



## Training in Urogynaecology

# LOG BOOK

Approved by

**The European Board and College of Obstetrics and Gynaecology (EBCOG)  
and The European Urogynaecologic Association (EUGA)**

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

**Rev HK & JJA**

**Surname (in capitals), first name of Fellow :**

.....  
.....

Dates of beginning and end of year of training :

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

Name and address of department :

Year :

.....

Year :

.....

Optional year :

.....

## **CONTENT OF THE TRAINING PROGRAMME**

### **1-Definition .**

The urogynaecologist is a specialist in Obstetrics and Gynaecology who in addition is able to :

- provide consultation on and comprehensive management of patients with incontinence and pelvic floor disorders;
- manage the medical and /or surgical treatment of incontinence and pelvic floor disorders which may involve relevant surgery of abdominal organs,
- practise urogynaecology in an institutional setting where all effective forms of treatment are available. The fellow on completion of training should be able to manage optimally pelvic floor disorders including screening , diagnosis , therapeutic procedures and follow-up.

The practice of Urogynaecology excludes training and practice in another subspecialty .

## **2-Aim of training**

To improve the care of patients with urogynaecological problems in collaboration with others care providers .

## **3-Objectives of training :**

To train a subspecialist to be capable of :

- improving knowledge , practice , teaching , research and audit .
- co-ordinating and promoting collaboration in organising the service
- providing leadership in the development and in research within the subspecialty .

## **4-Organisation of training :**

- the number of subspecialists should be strictly controlled by the relevant national body in order to provide a sufficient expertise.
- training programme should be in a multidisciplinary centre and should be organized by a subspecialist or an accredited subspecialist .<sup>1</sup>
- centre should use guidelines and protocols finalized by national professional bodies reviewed at regular intervals . These guidelines will define cases for which it is necessary to refer a patient to a subspecialist .
- A completed training in urogynaecology does not imply that a subspecialist cannot practise in the general field of obstetrics and gynaecology .

## **5-Means of training .**

5-1- Entry requirements:

- a recognized specialist qualification in Obstetrics & Gynaecology or completion of a minimum of five years in an approved training programme in OB/GYN .
- the availability of a recognized training post .

5-2- An adequately remunerated post in a recognized training programme is a basic condition . Each Fellow must have an appointed tutor for guidance and advice .

5-3- The estimated number of training post should reflect the national need for subspecialists in urogynaecology as well as the facilities and finances available for specialist training .

5-4- Training fellows should participate in all relevant activities of the training unit such as the care of out-patients and in-patients, on call duties during both day and night, urogynaecologic operations, and educational activities, including the teaching of other health professionals. Participation in audit and clinical or basic research is essential.

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<sup>1</sup> Initially there will be a transitional period when accreditation for training will be given by the national appointing authority or if not by a professional or scientific body to a Specialist in Obstetrics and Gynaecology with proven scientific and clinical expertise in Urogynaecology . Subsequently only individuals with training in the subspecialty should hold such a position .

5-5- Arrangements for postgraduate training must be compatible with national employment legislation in relation to remuneration, hours of work and rights of employees in such matters as sick leave, maternal and paternal leave, and compulsory military service.

5-6- Duration and contents of training

This should be a **minimum of two years** in an approved programme and should cover the following areas :

- Surgical training in a urogynaecological unit ,
- General surgical training,
- Urology,
- Proctology.

5-7- Training should be structured throughout with clearly defined targets to be met after specified intervals. An educational plan should be drawn up in consultation with the Fellow at the beginning of each attachment and progress should be monitored regularly by means of the log book .

5-8- A Fellow may spend some training time an another (1 or 2) centre(s) recognized by EBCOG after approval by the national committee.

## **6-Assessment of training**

6-1- In all European countries approval of training and trainers should be the responsibility of a national or regional authority which has the power to withdraw recognition if necessary.

6-2- Recognition of institutions as subspecialist training centres in urogynaecology should be based on approval by the EBCOG Hospital Recognition Committee. The assessment will mainly pertain to :

- Annual statistics .
- Internal quality control and audit
- Organized teaching sessions
- Availability of :
  - Gynaecology unit
  - Urogynaecology unit
  - Urology unit
  - Urodynamic unit
  - Physiotherapy unit
  - Multidisciplinary team regularly involved in the management of urogynaecology
- Fulfilment of defined criteria for minimum activity :  
100 (100) new patients with urinary incontinence per year for a first Fellow,  
60 more  
for every additional training fellow would be the minimum number necessary to provide **quality** with regard to **care, fellowship training, and research**.  
There should not be more than two fellows training at the same time in any given centre !!!)

