











NATIONAL SURGICAL TRAINING PROGRAMME

RCSILogbook Guide 2018

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

CORE SURGICAL TRAINING RCSILogbook Guidebook

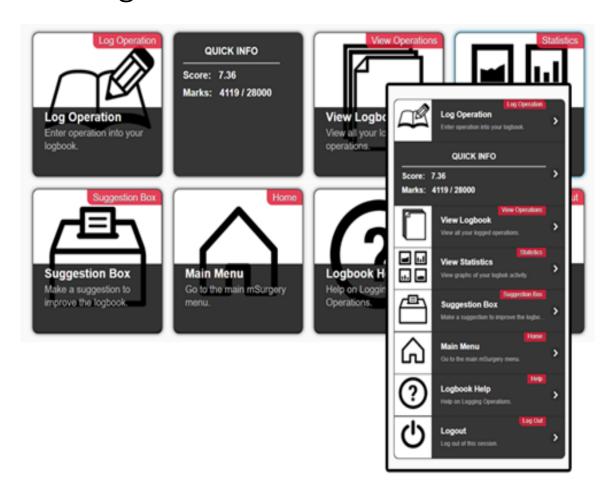
This guide is published in electronic format and will be available via mSurgery. This will facilitate easy periodic updates to ensure that it reflects developments in postgraduate Core Surgical Training in Ireland. This document will be reviewed and updated yearly by the Department of Surgical Affairs, Royal College of Surgeons in Ireland.

Revision History	Section	Summary of Changes		
June 2018	All	1 st version		
Oct 2018 Rules/Edit		CMO expanded explanation. Edit Operations.		

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RCSILogbook Guide & Rules



Overview

From July 9, 2018, Core Surgical Trainees must record all their operative procedures in the **RCSILogbook**. This will replace the previous system – <u>www.elogbook.org</u>. The reason for moving to an in-house logbook system was to give the following advantages over the previous system:

- Mobile Device Input
- Instant update of scores
- Score credit given for doing parts of an operation.
- Fully supported by Core Surgical Training

Your Hospital Based Director will have access to your eLogbook summary (as you can see in mSurgery at all times). They use this to monitor training progress. We suggest that you also review your score and discuss your logbook progress with your Trainer and your assigned Hospital Based Director of Core Training from time to time. It will be helpful if you can show them your own RCSILogbook data which you can download and print through mSurgery.

Video Guide

A video guide for using the RCSILogbook can be found here: https://vimeo.com/274527432

Access

RCSILogbook will be available by logging onto www.msurgery.ie
with your RCSI credentials, or can be accessed directly from https://msurgery.ie/mssecure/RCSILOGBOOK/LogbookDash.aspx

Core Surgical Training Requirements

Your logbook is an important part of your training record and must be **up to date** and **accurate**. Ensuring that your records are **contemporaneous**, **accurate and comp**lete is part of your professional responsibility. Reflecting on the content of your logbook will help identify areas that require development and will also assist your trainers and hospital based directors in ensuring that your operative exposure is optimised during your training rotations.

7 Day Rule

Each procedure should be entered in your logbook as soon as it has been completed (when the operation note is being written up is the best time). If there are problems with internet access, , you should update your logbook at the end of the operating session or end of the day.

Do not leave long periods before entering procedures into your logbook as mistakes can occur. In order to ensure that the logbook represents a contemporary record of all your training experience, you must enter all procedures you participate in no later than 7 days after they are performed. While late entries will appear in your logbook records, no credit will be given for procedures entered after the 7 day cut-off.

Example of Valid Entry

Procedure performed: Monday 1st August at 11:30 am Procedure entered: Monday 8th August at 20:00 pm

Example of In-valid Entry

Procedure performed: Monday 1st August at 11:30 am Procedure entered: Tuesday 9th August at 00:30 am

Managing your logbook entries

At the completion of each procedure, you should agree with your trainer/supervisor how you should record your role - assisted, performed (supervised by a scrubbed trainer) or performed (without your trainer being scrubbed) and you should record it this way in your logbook.

If you have performed parts of the operation, then you should select "Assisted" as the level of involvement. You can then select the parts of the operation that you performed. You should only record an operation as "Performed" where you have completed **all** parts.

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You should agree with your trainer the description or name of the operation performed and select this name in the logbook.

Where you perform part of major procedure that appears in the logbook as a procedure in its own right (e.g. a cholecystectomy during a liver resection) then you may choose to record that operation as **either** a cholecystectomy performed by you **or** assisting at a major liver resection. If you choose to record the more complex procedure, you may select the part you have performed in the operation parts list where relevant. There should normally be one entry per patient per anaesthetic. Lesser procedures (wound closure, drain placement etc) performed as part of a more complex procedure must not be entered as multiple individual procedures.

