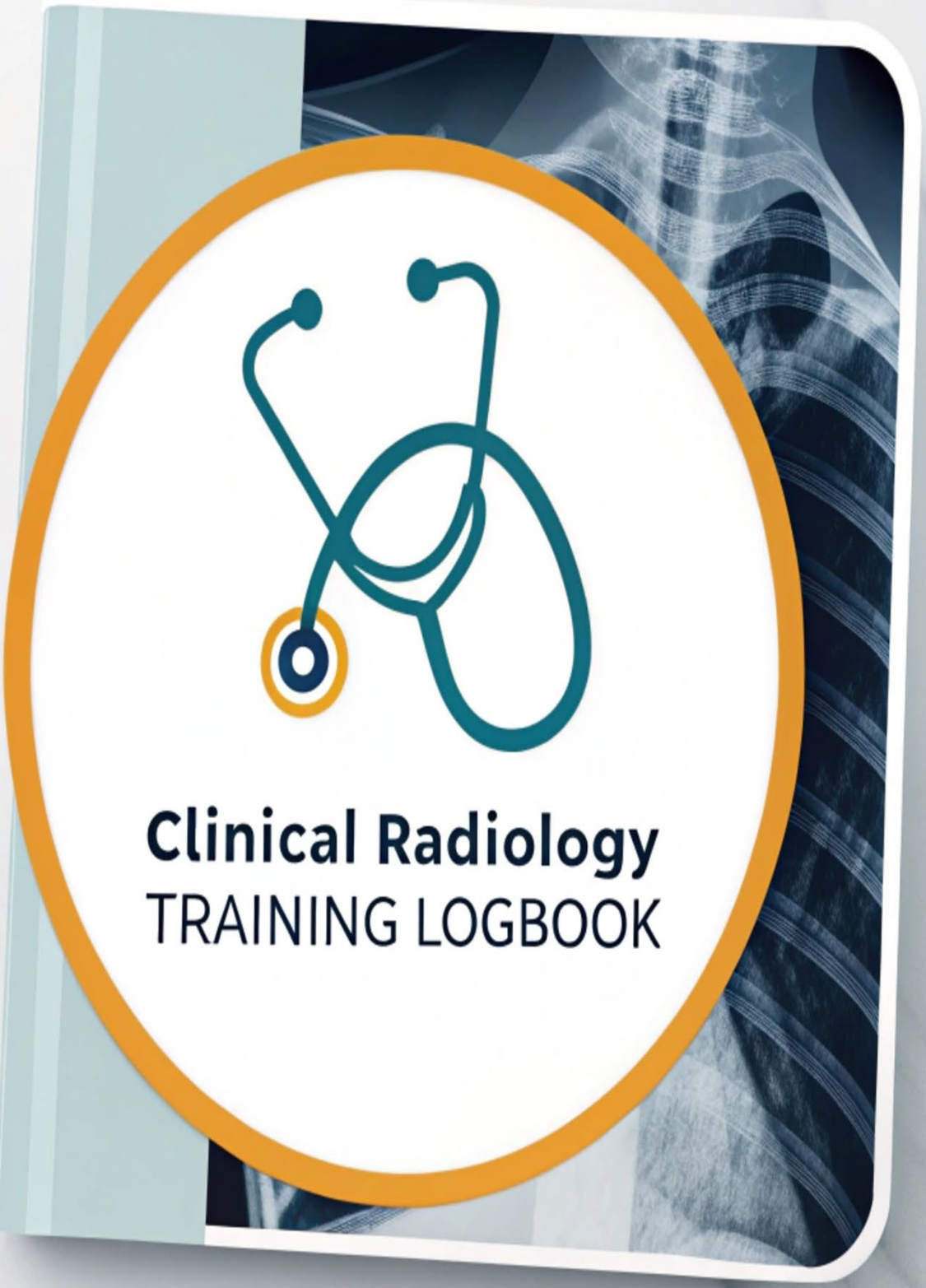
The Arab League
Council of the Health Ministers
The Arab Board of Health Specializations
General Secretariat

جامعة الدول العربية
مجلس وزراء الصحة العرب
المجلس العربي للاختصاصات الصحية
الأمانة العامة



Preface

Radiology and Medical Imaging are among the most dynamic and rapidly evolving disciplines in modern medicine. The past two decades have witnessed a significant transformation in imaging technologies, diagnostic accuracy, and the integration of interventional radiology into routine clinical practice. In response to these advancements, the Arab Board of Radiology Training Program, under the guidance of the Scientific Council for Health Specialties (المجلس العلمي للاختصاصات الصحية), has developed this comprehensive training logbook to serve as a structured and standardized tool for residency training across the Arab region.

