**北京大学医学部  
专科医师规范化培训登记和考核手册**

**（介入学）**

**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** |
| 内科（或亚科） | 3 |  |  |
| 外科（或亚科） | 3 |  |  |
| 影像科 | 6 |  |  |
| 介入 | 12 |  |  |
| 外周血管介入 | 5 |  |  |
| 神经介入 | 5 |  |  |
| 胸部介入 | 5 |  |  |
| 腹部介入 | 5 |  |  |
| 泌尿生殖介入 | 5 |  |  |
| 肌肉骨骼介入 | 5 |  |  |
| 住院总医师（兼任） | 9 |  |  |
| 机动 | 3 |  |  |
| 合计 | 36 |  |  |

**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 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 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、影像报告汇总表（影像诊断）**

|  |  |  |  |
| --- | --- | --- | --- |
| **名称** | **要求例数** | **完成例数** | **备注** |
| X线平片报告 | 200 |  |  |
| X线造影 | 20 |  |  |
| 胸部CT报告 | 100 |  |  |
| 腹部/盆腔CT报告 | 150 |  |  |
| 头颈部CT报告 | 30 |  |  |
| 其他CT报告 | 20 |  |  |
| MRI报告 | 100 |  |  |
|  |  |  |  |
|  |  |  |  |
| 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、管理病人汇总表（内外科）**

|  |  |  |  |
| --- | --- | --- | --- |
| **疾病名称** | **要求例数** | **完成例数** | **备注** |
| 内科疾病 | 20 |  |  |
| 外科疾病 | 20 |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 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：** | | |

**六、管理病人汇总表（介入学）**

|  |  |  |  |
| --- | --- | --- | --- |
| **疾病名称** | **要求例数** | **完成例数** | **备注** |
| 介入基础相关疾病 | 100 |  |  |
| 外周血管疾病 | 30 |  |  |
| 神经疾病 | 30 |  |  |
| 胸部疾病 | 30 |  |  |
| 腹部疾病 | 30 |  |  |
| 泌尿生殖疾病 | 30 |  |  |
| 肌肉骨骼疾病 | 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、影像报告登记表**

| **报告名称** | **例数** | **接诊日期** | **影像科登记号** | **备注** |
| --- | --- | --- | --- | --- |
| X线平片 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  | 16 |  |  |  |
|  | 17 |  |  |  |
|  | 18 |  |  |  |
|  | 19 |  |  |  |
|  | 20 |  |  |  |
|  | … |  |  |  |
|  | 200 |  |  |  |
|  |  |  |  |  |
| X线造影 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  | 16 |  |  |  |
|  | 17 |  |  |  |
|  | 18 |  |  |  |
|  | 19 |  |  |  |
|  | 20 |  |  |  |
|  |  |  |  |  |
| 胸部CT报告 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | … |  |  |  |
|  | 100 |  |  |  |
|  |  |  |  |  |
| 腹部/盆腔CT报告 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | … |  |  |  |
|  | 150 |  |  |  |
|  |  |  |  |  |
| 头颈部CT报告 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | … |  |  |  |
|  | 30 |  |  |  |
|  |  |  |  |  |
| 其他CT报告 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  | 16 |  |  |  |
|  | 17 |  |  |  |
|  | 18 |  |  |  |
|  | 19 |  |  |  |
|  | 20 |  |  |  |
|  |  |  |  |  |
| MRI报告 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | … |  |  |  |
|  | 100 |  |  |  |

**八、管理病人登记表（内外科）**

| **疾病名称** | **例数** | **接诊日期** | **病案号** | **备注** |
| --- | --- | --- | --- | --- |
| 内科疾病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | … |  |  |  |
|  | 20 |  |  |  |
|  |  |  |  |  |
| 外科疾病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | … |  |  |  |
|  | 20 |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**九、管理病人登记表（介入科）**

| **疾病名称** | **例数** | **接诊日期** | **病案号** | **备注** |
| --- | --- | --- | --- | --- |
|  | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | … |  |  |  |
|  | 100 |  |  |  |
|  |  |  |  |  |
| 外周血管疾病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | … |  |  |  |
|  | 30 |  |  |  |
|  |  |  |  |  |
| 神经疾病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | … |  |  |  |
|  | 30 |  |  |  |
|  |  |  |  |  |
| 胸部疾病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | … |  |  |  |
|  | 30 |  |  |  |
|  |  |  |  |  |
| 腹部疾病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | … |  |  |  |
|  | 30 |  |  |  |
|  |  |  |  |  |
| 泌尿生殖疾病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | … |  |  |  |
|  | 30 |  |  |  |
|  |  |  |  |  |
| 肌肉骨骼疾病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | … |  |  |  |
|  | 30 |  |  |  |
|  |  |  |  |  |

**十、手术完成情况汇总表（外科）**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **手术名称** | **要求例数** | | **完成例数** | | **备注** |
| **参加** | **术者/一助** | **参加** | **术者/一助** |
| 外科手术 | 15 |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**十一、手术完成情况汇总表（介入学）**

| **手术名称** | **要求例数** | | **完成例数** | | **备注** |
| --- | --- | --- | --- | --- | --- |
| **参加** | **术者/一助** | **参加** | **术者/一助** |
| 血管造影术 | 30 | 20 |  |  |  |
| 栓塞术 | 20 | 10 |  |  |  |
| 血管腔内成形术 | 20 | 10 |  |  |  |
| 非血管腔内成形术 | 10 | 10 |  |  |  |
| 动脉灌注术 | 10 | 10 |  |  |  |
| 活检术 | 10 | 5 |  |  |  |
| 引流术 | 10 | 5 |  |  |  |
| 外周血管腔内成形术 | 20 | 10 |  |  |  |
| 动脉瘤和血管畸形栓塞术 | 20 | 5 |  |  |  |
| 腔静脉滤器植入术 | 5 | 2 |  |  |  |
| 其他（根据基地特点适当调整） |  |  |  |  |  |
| 颈动脉狭窄成形术 | 20 | 10 |  |  |  |
| 脑动脉瘤或血管病变栓塞术 | 10 | 5 |  |  |  |
| 颌面部肿瘤及出血病变栓塞术 | 5 | 2 |  |  |  |
| 其他（根据基地特点适当调整） |  |  |  |  |  |
| 咯血或肺癌支气管动脉化疗/栓塞术 | 10 | 5 |  |  |  |
| 胸部肿瘤的穿刺活检术 | 10 | 2 |  |  |  |
| 胸部肿瘤的经皮消融术 | 5 | 2 |  |  |  |
| 食道支架植入术 | 5 | 2 |  |  |  |
| 其他（根据基地特点适当调整） |  |  |  |  |  |
| 肝癌肝动脉化疗栓塞术 | 20 | 10 |  |  |  |
| 肝脏肿瘤的穿刺活检术 | 5 | 2 |  |  |  |
| 肝脏肿瘤的经皮消融术 | 10 | 5 |  |  |  |
| PTBD或胆道支架植入术 | 10 | 5 |  |  |  |
| 肝脓肿或腹腔积液穿刺引流术 | 5 | 2 |  |  |  |
| 其他（根据基地特点适当调整） |  |  |  |  |  |
| 肾肿瘤和出血病变肾动脉栓塞术 | 5 | 2 |  |  |  |
| 子宫肌瘤和子宫恶性肿瘤栓塞术 | 10 | 5 |  |  |  |
| 阴道及盆腔出血栓塞术 | 5 | 2 |  |  |  |
| 其他（根据基地特点适当调整） |  |  |  |  |  |
| 肌肉骨骼肿瘤活检术或消融术 | 5 | 2 |  |  |  |
| 肌骨肿瘤动脉化疗栓塞术 | 5 | 2 |  |  |  |
| 椎体成形术 | 5 | 2 |  |  |  |
| 其他（根据基地特点适当调整） |  |  |  |  |  |
| 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：** | | | | |

**十二、手术完成情况登记表（外科）**

| **手术名称** | **例数** | **手术日期** | **病案号** | **完成情况** | | |
| --- | --- | --- | --- | --- | --- | --- |
| **术者** | **一助** | **参加** |
| 外科手术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | 11 |  |  |  |  |  |
|  | 12 |  |  |  |  |  |
|  | 13 |  |  |  |  |  |
|  | 14 |  |  |  |  |  |
|  | 15 |  |  |  |  |  |

**十三、手术完成情况登记表（介入学）**

| **手术名称** | **例数** | **手术日期** | **病案号** | **完成情况** | | |
| --- | --- | --- | --- | --- | --- | --- |
| **术者** | **一助** | **参加** |
| 血管造影术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | … |  |  |  |  |  |
|  | 50 |  |  |  |  |  |
| 栓塞术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | … |  |  |  |  |  |
|  | 30 |  |  |  |  |  |
| 血管腔内成形术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | … |  |  |  |  |  |
|  | 30 |  |  |  |  |  |
| 非血管腔内成形术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | … |  |  |  |  |  |
|  | 20 |  |  |  |  |  |
| 动脉灌注术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | … |  |  |  |  |  |
|  | 20 |  |  |  |  |  |
| 活检术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | … |  |  |  |  |  |
|  | 15 |  |  |  |  |  |
| 引流术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | … |  |  |  |  |  |
|  | 15 |  |  |  |  |  |
| 外周血管腔内成形术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | … |  |  |  |  |  |
|  | 30 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 动脉瘤和血管畸形栓塞术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | … |  |  |  |  |  |
|  | 25 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 腔静脉滤器植入术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 其他外周血管介入术 | | | | | | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 颈动脉狭窄成形术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | 11 |  |  |  |  |  |
|  | … |  |  |  |  |  |
|  | 30 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 脑动脉瘤或血管畸形栓塞术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | … |  |  |  |  |  |
|  | 15 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 颌面部肿瘤及出血病变栓塞术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 其他神经介入手术 | | | | | | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 支气管动脉化疗/栓塞术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | 11 |  |  |  |  |  |
|  | 12 |  |  |  |  |  |
|  | 13 |  |  |  |  |  |
|  | 14 |  |  |  |  |  |
|  | 15 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 胸部肿瘤的穿刺活检术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | 11 |  |  |  |  |  |
|  | 12 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 胸部肿瘤的经皮消融术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 食道支架植入术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 其他胸部介入手术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
| 肝癌肝动脉化疗栓塞术 | | | | | |  |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | … |  |  |  |  |  |
|  | 30 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 肝脏肿瘤的穿刺活检术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 肝脏肿瘤的经皮消融术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | 11 |  |  |  |  |  |
|  | 12 |  |  |  |  |  |
|  | 13 |  |  |  |  |  |
|  | 14 |  |  |  |  |  |
|  | 15 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| PTBD或胆道支架植入术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | 11 |  |  |  |  |  |
|  | 12 |  |  |  |  |  |
|  | 13 |  |  |  |  |  |
|  | 14 |  |  |  |  |  |
|  | 15 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 肝脓肿或腹腔积液穿刺引流术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 其他腹部介入手术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 肾肿瘤和出血病变肾动脉栓塞术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 子宫肌瘤和子宫恶性肿瘤栓塞术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  | 8 |  |  |  |  |  |
|  | 9 |  |  |  |  |  |
|  | 10 |  |  |  |  |  |
|  | 11 |  |  |  |  |  |
|  | 12 |  |  |  |  |  |
|  | 13 |  |  |  |  |  |
|  | 14 |  |  |  |  |  |
|  | 15 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 阴道及盆腔出血栓塞术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 其他泌尿生殖介入手术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
| 肌肉骨骼肿瘤活检术或消融术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 肌骨肿瘤动脉化疗栓塞术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 椎体成形术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |
|  | 7 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 其他肌骨介入手术 | | | | | | |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  |  |  |  |  |  |  |

**十四、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 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |
| 23 |  |  |  |  |  |
| 24 |  |  |  |  |  |
| 25 |  |  |  |  |  |
| 26 |  |  |  |  |  |
| 27 |  |  |  |  |  |

**十五、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 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |
| 23 |  |  |  |  |  |
| 24 |  |  |  |  |  |
| 25 |  |  |  |  |  |
| 26 |  |  |  |  |  |
| 27 |  |  |  |  |  |

**十六、转 科 小 结**

|  |  |  |  |
| --- | --- | --- | --- |
| 轮转时间 | 年 月至 年 月 | | |
| 轮转科室 | 介入科 | 管理床位总数 | 张 |
| 收治病人数 | 人次 | 参与手术总数 | 例次 |
| 术者/一助 | 例次 | 参加手术 | 例次 |
| 参与会诊病人 | 人次 | 参加学术活动 | 次 |
| 组织/参与抢救病人 | 人次 | 组织/参与教学 | 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： | | | |

**十六、转 科 小 结**

|  |  |  |  |
| --- | --- | --- | --- |
| 轮转时间 | 年 月至 年 月 | | |
| 轮转科室 | 影像科 | X线报告 | 例次 |
| X线造影 | 例次 | CT报告 | 例次 |
| MRI报告 | 例次 | 参加学术活动 | 次 |
| 组织/参与教学 | 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： | | | |

**十六、转 科 小 结**

|  |  |  |  |
| --- | --- | --- | --- |
| 轮转时间 | 年 月至 年 月 | | |
| 轮转科室 | 内科（或亚专科） | 管理床位总数 | 张 |
| 收治病人数 | 人次 |  |  |
| 参与会诊病人 | 人次 | 参加学术活动 | 次 |
| 组织/参与抢救病人 | 人次 | 组织/参与教学 | 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： | | | |

**十六、转 科 小 结**

|  |  |  |  |
| --- | --- | --- | --- |
| 轮转时间 | 年 月至 年 月 | | |
| 轮转科室 | 外科（或亚专科） | 管理床位总数 | 张 |
| 收治病人数 | 人次 | 参与手术总数 | 例次 |
| 术者/一助 | 例次 | 参加手术 | 例次 |
| 参与会诊病人 | 人次 | 参加学术活动 | 次 |
| 组织/参与抢救病人 | 人次 | 组织/参与教学 | 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： | | | |

**十七、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。

**十八、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：总住院医师任职期满后填写工作总结表

**十九、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. 下午或晚间查房对病人的观察与判断能力。 | | | | |  |
| 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

**二十、专科医师培训轮转考核汇总表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 轮转科室  测评项目 | | | | 总住院医师 | 介入 | 影像诊断 | 内科 | | 外科 |  |  |  |  |  |  |  |  | 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 | | | | | | | | | | |

**二十一、教学与科研登记表**

|  |  |  |  |
| --- | --- | --- | --- |
| **日期** | **教学内容** | **带教对象** | **带教人数** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **日期** | **科研内容** | **项目分工** | **完成情况** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **日期** | **论文题目** | **发表刊物名称** | |
|  |  |  | |
|  |  |  | |
|  |  |  | |

**二十二、参加学术活动登记表**

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