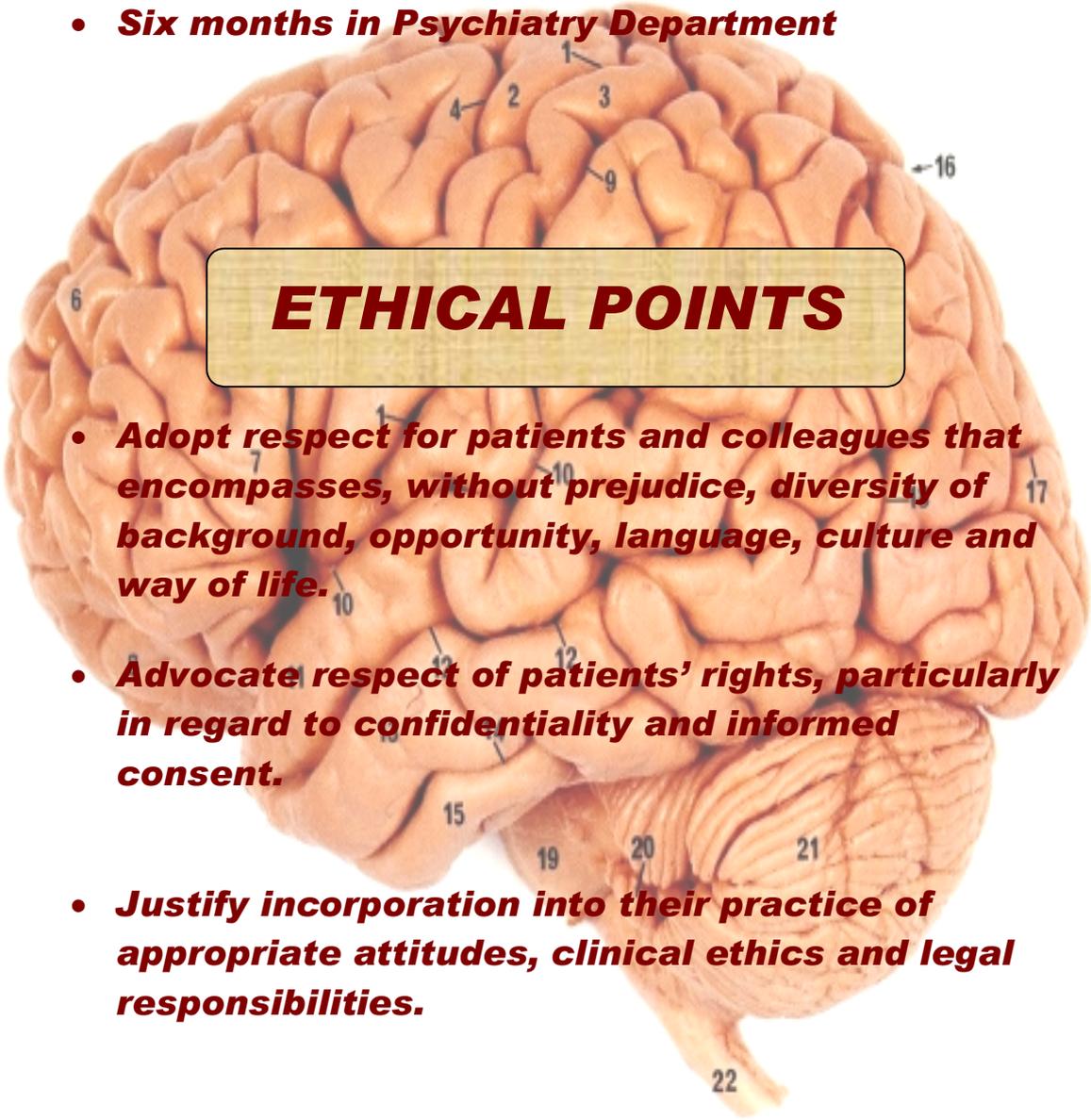
**Consultations**



# **PROGRAM DESIGN**

**Thirty six months residency includes the following:**

- **Thirty months in Neurology Department (section A, section B, ICU, neurophysiology and Mansoura Emergency Hospital (MEH))**
- **Six months in Psychiatry Department**



## **ETHICAL POINTS**

- **Adopt respect for patients and colleagues that encompasses, without prejudice, diversity of background, opportunity, language, culture and way of life.**
- **Advocate respect of patients' rights, particularly in regard to confidentiality and informed consent.**
- **Justify incorporation into their practice of appropriate attitudes, clinical ethics and legal responsibilities.**











