Guide to Completing Logbooks

For the Surgical Education and Training Program in General Surgery

Last approved: 4 August 2014
Table of Contents
1. Purpose of the Logbook ............................................................................... 1
2. Minimum Standards ..................................................................................... 1
3. Importance of Accurate Completion of Logbook ........................................ 2
4. Correct Classification of a Major Procedure ............................................... 2
5. Primary Operator Rates ............................................................................. 3
6. Assisting at Majors ................................................................................... 3
7. Limitations of Current Logbook ................................................................. 3
1. **Purpose of the Logbook**

Logbooks are used to try and give an accurate reflection of the experience a trainee has gained during their training. Because General Surgery is a procedural specialty it is very important that the trainee’s exposure to the procedural aspects of General Surgery is documented. Logbooks are carefully examined by the Board in General Surgery to ensure that trainees have received an adequate exposure to general surgical procedures. A minimum standard is specified by the Board in General Surgery for the following:

- Exposure required for any six month term to be accredited.
- Exposure required prior to sitting the Fellowship exam.
- Exposure required in order to be awarded the Fellowship following success in the Fellowship Exam and all training requirements.

The Board in General Surgery, through the Training Committees assesses the logbooks of every trainee in General Surgery.

Accurate completion of the logbook is important for two reasons. Firstly, to make sure that the trainee is receiving adequate opportunity to gain the necessary procedural skills in each and every six month term. Secondly, to ensure that the trainee is taking up the opportunities provided.

Every five years each and every training position in Royal Australasian College of Surgeons’ General Surgery training program is inspected by a Board in General Surgery Inspection Committee. The assessment of logbooks forms a very important part of that inspection. It is through that process that the Board in General Surgery can ensure that every term is delivering the minimum standard required.

It is also important that the Board in General Surgery ensures that every trainee graduating from the program has received at least the minimum exposure to General Surgery required.

2. **Minimum Standards**

The parameters examined by the Board in General Surgery are the number of major operations and the primary operator rates in major operations.

There are no minimum standards required at SET 1 level; however, it is mandatory to accurately record a logbook during SET 1.

During SET 2-5 a minimum of exposure of 100 major cases during a six month term is required. The primary operator rate is dependent on the SET level of the trainee as follows:

<table>
<thead>
<tr>
<th>SET Level</th>
<th>Term</th>
<th>Primary Operator Rate % (Majors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>60</td>
</tr>
</tbody>
</table>
3. **Importance of Accurate Completion of Logbook**

The Board in General Surgery has noted that in some cases there has been questionable filling in of the logbooks. It is also noted that there is a wide variation in practices for recording number of major cases and primary operator rates. The Board wants to ensure that logbooks are filled in accurately. If trainees are not recording all of the cases they are exposed to or not recording that they are performing large parts of the operations themselves, then the training they have received is not being credited in their training record and the inspection committee may erroneously think that the job is not adequate for training.

Conversely if a trainee is artificially inflating the number of major cases they are exposed to their experience may be thought to be more than it is which may cause problems when they have graduated from the program. Furthermore the Board in General Surgery will not be aware that a job is delivering exposure below the minimum standards required and will therefore not be in a position to insist that the quality of the training provided needs to improve.

4. **Correct Classification of a Major Procedure**

The logbook makes it clear what is considered a major procedure and what is not. Some very extensive operations (e.g. pancreatico-duodenectomy) are sub-divided into more than one major. For most other cases each operation can only count towards one major case in the logbook. The exception to this is when either an operation includes two procedures where the second procedure is a substantial procedure that would have required an operation in its own right or where the second procedure takes a substantial amount of time i.e. more than 45 minutes. A second major should not be claimed where the second major is a routine part of the first major.

Here are some examples to illustrate this:

- A patient requires a right hemicolectomy for caecal cancer and also an open cholecystectomy for symptomatic gallstones. In this case the trainee should record both the right hemicolectomy and the open cholecystectomy.
- A patient requires a loop ileostomy to be performed to protect a low colo-rectal anastomosis during a rectal cancer resection. The loop ileostomy does not count as a separate major as it is a routine part of the first operation.
- A patient has some mild adhesions, from a previous cholecystectomy, that take a few minutes to divide during a gastrectomy. In this case the division of adhesions is not a major case as it was not a substantial procedure as it took much less than 45 minutes.
- A patient presents with an adhesional small bowel obstruction. An extensive adhesiolysis taking more than 45 minutes is required as well as a small bowel resection. In this case both the adhesiolysis and the small bowel resection would count as majors.
- Trainees should not record a separate “laparotomy” every time there is a case requiring a laparotomy.
5. **Primary Operator Rates**

In order for the trainee to record a procedure as the primary operator they must have done a substantial part of the procedure. Frequently when doing a procedure with a consultant supervisor a trainee will do part of the operation but not all. As a rough rule of thumb if the trainee does more than half the procedure they can record that they were the primary operator. Examples of this are:

- A trainee is learning how to do a high anterior resection. They do all of the colonic mobilisation and divide the vessels. The consultant then mobilises the tumour and divides the meso-rectum and rectum. The trainee then performs the anastomosis. In this case the trainee has done well over half of the procedure and therefore should record it as "Surgical Mentor Scrubbed".

- A trainee is assisting at a laparoscopic right hemicolectomy. They assist the supervisor doing all of the intra-corporeal dissection, vessel division and extra-corporeal resection of the specimen. The trainee then gets to fire the stapler and put some reinforcing sutures in the anastomosis. This case should be recorded as "Assisting Surgeon Mentor" as the trainee has done less than 50% of the procedure.

6. **Assisting at Majors**

In order to record a major as an assistant the trainee must have been first assistant for the majority of the procedure. In recent years the Board in General Surgery has become aware that there is increased “doubling up” of assistants in order to increase the number of majors the trainee’s record in their logbooks. This seems to be a particular problem in hospitals where there are a large number of fellows. As a rule of thumb the trainee should have been the first assistant for at least half of the procedure for it to count as a major. They can be assisting a consultant, a fellow or another trainee. If they are the second assistant with a poor view of the operative field and limited to holding a retractor and cutting the occasional suture they should not record this case as assisting at a major.

7. **Limitations of Current Logbook**

The Board in General Surgery has given a lot of thought recently as to how best to classify major procedures. It is recognised that one major may well be a much more difficult and lengthy procedure than another and the fact that they both score one major in the logbook summary is open to criticism. In an effort to improve this weakness of the current system different ways of trying to more accurately reflect majors in a logbook have been considered, they varied from complex scoring systems to maintaining the simple logbook we have already.

Complex scoring systems would have the potential to more accurately reflect what a trainee is doing. However, the logistics of changing the logbook, MALT, SOLA and disseminating the revised logbook to all trainees and trainers were thought to be so great as to outweigh the potential benefits. The Board in General Surgery has therefore decided to maintain the status quo.

This document has been produced by the Board to try and ensure some homogeneity in the use of the current logbook across all the training jobs.