附件5：

**首都医科大学怀柔教学医院优秀导师评选申报表**

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| **教师基本信息** | | | | | | | | | | | | | | |
| 姓 名 | | |  | | | 政治面貌 | |  | | 出生年月 | |  | | |
| 职 务 | | |  | | | 职 称 | |  | | 教 龄 | |  | | |
| 教研室 | | |  | | | 联系电话 | |  | | E-mail | |  | | |
| **近3年承担3+2教学任务（2022.9-2025.8）**  （以科教科下达课程教学任务为准） | | | | | | | | | | | | | | |
| **临床轮转带教** | | | | | | | | | | | | | **学年** | **教研室**  **审查签字** |
| **纵向课（次）** | **小讲课**  **（次）** | | | | **教学查房（次）** | | **病例讨论（次）** | | **临床带教（周）** | | **培训/考官（次）** | |
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| **教学效果（2022.9-2025.8）** | | | | | | | | | | | | | | |
| **带教学员姓名** | | | |  | | | | **学员年级** | | | |  | | |
| **学员出勤情况** | | | |  | | | | **与学员及其带教老师谈话率** | | | |  | | |
| **学员助理执业医师考试通过情况** | | | | | | | | | | | | | | |
| **参加技能考试次数** | | | |  | | | | **技能通过时间** | | | |  | | |
| **参加理论考试次数** | | | |  | | | | **理论通过时间** | | | |  | | |
| **近3年教育教学研究情况（2022.9-2025.8）** | | | | | | | | | | | | | | |
| **学年** | | **开展课程建设、教学课题情况** | | | | | | **教学论文情况** | | | | **编写教材情况** | | |
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| **近3年教育教学获奖情况（2022.9-2025.8）**  （各级各类教学竞赛获奖、院级及以上教育教学成果奖等） | | | | | | | | | | | | | | |
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| 教研室推荐意见  教研室主任（签字）：  年 月 日 | | | | | | | | | | | | | | |
| 教育委员会审核意见  签字：    年 月 日 | | | | | | | | | | | | | | |

提示：若表格内容填不下，可自行加行。