



The Hong Kong College of
Obstetricians & Gynaecologists

Quantitative Log Book

Trainee's Name : _____

Period Covered : _____ to _____

The Hong Kong College of Obstetricians and Gynaecologists
is a Constituent College of
Hong Kong Academy of Medicine

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The Hong Kong College of Obstetricians and Gynaecologists

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General Instructions

Purpose

The purpose of this log book is to record your experience during the period of specialist general obstetric and gynaecological training towards Fellowship of Hong Kong Academy of Medicine (FHKAM). It is not necessary to log your experience during the elective year.

It helps both your supervisors and the College to monitor and assess the adequacy of your training at intervals and prior to Exit Assessment.

Timing of the Log Book

A new log book is to be used for each year of training recognized by the Hong Kong College of Obstetricians and Gynaecologists. Logging should be started early in the training period; further log books may be required until the trainee has passed the Exit Assessment.

Using the Log Book

The log book can be ordered from the College. Please write to College Secretary at the College address after you have registered your trainee status with the College.

Trainees are strongly advised to carry the log book (or loose sheets which can later be compiled into book) at all times and to enter *legibly* the required information on a *daily basis*. This will save subsequent effort at retrospective record hunting. Trainees must be actively involved in the management of cases reported. Interesting cases encountered during ward rounds, emergency calls, labour ward duties, clinic sessions etc. should be recorded; procedures, operations and clinic sessions have also to be reported. The purpose of logging is to reflect the breadth of clinical exposure and experience of the trainee during the training periods. This information will be taken for reference at various stages of training assessment. Minor procedures for which expected level of competence has been reached and has been documented in structured training competence logbook need not be further logged.

At appropriate intervals, the trainee should make a summary of the obstetric experience, the gynaecological experience and the miscellaneous exposures/experience respectively, and submit them to his/her trainer or supervisor for review and verification. Progress of training should be brought up for discussion, especially in areas of inadequacy.

At completion of basic specialist training, total summaries of clinical and extended experience have to be submitted to Education Committee of the College for review. Advice on aspects of training may be provided to the trainee or his/her supervisor while the trainee begins the higher training.

All the log-books during the years of specialist training must be submitted to the College for the final Exit Assessment. At the end of the last log-book, the candidate should make a summary table of all his experiences in the six years of training for the reference of the Exit Assessment Board.

Definitions of minor, intermediate or major operations will be based on College guidelines for territory-wide clinical audit; level of laparoscopic surgery is based on College guidelines on training of laparoscopic surgery.

If the candidate has problems or queries with the use of the log book, he should refer to his trainer, supervisor, or the Chairman and members of Education Committee of the College.

Please write or print legibly when entering information in the log book.

Number the pages where appropriate and bind the sheets securely and properly before submission. Please make photocopies if the sheets initially supplied are found to be inadequate.

Candidate must not identify patients by name or full Hong Kong Identify Card Number. Cases should be recorded by appropriate hospital or clinic reference numbers.

Case Report

Together with each log book, details of **at least** 5 interesting or complicated cases have to be presented. The cases reported need not be confined to the period of higher training. Log book is not required when the trainee is undergoing elective training in other medical specialties or research. The description and discussion of each case should add up to around 1000 words (excluding the appended references). A word count should be inserted at the end of each case. They should reflect a comprehensive exposure in the field of obstetrics and gynaecology. Please note that a total of 10 Obstetric and 10 Gynaecological cases have to be presented for final assessment.

Examples of reportable cases may include, but by no means be restricted to, the following :-

Obstetrics:

- Placenta accreta/percreta*
- Caesarean Hysterectomy*
- Severe postpartum haemorrhage*
- Severe antepartum haemorrhage, Courvelaire uterus*
- Rupture of uterus*
- Severe Obstetric trauma to lower genital tract*
- Pregnancy in malformed genital tract*
- Classical Caesarean Section (C/S)*
- Abdominal pregnancy*
- Breech extraction / Complicated twin deliveries*
- Destructive operation of foetus*
- Inversion of uterus*
- Shoulder Dystocia*
- Eclampsia*
- Unusual medical / surgical diseases complicating pregnancy*
- Unusual foetal intervention or therapy*

Gynaecology:

- Ovarian malignancy*
- Wertheim's Hysterectomy; Vulvectomy / groin lymphadenectomy*
- Colposuspension / Operation for stress incontinence*
- TAH on patients with severe endometriosis / pelvic adhesions*
- TAH on patient > 90kg*
- TAH with blood loss > 1½ litres*
- Burst abdomen*
- Operation > 3 hours duration operating time*
- Trauma to urinary tract or bowel*
- Fistulae*
- Unplanned subtotal Hysterectomy*
- Vault Prolapse*
- Incisional hernia*
- Re-operation for post-operative haemorrhage*
- Unusual pathology of genital tract*
- Advanced Endoscopic Surgery*
- Innovative investigations or treatment*

Instruction to Trainers / Supervisors

The trainers or supervisors should review the summary of the trainee's experience at appropriate intervals, and verify the work by signature. If necessary, a formal interview is required to identify deficiencies and to ensure that adequate and optimal training can be given to the candidate during the remaining training periods.

