

# STUDENT CLINICAL SKILLS POCKET BOOK (ADVANCED BEGINNER) MIDS 281 – 2022

81----

Name

# CLINICAL SCANNING SKILLS

DEVELOPING COMPETENCE

Term 1

**MIDS 121** 

Novice

Term 2 Term 3 Term 4 MIDS 151

MIDS 181

MIDS 231

**ADVANCED BEGINNER** 

Term 5 Term 6

MIDS 281

PRAC 290 +

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#### **Use of Pocket Book**

This pocket book should be used on a daily basis to keep track of clinical experiences, including participation in ultrasound examinations and personal notes for self-reflection.

This book is an intermediary between work that is completed in the department and evidence that is transferred to the Portfolio of Clinical Experience. The portfolio should remain outside of patient care areas and updated by the student in conjunction with the Clinical Liaison

Technologists must initial for an unassisted procedure on the <u>same day</u> the examination was performed. Otherwise, the case <u>cannot</u> be recorded as an Unassisted Case.

#### **Supervision**

Students must complete all orientation requirements before being permitted to interact with patients independently while on a clinical site.

Students must work and perform imaging under direct supervision in the MIDS 151, MIDS 181, MIDS 231 and MIDS 281 Clinical Skills courses. Once portfolio requirements have been completed in these areas, the student will be permitted to work under indirect supervision during their clinical practicum (PRAC 290 + PRAC 295/296/299) provided all perquisite assessments are complete.

The student level of competence is based on the ability to demonstrate all skills as listed on the unassisted validation forms, as well as consistently demonstrating the criteria that were practiced and assessed in the ultrasound labs on campus.

Where patient complexity/acuity is deemed too high, assistance from a technologist is required to ensure high-quality, safe patient care.

#### Levels of Participation (O, A, U)

#### Observed (O)

• Must be observant of all steps of the procedure; likely minimal patient interaction; assist with simple tasks (e.g. room clean up) (Most likely when a new examination type is encountered or when the patient complexity and/or acuity are too high.)

#### Assisted (A)

 Demonstrate some criteria on "unassisted case validation" form and must observe or assist technologist with steps of the procedure not performed independently

(Most likely when experience with the examination type is limited or there is a sudden change in patient status or an unexpected complication.)

#### Unassisted (U)

 Demonstrate all criteria on unassisted observation form with minimal guidance or completely independently

(Most likely when a similar examination type has already been observed or assisted with or the patient complexity/acuity is low.)

# Guidelines for Logging Unassisted Ultrasound Procedures in the Portfolio

It is up to the student to ensure that ultrasound examinations meet the criteria before presenting them to the technologist for feedback.

In order to be considered for the portfolio, unassisted examinations must meet the following criteria:

- At least one attempt for the anatomical part has been documented in the Log of Daily Work
- Technologist completed validation form for unassisted case on the same day the examination was performed
- Student initials are visible on the ultrasound images
- Optimal/diagnostic imaging
- Optimal/diagnostic depth, landmarks, focus, gain, frequency and measurements
- Images are obtained per the imaging site's protocol and displayed in PACS appropriately
- Examination write-up (tech report) is completed correctly and counter-signed by the supervising technologist

#### US Unassisted Case Validation: Musculoskeletal Structures

Anatomical Part: <b>Biceps Tendon</b>
Date: Accession:
Initial to validate that the student independently performed the following steps:
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Used measurements and/or colour Doppler as appropriate for part(s) imaged</li> <li>Identified and documented any relevant pathology</li> <li>Completed appropriate write-up for the anatomical part(s) per department protocol</li> </ul>
Comments:
Technologist name and initials:

#### **US UNASSISTED CASE VALIDATION: MSK**

Anatomical Part: Subscapularis Tendon
Date: Accession:
Initial to validate that the student independently performed the following steps:
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Used measurements and/or colour Doppler as appropriate for part(s) imaged</li> <li>Identified and documented any relevant pathology</li> <li>Completed appropriate write-up for the anatomical part(s) per department protocol</li> </ul>
Comments:
Technologist name and initials:

#### **US UNASSISTED CASE VALIDATION: MSK**

Anatomical Part: Supraspinatus Tendon
Date: Accession:
Initial to validate that the student independently performed the following steps:
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Used measurements and/or colour Doppler as appropriate for part(s) imaged</li> <li>Identified and documented any relevant pathology</li> <li>Completed appropriate write-up for the anatomical part(s) per department protocol</li> </ul>
Comments:
Technologist name and initials:

#### **US UNASSISTED CASE VALIDATION: MSK**

Anatomical Part: Infraspinatus Tendon
Date: Accession:
Initial to validate that the student independently performed the following steps:
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Used measurements and/or colour Doppler as appropriate for part(s) imaged</li> <li>Identified and documented any relevant pathology</li> <li>Completed appropriate write-up for the anatomical part(s) per department protocol</li> </ul>
Comments:
Technologist name and initials:

# **US Observed Case Validation: Interventional**

Anatomical Part: <b>Paracentesis</b>	
Date: Accession:	_
Initial to validate that the student independent performed the following steps:	у
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Observed the supervising technologist and radiologist preform the interventional case</li> <li>Assisted the supervising technologist with sup and write up of case when appropriate</li> </ul>	e <sup>.</sup>
Comments:	
Technologist name and initials:	

# US OBSERVED CASE VALIDATION: INTERVENTIONAL

Anatomical Part: Thoracentesis
Date: Accession:
Initial to validate that the student independently performed the following steps:
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Observed the supervising technologist and radiologist preform the interventional case</li> <li>Assisted the supervising technologist with set up and write up of case when appropriate</li> </ul>
Comments:
Technologist name and initials:

# US OBSERVED CASE VALIDATION: INTERVENTIONAL

Anatomical Part: <b>Thyroid FNA</b>
Date: Accession:
Initial to validate that the student independently performed the following steps:
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Observed the supervising technologist and radiologist preform the interventional case</li> <li>Assisted the supervising technologist with set up and write up of case when appropriate</li> </ul>
Comments:
Technologist name and initials:

# US OBSERVED CASE VALIDATION: INTERVENTIONAL

Anatomical Part: <b>Renal OR Liver Core BX</b>
Date: Accession:
Initial to validate that the student independently performed the following steps:
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Observed the supervising technologist and radiologist preform the interventional case</li> <li>Assisted the supervising technologist with set up and write up of case when appropriate</li> </ul>
Comments:
Technologist name and initials:

#### **US Unassisted Case Validation: Cardiac**

Anatomical Part: PW of RVOT & CW of PV with measurements of each (RVOT or PSAX)
Date: Accession:
Initial to validate that the student independentl performed the following steps:
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Measurements can be performed offline (a workstation) or online (while scanning)</li> <li>Identified and documented any relevant pathology</li> <li>Completed appropriate write-up for the anatomical part(s) per department protocol</li> </ul>
Comments:
Technologist name and initials:

Anatomical Part: PW & CW of TV with measurements of each (RVIT or AP4)
Date: Accession:
Initial to validate that the student independently performed the following steps:
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Measurements can be performed offline (at workstation) or online (while scanning)</li> <li>Identified and documented any relevant pathology</li> <li>Completed appropriate write-up for the anatomical part(s) per department protocol</li> </ul>
Comments:
Technologist name and initials:

Anatomical Part: <b>TDI of TV Lateral &amp; measurement</b> (AP4)
Date: Accession:
Initial to validate that the student independently performed the following steps:
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Measurements can be performed offline (at workstation) or online (while scanning)</li> <li>Identified and documented any relevant pathology</li> <li>Completed appropriate write-up for the anatomical part(s) per department protocol</li> </ul>
Comments:
Technologist name and initials:

Anatomical Part: PW & CW of MV with measurements of each (AP4)		
Date: Accession:		
Initial to validate that the student independently performed the following steps:		
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Measurements can be performed offline (at workstation) or online (while scanning)</li> <li>Identified and documented any relevant pathology</li> <li>Completed appropriate write-up for the anatomical part(s) per department protocol</li> </ul>		
Comments:		
Technologist name and initials:		

Anatomical Part: TDI of MV Sept & Lat with measurements of each (AP4)
Date: Accession:
Initial to validate that the student independently performed the following steps:
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Measurements can be performed offline (at workstation) or online (while scanning)</li> <li>Identified and documented any relevant pathology</li> <li>Completed appropriate write-up for the anatomical part(s) per department protocol</li> </ul>
Comments:
Technologist name and initials:

Anatomical Part: PW of Pulmonary vein & measurement (AP4)	
Date: Accession:	
Initial to validate that the student independently performed the following steps:	
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Measurements can be performed offline (at workstation) or online (while scanning)</li> <li>Identified and documented any relevant pathology</li> <li>Completed appropriate write-up for the anatomical part(s) per department protocol</li> </ul>	
Comments:	
Technologist name and initials:	

Anatomical Part: PW of LVOT, CW of AV with measurements of each (AP5)		
Date:	Accession:	
Initial to validate tha performed the follow	t the student independently ving steps:	
<ul> <li>Explained proced introduced the su</li> <li>Measurements c workstation) or c</li> <li>Identified and do pathology</li> <li>Completed approx</li> </ul>	iate examination protocol ure to patient and upervising technologist an be performed offline (at online (while scanning) cumented any relevant opriate write-up for the s) per department protocol	
Comments:		
Technologist name a	nd initials:	

Anatomical Part: PW of Hepatic vein & measurement (SUBS)
Date: Accession:
Initial to validate that the student independently performed the following steps:
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Measurements can be performed offline (at workstation) or online (while scanning)</li> <li>Identified and documented any relevant pathology</li> <li>Completed appropriate write-up for the anatomical part(s) per department protocol</li> </ul>
Comments:
Technologist name and initials:

Anatomical Part: CW of Ascending AO & measurement (SSN)	
Date: Accession:	
Initial to validate that the student independently performed the following steps:	
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Measurements can be performed offline (at workstation) or online (while scanning)</li> <li>Identified and documented any relevant pathology</li> <li>Completed appropriate write-up for the anatomical part(s) per department protocol</li> </ul>	
Comments:	
Technologist name and initials:	

Anatomical Part: PW & CW of Descending AO with measurements of each (SSN)		
Date: Accession:		
Initial to validate that the student in performed the following steps:	dependently	
<ul> <li>Selected appropriate examination</li> <li>Explained procedure to patient a introduced the supervising technical materials.</li> <li>Measurements can be performed workstation) or online (while so Identified and documented any in pathology.</li> <li>Completed appropriate write-up anatomical part(s) per department.</li> </ul>	and nologist ed offline (at anning) relevant for the	
Comments:		
Technologist name and initials:		

# US OBSERVED CASE VALIDATION: INTERVENTIONAL CARDIAC

Anatomical Part: TEE (OBSERVED)		
Date: Accession:		
Initial to validate that the student observed <b>OR</b> assisted in performance of the following steps:		
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Observed the supervising technologist and radiologist preform the interventional case</li> <li>Assisted the supervising technologist with set up and write up of case when appropriate</li> </ul>		
Comments:		
Technologist name and initials:		

#### **US UNASSISTED CASE VALIDATION**

Anatomical Part:
Date: Accession:
Initial to validate that the student independently performed the following steps:
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Used measurements and/or colour Doppler as appropriate for part(s) imaged</li> <li>Identified and documented any relevant pathology</li> <li>Completed appropriate write-up for the anatomical part(s) per department protocol</li> </ul>
Comments:
Technologist name and initials:

