様式２別紙２－２

令和　６年　５月　日

指定研修機関名　　　静岡県立静岡がんセンター

**講義、演習又は実習を行う施設及び設備の概要**

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| １．施設の名称 | | | フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ２．所在地 | | | 郵便番号 | | |  | | | － | | |  | | | 都道府県 | | | | | |  | | | | | | | | |
| フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ３．電話 | | |  | － | | |  | | | | － |  | | | | ４．FAX | | | |  | | | － | | |  | | － |  |
| ５．施設の代表者の氏名 | | | フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ６．特定行為研修の実施責任者の氏名等（協力施設の場合のみ記入） | | | フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | 職 種 | |  | | | | | |
| 役 職 | |  | | | | | |
| ７．当該施設で行う全ての特定行為研修 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 共通科目及び区分別科目の名称 | | | | | | | | | | | | | | | | | | 研修方法 | | | | | | | | 定員数 | | |
| 栄養及び水分管理に係る薬剤投与関連 | | | | | | | | | | | | | | | | | | 実習 | | | | | | | |  | | |
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| ８．実習を行う施設における特定行為研修期間中の特定行為に係る症例数の見込み | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 特定行為名 | | | | | | | | | | | | | | | | | | | | | 症例数の  実績（概数） | | | | | 症例数の  見込み | | |
| 持続点滴中の高カロリー輸液の投与量の調整 | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | |
| 脱水症状に対する輸液による補正 | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | |
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| ９．通信により研修を行う場合の環境の整備状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 具体的な実施方法 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 通信の方法 | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |
|  |  | 主に学習する場所 | | |  | | | | | | | | | | | | |
|  |  | 同時双方向性の確保 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 通信環境トラブル対処 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 学修の進捗管理 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 添削指導 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 設問解答 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 質疑応答 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 意見交換 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 試験等評価の実施 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 10．医学教育用シミュレーター及び視聴覚教材等の整備状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 医学教育用シミュレーター　　有　・　無　・　購入予定 | | | | | | | | | | | | | 医学教育用視聴覚教材　　　　有　・　無　・　購入予定 | | | | | | | | | | | | | | | |
| 11．実習を行う施設の医療に関する安全管理のための体制 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | １）医師の臨床研修病院の指定の有無 | | | | | | | | | | | 有　　・　　無 | | | | | |  | | | | | | | | | | | |
|  | ２）特定機能病院の承認の有無 | | | | | | | | | | | 有　　・　　無 | | | | | |
|  | ３）実習に係る安全管理に関する組織の設置状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 構成員 | | | | | | 人数 | | | | | | | | | |  | | | | | | | | | | | |
|  |  | 実習を行う施設の管理者 | | | | | |  | | | | | | | | | |
|  |  | 関係各部門の責任者 | | | | | |  | | | | | | | | | |
|  |  | 医師である指導者 | | | | | |  | | | | | | | | | |
|  |  | その他 | | | | | |  | | | | | | | | | |
|  |  |  | | | | | | 合計 | | | | | | | | | |
|  | ４）実習に係る緊急時の対応に係る手順を記載した文書　　　　有　　　　・　　　　無　　　・　　　作成中 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | ５）実習に係る患者からの相談に応じる体制の確保状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 患者の相談に応じる責任者 | | | | | | | | 職種 | | | | | | | | 役職 | | | | | | | 備考 | | | | |
|  |  |  | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |
|  |  | 患者の相談に応じる窓口の有無　　　　　　　有　　　　・　　　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12．実習を行うに当たり患者に対する説明の手順を記載した文書　　　　　　有　　　　・　　　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 13．指定研修機関と協力施設との連携体制（協力施設の場合に記入） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | １）指導方針の共有方法 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２）関係者による定期的な会議の開催 | | | 開催頻度 | | | | |  | | | | 回／年 | | | |  | | | | | | | | | | | | |
| 目的： | | | | | | | | | | | | | | | | | | | | | | | | | |
| 検討事項の概要 | | | | | | | | | | | | | | | | | | | | | | | | | |
| ３）その他特定行為研修についての連携 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |