**Nanjing Medical University**

**Master of Clinical Medicine**

**Handbook of Clinical Skills Training and Assessment Records**

**(Clinical Disciplines)**

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| Student’s Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Grade: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Specialty: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tutor’s Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Faculty: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Nanjing Medical University

Date:

Introduction

1. This handbook provides for personal records of graduate students of master of clinical medicine, have to hand in to the department of graduate students after completion of training and before graduation, which will save in the student’s personal file.
2. Graduate student of master of clinical medicine should rotation in related departments according to the training schedule and record in this handbook truthfully. The records about clinical cases should be signed by the instructor and the examiner.
3. After each completion of a course, this handbook should be audited and signed by the assessment team.
4. The handbook must fill by pen with clear readable writing. It cannot be torn, altered and lost. The records in this handbook is the basis of assessment.
5. The tables provided for clinical professional graduate students to record their rotation training in relevant departments and discipline. Please according to the requirement of “Training program of clinical master of medicine”, download and complete the tables in the “Handbook of Clinical Skills Training and Assessment Records”. If necessary, can make a copy of this.

**Records of department rotation for graduate students of master of clinical medicine**

Table 1. Ward rotation registration form

Specialty: \_\_\_\_\_\_\_Ward: \_\_\_\_In-charge bed number: \_\_\_ Begin & End Date: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Disease | Chart No. | Medical Record  (History taking, P.E, & Recording) | | | | Diagnosis | | | Treatment | | | Supervisor Signature |
| Objec  -tivity | Integri-ty | Syste  -mic | Scoring | On time/  Accurate | Missed Diagnosis | Misdiag  -nosis | Promptly/ Correctly | Missing＊ | Mistake＊ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Above 3 columns fill by student | | | The above 11 columns fill by the senior physician in charge of guidance. | | | | | | | | | | |

＊ Important or Principal missing or mistake

Table 2. Records of 5 key cases (including major rescue cases)

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| Records include the name of the disease, the patient number, the date of admission, course of diagnosis and treatment, rescue measures, analysis of the cause of the death and the signature of instructor (Additional pages can be attached if required). |

Note: Add page if necessary

Table 3. Records for Operation of Diagnosis and Treatment

Specialty: \_\_\_\_\_\_\_\_\_\_\_Ward: \_\_\_\_\_\_\_ Begin & End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Chart No. | Operation | Number | Clinical Skills, Effects | Supervisor Signature |
|  |  |  |  |  |  |
| Above 4 columns fill by student | | | | The above 2 columns fill by the senior physician in charge of guidance | |

Table 4. Registration Form for Surgical Training

Specialty: \_\_\_\_\_\_\_\_\_\_\_Ward: \_\_\_\_\_\_\_ Begin & End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Chart No. | Pre-, Post-operative diagnosis | Operative Procedure | Operative Process | Duty in Operation | Understanding / Performance | Supervisor Signature |
|  |  |  |  |  |  |  |  |
| Above 6 columns fill by student | | | | | | Above 2 columns fill by supervisor | |

Table 5. Registration Form for Training in OPD and Emergent Room

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dept. | OPD | | Emergent Room | | | | Diagnostic and treatment level | Supervisor Signature |
| Disease | Total number | Disease | | Total number | Times of Rescue |
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| Above 7 columns fill by student | | | | | | | Above 2 column fill by supervisor | |

Table 6. Participation in Clinical Case Discussion, Academic Conference

|  |  |  |  |
| --- | --- | --- | --- |
| Clinical Case Discussion | | Date/Time |  |
| Location |  |
| Attendee |  |
| Case |  |
| Speech Contents |  |
| Academic Conference | Date/Time | |  |
| Location | |  |
| Attendee | |  |
| Name of Conference | |  |
| Contents of Conference | |  |

Note: Additional pages can be attached if required.

