

## Training Record

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

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) \_\_\_\_\_

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