Personal Particulars

Surname : _____

Given Name: _____

Sex : Male / Female Date of Birth : _____

Date of Graduation: _____

Place of Graduation: _____

Postgraduate Qualifications: _____

Dates of HKCOG Examination (or equivalent) attempted:

Part I _____

Part II _____

Structured Oral Examination _____

Exit assessment _____

Pre-registration and Post-registration Appointment:

Date From / To	Grade	Department	Hospital

continued next page

SOE : Structured Oral Examination

Pre-registration and Post-registration Appointments:

Date From / To	Grade	Department	Hospital

Summary of Obstetric Clinical Experience

Dates : from _____ to _____

Experience	Number
General obstetric clinics (hours)	
Special obstetric clinics (hours)	
Normal deliveries (Supervision and management)	
Malpresentation	
Multiple pregnancies	
Premature labour (before 32 weeks)	
Ventouse (vaginal deliveries)	
Low forceps (vaginal deliveries)	
Mid-forceps / Ventouse with rotation	
Caesarean Section	
Breech vaginal delivery	
Vaginal twin delivery	
Manual removal of placenta (after vaginal deliveries)	
Severe perineal / vaginal / cervical tear	
Scalp blood sampling	
External cephalic version	
Prenatal diagnostic / therapeutic procedures	
Ultrasound scan (hours) [both obstetrics and gynaecology scan]	
Cardiac diseases complicating pregnancy	
Diabetes mellitus	
Thyroid diseases	
Other medical disorders	
Genital tumours complicating pregnancy	

Signature of Supervisor: _____

Name of Supervisor: _____

Date: _____

Summary of Gynaecological Clinical Experience

Date : from _____ to _____

Experience		Number
D&C (including hysteroscopy & curettage)		
Diagnostic hysteroscopy		
Hysteroscopic procedures		
Surgical TOP		
Medical TOP		
Laparotomy	Abdominal hysterectomy	
	Operations on ovarian tumour	
	Radical cancer surgery (assist)	
	Other procedures	
Vaginal Hysterectomy / Pelvic Floor Repair		
Laparoscopy / Laparoscopic procedures, level I & II		
Laparoscopy / Laparoscopic procedures, level III		
Major vulval / vaginal operations		
Radiotherapy clinic / sessions		
Chemotherapy procedures		
Colposcopic examination		
Gonadotrophin therapy / I.V.F. procedures		
Urogynaecology study		
Hormonal replacement therapy		
Hyperprolactinaemia / amenorrhoea		
Intersex / ambiguous genitalia / Hirsutism		
Premenarchial gynaecological disorders		
Chronic pelvic pain / dysmenorrhoea / dyspareunia		
Sexual assault / genital trauma		

Signature of Supervisor: _____

Name of Supervisor: _____

Date: _____

Summary of Extended Experience

Date : from _____ to _____

Experience	Hours
Attendances at local lectures / meetings / conference / workshop	
Overseas conference / workshop	
Teaching sessions (subordinates / students / nurses, etc)	
Departmental academic activities	
Administrative work	
QA activities	

Signature of Supervisor: _____

Name of Supervisor: _____

Date: _____

Clinics / Sessions Attendance

(including general and subspecialty obstetric and gynaecological clinics, ultrasound sessions, radiotherapy sessions etc.)

Periods of attendance	Nature of Clinics / Sessions	Duration (hrs) of each session	Total No. of session attended
<i>dd/mm – dd/mm</i>	<i>Prenatal diagnosis & counseling</i>	<i>3</i>	<i>12</i>
<i>dd/mm – dd/mm</i>	<i>HRT clinic</i>	<i>2.5</i>	<i>11</i>
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Clinics / Sessions Attendance

(including general and subspecialty obstetric and gynaecological clinics, ultrasound sessions, radiotherapy sessions etc. – see example on Page 1 of ix)

Periods of attendance	Nature of Clinics / Sessions	Duration (hrs) of each session	Total No. of session attended
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Individual Case Records

Date	Ref No.	Available information such as diagnosis, management, procedures, outcomes, special features, etc. (within three lines)
<i>dd/mm</i>	<i>Obs-1234</i>	<i>PIG2, Chinese NEP, admitted at term in labour; No A/N care; previous C/S in China with no information A/V; difficult emergency C/S with post-op ureteric fistula.</i>
<i>dd/mm</i>	<i>Gyn-5678</i>	<i>F/25, single, no sexual activity; Primary amenorrhoea; regular period on Premelle Cycle; gonadal agenesis with ↑FSH & ↓E2, XX46, scanty pubic & axillary hair; breasts developed.</i>

Individual Case Records (see example on Page 1 of x)

Date	Ref No.	Available information such as diagnosis, management, procedures, outcomes, special features, etc. (within three lines)

Extended Experience (Personal Development File II)

Administrative work, management duties, management training, organising experience (e.g. management meeting, training course in human resources, team building workshop, formal administrative correspondence or report writing etc.).