This logbook is designed to guide radiology residents throughout their four-year training journey. It ensures consistent documentation of clinical rotations, procedural competencies, case-based learning, and professional development. It also reflects the core competencies required for the safe and effective practice of radiology, including medical knowledge, patient care, professionalism, communication, systems-based practice, and practice-based learning and improvement.

The logbook serves not only as a record of clinical exposure and procedural proficiency but also as a reflective tool for self-assessment and continuous learning. It facilitates close supervision and feedback from mentors and supervisors, ensuring that the resident's progression is both measurable and aligned with the program’s objectives.

Through this structured documentation, the Arab Board of Radiology reaffirms its commitment to producing highly skilled, ethical, and knowledgeable radiologists who are prepared to meet the healthcare challenges of today and tomorrow. We hope this logbook will be an effective companion for every trainee and a testament to the rigorous standards upheld by the Scientific Council for Health.

Mission & Vision

Mission

Cultivate highly competent and ethical radiologists through comprehensive, structured training in diagnostic and interventional imaging, fostering excellence in clinical practice, scientific proficiency, and continuous professional development in alignment with healthcare needs across the MENA region.

Vision

To be a leading radiology training program recognized for academic excellence, innovation in imaging education, and commitment to improving patient outcomes through high-quality radiological care and leadership in the medical community.

Objectives of the Training:

- To standardize training and elevate the quality of radiology education across the Arab world through structured clinical and academic experiences
- To define and maintain high academic standards that ensure deep theoretical knowledge and practical expertise in both diagnostic and interventional radiology.
- To train radiologists to deliver accurate, timely, and safe imaging services that support optimal medical decision-making and patient care.

Personal Details

- Candidate’s Name:
- Arab Board ID Number:
- Mobile Phone:
- Email:
- Medical License Number:
- Candidate’s Signature:
- Data of Registration:

	Hospital 1	Hospital 2	Hospital 3
Place of Training:			
Training Start Data:			
Training End Date:			
Supervisor's Name:			
Supervisor's Signature:			

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Training Overview

The Arab Board of Radiology Training Program is a comprehensive four-year residency designed to cultivate highly skilled radiologists equipped to meet the evolving demands of healthcare in the Arab region and beyond. This program emphasizes a rigorous curriculum that integrates clinical practice, advanced imaging techniques, and interventional radiology, ensuring that graduates are proficient in both diagnostic and therapeutic applications of radiology.

Program Goals

- **Develop Clinical Expertise:** Provide trainees with extensive exposure to a wide range of imaging modalities and interventional procedures, fostering the ability to make accurate diagnoses and informed treatment decisions.
- **Enhance Technical Proficiency:** Equip trainees with the technical skills necessary to perform diagnostic and interventional procedures safely and effectively, adhering to the highest standards of patient care.
- **Promote Lifelong Learning**: Instill a commitment to continuous professional development and evidence-based practice through ongoing education, research, and participation in academic activities.
- **Foster Professionalism and Ethics**: Cultivate professionalism, ethical practice, and effective communication skills essential for collaboration with multidisciplinary teams and patient interactions.

Program Structure

Year 1: Foundations of Radiology

- Focus on basic radiological principles, anatomy, and imaging techniques.
- Introduction to clinical rotations in diagnostic radiology.
- Emphasis on patient safety, ethics, and communication skills.

Year 2: Advanced Imaging Techniques

- In-depth training in advanced imaging modalities, including CT, MRI, and ultrasound.
- Rotations in subspecialties such as neuroradiology, musculoskeletal radiology, and pediatric radiology.
- Participation in multidisciplinary case discussions and conferences.

Year 3: Basic Interventional Radiology and Clinical Practice

- Hands-on training in interventional radiology procedures.
- Increased responsibility in patient management and decision-making.
- Opportunities to lead case presentations and participate in research projects.

