**北京大学医学部  
专科医师规范化培训登记和考核手册**

**（眼科）**

**姓 名:**

**性 别:**

**手 机:**

**EMAIL :**

**培训医院:**

**培训时间: 年 月至 年 月**

**北京大学医学部毕业后医学教育工作委员会**

**北京大学医学部继续教育处印制**

**填写说明**

1.专科医师按照《北京大学医学部专科医师规范化培训细则》中本专科要求进行轮转和考核，如实、认真、及时填写各类登记表和汇总表；病例、手术和操作例数超出规定的可以自行加行填写。

2.完成每个科室轮转后应进行自我小结，并由相关专家进行考核评分，填写考核表。

3.本手册由专科医师个人保存。参加结业考试前，将手册打印上缴各医院职能部门，作为培训完成情况和考试资格审查的重要依据。

**一、教育培训简历**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **教育经历** |  | **就读院校** | | **就读时间** | **专业** | **学位类别** |
| **本科** |  | |  |  |  |
| **硕士** |  | |  |  | **专业□ 科学□** |
| **博士** |  | |  |  | **专业□ 科学□** |
| **住院医师规范化培训基地** | | | | **培训时间** | **培训专业** | **结业时间** |
|  | | | |  |  |  |
| **医师资格证书编号** | | |  | | **执业类别** |  |
| **医师执业证书编号** | | |  | | **执业范围** |  |

## 二、轮转科室和时间安排

|  |  |  |  |
| --- | --- | --- | --- |
| **轮转科室** | **应轮转时间（月）** | **实际轮转时间（月）** | **备注** |
| 门/急诊 | 10 |  |  |
| 特检\病理室 | 2 |  |  |
| 病房 | 12 |  |  |
| 总住院医师 | 12 |  |  |
| 合计 | 36 |  |  |

临床轮状亚专科设置：

|  |  |  |
| --- | --- | --- |
|  | **亚专科** | **培训时间（月）** |
| **必**  **修** | 青光眼 | 3 |
| 眼底病 | 3 |
| 基础眼科与视光 | 3 |
| 角膜与眼表疾病 | 3 |
| 斜视与小儿眼科 | 3 |
| 白内障与屈光手术 | 3 |
| **选**  **修** | 色素膜与眼科免疫 | 1 |
| 眼外伤 | 1 |
| 眼眶与眼整形、泪道疾病 | 1 |
| 眼病理与眼肿瘤学 | 1 |

必修课程为18个月，院总12个月，选修或课题研究6个月

**三、专科医师培训轮转考勤登记表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **轮转科室** | **时间**  **(月)** | **实际轮转情况（年/月/日）** | | **缺勤（天）** | | | **负责医师**  **签 字** |
| **开始** | **结束** | 病假 | 事假 | 缺勤 |
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| 产假 天 （从 年 月 日至 年 月 日 ） | | | | | | | |

注：按实际轮转时间顺序填写轮转科室，用\*标明选转科室。

**四、管理病人汇总表（眼科）**

| **疾病名称** | **要求例数** | **完成例数** | **备注** |
| --- | --- | --- | --- |
| 眼睑肿物 | 10 |  |  |
| 泪道疾患 | 10 |  |  |
| 角膜炎症 | 10 |  |  |
| 各种类型角膜炎 | 10 |  |  |
| 先天性白内障 | 10 |  |  |
| 并发性白内障 | 10 |  |  |
| 晶状体疾病 | 50 |  |  |
| 玻璃体后脱离 | 10 |  |  |
| 继发性青光眼 | 10 |  |  |
| 先天性青光眼 | 5 |  |  |
| Fuchs异色性虹膜睫状体炎 | 5 |  |  |
| 葡萄膜炎 | 50 |  |  |
| 视网膜动脉阻塞 | 5 |  |  |
| 视网膜静脉阻塞 | 10 |  |  |
| 糖尿病视网膜病变 | 20 |  |  |
| 高血压视网膜病变 | 10 |  |  |
| 中心性浆液性脉络膜视网膜病变 | 10 |  |  |
| 近视性黄斑变性 | 5 |  |  |
| 黄斑囊样水肿 | 5 |  |  |
| 黄斑裂孔 | 5 |  |  |
| 黄斑部视网膜前膜 | 5 |  |  |
| 视网膜脱离 | 5 |  |  |
| 球后视神经炎 | 5 |  |  |
| 视乳头水肿 | 5 |  |  |
| 缺血性视神经病变 | 5 |  |  |
| 屈光参差 | 10 |  |  |
| 低视力 | 10 |  |  |
| 非共同性斜视 | 5 |  |  |
| 眶蜂窝织炎 | 2 |  |  |
| 眼球破裂伤 | 2 |  |  |
| 眼球穿通伤 | 2 |  |  |
| 眼球内异物 | 2 |  |  |
| 眼化学伤 | 2 |  |  |
| 干燥综合征 | 5 |  |  |
| 增生性玻璃体视网膜病变 | 5 |  |  |
| 正常眼压性青光眼 | 5 |  |  |
| VKH病 | 5 |  |  |
| Behcet病 | 5 |  |  |
| 视网膜静脉周围炎 | 5 |  |  |
| 老年性黄斑变性 | 5 |  |  |
| 视网膜母细胞瘤 | 2 |  |  |
| 脉络膜黑色素瘤 | 2 |  |  |
| 眼球突出 | 2 |  |  |
| 早产儿视网膜病变 | 2 |  |  |
| 专科医师培训指导小组意见 | 达标情况：已达标 未达标  质量情况：熟练 生疏  **组长签名： 日期：** | | |
| 医院职能部门核查意见 | 真实性，完整性。是 否  **处长签名： 日期：** | | |

