



**POSTGRADUATE TRAINING AND ASSESSMENT
IN OBSTETRICS AND GYNAECOLOGY**

LOG BOOK

Approved by
The UEMS Section of Obstetrics and Gynaecology
and
The European Board and College of Obstetrics and Gynaecology (EBCOG)

This log book accompanies the EBCOG Recommendations for Postgraduate Training and Assessment in Obstetrics and Gynaecology that was adopted in December 1998 and updated in June 2000, March 2004 and June 2005.

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: Year 3: Year 4: Year 5:

I - CONTENT OF THE TRAINING PROGRAMME

1. Duration of training:

- 1.1 A minimum of five years' full time in an approved training programme.
- 1.2 Part time training is possible pro rata temporis.
- 1.3 Gynaecology during at least 18 months of which at least 6 months during the last 3 years of training.
- 1.4 Obstetrics during at least 18 months of which at least 6 months during the last 3 years of training.
- 1.5 It is recommended that experience also be gained in other fields of the specialty, such as reproductive medicine, breast diseases, gynaecological oncology, prenatal medicine, urogynaecology, gynaecological and obstetric ultrasound.
- 1.6 Not more than 1 year of the training should be spent in relevant research or in another specialty. Specialties that are eligible in this regard are:
 - abdominal surgery
 - endocrinology
 - urology
 - neonatal medicine
 - imaging
 - anaesthesia
 - emergency medicine
 - human genetics
 - radiotherapy
 - medical oncology
 - pathology
 - basic medical science

- 1.7** If the trainee spends more than one year outside clinical Obstetrics and Gynaecology the training period should be extended Pro rata temporis.
- 1.8** It is recommended that, if possible, part of the training should be spent in a recognised hospital in another European country.

2. Type and minimum number of technical acts

2.1 Training should be directed towards achieving competence. During training, it is essential to participate in a full range of clinical activities involving outpatient and inpatient management, as well as emergency care. The amount of experience required as principal clinician (i.e. as primary surgeon) in individual areas of training indicated by the numbers of procedures recommended should not be regarded as mandatory but simply as guidelines. In addition, when training in certain of these techniques is not possible in an individual training centre, it is acceptable to substitute some for others or to arrange a component of training in another recognised centre.

- Obstetrics
 - Antenatal ultrasound examination: 200
 - Normal labour and delivery: 100
 - Assisted vaginal delivery (forceps, vacuum extractor, 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 (e.g. ectopic pregnancy, ovarian cyst): 20
 - Hysterectomy: 40 (abdominal: 15; laparoscopic approach 10, vaginal: 15)
 - Prolapse surgery: 10
 - Breast surgery including cancer¹: 20

2.2 Scientific communications. It is recommended that by the end of training, each trainee will have presented at least one communication or poster at a scientific meeting and publish at least one peer-reviewed scientific paper.

¹ Only in those countries where this is part of gynaecological practice.

II - 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:

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TECHNICAL SKILLS:

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TASKS:

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NAME OF THE TUTOR:

DATE:

SIGNATURES: TUTOR: TRAINEE :

III - 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:

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TECHNICAL SKILLS:

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TASKS:

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NAME OF THE TUTOR:

DATE:

SIGNATURES: TUTOR: TRAINEE :

IV - 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:

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TECHNICAL SKILLS:

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TASKS:

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NAME OF THE TUTOR:

DATE:

SIGNATURES: TUTOR: TRAINEE :

V - 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:

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TECHNICAL SKILLS:

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TASKS:

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NAME OF THE TUTOR:

DATE:

SIGNATURES: TUTOR: TRAINEE :

VI - 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:

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TECHNICAL SKILLS:

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TASKS:

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NAME OF THE TUTOR:

DATE:

SIGNATURES: TUTOR: TRAINEE :

VII - EVALUATION OF CLINICAL AND TECHNICAL SKILLS

Every target defined in the EBCOG recommendations on training and assessment has an expected competence level that you must achieve. The level of competence ranges from observation (level 1) to teaching (level 5). Certain targets do not require higher levels of competence. These are identified by a shaded 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 at least mark 4.

VIII - ON CALL DUTIES

Frequency of on call duties:

Year	1	2	3	4	5
Frequency					

BRIEF DESCRIPTION OF ACTIVITIES WHEN ON CALL:

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IX - PATIENT ASSESSMENT

Target	Expected competence level Trainee ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Clinical diagnostic skills							
Interpretation of laboratory tests and other examinations							
Prescribing drugs							
Choice of proper surgical approach							

X - SURGICAL PROCEDURES

Target	Expected competence level Trainee ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Diagnostic laparoscopy and sterilisation							
Minor laparoscopic surgery (ectopic pregnancy, ovarian cyst)							
Diagnostic hysteroscopy and target biopsy							
Colposcopy with biopsy							
Simple hysteroscopic procedure (e.g. polypectomy)							
Endometrial ablation or resection							
Conisation of the cervix or similar treatment							
Transvaginal ovarian puncture							
Curettage							
Laparotomy (including salpingectomy, oophorectomy, ovar- ian cystectomy and adhesiolysis)							
Abdominal hysterectomy							
Myomectomy							
Vaginal hysterectomy							
Vaginal repair (prolapse surgery)							
Suspension Procedure							
Bartholin cyst							
Vasectomy ²							
Insertion of IUD/Implants							
Tumorectomy, quadrantectomy, mastectomy of the breast + axillary lymphadenectomy ²							
Radical hysterectomy							

² Only in those countries where this is part of gynaecological practice.