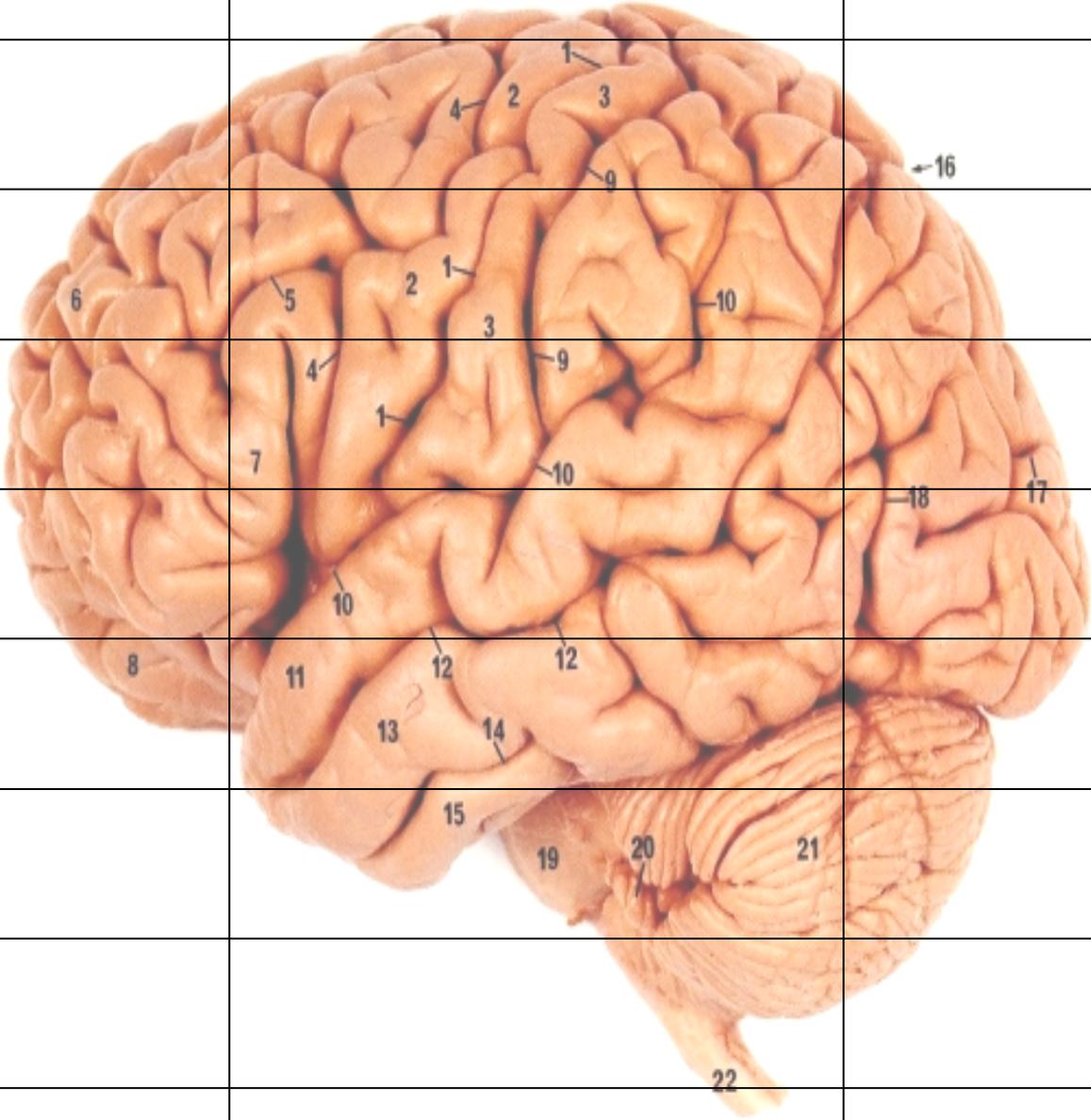


**Thesis Discussion:**

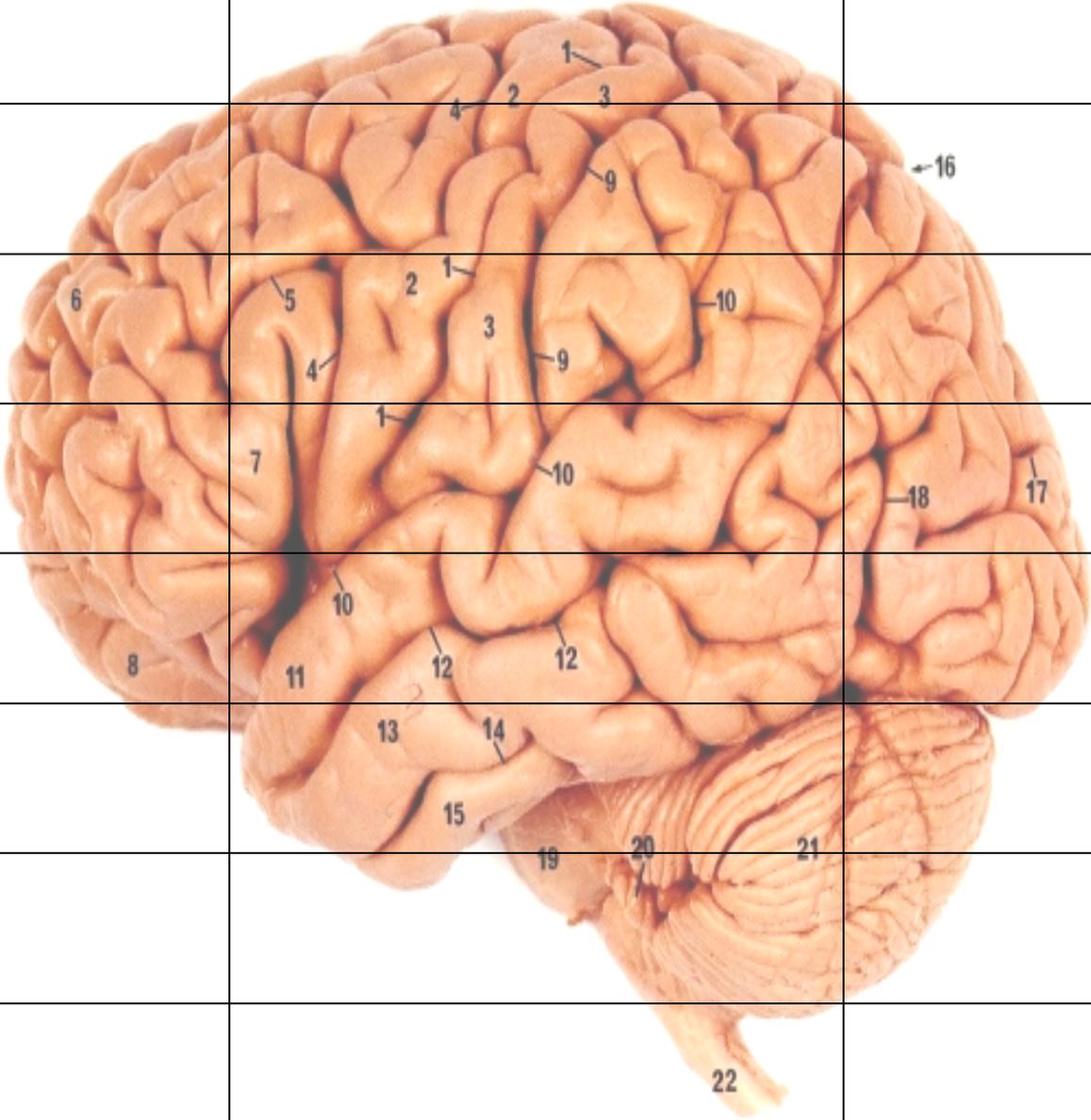
<b>Date</b>	<b>Thesis discussed</b>	<b>Supervisor</b>
		
		
		
		
		
		
		

## **Training Courses and Workshops:**

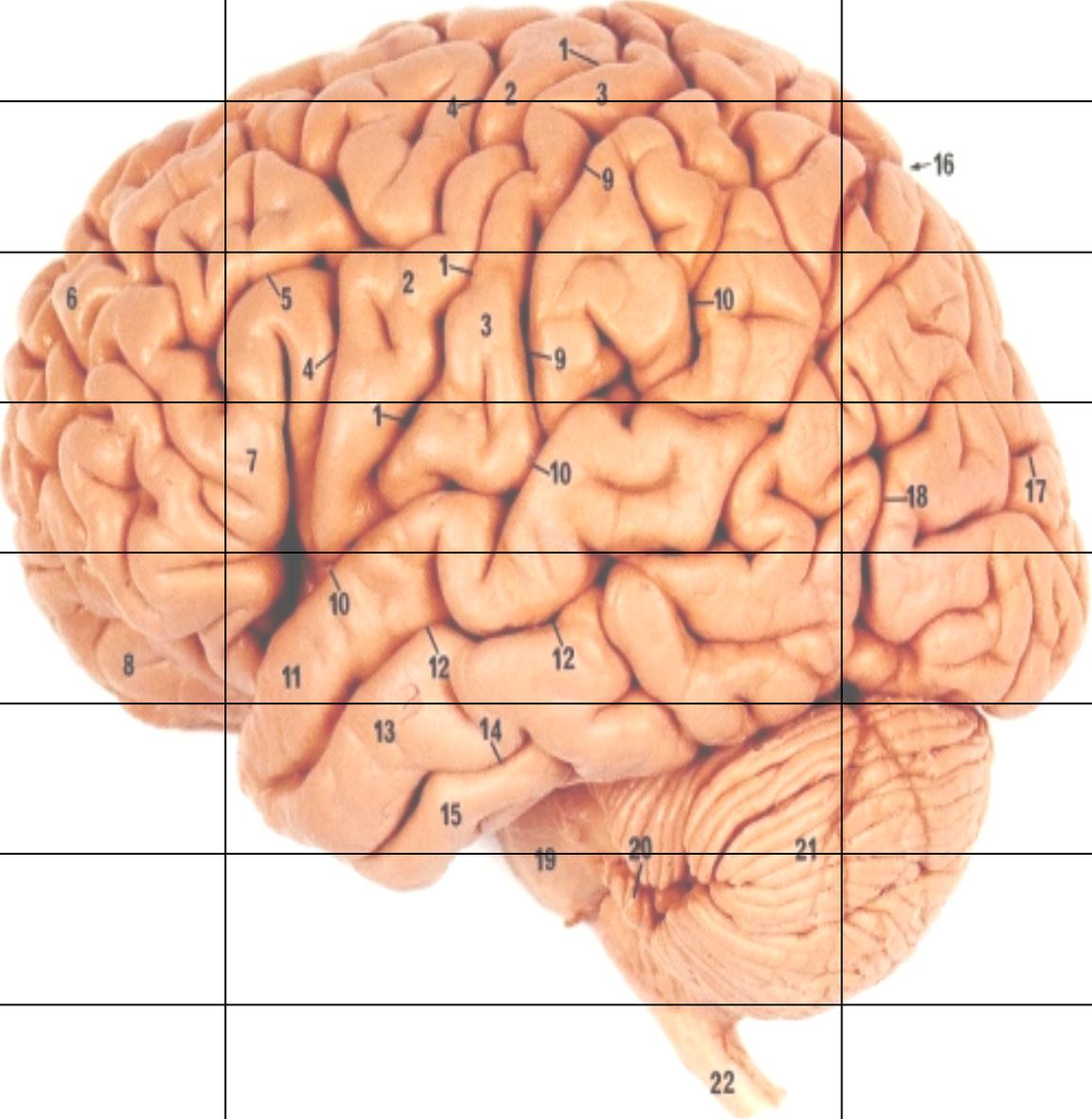
### **Interactive EEG Training Course:**

<b>Date</b>	<b>Title</b>	<b>Supervisor</b>
		

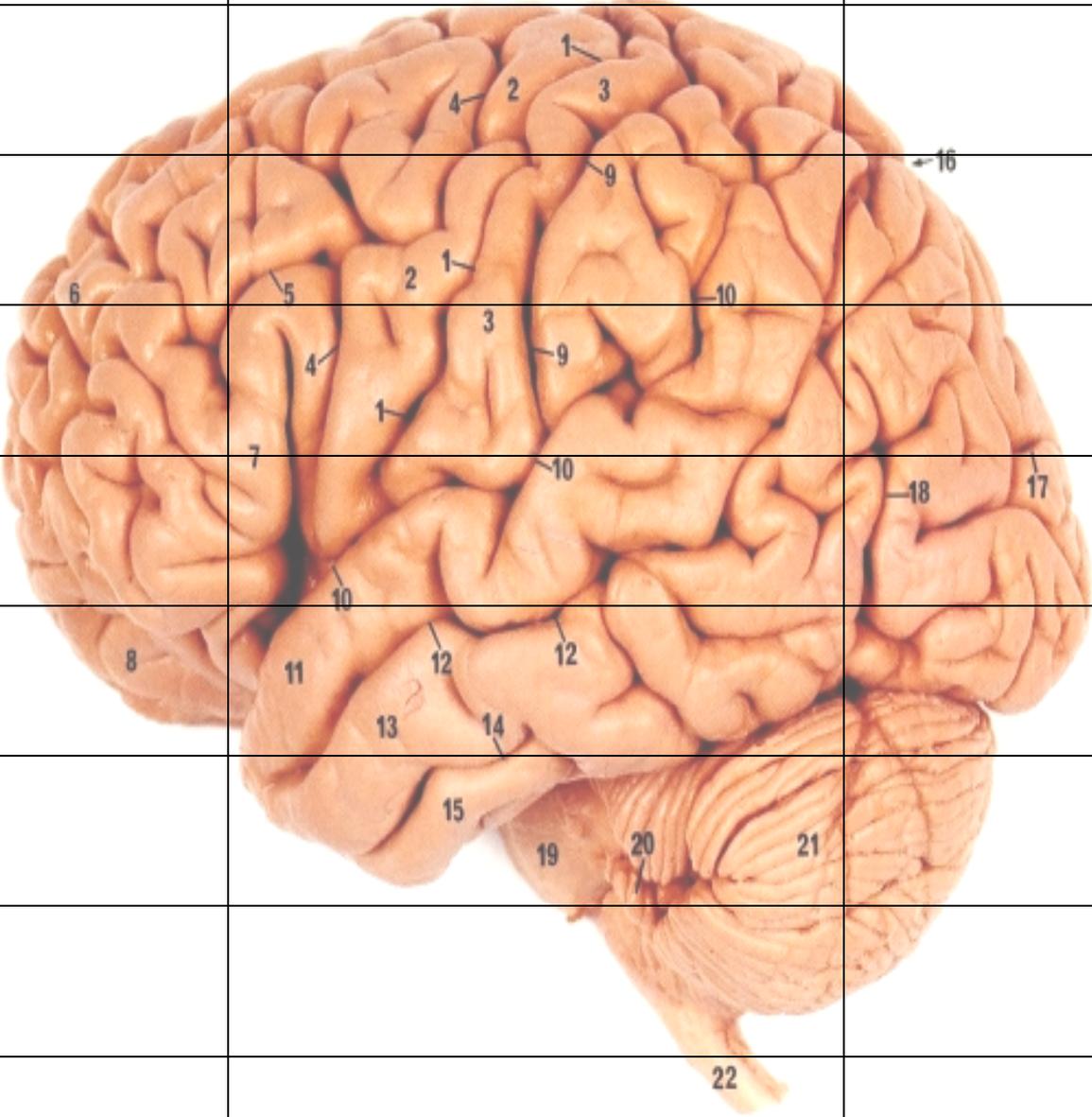
**Interactive EMG Training Course:**

Date	Title	Supervisor
		

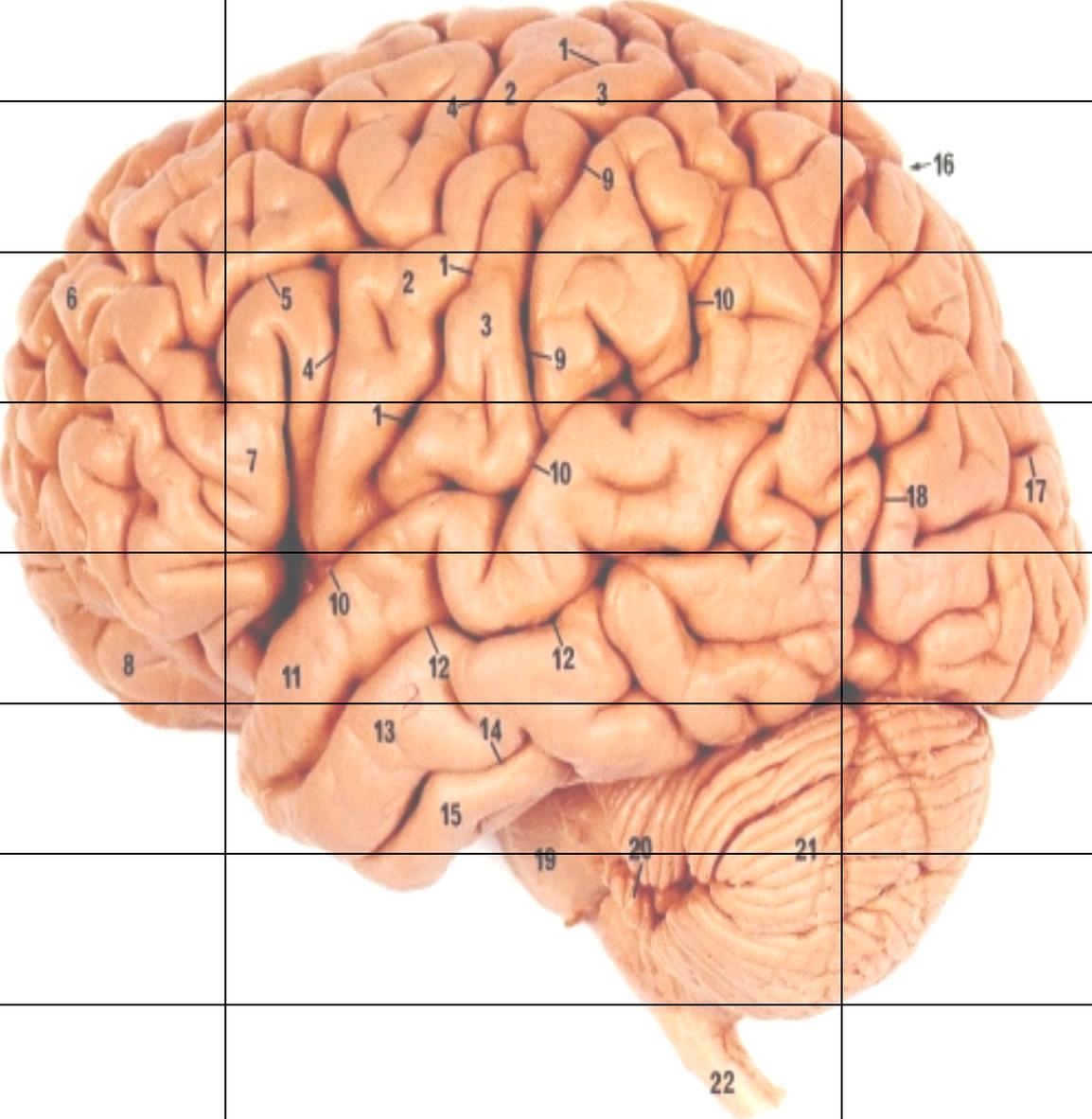
**Neuroradiology Training Course:**

Date	Title	Supervisor
		

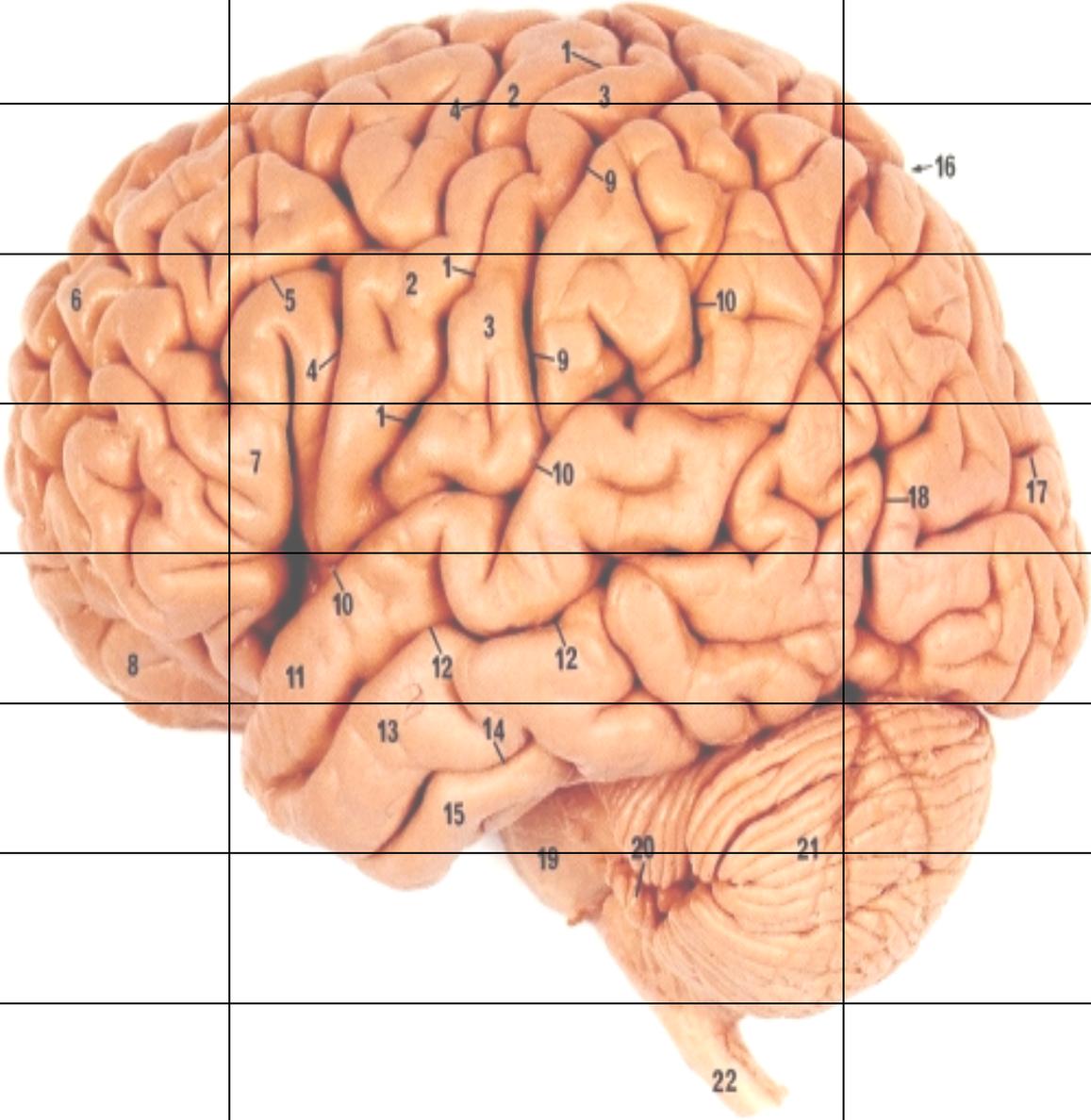
**Electrophysiological Training Program:  
EMG Case Reporting:**

