



PHILIPPINE ASSOCIATION OF THORACIC, CARDIAC AND VASCULAR SURGEONS, INC. (PATACSI)

PATACSI TRAINEE CASE FORM 2021 - 001

This undertaking is performed in response to **PATACSI BOARD RESOLUTION NO. 2021-04: Resolution to Augment the Training and Meeting the Index Cases of Tracked TCVS Residents-in-Training During the Time of Covid-19 Pandemic in the Philippines**, covering the expanded coverage and caseloads for trainees during the COVID-19 pandemic. In line with the resolution, trainees are allowed to perform / assist thoracic, cardiac, and vascular procedures outside of their mother institutions, and they will be given corresponding points for their caseloads accordingly as provided for by the resolution, provided that the procedure is attested to by a PATACSI Fellow (the consultant-in-charge).

For this purpose, the following information are necessary for proper documentation of the trainees' caseloads during the pandemic:

PATACSI INSTITUTION: _____ Date of Procedure: _____

PROCEDURE DONE (pls highlight procedure to be credited to trainee):

PLACE of Procedure (hospital / institution where procedure was done):

SUBMITTED By:

ATTESTED By:

Fellow-in-Training
Signature over printed name (date signed)

Consultant-in-Charge during the operation
Signature over printed name (date signed)

APPROVED By:

PATACSI Training Committee:

Department Head or Training Officer
Signature over printed name (date signed)

FERNANDO A. MELENDRES, JR., M.D.
Chairman, Committee on Surgical Training

Patient's Initials: _____ Age/Sex: _____ Hospital Number: _____

POINTS Allocated to Trainee (Consultant-in-Charge to check and countersign on choice):

- 1 point (Trainee performed adequate pre-op assessment and post-op care, as well as performed the procedure and showed adequate surgical skill and clinical knowledge)
- 0.5 point (Trainee assisted during the procedure)

* *This document should be accomplished **no greater than 2 weeks** from performance of the procedure. Pls inform the PATACSI secretariat of your case thru SMS and e-mail correspondence.*

** *Pls attach a photocopy of the OPERATING RECORD / TECHNIQUE to this form for completion of records.*

*** *Pls e-mail a copy of this form as well as the operating record / technique to the PATACSI secretariat at patacsi_tcv@gmail.com / patacsi.tcv1959@gmail.com as soon as documents are accomplished. Late filling will not be accepted.*

**** *Pls make at least 3 photocopies of this document (with all information and signatures filled-in). Original copy will be given to the PATACSI secretariat. Pls provide a photocopy for your training institution's files. 1 photocopy for use during PBTCVS application. 1 photocopy for the trainee. Additional photocopies may be requested as necessary.*

***** *Electronic signatures will not be recognized.*