

**Logsheets for Elective Training**

Department of \_\_\_\_\_ [SPECIALTY/SUBSPECIALTY]

\_\_\_\_\_ [INSTITUTE NAME]

period \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

Name of Trainee \_\_\_\_\_

Name of Trainer \_\_\_\_\_

(A) Clinical Encounter of cases attended

Average number of cases seen per month/week/day \_\_\_\_\_ (If applicable, percentage of paediatric cases \_\_\_\_\_ )

Examples of selected instructive cases seen (please extend table as necessary):

<u>Hospital No.*</u>	<u>Diagnosis</u>	<u>Special Skills</u>	<u>Brief Notes</u>	<u>Learning Points</u>

*\*Please do not enter other personal identifiers e.g. HKID*

Clinical Skills (e.g. OGD, USG, echocardiography, central line, intra-arterial line, biopsy, chest drain, etc), if applicable

<u>Hospital No.*</u>	<u>Diagnosis</u>	<u>Type of Skills</u>	<u>Independent/Assistant</u>	<u>Brief Notes</u>	<u>Learning points</u>

*\*Please do not enter other personal identifiers e.g. HKID*

(B) Operation (include close reduction), if applicable

<u>Hospital No.*</u>	<u>GA/LA</u>	<u>Diagnosis</u>	<u>Chief Surgeon/Assistant</u>	<u>Special Skills</u>	<u>Brief Notes</u>	<u>Learning Points</u>

*\*Please do not enter other personal identifiers e.g. HKID*

(C) Joint consultations, if applicable

<u>Specialty</u>	<u>Brief Notes (Indications)</u>	<u>Special Skills</u>	<u>No. of Cases</u>	<u>Learning Points</u>

(D) Academic Meeting (e.g. history meeting, M&M, Grand Round, tutorial etc)

<u>Date</u>	<u>Presenter</u>	<u>Name of the Academic Meeting</u>

(F) Overnight on-call duties log at \_\_\_\_\_ [CENTRE/INSTITUTION NAME], if applicable

<u>Month / Year</u>	<u>No. of on-calls</u>

I hereby declare that the institution that I receive my training is accredited in \_\_\_\_\_ by \_\_\_\_\_  
 (specialty/subspecialty) (Board/College)  
 in \_\_\_\_\_ and the information submitted is accurate.  
 (Country)

I give my consent to the College to directly contact my supervisors and training authorities to obtain any further information relevant to this training elective.

Trainee: \_\_\_\_\_  
 (Name) (Signature) (Date)

**Confirmation of Log Sheets** (to be completed by elective trainer):

I hereby verify that the above information supplied is accurate.

Overseas Trainer \_\_\_\_\_  
(Name) (Signature) (Date)

\_\_\_\_\_  
(Position) (Name of Institution/Country) (Official Chop)

**Endorsement by Local Training Supervisor** (to be completed by Local Training Supervisor):

I hereby verify that the above information supplied is accurate.

Local Training Supervisor \_\_\_\_\_  
(Name) (Signature) (Date)

\_\_\_\_\_  
(Position) (Name of Institution) (Official Chop)

- (1) The trainee should return this form, together with other supporting documents, to the Accreditation Committee for final approval of the overseas training within three months of return. An approval letter would be issued by the Accreditation Committee if the applicant meets with all required criteria.