Date	Training Subject	Supervisor
		

## EEG Case Reporting:

Date	Training Subject	Supervisor
		

## Evoked Potentials Case Reporting:

Date	Training Subject	Supervisor
		



**ICU: From 1 / 200 to 1 / 200**

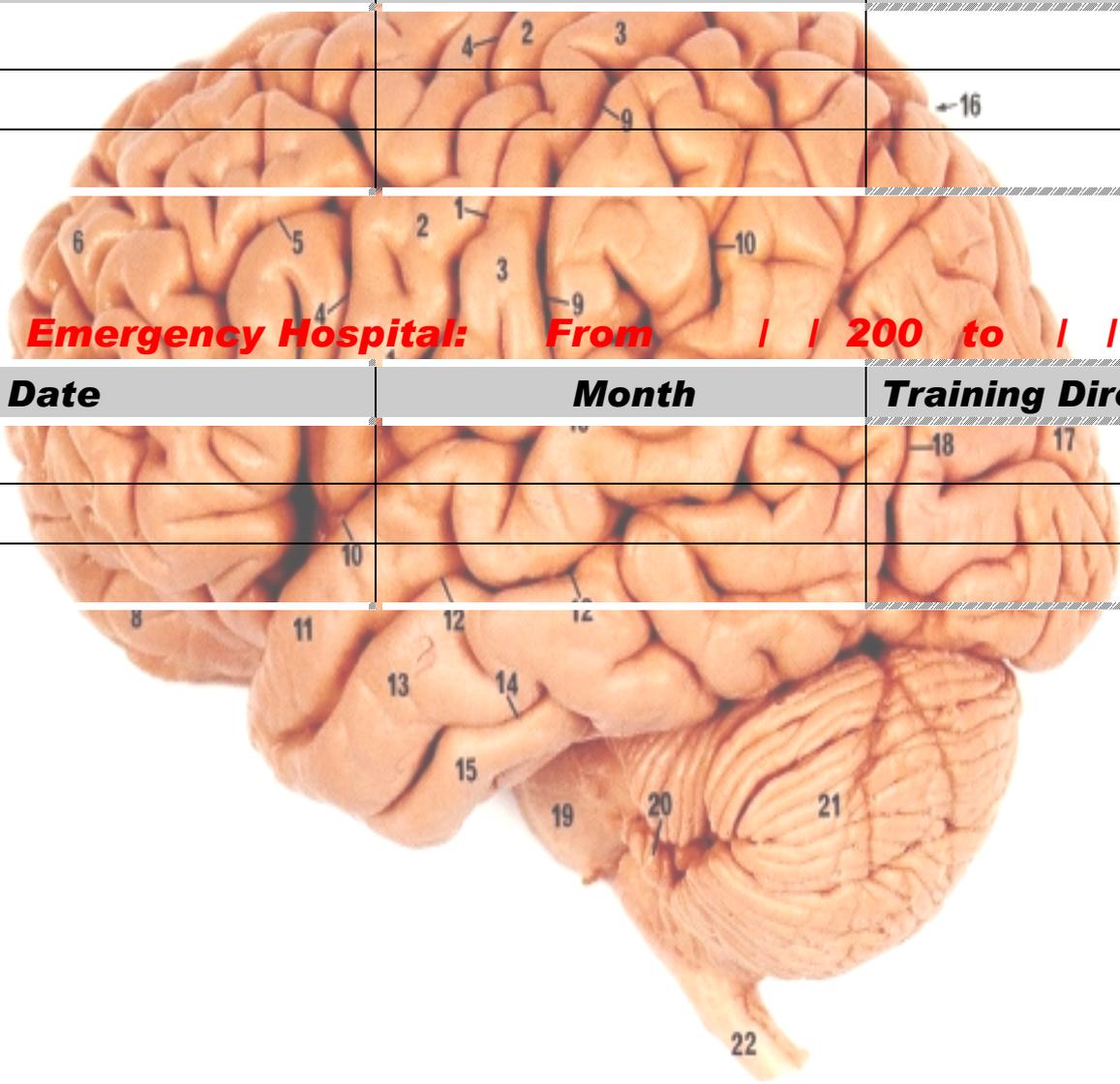
Date	Month	Training Director

**Electrophysiology: From 1 / 200 to 1 / 200**

Date	Month	Training Director

**Emergency Hospital: From 1 / 200 to 1 / 200**

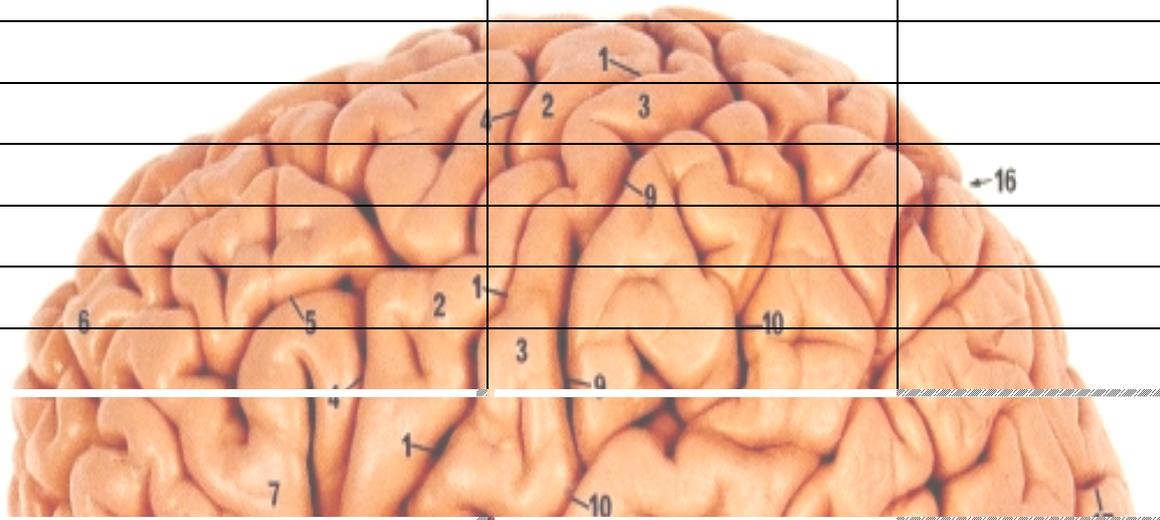
Date	Month	Training Director



