

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

Trainee : Name \_\_\_\_\_ Position \_\_\_\_\_ Original Institution \_\_\_\_\_

Training Department : \_\_\_\_\_ Tutor Name \_\_\_\_\_ Office Branch \_\_\_\_\_

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

Training project	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
			<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
Feedback of Trainee				
Feedback of Tutor				
<p><b>【The responsibilities for trainees if application of Grant from CGMH】</b> some written forms needed as below:</p> <p>A. A report of learning portfolios and self-reflection which under the instruction by tutor every 6 months.( At least 1,000 words, includes①Learning reflection and outcome②Learning feedback ③Future plans and contribution related to CGMH after returning④Other suggestions.)</p> <p>B. Publish a paper in SCI journals as the first author under the affiliation of Chang Gung Memorial Hospital(or provide the manuscript acceptance letter)before the stipend period deadline.</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>	
Chief of Department : _____			Tutor : _____	

**Report of Training and Learning (Summative)**

Pass  Not Pass : Remedy or suggestion : \_\_\_\_\_

Chief of Department : \_\_\_\_\_

Chair of Medical Education Committee : \_\_\_\_\_

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(一)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(一)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。