



Training in Obstetrics and Gynaecology

# LOG BOOK

**Approved by  
The European Board and College of Obstetrics and Gynaecology**

TO BE COMPLETED AFTER EACH YEAR OF TRAINING AND SENT WITHIN THREE MONTHS THEREAFTER TO THE ASSESSMENT COMMITTEE (CERTIFICATION BOARD)

**Surname (in capitals) , first name of trainee :.....**

.....  
.....

Dates of beginning and end of year of training :

...../...../..... (day/mo/yr) - ...../...../..... (day/mo/yr).

Name and address of department :

Year 1 :

.....

Year 2 :

.....

Year3 :

.....

Year 4:

.....

Year 5 :

.....

## **Content of the training programme**

**GYNAECOLOGY DURING AT LEAST 1 1/2 YEAR**

of which at least 6 months during the last 3 years of training.

**OBSTETRICS DURING AT LEAST 1 1/2 YEAR**

of which at least 6 months during the last 3 years of training.

It is recommended to gain experience also in OTHER FIELDS OF THE SPECIALTY, such as reproductive medicine, breast diseases, gynaecological oncology, prenatal medicine, urogynaecology, gynaecological and obstetric ultrasound.

**NOT MORE THAN 1 YEAR OF THE TRAINING SHOULD BE SPENT IN RELEVANT RESEARCH OR IN ANOTHER SPECIALTY.**

Specialities that are eligible in this regard are :

abdominal surgery, endocrinology, urology, neonatology, medical genetics, pathology.

Other specialities : only after prior agreement of the Certification Board.

IT IS HIGHLY RECOMMENDED TO HAVE PART OF THE TRAINING (MAXIMUM : 1 YEAR) IN A DIFFERENT COUNTRY.



TYPE AND MINIMAL NUMBER OF TECHNICAL ACTS :

It is difficult and completely arbitrary to define the ideal number of technical acts carried out during training; it is preferable to define the minimal number of these acts. The numbers of procedures recommended should not be regarded as mandatory but simply as guide lines .

The EBCOG Working Party on Postgraduate Training and Assessment considers the following experience to be the minimum for competence as a specialist :

OBSTETRICS :

- Antenatal ultrasound examination	200
- Normal labour and delivery	100
- Assisted vaginal delivery (forceps, vacuum extr., breech)	40
- Caesarean section	40

DIAGNOSTIC PROCEDURES :

- Colposcopy	50
- Hysteroscopy	25
- Gynaecological ultrasound examination	100

GYNAECOLOGICAL SURGERY :

- Diagnostic laparoscopy or sterilisation	40
- Minor laparoscopic surgery (ectopic preg., ov. cyst)	20
- Hysterectomy (abdominal : 25 minimum, vaginal : 15 minimum)	40
- Breast surgery including that for cancer <sup>1</sup> :	20

It is even more important to define the spectrum of acts for which the trainee has developed sufficient skills. This spectrum encompasses "minor" acts (e.g. colposcopy) as well as "major" acts (e.g. hysterectomy, caesarean section). The person in charge of the training is best placed to assess the skill developed by the trainee for a given act. The capability of the trainer to assess trainees will be evaluated by a visiting subcommittee.

## Targets for the First year of training

**description by trainer and tutor of what is expected in terms of knowledge, technical skills and fulfilment of tasks AT THE END of this year of training.**

**To be completed at the beginning of the year of training.**

**Year: 20..... TO 20.....**

**KNOWLEDGE:**

.....

.....

.....

---

<sup>1</sup> Only in those countries where this is part of gynaecological practice .

.....  
.....

**TECHNICAL SKILLS :**

.....  
.....  
.....  
.....

**TASKS :**.....

.....  
.....  
.....  
.....

**DATE :**

**NAME OF THE TUTOR :**

**SIGNATURE S :** TUTOR:-----TRAINEE : -----

**Targets for the Second year of training**

description by trainer and tutor of what is expected in terms of knowledge, technical skills  
and fulfilment of tasks **AT THE END** of this year of training

**To be completed at the beginning of the year of training.**

**Year: 20..... TO 20.....**

**KNOWLEDGE:**

.....  
.....  
.....

