

**HONG KONG COLLEGE OF PHYSICIANS
RECORD OF HIGHER PHYSICIAN TRAINING
IN _____ SPECIALTY**
To be completed every three months by Trainees

TRAINEE

SUPERVISOR

Name _____ M/F _____

Name _____

Qualification (m/y) _____ (_ m _y)
_____ (_ m _y)

Title _____

INSTITUTION/DEPARTMENT/UNIT _____

PERIOD OF TRAINING From _____ / _____ / _____ to _____ / _____ / _____
(DD/MM /YY) (DD / MM /YY)

TRAINING RECORD

(A) SERVICE WARD ROUNDS

- (1) Daily ward rounds
 - General beds No. _____
 - Specialty beds No. _____ Type _____
 - Others (specify) _____ No. _____
 - _____ No. _____
- (2) Consultation No. _____
- (3) Weekly Grand Rounds Total Sessions _____

(B) OUTPATIENT SESSIONS

- (1) General Medical sessions/month _____
- (2) Specialty () sessions/month _____
- (3) Specialty () sessions/month _____
- (4) Specialty () sessions/month _____

(C) SPECIAL SESSIONS

- (1) Grand Rounds sessions/month _____
- (2) Clinical Seminars sessions/month _____
- (3) Journal Club sessions/month _____
- (4) Radiology Meeting sessions/month _____
- (5) Pathology Meeting sessions/month _____
- (6) Others _____ sessions/month _____

(D) DIAGNOSTIC & PROCEDURAL TESTS RECORDS

Comments

(1)	No. _____	_____
(2)	No. _____	_____
(3)	No. _____	_____
(4)	No. _____	_____
(5)	No. _____	_____
(6)	No. _____	_____
(7)	No. _____	_____
(8)	No. _____	_____
(9)	No. _____	_____
(10)	No. _____	_____
(11)	No. _____	_____
(12)	No. _____	_____
(13)	No. _____	_____
(14)	No. _____	_____
(15)	No. _____	_____
(16)	No. _____	_____
(17)	No. _____	_____
(18)	No. _____	_____
(19)	No. _____	_____
(20)	No. _____	_____
(21)	No. _____	_____

(E) PARTICIPATION IN RESEARCH PROJECTS

(F) MEDICAL CONFERENCES ATTENDANCE/PRESENTATIONS

Supervisor

 (Name) (Signature) (Date)

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