Table 7. Self-Summary

|  |  |
| --- | --- |
| **Items and Standard Score** | **Self-rating** |
| Rule-abiding（20 scores） |  |
| Organizational discipline （10 scores） |  |
| Unity and cooperation （7 scores） |  |
| Social activities（8 scores） |  |
| Responsibility, Attendance （20 scores） |  |
| Professional ethics and service attitude （20 scores） |  |
| Regulation for technical operations （10 scores） |  |
| Business activities and learning （5 scores） |  |
| **Total（100 scores）** |  |

Table 8. Discipline’s Comment

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| Comment: (including the ability of clinical operations, the level of theoretic knowledges, the level of Chinese language, services attitude, working attitude, and the evaluation of what the student filled in this handbook, any medical accident, medical error, and work error)  Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  Signature of director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |

Table 9. Assessment after completion of clinical rotation

1. Quality of Medical Records (30%): Randomly select 3 cases

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In-patient | Writing | Diagnosis | Score | Examiner |
| Case 1 |  |  |  |  |
| Case 2 |  |  |  |  |
| Case 3 |  |  |  |  |
| Average quality of medical records (Full score is 30) |  | | | |

Table 9. Assessment after completion of clinical rotation

1. Situation of Mastering of the “3-Basics” (70%)

|  |  |  |  |
| --- | --- | --- | --- |
| Basic Theory (20 scores) | History, P.E., Supplementary Exam., Diagnosis, D/D, Treatment principle, etc. | Score | Examiner |
|  |  |  |
| Basic Skill (20 scores) |  |  |  |
| Basic Operation (30 scores) |  |  |  |
| “3-Basics” Total scores  (Full score is 70) |  | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department (Assessment after completion of rotation)

Total Score: \_\_\_\_\_\_\_\_\_

Examiner Signature:

Date of Examination:

Clinical practice record for graduate students of Master of Clinical Medicine

Clinical Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Table 1. Ward rotation registration form

Specialty: \_\_\_\_\_\_\_Ward: \_\_\_\_In-charge bed number: \_\_\_ Begin & End Date: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Disease | Chart No. | Medical Record  (History taking, P.E, & Writing) | | | | Diagnosis | | | Treatment | | | Supervisor Signature |
| Objecti  -vity | Integ  -rity | Syste  -mic | Scoring | On time/  Accurate | Missed Diagnosis | Misdiag  -nosis | Promptly/ Correctly | Missing＊ | Mistake＊ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Above 3 columns fill by student | | | The above 11 columns fill by the senior physician in charge of guidance. | | | | | | | | | | |

＊ State that it is general, important or principle of the missing and mistake

Table 2. Records of 10 key cases (including major rescue cases)

|  |
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| Records include the name of the disease, the medical record number, the date of admission, course of diagnosis and treatment, rescue measures, analysis of the cause of the death and the signature of instructor (Additional pages can be attached if required). |

Table 3. Records of Operation for diagnosis and treatment

Specialty: \_\_\_\_\_\_\_\_\_\_\_Ward: \_\_\_\_\_\_\_ Begin & End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Chart No. | Operation | Number | Clinical Skills, Result | Supervisor Signature |
|  |  |  |  |  |  |
| Above 4 columns fill by student | | | | The above 2 columns fill by the senior physician in charge of guidance | |

Table 4. Registration Form for Surgical Training

Specialty: \_\_\_\_\_\_\_\_\_\_\_Ward: \_\_\_\_\_\_\_ Begin & End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Chart No. | Pre-, Post-operative diagnosis | Surgical Procedure | Surgical Process | Duty in Operation | Understanding / Performance | | Supervisor Signature |
|  |  |  |  |  |  |  | |  |
| Above 6 columns fill by student | | | | | | | Above 3 columns fill by supervisor | |

Table 5. Registration Form for Training in OPD and Emergent Room

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dept. | OPD | | Emergent Room | | | | | Diagnostic and treatment level | Supervisor Signature |
| Disease | Total number | Disease | | Total number | Times of Rescue | |
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| Above 7 columns fill by student | | | | | | | | Above 2 column fill by supervisor | |