Year 4: Leadership and Transition to Practice

- Preparation for independent practice through senior-level responsibilities.
- Focus on leadership skills, teaching, and mentorship.

Core Competencies

- **Medical Knowledge:** Demonstrate a thorough understanding of radiological principles, imaging modalities, and their applications in clinical practice.
- **Patient Care:** Provide compassionate, appropriate, and effective care to patients, including the ability to interpret imaging studies and make informed clinical decisions.
- **Interpersonal and Communication Skills:** Communicate effectively with patients, families, and healthcare professionals, fostering collaborative relationships.
- **Professionalism:** Uphold the highest standards of ethical practice, integrity, and respect for patients and colleagues.
- **Practice-Based Learning and Improvement:** Engage in self-directed learning, utilize evidence-based resources, and apply quality improvement principles to enhance patient care.
- **Systems-Based Practice:** Understand the broader context of healthcare delivery, including the roles of various healthcare professionals and the importance of cost-effective care.

Instructions for Completing the Logbook

General Guidelines

1. **Accuracy and Honesty**
   - All entries must reflect actual clinical work performed or observed.
   - False documentation may result in disciplinary action.
2. **Timeliness**
   - Entries should be completed contemporaneously or as soon as possible after the activity.
   - The logbook must be reviewed and signed monthly by the designated supervisor.
3. **Legibility and Professionalism**
   - Entries must be clear, professional, and free from abbreviations unless commonly accepted in radiology.

Sections to Be Completed

1. Personal Details

- Complete all fields accurately (Name, ID, Email, etc.) at the beginning of training.
- Indicate the supervisor's name, and obtain their signature at the end of each hospital.

3. Procedures

- Log each type of radiological procedure performed (e.g., ultrasound, CT, MRI, biopsy).
- Record the number of procedures performed each quarter, as specified.
- Ensure numbers meet the minimum required targets.

4. Case Logs

- Document selected cases with clinical relevance or learning value.
- Each entry should include: date, case ID, type of procedure, final diagnosis and a brief clinical summary, the supervisor's remarks, and their signature

5. Candidate Evaluation Sheet

- Record the final dissensions regarding each section on the case logs based on the required procedures by the supervisor, and mention if the 3 months period include satisfactory or not.

6. Professional Development

- Record attendance and participation in workshops, seminars, and conferences.
- Include title, date, duration, and supervisor's or event organizer's signature.

Assessment and Evaluation

Trainees will be assessed through a combination of formative and summative evaluations, including:

- **Direct Observation:** Supervisors will observe trainees during clinical rotations and provide feedback on performance.
- **Competency-Based Assessments:** Trainees will complete assessments aligned with the core competencies, including written exams, oral exams, and practical evaluations.
- **360-Degree Feedback:** Input from peers, faculty, and other healthcare professionals will be collected to provide a comprehensive evaluation of the trainee's performance.

Yearly Section

YEAR 1: FOUNDATION OF RADIOLOGY

PROCEDURES

Procedure	1st to 3rd Month	4th to 6th Month	7th to 9th Month	10th to 12th Month
Ultrasound Examination				
Ultrasound of Abdomen and Pelvis	**50 cases**	**50 cases**	**50 cases**	**50 cases**
Doppler Ultrasound	**5 cases**	**5 cases**	**5 cases**	**10 cases**
Ultrasound of Small Parts	**10 cases**	**10 cases**	**15 cases**	**15 cases**
Ultrasound of Obstetric and Gyneacology	**5 cases**	**5 cases**	**5 cases**	**10 cases**
Reporting				
X-ray Reporting	**125 cases**	**125 cases**	**125 cases**	**125 cases**
CT Scan Reporting	**25 cases**	**25 cases**	**25 cases**	**25 cases**
MRI Scan Reporting	**25 cases**	**25 cases**	**25 cases**	**25 cases**
Mammography	**10 cases**	**10 cases**	**10 cases**	**10 cases**

CASES LOG

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

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Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Discretion	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Discretion	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Discretion	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Discretion	Supervisor Remarks	Staff Signature

CANDIDATE EVALUATION SHEET

The candidate is subject for close observation and evaluation by the staff representive in the radiology department during the regular residency shifts (each for 3-month period).