.....  
.....

**TECHNICAL SKILLS:**

.....  
.....  
.....  
.....

**TASKS :**.....

.....  
.....  
.....  
.....

**DATE:**

**NAME OF THE TUTOR:**

**SIGNATURE S : TUTOR:-----TRAINEE : -----**

**Targets for the Third year of training**

description by trainer and tutor of what is expected in terms of knowledge, technical skills  
and fulfilment of tasks **AT THE END** of this year of training

**To be completed at the beginning of the year of training.**

**Year: 20..... TO 20.....**

**KNOWLEDGE:**

.....  
.....  
.....

.....  
.....

**TECHNICAL SKILLS:**

.....  
.....  
.....  
.....

**TASKS :**.....

.....  
.....  
.....  
.....  
.....

**DATE:**                      **NAME OF THE TUTOR:**

**SIGNATURE S : TUTOR:**-----**TRAINEE :**-----

**Targets for the Fourth year of training**

description by trainer and tutor of what is expected in terms of knowledge, technical skills  
and fulfilment of tasks **AT THE END** of this year of training

**To be completed at the beginning of the year of training.**

**Year: 20..... TO 20.....**

**KNOWLEDGE:**

.....  
.....  
.....

.....  
.....

**TECHNICAL SKILLS :**

.....  
.....  
.....  
.....

**TASKS :**.....

.....  
.....  
.....  
.....  
.....

**DATE :**

**NAME OF THE TUTOR :**

**SIGNATURE S :** TUTOR:-----TRAINEE : -----

**Targets for the Fifth year of training**

description by trainer and tutor of what is expected in terms of knowledge, technical skills  
and fulfilment of tasks **AT THE END** of this year of training

**To be completed at the beginning of the year of training.**

**Year: 20..... TO 20.....**

**KNOWLEDGE:**

.....  
.....  
.....

.....  
.....

**TECHNICAL SKILLS :**

.....  
.....  
.....  
.....

**TASKS : .....**

.....  
.....  
.....  
.....

**DATE :**

**NAME OF THE TUTOR :**

**SIGNATURE S : TUTOR:-----TRAINEE : -----**

<b>EVALUATION OF CLINICAL AND TECHNICAL SKILLS</b>
--

**Every target defined in the EBCOG recommendation on training and assessment has an expected competence level that must be achieved.**

**The level of competence ranges from observation ( level 1) to independent practice ( level 5) Many of the targets do not require an assessment of every competence level and shaded boxes indicate these. Trainees can choose whether or not to tick the shaded boxes as they progress .**

**Certain targets do not require the trainee to be level 5 ( Independent ) . These are identified by a black box.**

**The open targets require your tutor or trainer to check your competence and sign you off . When you feel ready for this it is your responsibility to organise with your trainer , for these**

targets to be observed . When an entire module is completed ( excluding black boxes ) request the educational supervisor to sign the completed module .

- SCORING SYSTEM :**
- 1 : Passive attendance , assistance
  - 2 : Needs close supervision
  - 3: Able to carry out procedure under some supervision
  - 4 :Able to carry out procedure without supervision
  - 5 : Able to supervise and teach the procedure

The general aim is to get a least mark 4.

<b>On call duties</b>
-----------------------

**FREQUENCY OF ON CALL DUTIES :** (e.g. : 1/4)

Year	1	2	3	4	5
Frequency					

BRIEF DESCRIPTION OF ACTIVITIES WHEN ON CALL : .....

.....

.....

.....

.....

