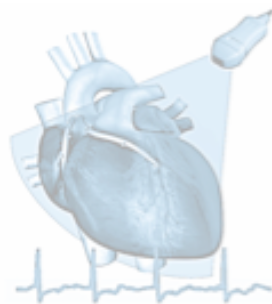




WINFOCUS-SWITZERLAND LOGBOOK



NOTES FOR CASE COLLECTION AND LOGBOOK EDITING

Minimum number of exams: **xx** fully supervised (TYPE A exams) + **xx** autonomously collected for later validation (TYPE B exams)

- This logbook must contain data on all your exams for final certification, both the TYPE A (i.e. when the tutor is at your side while you perform the exam) and the TYPE B (autonomously performed, to be subsequently validated upon submission to you tutor or via web to your distant-teacher). We suggest to print down the logbook on a sheet and fill it in immediately after the end of each exam; then report later the data in this digital version.

- For the sake of easy tracking of the collected clips/images of each case, create on USB-key a folder for each patient and indicate it with a progressive numeration (Ex. Folder n 1,2,3,4, etc.). In the line "*File number*" of the Logbook you have to report the folder number corresponding to the patient.

- In each folder save the clips/images useful to support the findings you indicated in each column of the logbook. You will name the clips/images with the folder number + progressive letters for each clip/image (Ex: Patient Folder number 3, containing 5 clips: name the clips/images 3A, 3B, 3C, 3D, 3E). Report this indication in the line "*File Number*" of the Logbook .

- WARNING: If you save static images and not clips to support dynamic findings (ex: LV contractility), save more images in different phases of the dynamic phenomenon. (Es. end-diastolic and end-systolic LV), or use, if appropriate, M-Mode (Ex: M-Mode in parasternal long axis with evidence of LV diameter variation in time). Otherwise we won't be able to interpret images.

- Compile each page of the Logbook. The rule is: one exam = one page. If you repeat the exam on the same patient upon changed clinical circumstances (this is encouraged) and your findings have changed, use another page and put the clips/images in a different folder with a different number.

- Try to give in the line "*Circumstances & Clinical Indications*" all the essential informations to understand the clinical scenario (you can write as long as you want in the digital Logbook). Remember that the validating Tutor, if not present at the moment of the exam, has to thoroughly understand the exam from your data. Every exam will be judged based on the fact that:

- 1) there was an appropriate indication to a focused critical care echo exam
- 2) the exam was technically performed correctly
- 3) the exam was stored appropriately (the clips/images are interpretable)
- 4) the main findings described are consistent with the clips/images provided
- 5) the diagnosis is consistent with the findings
- 6) the declared patient management was carried on according to the Echo diagnosis

Only exams that will fulfill all the above mentioned criteria will be considered valid for certification

- Do not compile the blue part; it's for tutor's evaluation.

- **For validation of exams executed without the direct presence of a tutor, only exams entirely compiled and with relative folder (informative clips/images) will be considered.**

Examination Number: _____

Date: ___/___/___

Location:

Hospital: _____

Department: _____

Type of exam: _____

Clinical data:

Patient's initials: _____

Patient's age: _____

Patient's sex: _____

Circumstances & clinical indications: _____

Sonographic findings:

ARTERY	DEPTH (mm)	Vm (cm/s)	Vd (cm/s)	Vs (cm/s)	IP	Direction
Mean CA						
Mean CA						
Mean CA						
Anterior CA						
Posterior CA						
Basilar Artery						

ONSD: _____ Comments (LR, other): _____

Interpretation: _____

Name/Surname: _____

Signature: _____

ONLY FOR THE TYPE A

Supervisor's specialty: _____

Overseeing: _____

Evaluation:

Quality assurance tool: _____

Image generation: insufficient - sufficient - good - perfect - N/A

Image acquisition: insufficient - sufficient - good - perfect - N/A

Image interpretation: insufficient - sufficient - good - perfect - N/A

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Clinical and organizational thinking: _____

Other remarks: _____

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Name/Surname: _____

Signature: _____

ONLY FOR THE TYPE A

Supervisor's specialty: _____

Overseeing: _____

Evaluation:

Quality assurance tool: _____

Image generation: insufficient - sufficient - good - perfect - N/A

Image acquisition: insufficient - sufficient - good - perfect - N/A

Image interpretation: insufficient - sufficient - good - perfect - N/A

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Clinical and organizational thinking: _____

Other remarks: _____

Supervisor's name: _____

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Examination Number: _____

Date: ___/___/___

Location:

Hospital: _____

Department: _____

Type of exam: _____

Clinical data:

Patient's initials: _____

Patient's age: _____

Patient's sex: _____

Circumstances & clinical indications: _____

Sonographic findings:

ARTERY	DEPTH (mm)	Vm (cm/s)	Vd (cm/s)	Vs (cm/s)	IP	Direction
Mean CA						
Mean CA						
Mean CA						
Anterior CA						
Posterior CA						
Basilar Artery						

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