**五、管理病人登记表（眼科）**

| **疾病名称** | **例数** | **接诊日期** | **病历号** | **备注** |
| --- | --- | --- | --- | --- |
| 眼睑肿物 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
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|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
| 泪道疾患 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
| 角膜炎症 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
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|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 各种类型角膜炎 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
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|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 先天性白内障 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 并发性白内障 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
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|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 晶状体疾病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
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|  | 37 |  |  |  |
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|  | 39 |  |  |  |
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|  | 41 |  |  |  |
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|  | 44 |  |  |  |
|  | 45 |  |  |  |
|  | 46 |  |  |  |
|  | 47 |  |  |  |
|  | 48 |  |  |  |
|  | 49 |  |  |  |
|  | 50 |  |  |  |
|  |  |  |  |  |
| 玻璃体后脱离 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
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|  | 9 |  |  |  |
|  | 10 |  |  |  |
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| 继发性青光眼 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
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|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 先天性青光眼 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| Fuchs异色性虹膜睫状体炎 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 葡萄膜炎 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
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|  | 18 |  |  |  |
|  | 19 |  |  |  |
|  | 20 |  |  |  |
|  |  |  |  |  |
| 视网膜动脉阻塞 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 视网膜静脉阻塞 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
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|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 糖尿病视网膜病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
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|  | 20 |  |  |  |
|  |  |  |  |  |
| 高血压视网膜病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
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| 中心性浆液性脉络膜视网膜病变 | 1 |  |  |  |
|  | 2 |  |  |  |
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|  | 4 |  |  |  |
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|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
| 近视性黄斑变性 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 黄斑囊样水肿 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 黄斑裂孔 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 黄斑部视网膜前膜 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 视网膜脱离 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 球后视神经炎 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 视乳头水肿 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 缺血性视神经病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 屈光参差 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
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|  | 10 |  |  |  |
|  |  |  |  |  |
| 低视力 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
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|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 非共同性斜视 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 眶蜂窝织炎 | 1 |  |  |  |
|  | 2 |  |  |  |
|  |  |  |  |  |
| 眼球破裂伤 | 1 |  |  |  |
|  | 2 |  |  |  |
| 眼球穿通伤 | 1 |  |  |  |
|  | 2 |  |  |  |
|  |  |  |  |  |
| 眼球内异物 | 1 |  |  |  |
|  | 2 |  |  |  |
|  |  |  |  |  |
| 眼化学伤 | 1 |  |  |  |
|  | 2 |  |  |  |
|  |  |  |  |  |
| 干燥综合征 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 增生性玻璃体视网膜病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 正常眼压性青光眼 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| VKH病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| Behcet病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 视网膜静脉周围炎 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 老年性黄斑变性 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 视网膜母细胞瘤 | 1 |  |  |  |
|  | 2 |  |  |  |
|  |  |  |  |  |
| 脉络膜黑色素瘤 | 1 |  |  |  |
|  | 2 |  |  |  |
|  |  |  |  |  |
| 眼球突出 | 1 |  |  |  |
|  | 2 |  |  |  |
|  |  |  |  |  |
| 早产儿视网膜病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**六、临床技能操作汇总表（眼科）**