<b>PATIENT ASSESSMENT</b>
---------------------------

Target	Expected competence level					Trainer signs when competence level achieved	
	Trainee ticks when achieved					Sign	Date
	1	2	3	4	5		
• <b>Clinical diagnostic skills</b>							
· <b>Interpretation of laboratory test and other examinations</b>							
· <b>Prescribing drugs</b>							

Choice of proper surgical approach							
------------------------------------	--	--	--	--	--	--	--

Signature to confirm completion of the module :	Date :
Name of the trainer :	
Hospital :	

<b>SURGICAL PROCEDURES</b>
----------------------------

Target	Expected competence level					Trainer sign when competence level achieved	
	Trainee ticks when achieved					Sign	Date
	1	2	3	4	5		
Diagnostic laparoscopy and sterilisation							
Minor laparoscopic surgery (EUP, Ovarian cyst )							
Diagnostic hysteroscopy and target biopsy							
Colposcopy with biopsy							
Simple hysteroscopic procedure ( eg polypectomy )							
Endometrial ablation or resection							
Conisation of the cervix or similar treatment ( eg LEEP)							
Transvaginal ovarian puncture							
Curettage							

Laparotomy ( tubal ligation , salpingectomy, oophorectomy , ovarian cystectomy and adhesiolysis )							
Total abdominal hysterectomy							
Myomectomy							
Vaginal hysterectomy							
Vaginal repair							
Suprapubic suspension procedure							
Bartholin cyst							
Vasectomy							
Tumourectomy , quadrantectomy , mastectomy of the breast + Axillary lymphadenectomy <sup>2</sup>							
Radical hysterectomy							
Repair of abdominal incision hernia							

Signature to confirm completion of the module :  
Name of the trainer : \_\_\_\_\_ Date : \_\_\_\_\_  
Hospital : \_\_\_\_\_

**Obstetric procedures .**

Target	Expected competence level					Trainer sign when competence level achieved	
	Trainee ticks when achieved					Sign	Date
	1	2	3	4	5		
Spontaneous delivery , including episiotomy and its repair							
Vacuum extraction							
Forceps delivery							
Vaginal breech delivery							
Immediate resuscitation of neonate							
Caesarean section							
Repair of 3 <sup>rd</sup> and 4 <sup>th</sup> degree perineal tears and cervical laceration							
Manage appropriately retained placenta							
Manage post partum haemorrhage							
Perform Hypogastric artery ligation and obstetric hysterectomy							
Management of shoulder dystocia							
Vaginal delivery in multiple pregnancy							
External cephalic version							
Assessment of the foetus by cardiotocogram (CTG)							
Micro blood sampling							
Cervical Cerclage							
Amniocentesis							

<sup>2</sup> Only in those countries where this is a part of gynaecological practice

Chorionic villus sampling /Placental biopsy							
Cordocentesis							
Termination of first trimester pregnancy							
Termination of second trimester pregnancy							

Signature to confirm completion of the module :	Date :
Name of the trainer :	
Hospital :	

Ultrasound in Obstetrics and Gynaecology

Target  Assesment of :	Expected competence level Trainee ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
<b>Obstetrics</b>							
· Early pregnancy for viability							
· Pregnancy datation							
· Fetal morphology							
· Fetal growth							
· Fetal presentation							
· Placental site							
· Liquor volume							
· Fetal well being							
<b>Gynaecology</b>							
<b>Normal and abnormal pelvic anatomy :</b>							
• Uterus							
• Ovaries							
• Tubes							

Signature to confirm completion of the module :	Date :
Name of the trainer :	
Hospital :	

## NUMBER OF PROCEDURES AND TECHNICAL ACTS PERFORMED DURING THE TRAINING

<b>PROCEDURES</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>	<b>YEAR 5</b>	<b>TOTAL</b>
Gynaecological ultrasound (transabdominal and transvaginal routes)						
Obstetric ultrasound (1st and 3rd trimesters : biometry)						
Ultrasonographic assessment of fetal morphology (2nd trimester)						
Colposcopy						
Diagnostic hysteroscopy						
Curettage						
Conisation of cervix or similar treatment (e.g. LEEP)						
Diagnostic laparoscopy and laparoscopic tubal sterilisation						
Minor laparoscopic surgery (ovarian cysts, extrauterine pregnancy)						
Abdominal hysterectomy						
Vaginal hysterectomy, including plastic repair of vagina						
Radical hysterectomy with pelvic lymphadenectomy (e.g. Wertheim-Meigs)						
Surgical procedures for urinary incontinence (e.g. M.M.K., Burch, Pereyra)						
Tumorectomy, quadrantectomy of breast						
Mastectomy (Patey) + axillary lymphadenectomy						
Vasectomy						
Transvaginal ovum pick-up						
Spontaneous delivery, including episiotomy and its repair						
Vacuum extraction						
Forceps delivery, without rotation						

Vaginal breech delivery						
Caesarean section						
Other procedures and technical acts						

Name and signature of trainee:.....