Supervisor Name: **Training Period:**

Evaluation Points Include

Procedures	Satisfactory	Un-satisfactory
1. Ultrasound Examination		
Ultrasound of Abdomen and Pelvis		
Doppler Ultrasound		
Ultrasound of Small Parts		
Ultrasound of Obstetric and Gyneacology		
2. Reporting		
X-ray Reporting		
CT Scan Reporting		
MRI Scan Reporting		
Mammography		
Total (1st to 3rd Month)		

Signature of the Supervisor

Supervisor Name: **Training Period:**

Evaluation Points Include

Procedures	Satisfactory	Un-satisfactory
1. Ultrasound Examination		
Ultrasound of Abdomen and Pelvis		
Doppler Ultrasound		
Ultrasound of Small Parts		
Ultrasound of Obstetric and Gyneacology		
2. Reporting		
X-ray Reporting		
CT Scan Reporting		
MRI Scan Reporting		
Mammography		
Total (4th to 6th Month)		

Signature of the Supervisor

Supervisor Name: **Training Period:**

Evaluation Points Include

Procedures	Satisfactory	Un-satisfactory
1. Ultrasound Examination		
Ultrasound of Abdomen and Pelvis		
Doppler Ultrasound		
Ultrasound of Small Parts		
Ultrasound of Obstetric and Gyneacology		
2. Reporting		
X-ray Reporting		
CT Scan Reporting		
MRI Scan Reporting		
Mammography		
Total (7th to 9th Month)		

Signature of the Supervisor

Supervisor Name: **Training Period:**

Evaluation Points Include

Procedures	Satisfactory	Un-satisfactory
1. Ultrasound Examination		
Ultrasound of Abdomen and Pelvis		
Doppler Ultrasound		
Ultrasound of Small Parts		
Ultrasound of Obstetric and Gyneacology		
2. Reporting		
X-ray Reporting		
CT Scan Reporting		
MRI Scan Reporting		
Mammography		
Total (10th to 12th Month)		

Signature of the Supervisor

PROFESSIONAL DEVELOPMENT

Conference/Seminar/Workshop Name	Date	Duration	Signature of Attendance

YEAR 2: ADVANCED IMAGING TECHNIQUES

PROCEDURES

Procedure	1st to 3rd Month	4th to 6th Month	7th to 9th Month	10th to 12th Month
Ultrasound Examination				
Ultrasound of Abdomen and Pelvis	**50 cases**	**50 cases**	**50 cases**	**50 cases**
Doppler Ultrasound	**5 cases**	**5 cases**	**5 cases**	**10 cases**
Ultrasound of Small Parts	**10 cases**	**10 cases**	**15 cases**	**15 cases**
Ultrasound of Obstetric and Gyneacology	**5 cases**	**5 cases**	**5 cases**	**10 cases**
Reporting				
X-ray Reporting	**125 cases**	**125 cases**	**125 cases**	**125 cases**
CT Scan Reporting	**25 cases**	**25 cases**	**25 cases**	**25 cases**
MRI Scan Reporting	**25 cases**	**25 cases**	**25 cases**	**25 cases**
Mammography	**10 cases**	**10 cases**	**10 cases**	**10 cases**

CASES LOG

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

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Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

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Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

CANDIDATE EVALUATION SHEET

The candidate is subject for close observation and evaluation by the staff representive in the radiology department during the regular residency shifts (each for 3-month period).

Supervisor Name: **Training Period:**

Evaluation Points Include

Procedures	Satisfactory	Un-satisfactory
1. Ultrasound Examination		
Ultrasound of Abdomen and Pelvis		
Doppler Ultrasound		
Ultrasound of Small Parts		
Ultrasound of Obstetric and Gyneacology		
2. Reporting		
X-ray Reporting		
CT Scan Reporting		
MRI Scan Reporting		
Mammography		
Total (1st to 3rd Month)		

Signature of the Supervisor

Supervisor Name: **Training Period:**

Evaluation Points Include

Procedures	Satisfactory	Un-satisfactory
1. Ultrasound Examination		
Ultrasound of Abdomen and Pelvis		
Doppler Ultrasound		
Ultrasound of Small Parts		
Ultrasound of Obstetric and Gyneacology		
2. Reporting		
X-ray Reporting		
CT Scan Reporting		
MRI Scan Reporting		
Mammography		
Total (4th to 6th Month)		

