



# Continuing Professional Education Programme

## 中医继续教育

# Clinical Mentorship Programme

## 临床导师计划

# Clinical Case Logbook

## 临床病例记录

|                                                         |  |                                                 |  |
|---------------------------------------------------------|--|-------------------------------------------------|--|
| <b>Name of Mentor</b><br>导师姓名                           |  | <b>Mentor TCMPB<br/>Reg No.</b><br>导师中医师注册号     |  |
| <b>Name of Mentee</b><br>学徒姓名                           |  | <b>Mentee TCMPB<br/>Reg No.</b><br>学徒中医师注册号     |  |
| <b>Clinical training<br/>Host Institution</b><br>临床培训单位 |  | <b>Place of Clinical<br/>Training</b><br>临床培训地点 |  |
| <b>Programme<br/>Period</b>                             |  |                                                 |  |

This logbook serves as both a **learning tool** for the mentee (encouraging structured reflection) and an **assessment instrument** for the mentor and programme coordinators. It provides documented evidence of clinical exposure, skillset acquisition, and reflective integration of lineage teachings—essential for both CPE accreditation and the formal recognition of lineage transmission.

### Instructions for Use

| Section                                          | Purpose                                                                                  | Frequency                                 |
|--------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------|
| Part A: Clinical Case Record Log                 | Track patient volume, case mix, and supervision level                                    | Every clinical session                    |
| Part B: Clinical Case Study Report               | Deep analysis of complex cases demonstrating lineage skills                              | Minimum 3 reports by end of the programme |
| Part C: Clinical Lineage Transmission Assessment | Mentor-mentee will identify skillsets and learning objectives at the start of programme. | Mid Programme; End of programme           |
| Part D: End of Mentorship Summary Report         | Reflection and analysis of learning journey                                              | End of programme                          |
| Part E: Summary and Final Mentor Evaluation      | Consolidate experience and confirm completion                                            | End of programme                          |

## **PART A CLINICAL CASE RECORD LOG**

### **临床诊疗记录**

|                                                                                                                                       |                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Session 1</b>                                                                                                                      |                                                                                                                                                                         |
| Date of Training<br>临床培训日期                                                                                                            |                                                                                                                                                                         |
| Start & End Time of Training (hh:mm)<br>临床训练开始和结束时间                                                                                   |                                                                                                                                                                         |
| No. of Hours of Training (excluding break time)<br>临床训练多少小时（不包括休息时间）                                                                  |                                                                                                                                                                         |
| No. of Clinical Cases seen<br>当日跟诊看诊人数                                                                                                |                                                                                                                                                                         |
| <b>Clinical Case Record</b>                                                                                                           |                                                                                                                                                                         |
| <u>Clinical Case 临床记录 1</u>                                                                                                           | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 2</u>                                                                                                           | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 3</u>                                                                                                           | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 4</u>                                                                                                           | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <b><u>Learning points/Reflections 学习成果</u></b><br>For example, 参考范畴:<br>1. 中医治法（如治病八法）<br>2. 中医方药（如方剂、药物）<br>3. 四诊合参（如观其脉证，知犯何逆，随证治之） |                                                                                                                                                                         |
| Signature of Mentor/Date<br>导师签名和日期                                                                                                   |                                                                                                                                                                         |
| Signature of Mentee/Date<br>学徒签名和日期                                                                                                   |                                                                                                                                                                         |

| Session 2                                                                                                                             |                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Training<br>临床培训日期                                                                                                            |                                                                                                                                                                         |
| Start & End Time of Training (hh:mm)<br>临床训练开始和结束时间                                                                                   |                                                                                                                                                                         |
| No. of Hours of Training (excluding break time)<br>临床训练多少小时（不包括休息时间）                                                                  |                                                                                                                                                                         |
| No. of Clinical Cases seen<br>当日跟诊看诊人数                                                                                                |                                                                                                                                                                         |
| Clinical Case Record                                                                                                                  |                                                                                                                                                                         |
| <u>Clinical Case 临床记录 1</u>                                                                                                           | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 2</u>                                                                                                           | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 3</u>                                                                                                           | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 4</u>                                                                                                           | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <b><u>Learning points/Reflections 学习成果</u></b><br>For example, 参考范畴:<br>4. 中医治法（如治病八法）<br>5. 中医方药（如方剂、药物）<br>1. 四诊合参（如观其脉证，知犯何逆，随证治之） |                                                                                                                                                                         |
| Signature of Mentor/Date<br>导师签名和日期                                                                                                   |                                                                                                                                                                         |
| Signature of Mentee/Date<br>学徒签名和日期                                                                                                   |                                                                                                                                                                         |