Date	Description of activities	Quantity (hours)

Actual involvement and work

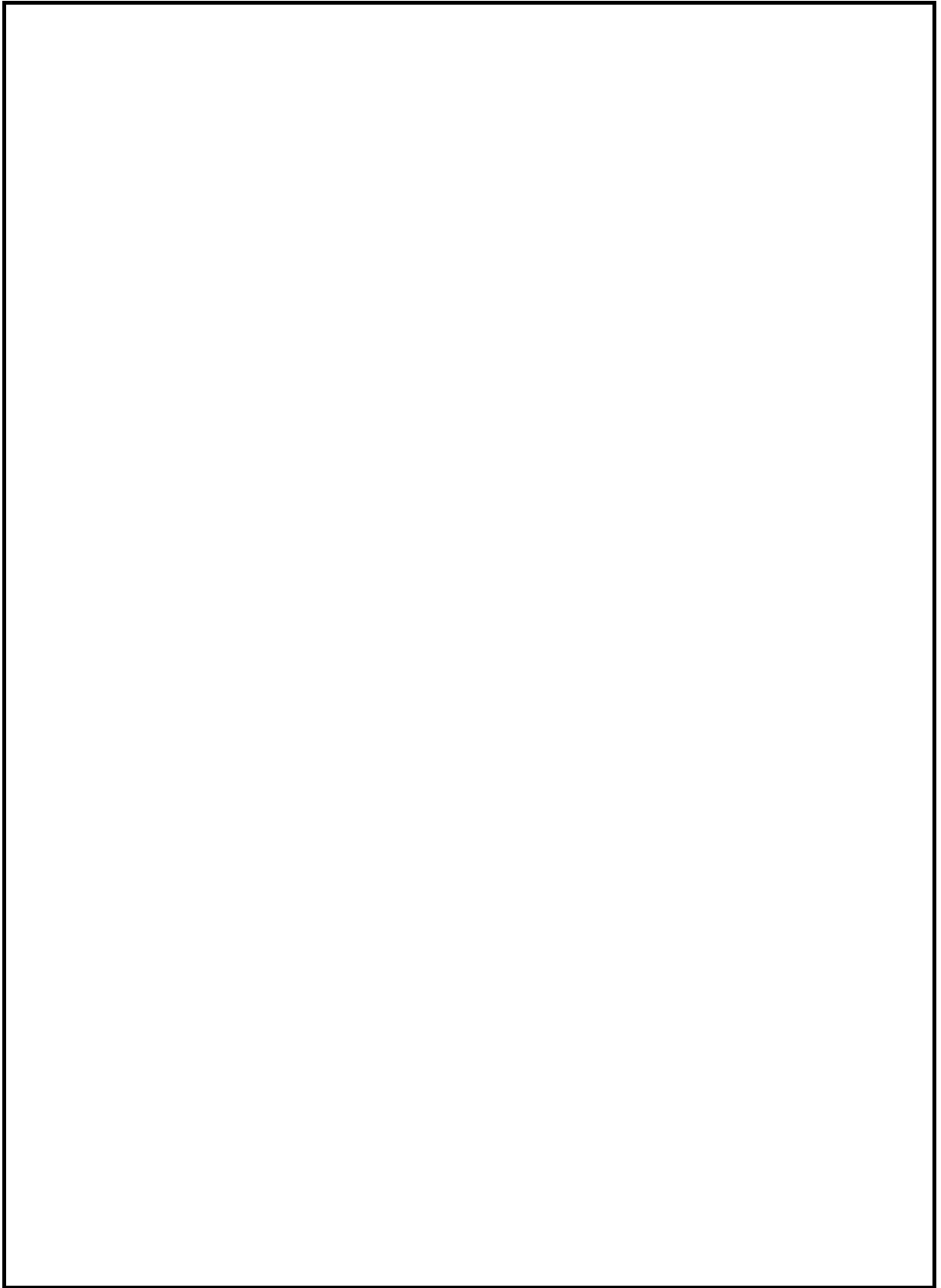
Extended Experience (Personal Development File IV)

Quality Assurance activities such as participation at Q.A. meeting, morbidity / mortality review meeting, administrative review meeting, clinical outcome review / assessment, clinical audit report, etc.

