

Training Record

(Signed every 6 months or at every rotation of duty)

Name of Trainee : _____

Department / Hospital : _____

Training period : From _____ to _____

(dd/mm/yy)

(dd/mm/yy)

(A) Service content

General Paediatrics

Subspecialty (Specify _____) _____ Full time _____ Part time

1. Service rounds : Average number of beds responsible _____

2. Subspecialty rounds : _____ sessions / month

3. Outpatient sessions : _____ sessions / week

Specify _____

4. Day patient : _____ patients / month

5. Consultation number : _____ patients / month

6. 24 hour on call : _____ days / month

7. Others : _____

(B) Regular service/Education sessions

1. Grand rounds : _____ sessions / month

2. Clinical seminar : _____ sessions / month

3. Journal club : _____ sessions / month

4. Research meeting : _____ sessions / month

5. Statistics/morbidity mortality meeting : _____ sessions / month

6. Radiology round : _____ sessions / month

7. Clinical-pathological session : _____ sessions / month

8. Others : _____

(C) Teaching experience : _____

(D) Administrative experience : _____

(E) Leaves taken : _____

Confirmation of Training Records (To be completed by trainer) :

I hereby verify that the above information is accurate.

Trainer : _____

(Name)

(Signature)

(Date)