Basic Ultrasound Rotation Checklist

Please complete this form and email to $\underline{tfong3@jhmi.edu}$ or drop off in Dr. Fong's mailbox (in the JHED copy room) at the end of your rotation.

Resident Name:	Dates of Rotation:
studies over the 2-week block. $ \\$	oal: 100) technically adequate, correctly interpreted ultrasound Each study was either supervised by a credentialed faculty or has y, and has a completed report in Qpath.
☐ I have read the following c alternatively the <i>Introduction t</i>	hapters in Manual of Emergency and Critical Care Ultrasound (or o Bedside Ultrasound iBook):
Ch 1: Fundamental	Ch 6: Renal and Bladder
Ch 2: FAST	Ch 7: Gallbladder
Ch 3: Cardiac	Ch 9: Respiratory
Ch 5: Aorta	Ch 15: Vascular access
AAA Biliary	Thoracic Trauma
Cardiovascular Physics	Urinary Tract
□ Based on my experience duri the Advanced Ultrasound Rota	ing the Basic Ultrasound Rotation, I have the following goals for tion next year
Please provide any positive or THANKS FOR YOUR HARD WO	constructive feedback about the rotation on the back of this form. RK!