



THE HONG KONG COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS
AND
THE HONG KONG SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY



LOGBOOK

Training of Specialist Colposcopist

Period of training:

Name of Trainee:

Name of Trainer(s):

I certify that patients logged in this book were managed by the trainee.

Name of Lead Clinician of Colposcopy Service: _____

Signature: _____ **Date:** _____

Summary

Period of Training _____ to _____

		Total number
No. of new cases under direct supervision	with high grade or above cervical neoplasia	
	with low grade or below cervical neoplasia	
	with non-cervical lesions	
No. of new cases under indirect or no supervision	with high grade or above cervical neoplasia	
	with low grade or below cervical neoplasia	
	with non-cervical lesions	
No. of treatment under LA	by LLETZ	
	Others -specify method:	
No. of treatment under GA	by LLETZ	
	Others -specify method:	

OSATS	Date	Date	Date (LEEP)	Date (LEEP)	
CEX	Date	Date	Date	Date	
CBD	Date	Date	Date	Date	Date
CPC session*	Date Venue	Date Venue	Date Venue	Date Venue	
Visit to laboratory or video virtual tour*	Date Venue				
Basic colposcopy course*	Date Venue				

* evidence of attendance required

Colposcopy log sheet for cervical lesions

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Name of candidate _____ Hospital /Clinic _____

Date	New or old case (N/O)	Patient reference number	Age	Indication for colposcopy	Colposcopic impression	Cervical biopsy result	Treatment type (✓ if done by candidate)		Histology of specimen from treatment Eg.LLETZ	Supervision (D/I/N)*	Remark(s) if any Eg unsatisfactory examination, pregnant, other investigations, secondary treatment such as hysterectomy, complications

Trainer _____
Signature _____

*D-under direct supervision I-under indirect supervision N-no supervision is required

Colposcopy log sheet for non-cervical lesions

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Name of candidate _____ Hospital /Clinic _____

Date	New or old case (N/O)	Patient reference number	Age	Indication for colposcopy	Colposcopic impression	Biopsy result	Treatment type (√ if done by candidate)		Histology of specimen from treatment eg excision	Supervision (D/I/N)*	Remark(s) if any Eg unsatisfactory examination, pregnant, other investigations, secondary treatment, complications

Trainer _____
Signature

* D- under direct supervision I- under indirect supervision N-no supervision is required