Date ...../...../..... (day/mo/yr) .....

## **ASSESSMENT OF KNOWLEDGE, ATTITUDES AND FULFILLMENT OF TASKS**

**Scoring system :** A = excellent  
 B=Sufficient  
 C=Weak  
 D=Unacceptable  
 E= Not applicable

Assessment as of fulfillment of the targets defined on page 3

Year	1	2	3	4	5
<b>INTEGRATED KNOWLEDGE</b>					
REACHING OF APPROPRIATE DECISIONS; COLLECTION AND INTERPRETATION OF DATA					
MOTIVATION, SENSE OF DUTY DISCIPLINE, PUNCTUALITY					
TECHNICAL SKILLS					
ORGANISATORY SKILLS					
ADMINISTRATIVE TASKS (MEDICAL FILES, CORRESPONDENCE, ETC.)					
ETHICS					
RELATIONS WITH PATIENTS					
RELATIONS WITH MEDICAL AND OTHER STAFF					
ATTENDANCE AND ACTIVE PARTICIPATION IN STAFF MEETINGS					
SCIENTIFIC INTEREST					
SCIENTIFIC ACTIVITY					

Date : ...../...../..... (day/ mo / yr)

Signature of Trainee :.....Signature of Trainer :.....

## **CUMULATIVE LIST OF SCIENTIFIC MEETINGS AND COURSES ATTENDED BY THE TRAINEE**

(entire duration of training; to be up-dated yearly)

e.g. :

1. Joint Meeting of the South-East Gynaecological Society and the Flemish Society of Obstetrics and Gynaecology, Bruges, Belgium, 10.10.1996. Theme : "Endometriosis".
2. Meeting of the European Menopause Society, Liège, Belgium, 16-17.04.1997. Theme : "Menopause and the cardio-vascular system".
3. Advanced Course in Gynaecological Endocrinology, University of Nijmegen, the Netherlands, 14 – 16.10.1997.

## **CUMULATIVE LIST OF PAPERS READ AT SCIENTIFIC MEETINGS**

(entire duration of training; to be up-dated yearly)  
(A MINIMUM OF 1 AS 1ST AUTHOR IS REQUIRED)

**e.g. :**

1. R. LEGAS and L. DUPONT : "Phospholipids in the amniotic fluid." Free communication. National Congress of the Belgian Society of Obstetrics, Brussels, Belgium, 04-05.02.1999.
2. R. LEGAS : "Severe auto-immune dermatologic complications during pregnancy." Poster. Symposium "Pregnancy and the immune system", Besançon, France, 17-18.06.2000.

## **CUMULATIVE LIST OF SCIENTIFIC PUBLICATIONS**

(entire duration of training; to be up-dated yearly)  
(AT LEAST 1 AS 1ST AUTHOR IS REQUIRED)

**e.g. :**

1. L. DUPONT and R. LEGAS : Lipid profile of the amniotic fluid. Acta Clinica Belgica 1999, 50 : 327 - 335.
2. R. LEGAS, A.C. VERNY, I. VENDON and P. CASSY : Isolation of a fraction of phosphatidyl-glycerol active in fetal pulmonary maturation. European Journal of Obstetrics and Gynecology and Reproductive Biology 2000, 31 : 627 - 629.

### **Surgical reports**

**Each trainee will keep of in a separate book copies of all the surgical and ultrasound reports as assistant or surgeon performed during the training period to be produced if necessary .**