| Session 3                                                                                                                      |                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Training<br>临床培训日期                                                                                                     |                                                                                                                                                                         |
| Start & End Time of Training (hh:mm)<br>临床训练开始和结束时间                                                                            |                                                                                                                                                                         |
| No. of Hours of Training (excluding break time)<br>临床训练多少小时（不包括休息时间）                                                           |                                                                                                                                                                         |
| No. of Clinical Cases seen<br>当日跟诊看诊人数                                                                                         |                                                                                                                                                                         |
| Clinical Case Record                                                                                                           |                                                                                                                                                                         |
| <u>Clinical Case 临床记录 1</u>                                                                                                    | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 2</u>                                                                                                    | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 3</u>                                                                                                    | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 4</u>                                                                                                    | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Learning points/Reflections 学习成果</u><br>For example, 参考范畴:<br>6. 中医治法（如治病八法）<br>7. 中医方药（如方剂、药物）<br>1. 四诊合参（如观其脉证，知犯何逆，随证治之） |                                                                                                                                                                         |
| Signature of Mentor/Date<br>导师签名和日期                                                                                            |                                                                                                                                                                         |
| Signature of Mentee/Date<br>学徒签名和日期                                                                                            |                                                                                                                                                                         |

| <b>Session 4</b>                                                                                                                      |                                                                                                                                                                         |
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| Date of Training<br>临床培训日期                                                                                                            |                                                                                                                                                                         |
| Start & End Time of Training (hh:mm)<br>临床训练开始和结束时间                                                                                   |                                                                                                                                                                         |
| No. of Hours of Training (excluding break time)<br>临床训练多少小时（不包括休息时间）                                                                  |                                                                                                                                                                         |
| No. of Clinical Cases seen<br>当日跟诊看诊人数                                                                                                |                                                                                                                                                                         |
| <b>Clinical Case Record</b>                                                                                                           |                                                                                                                                                                         |
| <u>Clinical Case 临床记录 1</u>                                                                                                           | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 2</u>                                                                                                           | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 3</u>                                                                                                           | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 4</u>                                                                                                           | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <b><u>Learning points/Reflections 学习成果</u></b><br>For example, 参考范畴:<br>8. 中医治法（如治病八法）<br>9. 中医方药（如方剂、药物）<br>1. 四诊合参（如观其脉证，知犯何逆，随证治之） |                                                                                                                                                                         |
| Signature of Mentor/Date<br>导师签名和日期                                                                                                   |                                                                                                                                                                         |
| Signature of Mentee/Date<br>学徒签名和日期                                                                                                   |                                                                                                                                                                         |

| <b>Session 5</b>                                                                                                                        |                                                                                                                                                                         |
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| Date of Training<br>临床培训日期                                                                                                              |                                                                                                                                                                         |
| Start & End Time of Training (hh:mm)<br>临床训练开始和结束时间                                                                                     |                                                                                                                                                                         |
| No. of Hours of Training (excluding break time)<br>临床训练多少小时（不包括休息时间）                                                                    |                                                                                                                                                                         |
| No. of Clinical Cases seen<br>当日跟诊看诊人数                                                                                                  |                                                                                                                                                                         |
| <b>Clinical Case Record</b>                                                                                                             |                                                                                                                                                                         |
| <u>Clinical Case 临床记录 1</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 2</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 3</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 4</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <b><u>Learning points/Reflections 学习成果</u></b><br>For example, 参考范畴:<br>10. 中医治法（如治病八法）<br>11. 中医方药（如方剂、药物）<br>1. 四诊合参（如观其脉证，知犯何逆，随证治之） |                                                                                                                                                                         |
| Signature of Mentor/Date<br>导师签名和日期                                                                                                     |                                                                                                                                                                         |
| Signature of Mentee/Date<br>学徒签名和日期                                                                                                     |                                                                                                                                                                         |

| Session 6                                                                                                                               |                                                                                                                                                                         |
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| Date of Training<br>临床培训日期                                                                                                              |                                                                                                                                                                         |
| Start & End Time of Training (hh:mm)<br>临床训练开始和结束时间                                                                                     |                                                                                                                                                                         |
| No. of Hours of Training (excluding break time)<br>临床训练多少小时（不包括休息时间）                                                                    |                                                                                                                                                                         |
| No. of Clinical Cases seen<br>当日跟诊看诊人数                                                                                                  |                                                                                                                                                                         |
| Clinical Case Record                                                                                                                    |                                                                                                                                                                         |
| <u>Clinical Case 临床记录 1</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 2</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 3</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 4</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <b><u>Learning points/Reflections 学习成果</u></b><br>For example, 参考范畴:<br>12. 中医治法（如治病八法）<br>13. 中医方药（如方剂、药物）<br>1. 四诊合参（如观其脉证，知犯何逆，随证治之） |                                                                                                                                                                         |
| Signature of Mentor/Date<br>导师签名和日期                                                                                                     |                                                                                                                                                                         |
| Signature of Mentee/Date<br>学徒签名和日期                                                                                                     |                                                                                                                                                                         |

| <b>Session 7</b>                                                                                                                        |                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Training<br>临床培训日期                                                                                                              |                                                                                                                                                                         |
| Start & End Time of Training (hh:mm)<br>临床训练开始和结束时间                                                                                     |                                                                                                                                                                         |
| No. of Hours of Training (excluding break time)<br>临床训练多少小时（不包括休息时间）                                                                    |                                                                                                                                                                         |
| No. of Clinical Cases seen<br>当日跟诊看诊人数                                                                                                  |                                                                                                                                                                         |
| <b>Clinical Case Record</b>                                                                                                             |                                                                                                                                                                         |
| <u>Clinical Case 临床记录 1</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 2</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 3</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 4</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <b><u>Learning points/Reflections 学习成果</u></b><br>For example, 参考范畴:<br>14. 中医治法（如治病八法）<br>15. 中医方药（如方剂、药物）<br>1. 四诊合参（如观其脉证，知犯何逆，随证治之） |                                                                                                                                                                         |
| Signature of Mentor/Date<br>导师签名和日期                                                                                                     |                                                                                                                                                                         |
| Signature of Mentee/Date<br>学徒签名和日期                                                                                                     |                                                                                                                                                                         |