6-3- Final assessment of the Fellow should be carried out by a national committee of experts, who would take into consideration:

- Participation in Urogynaecological courses particularly those recognized by EBCOG and advised by the European Urogynecologic Association
- Completion of log book of clinical experience in Urogynaecology
- Peer reviewed publications.

6-4- A representative from the EBCOG postgraduate training and assessment working party may be an observer in the national assessment committee.

6-5- EBCOG in conjunction with the European Urogynaecologic Association is willing to organize an evaluation visit to a subspecialist unit if requested .

# **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..... - 20.....**

## **KNOWLEDGE :**

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## **TECHNICAL SKILLS :**

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## **TASKS :**

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**DATE:                      NAME OF THE TUTOR:**

**SIGNATURES: TUTOR: ----- FELLOW: -----**

# 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..... - 20.....

**KNOWLEDGE :**

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**TECHNICAL SKILLS :**

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**TASKS :**

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

**SIGNATURES: TUTOR: ----- FELLOW: -----**

# TARGETS FOR ADDITIONAL 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..... - 20.....

**KNOWLEDGE :**

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**TECHNICAL SKILLS :**

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**TASKS :**

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

**SIGNATURES : TUTOR : ----- FELLOW: -----**

# ON CALL DUTIES

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

Year	1	2	3
Frequency			

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

Year 1 :

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Year 2 :

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Year 3 :

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# EVALUATION OF CLINICAL AND TECHNICAL SKILLS

Every target defined in the EBCOG – EUGA recommendations 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 4 or 5).

Many of the targets do not require an assessment of every competence level and shaded boxes indicate these. Training fellows can choose whether or not to tick the shaded boxes as they progress.

Certain targets do not require the Fellow 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 organize 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.

<b>SCORING SYSTEM :</b>	<b>1 :</b>	<b>PASSIVE ATTENDANCE , ASSISTANCE</b>
	<b>2 :</b>	<b>NEEDS CLOSE SUPERVISION</b>
	<b>3 :</b>	<b>ABLE TO CARRY OUT PROCEDURE UNDER SOME SUPERVISION</b>
	<b>4 :</b>	<b>ABLE TO CARRY OUT PROCEDURE WITHOUT SUPERVISION</b>
	<b>5 :</b>	<b>ABLE TO SUPERVISE AND TEACH THE PROCEDURE</b>

The general aim is to get at least mark 4.

# UROGYNAECOLOGICAL ASSESSMENT

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
♦ Clinical diagnostic skills							
♦ Interpretation of urodynamics							
♦ Interpretation of imaging :US, Radiography							
♦ Knowledge of clinical assessment							
♦ Appropriate definition of prognosis and risk factors							
♦ Choice of proper treatment							

**Signature to confirm completion of the module :**

**Name of the trainer :**

**Date :**

**Hospital :**

## MEDICAL PROCEDURES

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Urodynamics							
Ordering appropriate diagnostic procedures							
Indications for conservative treatment							
Indications for surgical therapy							
Management of side effects							
Management of complications							
Prescribing appropriate follow-up procedures							
Clinical evaluation of the response to treatment							
Counselling							

**Signature to confirm completion of the module :**

**Name of the trainer :**

**Date :**

**Hospital :**

## Imaging

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Interpretation of							
<b>Abdominal US</b>							
Vaginal US							
Perineal (introital) ultrasound							
MRI							
Residual urine measurements							
Pyelograms							
Videourodynamics							

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

## **SURGICAL PROCEDURES**

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Cystoscopy							
Diagnostic laparoscopy							
Vaginal hysterectomy							
Abdominal hysterectomy							
Colporrhaphy (ant., post.)							
Paravaginal defect repair							
Colposuspension							
Sling procedure							
Sacrospinous ligament fixation							
Colposacropexy							
Fistula surgery (vaginal, abdominal)							
Colpoperineoplasty							
Other reconstructive surgery							
Colpectomy							
Neovagina							
Others (specify):							
<b>Signature to confirm completion of the module :</b> <b>Name of the trainer :</b> _____ <b>Date :</b> _____ <b>Hospital :</b> _____							

**NUMBER OF PROCEDURES AND TECHNICAL ACTS PERFORMED DURING THE TRAINING AS FIRST ASSISTANT**

<b>PROCEDURES</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>TOTAL</b>
Cystoscopy				
Diagnostic laparoscopy				
Vaginal hysterectomy				
Abdominal hysterectomy				
Colporrhaphy (ant., post.)				
Paravaginal defect repair				
Colposuspension				
Sling procedure				
Sacrospinous ligament fixation				
Colposacropexy				
Fistula surgery (vaginal, abdominal)				
Colpoperineoplasty				
Other reconstructive surgery				
Colpectomy				
Neovagina				
Others (specify):				

Date :

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

Name and signature of Fellow:

.....