Table 6. Records of 10 key skills operation or surgeries (Detail records of operation or surgical procedures)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Chart No. | Pre and Post-operative diagnosis | Operation | Duty in operation | Understanding / Performance | Supervisor Signature |
|  |  |  |  |  |  |  |
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Table 7. Situation of theory learning and teaching

1. **Records of theoretic learning**

|  |  |  |
| --- | --- | --- |
| Records of theory learning (Journal reading, Academic report, etc.) | | |
| Date | Contents | Topic |
|  |  |  |

**2. Teaching Records**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Contents | Attendees | Teaching Methods | | |
| Theory teaching | Clerkship | Internship |
|  |  |  |  |  |  |

Table 8. Records of organization of clinical case discussion

|  |  |  |
| --- | --- | --- |
| Date/Time | |  |
| Place | |  |
| Attendee | |  |
| Diagnosis of the case | |  |
| Source of the case | |  |
| Attendee’s key speech record  (Need speaker’s signature) | | 1.  Signature: \_\_\_\_\_\_\_\_\_ |
| 2.  Signature: \_\_\_\_\_\_\_\_\_ |
| 3.  Signature: \_\_\_\_\_\_\_\_\_ |
| 4.  Signature: \_\_\_\_\_\_\_\_\_ |
| 5.  Signature: \_\_\_\_\_\_\_\_\_ |
| 6.  Signature: \_\_\_\_\_\_\_\_\_ |
| Other speech | | 1  Signature: \_\_\_\_\_\_\_\_\_ |
| 2.  Signature: \_\_\_\_\_\_\_\_\_ |
| 3.  Signature: \_\_\_\_\_\_\_\_\_ |
| Analysis and Summary of the case | |  |
| Note: | 1. The attendees must include more than 2 high-level staffs (include the tutor), more than 3 mid-level staffs and at least 5 residents; in which, 2 of the high-levels (include the tutor), 2 of the mid-levels and one resident must have key speech. Smaller discipline can combine with other related discipline to have this discussion. 2. Source of the case can be patients treated in our hospital, or cases reported in specialize journals, but must has a definite diagnosis. 3. This form should be copied and collected by the faculty within one week after the discussion, then hand over to the Academic Affairs Office of the School of International Education. | |
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**Table 9. Records of reading reports**

(with assessment form of reading reports of graduate students in Nanjing Medical University)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reported Topic: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date | \_\_\_\_\_\_\_\_ | Place | \_\_\_\_\_\_ | Recorder | \_\_\_\_\_\_ |
| List of rating expert: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

Assessment form of reading report

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student ID |  | | Name |  | | Specialty |  | Tutor |  |
| Reported Topic |  | | | | | | | | |
| Abstract of the Report |  | | | | | | | | |
| Expert’s evaluation on the contents of the report (literature review volume, scientific, innovative, logical, and applicable) | | | | | | | | | |
| Score (100 scale) | |  | | | Signature of Expert:  Date: | | | | |

Note:

1. This form should be copied and collected by the faculty within one week after the report, then hand over to the Academic Affairs Office of the School of International Education.

2. Every graduate student’s report should be evaluated by at least 3 experts.

Table 10. Self-Summary

|  |  |
| --- | --- |
| **Items and Standard Score** | **Self-rating** |
| Rule-abiding（20 scores） |  |
| Organization and Discipline（10 scores） |  |
| Unity and Cooperation （7 scores） |  |
| Social activities（8 scores） |  |
| Responsibility, Attendance （20 scores） |  |
| Professional ethics and Service attitude （20 scores） |  |
| Regulation for technical operations （10 scores） |  |
| Business activities and learning （5 scores） |  |
| **Total（100 scores）** |  |

Table 11. Discipline’s Comment

|  |
| --- |
| Comment: (including the ability of clinical operations, the level of theoretic knowledges, the level of Chinese language, services attitude, working attitude, and the evaluation of what the student filled in this handbook, any medical accident, medical error, and work error)  Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  Signature of director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |