

General Instructions

Introduction

The purpose of this log book is to record your experience during your recognised specialist training in obstetrics and gynaecology leading to the FHKAM (obstetrics & gynaecology). This log book is adapted from the RCOG log book and will serve as a suitable template for preparation to sit the MRCOG examination as well. However, if you are a trainee of the HKCOG, the RCOG does not require you to maintain a RCOG log book. Nevertheless, in order for you to sit the MRCOG Part II examination, you must have undergone 4-year specialist training in obstetrics and gynaecology recognised by HKCOG and adequate maintenance of this log book is a requirement of the HKCOG for satisfactory progress in training.

The most important innovation of this new Logbook is the introduction of OSATS (objective structured assessment of technical skills). Each OSAT must be satisfactorily completed before the candidate can sit the Exit Exam. Every OSAT assessment must be recorded until the candidate has passed the assessment. If the candidate passes on the first assessment, then only one record is required. The training deadlines for OSATS are as follows -

Clinical Assessment

- Basic Training: Years 1-2, latest by end of Year 3
- Intermediate: Years 1-4, latest by end of Year 5
- Advanced: Years 3-6, latest before completion of training

Technical Skills Assessment

- Uterine Evacuation – end of Year 2
- Perineal Repair – end of Year 2
- Caesarean Section – Entry advanced training
- Operative Vaginal Delivery – Entry advanced training
- Operative Laparoscopy - Exit
- Opening and closing the Abdomen – end of Year 3
- Manual Removal of Placenta – end of Year 3
- Fetal Blood Sampling – end of Year 3
- Diagnostic Hysteroscopy – Entry advanced training
- Diagnostic Laparoscopy – Entry advanced training

This log book will be used to monitor and assess the adequacy of your training and exposure to clinical experience. It is important you maintain an accurate and appropriate record. This log book is to be used in all the 6 years of recognised training. If for whatever reason the training is prolonged, then the log book must be maintained until you have passed the Exit Examination. If you undergo an elective year in a non-clinical area e.g. research, a separate report of this year is required.

Maintenance of Log Book

Trainees are strongly advised to maintain a daily record. This will avoid subsequent record hunting. Trainees must have been actively involved in the management of the cases reported. The purpose of this record is to reflect the breadth and depth of your clinical experience and to provide a numerical record of this experience e.g. the number of hysterectomies you have performed. A number of procedures e.g. caesarean sections, forceps have minimum requirements. If these numbers are not attained, then the experience in this area will be considered inadequate.

Candidate must not identify patients by name or full HKID number in the log book. However, hospital numbers and date of interaction and other methods are to be used so that a training supervisor can identify the case to verify the contents of the case reported should it be necessary.

Every 6 months during training, a summary of experience in the prescribed format is to be forwarded to the College for review after verification by your training supervisor and trainer. In addition to the regular 6 monthly reports, at various stages of your training, the College will require you to submit summary of obstetrics, gynaecology and extended experience. This form is to be submitted when applying to sit the SOE, entry into higher specialist training and when applying to sit the EXIT examination.

If a candidate has problems with the maintenance of the log book, he/she must consult his/her trainer or training supervisor as soon as practicable. If necessary, an early referral to the Education Committee is preferable should serious difficulty is encountered.

This log book must be submitted to the Education Committee of the College for assessment before taking the Exit Examination. Satisfactory completion

of this log book, both from the presentation aspect and the experience recorded, is a condition of taking the Exit Examination. If the grammar, presentation and language of the log book are such that it is difficult for the examiner to do a proper assessment, the examiner is entitled to request a rewrite of the log book. If the resubmission of the revised log book passes the original deadline for that Exit Examination, the trainee's candidature for that exam will be deferred to the next examination or until such time a satisfactory log book is submitted. Information entered in the log book should preferably be typed using word processing. If written entries are made, they must be easily legible and comprehensible. If not, they shall be deemed to be unsatisfactory.

Case Reports

Candidates are required to report on 10 obstetric and 10 gynaecology cases. These cases should, taken together, reflect a comprehensive exposure to obstetrics and gynaecology. They must be of sufficient complexity and interest for the candidate to display his or her knowledge and clinical reasoning expected of a specialist obstetrician gynaecologist. A word count should be inserted in each case, and a total of approximately 1000 words (excluding references) is advised. The candidate's involvement in the management of these cases can be at any time during their training but preferably at a stage when they are sufficiently mature clinically to fully understand the issues highlighted by the case. Appropriate up to date references are expected and review of best current evidence relevant to the case is encouraged.

Examples of suitable cases for reporting are listed below. However, this list is not exhaustive and if in doubt, candidates should consult their training supervisors.

Obstetrics

Placenta accreta / percreta
Caesarean hysterectomy
Severe antepartum and or post partum haemorrhage
Twin twin transfusion syndrome
Rupture of uterus
Severe obstetric trauma to genital tract
Classical caesarean section
Abdominal hysterectomy

Breech extraction
Uterine inversion
Shoulder dystocia
Eclampsia
Unusual and or severe disease complicating pregnancy
Fetal intervention or therapy

Gynaecology

Ovarian malignancy
Radical hysterectomy
Operation for stress incontinence
Complicated Total abdominal hysterectomy
Trauma to genitourinary tract
Fistula
Vault prolapse operation
Re-operation after initial procedure
Advanced endoscopic surgery
Innovative investigation of therapy
Ovarian hyperstimulation syndrome

Instructions to Trainers and Training Supervisors

Trainers and Training Supervisors are required to review the summary of trainees' experience at appropriate intervals and verify the information by signature. If necessary, a formal interview may be necessary to identify deficiencies and to ensure that adequate training is provided for the trainee.

The standard set for passing the OSATS must be high because only one successful assessment is required for each OSAT. For a successful OSAT, there should be no score in the "needs help" column of the OSAT and none in the left hand column and no more than 2 in the middle column of the assessment generic technical skills assessment on the following page. You are advised to mark first and then draw your conclusion. Once you have passed the trainee in that OSAT, then you have confidence that he/she is competent to do that operation competently and independently.