(様式１)

※登録番号

※受付番号

一般社団法人 日本外傷学会

外傷専門医研修施設 新規認定 申請書

2017年 月 日

一般社団法人日本外傷学会

代表理事 木村 昭夫 殿

一般社団法人日本外傷学会専門医制度規則および同施行細則にもとづき、外傷専門医研修施設の**新規認定**を申請します。

施設名：

（ふりがな）

公印

施設長名：

（ふりがな）

施設所在地：〒

申請責任者となる外傷専門医氏名：

（ふりがな）

同所属名：

電話番号： ‐ ‐

FAX番号： ‐ ‐

E-Mail：

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外傷専門医履歴書

氏名： ㊞

外傷専門医認定番号：( )

※ 外傷専門医認定証のコピーを添付すること

現住所：〒

最終学歴：

西暦 年 月卒業

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| 主な職歴 | |
| (西暦)年 月 | 事項 |
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申請施設内容

１．診療科目数 科 総病床数 床

　　 申請責任者所属科（部）の病床数 床

２．過去３年間の申請責任者所属科（部）の実績

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| 年 | 外傷入院 | 非外傷入院 | M&Mカンファレンス  開催回数 |
| 2014年 |  |  |  |
| 2015年 |  |  |  |
| 2016年 |  |  |  |

＊1年間は１月１日～12月31日となります。

３．常勤の外傷専門医数( 名)

４．常勤の外傷専門医氏名(※外傷専門医認定証のコピーの添付は不要です)

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|  | 専門医氏名 | 所属科(部)名 | 外傷専門医番号 |
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診療実績表１－①

(外傷専門医研修施設 [新規認定]申請用)

日本外傷データバンク登録症例のうち、**AIS３以上**の症例を年間50例以上、3年間分記入してください。

**記載に際しては、申請手引きの注意事項をよく読んで記入してください。**

**(2014年１月 ～ 2014年12月)**

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診療実績表１－②

(外傷専門医研修施設 [新規認定]申請用)

日本外傷データバンク登録症例のうち、**AIS３以上**の症例を年間50例以上、3年間分記入してください。

**記載に際しては、申請手引きの注意事項をよく読んで記入してください。**

**(2015年１月 ～ 2015年12月)**

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|  | ＩＤ | 性 | 年齢 | **AIS値の根拠となる**診断名 | AIS値 |
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| 施設名 |  |

診療実績表１－③

(外傷専門医研修施設 [新規認定]申請用)

日本外傷データバンク登録症例のうち、**AIS３以上**の症例を年間50例以上、3年間分記入してください。

**記載に際しては、申請手引きの注意事項をよく読んで記入してください。**

**(2016年１月 ～ 2016年12月)**

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|  | ＩＤ | 性 | 年齢 | **AIS値の根拠となる**診断名 | AIS値 |
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診療実績表２

(外傷専門医研修施設 [新規認定]申請用)

日本外傷データバンク登録症例のうち、**ISS 16以上**の症例を年間25例以上、3年間分を記入してください。

**体表損傷は使用できません。体表損傷を除いてISS 16以上になる症例を記載してください。**

**単独外傷は年間5例以下とし、その症例内容も偏りがないようにしてください。**

**記載に際しては、申請手引きの注意事項をよく読んで記入してください。**

**(2014年１月 ～ 2014年12月）**

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**(2015年１月 ～ 2015年12月)**

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**(2016年１月 ～ 2016年12月)**

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|  | ID | 性 | 年齢 | ISS計算に選択した損傷名 | AIS値 | ISS値 | 転帰 |
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(様式6)

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| 施設名 |  |

死亡症例等に関するカンファレンス記録

morbidity and mortality (M&M) conference

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 開催日時 |  | | | | | | |
| 出席者 |  | | | | | | |
| ID/年齢/  性別 |  | | | | | | |
| 損傷名 |  | | | | | | |
| AIS | 頭頸部 | 顔面 | 胸部 | 腹部 | 四肢骨盤 | 体表 | ISS |
|  |  |  |  |  |  |  |
| 搬送〜  治療経過 |  | | | | | | |
| 問題点・  死因についての考察 |  | | | | | | |
| 今後の  改善点 |  | | | | | | |