Date	Description of activities and programs	Duration (hours)

Detailed Case Reports

Case No: _____



[The description and discussion of each case should add up to around 1000 words (excluding the appended references)]

**Total Summary of Obstetric Clinical Experience
after 4 years of basic training**

Experience	Number
General obstetric clinics (hours)	
Special obstetric clinics (hours)	
Normal deliveries (Supervision and management)	
Malpresentation	
Multiple pregnancies	
Premature labour (before 32 weeks)	
Ventouse (vaginal deliveries)	
Low forceps (vaginal deliveries)	
Mid-forceps / Ventouse with rotation	
Caesarean Section	
Breech vaginal delivery	
Vaginal twin delivery	
Manual removal of placenta (after vaginal deliveries)	
Severe perineal / vaginal / cervical tear	
Scalp blood sampling	
External cephalic version	
Prenatal diagnostic / therapeutic procedures	
Ultrasound scan (hours) [both obstetrics and gynaecology scan]	
Cardiac diseases complicating pregnancy	
Diabetes mellitus	
Thyroid diseases	
Other medical disorders	
Genital tumours complicating pregnancy	

**Total Summary of Obstetric Clinical Experience
in 6 years of specialist training (for exit assessment)**

Experience	Number
General obstetric clinics (hours)	
Special obstetric clinics (hours)	
Normal deliveries (Supervision and management)	
Malpresentation	
Multiple pregnancies	
Premature labour (before 32 weeks)	
Ventouse (vaginal deliveries)	
Low forceps (vaginal deliveries)	
Mid-forceps / Ventouse with rotation	
Caesarean Section	
Breech vaginal delivery	
Vaginal twin delivery	
Manual removal of placenta (after vaginal deliveries)	
Severe perineal / vaginal / cervical tear	
Scalp blood sampling	
External cephalic version	
Prenatal diagnostic / therapeutic procedures	
Ultrasound scan (hours) [both obstetrics and gynaecology scan]	
Cardiac diseases complicating pregnancy	
Diabetes mellitus	
Thyroid diseases	
Other medical disorders	
Genital tumours complicating pregnancy	

**Total Summary of Gynaecological Clinical Experience
after 4 years of basic training**

Experience		Number
D&C (including hysteroscopy & curettage)		
Diagnostic hysteroscopy		
Hysteroscopic procedures		
Surgical TOP		
Medical TOP		
Laparotomy	Abdominal hysterectomy	
	Operations on ovarian tumour	
	Radical cancer surgery (assist)	
	Other procedures	
Vaginal Hysterectomy / Pelvic Floor Repair		
Laparoscopy / Laparoscopic procedures, level I & II		
Laparoscopy / Laparoscopic procedures, level III		
Major vulval / vaginal operations		
Radiotherapy clinic / sessions		
Chemotherapy procedures		
Colposcopic examination		
Gonadotrophin therapy / I.V.F. procedures		
Urogynaecology study		
Hormonal replacement therapy		
Hyperprolactinaemia / amenorrhoea		
Intersex / ambiguous genitalia / Hirsutism		
Premenarchial gynaecological disorders		
Chronic pelvic pain / dysmenorrhoea / dyspareunia		
Sexual assault / genital trauma		

**Total Summary of Gynaecological Clinical Experience
in 6 years of specialist training (for exit assessment)**

Experience		Number
D&C (including hysteroscopy & curettage)		
Diagnostic hysteroscopy		
Hysteroscopic procedures		
Surgical TOP		
Medical TOP		
Laparotomy	Abdominal hysterectomy	
	Operations on ovarian tumour	
	Radical cancer surgery (assist)	
	Other procedures	
Vaginal Hysterectomy / Pelvic Floor Repair		
Laparoscopy / Laparoscopic procedures, level I & II		
Laparoscopy / Laparoscopic procedures, level III		
Major vulval / vaginal operations		
Radiotherapy clinic / sessions		
Chemotherapy procedures		
Colposcopic examination		
Gonadotrophin therapy / I.V.F. procedures		
Urogynaecology study		
Hormonal replacement therapy		
Hyperprolactinaemia / amenorrhoea		
Intersex / ambiguous genitalia / Hirsutism		
Premenarchial gynaecological disorders		
Chronic pelvic pain / dysmenorrhoea / dyspareunia		
Sexual assault / genital trauma		

**Total Summary of Extended Experience
in 6 years of specialist training (for exit assessment)**

Experience	Quantity (hours)
Attendances at local lectures / meetings / conference / workshop	
Overseas conference / workshop	
Teaching sessions (subordinates / students / nurse, etc)	
Departmental academic activities	
Administrative work	
QA activities	

Certificate of Accuracy

I certify that the information contained in the Log Book covering the period from _____ to _____ is a true and accurate record of my training experiences.

Signature of Trainee : _____

Name in Block Letter : _____

Date
: _____