

Hong Kong College of Surgical Nursing Checklist for Re-assessment of Clinical Training Centre for Advanced Practice Nurse Training Programme

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1.	General Information Please type or complete the form in BLOCK LETTERS and *delete as appropriate						
Nar	ne of Organization:						
Add	lress:						
Nar	ne of Person-in-charge:						
Job	*Title / Position:						
Pre	sent Working *Place / Area:						
Tele	ephone number:	Fax number:					
Ema	ail address:						
*Cu	rrent / Last approved period	: from to					
	Surgical Specialty applying fo Breast Care Ear Nose & Throat Care Hepatobiliary & Pancreatic Care Organ Donation Vascular Care clinical training centre is visi	Burn & Plastic Care Colorectal Care Neurosurgical Care *Stoma & Wound Care / Enterostomal Therapy Care General Surgery ted on		Cardiothoracic Gynaecological Ophthalmologi Urological Care Others	l Care ical Care		
		ecked to be accurate in the fol	llowin	gs:			
2.	Total number of surgical de	_					
	2.1 In-patient beds (at least 30 beds)						
	2.2 *Day / Ambulatory be	ds	□Y	′ □ N	□ NA		
	2.3 High dependent beds	□Y	′ □ N	□ NA			

 \Box Y \Box N \Box NA

2.4 Others, please specify

	narks:			
3.	Average patient's length of stay	□Y	□ N	□ NA
Rer	marks:			
<u> </u>	Total number of nursing staff			
	4.1 Senior nurse supervisor(Equivalent to DOM / NC of HA)	□Y	□ N	□ NA
	4.2 Nurse supervisor (Equivalent to WM/APN/NO of HA)	 □ Y	□ N	□ NA
	4.3 Registered Nurse (Equivalent to RN of HA)	□ Ү	□ N	□ NA
	4.4 Others, please specify	□ Y	□ N	□ NA
	4.5 Nurse : Patient ratio	□Y	□ N	□ NA
Rer	marks:			
5.	Total number of admission in the last year			
	5.1 In-patient: Emergency / Elective	\Box Y	\square N	□ NA
	5.2 Day / Ambulatory	\Box Y	\square N	□ NA
	5.3 Out-patient clinic	\Box Y	\square N	□ NA
	5.4 Others, please specify	\Box Y	\Box N	□ NA
Rer	narks:			
Rer	marks:			
Rer	marks:			
	Total number of operations in the last year			
		□ Y	□ N	□ NA
Rer	Total number of operations in the last year	□ Y	□ N	□ NA
6.	Total number of operations in the last year 6.1 Emergency / Elective			

7. Specialties avai	lable in S	urgery (please indicate wi	ith a '🗸	")		
□ Breast Care		□ Burn & Plastic Care		□ Cardiothoracic Care		
□ Ear Nose & Throat Care		□ Colorectal Care		□ Gynaecological Care		
☐ Hepatobiliary & Pancreatic Care		□ Neurosurgical Care		□ Ophthalmological C	are	
□ Organ Donation		□ Stoma & Wound Care / Enterostomal Therapy Care		□ Urological Care		
□ Vascular Care		□ General Surgery		□ Others		
,		1 subspecialties; subspecent of mandatory experie	-	•	-	
8. Number of Fell	ows work	ring in the specialties		_ N	Nil	
Specialties	No. of Fellows	Specialties	No. of Fellows	Specialties	No. of Fellows	
Breast Care		Burn & Plastic Care		Cardiothoracic Care		
Ear Nose & Throat Care		Colorectal Care		Gynaecological Care		
Hepatobiliary & Pancreatic Care		Neurosurgical Care		Ophthalmological Care		
Organ Donation		*Stoma & Wound Care / Enterostomal Therapy Care		Urological Care		
Vascular Care		General Surgery		Others		
•		able, a specialist doctor a Mentor and The Colleg		_	_	
9. Surgical Special	ty Nurse	Clinic (please indicate wit	:h a ' ✔ ') 🗆 Nil		
□ Breast Care		□ Burn & Plastic Care		□ Cardiothoracic Care		
□ Ear Nose & Throat Ca	ire	□ Colorectal Care		□ Gynaecological Care		

HepatoCare	biliary & Pancreatic	☐ Neurosurgical Care		│ □ Opht	halmol	ogical Ca	are
□ Organ Donation		*Stoma & Wound C Enterostomal Thera	-	□ Urological Care		ire	
□ Vascular Care		□ General Surgery		□ Other	`S		
•	on or in the commu	rse Clinic, special arrang Inity is preferred, aim to					
10. Nu	umber of cases in th	e Nurse Clinics in last ye	ar	_ N	Nil		
Spe	cialties Cases	Specialties	Cases	Sp	ecialtie	S	Cases
Breast Car	е	Burn & Plastic Care		Cardiothoracic Care			
Ear Nose & Throat Care		Colorectal Care		Gynaecological Care			
Hepatobiliary & Pancreatic Care		Neurosurgical Care		Ophthalmological Care			
Organ Donation		*Stoma & Wound Care / Enterostomal Therapy Care		Urological Care			
Vascular C	are	General Surgery		Others			
(Review Remarks	•	tice role provided to pat	tient or cli	ent unde	r care)		
	ccredited Continuo Jursing Council of Ho	ous Nursing Education ong Kong	provider	by the	□Y	□ N	□ NA
		ite by the Nursing Counc	il of Hong	Kong	□Y	□ N	□ NA
	Accredited / Affiliated clinical training site by *local / overseas					□ N	□ NA
	In-service training for nurses				□Y	□ N	□ NA
15. L	Learning facilities for nurses			_ ·	_ N	□ NA	
16. C	Community involvement				□ N	□ NA	
	pportunity(ies) for	nurses to participate in: y meeting / round			□ Y	□ N	□ NA
-	·	ality improvement activi	ties		□ Y	□ N	□ NA

- *evidence-based proje	ect/research project	\Box Y \Box N \Box NA
Overall Comments:		
Recommendations:		
Revisit training centre would be	*necessary / not necessary	
Clinical Training Centre Accredita	tion Panel	
Signature:	Signature:	
Full Name:	Full Name:	
Position:	Position:	
Cignoturo	Cianatura	
Signature: Full Name:	Signature: Full Name:	
Position:	Position:	
	rt from the Assessment Panel and	
□ Approved	to be a	Clinical Training Centre
in	(specialty) for a period	d of years
□ Not Approved	to ho a	Clinical Training Contro
□ Not Approved	to be a	Cliffical framing Centre
in	(specialty)	
Reasons:		

Signature:		Signature:	
Full Name:		Full Name:	
Position:	Chair, HKCSN E&AC	Position:	President, HKCSN
Date:		 Date:	