Medical Doctorate Degree in Pediatrics

Program Logbook - Program Code: PEDI700

Department of Pediatrics and Neonatology

Faculty of Medicine, Capital University | 2025–2026

Revised Version - July 2026 | Internal Audit Committee Review

Candidate Name:	.....
Registration Number:	.....
Year of Enrolment:	.....
Primary Supervisor:	.....

Head of Department Approval of Exam Entry	Name: ..... Signature: ..... Date: .....

Requirements: Fulfillment of ≥75% of listed activities AND satisfactory attainment of minimum competency standards (Section 2) are eligibility criteria for entry into the 2nd part examination.

Document Control

Document Title	Medical Doctorate Degree in Pediatrics- Program Logbook
Program Code	PEDI700
Version	1.1 - Academic Year 2025–2026 (Revised July 2026)
Issued By	Department of Pediatrics and Neonatology
Approved By Head of Department	Name: ..... Signature: ..... Date: .....
Date of Issue	June 2026
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Review Date	June 2027 (annual review cycle)
Applicable Standards	WFME Global Standards for Quality Improvement in PGME, 2023 Revision; NAQAAE - National Academic Reference Standards, Medicine 2nd Edition 2017.
Cross-Reference	PEDI700 Program Specifications (June 2026, revised July 2026). Both documents should be read in conjunction.

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1. Program Overview and Candidate Information

1.1 Program Mission

The Medical Doctorate Pediatrics program at the Faculty of Medicine, Capital University, is committed to producing competent, ethical, and reflective specialist pediatricians who are equipped to deliver evidence-based, patient-centered care to children and their families in the Egyptian, regional and international health context. The program fosters advanced clinical competence, critical appraisal skills, research literacy, and a commitment to lifelong professional development. It prepares graduates to contribute meaningfully to improving child health outcomes at institutional, national, and community levels, in alignment with Egypt's national health priorities and the values of the Egyptian Medical Syndicate.

1.2 NAQAAE Competency Framework

Domain	Area	Description
I	**Clinician**	Applies knowledge of clinical sciences to provide expert, ethical, evidence-informed clinical care to pediatric patients
II	**Communicator**	Communicates effectively with patients, families, and the healthcare team across all clinical contexts
III	**Collaborator**	Functions effectively within multidisciplinary healthcare teams; contributes to team-based care
IV	**Scholar & Scientist**	Applies principles of evidence-based medicine; contributes to research; teaches and mentors junior colleagues
V	**Professional**	Demonstrates integrity, compassion, accountability, and respect in all professional interactions
VI	**Lifelong Learner**	Takes responsibility for self-directed professional development; reflects on practice; seeks and uses feedback

1.3 Candidate Information

Program Duration	Three academic years (full-time). Maximum 6 years from enrolment.
Supervision	Primary supervisor & co-supervisor assigned within 3 months of enrolment. Formal supervisory meeting minimum every 8 weeks, documented in the logbook.
Examination Eligibility	(1) Attending ≥75% of training duration (36 months); (2) Completion of ≥75% of listed logbook activities; (3) Satisfactory rating on all six competency domains at the mid-program evaluation; (4) Head of Department written approval.
Appeals	Write appeal to the Departmental Postgraduate Committee within 14 days of any decision. Escalation to the Faculty Board if unresolved. Outcome documented in the candidate's record.
Supervisor Eligibility	Full-time faculty, minimum rank of Lecturer; approved by Program Director; current faculty development participation.

2. Grand Clinical Round / Department Scientific Day Attendance

Minimum required: 20 sessions

No.	Date	Cases / Topic	Supervisor Name	Supervisor Signature
1				
2				
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4. General Pediatrics Outpatient Clinic Attendance

Minimum required: 30 clinics

No.	Date	Number of Cases Seen	Supervisor Name	Supervisor Signature
1				
2				
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13				
14				
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27				
28				
29				
30				

5. Pediatric Specialty Cases

The minimum attendance required and verities of cases are recorded below each specialty table.