**Outpatient Department:**

**General Neurology Outpatient Clinic:**

Date	Day	Staff Signature



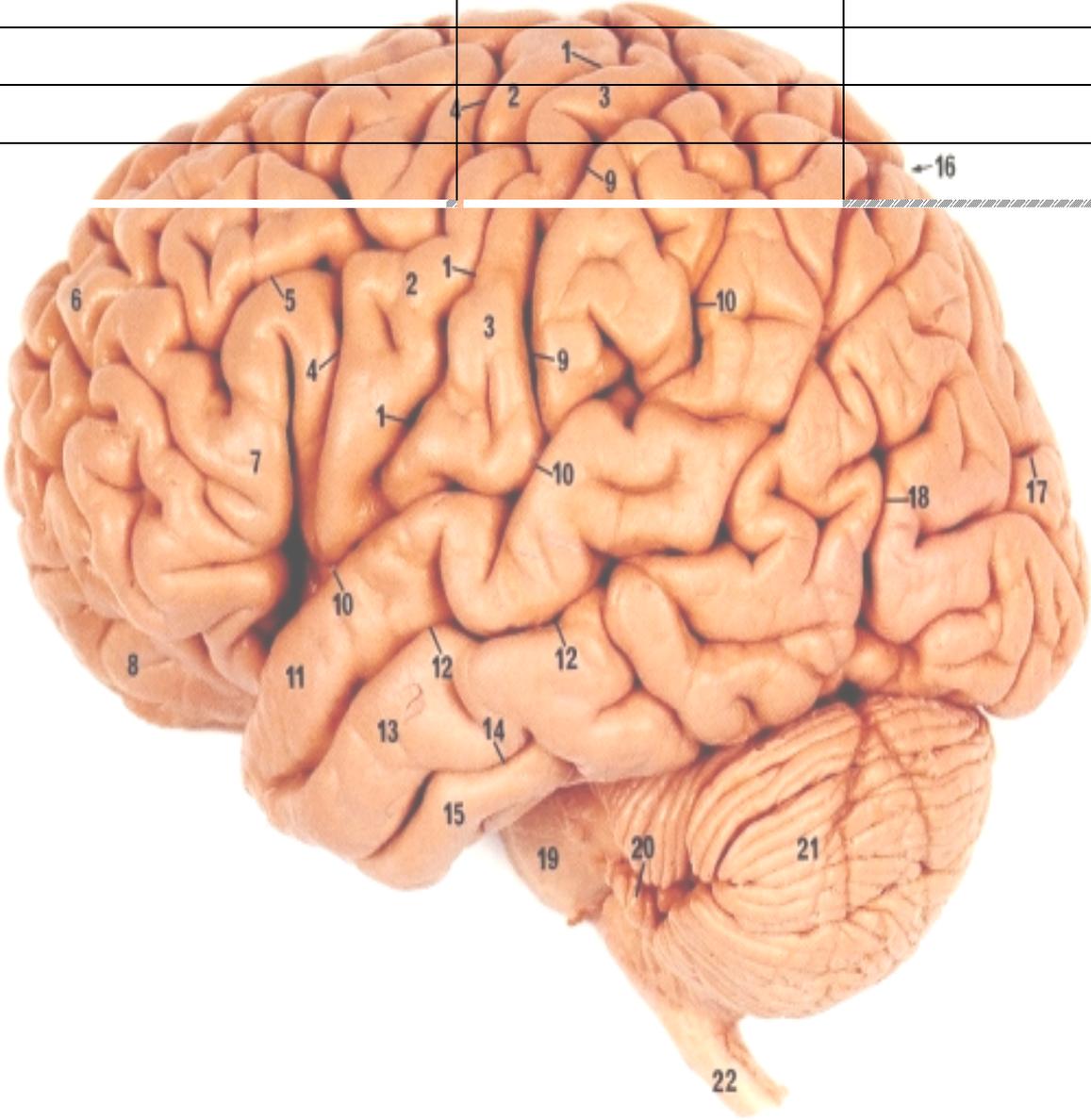
Date	Day	Staff Signature







Date	Day	Staff Signature





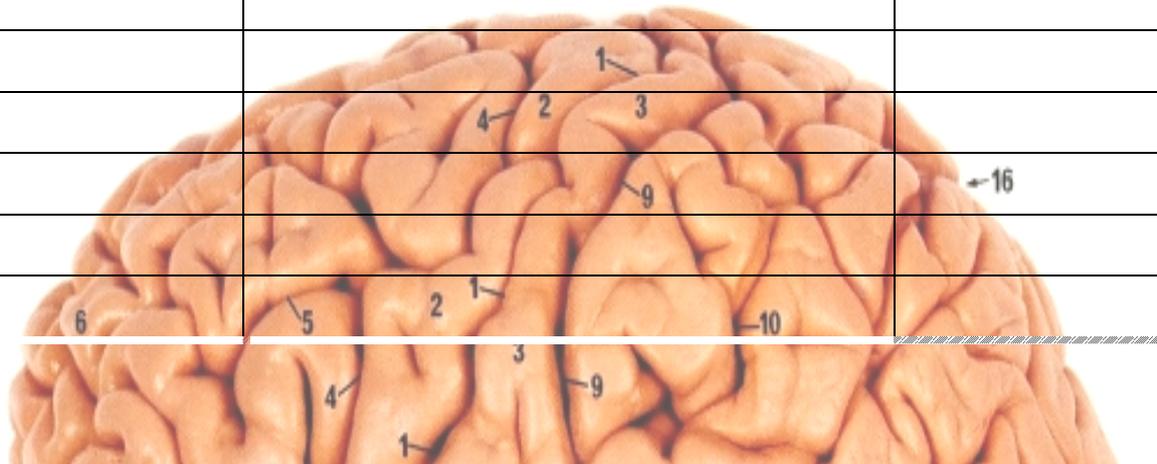




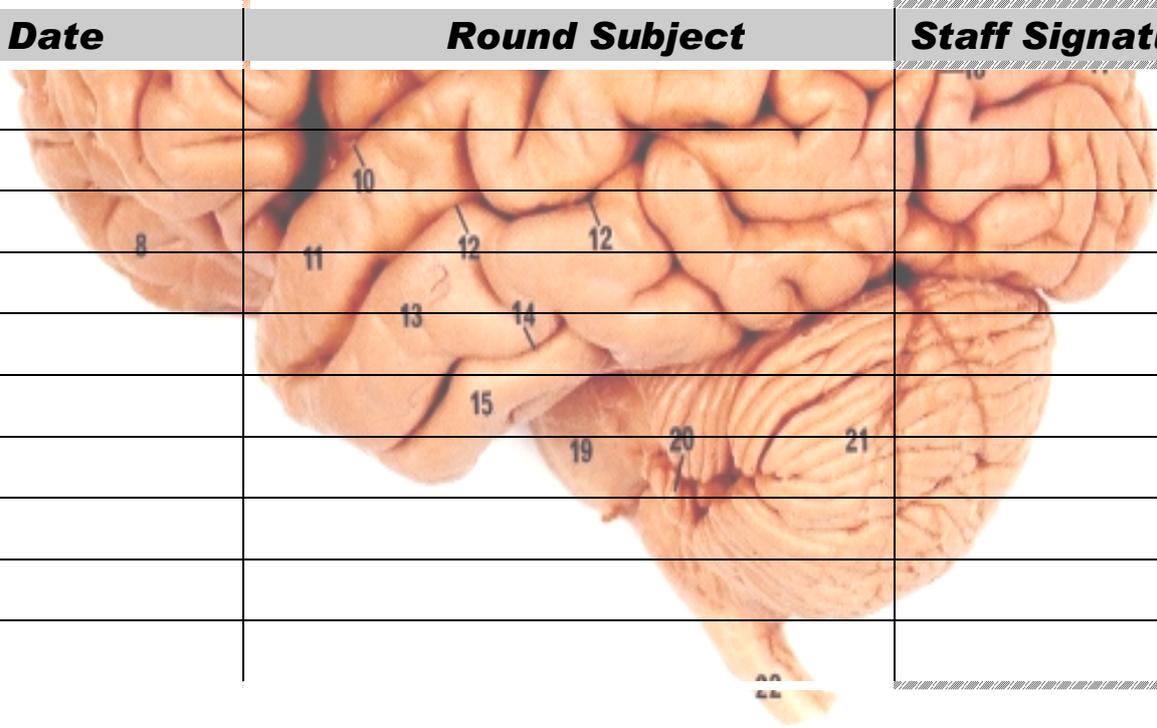


## **Night Assistant Lecturer Rounds**

<b>Date</b>	<b>Round Subject</b>	<b>Staff Signature</b>



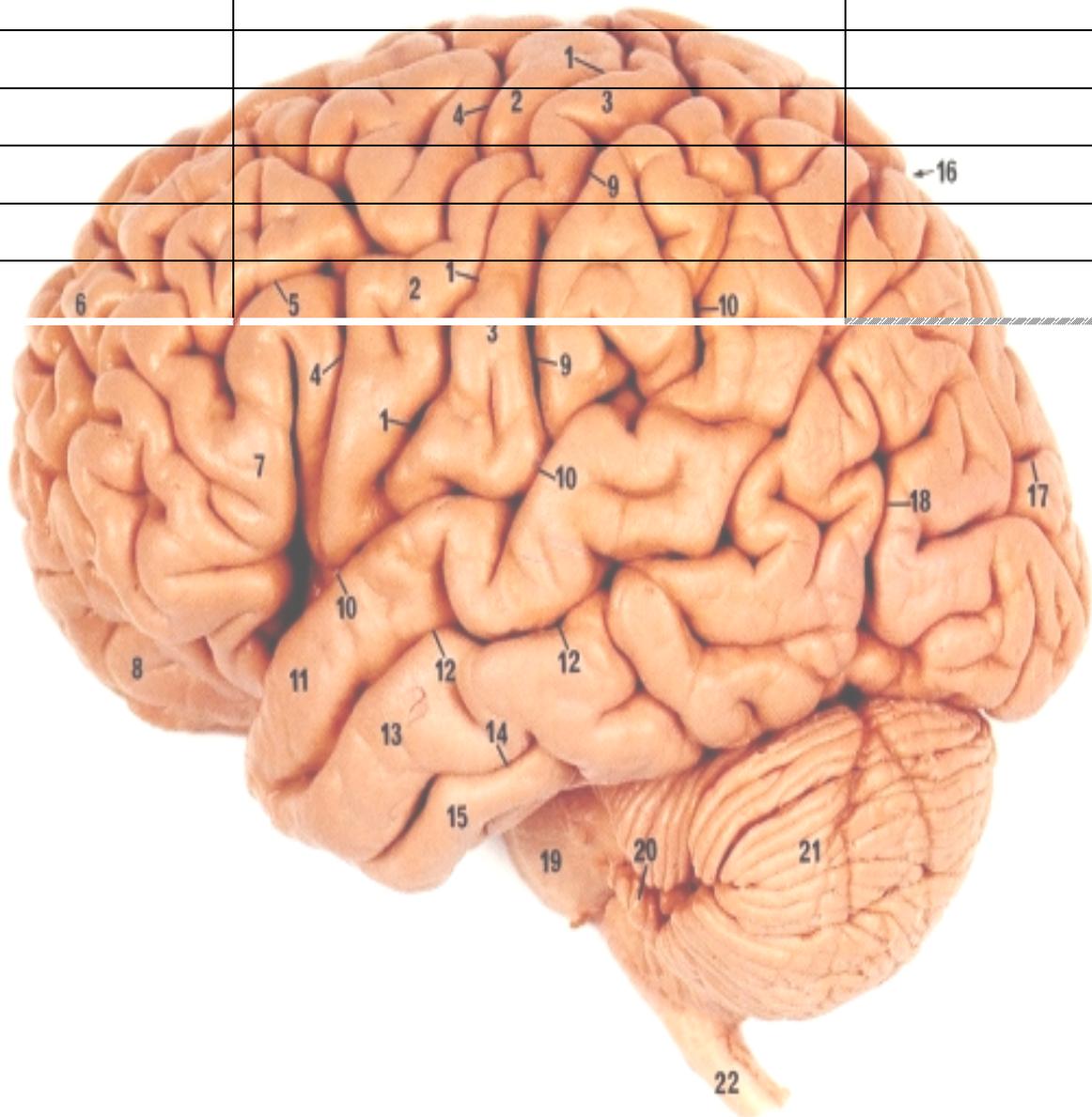
<b>Date</b>	<b>Round Subject</b>	<b>Staff Signature</b>