|  |  |  |  |
| --- | --- | --- | --- |
| **临床技能操作名称** | **要求例数** | **完成例数** | **备注** |
| 泪道冲洗/探通 | 10 |  |  |
| 结膜下注射 | 10 |  |  |
| 球旁/球后注射 | 20 |  |  |
| 结、角膜浅层异物取出 | 10 |  |  |
| 结膜囊/眼组织细菌培养 | 10 |  |  |
| 眼周皮肤炎症病灶切开引流 | 10 |  |  |
| 显然验光 | 50 |  |  |
| 自动验光 | 30 |  |  |
| 视网膜检影验光 | 30 |  |  |
| 泪液分泌试验 | 30 |  |  |
| 专科医师培训指导小组意见 | 达标情况：已达标 未达标  质量情况：熟练 生疏  **组长签名：日期：** | | |
| 医院职能部门核查意见 | 真实性，完整性。是否  **处长签名：日期：** | | |

**七、临床技能操作登记表（眼科）**

| **临床技能操作名称** | **例数** | **操作日期** | **病例号** | **完成情况** | | |
| --- | --- | --- | --- | --- | --- | --- |
| **独立** | **助手** | **模拟** |
| 泪道冲洗/探通 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 结膜下注射 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 球旁/球后注射 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | 11 |  |  |  |  |  |
|  | 12 |  |  |  |  |  |
|  | 13 |  |  |  |  |  |
|  | 14 |  |  |  |  |  |
|  | 15 |  |  |  |  |  |
|  | 16 |  |  |  |  |  |
|  | 17 |  |  |  |  |  |
|  | 18 |  |  |  |  |  |
|  | 19 |  |  |  |  |  |
|  | 20 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 结、角膜浅层异物取出 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 结膜囊/眼组织细菌培养 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 眼周皮肤炎症病灶切开引流 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 显然验光 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
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|  | 12 |  |  |  |  |  |
|  | 13 |  |  |  |  |  |
|  | 14 |  |  |  |  |  |
|  | 15 |  |  |  |  |  |
|  | 16 |  |  |  |  |  |
|  | 17 |  |  |  |  |  |
|  | 18 |  |  |  |  |  |
|  | 19 |  |  |  |  |  |
|  | 20 |  |  |  |  |  |
|  | 21 |  |  |  |  |  |
|  | 22 |  |  |  |  |  |
|  | 23 |  |  |  |  |  |
|  | 24 |  |  |  |  |  |
|  | 25 |  |  |  |  |  |
|  | 26 |  |  |  |  |  |
|  | 27 |  |  |  |  |  |
|  | 28 |  |  |  |  |  |
|  | 29 |  |  |  |  |  |
|  | 30 |  |  |  |  |  |
|  | 31 |  |  |  |  |  |
|  | 32 |  |  |  |  |  |
|  | 33 |  |  |  |  |  |
|  | 34 |  |  |  |  |  |
|  | 35 |  |  |  |  |  |
|  | 36 |  |  |  |  |  |
|  | 37 |  |  |  |  |  |
|  | 38 |  |  |  |  |  |
|  | 39 |  |  |  |  |  |
|  | 40 |  |  |  |  |  |
|  | 41 |  |  |  |  |  |
|  | 42 |  |  |  |  |  |
|  | 43 |  |  |  |  |  |
|  | 44 |  |  |  |  |  |
|  | 45 |  |  |  |  |  |
|  | 46 |  |  |  |  |  |
|  | 47 |  |  |  |  |  |
|  | 48 |  |  |  |  |  |
|  | 49 |  |  |  |  |  |
|  | 50 |  |  |  |  |  |
| 自动验光 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
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|  | 13 |  |  |  |  |  |
|  | 14 |  |  |  |  |  |
|  | 15 |  |  |  |  |  |
|  | 16 |  |  |  |  |  |
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|  | 18 |  |  |  |  |  |
|  | 19 |  |  |  |  |  |
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|  | 21 |  |  |  |  |  |
|  | 22 |  |  |  |  |  |
|  | 23 |  |  |  |  |  |
|  | 24 |  |  |  |  |  |
|  | 25 |  |  |  |  |  |
|  | 26 |  |  |  |  |  |
|  | 27 |  |  |  |  |  |
|  | 28 |  |  |  |  |  |
|  | 29 |  |  |  |  |  |
|  | 30 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 视网膜检影验光 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
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|  | 22 |  |  |  |  |  |
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|  | 24 |  |  |  |  |  |
|  | 25 |  |  |  |  |  |
|  | 26 |  |  |  |  |  |
|  | 27 |  |  |  |  |  |
|  | 28 |  |  |  |  |  |
|  | 29 |  |  |  |  |  |
|  | 30 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 泪液相关试验 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
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|  | 14 |  |  |  |  |  |
|  | 15 |  |  |  |  |  |
|  | 16 |  |  |  |  |  |
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|  | 18 |  |  |  |  |  |
|  | 19 |  |  |  |  |  |
|  | 20 |  |  |  |  |  |
|  | 21 |  |  |  |  |  |
|  | 22 |  |  |  |  |  |
|  | 23 |  |  |  |  |  |
|  | 24 |  |  |  |  |  |
|  | 25 |  |  |  |  |  |
|  | 26 |  |  |  |  |  |
|  | 27 |  |  |  |  |  |
|  | 28 |  |  |  |  |  |
|  | 29 |  |  |  |  |  |
|  | 30 |  |  |  |  |  |