5.1 Nutrition

No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
1				
2				
3				
4				
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Category of Cases	Min	Category of Cases	Min
Failure to thrive	5	Vitamins & minerals deficiencies	5
Feeding disorders	5	Obesity	5
Others			

5.2 Clinical Genetics & Developmental Delay

No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
1				
2				
3				
4				
5				
6				
7				
8				
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11				
12				
13				
14				
15				

Category of Cases	Min	Category of Cases	Min
Dysmorphic child	8	Inborn errors of metabolism	3
Common chromosomal disorders	4	Others	

5.3 Hematology & Oncology

No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
1				
2				
3				
4				
5				
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Category of Cases	Min	Category of Cases	Min
Anemias	6	Lymphadenopathy	2
Bleeding and clotting disorders	4	Leukemia / Lymphoma	3
Cytopenias	3	Myelodysplastic disorders	2

5.4 Chest & Asthma

No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
1				
2				
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4				
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Category of Cases	Min	Category of Cases	Min
Wheezy chest & asthma	6	Tuberculosis	2
Bronchiolitis	6	Cystic fibrosis	2
Interstitial pulmonary fibrosis	2	Bronchiectasis	2
Others			

5.5 Cardiology

No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
1				
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Category of Cases	Min	Category of Cases	Min
Acyanotic heart disease	3	Congestive heart failure	2
Cyanotic heart disease	3	Syncope / Chest pain	2
Rheumatic fever / heart disease	4	Kawasaki disease	2
Cardiac arrhythmia	2	Infective endocarditis	2
Others			

5.6 Gastroenterology

No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
1				
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Category of Cases	Min	Category of Cases	Min
Vomiting and regurgitation	5	Hematemesis / melaena	2
Abdominal pain (acute/chronic)	5	Constipation / encopresis	2
Diarrhea (acute/chronic)	5	Dysphagia	1
Others			

5.7 Hepatology

No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
1				
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Category of Cases	Min	Category of Cases	Min
Acute liver disease	6	Hepatomegaly	5
Chronic liver disease	5	Liver failure	2
Hyperlipidemia	2	Others	

5.8 Neurology

No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
1				
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Category of Cases	Min	Category of Cases	Min
Seizures	4	Neurocutaneous syndrome	2
Cerebral palsy	3	Breath holding spells	2
Muscle dystrophies	3	Stroke	2
Movement disorders	2	CNS infections	2
Others			

5.9 Endocrinology & Diabetes

No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
1				
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Category of Cases	Min	Category of Cases	Min
Short stature	4	Pituitary & Adrenal disorders	2
Untimed puberty	3	Hypo/Hypercalcemia	3
Hypoglycemia	3	DM Type I & II	3
Thyroid disease	2	Others	

5.10 Rheumatology, Immunology & Allergy

No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
1				
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Category of Cases	Min	Category of Cases	Min
Joint and limb pain	3	Immunodeficiency	3
Acute and chronic arthritis	4	Allergic rhinitis	3
SLE & JIA	3	Urticaria / Anaphylaxis	2
Joint and bone infections	2	Others	

5.11 Nephrology

No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
1				
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Category of Cases	Min	Category of Cases	Min
Urinary tract infection	4	Hematuria and nephritis	4
Hydronephrosis	2	Proteinuria & nephrotic syndrome	4
Obstructive uropathy	2	Renal tubular disorders	2
Renal stones	2	Others	

5.12 Infectious Diseases

No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
1				
2				
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4				
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Category of Cases	Min	Category of Cases	Min
Fever without focus	5	Common infectious diseases (viral, bacterial, fungal, parasitic)	8
Fever of unknown origin	4	Life-threatening infections	3

5.13 Child Psychiatry

No.	Date		Description of Cases Seen	Supervisor Name	Supervisor Signature
1					
2					
3					
4					
5					
6					
7					
8					
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Category of Cases		Min	Category of Cases	Min
Developmental delay		5	Infants' problems (crying, colic)	3
Learning disabilities		3	Attention deficit disorder	2
Behavioral problems		2	Autism spectrum disorders	2
Nocturnal enuresis		3	Others	

5.14 Dermatology & Orthopedic Cases

No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
1				
2				
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4				
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Category of Cases	Min	Category of Cases	Min
Rickets	5	Common skin infections/infestations	5
Osteogenesis Imperfecta	2	Pigmentary or vascular lesions, e.g., café au lait macules, hemangiomas	3
Chondrodysplasia	2	Eczema	2
Osteopetrosis	1	Others	

5.15 Neonatology well baby clinic attendance

Minimum required: 10 cases seen

No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

6. PICU Attendance

Minimum required: 20 sessions (cases seen)

No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
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18				
19				
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Category of Cases	Min	Category of Cases	Min
Diabetic ketoacidosis	3	Cardio-respiratory arrest	3
Shock	3	Coma	2
Respiratory failure	2	Status epilepticus	3
Sepsis	2	Poisoning and drug overdoses	2

7. NICU Attendance

Minimum required: 20 sessions (cases seen)

No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Category of Cases	Min	Category of Cases	Min
Seizures / Jitteriness	3	Respiratory distress / Stridor	4
Cyanosis	3	Prematurity & Apnea	3
Jaundice	3	Feeding difficulties / vomiting	2
Sepsis	2	Others	

8. Emergency Attendance

Minimum required: 20 sessions (cases seen)

No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
1				
2				
3				
4				
5				
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7				
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9. Special Units / Investigations Attendance

Minimum required: 5 different working days per unit

Unit	No.	Date	Description of Cases Seen	Supervisor Name	Supervisor Signature
Gastroenterology Endoscopy Unit	1				
	2				
	3				
	4				
	5				
Echocardiography Unit	1				
	2				
	3				
	4				
	5				
Pulmonary Function Tests Unit	1				
	2				
	3				
	4				
	5				
Renal Dialysis Unit	1				
	2				
	3				
	4				
	5				
Other (specify)	1				
	2				
	3				
	4				
	5				

10. DOPS Log (Direct Observation of Procedural Skills)

10.1 Competency Assessment Rubric — DOPS Procedural Rubric

This rubric is used for DOPS assessment only. All DOPS entries use this six-domain rubric, and each domain is scored 0-3.

Competency Domain (NAQAAE)	Unsatisfactory (0–1)	Satisfactory (2)	Excellent (3)	Score
1. Pre-Procedural Preparation & Safety (I)	Fails to verify patient identity, perform hand hygiene, or check safety checklists	Correctly identifies patients, observes hygiene, gathers equipment	Flawlessly executes safety protocols; anticipates complications	/3
2. Technical Execution of Procedure (I)	Requires constant prompts; steps out of sequence; risks harm	Performs systematically and safely with minimal guidance	Fluid autonomous mastery; manages anatomical variations confidently	/3
3. Post-Procedural Care & Documentation (I)	Neglects post-procedure monitoring; fails to write progress notes	Disposes of waste safely, monitors patient, records accurate notes	Comprehensive post-procedural orders; counsels caregivers thoroughly	/3
4. Communication & Counseling (II)	Uses jargon; fails to address parental concerns; poor rapport	Communicates clearly; checks understanding; addresses parental questions	Tailors communication to developmental stage and family needs; uses interpreters	/3
5. Professionalism & Ethics (V)	Disrespectful; violates confidentiality; avoids responsibility	Behaves respectfully; maintains appropriate boundaries; acknowledges limits	Models exemplary conduct; advocates for patient welfare; ethical reasoning in complex situations	/3
6. Scholarship & Evidence-Based Practice (IV)	Cannot locate or critically appraise evidence; decisions not evidence-informed	Identifies relevant evidence; applies current guidelines; seeks guidance when uncertain	Critically appraises primary literature; contributes evidence synthesis to clinical rounds	/3
TOTAL	**Unsatisfactory: 0–7**	**Satisfactory: 8–13**	**Excellent: 14–18**	**/18**

Minimum score for eligibility: ≥12.

10.2 DOPS

Record U (Unsatisfactory), S (Satisfactory), or E (Excellent) for each observed instance. A total of ≥12 out of 18 (Satisfactory across all domains) is required for examination eligibility.

Skill (Min. occurrences)	No.	Date	Unsatisfactory	Satisfactory	Excellent	Supervisor Name & Signature
Measurement of weight, length/height, BMI calculation (4)	1					
	2					
	3					
	4					
Blood pressure measurement (4)	1					
	2					
	3					
	4					
Peripheral venous cannulation (4)	1					
	2					
	3					
	4					
Venipuncture (4)	1					
	2					
	3					
	4					
Intravenous medication preparation (4)	1					
	2					
	3					
	4					
Nasogastric tube insertion (2)	1					
	2					
Lumbar puncture (4)	1					
	2					
	3					
	4					
Bone marrow aspiration (2)	1					
	2					
Exchange transfusion (2)	1					
	2					
Endotracheal intubation (2)	1					
	2					

Adjustment of ventilation settings (PICU) (4)	1					
	2					
	3					
	4					
TPN calculation (2)	1					
	2					
Liver biopsy (1)	1					
Renal biopsy (1)	1					
Plain X-ray interpretation (4)	1					
	2					
	3					
	4					
Blood gas reading (4)	1					
	2					
	3					
	4					
ECG interpretation (4)	1					
	2					
	3					
	4					
Extracurricular activities (Outside the University hospital)	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					

11. Case Presentation with Review Article

Minimum required: 15 different topics across different subspecialties

No.	Date	Title of Case Presentation / Review Article	Subspecialty	NAQAAE Domain	Supervisor Signature
1					
2					
3					
4					
5					
6					
7					
8					
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10					
11					
12					
13					
14					
15					

12. Thesis and Seminar Attendance

Minimum required: 10 (thesis seminars, departmental seminars)

No.	Date	Thesis Title / Seminar Topic / Venue	Supervisor Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

13. Special Courses

All four life support courses are mandatory for examination eligibility within the study duration.

Training Activity	Date Completed	Instructor / Centre	Certificate / Signature
Neonatal Resuscitation Program (NRP)			
STABLE Course			
Pediatric Basic Life Support (PBLS)			
Pediatric Advanced Life Support (PALS)			
Research / Methodology Workshop(s)			

14. Multi-Source Feedback (360° Assessment)

Minimum 1 completed MSF per academic year. The candidate distributes forms to at least 5 raters: primary supervisor, a senior colleague (Lecturer or above), a peer trainee, nursing staff lead, and one additional clinical contact of the candidate's choosing.

Candidate Name	
Assessment Period	

Statement	(1) Rarely	(2) Sometimes	(3) Usually	(4) Almost	(5) Always
Treats patients and families with respect and compassion	☐	☐	☐	☐	☐
Communicates clearly and effectively in clinical settings	☐	☐	☐	☐	☐
Is reliable, punctual, and prepared for clinical duties	☐	☐	☐	☐	☐
Responds appropriately to feedback and criticism	☐	☐	☐	☐	☐
Works collaboratively and supports the team	☐	☐	☐	☐	☐
Demonstrates ethical conduct and professional integrity	☐	☐	☐	☐	☐
Acknowledges limitations and seeks help when needed	☐	☐	☐	☐	☐
Takes initiative in self-directed learning and improvement	☐	☐	☐	☐	☐

Rater Name & Role: .....

Signature: ..... Date: .....

MSF Supervisor Summary

Number of Raters Who Responded	
Overall, Strengths Identified	
Priority Development Areas	
Agreed Action Plan	
Supervisor Signature & Date	
Candidate Acknowledgement & Date	

15. Quarterly Thesis Progress Review

Quarter / Date	Thesis Stage	Progress Notes /	Supervisor Signature

16. Activities Beyond Mandatory Courses (CPD)

Date	Activity Title	Provider / Organizer	CPD Hours / Certificate

17. Reflective Practice

Minimum: 2 entries per academic year (one per semester). Maximum 200 words per entry.

Date	Reflection — What happened? What did I learn? What will I change?	Supervisor Initials

18. Candidate Competency Evaluations

Formal evaluations will be held biannually. All six NAQAAE competency domains are assessed using the General Domain Evaluation Rubric below.

18.A General Domain Evaluation Rubric (Biannual Competency Evaluation)

Domain	Unsatisfactory	Satisfactory	Excellent	Rating	Supervisor Comments
I - Clinician	Consistently requires direct supervision; clinical decisions lack evidence base; significant patient safety concerns	Manages common presentations independently; appropriate referral; evidence-informed decisions; minor errors corrected with guidance	Manages complex and atypical presentations; teaches peers; contributes to clinical protocol development	□ U □ S □ E	
II - Communicator	Communication causes distress or misunderstanding; fails to address family concerns; avoids difficult conversations	Communicates clearly in routine situations; adapts language to audience; addresses basic concerns	Skilled in complex communication; breaks bad news sensitively; advocates effectively; uses interpreters appropriately	□ U □ S □ E	
III - Collaborator	Works in isolation; disregards team contributions; conflicts unresolved	Participates constructively in MDT; understands roles; contributes to team decisions	Takes leadership in MDT; mentors others; resolves conflict; optimizes team function	□ U □ S □ E	
IV - Scholar & Scientist	Cannot apply evidence to practice; does not engage with research; unable to critically appraise literature	Applies current guidelines; identifies knowledge gaps; contributes to case-based discussions; thesis progressing on schedule	Contributes evidence synthesis to clinical practice; presents at academic events; thesis demonstrates original contribution	□ U □ S □ E	
V - Professional	Repeated lapses in conduct, confidentiality, or ethical obligations; requires intervention	Consistently respectful, punctual, and reliable; observes professional and ethical codes; acknowledges limitations	Models professionalism; advocates for patients and colleagues; demonstrates ethical leadership in complex situations	□ U □ S □ E	
VI - Lifelong Learner	Does not engage in self-directed learning; reflections superficial or absent; does not act on feedback	Identifies learning needs; reflects meaningfully; acts on feedback; personal learning plan maintained and updated	Proactively seeks learning opportunities; shares learning with team; contributes to departmental quality improvement	□ U □ S □ E	

18.1 First Candidate Evaluation

Candidate	
Supervisor	
Date of Evaluation	
Training Period Covered	

Competency Domain Ratings:

Domain	Unsatisfactory	Satisfactory	Excellent	Supervisor Comments
I - Clinician	☐	☐	☐	
II - Communicator	☐	☐	☐	
III - Collaborator	☐	☐	☐	
IV - Scholar & Scientist	☐	☐	☐	
V - Professional	☐	☐	☐	
VI - Lifelong Learner	☐	☐	☐	

Agreed Learning Objectives for Next Period	
Timeline for Achieving Objectives	
Candidate Comments	
Supervisor Comments	
Date of Next Meeting	
Candidate Signature & Date	
Supervisor Signature & Date	

18.2 Second Candidate Evaluation

Candidate	
Supervisor	
Date of Evaluation	
Training Period Covered	

Competency Domain Ratings:

Domain	Unsatisfactory	Satisfactory	Excellent	Supervisor Comments
I - Clinician	☐	☐	☐	
II - Communicator	☐	☐	☐	
III - Collaborator	☐	☐	☐	
IV - Scholar & Scientist	☐	☐	☐	
V - Professional	☐	☐	☐	
VI - Lifelong Learner	☐	☐	☐	

Agreed Learning Objectives for Next Period	
Timeline for Achieving Objectives	
Candidate Comments	
Supervisor Comments	
Date of Next Meeting	
Candidate Signature & Date	
Supervisor Signature & Date	

18.3 Re-Evaluation (if required)

Candidate	
Supervisor	
Date of Evaluation	
Training Period Covered	

Competency Domain Ratings:

