## HONG KONG COLLEGE OF PHYSICIANS RECORD OF HIGHER PHYSICIAN TRAINING IN \_\_\_\_\_ SPECIALTY To be completed every three months by Trainees

TRAI	NEE			SUPERVISOR
Name		M/F		Name
Qualification (m/y) ( m _y) ( m _y)				Title
INST	ITUTIO	ON/DEPARTMENT/	UNIT	
PERI	OD OF	TRAINING From _	// DD/MM /YY)	_to//
TRAI	NING	RECORD		
<b>(A)</b>	SERV	ICE WARD ROUN	DS	
	(1)	Daily ward rounds	<ul><li>General beds</li><li>Specialty beds</li><li>Others (specify)</li></ul>	No NoType No No
	(2)	Consultation		No
	(3)	Weekly Grand Roun	ds	Total Sessions
<b>(B)</b>	OUT	PATIENT SESSION	IS	
	(2) (3) (4)	General Medical Specialty ( Specialty ( Specialty (		sessions/monthse
<b>(C)</b>	SPEC	IAL SESSIONS		
	(1) (2) (3) (4) (5) (6)	Grand Rounds Clinical Seminars Journal Club Radiology Meeting Pathology Meeting Others		sessions/month_sessions/month_sessions/month_sessions/month_sessions/month_sessions/month_sessions/month

(1)	N	
(1)	No	
(2)	No	
(3)	No	
(4)	No	
(5)	No	
(6)	No	
(7)	No	
(8) (9)	No	
(10)	No No	
(10)	No	-
(11)	No	
(12)	No	·
(14)	No	
(15)	No	_
(16)	No	
(17)	No	
(18)	No	
(19)	No	
(20)	No	
(21)	No	
	RESEARCH PROJECTS  ENCES ATTENDANCE/PRESENTA	ATIONS
Supervisor		
(Name)	(Signature) (D	ate)

Note: Please ensure that you have completed your training logbook, which is to be reviewed by your Programme Director every three months.