Signature of the Supervisor

Supervisor Name: **Training Period:**

Evaluation Points Include

Procedures	Satisfactory	Un-satisfactory
1. Ultrasound Examination		
Ultrasound of Abdomen and Pelvis		
Doppler Ultrasound		
Ultrasound of Small Parts		
Ultrasound of Obstetric and Gyneacology		
2. Reporting		
X-ray Reporting		
CT Scan Reporting		
MRI Scan Reporting		
Mammography		
Total (7th to 9th Month)		

Signature of the Supervisor

Supervisor Name: **Training Period:**

Evaluation Points Include

Procedures	Satisfactory	Un-satisfactory
1. Ultrasound Examination		
Ultrasound of Abdomen and Pelvis		
Doppler Ultrasound		
Ultrasound of Small Parts		
Ultrasound of Obstetric and Gyneacology		
2. Reporting		
X-ray Reporting		
CT Scan Reporting		
MRI Scan Reporting		
Mammography		
Total (10th to 12th Month)		

Signature of the Supervisor

PROFESSIONAL DEVELOPMENT

Conference/Seminar/Workshop Name	Date	Duration	Signature of Attendance

Conference/seminar/workshop name	Date	Signature of attendance

YEAR 3: INTERVENTIONAL RADIOLOGY AND CLINICAL PRACTICE

PROCEDURES

Procedure	1st to 3rd Month	4th to 6th Month	7th to 9th Month	10th to 12th Month
Ultrasound Examination				
Ultrasound of Abdomen and Pelvis	**50 cases**	**50 cases**	**50 cases**	**50 cases**
Doppler Ultrasound	**5 cases**	**5 cases**	**5 cases**	**10 cases**
Ultrasound of Small Parts	**10 cases**	**10 cases**	**15 cases**	**15 cases**
Ultrasound of Obstetric and Gyneacology	**5 cases**	**5 cases**	**5 cases**	**10 cases**
Reporting				
X-ray Reporting	**125 cases**	**125 cases**	**125 cases**	**125 cases**
CT Scan Reporting	**25 cases**	**25 cases**	**25 cases**	**25 cases**
MRI Scan Reporting	**25 cases**	**25 cases**	**25 cases**	**25 cases**
Mammography	**10 cases**	**10 cases**	**10 cases**	**10 cases**
Basic Inerventions (Optional)				
Aspiration	**5 cases**	**5 cases**	**5 cases**	**5 cases**
Drainage Procdures	**5 cases**	**5 cases**	**5 cases**	**5 cases**
Biopsies	**3 cases**	**3 cases**	**3 cases**	**3 cases**
Percutanous Nephrostomy (PCN)	**2 cases**	**2 cases**	**2 cases**	**2 cases**

CASES LOG

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

CANDIDATE EVALUATION SHEET

The candidate is subject for close observation and evaluation by the staff representive in the radiology department during the regular residency shifts (each for 3-month period).

Supervisor Name: **Training Period:**

Evaluation Points Include

Procedures	Satisfactory	Un-satisfactory
1. Ultrasound Examination		
Ultrasound of Abdomen and Pelvis		
Doppler Ultrasound		
Ultrasound of Small Parts		
Ultrasound of Obstetric and Gyneacology		
2. Reporting		
X-ray Reporting		
CT Scan Reporting		
MRI Scan Reporting		
Mammography		
3. Basic Intervention		
Aspiration		
Drainage Procdures		
Biopsies		
Percutanous Nephrostomy (PCN)		
Total (1st to 3rd Month)		

Signature of the Supervisor

Supervisor Name: **Training Period:**

Evaluation Points Include

Procedures	Satisfactory	Un-satisfactory
1. Ultrasound Examination		
Ultrasound of Abdomen and Pelvis		
Doppler Ultrasound		
Ultrasound of Small Parts		
Ultrasound of Obstetric and Gyneacology		
2. Reporting		
X-ray Reporting		
CT Scan Reporting		
MRI Scan Reporting		
Mammography		
3. Basic Intervention		
Aspiration		
Drainage Procdures		
Biopsies		
Percutanous Nephrostomy (PCN)		
Total (4th to 6th Month)		