Domain	Unsatisfactory	Satisfactory	Excellent	Supervisor Comments
I - Clinician	☐	☐	☐	
II - Communicator	☐	☐	☐	
III - Collaborator	☐	☐	☐	
IV - Scholar & Scientist	☐	☐	☐	
V - Professional	☐	☐	☐	
VI - Lifelong Learner	☐	☐	☐	

Agreed Learning Objectives for Next Period	
Timeline for Achieving Objectives	
Candidate Comments	
Supervisor Comments	
Date of Next Meeting	
Candidate Signature & Date	
Supervisor Signature & Date	

Appendix: WFME PGME 2023 Standard Mapping

Logbook Section	WFME PGME 2023 Standard	Standard Description
1. Program Overview & Mission	1.1	Stating the Mission
2. Competency Assessment Rubric	3.1, 3.2	Assessment policy; formative assessment system
3. Grand Clinical Round Attendance	2.5, 2.6	Learning methods and experiences; sites of learning
4. General Pediatrics OPD Attendance	2.5, 2.6	Work-based learning; clinical experience
5. Pediatric Specialty Cases	2.4, 2.6	Curriculum content; sites of learning
6. PICU Attendance	2.5, 2.6	Clinical experience; supervised workplace learning
7. NICU Attendance	2.5, 2.6	Clinical experience; supervised workplace learning
8. Emergency Attendance	2.5, 2.6	Clinical experience; breadth of learning
9. Special Units Attendance	2.5, 2.6	Curriculum delivery and sites of learning
10. DOPS Log	3.1, 3.2	Assessment system; formative assessment in support of learning
11. Case Presentation with Review Article	2.5, 3.2	Learning methods; formative assessment
12. Thesis and Seminar Attendance	2.7	Opportunities for higher degrees and research
13. Special Courses	2.5	Learning methods — mandatory professional certification
14. Multi-Source Feedback (360°)	3.2	Formative assessment — feedback from multiple sources
15. Quarterly Thesis Progress Review	2.7	Research supervision and monitoring
16. CPD Activities	5.3	Continuing professional development for postgraduate doctors
17. Reflective Practice	3.2, 4.7	Formative assessment; professional development and wellbeing
18. Candidate Competency Evaluations	3.3	Summative assessment in support of decision-making
19. Program Evaluation Form	7.1	Quality improvement system

19. Program Evaluation Form

Complete this form at the conclusion of your MD Pediatrics program. Responses are anonymous and submitted to the Quality Assurance Unit for program improvement.

Section I — Individual Information

Graduate of Capital University?	Yes / No
Years to complete MD:	
Year studies began:	
Current position after MD:	

Section II — Program Quality (1 = Strongly Disagree → 5 = Strongly Agree)

Statement	1 SD	2 D	3 N	4 A	5 SA
The program prepared me well for independent specialist pediatric practice	☐	☐	☐	☐	☐
Clinical rotations (wards, PICU, NICU, clinics) provided adequate breadth of exposure	☐	☐	☐	☐	☐
The case-mix was appropriate for developing specialist competency	☐	☐	☐	☐	☐
Supervision was adequate in quality and frequency throughout the program	☐	☐	☐	☐	☐
Formative feedback was specific, actionable, and timely	☐	☐	☐	☐	☐
The logbook activities were relevant and useful for tracking my development	☐	☐	☐	☐	☐
The research component and thesis supervision were well-supported	☐	☐	☐	☐	☐
My communication and professionalism skills were actively developed during training	☐	☐	☐	☐	☐
Ethical issues in pediatric practice were adequately addressed	☐	☐	☐	☐	☐
I feel confident in my ability to provide independent pediatric specialist care	☐	☐	☐	☐	☐

Section III — Open-Ended Questions

Greatest strengths of this program:	
Aspects most in need of improvement:	
Significant gaps in clinical exposure, supervision, or research support:	
Changes that would best prepare future candidates:	
Additional comments:	

Section IV — Net Promoter Score

On a scale of 0–10, how likely are you to recommend this MD Pediatrics program to a colleague?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