HONG KONG COLLEGE OF PAEDIATRICIANS

PIID Subspecialty Board

# Summary Log Sheet for Subspeciality Training atrics

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of trainee : | | | | |  | | | | | | |
| Department / Hospital : | | | | | |  | | | | | |
| Date of Entry into Subspecialty Training Programme: | | | | | | | |  | | | |
| Training Period: | | | | From | | |  | | | to |  |
|  | | | |  | | | (dd/mm/yy) | | |  | (dd/mm/yy) |
|  | | | |  | | | | | |  | |
| **Description of Activities** (to be completed by the trainee): | | | | | | | | | | | |
| Clinical ( Immunology /Allergy/Infectious Diseases /BMT /Elective Subspecialty): | | | | | | | | |  | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| \* Attach Clinical case log sheet with minimum 30 cases over a 3 month period *Please attach loose sheet as many as needed* | | | | | | | | | | | |
| Supervisory: | | |  | | | | | | | | |
|  | | | | | | | | | | | |
| Teaching: | |  | | | | | | | | | |
|  | | | | | | | | | | | |
| Administrative: | | | |  | | | | | | | |
|  | | | | | | | | | | | |
| Academic and scientific: | | | | | | |  | | | | |
|  | | | | | | | | | | | |
| Research: |  | | | | | | | | | | |
|  | | | | | | | | | | | |

I hereby declare that the information submitted is accurate. I give my consent to the College writing directly to my supervisors and training authorities to obtain any other relevant information.

Trainee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Signature) (Date)

**Confirmation of Log Sheets** (to be completed by trainer):

I hereby verify that the above information is accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| Trainer: |  | | |
|  | (Name) | (Signature) | (Date) |

(This form should be completed every **3** months or each rotation by the trainee and signed by the trainer. These log sheets should be returned to the Hong Kong College of Paediatricians when the trainee applies for exit assessment by the College.)

HONG KONG COLLEGE OF PAEDIATRICIANS

PIID Subspecialty Board

# Clinical Cases Log Sheet

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of trainee : | |  | | | | | | |
| Department / Hospital : | | |  | | | | | |
| Date of Entry into Subspecialty Training Programme: | | | | |  | | | |
| Training Period: | From | | |  | | | to |  |
|  |  | | | (dd/mm/yy) | | |  | (dd/mm/yy) |
|  |  | | | | | |  | |
| Trainee has to log in around 10 to 20 PIID cases/month with description of 50 to 100 words/case. Cases should be that they have experienced and have managed and the procedures they have performed | | | | | | | | |
| Clinical Cases ( In-patient/outpatient/ consultation/others) | | | | | | Procedure ( Immunology/Allergy/Infectious Diseases/others ) | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| |  |  | | --- | --- | | Clinical Cases ( In-patient/outpatient/ consultation) | Procedure ( Immunology/Allergy/Infectious Diseases/others) | | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| |  |  | | --- | --- | | Clinical Cases ( In-patient/outpatient/ consultation) | Procedure ( Immunology/Allergy/Infectious Diseases/others ) | | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| |  |  | | --- | --- | | Clinical Cases ( In-patient/outpatient/ consultation) | Procedure ( Immunology/Allergy/Infectious Diseases/others ) | | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |

I hereby declare that the information submitted is accurate. I give my consent to the College writing directly to my supervisors and training authorities to obtain any other relevant information.

Trainee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Signature) (Date)