**八、手术完成情况汇总表（眼科）**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **手术名称** | **要求例数** | | **完成例数** | | **备注** |
| **主刀** | **助手** | **主刀** | **助手** |
| 睑板腺囊肿切除术 | 10 | 10 |  |  |  |
| 翼状胬肉切除术 | 5 | 10 |  |  |  |
| 睑内外翻矫正术 | 5 | 10 |  |  |  |
| 眼睑小肿物切除术 | 5 | 10 |  |  |  |
| 泪道手术 | 5 | 10 |  |  |  |
| 睫状体冷冻/光凝术 | 2 | 5 |  |  |  |
| 斜视矫正术 | 2 | 5 |  |  |  |
| 眼球穿通伤缝合术 | 4 | 5 |  |  |  |
| 前房穿刺术 | 5 | 10 |  |  |  |
| 虹膜切除术 | 2 | 5 |  |  |  |
| 抗青光眼小梁切除术 | 2 | 10 |  |  |  |
| 白内障摘除术和（或）人工晶状体植入术 | 10 | 100 |  |  |  |
| 角膜移植术 | 0 | 5 |  |  |  |
| 视网膜复位术 | 0 | 20 |  |  |  |
| 玻璃体切除术 | 0 | 20 |  |  |  |
| 玻璃体注药 | 0 | 20 |  |  |  |
| YAG激光后囊切开 | 0 | 5 |  |  |  |
| 专科医师培训指导小组意见 | 达标情况：已达标 未达标  质量情况：熟练 生疏  **组长签名：日期：** | | | | |
| 医院职能部门核查意见 | 真实性，完整性。是否  **处长签名：日期：** | | | | |

**九、手术完成情况登记表（眼科）**

| **手术名称** | **例数** | **手术日期** | **病例号** | **完成情况** | | |
| --- | --- | --- | --- | --- | --- | --- |
| **术者** | **一助** | **参加** |
| 睑板腺囊肿切除术 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | 11 |  |  |  |  |  |
|  | 12 |  |  |  |  |  |
|  | 13 |  |  |  |  |  |
|  | 14 |  |  |  |  |  |
|  | 15 |  |  |  |  |  |
|  | 16 |  |  |  |  |  |
|  | 17 |  |  |  |  |  |
|  | 18 |  |  |  |  |  |
|  | 19 |  |  |  |  |  |
|  | 20 |  |  |  |  |  |
| 翼状胬肉切除术 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | 11 |  |  |  |  |  |
|  | 12 |  |  |  |  |  |
|  | 13 |  |  |  |  |  |
|  | 14 |  |  |  |  |  |
|  | 15 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 睑内外翻矫正术 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | 11 |  |  |  |  |  |
|  | 12 |  |  |  |  |  |
|  | 13 |  |  |  |  |  |
|  | 14 |  |  |  |  |  |
|  | 15 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 眼睑小肿物切除术 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | 11 |  |  |  |  |  |
|  | 12 |  |  |  |  |  |
|  | 13 |  |  |  |  |  |
|  | 14 |  |  |  |  |  |
|  | 15 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 泪道手术 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
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|  | 11 |  |  |  |  |  |
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|  | 13 |  |  |  |  |  |
|  | 14 |  |  |  |  |  |
|  | 15 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 睫状体冷冻/光凝术 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 斜视矫正术 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 眼球穿通伤缝合术 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 前房穿刺术 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
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|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | 11 |  |  |  |  |  |
|  | 12 |  |  |  |  |  |
|  | 13 |  |  |  |  |  |
|  | 14 |  |  |  |  |  |
|  | 15 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 虹膜切除术 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 抗青光眼小梁切除术 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | 11 |  |  |  |  |  |
|  | 12 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 白内障摘除术和（或）人工晶状体植入术 | 1 |  |  |  |  |  |
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| 角膜移植术 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 视网膜复位术 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
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|  | 20 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 玻璃体切除术 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
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| 玻璃体注药 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
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| YAG激光后囊切开 | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |

#### 十、门诊操作和基本技能记录

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| --- | --- | --- |
| 技能操作 | 要求例数 | 实际完成 |
| 间接检眼镜检查 | 20 |  |
| 前房角镜 | 20 |  |
| 三面镜 | 20 |  |
| 眼超声检查A/B/UBM（审报告） | 50 |  |
| 视野 | 50 |  |
| 眼电生理检查（审报告） | 10 |  |
| 荧光素眼底血管造影（审报告） | 50 |  |
| 斜视、复视检查或同视机检查 | 20 |  |
| 角膜曲率/角膜地形图 | 20 |  |
| 角膜共聚焦检查（审报告） | 20 |  |

注：\*项为必须完成的技能操作，完成技能操作总例数为 100 例。

**十一、会诊登记表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序** | **日期** | **申请会诊科室** | **疾病名称** | **病案号** | **处理意见或转归** |
| 1 |  |  |  |  |  |
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**十二、抢救登记表**

| **序** | **日期** | **所在科室** | **疾病名称** | **病案号** | **处理意见或转归** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
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**十三、转科小结（眼内科科室）**

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| --- | --- | --- | --- |
| 轮转时间 | 年 月 至 年 月 | | |
| 轮转科室 |  | 管理床位总数 | 张 |
| 收治病人数 | 人次 | 亲自接收病人数 | 人次 |
| 代理主治医师查房 | 次 | 组织/参与主任查房 | 次 |
| 组织/参与抢救病人 | 人次 | 组织/参与教学查房 | 次 |
| 个人总结（结合培训细则对医德医风、组织纪律、服务态度及质量、理论学习、管理病床数、学习的病种、所参加的手术、技术操作、查房时的表现等方面进行小结） | | | |
| 主治医师对工作态度、工作能力、工作质量等的评价  签名： | | | |

**十三、转科小结（眼内科科室）**

|  |  |  |  |
| --- | --- | --- | --- |
| 轮转时间 | 年 月 至 年 月 | | |
| 轮转科室 |  | 管理床位总数 | 张 |
| 收治病人数 | 人次 | 亲自接收病人数 | 人次 |
| 代理主治医师查房 | 次 | 组织/参与主任查房 | 次 |
| 组织/参与抢救病人 | 人次 | 组织/参与教学查房 | 次 |
| 个人总结（结合培训细则对医德医风、组织纪律、服务态度及质量、理论学习、管理病床数、学习的病种、所参加的手术、技术操作、查房时的表现等方面进行小结） | | | |
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**十三、转科小结（眼内科科室）**

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| 轮转时间 | 年 月 至 年 月 | | |
| 轮转科室 |  | 管理床位总数 | 张 |
| 收治病人数 | 人次 | 亲自接收病人数 | 人次 |
| 代理主治医师查房 | 次 | 组织/参与主任查房 | 次 |
| 组织/参与抢救病人 | 人次 | 组织/参与教学查房 | 次 |
| 个人总结（结合培训细则对医德医风、组织纪律、服务态度及质量、理论学习、管理病床数、学习的病种、所参加的手术、技术操作、查房时的表现等方面进行小结） | | | |
| 主治医师对工作态度、工作能力、工作质量等的评价  签名： | | | |

**十三、转科小结（眼外科科室）**

|  |  |  |  |
| --- | --- | --- | --- |
| 轮转时间 | 年 月至 年 月 | | |
| 轮转科室 | 眼科病房 | 管理床位总数 | 张 |
| 收治病人数 | 人次 | 亲自接收病人数 | 人次 |
| 代理主治医师查房 | 次 | 组织/参与主任查房 | 次 |
| 组织/参与抢救病人 | 人次 | 组织/参与教学查房 | 次 |
| 手术共计例 | 术者例 | 一助例 | 二助例 |
| 个人总结（结合培训细则对医德医风、组织纪律、服务态度及质量、理论学习、管理病床数、学习的病种、所参加的手术、技术操作、查房时的表现等方面进行小结） | | | |
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**十三、转科小结（眼外科科室）**

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| --- | --- | --- | --- |
| 轮转时间 | 年 月至 年 月 | | |
| 轮转科室 | 眼科病房 | 管理床位总数 | 张 |
| 收治病人数 | 人次 | 亲自接收病人数 | 人次 |
| 代理主治医师查房 | 次 | 组织/参与主任查房 | 次 |
| 组织/参与抢救病人 | 人次 | 组织/参与教学查房 | 次 |
| 手术共计例 | 术者例 | 一助例 | 二助例 |
| 个人总结（结合培训细则对医德医风、组织纪律、服务态度及质量、理论学习、管理病床数、学习的病种、所参加的手术、技术操作、查房时的表现等方面进行小结） | | | |
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**十三、转科小结（眼外科科室）**

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| --- | --- | --- | --- |
| 轮转时间 | 年 月至 年 月 | | |
| 轮转科室 | 眼科病房 | 管理床位总数 | 张 |
| 收治病人数 | 人次 | 亲自接收病人数 | 人次 |
| 代理主治医师查房 | 次 | 组织/参与主任查房 | 次 |
| 组织/参与抢救病人 | 人次 | 组织/参与教学查房 | 次 |
| 手术共计例 | 术者例 | 一助例 | 二助例 |
| 个人总结（结合培训细则对医德医风、组织纪律、服务态度及质量、理论学习、管理病床数、学习的病种、所参加的手术、技术操作、查房时的表现等方面进行小结） | | | |
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**十三、转科小结（眼外科科室）**

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| --- | --- | --- | --- |
| 轮转时间 | 年 月至 年 月 | | |
| 轮转科室 | 眼科病房 | 管理床位总数 | 张 |
| 收治病人数 | 人次 | 亲自接收病人数 | 人次 |
| 代理主治医师查房 | 次 | 组织/参与主任查房 | 次 |
| 组织/参与抢救病人 | 人次 | 组织/参与教学查房 | 次 |
| 手术共计例 | 术者例 | 一助例 | 二助例 |
| 个人总结（结合培训细则对医德医风、组织纪律、服务态度及质量、理论学习、管理病床数、学习的病种、所参加的手术、技术操作、查房时的表现等方面进行小结） | | | |
| 主治医师对工作态度、工作能力、工作质量等的评价  签名： | | | |

**十三、转科小结（眼外科科室）**

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| 轮转时间 | 年 月至 年 月 | | |
| 轮转科室 | 眼科病房 | 管理床位总数 | 张 |
| 收治病人数 | 人次 | 亲自接收病人数 | 人次 |
| 代理主治医师查房 | 次 | 组织/参与主任查房 | 次 |
| 组织/参与抢救病人 | 人次 | 组织/参与教学查房 | 次 |
| 手术共计例 | 术者例 | 一助例 | 二助例 |
| 个人总结（结合培训细则对医德医风、组织纪律、服务态度及质量、理论学习、管理病床数、学习的病种、所参加的手术、技术操作、查房时的表现等方面进行小结） | | | |
| 主治医师对工作态度、工作能力、工作质量等的评价  签名： | | | |

**十三、转科小结（眼外科科室）**

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| --- | --- | --- | --- |
| 轮转时间 | 年 月至 年 月 | | |
| 轮转科室 | 眼科病房 | 管理床位总数 | 张 |
| 收治病人数 | 人次 | 亲自接收病人数 | 人次 |
| 代理主治医师查房 | 次 | 组织/参与主任查房 | 次 |
| 组织/参与抢救病人 | 人次 | 组织/参与教学查房 | 次 |
| 手术共计例 | 术者例 | 一助例 | 二助例 |
| 个人总结（结合培训细则对医德医风、组织纪律、服务态度及质量、理论学习、管理病床数、学习的病种、所参加的手术、技术操作、查房时的表现等方面进行小结） | | | |
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**十三、转科小结（眼外科科室）**

|  |  |  |  |
| --- | --- | --- | --- |
| 轮转时间 | 年 月至 年 月 | | |
| 轮转科室 | 眼科病房 | 管理床位总数 | 张 |
| 收治病人数 | 人次 | 亲自接收病人数 | 人次 |
| 代理主治医师查房 | 次 | 组织/参与主任查房 | 次 |
| 组织/参与抢救病人 | 人次 | 组织/参与教学查房 | 次 |
| 手术共计例 | 术者例 | 一助例 | 二助例 |
| 个人总结（结合培训细则对医德医风、组织纪律、服务态度及质量、理论学习、管理病床数、学习的病种、所参加的手术、技术操作、查房时的表现等方面进行小结） | | | |
| 主治医师对工作态度、工作能力、工作质量等的评价  签名： | | | |

**十三、转科小结（门诊/急诊）**

|  |  |  |  |
| --- | --- | --- | --- |
| 轮转时间 | 年 月至 年月 | | |
| 轮转科室 |  | 接诊病人总数 | 人次 |
| 代理主治医师查房 | 次 | 组织/参与主任查房 | 次 |
| 组织/参与抢救病人 | 人次 | 组织/参与教学查房 | 次 |
| 个人总结 | | | |
| 主治医师对工作态度、工作能力、工作质量等的评价  签名： | | | |

**十四、出科考核表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **轮转科室** |  | **轮转时间** | | **年 月 至 年 月** | |
| 一、培训时间 | 轮转科室 | 注明\*项应完成100% | | | 合格□不合格□ |
| 出勤情况 | 全勤 □ 病假 天 事假 天 | | | 合格□不合格□ |
| 二、医德医风 | 廉洁行医 | 优 □ 良 □ 中□ 差 □ | | | 合格 □  （优、良为合格）  不合格 □  （中、差为不合格） |
| 服务态度 | 优 □ 良 □ 中□ 差 □ | | |
| 工作责任心 | 优 □ 良 □ 中□ 差 □ | | |
| 医患沟通能力 | 优 □ 良 □ 中□ 差 □ | | |
| 医疗差错、事故 | 无 □ 有 □ | | |
| 备注 |  | |
| 三、临床实践指标完成情况 | 1、病历质量 | 完成数量100%；无丙级病历 | | | 合格□不合格□ |
| 2、管理病种数 | 管理病种数应完成≥80%  注明\*项应完成100% | | | 合格□不合格□ |
| 3、管理病例数 | 管理病例数均应≥80%  注明\*项应完成100% | | | 合格□不合格□ |
| 4、技能操作 | 操作规范并能完成≥80%  注明\*项应完成100% | | | 合格□不合格□ |
| 5、手术基本操作 | 手术操作规范、完成例数≥80%  注明\*项应完成100% | | | 合格□不合格□ |
| 四、临床综合  能力 | 处理常见病人的能力 | 强 □ 较强 □ 一般 □ 差 □ | | | 合 格 □  不合格 □ |
| 处理危重疑难病人能力 | 强 □ 较强 □ 一般 □ 差 □ | | |
| 临床思维能力 | 强 □ 较强 □ 一般 □ 差 □ | | |
| 五、参加各种形式学习（包括主任查房、病例讨论、业务学习、学术讲座等）： 次  合格 □ 不合格 □ | | | | | |
| 六、出科考试考核： 理论考试 通过□ 不通过□ 技能考核 通过□ 不通过□ | | | | | |
| 所在  培训科室考核小组意见 | 合 格 □ 不合格 □  科室负责人签字： 年 月 日 | | | | |

说明：1、休假：在轮转科室休假平均≥2天/月，为不合格。

2、医德医风中，要求如有1 项 “不合格”，视为该项不合格。

3、临床实践指标完成情况中有1项不合格，视为该项不合格。

4、临床综合能力3项中≥2项评价在 “较强”以上，无“差”方为合格；有1项“差”，不能通过。

5、考核6项内容，必须合格，如有1项不合格者，均不能通过培训过程考核。

**十五、辅助科室轮转考核表（眼科）**

|  |  |
| --- | --- |
| 培训目标 | 1. 全面掌握眼前段、高级裂隙灯检查法和眼后段检查技能。 2. 特殊检查：掌握眼科特检技术及结果判读。 3. 掌握青光眼、感染性眼病、玻璃体视网膜病及眼科整形等亚专业中的关键检查技术。 4. 了解常见眼科致病微生物诊断标准 5. 了解眼部肿瘤的病理特点。 |
| 基础知识 | 描述所读参考书目录： |
| 轮转具体时间  （要求2-4周） |  |
| 负责人 |  |
| 培训内容记录 | 1. 检查设备实际操作 2. 眼科特检读片并书写报告 3. 显微镜下观察致病微生物 4. 病理读片 5. 其他（包括自学）： |
| 自评 |  |
| 培训效果，是否达到培训目标  （负责人填写） |  |