<sup>1</sup> Add extra page(s) if space provided is insufficient.

**NUMBER OF PROCEDURES AND TECHNICAL ACTS PERFORMED DURING THE TRAINING AS SURGEON**

<b>PROCEDURES</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>TOTAL</b>
Cystoscopy				
Diagnostic laparoscopy				
Vaginal hysterectomy				
Abdominal hysterectomy				
Colporrhaphy (ant., post.)				
Paravaginal defect repair				
Colposuspension				
Sling procedure				
Sacrospinous ligament fixation				
Colposacropexy				
Fistula surgery (vaginal, abdominal)				
Colpoperineoplasty				
Other reconstructive surgery				
Colpectomy				
Neovagina				
Others (specify):				

Date :

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

Name and signature of Fellow:

.....

<sup>1</sup>Add extra page(s) if space provided is insufficient.

# ASSESSMENT OF KNOWLEDGE, ATTITUDES AND FULFILLMENT OF TASKS

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

Assessment of fulfillment of the targets defined on pages 3 - 9

Year	1	2	3
INTEGRATED KNOWLEDGE			
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 Fellow:

Signature of Trainer :

**CUMULATIVE LIST OF SCIENTIFIC MEETINGS**  
**AND COURSES ATTENDED BY THE FELLOW**  
**(entire duration of training; to be up-dated yearly)<sup>2</sup>**

**example :** ICS/IUGA Joint Meeting, Paris September 2004.

**The number is not limited**

- 1.
- 2.
- 3.
- 4.
- 5.

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<sup>2</sup> Certificate of attendance must be provided

# **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)<sup>3</sup>**

**EXAMPLE : J.E. JAMISON and F.E. PETROV : "A simple treatment for vesico-uterine fistulas". Third Meeting of the Central European Society of Uro-Gynaecology, Vienna, 14 - 16.09.2003.**

**The number is not limited**

1.

2.

3.

4.

5.

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<sup>3</sup> Abstracts must be provided

**CUMULATIVE LIST OF PEER REVIEWED  
PUBLISHED PAPERS IN INTERNATIONAL  
JOURNALS**

**(entire duration of training; to be up-dated yearly)  
(AT LEAST 1 AS 1ST AUTHOR IS REQUIRED)<sup>4</sup>**

**The number is not limited**

- 1.
- 2.
- 3.
- 4.
- 5.

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<sup>4</sup> **Published manuscript should be provided**

**CUMULATIVE LIST OF PEER REVIEWED**  
**PUBLISHED PAPERS IN *NATIONAL* JOURNALS**

**(entire duration of training; to be up-dated yearly)**  
**(AT LEAST 2 PAPERS FOR EACH OF WHICH THE FELLOW MUST BE**  
**THE FIRST AUTHOR IS REQUIRED)<sup>5</sup>**

**The number is not limited**

- 1.
- 2.
- 3.
- 4.
- 5.

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<sup>5</sup> **Published manuscript should be provided**

## **SURGICAL REPORTS**

Each Fellow will keep in a separate book copies of all reports pertaining to acts performed as first assistant, as surgeon or as supervisor .

# **FELLOWSHIP PROGRAMME CURRICULUM**

## **MINIMUM SURGICAL CURRICULUM:**

Surgery of stress urinary incontinence	
Colposuspension	30 cases
Slings	30 cases
Colporrhaphy	50 cases
Hysterectomies	100 cases
Sacrospinous ligament fixation	30 cases

## **RESEARCH AND TEACHING:**

- 1) Participation in research projects;
- 2) Publication of at least 3 papers in peer reviewed journals; the Fellow must be the first author of 1 of them at least;
- 3) Writing of a thesis at the end of the fellowship;
- 4) Participation in graduate (optional) and postgraduate teaching.