**Hong Kong College of Pathologists**

**Haematology Training Log Book**

# Name:

**Trainee number:**

**Training code:**

**Hong Kong College of Pathologists**

**Haematology Training Log Book**

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***This training record should be kept safely and up to date***

**PART 1: INTRODUCTION**

The purpose of the Haematology Training Log Book is to enable you to keep a record of your progress in the acquisition of knowledge, skills and other relevant experience as you progress through your training programme. It also functions as a diary of your training activities.

*The Training Log Book should not be regarded as an indication of your competence; this will be recorded separately in the annual report of trainee submitted by your Educational Supervisor.*

You are required to produce your logbook as requested by your educational supervisor for review, to facilitate the identification of areas of training which need special attention or further input.

How to use your Training Log Book

1. Complete all details of the milestones, record of training in the training logbook commencing at the start of your career in Haematology.
2. Regard your Training Log Book as a diary of activity. Entries should be made whenever you complete an activity, and a careful summary should be made at least every 6 months*.*

1. At six monthly intervals, the activities as entered in your log book will be reviewed together with your educational supervisor. This will enable your supervisor to check that the training records are kept to date, to identify areas of strength or weakness and highlight areas which might benefit from further study or activity.
2. **Appendix 1** of the logbook is a separate training record, which should be completed each year with an entry of the frequency and/or duration and date of a particular activity, and this should be counter-signed by your trainer(s).  **The entire section should be returned to the Secretary of the Training and Examination Committee before March 31st of each year.**

**PART 2: AIMS AND OBJECTIVES**

**Aims**

The aims of the College in instituting a training record are to ensure that all trainees:-

1. Receive adequate training in all aspects of Haematology, including the pathological basis of disease, and the appropriate use of laboratory tests in investigation, diagnosis and management.

2. Receive an approved amount of training in major sub-specialties such as Clinical Haematology and Transfusion Medicine.

3. Have adequate exposure and opportunities to acquire knowledge of current laboratory technologies and techniques.

4. Receive adequate training in information technology and data analysis.

5. Receive adequate training in research methods, statistics, ethics and relevant guidelines and to pursue own research projects that should lead to publication.

1. Receive adequate training in laboratory management including quality assurance, budgetary control and personnel management.
2. Receive adequate training in critical appraisal of medical/technology/healthcare literature, health technology assessment and understanding of cost-effectiveness analysis.

8. Understand the principles and practice of audit and be able to organize and perform audits for their department’s activities.

**Objectives**

The objectives of the training record are to ensure that the trainees have adequately covered all the general and specialist areas of Haematology in their preparation for obtaining Fellowship of the Hong Kong College of Pathologists in the Haematology specialty.

1. The trainee will have a personal record of his/her study of Haematology in health and disease.

2. The trainee will have a personal record of his/her experience of practical methodology and the relevant theory.

3. The trainee will have a record of clinical experience gained in managing patients in hospitals, out-patient clinics or other clinical meetings.

4. The trainee and educational supervisor will be able to identify deficiencies in his/her training and arrange for these to be met as appropriate.

**PART 3: MAJOR MILESTONES**

1. **Basic Medical Qualification and Year attained:**
2. **Other Professional Medical Qualification (if applicable):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of attainment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of attainment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Registration for Haematology Specialist Training**

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College Trainee No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Supervisor’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change in Educational Supervisor (if any):

|  |  |  |
| --- | --- | --- |
| Name of Educational Supervisor | Signature & Date | Effective Date |
|  |  |  |
|  |  |  |

**Periodic Assessment by Educational Supervisor (ES):**

|  |  |  |
| --- | --- | --- |
| Period | Comments / Assessment by ES | Signature of ES  & Date |
| 6 Month |  |  |
| 12 Month |  |  |
| 18 Month |  |  |
| 24 Month |  |  |
| 30 Month |  |  |
| Period | Comments / Assessment by ES | Signature of ES  & Date |
| 36 Month |  |  |
| 42 Month |  |  |
| 48 Month |  |  |
| 54 Month |  |  |
| 60 Month |  |  |
| 66 Month |  |  |
| 72 Month |  |  |

