**北京大学医学部
专科医师规范化培训登记和考核手册**

**（放射科）**

**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**

|  |  |  |  |
| --- | --- | --- | --- |
| **轮转科室或专业组** | **应轮转时间（月）** | **实际轮转时间（月）** | **备注** |
| 神经组 | 6 |  |  |
| 心胸组 | 6 |  |  |
| 腹盆组 | 6 |  |  |
| 骨肌组 | 6 |  |  |
| 亚专业培训 | 6 |  |  |
| 临床、科研及放射假 | 6 |  |  |
| 住院总医师 | 6（兼任） |  |  |
| 合计 | 36 |  |  |

**三、专科医师培训轮转考勤登记表**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **轮转科室或专业组** | **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或专业组，用\*标明选转科室。

**四、病种汇总表（放射科-神经组）**

|  |  |  |  |
| --- | --- | --- | --- |
| **疾病名称** | **要求例数** | **完成例数** | **备注** |
| 脑血管病 | 10 |  |  |
| 神经系统肿瘤 | 10 |  |  |
| 颅脑外伤 | 10 |  |  |
| 神经系统变性疾病 | 5 |  |  |
| 颅内感染 | 10 |  |  |
| 脊髓病变 | 5 |  |  |
| 头颈部肿瘤 | 5 |  |  |
| 中耳乳突炎症 | 10 |  |  |
| 鼻窦病变 | 10 |  |  |
| 眶内病变 | 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：** |

**四、病种汇总表（放射科-心胸组）**

|  |  |  |  |
| --- | --- | --- | --- |
| **疾病名称** | **要求例数** | **完成例数** | **备注** |
| 肺部感染 | 20 |  |  |
| 肺间质病变 | 5 |  |  |
| 气道病变 | 5 |  |  |
| 肺部肿瘤 | 15 |  |  |
| 纵隔肿瘤 | 5 |  |  |
| 胸膜病变 | 10 |  |  |
| 心脏病变 | 10 |  |  |
| 心包病变 | 5 |  |  |
| 主动脉病变 | 5 |  |  |
| 肺动脉病变 | 5 |  |  |
| 头颈及下肢动脉病变 | 5 |  |  |
| 乳腺病变 | 10 |  |  |
| 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：** |

**四、病种汇总表（放射科-腹盆组）**

|  |  |  |  |
| --- | --- | --- | --- |
| **疾病名称** | **要求例数** | **完成例数** | **备注** |
| 急腹症 | 20 |  |  |
| 食道病变 | 5 |  |  |
| 胃及十二指肠病变 | 10 |  |  |
| 空回肠病变 | 3 |  |  |
| 结直肠病变 | 5 |  |  |
| 肝脏病变 | 15 |  |  |
| 胆系病变 | 10 |  |  |
| 胰腺病变 | 10 |  |  |
| 脾脏病变 | 3 |  |  |
| 肾脏病变 | 15 |  |  |
| 输尿管及膀胱病变 | 10 |  |  |
| 肾上腺病变 | 10 |  |  |
| 前列腺病变 | 5 |  |  |
| 女性生殖系统病变 | 10 |  |  |
| 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：** |

**四、病种汇总表（放射科-骨肌组）**

|  |  |  |  |
| --- | --- | --- | --- |
| **疾病名称** | **要求例数** | **完成例数** | **备注** |
| 骨关节外伤 | 15 |  |  |
| 骨肿瘤 | 15 |  |  |
| 骨关节炎症 | 10 |  |  |
| 退行性骨关节病 | 10 |  |  |
| 骨代谢病 | 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：** |

**四、病种汇总表（放射科-亚专业培训可选组-神经组）**

|  |  |  |  |
| --- | --- | --- | --- |
| **疾病名称** | **要求例数** | **完成例数** | **备注** |
| 脑血管病 | 15 |  |  |
| 神经系统肿瘤 | 12 |  |  |
| 颅脑外伤 | 10 |  |  |
| 神经系统变性疾病 | 5 |  |  |
| 颅内感染 | 10 |  |  |
| 脊髓病变 | 5 |  |  |
| 头颈部肿瘤 | 5 |  |  |
| 中耳乳突炎症 | 15 |  |  |
| 鼻窦病变 | 15 |  |  |
| 眶内病变 | 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：** |