| Session 8                                                                                                                        |                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Training<br>临床培训日期                                                                                                       |                                                                                                                                                                         |
| Start & End Time of Training (hh:mm)<br>临床训练开始和结束时间                                                                              |                                                                                                                                                                         |
| No. of Hours of Training (excluding break time)<br>临床训练多少小时（不包括休息时间）                                                             |                                                                                                                                                                         |
| No. of Clinical Cases seen<br>当日跟诊看诊人数                                                                                           |                                                                                                                                                                         |
| Clinical Case Record                                                                                                             |                                                                                                                                                                         |
| <u>Clinical Case 临床记录 1</u>                                                                                                      | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 2</u>                                                                                                      | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 3</u>                                                                                                      | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 4</u>                                                                                                      | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Learning points/Reflections 学习成果</u><br>For example, 参考范畴:<br>16. 中医治法（如治病八法）<br>17. 中医方药（如方剂、药物）<br>1. 四诊合参（如观其脉证，知犯何逆，随证治之） |                                                                                                                                                                         |
| Signature of Mentor/Date<br>导师签名和日期                                                                                              |                                                                                                                                                                         |
| Signature of Mentee/Date<br>学徒签名和日期                                                                                              |                                                                                                                                                                         |

| Session 9                                                                                                                        |                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Training<br>临床培训日期                                                                                                       |                                                                                                                                                                         |
| Start & End Time of Training (hh:mm)<br>临床训练开始和结束时间                                                                              |                                                                                                                                                                         |
| No. of Hours of Training (excluding break time)<br>临床训练多少小时（不包括休息时间）                                                             |                                                                                                                                                                         |
| No. of Clinical Cases seen<br>当日跟诊看诊人数                                                                                           |                                                                                                                                                                         |
| Clinical Case Record                                                                                                             |                                                                                                                                                                         |
| <u>Clinical Case 临床记录 1</u>                                                                                                      | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 2</u>                                                                                                      | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 3</u>                                                                                                      | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 4</u>                                                                                                      | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Learning points/Reflections 学习成果</u><br>For example, 参考范畴:<br>18. 中医治法（如治病八法）<br>19. 中医方药（如方剂、药物）<br>1. 四诊合参（如观其脉证，知犯何逆，随证治之） |                                                                                                                                                                         |
| Signature of Mentor/Date<br>导师签名和日期                                                                                              |                                                                                                                                                                         |
| Signature of Mentee/Date<br>学徒签名和日期                                                                                              |                                                                                                                                                                         |

| <b>Session 10</b>                                                                                                                       |                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Training<br>临床培训日期                                                                                                              |                                                                                                                                                                         |
| Start & End Time of Training (hh:mm)<br>临床训练开始和结束时间                                                                                     |                                                                                                                                                                         |
| No. of Hours of Training (excluding break time)<br>临床训练多少小时（不包括休息时间）                                                                    |                                                                                                                                                                         |
| No. of Clinical Cases seen<br>当日跟诊看诊人数                                                                                                  |                                                                                                                                                                         |
| <b>Clinical Case Record</b>                                                                                                             |                                                                                                                                                                         |
| <u>Clinical Case 临床记录 1</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 2</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 3</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 4</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <b><u>Learning points/Reflections 学习成果</u></b><br>For example, 参考范畴:<br>20. 中医治法（如治病八法）<br>21. 中医方药（如方剂、药物）<br>1. 四诊合参（如观其脉证，知犯何逆，随证治之） |                                                                                                                                                                         |
| Signature of Mentor/Date<br>导师签名和日期                                                                                                     |                                                                                                                                                                         |
| Signature of Mentee/Date<br>学徒签名和日期                                                                                                     |                                                                                                                                                                         |

| Session 11                                                                                                                              |                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Training<br>临床培训日期                                                                                                              |                                                                                                                                                                         |
| Start & End Time of Training (hh:mm)<br>临床训练开始和结束时间                                                                                     |                                                                                                                                                                         |
| No. of Hours of Training (excluding break time)<br>临床训练多少小时（不包括休息时间）                                                                    |                                                                                                                                                                         |
| No. of Clinical Cases seen<br>当日跟诊看诊人数                                                                                                  |                                                                                                                                                                         |
| Clinical Case Record                                                                                                                    |                                                                                                                                                                         |
| <u>Clinical Case 临床记录 1</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 2</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 3</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 4</u>                                                                                                             | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <b><u>Learning points/Reflections 学习成果</u></b><br>For example, 参考范畴:<br>22. 中医治法（如治病八法）<br>23. 中医方药（如方剂、药物）<br>1. 四诊合参（如观其脉证，知犯何逆，随证治之） |                                                                                                                                                                         |
| Signature of Mentor/Date<br>导师签名和日期                                                                                                     |                                                                                                                                                                         |
| Signature of Mentee/Date<br>学徒签名和日期                                                                                                     |                                                                                                                                                                         |