**Record of Hong Kong College of Pathologists (HKC Path) Examination**

|  |  |  |
| --- | --- | --- |
|  | Pass / Exempted | Date |
| Membership Examination |  |  |
| Fellowship Examination |  |  |

**Evidence of Completion of :**

1. **Membership HKCPath Date :**
2. **Fellowship HKCPath Date :**
3. **Fellowship FHKAM (Pathology) Date :**

**PART 4: RECORD OF TRAINING AND EXPERIENCE**

*This training record should be used in conjunction with the core curriculum training programme to ensure completion of comprehensive training. This does not require a formal assessment of competence in this activity. Please put a “🗸” under the column “Comments” for topics that both the trainee and trainer agree to have been covered satisfactorily. The trainee should indicate by signature and enter comments if desired.*

**General Laboratory Training : Laboratory Overview**

The trainee will develop an understanding of the following subject areas.

|  |  |  |
| --- | --- | --- |
|  | **Comments** | **Date & Sign** |
| * Health and Safety (Regulatory requirements and professional guidelines) |  |  |
| * Premises, environment, layout, fitting and utilities of laboratories |  |  |
| * Equipment, consumables and inventory management |  |  |
| * Staffing (structure, supervision, training and competence, management) |  |  |

**Professional Training – Trainee Checklist**

Please note that this is not a syllabus and is not exhaustive

1. **Essential Topics in Haematology**

|  |  |  |
| --- | --- | --- |
|  | **Comments** | **Date & Sign** |
| 1. **Laboratory Instrumentation - Awareness of the principles , operation and clinical utility of the following techniques/equipment** |  |  |
| * Light microscopy |  |  |
| * Phase contrast microscopy |  |  |
| * Electron microscopy |  |  |
| * Photo electric colorimeter |  |  |
| * Automated cell counter |  |  |
| * Automated staining machine |  |  |
| * Automated or semi-automated coagulation instruments |  |  |
| * Automated blood bank instruments |  |  |
| * Techniques/equipment for blood transfusion testing |  |  |
| * Electrophoresis (serum proteins, haemoglobin and for molecular studies) |  |  |
| * pH meter |  |  |
| * Weighing machines |  |  |
| * Centrifuge (including cytocentrifuge) |  |  |
| * Spectrophotometer |  |  |
| * Calibration and use of diluters and pipettes * Refrigeration/cold chain equipment * Flow cytometry technologies * Immunoassays * High pressure liquid chromatography * Instruments for molecular techniques |  |  |
|  | **Comments** | **Date & Sign** |
| * Instruments for cytogenetics * Instruments for fluorescence in-situ hybridisation |  |  |
| * Total or modular laboratory automation setup |  |  |
| 1. **Basic Haematology tests and Morphology** |  |  |
| * Performance of bone marrow aspiration and trephine biopsies |  |  |
| * Preparation of blood films |  |  |
| * Preparation of bone marrow aspirate films |  |  |
| * Staining of blood and bone marrow aspirate with Romanowsky stains |  |  |
| * Staining of blood and bone marrow for iron |  |  |
| * Staining of blood and bone marrow aspirate with myeloperoxidase, Sudan Black, PAS, specific esterase, non-specific esterase, acid and alkaline phosphatase stains |  |  |
| * Preparation of supravital stained blood films |  |  |
| * Differential count on blood and bone marrow aspirate films * Interpretation of blood films * Interpretation of bone marrow aspirate films and trephines |  |  |
| * Preparation and interpretation of thick and thin blood films for demonstration of malarial parasites |  |  |
| * Performance and interpretation of other malarial detection systems (eg immunochromatography test) |  |  |
| * Selection of blood films for review and/or retention according to laboratory guidelines |  |  |