Signature of the Supervisor

Supervisor Name: **Training Period:**

Evaluation Points Include

Procedures	Satisfactory	Un-satisfactory
1. Ultrasound Examination		
Ultrasound of Abdomen and Pelvis		
Doppler Ultrasound		
Ultrasound of Small Parts		
Ultrasound of Obstetric and Gyneacology		
2. Reporting		
X-ray Reporting		
CT Scan Reporting		
MRI Scan Reporting		
Mammography		
3. Basic Intervention		
Aspiration		
Drainage Procdures		
Biopsies		
Percutanous Nephrostomy (PCN)		
Total (7th to 9th Month)		

Signature of the Supervisor

Supervisor Name: **Training Period:**

Evaluation Points Include

Procedures	Satisfactory	Un-satisfactory
1. Ultrasound Examination		
Ultrasound of Abdomen and Pelvis		
Doppler Ultrasound		
Ultrasound of Small Parts		
Ultrasound of Obstetric and Gyneacology		
2. Reporting		
X-ray Reporting		
CT Scan Reporting		
MRI Scan Reporting		
Mammography		
3. Basic Intervention		
Aspiration		
Drainage Procdures		
Biopsies		
Percutanous Nephrostomy (PCN)		
Total (10th to 120th Month)		

Signature of the Supervisor

PROFESSIONAL DEVELOPMENT

Conference/Seminar/Workshop Name	Date	Duration	Signature of Attendance

Conference/seminar/workshop name	Date	Signature of attendance

YEAR 4: LEADERSHIP AND TRANSITION TO PRACTICE

PROCEDURES

Procedure	1st to 3rd Month	4th to 6th Month	7th to 9th Month	10th to 12th Month
Ultrasound Examination				
Ultrasound of Abdomen and Pelvis	**50 cases**	**50 cases**	**50 cases**	**50 cases**
Doppler Ultrasound	**5 cases**	**5 cases**	**5 cases**	**10 cases**
Ultrasound of Small Parts	**10 cases**	**10 cases**	**15 cases**	**15 cases**
Ultrasound of Obstetric and Gyneacology	**5 cases**	**5 cases**	**5 cases**	**10 cases**
Reporting				
X-ray Reporting	**125 cases**	**125 cases**	**125 cases**	**125 cases**
CT Scan Reporting	**25 cases**	**25 cases**	**25 cases**	**25 cases**
MRI Scan Reporting	**25 cases**	**25 cases**	**25 cases**	**25 cases**
Mammography	**10 cases**	**10 cases**	**10 cases**	**10 cases**
Basic Inerventions				
Aspiration	**5 cases**	**5 cases**	**5 cases**	**5 cases**
Drainage Procdures	**5 cases**	**5 cases**	**5 cases**	**5 cases**
Biopsies	**3 cases**	**3 cases**	**3 cases**	**3 cases**
Percutanous Nephrostomy (PCN)	**2 cases**	**2 cases**	**2 cases**	**2 cases**

CASES LOG

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Discribtion	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

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Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

Date	Case ID	Procedure	Diagnosis & Brief Description	Supervisor Remarks	Staff Signature

CANDIDATE EVALUATION SHEET

The candidate is subject for close observation and evaluation by the staff representive in the radiology department during the regular residency shifts (each for 3-month period).

Supervisor Name: **Training Period:**

Evaluation Points Include

Procedures	Satisfactory	Un-satisfactory
1. Ultrasound Examination		
Ultrasound of Abdomen and Pelvis		
Doppler Ultrasound		
Ultrasound of Small Parts		
Ultrasound of Obstetric and Gyneacology		
2. Reporting		
X-ray Reporting		
CT Scan Reporting		
MRI Scan Reporting		
Mammography		
3. Basic Intervention		
Aspiration		
Drainage Procdures		
Biopsies		
Percutanous Nephrostomy (PCN)		
Total (1st to 3rd Month)		

Signature of the Supervisor

Supervisor Name: **Training Period:**

Evaluation Points Include

Procedures	Satisfactory	Un-satisfactory
1. Ultrasound Examination		
Ultrasound of Abdomen and Pelvis		
Doppler Ultrasound		
Ultrasound of Small Parts		
Ultrasound of Obstetric and Gyneacology		
2. Reporting		
X-ray Reporting		
CT Scan Reporting		
MRI Scan Reporting		
Mammography		
3. Basic Intervention		
Aspiration		
Drainage Procdures		
Biopsies		
Percutanous Nephrostomy (PCN)		
Total (4th to 6th Month)		