| Session 12                                                                                                                       |                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Training<br>临床培训日期                                                                                                       |                                                                                                                                                                         |
| Start & End Time of Training (hh:mm)<br>临床训练开始和结束时间                                                                              |                                                                                                                                                                         |
| No. of Hours of Training (excluding break time)<br>临床训练多少小时（不包括休息时间）                                                             |                                                                                                                                                                         |
| No. of Clinical Cases seen<br>当日跟诊看诊人数                                                                                           |                                                                                                                                                                         |
| Clinical Case Record                                                                                                             |                                                                                                                                                                         |
| <u>Clinical Case 临床记录 1</u>                                                                                                      | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 2</u>                                                                                                      | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 3</u>                                                                                                      | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Clinical Case 临床记录 4</u>                                                                                                      | <u>Level of involvement</u><br><input type="checkbox"/> Observation<br><input type="checkbox"/> Provide assistance<br><input type="checkbox"/> Independent consultation |
| <u>Learning points/Reflections 学习成果</u><br>For example, 参考范畴:<br>24. 中医治法（如治病八法）<br>25. 中医方药（如方剂、药物）<br>1. 四诊合参（如观其脉证，知犯何逆，随证治之） |                                                                                                                                                                         |
| Signature of Mentor/Date<br>导师签名和日期                                                                                              |                                                                                                                                                                         |
| Signature of Mentee/Date<br>学徒签名和日期                                                                                              |                                                                                                                                                                         |

**Note: Please add additional session record tables as required using the same format provided.**  
**如需要，请按照所提供的相同格式添加额外的诊疗记录表。**

## **PART B CLINICAL CASE STUDY RECORD**

### **临床病例分析记录**

| <b>Case Study 1</b>                                                                                                                                                                                                                                      |  |                  |  |               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|--|---------------|--|
| <b><i>To be filled by mentee 由学徒填写</i></b>                                                                                                                                                                                                               |  |                  |  |               |  |
| <b>Name 姓名</b>                                                                                                                                                                                                                                           |  | <b>Gender 性别</b> |  | <b>Age 年龄</b> |  |
| <b>Clinical Diagnosis 病名诊断</b><br>填写中医病名                                                                                                                                                                                                                 |  |                  |  |               |  |
| <b>Syndrome Diagnosis</b><br>填写应对以上病名的辨证                                                                                                                                                                                                                 |  |                  |  |               |  |
| <b>Symptom Analysis (Including History, allergy) 症状分析（包括病史，过敏）</b>                                                                                                                                                                                       |  |                  |  |               |  |
| <b>Treatment Principle 治法</b><br>填写与辨证一致的治法：内容可提现导师临床诊疗特色                                                                                                                                                                                                |  |                  |  |               |  |
| <b>Herbal Prescription &amp; Preparation and Administration Instructions 中药处方煎服法</b><br>[注：剂型；几付；水煎或冲服；某些药物的特殊煎服法要注明，如先煎、后下。]<br><br>[注：与治法一致，且要写出具体中药和剂量，可以在原方上适当进行加减。<br>+ 补充分析：对于该处方的临床应用写出感想和心得。可包括药物的选择、用法用量、相互作用、配伍禁忌、对该处方与其他医家对此病证所使用的处方进行比较和分析等] |  |                  |  |               |  |
| <b>Prescription Analysis 方解</b>                                                                                                                                                                                                                          |  |                  |  |               |  |
| <b>Acupuncture Prescription 针灸处方</b><br>[注：与治法一致，且要写出穴位和操作。<br>+ 补充分析：对于该处方的临床应用写出感想和心得。可包括穴位的选择、行针方法、配伍原理、对该针灸处方与其他医家对此病证所使用的针灸处方进行比较和分析等]                                                                                                              |  |                  |  |               |  |
| <b>Other Treatments 其他治疗</b><br>[注：与治法一致，且要写出具体治疗的操作、部位、时间等。]                                                                                                                                                                                            |  |                  |  |               |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Clinical Instructions/Patient Care 医嘱/调护</b><br>[注：一般包括情志、饮食、起居三方面；某些特殊疾病需要特殊调护的需个体化说明。]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Remarks 备注</b><br>[注：写出对此病的进一步认识和分析]（< 500 字）<br>May consider the following as guiding points:<br><b>Lineage-Specific Learning Reflection</b><br><i>This section demonstrates the integration of lineage teaching into clinical reasoning.</i> <ul style="list-style-type: none"> <li>• What was the key lineage principle demonstrated in this case?</li> <li>• How did the mentor's approach differ from standard TCM teaching?</li> <li>• What specific lineage skill did you practice or observe in this case?</li> <li>• What lessons will you carry forward to future cases?</li> </ul> |

## Clinical Case Review 病例审查

| <b>To be filled by mentor 由导师填写:</b> |  |
|--------------------------------------|--|
| Comments<br>评语                       |  |
| Mentor Signature<br>导师签名             |  |
| Mentee Signature<br>学徒签名             |  |
| Review Date<br>审查日期                  |  |

| Case Study 2                                                                                                                                                                                                                                  |  |           |  |        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|--|--------|--|
| To be filled by mentee 由学徒填写                                                                                                                                                                                                                  |  |           |  |        |  |
| Name 姓名                                                                                                                                                                                                                                       |  | Gender 性别 |  | Age 年龄 |  |
| Clinical Diagnosis 病名诊断<br>填写中医病名                                                                                                                                                                                                             |  |           |  |        |  |
| Syndrome Diagnosis<br>填写应对以上病名的辨证                                                                                                                                                                                                             |  |           |  |        |  |
| Symptom Analysis (Including History, allergy) 症状分析（包括病史，过敏）                                                                                                                                                                                   |  |           |  |        |  |
| Treatment Principle 治法<br>填写与辨证一致的治法：内容可提现导师临床诊疗特色                                                                                                                                                                                            |  |           |  |        |  |
| Herbal Prescription & Preparation and Administration Instructions 中药处方煎服法<br>[注：剂型；几付；水煎或冲服；某些药物的特殊煎服法要注明，如先煎、后下。]<br><br>[注：与治法一致，且要写出具体中药和剂量，可以在原方上适当进行加减。<br>+ 补充分析：对于该处方的临床应用写出感想和心得。可包括药物的选择、用法用量、相互作用、配伍禁忌、对该处方与其他医家对此病证所使用的处方进行比较和分析等] |  |           |  |        |  |
| Prescription Analysis 方解                                                                                                                                                                                                                      |  |           |  |        |  |
| Acupuncture Prescription 针灸处方<br>[注：与治法一致，且要写出穴位和操作。<br>+ 补充分析：对于该处方的临床应用写出感想和心得。可包括穴位的选择、行针方法、配伍原理、对该针灸处方与其他医家对此病证所使用的针灸处方进行比较和分析等]                                                                                                          |  |           |  |        |  |
| Other Treatments 其他治疗<br>[注：与治法一致，且要写出具体治疗的操作、部位、时间等。]                                                                                                                                                                                        |  |           |  |        |  |

**Clinical Instructions/Patient Care 医嘱/调护**

[注：一般包括情志、饮食、起居三方面；某些特殊疾病需要特殊调护的需个体化说明。]

**Remarks 备注**

[注：写出对此病的进一步认识和分析]（< 500 字）

May consider the following as guiding points:

**Lineage-Specific Learning Reflection**

*This section demonstrates the integration of lineage teaching into clinical reasoning.*

- What was the key lineage principle demonstrated in this case?
- How did the mentor's approach differ from standard TCM teaching?
- What specific lineage skill did you practice or observe in this case?
- What lessons will you carry forward to future cases?

**Clinical Case Review 病例审查**

**To be filled by mentor 由导师填写：**

|                          |  |
|--------------------------|--|
| Comments<br>评语           |  |
| Mentor Signature<br>导师签名 |  |
| Mentee Signature<br>学徒签名 |  |
| Review Date<br>审查日期      |  |

| Case Study 3                                                                                                                                                                                                                                  |  |           |  |        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|--|--------|--|
| To be filled by mentee 由学徒填写                                                                                                                                                                                                                  |  |           |  |        |  |
| Name 姓名                                                                                                                                                                                                                                       |  | Gender 性别 |  | Age 年龄 |  |
| Clinical Diagnosis 病名诊断<br>填写中医病名                                                                                                                                                                                                             |  |           |  |        |  |
| Syndrome Diagnosis<br>填写应对以上病名的辨证                                                                                                                                                                                                             |  |           |  |        |  |
| Symptom Analysis (Including History, allergy) 症状分析（包括病史，过敏）                                                                                                                                                                                   |  |           |  |        |  |
| Treatment Principle 治法<br>填写与辨证一致的治法：内容可提现导师临床诊疗特色                                                                                                                                                                                            |  |           |  |        |  |
| Herbal Prescription & Preparation and Administration Instructions 中药处方煎服法<br>[注：剂型；几付；水煎或冲服；某些药物的特殊煎服法要注明，如先煎、后下。]<br><br>[注：与治法一致，且要写出具体中药和剂量，可以在原方上适当进行加减。<br>+ 补充分析：对于该处方的临床应用写出感想和心得。可包括药物的选择、用法用量、相互作用、配伍禁忌、对该处方与其他医家对此病证所使用的处方进行比较和分析等] |  |           |  |        |  |
| Prescription Analysis 方解                                                                                                                                                                                                                      |  |           |  |        |  |
| Acupuncture Prescription 针灸处方<br>[注：与治法一致，且要写出穴位和操作。<br>+ 补充分析：对于该处方的临床应用写出感想和心得。可包括穴位的选择、行针方法、配伍原理、对该针灸处方与其他医家对此病证所使用的针灸处方进行比较和分析等]                                                                                                          |  |           |  |        |  |
| Other Treatments 其他治疗<br>[注：与治法一致，且要写出具体治疗的操作、部位、时间等。]                                                                                                                                                                                        |  |           |  |        |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Clinical Instructions/Patient Care 医嘱/调护</b><br>[注：一般包括情志、饮食、起居三方面；某些特殊疾病需要特殊调护的需个体化说明。]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Remarks 备注</b><br>[注：写出对此病的进一步认识和分析]（< 500 字）<br>May consider the following as guiding points:<br><b>Lineage-Specific Learning Reflection</b><br><i>This section demonstrates the integration of lineage teaching into clinical reasoning.</i> <ul style="list-style-type: none"> <li>• What was the key lineage principle demonstrated in this case?</li> <li>• How did the mentor's approach differ from standard TCM teaching?</li> <li>• What specific lineage skill did you practice or observe in this case?</li> <li>• What lessons will you carry forward to future cases?</li> </ul> |

