

**Hong Kong College of Emergency Medicine**  
**Report of Trainee for the period \_\_\_\_\_**

**Part I:**

Name: \_\_\_\_\_

Current Appointment: \_\_\_\_\_

Training Supervisor: \_\_\_\_\_

Date of enrollment as trainee: \_\_\_\_\_

Examination passed this year:

		Date
(1) Part I Examination	FRCS Part I	
	MRCP Part I	
	Others	
(2) Intermediate Examination		
(3) Other Recognised Examination		

Clinical experience gained this year:

		Duration (Months)
Emergency Medicine		
Elective Rotation	Specialty	
Overseas Training		

Publications: (please also list out the case reviews/topic discussion done in this year)

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Courses / Conferences Attended:

Participation: Active / Passive

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**Part II:**

Completion of Logbook:        Satisfactory / Poor

**Logbook Summary**

	No. of Supervised Practice	No. of Independent Practice
Resuscitation and Cardiac Procedures:		
1. Conduct CPR		
2. Defibrillation		
3. Cardioversion		
4. Transcutaneous cardiac pacing		
5. Others: (please specify)		
Airway Management and IV Access:		
1. Endotracheal intubation		
2. Surgical airway		
3. Central line insertion		
4. Peripheral vein cutdown		
5. Intraosseous puncture		
6. Others: (please specify)		
General Surgical Procedure:		
1. Suturing		
2. Chest drain insertion		
3. Pericardiocentesis		
4. Diagnostic peritoneal lavage		
5. Insertion of sengstaken tube		
6. Participation as trauma team member		
7. I&D of abscess		
8. Others: (please specify)		
Orthopaedic Procedures:		
1. Close reduction of limb fractures		
2. Exploration and removal of foreign bodies		
3. Application of plaster and splints		
4. Surgical treatment of IGTN		
5. Release of subungal haematoma		
6. Others: (please specify)		
Others:		

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation for continuation as trainee:                      Recommended / Not Recommended

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Training Plan Next Half-Year (to be worked out jointly by Training Supervisor and Trainee)

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\_\_\_\_\_  
\_\_\_\_\_

Trainee Comments:

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\_\_\_\_\_

Signature: \_\_\_\_\_ ( Trainee ) \_\_\_\_\_ ( Training Supervisor )

Date: \_\_\_\_\_