

# Sample Case Log

## Requirement 5: Supervised Training

### Transesophageal Examinations

#### Examinations performed and Interpreted

Physician's Full Name: \_\_\_\_\_

Physician's Date of Birth: \_\_\_\_\_

*Attestation: I attest that this is an accurate recording of the cases performed and interpreted by myself and are complete critical care transesophageal echocardiograms.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fellowship Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Number	Date Performed	Critical Care Indications	Echo Findings	Clinical Diagnosis	Attending
<i>Example</i>	MM/DD/YYYY	Hypotension	Mitral Valve Vegetation	Cardiogenic Shock	Dr. Smith
<i>Example</i>	MM/DD/YYYY	Shock	Left Atrial Thrombus	Distributive shock	Dr. Phillips
<i>Example</i>	MM/DD/YYYY	Respiratory Failure	Decreased Ejection Fraction	Cardiogenic pulmonary edema	Dr. Smith
1					
2					
3					
<i>(continue numbering)</i>					

**\*Note:** Under the **Supervised Training** pathway the attending should be listed as the physician with whom the findings were discussed.