## Clinical Case Review 病例审查

| <b>To be filled by mentor 由导师填写:</b> |  |
|--------------------------------------|--|
| Comments<br>评语                       |  |
| Mentor Signature<br>导师签名             |  |
| Mentee Signature<br>学徒签名             |  |
| Review Date<br>审查日期                  |  |

**Note: Please add additional monthly clinical case record tables as required using the same format provided. 如需要，请按照所提供的相同格式添加额外的病例记录表。**

## **PART C CLINICAL LINEAGE & EXPERIENCE TRANSMISSION**

### **Competency Assessment**

- **Method of Assessment:** Mentor will assess mentee based on the learning objectives set at the start of the programme. (*e.g., direct observation, skillset demonstration, case-based oral examination*)
- **Assessment Criteria** (aligned with lineage standards/learning objectives):

| No. | Learning Objectives/Lineage Standards                                                                                                                                                          | Criteria Met/Not Met                                                                 |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1   | Mentee has internalised the lineage's approach and developed clinical autonomy within the tradition 学员已内化本流派学术思路，具备独立临床能力                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| 2   | Cultivated mentor's intuitive approach to synthesizing complex, often ambiguous clinical data into syndrome differentiation. 学习并内化了导师在面对复杂且模糊的临床数据时，凭直觉进行辨证论治的策略                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 3   | Mentee understood the logic behind the core principles of prescription, including modifications, preparation methods, and hidden ingredients of the lineage. 理解流派处方核心原则背后的逻辑，包括加减变化、制备方法及秘传药材。 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 4   | Mastering a specific acupuncture style (eg. Scalp acupuncture, balance needling etc) 掌握了针灸学派的精髓                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |

- **Overall Competency Determination:**
  - Demonstrated competency – can perform independently
  - Progressing – requires continued supervised practice
  - Not yet demonstrated – requires remediation

## **PART D END OF MENTORSHIP SUMMARY REPORT**

### **导师计划结束总结报告**

Upon completion of the clinical mentorship programme, write a comprehensive summary report covering: your learning progression, knowledge and skills gained from your mentor, key clinical insights acquired, challenges encountered and overcome, professional development achievements, and how the mentorship experience enhanced your clinical competency. Provide critical reflection on your entire programme experience and assess your readiness for independent clinical practice.

请在完成整个临床导师计划后，撰写一份全面的总结报告。报告应包含以下内容：您的学习进展、从导师身上学到的知识和技能、获得的主要临床见解、遇到和克服的挑战、专业发展成就，以及导师经验如何提升您的临床能力。请进行批判性反思，总结整个计划期间的学习心得，并评估您对独立临床实践的准备程度。

## **PART E PROGRAMME SUMMARY AND FINAL MENTOR EVALUATION**

### **计划摘要**

|                                                    |                        |
|----------------------------------------------------|------------------------|
| Total Programme Duration<br>(minimum 3 months):    | <填写总计划持续时间（最少 3 个月）>   |
| Total Sessions Completed<br>(minimum 12 sessions): | <填写已完成总课程数（最少 12 次课程）> |

| Month    | No. of Clinical Sessions<br>(minimum 10 per 3 months) | No. of Monthly Clinical Case<br>(minimum 1 per month) |
|----------|-------------------------------------------------------|-------------------------------------------------------|
| Month 1  | <填写临床课程数>                                             | <填写月度临床病例数>                                           |
| Month 2  | <填写临床课程数>                                             | <填写月度临床病例数>                                           |
| Month 3  | <填写临床课程数>                                             | <填写月度临床病例数>                                           |
| *Month 4 | <填写临床课程数>                                             | <填写月度临床病例数>                                           |
| *Month 5 | <填写临床课程数>                                             | <填写月度临床病例数>                                           |
| *Month 6 | <填写临床课程数>                                             | <填写月度临床病例数>                                           |

**Note: \*Additional months if programme extends beyond 3 months** 如计划延长超过 3 个月的额外月份

|                                                                                                                               |                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Mentee has demonstrated the ability to independently apply lineage-specific knowledge and skills in clinical practice:</b> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> With supervision only                                                |
| <b>Recommendation:</b>                                                                                                        | <input type="checkbox"/> Meets requirements for programme completion<br><input type="checkbox"/> Does not meet requirements; additional training recommended |
| <b>Mentor Comments</b>                                                                                                        |                                                                                                                                                              |

|                         |             |
|-------------------------|-------------|
| <b>Mentor Signature</b> | <b>Date</b> |
|                         |             |

### **Mentee Declaration**

*I confirm that the cases and skills documented in this logbook are a true and accurate record of my clinical training during the programme.*

|                         |             |
|-------------------------|-------------|
| <b>Mentee Signature</b> | <b>Date</b> |
|                         |             |

**Note:** The Board may review and update the Clinical Mentorship Programme and its supporting documents from time to time to ensure that they remain relevant and effective. Practitioners should refer to the TCMPB website for the latest versions of the programme documents.

**注：** 中医管理委员会可不时检讨及更新临床导师计划及其相关文件，以确保计划持续切合实际需要并保持成效。执业中医师应参阅中医管理委员会网站所公布的最新版本文件。

## Annex

# PROGRAMME GUIDELINES AND REQUIREMENTS

## 1. Programme Overview

Traditional Chinese Medicine (TCM) has long been transmitted through the 师承 (**shī chéng**) mentor–mentee model, preserving lineage-based knowledge such as proprietary formulas, diagnostic methods, and specialized techniques. However, modern TCM education in Singapore, including the Ministry of Health’s Clinical Training Programme (CTP), emphasizes standardized, competency-based training to ensure patient safety. While essential, this approach may risk diluting valuable lineage traditions. Given Singapore’s experienced TCM community, significant clinical knowledge remains to be passed on. The Clinical Mentorship Programme (CMP) addresses this by providing a structured, accredited pathway that integrates traditional apprenticeship with modern educational and quality assurance frameworks to preserve heritage and enhance clinical practice.

## 2. Programme Requirements

### 2.1 Structure and Duration

- Minimum programme duration: 3 months
- Minimum training sessions: 12 sessions per programme
- Session duration: 2-4 hours per clinical training session
- Documentation requirement: Minimum 3 case studies at the end of the programme
- CPE points – Mentee 12 points; Mentor 24 points upon completion of programme.

### 2.2 Assessment Framework

Mentor assessments are mandatory, providing formal written comments that address:

- Direct observation of clinical encounters
- Skillset demonstration
- Case study
- End of Mentorship Summary Report (Reflective portfolio)

These assessments serve as official documentation of progress and form part of the overall programme evaluation. Mentor will issue a Letter of Transmission to confirm that the mentee has achieved the intended learning objectives.

## **2.3 Programme Commitment**

Both mentor and mentee must commit to the minimum full three-month duration. If either party cannot fulfil this commitment, the programme must be restarted to maintain educational integrity.

## **3. Roles and Responsibilities**

### **3.1 Shared Requirements for All Participants**

- Commit to full three-month programme duration (restart required if either party cannot complete)
- Maintain professional standards and programme integrity throughout
- Participate actively in mandatory monthly review sessions
- Ensure all documentation is accurate, complete, and properly signed

### **3.2 Mentor-Specific Requirements**

- Obtain Secretariat approval with pre-submission requirements equivalent to speaker and trainer qualifications (via event provider). Licensed TCM physicians/acupuncturists holding valid practicing certificate; minimum Consultant TCMP equivalent level (per ADVISORY ON TCM PRACTITIONERS' CAREER AND REMUNERATION GUIDELINES (CRG))
- Maintain professional independence (employer-employee relationships with trainees are prohibited)
- May withdraw only in exceptional circumstances (e.g., organisational departure)
- Provide written assessment and sign logbook after each training session
- Verify accuracy and completeness of all documentation entries
- Conduct thorough reviews to ensure programme educational objectives are met

### **3.3 Mentee-Specific Requirements**

- Licensed TCM physicians/acupuncturist with a valid Practising Certificate (PC) and at least 1 year of clinical experience. Clinical experience shall generally be determined based on the practitioner's registration year and proof of employment and/or voluntary practice in a TCM organisation.
- In exceptional circumstances, a Fully Accredited CPE Event Provider may recommend a mentee who does not meet the minimum clinical experience requirement. The recommendation must be supported by:
  - a) a statement from the mentor and the mentee;
  - b) the rationale for recommending the mentee for participation in the programme; and
  - c) the mentee's academic transcript.

Such exceptional cases shall be capped at no more than 5 mentees per calendar year per Fully Accredited CPE Event Provider and are subject to Board approval.

- Participate only in CMP administered by Fully Accredited Event Providers
- Maintain comprehensive logbook records including dates, times, and clinical cases observed
- Ensure all Clinical Session Records and Case studies are completed with all fields populated, completing the relevant documentations and pass the relevant assessments.
- Prepare thoroughly for monthly review sessions and discussions
- Demonstrate respect for the lineage's traditions.

## 4. Documentation Standards

### 4.1 Confidentiality Requirements

Patient confidentiality must be maintained at all times. Use only patient initials or the final four alphanumeric characters of patient identification numbers. All records must be stored securely.

### 4.2 Required Documentation Components

- a) **Clinical Session Records:** Document all cases and treatment procedures observed, assisted with, or performed during each session. Maintain comprehensive records to track learning progress and clinical exposure. Additional cases beyond core requirements should be recorded to enhance the learning portfolio.
- b) **Clinical Case Documentation** Provide detailed documentation of 3 clinical cases at the end of programme. Mentors may select any documented case for detailed discussion during assessment periods.
- c) **End of Mentorship Summary Report:** Submit a comprehensive summary report upon programme completion, reflecting on the overall training experience. This report should encompass learning progression, key clinical insights, challenges overcome, professional development achievements, and demonstration of readiness for independent clinical practice.

Monthly reviews and case record discussions with mentors are mandatory components of this programme.

## 附件

### 计划指导原则和要求

#### 1. 计划概述

中医学术传承历来以“师承”为主要模式，依靠师徒间的口传心授，保存流派秘方、独特诊法与专门技术。

然而，新加坡现代中医教育体系，特别是卫生部的临床培训计划（CTP），强调标准化及能力导向的培训，以确保患者安全。此类制度虽不可或缺，但亦可能削弱传统师承的精髓。

有鉴于此，本地临床导师计划（Clinical Mentorship programme, CMP）应运而生。该计划旨在借助新加坡丰富的中医师资资源，通过结构化、认证化的途径，将传统师承模式与现代教育及质量保障框架相结合，以期系统性地传承临床经验，同时提升整体实践水准。

#### 2. 计划要求

##### 2.1 结构和持续时间

- 最短计划持续时间：3 个月
- 最少培训课程：每个计划须完成 12 次培训课程
- 每次临床培训课程时长：2 至 4 小时
- 文档要求：计划结束时须提交最少三（3）个临床病例个案研究
- 继续专业教育（CPE）分数（须完成整个计划后方可获取）：
  - 学徒：12 分
  - 导师：24 分

##### 2.2 评估框架

导师评估为强制性要求，并须提供正式书面评语，评估内容包括：

- 对临床诊疗过程的直接观察
- 临床技能示范
- 临床病例研究
- 师承结束总结（反思性学习档案）

上述评估构成学员进展的正式记录，并作为整体计划评估的重要组成部分。计划完成后，导师须出具**师承传承证明信**（Letter of Transmission），确认学徒已达成既定学习目标。

## 2.3 计划承诺

导师与学徒均须承诺完成至少三个月的完整计划周期。若任何一方中途退出，计划须重新开始，以维护教育的完整性与严谨性。

## 3. 角色和职责

### 3.1 所有参与者的共同要求

- 承诺完成完整的三个月计划周期（若任一方未能履行，须重新启动计划）
- 全程保持专业操守，维护计划完整性
- 积极参与每月强制性的检讨会议
- 确保所有文件记录准确、完整，并签署妥善

### 3.2 导师特定要求

- 须经秘书处审批，并由活动主办机构提交申请，以符合与讲者及培训导师相同的资格审核要求。申请人须为持有有效执业证书的注册中医师 / 针灸师，且职级须达到《ADVISORY ON TCM PRACTITIONERS' CAREER AND REMUNERATION GUIDELINES (CRG)》所订顾问级中医师 (Consultant TCMP) 或同等资历。
- 须保持专业独立性（禁止与学徒存在雇主—雇员关系）
- 仅可在特殊情况下退出计划（如机构离职）
- 每次培训课程后须提供书面评估，并在记录册上签署确认
- 核实所有文件记录的准确性及完整性
- 进行全面检讨，以确保达成计划的教育目标

### 3.3 学徒特定要求

- 须持有有效执业证书的中医师或针灸师，并具备至少一年的临床经验。临床经验一般以注册年份及在中医机构受雇及 / 或提供义务服务的证明文件作为依据。
- 在特殊情况下，完全认可的继续专业教育（CPE）活动主办机构可推荐未达到最低临床经验要求的学员参加本计划。申请须提交：
  - a. 导师及学员联合声明；
  - b. 推荐学员参加计划的理由；以及
  - c. 学员成绩单。

每家完全认可的继续专业教育（CPE）活动主办机构每历年获批准的例外个案不得超过五宗。

- 仅可参与由完全认可的继续教育课程提供者（Fully Accredited CPE Event Provider）所管理的本地临床导师计划（CMP）
- 须维护完整的记录册，包括培训日期、时间及观察的临床病例
- 须确保所有临床培训记录及病例研究完整填写，涵盖所有相关栏位，并完成相关评估要求
- 须为每月检讨会议及讨论做好充分准备
- 须尊重并体现中医师承流派的传统

## 4. 文档标准

### 4.1 保密要求

必须始终维护患者隐私及保密性。

仅可使用患者姓名首字母，或患者身份证明号码的最后四个字母数字字符。

所有记录须妥善及安全保存。

### 4.2 必需文档组成部分

#### a) 临床诊疗记录：

记录每次培训中所观察、协助或执行的所有病例及治疗程序。应维持完整记录，以追踪学习进度及临床经验。除基本要求外，亦应记录额外病例，以丰富学习档案。

#### b) 月度临床病例记录：

于计划结束时提交三（3）个完整的临床病例记录。导师可在评估期间选择任何已记录的病例进行深入讨论。

#### c) 导师计划结束总结报告：

计划完成时须提交一份全面总结报告，反思整体培训经验。内容应涵盖学习进展、关键临床洞见、所克服的挑战、专业发展成果，以及是否已具备独立临床实践的准备程度。**\*附加说明：**与导师进行的每月检讨及病例讨论，为本计划的强制性组成部分