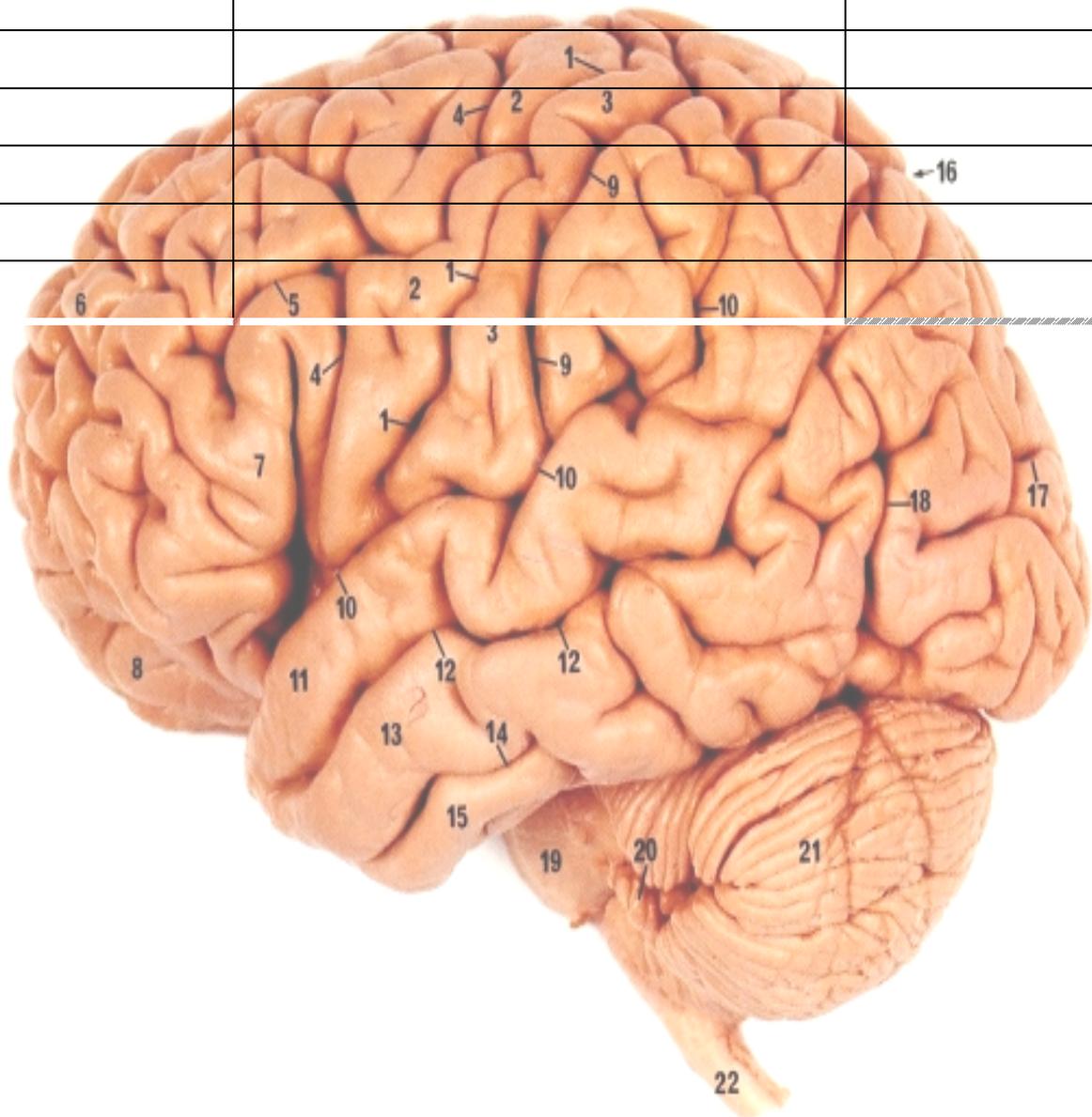


Date	Round Subject	Staff Signature



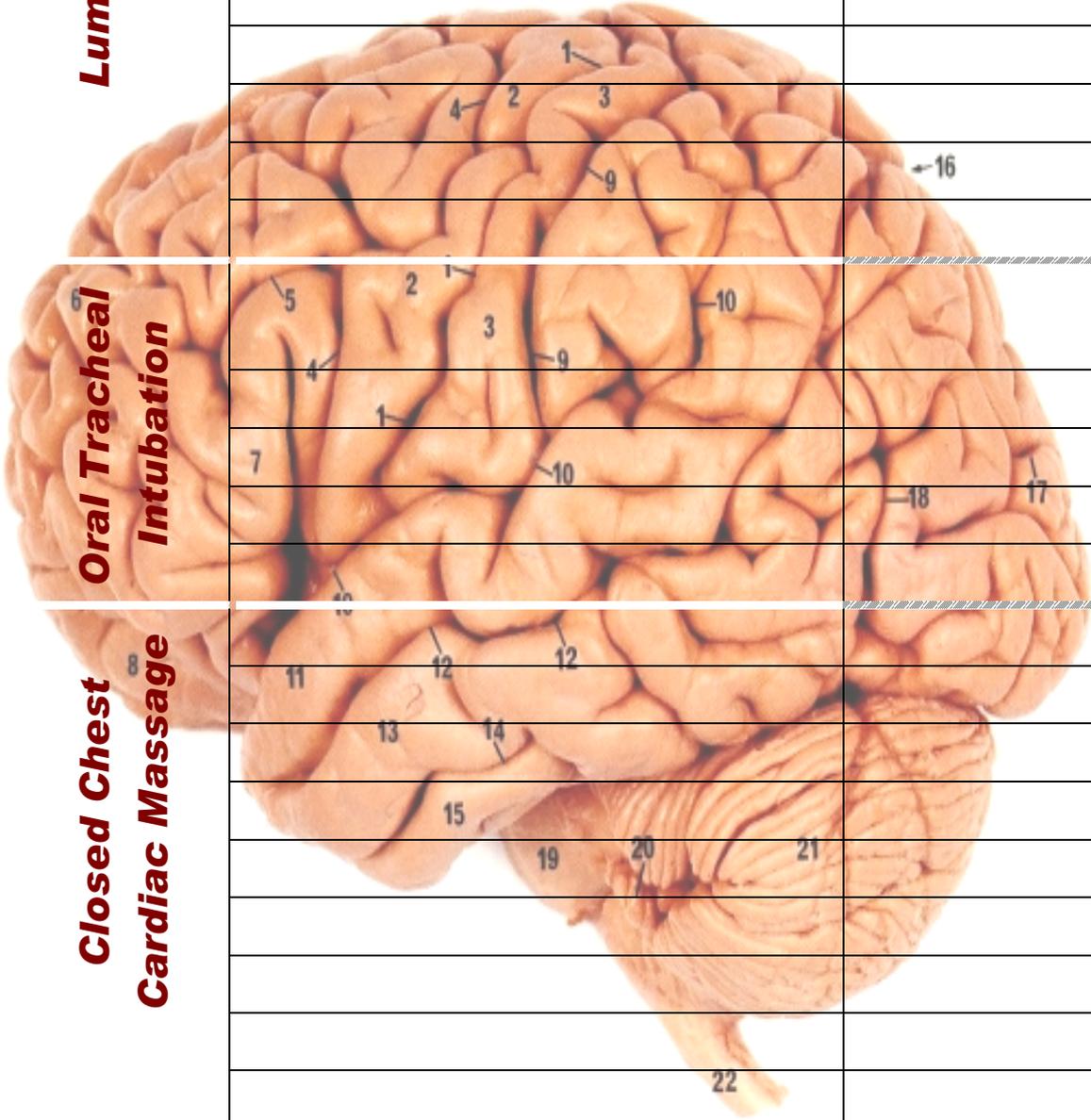
## Case Presentation

Date	Title	Staff Signature



**Skills**

Procedure	Date	Supervisor
<b>Lumbar Puncture</b>		
<b>Oral Tracheal Intubation</b>		
<b>Closed Chest Cardiac Massage</b>		

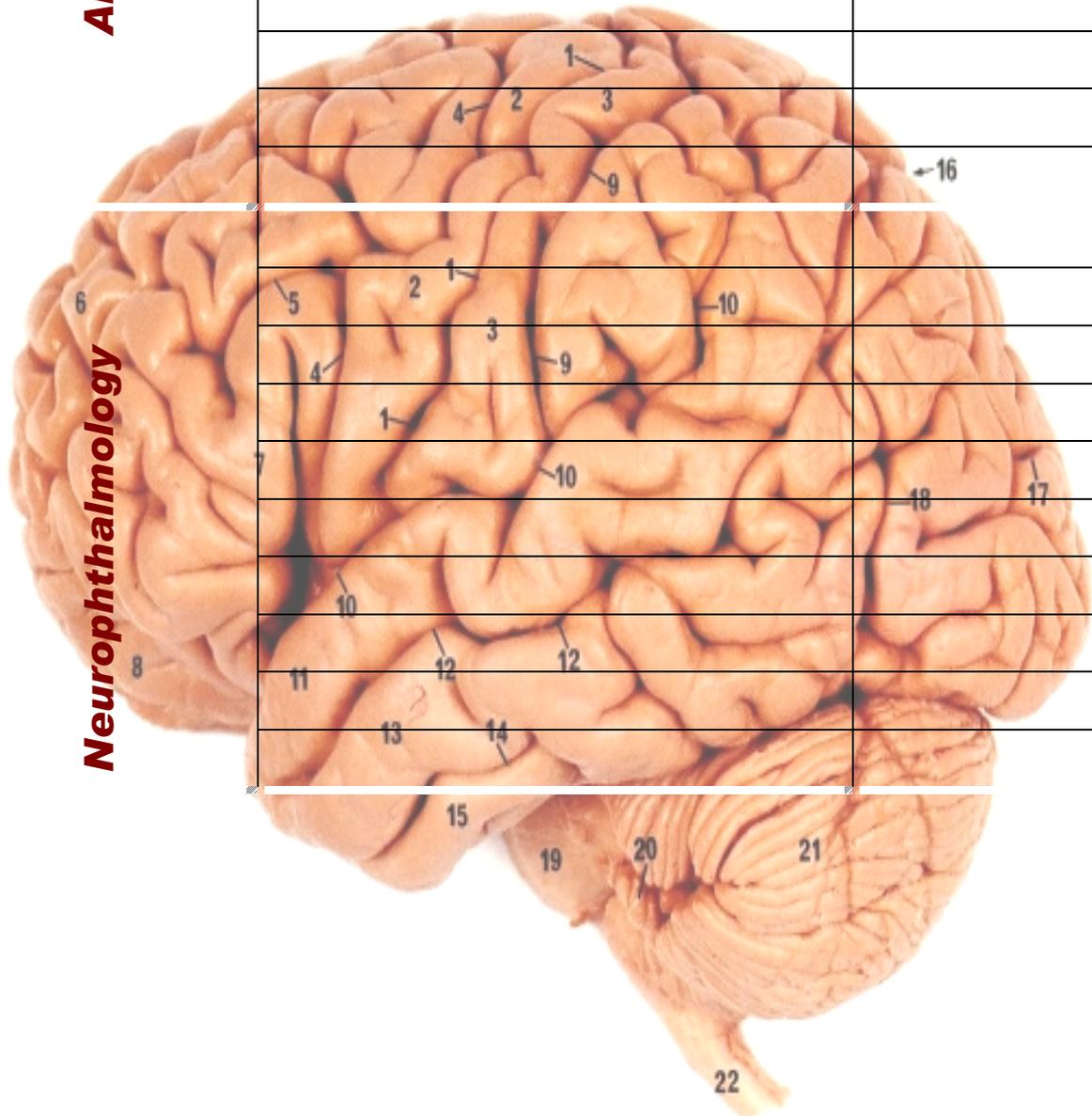


**Procedure**

**Date**

**Supervisor**

**Arterial Puncture  
For  
Blood Gases**



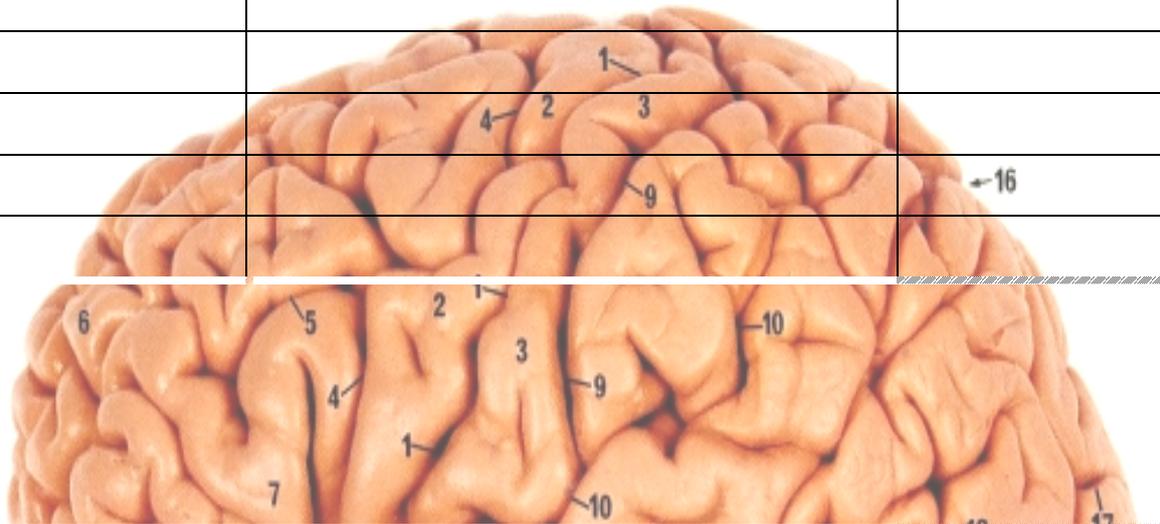
**Neurophthalmology**



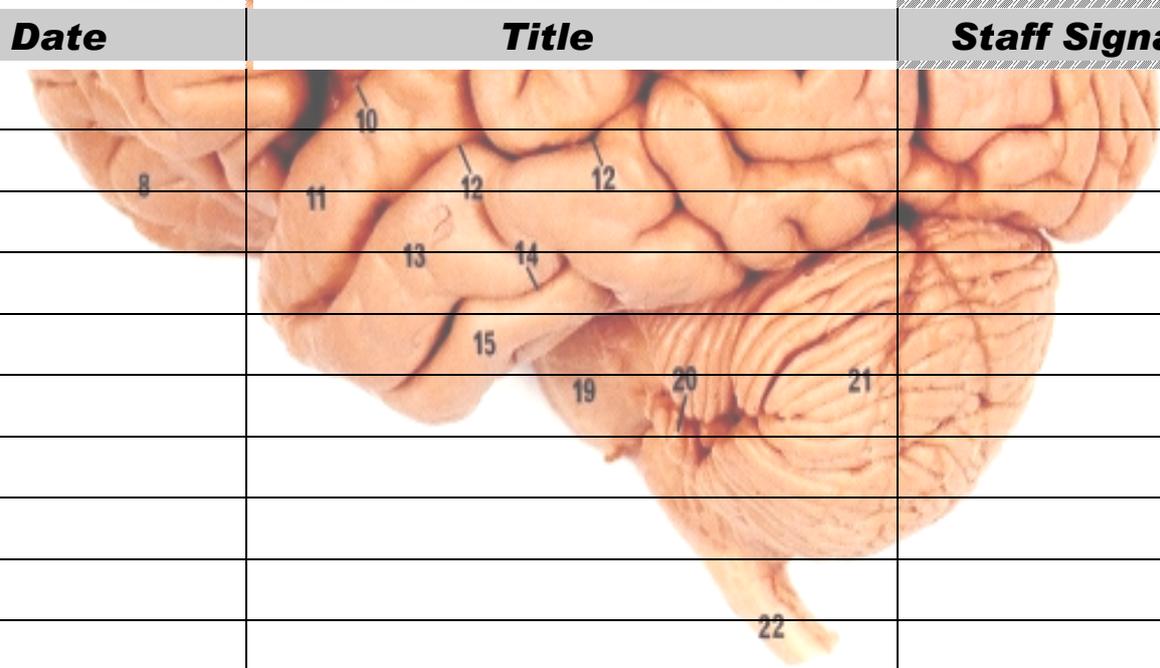




