

## Assessment of learning for trainees in Chang Gung Memorial Hospital

Trainee : Name \_\_\_\_\_ Discipline \_\_\_\_\_ Original organization \_\_\_\_\_

Training Organization : **Academic Ranking** \_\_\_\_\_ Department \_\_\_\_\_ Tutor Name \_\_\_\_\_

**Office Branch** \_\_\_\_\_

Training period : \_\_\_\_\_ (Y) \_\_\_\_\_ (M) \_\_\_\_\_ (D) ~ \_\_\_\_\_ (Y) \_\_\_\_\_ (M) \_\_\_\_\_ (D)

Training subject	Learning activity	Learning outcome	Self-assessment	Re-assessment
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

<b>Result of Assessment</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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<b>Feedback of Trainee</b>	
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Feedback of Tutor	
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<p>【The responsibilities for trainees if application of Grant from CGMH】 some written forms needed as below:</p> <p>A. At least one journal reading related to the training contents in the meeting of training department every 3 months.</p> <p>B. A report of learning portfolios and self-reflection which under the instruction by tutor every 6 months</p> <p>C. A submission or draft or proposal with an oral presentation before the accomplishment of training program, also include the instruction and assessment by a discipline related committee.</p>	<p>A. <input type="checkbox"/> Accomplished <input type="checkbox"/> Not accomplished</p> <p>B. <input type="checkbox"/> Accomplished <input type="checkbox"/> Not accomplished</p> <p>C. <input type="checkbox"/> Accomplished <input type="checkbox"/> Not accomplished</p>
Chief of Department : _____ Tutor : _____	

Report of Training and Learning (Summative)
<input type="checkbox"/> Pass <input type="checkbox"/> Not Pass : Remedy or suggestion : _____ _____
<b>Chief of Department :</b> _____
<b>Chair of Medical Education Committee :</b> _____

一、評核時間：(一)代訓期間三個月(含)以內者，代訓人員應於結訓前完成學習成效評核；(二)代訓期間超過三個月以上者，應每三個月接受評核，直至結訓為止。  
 二、評核表呈核流程：代訓人員於結訓前(或每三個月)完成自評，交由代訓單位指導教師進行複評及建議與回饋，經代訓部門主管審閱並勾選訓練結果，送呈醫教會主席核簽，影本由教學部存查。