#### **US UNASSISTED CASE VALIDATION**

Anatomical Part:	
Date: Accession:	
Initial to validate that the student independent performed the following steps:	ly
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Used measurements and/or colour Doppler as appropriate for part(s) imaged</li> <li>Identified and documented any relevant pathology</li> <li>Completed appropriate write-up for the anatomical part(s) per department protoco</li> </ul>	-
Comments:	
Technologist name and initials:	

#### **US UNASSISTED CASE VALIDATION**

Anatomical Part:	
Date: Accession:	
Initial to validate that the student independent performed the following steps:	ly
<ul> <li>Selected appropriate examination protocol</li> <li>Explained procedure to patient and introduced the supervising technologist</li> <li>Used measurements and/or colour Doppler as appropriate for part(s) imaged</li> <li>Identified and documented any relevant pathology</li> <li>Completed appropriate write-up for the anatomical part(s) per department protoco</li> </ul>	
Comments:	
Technologist name and initials:	

#### **Technologist Feedback Form**

Date: # of hours spent with student:		
•	erall impression of the student:	
0-never; 1-rar	ely; 2-sometimes; 3-often; 4-always	
Demonstrate schedule	es punctuality according to posted	
Communicat	tes whereabouts	
Makes produ	uctive use of time	
Takes initiati	ive to participate in procedures	
Works coope	eratively as member of team	
Openly recei	ives feedback and suggestions for nt	
Shows impro	ovement from one shift or case to the	
Any suggestio	ns for improvement? Other comments?	
		<u> </u>
		_
		_
Technologist r	name and initials:	

Date:	# of hours spent with student:	
•	all impression of the student: y; 2-sometimes; 3-often; 4-always	
Demonstrates schedule	punctuality according to posted	
Communicate	s whereabouts	
Makes produc	tive use of time	
Takes initiativ	e to participate in procedures	
Works cooper	atively as member of team	
Openly receive improvement	es feedback and suggestions for	
Shows improv	ement from one shift or case to the	
Any suggestions	s for improvement? Other comments?	
		_
		_
Technologist na	me and initials:	

#### **Technologist Feedback Form**

Date:	# of hours spent with student:	
•	erall impression of the student:	
0-never; 1-rar	ely; 2-sometimes; 3-often; 4-always	
Demonstrate schedule	es punctuality according to posted	
Communicat	tes whereabouts	
Makes produ	uctive use of time	
Takes initiati	ive to participate in procedures	
Works coope	eratively as member of team	
Openly recei	ives feedback and suggestions for nt	
Shows impro	ovement from one shift or case to the	
Any suggestio	ns for improvement? Other comments?	
		<b>-</b> -
		_
		_
Technologist r	name and initials:	

Date:	# of hours spent with student:	
•	ıll impression of the student: y; 2-sometimes; 3-often; 4-always	
Demonstrates schedule	punctuality according to posted	
Communicate	s whereabouts	
Makes produc	tive use of time	
Takes initiative	e to participate in procedures	
Works cooper	atively as member of team	
Openly receive improvement	es feedback and suggestions for	
Shows improv next	ement from one shift or case to the	
Any suggestions	s for improvement? Other comments?	
		<u> </u>
Technologist na	me and initials:	

Date:	# of hours spent with student:	
•	l impression of the student: c; 2-sometimes; 3-often; 4-always	
Demonstrates   schedule	punctuality according to posted	
Communicates	whereabouts	
Makes product	ive use of time	
Takes initiative	to participate in procedures	
Works coopera	ntively as member of team	
Openly received improvement	s feedback and suggestions for	
Shows improve next	ement from one shift or case to the	
Any suggestions	for improvement? Other comments?	
Technologist nan	ne and initials:	

