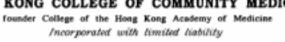


### 香港社會醫學學院

#### HONG KONG COLLEGE OF COMMUNITY MEDICINE





# Hong Kong College of Community Medicine Public Health Medicine

Log Book

For

**Basic Training** 

May 2004

First Edition

Room 908, 9/F, Hong Kong Academy of Medicine Jockey Club Building 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

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#### 1. General Instructions to Trainees

- 1. The trainee should register with the Hong Kong College of Community Medicine as a Basic Trainee.
- 2. The trainee should read carefully the "Training and Examination Guidelines for the subspecialty of Public Health Medicine" (available online at <a href="www.hkccm.org.hk">www.hkccm.org.hk</a>) and this general instruction.
- 3. This Log Book is designed to help the trainee record his/her training during the Basic Training period for progress monitoring and subsequent assessment by College examiners.
- 4. The trainee should provide sufficient proof for the trainer to certify the information recorded in this Log Book.
- 5. The trainee should discuss the progress of training as recorded in the Log Book with his/her trainer at least every 6 months, so that his/her can identify and remedy any deficiency of Basic Trainee and training programme.

# 2. Personal Particulars

Full Name :		
	(surname first)	
Chinese Name(if applicab	le):	
Hong Kong Medical Cour	ncil Registration Number:	
Sex :		
Correspondence Address:	:	
Contact Telephone Number	er:	
Fax Number :		
Date of Registration with	Hong Kong Medical Council	:(mm/yy)
Date of Registration with	Hong Kong College of Comm	nunity Medicine as
basic trainee :	_ (mm/yy)	
Basic Medical Qualification	on:	
Qualification		
Other Qualifications:		
Qualification	Granting Authority	Year Obtained

3. <u>Record of Appointments</u>
(In chronological order, including internships)

From mm/yy	To mm/yy	Post	Division/ unit	Institution	Supervisor /Unit Head (Name & Title)	Approved Training Post (Yes/No)

4. <u>Job Description of Training Posts</u>(To be completed upon every rotation of training post)

Training Period : F	From	to	
ost:			
	Job Description		% of Work
			1000/
			100%
ndorsement by Su	ınervisor		
indorsement by Be	<u> </u>		
I here	by certify that the ab	ove information is	correct.
Name of Supervisor	Position of Supervisor	Signature	Date

# **5.** Summary of Training Experience (to be completed every month)

Training Period : Year		Month	
Tr	raining Experience		Tick if training received in this month
Supervised clinical and/or	public health exper	ience	
Research method appropri epidemiology, statistical n including quality research	nethods, and other r		
Disease prevention and he	alth promotion		
Health information			
Medical sociology			
Social policy and health ed	conomics		
Organisation and manager	ment of health care		
Others (please specify)			
Endorsement by traine I hereby certify correct.		nowledge that the abo	ove information is
Name of Trainer	Signature	Date	-

### 6. Summary of Continuing Medical Education (CME) Points

(Trainee should refer to Appendix 1 of the "Training and Examination Guidelines for the subspecialty of Public Health Medicine" for the attribution of activities to the credit points. During the Basic Training period each trainee is expected to accumulate a minimum of 90 credit points.)

Period	From	From	From	From
Activities	То	То	To	To
Postgraudate Courses				
Attendance at Approved scientific Meetings, Conferences, Seminars and workshops				
Presentations in Approved scientific Meetings, Conferences and Seminars				
Scientific Publications				
Other relevant Activities				
Total credit points				
Endorsement b I hereby correct.			owledge that the abo	ve information is
Name of Train	ner	Signature	Date	

# 7. <u>Details of CME Points</u> (Trainee may add pages if necessary)

# **Postgraduate Courses Attended**

Date	Name of Course & Organiser	Subject/Discipline	Total Hours	CME Points	Certification by Trainer (Name & Signature)

# **Presentations**

Date	Name of Function & Organizer	Topic	Oral/ Poster	CME Points	Certification by Trainer (Name & Signature)

### Scientific Meeting/Conference/Lecture/Seminar/Workshop Attended

Date	Name of Function/Topic	Organizer and Speaker(s)	CME Points	Certification by Trainer (Name & Signature)

# **Scientific Publications**

Title of publication	Date, Vol., No and of Proceeding/Abstract/Journal	Refereed/Non-refereed	CME points	Certification by Trainer (Name & Signature)

# **Other Relevant Activities**

Date of activity Nature of the activity	CME points	Certification by Trainer (Name & Signature)

## 8. Trainer's report

This form should be completed by the trainer in the discussion with the trainee for the period preceding every review.

TRAINER'S REPORT			
Comments (add addition GENERAL	nal sheets if necessary)		
STRENGTHS			
AREAS FOR IMPROV	EMENT		
Recommendations (state	e where special attention should be gi	iven in future)	
	of training activities and assess the p	progress over the period from	
	to		
Trainer:			
Name:	Signature:	Date:	
Trainee:			
Name:	Signature:	Date:	