**四、病种汇总表（放射科-亚专业培训可选组-心胸组）**

|  |  |  |  |
| --- | --- | --- | --- |
| **疾病名称** | **要求例数** | **完成例数** | **备注** |
| 肺部感染 | 25 |  |  |
| 肺间质病变 | 10 |  |  |
| 气道病变 | 5 |  |  |
| 肺部肿瘤 | 15 |  |  |
| 纵隔肿瘤 | 5 |  |  |
| 胸膜病变 | 15 |  |  |
| 心脏病变 | 15 |  |  |
| 心包病变 | 5 |  |  |
| 主动脉病变 | 5 |  |  |
| 肺动脉病变 | 5 |  |  |
| 头颈及下肢动脉病变 | 5 |  |  |
| 乳腺病变 | 10 |  |  |
| 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：** |

**四、病种汇总表（放射科-亚专业培训可选组-腹盆组）**

|  |  |  |  |
| --- | --- | --- | --- |
| **疾病名称** | **要求例数** | **完成例数** | **备注** |
| 急腹症 | 20 |  |  |
| 食道病变 | 5 |  |  |
| 胃及十二指肠病变 | 10 |  |  |
| 空回肠病变 | 3 |  |  |
| 结直肠病变 | 8 |  |  |
| 肝脏病变 | 20 |  |  |
| 胆系病变 | 10 |  |  |
| 胰腺病变 | 10 |  |  |
| 脾脏病变 | 3 |  |  |
| 肾脏病变 | 15 |  |  |
| 输尿管及膀胱病变 | 10 |  |  |
| 肾上腺病变 | 10 |  |  |
| 前列腺病变 | 10 |  |  |
| 女性生殖系统病变 | 15 |  |  |
| 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：** |

**四、病种汇总表（放射科-亚专业培训可选组-骨肌组）**

|  |  |  |  |
| --- | --- | --- | --- |
| **疾病名称** | **要求例数** | **完成例数** | **备注** |
| 骨关节外伤 | 20 |  |  |
| 骨肿瘤 | 15 |  |  |
| 骨关节炎症 | 10 |  |  |
| 退行性骨关节病 | 20 |  |  |
| 骨代谢病 | 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：** |

**五、工作量登记表（放射科-神经组）**

| **疾病名称** | **例数** | **检查日期** | **病例号** | **备注** |
| --- | --- | --- | --- | --- |
| 脑血管病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 神经系统肿瘤 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 颅脑外伤 | 1 |  |  |  |
|   | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
| 颅脑外伤 | 10 |  |  |  |
|  |  |  |  |  |
| 神经系统变性疾病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 颅内感染 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 脊髓病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 头颈部肿瘤 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 中耳乳突炎症 | 1 |  |  |  |
|  | 2 |  |  |  |
| 中耳乳突炎症 | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 鼻窦病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 眶内病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |

**五、工作量登记表（放射科-心胸组）**

| **疾病名称** | **例数** | **检查日期** | **病例号** | **备注** |
| --- | --- | --- | --- | --- |
| 肺部感染 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  | 16 |  |  |  |
|  | 17 |  |  |  |
|  | 18 |  |  |  |
|  | 19 |  |  |  |
|  | 20 |  |  |  |
|  |  |  |  |  |
| 肺间质病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|   | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 气道病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
| 气道病变 | 5 |  |  |  |
|  |  |  |  |  |
| 肺部肿瘤 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  |  |  |  |  |
| 纵隔肿瘤 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 胸膜病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
| 胸膜病变 | 10 |  |  |  |
|  |  |  |  |  |
| 心脏病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 心包病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 主动脉病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 肺动脉病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 头颈及下肢动脉病变 | 1 |  |  |  |
|  | 2 |  |  |  |
| 头颈及下肢动脉病变 | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 乳腺病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |

**五、工作量登记表（放射科-腹盆组）**

| **疾病名称** | **例数** | **检查日期** | **病例号** | **备注** |
| --- | --- | --- | --- | --- |
| 急腹症 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  | 16 |  |  |  |
|  | 17 |  |  |  |
|  | 18 |  |  |  |
|  | 19 |  |  |  |
|  | 20 |  |  |  |
|  |  |  |  |  |
| 食道病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|   | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 胃及十二指肠病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
| 胃及十二指肠病变 | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 空回肠病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  |  |  |  |  |
| 结直肠病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 肝脏病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  |  |  |  |  |
| 胆系病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 胰腺病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 脾脏病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  |  |  |  |  |
| 肾脏病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
| 肾脏病变 | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  |  |  |  |  |
| 输尿管及膀胱病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 肾上腺病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 前列腺病变 | 1 |  |  |  |
|  | 2 |  |  |  |
| 前列腺病变 | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 女性生殖系统病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |

**五、工作量登记表（放射科-骨肌组）**

| **疾病名称** | **例数** | **检查日期** | **病例号** | **备注** |
| --- | --- | --- | --- | --- |
| 骨关节外伤 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  |  |  |  |  |
| 骨肿瘤 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|   | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
| 骨关节炎症 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 退行性骨关节病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 骨代谢病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |

**五、工作量登记表（放射科-亚专业培训可选组-神经组）**

| **疾病名称** | **例数** | **检查日期** | **病例号** | **备注** |
| --- | --- | --- | --- | --- |
| 脑血管病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  |  |  |  |  |
| 神经系统肿瘤 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  |  |  |  |  |
| 颅脑外伤 | 1 |  |  |  |
|   | 2 |  |  |  |
| 颅脑外伤 | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 神经系统变性疾病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 颅内感染 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 脊髓病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 头颈部肿瘤 | 1 |  |  |  |
| 头颈部肿瘤 | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 中耳乳突炎症 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  |  |  |  |  |
| 鼻窦病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
| 鼻窦病变 | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  |  |  |  |  |
| 眶内病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |

**五、工作量登记表（放射科-亚专业培训可选组-心胸组）**

| **疾病名称** | **例数** | **检查日期** | **病例号** | **备注** |
| --- | --- | --- | --- | --- |
| 肺部感染 | 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 |  |  |  |
|  |  |  |  |  |
| 肺间质病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|   | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
| 肺间质病变 | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 气道病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 肺部肿瘤 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  |  |  |  |  |
| 纵隔肿瘤 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
| 胸膜病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  |  |  |  |  |
| 心脏病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  |  |  |  |  |
| 心包病变 | 1 |  |  |  |
| 心包病变 | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 主动脉病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 肺动脉病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 头颈及下肢动脉病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 乳腺病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |

**五、工作量登记表（放射科-亚专业培训可选组-腹盆组）**

| **疾病名称** | **例数** | **检查日期** | **病例号** | **备注** |
| --- | --- | --- | --- | --- |
| 急腹症 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  | 16 |  |  |  |
|  | 17 |  |  |  |
|  | 18 |  |  |  |
|  | 19 |  |  |  |
|  | 20 |  |  |  |
|  |  |  |  |  |
| 食道病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|   | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  |  |  |  |  |
| 胃及十二指肠病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
| 胃及十二指肠病变 | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 空回肠病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  |  |  |  |  |
| 结直肠病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  |  |  |  |  |
| 肝脏病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
| 肝脏病变 | 14 |  |  |  |
|  | 15 |  |  |  |
|  | 16 |  |  |  |
|  | 17 |  |  |  |
|  | 18 |  |  |  |
|  | 19 |  |  |  |
|  | 20 |  |  |  |
|  |  |  |  |  |
| 胆系病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 胰腺病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 脾脏病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
| 肾脏病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  |  |  |  |  |
| 输尿管及膀胱病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 肾上腺病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
| 肾上腺病变 | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 前列腺病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 女性生殖系统病变 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |

**五、工作量登记表（放射科-亚专业培训可选组-骨肌组）**

| **疾病名称** | **例数** | **检查日期** | **病例号** | **备注** |
| --- | --- | --- | --- | --- |
| 骨关节外伤 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  | 16 |  |  |  |
|  | 17 |  |  |  |
|  | 18 |  |  |  |
|  | 19 |  |  |  |
|  | 20 |  |  |  |
|  |  |  |  |  |
| 骨肿瘤 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|   | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
| 骨肿瘤 | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  |  |  |  |  |
| 骨关节炎症 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  |  |  |  |  |
| 退行性骨关节病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |
|  | 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  | 16 |  |  |  |
| 退行性骨关节病 | 17 |  |  |  |
|  | 18 |  |  |  |
|  | 19 |  |  |  |
|  | 20 |  |  |  |
|  |  |  |  |  |
| 骨代谢病 | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | 5 |  |  |  |

**六****、参与会诊登记表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |

**七、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 |  |  |  |  |  |

**八、转 科 小 结**

|  |  |
| --- | --- |
| 时间 |  年 月至 年 月 |
| 专业组名称 | 神经组 | 病例总数 | 例 |
| CT病例数 | 例 | MR病例数 | 例 |
| 组织/参与教学 | 次 | 参与学术活动 | 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：  |

|  |  |
| --- | --- |
| 时间 |  年 月至 年 月 |
| 专业组名称 | 心胸组 | 病例总数 | 例 |
| CT病例数 | 例 | MR病例数 | 例 |
| 组织/参与教学 | 次 | 参与学术活动 | 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：  |

**八、转 科 小 结**

**八、转 科 小 结**

|  |  |
| --- | --- |
| 时间 |  年 月至 年 月 |
| 专业组名称 | 腹盆组 | 病例总数 | 例 |
| CT病例数 | 例 | MR病例数 | 例 |
| 组织/参与教学 | 次 | 参与学术活动 | 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：  |

**八、转 科 小 结**

|  |  |
| --- | --- |
| 轮转时间 |  年 月至 年 月 |
| 专业组名称 | 骨肌组 | 病例总数 | 例 |
| CT病例数 | 例 | MR病例数 | 例 |
| 组织/参与教学 | 次 | 参与学术活动 | 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：  |

**八、转 科 小 结**

|  |  |
| --- | --- |
| 轮转时间 |  年 月至 年 月 |
| 专业组名称 | 亚专业培训( 组) | 病例总数 | 例 |
| CT病例数 | 例 | MR病例数 | 例 |
| 组织/参与教学 | 次 | 参与学术活动 | 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：  |

**九、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、报告书写能力 | 优 □ 良 □ 中□ 差 □ | 合格□不合格□ |
| 2、报告病种数 | 报告病种数应完成≥80%注明\*项应完成100% | 合格□不合格□ |
| 3、报告病例数 | 报告病例数均应≥80%注明\*项应完成100% | 合格□不合格□ |
| 4、技能操作 | 独立完成CT、MR基本扫描及重建完成CT、MR接诊工作 | 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： 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（放射假除外）。

 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、住院总医师工作总结表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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

**十一、住院总医师工作考核表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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、鉴别诊断的正确性。2. 对CT、MR设备基本的操作及重建能力和接诊工作的能力。3. 对于急诊相关疾病的影像诊断及处理能力。 |  |
| 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 协助临床进行病例讨论、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

**十二、专科医师培训轮转考核汇总表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  轮转科室测评项目 | 神经组 | 心胸组 | 腹盆组 | 骨肌组 | 亚专业培训 |  |  |  |  |  |  |  |  | 合计 |
| 一、轮转科室情况 | 轮转专业组 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 出勤情况 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 二、医德医风 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 三、临床实践指标完成情况 | 1、 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2、 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3、 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4、 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 |

**十三、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** |
|  |  |  |
|  |  |  |
|  |  |  |

**十四、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** |
|  |  |  |  |  |  |  |  |
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