Some Complex Major (CMO) procedures involve prolonged surgery with many component parts. The nature of this surgery is reflected in the designation Complex Major and there should only be one entry in your logbook for each one of these procedures. If you undertake one of the component procedures as the primary operator, then you may list that (part) procedure in your logbook and record yourself as the primary operator ("Supervised", normally, or "Performed"). Alternatively, you may list the full procedure in your logbook as "assisted." You should not do both; you must choose between the whole procedure as "assisted" or the part you performed as "supervised" or "performed". You must not make multiple entries in the logbook for a single operating theatre visit regardless of complexity.

Scoring System

After you have entered an operative procedure, a weighted score is calculated for that procedure (as explained below). During the course of your rotation, all the scores are accumulated, and an aggregated score is calculated. For each training period, a different target to reflect growing operative competence. If you exceed the target for that time period, the maximum marks possible for that CAPA period are awarded. Lower scores are awarded proptionately lower marks.

CAPA	Target	Score Awarded for Max
1	20000	25
2	24000	25
3	26000	50
4	28000	50

For example, in CAPA 1, the target is 20000 points. The maximum points available for any operation is 100 – which would be performing a complex major operation. This target is equivalent to would be 200 of those operations. However, every operation that you do counts towards this target, with a score awarded depending on the involvement and complexity. In a given CAPA, if you reach the target, any operations performed after that are recorded but do not increase your score.

Scoring System in Depth

Points are awarded for your involvement in the operation:

Involvement - 75 Points available out of the 100 points.

Observed	0%	0 for entire operation regardless of Complexity of Operation
Assisted	50% of 75	37.5

Performed Under Supervision	90% of 75	67.5
Performed Independently	100% of 75	75

Points are awarded based on the complexity of the operation.

Complexity - 25 Points available out of 100 points

Sub Minor	10% of 25	2.5
Minor	40% of 25	10
Intermediate	60% of 25	15
Major	80% of 25	20
Complex Major	100% of 25	25

These two parts are added together (noting that Observed is the exception - it will be zero regardless of complexity).

Example of Operation that is Sub Minor or Minor

Procedure	Role	Score for Role	Complexity	Score for Complexity	Score Awarded
Lipoma	Performed Under Supervision	90% of 75 = 67.5	Minor	40% of 25 = 10	77.5

Example of Operation that is Intermediate or Above

Colectomy

Performed Under Supervision

Complexity: Major

Parts Performed 2 out of 5

Score for Role: Awarded all points up to assisted: 37.5

This leaves the gap between Assisted and Performed Under Supervision to be chopped up: 67.5 -

37.5 = 30

2 out of 5 parts = 40 % which equals 40% of 30 = 12

Total:

Involvement	37.5
Bonus for Parts	12
Complexity	20
TOTAL	69.5
TOTAL ROUNDED	69

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Note: Scores with a .5 are round down.

For Core Surgical Training, the emphasis is on involvement – and you can see from the examples that 75% of the marks are for this aspect of the operation.

Editing Records

There is an option to delete or edit records created in the logbook. It can easily happen that a record is entered twice unintentionally. The "Edit Operations" option allows you to view all your records, filter them by any field and edit them. On the edit screen you can either delete the record, or change the hospital, post, patient id or consultant. Apart from editing, none of these will affect your score.

CAPA Score

At the time of CAPA, you will be aware of a day and time where the scores are 'frozen'. This means that your logbook score at this time will be used on your CAPA scorecard. In order to get credit for this, you must request from your trainer that the sign off your logbook summary – which can be printed out at any time from the RCSILogbook. You should show your logbook to your trainer who will sign to confirm that it is an accurate record.

It is important to have this signed off in advance of the CAPA score cut-off date. It is not necessary to have all your operations recorded for this, as the final score for the CAPA scorecard will be calculated at the time of the cut-off and will include operations logged from the time you signed off your logbook to that time. If you do not have your logbook signed or electronically validated by your trainer, your logbook score will be zero on your CAPA scorecard.

Audit

Logbooks are subject to audit. If you are selected for audit, you will be asked to demonstrate objective evidence that you participated in particular procedures as shown in the theatre register or patient chart. Failure to keep an contemporaneous, accurate and complete logbook will be viewed as a serious breach of discipline and are, potentially, grounds for removal from the training post or programme and/or reporting to the Medical Council.

Summary of Rules

- All operations must be recorded
- Operations must be entered within 7 Days
- Different parts of the same operation on the same patient may not be entered as multiple operations
- No score will be given for operations recorded in www.elogbook.org

Contact Details

For any queries, please email Core Surgical Training:



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