Repair of abdominal incisional hernia						
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XI - OBSTETRICAL PROCEDURES

Target	Expected competence level Trainee ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Spontaneous delivery, including episiotomy and its repair							
Instrumental vaginal delivery (vacuum extraction)							
Vaginal breech delivery							
Immediate resuscitation of neonate							
Caesarean section							
Repair of 3 rd and 4 th degree perineal tears and cervical laceration							
Retained placenta							
Post partum haemorrhage							
Shoulder dystocia							
Vaginal delivery in multiple pregnancy							
External cephalic version							
Assessment of the fetus by CTG							
Fetal scalp blood sampling							
Cervical cerclage							
Amniocentesis							
Chorionic villus sampling / placental biopsy							
Cordocentesis							
First trimester termination of pregnancy ³							
Second trimester termination of pregnancy ³							

³ Optional for ethical reasons

XII - ULTRASOUND PROCEDURES

Target	Expected competence level Trainee ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Obstetrics							
Early pregnancy for viability							
Chorionicity							
Pregnancy age determination							
Fetal morphology*							
Fetal growth							
Fetal presentation							
Placental site							
Amniotic fluid volume							
Doppler flow measurement							
Gynaecology							
Normal and abnormal pelvic anatomy							

**XIII - NUMBER OF PROCEDURES AND TECHNICAL ACTS
PERFORMED DURING TRAINING**

Procedures	Year 1	Year 2	Year 3	Year 4	Year 5	Total
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						
Diagnostic laparoscopy and laparoscopic tubal sterilisation						
Minor laparoscopic surgery (ovarian cysts, ectopic pregnancy)						
Abdominal hysterectomy						
Vaginal hysterectomy, including plastic repair of vagina						
Radical hysterectomy with pelvic lymphadenectomy						
Surgical procedures for urinary incontinence						
Lumpectomy, quadrantectomy of breast						
Mastectomy + axillary lymphadenectomy						
Vasectomy						
Spontaneous delivery, including episiotomy and its repair						
Vacuum extraction						
Forceps delivery, without rotation						
Vaginal breech delivery						
Caesarean section						
Termination of Pregnancy *						
Other procedures:						

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* Unless the trainee has ethical objections or the centre does not perform terminations

XIV - ASSESSMENT OF KNOWLEDGE, ATTITUDES AND FULFILMENT OF TASKS

Scoring system:

- A = Excellent
- B = Sufficient
- C = Weak
- D = Unacceptable
- E = Not applicable

Assessment has to account for the targets defined on page 3

Year	1	2	3	4	5
Integrated knowledge					
Reaching of appropriate decisions; collection and interpretation of data					
Motivation, sense of duty discipline, punctuality					
Technical skills					
Organisational 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					

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

For entire duration of training; to be updated annually.

e.g.:

1. Joint Meeting of the South-East Gynaecological Society and the Flemish Society of Obstetrics and Gynaecology, Bruges, Belgium, 10.10.2004. Theme: "Endometriosis".
2. Meeting of the European Menopause Society, Liège, Belgium, 16-17.04.2005. Theme: "Menopause and the cardio-vascular system".
3. Advanced Course in Gynaecological Endocrinology, University of Nijmegen, the Netherlands, 14 – 16.10.2005.

**XVI - CUMULATIVE LIST OF PAPERS PRE-
SENTED
AT SCIENTIFIC MEETINGS BY THE TRAINEE**

For entire duration of training; to be updated annually.
A minimum of 1 as first author is required.

e.g.:

1. LEGAS R, DUPONT L: "Phospholipids in the amniotic fluid." Free communication. National Congress of the Royal Belgian Society of Gynaecology and Obstetrics, Brussels, Belgium, 04-05.02.2004.

2. LEGAS R: "Severe auto-immune dermatologic complications during pregnancy." Poster. Symposium "Pregnancy and the immune system", Besançon, France, 17-18.06.2005.

XVII - CUMULATIVE LIST OF SCIENTIFIC PUBLICATIONS

For entire duration of training; to be updated annually.
A minimum of 1 as first author is required.

e.g.:

1. DUPONT L, LEGAS R. Lipid profile of the amniotic fluid. Acta Clinica Belgica 2004, 50: 327-335.
2. LEGAS R, VERNY AC, VENDON I, CASSY P. Isolation of a fraction of phosphatidyl-glycerol active in fetal pulmonary maturation. European Journal of Obstetrics and Gynaecology and Reproductive Biology 2005, 31: 627-629.

XVIII - SURGICAL REPORTS

Each trainee will keep data on all the surgical procedures carried out as assistant or surgeon during the training period. Each trainee will also keep data on ultrasound examinations. A trainee should be able to produce evidence of the aforementioned procedures if necessary.