| * Manual leucocyte count |  |  |
| * Manual platelet count, using phase contrast microscopy |  |  |
| * Calculation of red cell “absolute values” |  |  |
| * Haemoglobin estimation |  |  |
| * Spun micro-haematocrit |  |  |
| * Erythrocyte sedimentation rate |  |  |
| 1. **Coagulation Studies** |  |  |
| * Prothrombin time and International Normalised Ratio |  |  |
| * Activated partial thromboplastin time |  |  |
| * Coagulation testing using point-of-care instrumentation |  |  |
| * Thrombin time, heparin reversal and reptilase |  |  |
| * Anti-Xa assay |  |  |
| * Coagulation factor assays and inhibitor studies |  |  |
| * Plasma fibrinogen measurement |  |  |
| * Fibrinogen degradation products and cross-linked fibrin assays |  |  |
| * D-dimer assays |  |  |
| * Platelet aggregation studies |  |  |
| * Von Willebrand factor studies |  |  |
|  | **Comments** | **Date & Sign** |
| * Protein C, Protein S, Antithrombin assays |  |  |
| * Antiphospholipid antibody testing (eg. Lupus anticoagulant, anticardiolipin antibodies) |  |  |
| * Euglobulin clot lysis time |  |  |
| * Tests for heparin associated thrombocytopenia |  |  |
| * Molecular testing, (eg. Factor V Leiden, prothrombin G20101A gene mutation, methyl tetrahydrofolate reductase) |  |  |
| * Plasma homocysteine |  |  |
| * Laboratory monitoring and interpretation of effects of new oral anticoagulants |  |  |
| 1. **Studies for Red Cell Disorders** |  |  |
| * Reticulocyte count – manual and automated |  |  |
| * Heinz body preparation |  |  |
| * Kleihauer Test |  |  |
| * Tests for thalassaemia/haemoglobinopathies, including haemoglobin electrophoresis, (cellulose acetate, citrate agar, capillary) quantitative assessment of foetal haemoglobin, HbA2 assay, tests for HbS |  |  |
| * Examination of urine for haemosiderin, differentiation between haemoglobulinuria, myoglobulinuria, and haematuria |  |  |
| * Screening tests for glucose 6-phosphate dehydrogenase (G6PD) and other enzyme deficiencies |  |  |
| * Tests for red cell membrane disorders, including osmotic fragility, autohaemolysis and acidified serum test |  |  |
| * Tests for paroxysmal nocturnal haemoglobinuria |  |  |
| * Cold agglutinin titre, thermal amplitude, i/I specificity |  |  |
| * Tests for haemoglobin stability, including heat and isopropanol precipitation test |  |  |
| * Quantitative assessment of foetal haemoglobin |  |  |
| * Quantitative assays for red cell enzymes |  |  |
| * Donath-Landsteiner test |  |  |
| * Tests for methaemoglobin and sulphaemoglobin |  |  |
| * Plasma haptoglobin measurement |  |  |
| * Oxygen dissociation curve measurement (P50) |  |  |
| 1. **Blood Transfusion Studies** |  |  |
| * Blood grouping and antibody screening by manual, semi-automated and automated techniques |  |  |
| * Red cell phenotyping |  |  |
| * Antibody detection, identification and titre |  |  |
| * Direct antiglobulin test using “broad spectrum” and mono-specific reagents |  |  |
| * Indirect antiglobulin test using “broad spectrum” and mono-specific reagents |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Comments** | **Date & Sign** |
| * Elution of antibodies from red cells |  |  |
| * Auto and allo-antibody absorption |  |  |
| * Cross-matching procedures |  |  |
| * Antenatal serology |  |  |
| * Methods for detection of white cell and platelet antibodies |  |  |
| * Histocompatibility testing, including tests for selection of donors for transplantation |  |  |
| * Tests for Hepatitis B, Hepatitis C, human immunodeficiency virus (HIV) detection and other transfusion transmissible diseases |  |  |
| * Selection and preparation of blood components for transfusion purposes |  |  |