Date:	# of hours spent with student:	
•	rall impression of the student: ely; 2-sometimes; 3-often; 4-always	
Demonstrate schedule	es punctuality according to posted	
Communicat	tes whereabouts	
Makes produ	uctive use of time	
Takes initiati	ive to participate in procedures	
Works coope	eratively as member of team	
Openly recei	ives feedback and suggestions for out	
Shows impro	ovement from one shift or case to the	
Any suggestion	ns for improvement? Other comments?	
		_
		<b>–</b>
Technologist r	name and initials:	

Date:	# of hours spent with student:	
•	rall impression of the student: ely; 2-sometimes; 3-often; 4-always	
Demonstrate schedule	es punctuality according to posted	
Communicat	tes whereabouts	
Makes produ	uctive use of time	
Takes initiati	ive to participate in procedures	
Works coope	eratively as member of team	
Openly recei	ives feedback and suggestions for at	
Shows impro	ovement from one shift or case to the	
Any suggestio	ns for improvement? Other comments?	
		_
		<b>–</b>
Technologist r	name and initials:	

#### **TECHNOLOGIST FEEDBACK FORM**

Week 15 or 16 (as required)

Date:	# of hours spent with student:	
•	all impression of the student: y; 2-sometimes; 3-often; 4-always	
Demonstrates schedule	punctuality according to posted	
Communicate	s whereabouts	
Makes produc	ctive use of time	
Takes initiative	e to participate in procedures	
Works cooper	atively as member of team	
Openly receive improvement	es feedback and suggestions for	
Shows improv	rement from one shift or case to the	
Any suggestions	s for improvement? Other comments?	
		_
		<u> </u>
Technologist na	me and initials:	

#### **TECHNOLOGIST FEEDBACK FORM**

Week :\_\_\_\_

Date: # of hours spent with student:
Rate your overall impression of the student: 0-never; 1-rarely; 2-sometimes; 3-often; 4-always
Demonstrates punctuality according to posted schedule
Communicates whereabouts
Makes productive use of time
Takes initiative to participate in procedures
Works cooperatively as member of team
Openly receives feedback and suggestions for improvement
Shows improvement from one shift or case to the next
Any suggestions for improvement? Other comments?
Technologist name and initials:

#### **TECHNOLOGIST FEEDBACK FORM**

Week:\_\_\_

Date:	# of hours spent with student:	
,	Il impression of the student: y; 2-sometimes; 3-often; 4-always	
Demonstrates schedule	punctuality according to posted	
Communicates	s whereabouts	
Makes produc	tive use of time	
Takes initiative	e to participate in procedures	
Works cooper	atively as member of team	
Openly receive improvement	es feedback and suggestions for	
Shows improvenext	ement from one shift or case to the	
Any suggestions	for improvement? Other comments?	
Technologist na	me and initials:	

# **Daily Log and Self-Reflection Notes**

Updated 3 August 2022

Use this section to track your clinical experience during each rotation, including your ongoing **level of participation** (O, A, or U) and case difficulty and details (easy, moderate, hard), (IV, Bed, Catheter).

Be honest about the workload you participated in and only include cases in which you were present from start to finish. You are not required to log cases in excess of the number of spaces provided.

#### In your reflection notes, consider:

- What were technologists most likely to assist me with?
- How busy was my rotation?
- What were the patients mostly like (e.g. routine, trauma, adaptive, etc.)?
- What was most challenging part of this rotation and why?
- What was my greatest accomplishment this rotation?'

## Week 1-2

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:	1	I		
2				
Difficulty Level/Notes:	l			
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
6				
Difficulty Level/Notes:		•		
7				
Difficulty Level/Notes:		<u> </u>		
8				
Difficulty Level/Notes:	I	L		
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation	
11					
Difficulty Level/Notes:	,	•		1	
12					
Difficulty Level/Notes:		L	<u> </u>	<u> </u>	
13					
Difficulty Level/Notes:	l				
14					
Difficulty Level/Notes:					
15					
Difficulty Level/Notes:					

