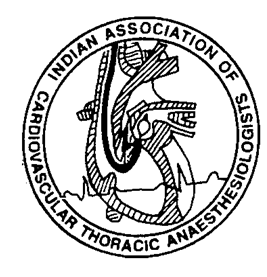
**LOG BOOK**

**OF**

**FTEE**

**(Fellowship of Perioperative Trans Esophageal Echocardiography)**



**Indian College of Cardiac Anaesthesia**

**Indian Association of Cardiovascular Thoracic Anaesthesiologists**

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**Institution Name / Logo**

**NAME: Dr.**

**ACADEMIC QUALIFICATIONS:**

**PERIOD OF ECHO Training/ Imaging:**

**CERTIFICATE**

I hereby certify that I have performed /assisted the Trans Esophageal Echocardiographic imaging of all the cases described in the work record. The imaging was under the able guidance of the consultants of Department/Division of Cardiac Anaesthesia, ……………………………………………………………….

Place:

Date:

Signature:

**Dr.**

Dr………………………………………………….has satisfactorily carried out the minimum required TEE imaging under supervision and independently.

**Prof./ Dr.**

Seal Institution:

**CONTENTS**

**Items Page No.**

**ACADEMIC ACTIVITIES**

(Echo related)

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **TOPIC** | **MODERATOR** | **SIGNATURE (Moderator/Fellowship in charge)** |
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**ACADEMIC PRESENTATIONS (Echo related)**

**ACADEMIC SESSIONS (Echo related) ATTENDED**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **Date** | **Topics** | **Presenter** |
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**TEE WORKSHOPS/CONFERENCES, ATTENDED**

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| **Date** | **Workshops / Conferences** | **Organized by** |
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**ECHO PRESENTATION IN WORKSHOPS/CONFERENCES**

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| --- | --- | --- | --- |
| **DATE** | **WORKSHOP/**  **CONFERENCE** | **POSTER/ PODIUM** | **TITLE** |
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**ECHO BASED RESEARCH PROJECTS**

Title:

Investigators:

Ethics committee approval:

Aims and Objectives:

Methods:

Results:

Conclusion:

**JOURNAL PUBLICATIONS (Echo related)**

|  |  |  |  |
| --- | --- | --- | --- |
| SL No | Title of the paper | Authors | Journal- year, vol, pages |
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**List of 25 cases to be shown during examination**

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| --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Date** | **Name** | **Age** | **Gender** | **Diagnosis** | **Procedure** |
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**LIST OF 100 CASES**

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| --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Date** | **Name** | **Age** | **Gender** | **Diagnosis** | **Procedure** |
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**TEE Report of 100 Individual Cases**