培训负责人签字：时间：

**十六、总住院医师工作总结表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | **轮转科室** |  | **轮转时间** |  |
| 自  我  鉴  定 | (从医疗行政管理能力、院内会诊能力和危重病人抢救的组织、参与能力等进行自我小结)  签名： 年 月 日 | | | | | |

注：住院总医师任职期满后填写工作总结表

**十七、总住院医师工作考核表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **轮转科室** |  | **轮转时间** |  | |
| **考核项目** | **考核内容** | | | | | **专家打分** |
| 1.临床实践能力 （50分） | 1. 对常见病诊断、治疗水平及医嘱、处理的正确性。  2. 对危重病人的抢救能力和诊疗技术掌握的能力。  3. 手技能力评判 | | | | |  |
| 2.组织管理能力 （25分） | 1 协助科主任做好日常医疗行政工作的能力。  2 组织临床病例讨论、会诊、抢救治疗工作的能力。 | | | | |  |
| 3.开展临床研究与指导下级医师工作 （25分） | 1 开展新技术、新疗法等的科研工作能力。  2 做好资料积累和经验总结的能力。  3 协助对住院、进修、实习医师的培训和日常管理工作的能力。 | | | | |  |
| **合 计 得 分** | | | | | |  |
| 上级医师评语：  签名： 年 月 日 | | | | | | |
| 科主任（系、教研室）意见：  签名： 年 月 日 | | | | | | |

注：住院总医师任职期满后填写工作总结表，之后进行住院总医师工作考核

**十八、专科医师培训轮转考核汇总表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 轮转科室  测评项目 | | | | 门诊 | 特殊检查 | 眼科病理 | 病房住院医师 | | | | | | | | | | | | | | | | 总住院医师 | 合计 |
|  |  | | |  | |  |  | |  | |  | |  | |  |
| 一、轮转科室情况 | | | 轮转科室 |  |  |  |  | |  |  | |  | | |  | |  | |  |  |  | |  |  |
| 出勤情况 |  |  |  |  | |  |  | |  | | |  | |  | |  |  |  | |  |  |
| 二、医德医风 | | | |  |  |  |  | |  |  | |  | | |  | |  | |  |  |  | |  |  |
| 三、临床  实践指标完成情况 | 1、 | | |  |  |  |  | |  |  | |  | | |  | |  | |  |  |  | |  |  |
| 2、 | | |  |  |  |  | |  |  | |  | | |  | |  | |  |  |  | |  |  |
| 3、 | | |  |  |  |  | |  |  | |  | | |  | |  | |  |  |  | |  |  |
| 4、 | | |  |  |  |  | |  |  | |  | | |  | |  | |  |  |  | |  |  |
| 5、 | | |  |  |  |  | |  |  | |  | | |  | |  | |  |  |  | |  |  |
| 四、临床  综合能力 | 处理常见病人的能力 | | |  |  |  |  | |  |  | |  | | |  | |  | |  |  |  | |  |  |
| 处理危重疑难病人能力 | | |  |  |  |  | |  |  | |  | | |  | |  | |  |  |  | |  |  |
| 临床思维能力 | | |  |  |  |  | |  |  | |  | | |  | |  | |  |  |  | |  |  |
| 五、参加各种形式学习（≥40次/年） | | | |  |  |  |  | |  |  | |  | | |  | |  | |  |  |  | |  |  |
| 六、出科考试考核 | | 理论考核 | |  |  |  |  | |  |  | |  | | |  | |  | |  |  |  | |  |  |
| 技能考核 | |  |  |  |  | |  |  | |  | | |  | |  | |  |  |  | |  |  |
| 培训基地考核小组意见:  合 格 □ 不合格 □  基地负责人签字:  年 月 日 | | | | | | | 医疗机构管理部门意见:  合 格 □ 不合格 □  负责人签字:  (单位盖章)  年 月 日 | | | | | | | | | | | | | | | | | |

**十九、教学与科研登记表**

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| --- | --- | --- | --- |
| **日期** | **教学内容** | **带教对象** | **带教人数** |
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| **日期** | **科研内容** | **项目分工** | **完成情况** |
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|  |  |  |  |
| **日期** | **论文题目** | **发表刊物名称** | |
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**二十、学术活动登记表**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **日期** | **题 目** | **讲**  **座** | **会**  **议** | **疑难**  **病例**  **讨论** | **学**  **时** | **主讲人** | **组织单位** |
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