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation	
16					
Difficulty Level/Notes:				l	
17					
Difficulty Level/Notes:		<u> </u>		L	
18					
Difficulty Level/Notes:	l	L		L	
19					
Difficulty Level/Notes:					
20					
Difficulty Level/Notes:					

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation	
21					
Difficulty Level/Notes:		•			
22					
Difficulty Level/Notes:		<u>I</u>			
23					
Difficulty Level/Notes:		L		L	
24					
Difficulty Level/Notes:					
25					
Difficulty Level/Notes:					

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation	
26					
Difficulty Level/Notes:					
27					
Difficulty Level/Notes:		L	<u> </u>	<u> </u>	
28					
Difficulty Level/Notes:	L				
29					
Difficulty Level/Notes:					
30					
Difficulty Level/Notes:					

Self-Reflection Notes Weeks 1-2		

## Weeks 3-4

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:	-1	1	l	1
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:		-1		L
4				
Difficulty Level/Notes:				
5				

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation	
6					
Difficulty Level/Notes:				<b>!</b>	
7					
Difficulty Level/Notes:		l			
8					
Difficulty Level/Notes:		l			
9					
Difficulty Level/Notes:					
10					
Difficulty Level/Notes:					

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
11				
Difficulty Level/Notes:	,	•		1
12				
Difficulty Level/Notes:		L	<u> </u>	<u> </u>
13				
Difficulty Level/Notes:	l			
14				
Difficulty Level/Notes:				
15				
Difficulty Level/Notes:				

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
16				
Difficulty Level/Notes:				l
17				
Difficulty Level/Notes:		<u> </u>		L
18				
Difficulty Level/Notes:	l	L		L
19				
Difficulty Level/Notes:				
20				
Difficulty Level/Notes:				

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
21				
Difficulty Level/Notes:		•		
22				
Difficulty Level/Notes:		<u>I</u>		
23				
Difficulty Level/Notes:		L		L
24				
Difficulty Level/Notes:				
25				
Difficulty Level/Notes:				

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
26				
Difficulty Level/Notes:	1			l
27				
Difficulty Level/Notes:		l		
28				
Difficulty Level/Notes:		<u>l</u>		
29				
Difficulty Level/Notes:				
30				
Difficulty Level/Notes:				

Self-Reflection Notes Weeks 3-4		
	_	

## Weeks 5-6

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation	
1					
Difficulty Level/Notes:					
2					
Difficulty Level/Notes:		1	l	l	
3					
Difficulty Level/Notes:		-1		L	
4					
Difficulty Level/Notes:					
5					

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
6				
Difficulty Level/Notes:				<b>!</b>
7				
Difficulty Level/Notes:		l		
8				
Difficulty Level/Notes:		l		
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:	I			
13				
Difficulty Level/Notes:		l		I
14				
Difficulty Level/Notes:				
15				
Difficulty Level/Notes:				

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
16				
Difficulty Level/Notes:				l
17				
Difficulty Level/Notes:		l		L
18				
Difficulty Level/Notes:	l	L		L
19				
Difficulty Level/Notes:				
20				
Difficulty Level/Notes:				

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
21				
Difficulty Level/Notes:		•		
22				
Difficulty Level/Notes:		<u> </u>		
23				
Difficulty Level/Notes:		L		L
24				
Difficulty Level/Notes:				
25				
Difficulty Level/Notes:				

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
26				
Difficulty Level/Notes:	1			l
27				
Difficulty Level/Notes:		l		
28				
Difficulty Level/Notes:		<u>l</u>		
29				
Difficulty Level/Notes:				
30				
Difficulty Level/Notes:				

Self-Reflection Notes Weeks 5-6			
	•	•	

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## Weeks 7-8

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation	
1					
Difficulty Level/Notes:	-1	1	l	ı	
2					
Difficulty Level/Notes:					
3					
Difficulty Level/Notes:					
4					
Difficulty Level/Notes:					
5					