| * Transfusion reaction studies |  |  |
| * HLA antibody testing |  |  |
| 1. **Immunophenotype / flow cytometry** |  |  |
| * Acute leukaemia |  |  |
| * Lymphoproliferative disorders |  |  |
| * CD34 cells |  |  |
| * Paroxysmal nocturnal haemoglobinuria |  |  |
| * Platelet antibody studies |  |  |
| * DNA ploidy studies |  |  |
| * Feto-maternal haemorrhage |  |  |
| * Red cell membrane disorders |  |  |
| 1. **Genetics & Genomics** |  |  |
| *Cytogenetics* |  |  |
| * Karyotyping |  |  |
| * Fluorescence In-Situ Hybridisation (FISH) studies |  |  |
| *Molecular Genetics* |  |  |
| * Nucleic acid preparation |  |  |
| * Restriction endonuclease analysis |  |  |
| * Southern, northern and western blotting |  |  |
| * Polymerase chain reaction, including quantitative estimation |  |  |
| * Gene sequencing |  |  |
| * Other relevant techniques as applied to diagnosis |  |  |
| 1. **Miscellaneous** |  |  |
| * Serum iron, total iron binding capacity and ferritin measurements |  |  |
| * Soluble transferrin receptor studies |  |  |
| * Serum vitamin B12 assay and B12 binding, other relevant tests to investigate for B12 deficiency |  |  |
| * Serum and red cell folate assays |  |  |
| * Intrinsic factor antibody measurement |  |  |
| * Red cell mass / plasma volume |  |  |
| * Erythropoietin measurement |  |  |
|  | **Comments** | **Date & Sign** |
| * Immunoelectrophoresis and immunofixation of serum and urine proteins |  |  |
| * Cryoglobulin and cryofibrinogen detection |  |  |
| * B2 microglobulin |  |  |
| * Serum lysozyme measurement |  |  |
| * Infectious mononucleosis (Epstein Barr virus) and other common viral testing |  |  |
| * Red cell survival and platelet survival studies |  |  |
| * Bone marrow colony assays |  |  |
| 1. **Paediatric Studies** |  |  |
| * Practical and theoretical differences to laboratory management and technical procedures when dealing with neonatal and paediatric samples. This includes: |  |  |
| * understanding the significance of age related reference ranges |  |  |
| * small volume sample integrity and sample processing |  |  |
| * cross-matching/provision of blood products for neonates |  |  |
| * differing significance of morphological features in paediatric blood films compared to adults. |  |  |
| * Be able to apply the appropriate diagnostic investigations, from those listed, to specific circumstances in neonates and children. e.g. |  |  |
| * neonatal jaundice |  |  |
| * T- activation |  |  |
| * haemolysis in children |  |  |
| * megaloblastosis of infancy |  |  |
| * “bleeding child” |  |  |
| * childhood leukaemia |  |  |
| * anaemia during infancy |  |  |
| 1. **Obstetric Studies** |  |  |
| * Be aware of the alteration observed through pregnancy in reference ranges of haematology tests including peripheral blood indices, coagulation tests and Vitamin B12 levels |  |  |
| * Be able to advise on |  |  |
| * transfusion requirements of pregnant women |  |  |
| * allo-antibody detection and significance (red cells & platelets) including principles of prophylaxis/management of haemolytic disease of the newborn |  |  |
| * intra-uterine blood sampling |  |  |
| * prevention of haemolytic disease of the newborn |  |  |
| * antenatal testing (eg for haemoglobinopathies) including chorionic villus sampling and amniocentesis |  |  |
| * principles of genetic counselling as related to hematologic disease |  |  |
|  | **Comments** | **Date & Sign** |
| * Be familiar with the laboratory aspects of pregnancy related conditions, for example: |  |  |
| * hypercoagulability |  |  |
| * thrombocytopenia, including pre-eclampsia and haemolysis elevated liver enzymes and low platelets syndrome (HELLP) |  |  |
| * recurrent fetal loss |  |  |

