Continuing Surgical Education Program

PRECEPTOR PROGRAM

LOG OF CASES AND COMPLICATIONS.

Date

**Surgeon:** Learner Surname

**Re: Entrustable Professional Activity for:** Procedure name.

Date of Completed Preceptorship. Date

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| --- | --- | --- | --- | --- | --- | --- |
| Procedure | Date | MRN | Concurrent procedures | Intraoperative Complications | Postoperative Complications | Notes |
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*\*expected annual volume of 6 cases minimum*

Sincerely,

Learner Signature Block