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation	
6					
Difficulty Level/Notes:				<b>!</b>	
7					
Difficulty Level/Notes:		l			
8					
Difficulty Level/Notes:		l			
9					
Difficulty Level/Notes:					
10					
Difficulty Level/Notes:		1		<u>I</u>	

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Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
11				
Difficulty Level/Notes:		•		1
12				
Difficulty Level/Notes:		L	<u> </u>	<u> </u>
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				
15				
Difficulty Level/Notes:	1	I	1	1

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
16				
Difficulty Level/Notes:				
17				
Difficulty Level/Notes:		l		<u> </u>
18				
Difficulty Level/Notes:				
19				
Difficulty Level/Notes:		ı		
20				
Difficulty Level/Notes:	1	ı	ı	1

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation	
21					
Difficulty Level/Notes:		•			
22					
Difficulty Level/Notes:		l			
23					
Difficulty Level/Notes:		l		L	
24					
Difficulty Level/Notes:					
25					
Difficulty Level/Notes:	l	I	L	<u> </u>	

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation	
26					
Difficulty Level/Notes:	1			l	
27					
Difficulty Level/Notes:		l			
28					
Difficulty Level/Notes:		l			
29					
Difficulty Level/Notes:					
30					
Difficulty Level/Notes:		1	<u> </u>	I	

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Self-Reflection Notes Weeks 7-8				

## **Weeks 9-10**

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation	
1					
Difficulty Level/Notes:	-1	1	l	ı	
2					
Difficulty Level/Notes:					
3					
Difficulty Level/Notes:					
4					
Difficulty Level/Notes:					
5					

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation	
6					
Difficulty Level/Notes:	,	•		1	
7					
Difficulty Level/Notes:		L	<u> </u>	<u> </u>	
8					
Difficulty Level/Notes:	I	L			
9					
Difficulty Level/Notes:					
10					
Difficulty Level/Notes:	1	I	1	ı	

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Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
11				
Difficulty Level/Notes:		•		1
12				
Difficulty Level/Notes:		L	<u> </u>	<u> </u>
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				
15				
Difficulty Level/Notes:	1	I	1	1

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
16				
Difficulty Level/Notes:				l
17				
Difficulty Level/Notes:		l		L
18				
Difficulty Level/Notes:	l	L		L
19				
Difficulty Level/Notes:	1	I	L	L
20				
Difficulty Level/Notes:	I	1	I	I

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
21				
Difficulty Level/Notes:				
22				
Difficulty Level/Notes:	I	·		I
23				
Difficulty Level/Notes:	I	·		I
24				
Difficulty Level/Notes:	1	I	ı	1
25				
Difficulty Level/Notes:	1	I	ı	

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Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
26				
Difficulty Level/Notes:	1	l	l	I
27				
Difficulty Level/Notes:		L		L
28				
Difficulty Level/Notes:				
29				
Difficulty Level/Notes:		I	1	I
30				
Difficulty Level/Notes:	ı	L	1	L

Self-Reflection Notes Weeks 9-10	elf-Reflection Notes Weeks 9-10			

## Weeks 11-12

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation		
1						
Difficulty Level/Notes:						
2						
Difficulty Level/Notes:						
3						
Difficulty Level/Notes:						
4						
Difficulty Level/Notes:						
5			_			

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
6				
Difficulty Level/Notes:				<b>!</b>
7				
Difficulty Level/Notes:		l		
8				
Difficulty Level/Notes:		l		
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:		1		<u>I</u>

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
11				
Difficulty Level/Notes:	,	•		1
12				
Difficulty Level/Notes:		L	<u> </u>	<u> </u>
13				
Difficulty Level/Notes:	l			
14				
Difficulty Level/Notes:	ı	I		
15				
Difficulty Level/Notes:	ı	I	1	1