Date	Title	Staff Signature



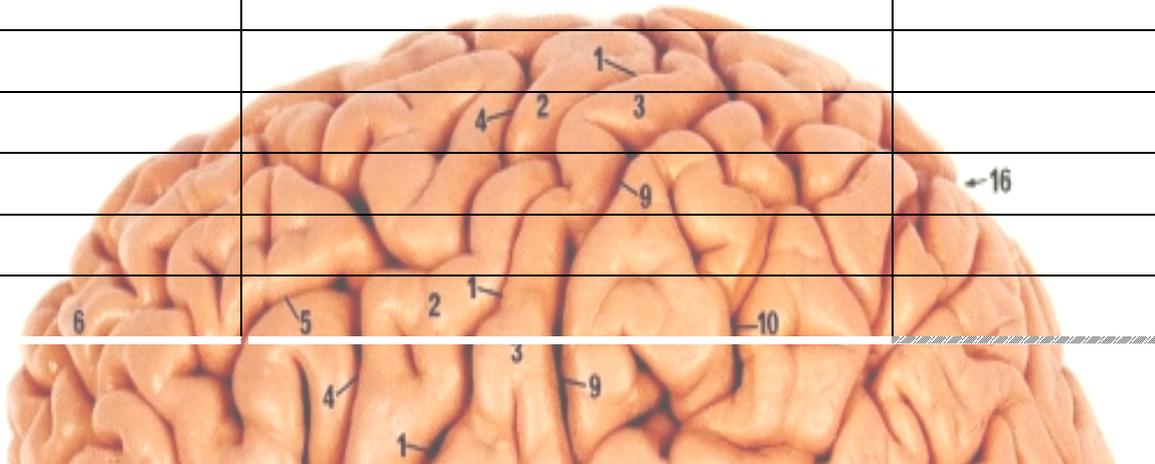
Date	Title	Staff Signature



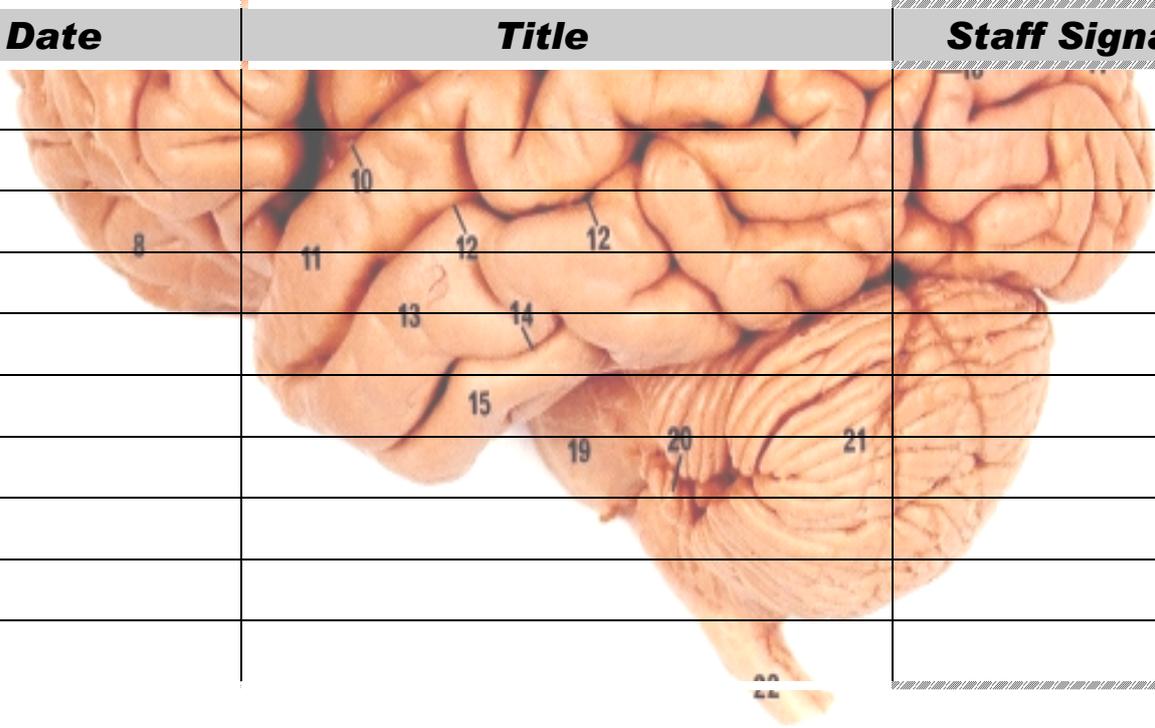


## Consultations

Date	Department	Staff Signatu



Date	Title	Staff Signature



Date	Title	Staff Signature