1. **Laboratory Management**

|  |  |  |
| --- | --- | --- |
|  | **Comments** | **Date & Sign** |
| * + - 1. **Laboratory Administration** |  |  |
| * Laboratory organization |  |  |
| * Personnel management |  |  |
| * Resource utilization |  |  |
| * Cost benefit analysis |  |  |
| * Laboratory safety |  |  |
| * Laboratory information system & Data management |  |  |
| 1. **Quality Assurance** |  |  |
| * External and internal quality assurance activities |  |  |
| * Continuous quality improvement |  |  |
| * Method development and evaluation |  |  |
| * Laboratory Accreditation |  |  |
| * Competency assessment and staff training |  |  |
| 1. **Audit** |  |  |
| * Clinical audit including analysis and report where applicable |  |  |

1. **Personal Development**

|  |  |  |
| --- | --- | --- |
|  | **Comments** | **Date & Sign** |
| * + - 1. **Communication skills** |  |  |
| * Presentation of department meetings |  |  |
| * Attendance at communication skills course |  |  |
| * Producing reports for both professional and non-professional audiences |  |  |
| * Dealing with visitors and extra laboratory enquiries |  |  |
| * Chairing a meeting |  |  |
| * + - 1. **Statistics** |  |  |
| * Standard deviation, error, mode, median and mean |  |  |
| * Linear regression, t-test, analysis of variance |  |  |
| * Reference values and population statistics, applications of biological variation data in setting analytical goals |  |  |
| * Likelihood ratio; predictive value; specificity; sensitivity, receiver operating characteristic curve; correlation coefficient |  |  |

1. **Academic Activities**

|  |
| --- |
| 1. **Presentation at meetings** |
| *Mandatory for trainees in all disciplines registered on or after 16 October 2008. Either on stage or poster presentation, and at least one must be at the Trainee Presentation Sessions or conferences organized by the College.* |

|  |  |  |
| --- | --- | --- |
| **Title of Presentation** | **Meeting name, venue, dates** | **Supervisor and**  **Coauthor names** |
| **(i)** |  |  |
| **(ii)** |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Courses/Seminars attended (Professional = P, Management = M, Others = O)** | | | |
| **No.** | **Title of Activity** | **Date** | **Code**  **(P, M, O)** |
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| 1. **Research, Publications (Research project = R, Abstract/ Poster = A, Publication = P,**   **Case Report = C)** | | | |
| **No.** | **Title** | **Date** | **Code**  **(R, A, P, C)** |
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**SUMMARY OF TRAINING : Enter months spent and/or frequency of activity (\*specify number of cases reported)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** |
| **Hospital(s) attached to** |  |  |  |  |  |  |
| **Laboratory Instrumentation** |  |  |  |  |  |  |
| **Basic Haematology Tests & Morphology**   * **Bone Marrow\*** |  |  |  |  |  |  |
| **Coagulation studies** |  |  |  |  |  |  |
| **Haemolysis studies** |  |  |  |  |  |  |
| **Blood Transfusion studies** |  |  |  |  |  |  |
| **Immunophenotype\*** |  |  |  |  |  |  |
| **Genetics and Genomics**  **- Cytogenetics\***  **- FISH\***  **- Molecular genetics\*** |  |  |  |  |  |  |
| **Miscellaneous** |  |  |  |  |  |  |
| **Laboratory Management** |  |  |  |  |  |  |
| **Academic activities** |  |  |  |  |  |  |
| **Training outside Haematology (Clinical/HKRCBTS/Others)** |  |  |  |  |  |  |
| ***Supervisor signature & Date*** |  |  |  |  |  |  |

**Appendix 1**

**TRAINEE ANNUAL RETURN AND ASSESSMENT BY EDUCATIONAL SUPERVISOR (Year of 6)**

Please ask your educational supervisor to complete this annual return at the end of each year of training. It is your responsibility to file in the return to the Secretary of the Training and Examination Committee. You should keep a duplicate of the return in your Log Book for reference.

Trainee’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is a report on the period from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ (please specify long leave, if any, that is more than 90 continuous calendar days: \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_)

The trainee has now finished \_\_\_\_\_ years of basic training / \_\_\_\_\_ years of higher training. This includes \_\_\_\_\_months in laboratory haematology; \_\_\_\_\_months in clinical training in Haematology and Haematological Oncology; \_\_\_\_\_months in regional blood transfusion centre; \_\_\_\_\_months in Genetics and Genomics; and \_\_\_\_\_months in relevant clinical specialties/other pathology specialties.

Training locations, including electives/rotation details:

(1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional qualifications (e.g. FRCPath, Ph D):

(1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the training programme was terminated before year end, please specify the date of termination and state the reason.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Performance of trainee during the report period**

(Please give assessment with a scale of 1 – 5; 1 – poor, 2 – below average, 3 – average, 4 – above average, 5 – good)

|  |  |
| --- | --- |
| 1. competence commensurate with training received | ( ) |
| 1. participation in educational activities | ( ) |
| 1. keeping up with literature | ( ) |
| 1. participation in research activities | ( ) |
| 1. proficiency in laboratory management | ( ) |
| 1. proficiency in laboratory safety measures | ( ) |
| 1. attitudes, ethics and professionalism | ( ) |

**Aspects that need improvement (performance not commensurate with the duration of training received)**

a. practical clinical skills (please specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. theoretical knowledge (please elaborate)

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c. suggestion for improvement

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**Overall appraisal:**

( ) The performance during the period is satisfactory.

( ) The training programme for the period has been successfully completed but the performance is not satisfactory.

( ) The trainee has fulfilled the training requirements for admission to Membership Examination / Fellowship Assessment / Fellowship (delete where appropriate).

( ) Other comments, please specify:

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**The training acquired by the trainee has been reviewed by me, and is summarized in the attached table. The content has been thoroughly discussed and suggestions were made to the trainee for continuous improvement.**

Official use only

Vetted by Chief Examiner on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Educational Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the completed form to: Dr WONG Chi Kin Felix, Secretary, Training and Examinations Committee, c/o Division of Chemical Pathology, Department of Pathology, Queen Mary Hospital, 102 Pokfulam Road, Hong Kong.

Tel: (852) 2255 1293; Email: [wck457@ha.org.hk](mailto:wck457@ha.org.hk)

**Appendix 2**

**REFERENCES ON PROFESSIONALISM AND ETHICS**

**Please complete the Continuous Medical Education exercise on Professionalism and Ethics on the web-based platform after reading.**

Confidentiality

<https://www.gmc-uk.org/ethical-guidance/learning-materials/confidentiality-decision-tool>

Disclosing information for education and training purposes

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality---disclosing-for-education-and-training-purposes>

Disclosing information for employment, insurance and similar purposes

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality---disclosing-information-for-employment-insurance-and-similar-purposes>

Disclosing medical records after death

<https://www.gmc-uk.org/ethical-guidance/learning-materials/disclosing-medical-records-after-death>

Good practice in handling patient information

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality>

Responding to criticism in the media

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality---responding-to-criticism-in-the-media>

Consent to research

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/consent-to-research>

Raising concern

<https://www.gmc-uk.org/ethical-guidance/learning-materials/raising-concerns---a-colleagues-behaviour>

Code of professional conduct

<https://www.mchk.org.hk/english/code/files/Code_of_Professional_Conduct_(English_Version)_(Revised_in_October_2022).pdf>

Declaration of Geneva

<https://www.mchk.org.hk/english/code/files/Declaration_of_Geneva_2018.pdf>

Ethical guidelines on practice of telemedicine

<https://www.mchk.org.hk/files/PDF_File_Ethical_Guidelines_on_Telemedicine.pdf>

Hong Kong doctors

<https://www.mchk.org.hk/english/publications/files/HKDoctors.pdf>

Leadership and management for all doctors

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/leadership-and-management-for-all-doctors>

Quality assurance of professionalism

<https://bimhse.med.hku.hk/fme/2010/(Prof%20Grace%20Tang)%20Quality%20Assurance%20in%20Professionalism%20Frontiers%20in%20Med%20&%20Health%20Education%20Dec%202010.pdf>

Strategic Development of Genomic Medicine in Hong Kong

<https://www.fhb.gov.hk/en/press_and_publications/otherinfo/200300_genomic/index.html>

WMA international code of medical ethics

<https://www.wma.net/policies-post/wma-international-code-of-medical-ethics/>

Using social media as a medical professional

<https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/using-social-media-as-a-medical-professional>

Ending your professional relationship with a patient

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/ending-your-professional-relationship-with-a-patient>

Identifying and managing conflicts of interest

<https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/identifying-and-managing-conflicts-of-interest>

Maintaining personal and professional boundaries <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/maintaining-personal-and-professional-boundaries>

Personal beliefs and medical practice

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/personal-beliefs-and-medical-practice>

Identifying and tackling sexual misconduct

<https://www.gmc-uk.org/professional-standards/ethical-hub/identifying-and-tackling-sexual-misconduct#Overview>