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
16				
Difficulty Level/Notes:				l
17				
Difficulty Level/Notes:		l		L
18				
Difficulty Level/Notes:	l	L		L
19				
Difficulty Level/Notes:	1	I	L	L
20				
Difficulty Level/Notes:	I	1	I	I

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation	
21					
Difficulty Level/Notes:		•		1	
22					
Difficulty Level/Notes:					
23					
Difficulty Level/Notes:	1	L			
24					
Difficulty Level/Notes:					
25					
Difficulty Level/Notes:	1	I		l	

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
26				
Difficulty Level/Notes:	1			l
27				
Difficulty Level/Notes:		l		
28				
Difficulty Level/Notes:		<u>l</u>		
29				
Difficulty Level/Notes:		<u>l</u>		
30				
Difficulty Level/Notes:	l	1	L	<u>I</u>

Self-Reflection Notes Weeks 11-12			

## Weeks 13-14

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:	-1	1	l	1
2				
Difficulty Level/Notes:		1	l	l
3				
Difficulty Level/Notes:		-1		L
4				
Difficulty Level/Notes:		1	I	1
5				

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
6				
Difficulty Level/Notes:				<b>!</b>
7				
Difficulty Level/Notes:		l		
8				
Difficulty Level/Notes:		l		
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:		1		<u>I</u>

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation	
11					
Difficulty Level/Notes:					
12					
Difficulty Level/Notes:	Difficulty Level/Notes:				
13					
Difficulty Level/Notes:				1	
14					
Difficulty Level/Notes:		<u> </u>	1	1	
15					
Difficulty Level/Notes:	1	1			

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
16				
Difficulty Level/Notes:				
17				
Difficulty Level/Notes:		<u> </u>	<u> </u>	<u> </u>
18				
Difficulty Level/Notes:	l	I		
19				
Difficulty Level/Notes:		I		
20				
Difficulty Level/Notes:	1	ı	1	1

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation	
21					
Difficulty Level/Notes:				l	
22					
Difficulty Level/Notes:	Difficulty Level/Notes:				
23					
Difficulty Level/Notes:		l			
24					
Difficulty Level/Notes:					
25					
Difficulty Level/Notes:	<u> </u>	1	<u> </u>	<u> </u>	

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
26				
Difficulty Level/Notes:				
27				
Difficulty Level/Notes:		L	<u> </u>	<u> </u>
28				
Difficulty Level/Notes:	L			
29				
Difficulty Level/Notes:	1	L		
30				
Difficulty Level/Notes:		L		

Self-Reflection Notes Weeks 13-14			

## Weeks 15-16 (if assigned)

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
6				
Difficulty Level/Notes:				<b>!</b>
7				
Difficulty Level/Notes:		l		
8				
Difficulty Level/Notes:		l		
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:		1		<u>I</u>

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
11				
Difficulty Level/Notes:	,	•		1
12				
Difficulty Level/Notes:		L	<u> </u>	<u> </u>
13				
Difficulty Level/Notes:	l			
14				
Difficulty Level/Notes:				
15				
Difficulty Level/Notes:	ı	I	1	1

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
16				
Difficulty Level/Notes:				
17				
Difficulty Level/Notes:		<u> </u>	<u> </u>	<u> </u>
18				
Difficulty Level/Notes:	l	I		
19				
Difficulty Level/Notes:		I		
20				
Difficulty Level/Notes:	1	ı	1	1

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
21				
Difficulty Level/Notes:				
22				
Difficulty Level/Notes:	l	L		
23				
Difficulty Level/Notes:		l		
24				
Difficulty Level/Notes:		ı	1	1
25				
Difficulty Level/Notes:	ı	I	1	1

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
26				
Difficulty Level/Notes:	1			l
27				
Difficulty Level/Notes:		l		
28				
Difficulty Level/Notes:		<u>l</u>		
29				
Difficulty Level/Notes:				
30				
Difficulty Level/Notes:	l	1	L	<u>I</u>

Self-Reflection Notes Weeks 15-16	