Signature of the Supervisor

Supervisor Name: **Training Period:**

Evaluation Points Include

Procedures	Satisfactory	Un-satisfactory
1. Ultrasound Examination		
Ultrasound of Abdomen and Pelvis		
Doppler Ultrasound		
Ultrasound of Small Parts		
Ultrasound of Obstetric and Gyneacology		
2. Reporting		
X-ray Reporting		
CT Scan Reporting		
MRI Scan Reporting		
Mammography		
3. Basic Intervention		
Aspiration		
Drainage Procdures		
Biopsies		
Percutanous Nephrostomy (PCN)		
Total (7th to 9th Month)		

Signature of the Supervisor

Supervisor Name: **Training Period:**

Evaluation Points Include

Procedures	Satisfactory	Un-satisfactory
1. Ultrasound Examination		
Ultrasound of Abdomen and Pelvis		
Doppler Ultrasound		
Ultrasound of Small Parts		
Ultrasound of Obstetric and Gyneacology		
2. Reporting		
X-ray Reporting		
CT Scan Reporting		
MRI Scan Reporting		
Mammography		
3. Basic Intervention		
Aspiration		
Drainage Procdures		
Biopsies		
Percutanous Nephrostomy (PCN)		
Total (10th to 120th Month)		

Signature of the Supervisor

PROFESSIONAL DEVELOPMENT

Conference/Seminar/Workshop Name	Date	Duration	Signature of Attendance

	Date	Signature of attendance

Leadership and Teaching Development

This section is designed to actively develop and assess the candidate's leadership, teaching, and mentorship skills, which are critical for the transition to independent practice. The candidate is expected to engage in the following activities and document them accordingly.

Activity	Description	Date	Supervisor Comments & Signature	Satisfactory	Un-satisfactory
Case Presentation Leadership	Leading a multidisciplinary team meeting or a departmental case conference.				
Junior Resident/ Medical Student Teaching	Delivering a formal teaching session (e.g., a lecture, tutorial) to junior residents or medical students.				
Procedure Supervision	Directly supervising a junior resident in performing a basic radiological procedure, providing guidance and feedback.				
Clinical Consultation	Acting as the primary radiologist on call for consultations from other departments,				

	providing clear and effective communication.				
Quality Improvement Contribution	Participating in or leading a quality improvement project within the department.				
Peer Review and Feedback	Formally reviewing and providing constructive feedback on reports from peers or junior colleagues.				

LEAVES

No	Type of Leave	Date (from)	Duration	Signature of Staff Member

COMMITMENT TO PROGRAM

Year 1	Satisfactory ≥ 70%	Satisfactory < 70%
Total Section 1: Procedures		
• **Case Logs (Selected Entries)**		
• **Candidate Evaluation Sheet**		
• **Professional Development Activities**		
• **Timeliness and Completeness**		
Total Section 2: Professional Development		
Total		

Year 2	Satisfactory ≥ 70%	Satisfactory < 70%
Total Section 1: Procedures		
• **Case Logs (Selected Entries)**		
• **Candidate Evaluation Sheet**		
• **Professional Development Activities**		
• **Timeliness and Completeness**		
Total Section 2: Professional Development		
Total		

Year 3	Satisfactory ≥ 70%	Satisfactory < 70%
Total Section 1: Procedures		
• **Case Logs (Selected Entries)**		
• **Candidate Evaluation Sheet**		
• **Professional Development Activities**		
• **Timeliness and Completeness**		
Total Section 2: Professional Development		
Total		

Year 4	Satisfactory ≥ 70%	Satisfactory < 70%
Total Section 1: Procedures		
• **Case Logs (Selected Entries)**		
• **Candidate Evaluation Sheet**		
• **Professional Development Activities**		
• **Timeliness and Completeness**		
Total Section 2: Professional Development		
Total Section 3: Leadership and Teaching Development		
Total		

COMMITTEE APPROVAL

	Hospital 1	Hospital 2	Hospital 3
Program Coordinator			
Training Coordinator			
Supervisor's Name:			
Supervisor's Signature:			
Head of Department			
Official Stamp of Department			
Official Stamp of Program			