

NATIONAL SURGICAL TRAINING PROGRAMME

CORE SURGICAL TRAINING RCSI LOGBOOK GUIDE

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RCSI.COM

ROYAL COLLEGE OF SURGEONS IN IRELAND



RCSI

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CORE SURGICAL TRAINING RCSI LOGBOOK GUIDE

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.
March 2023	Overview Access Logging an Operation Scoring System in Depth Editing Records CAPA Score	Removed references to elogbook MFA App description/ link directly to logbook included Expanded steps for adding trainers to database Expanded details for logging in to mSurgery Added details re MFA Added steps for selecting emergent/ elective cases Expanded explanation of scoring Updated details of editing/ deleting operation Expanded on guidelines for trainer validation Added explanation of points accrual after maxing out

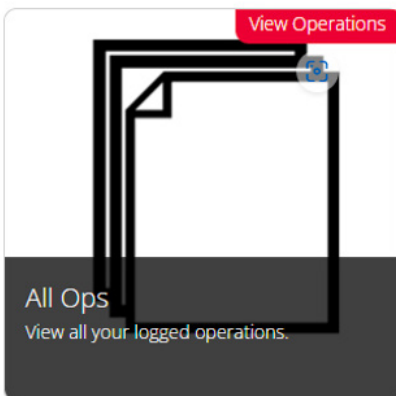
OVERVIEW

Core Surgical Trainees must record all their operative procedures in the RCSILogbook. The logbook is developed and maintained in-house by Surgical Training Department, allowing us to customise it for the best possible experience including:

- 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 RCSI Logbook. 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 or Programme Director from time to time. It will be helpful if you can show them your own RCSILogbook data.

You may choose to log into your mSurgery account and review the data with your trainer. Alternatively, you can download and print through the RCSI Logbook dashboard:



VIDEO GUIDE

A video guide for using the RCSILogbook can be found here:

<https://vimeo.com/856793689/f197ac5dff>

ACCESS

RCSILogbook will be available by going to <https://rcsilogbook.rcsi.com/> and using the Microsoft button to login with your RCSI credentials. Please note you must log into your account with your email address in the format jimmysmits@rcsi.com (as opposed to @rcsi.ie).

The Royal College of Surgeons uses MFA (Multi Factor Authentication) as a security measure when signing into services such as RCSI Logbook. This works by signing in using your email address and password which will prompt a push notification to your mobile device for you to approve the sign-in request.

To enable this, every new person in the College must first register for MFA by following the [RCSI MFA Setup Guide](#) (or type <https://tinyurl.com/4j6966ux>). There are two ways to get the second step of the authentication: the first is to use the app as per this guide – which means your phone will just ask you to approve. The second is to receive a text that you will have to put in each time which is much more time consuming so the App is strongly recommended. You can also access the logbook by going to www.mSurgery.ie and using the login button.

CORE SURGICAL TRAINING REQUIREMENTS

Your logbook is an important part of your training record and must be **up-to-date** and **accurate** as per your training agreement. Ensuring that your records are contemporaneous, accurate and complete 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.

LOGGING AN OPERATION

Upon logging into RCSI Logbook, you will see the below screen. To log an operation from here, select 'Log Operation':



Once you select 'Log an Operation' you will be required to provide the details of your operation including Consultant, Hospital, Current Post, Speciality, Involvement and Patient Number.

Operation Details

+ Select Consultant

+ Select Hospital

Select Current Post ▼

Select Speciality ▼

Select Involvement ▼

Patient Number:

Use Last Patient Number

Type Patient ID (blank not allowed)

With the exception of Patient Number all fields are selected from a drop-down menu.

*If your consultant is not on this list, please contact corest@rcsi.com to have them added. Please supply the following details:

Name:

IMC #:

Preferred Email:

Specialty:

Position (Locum or Permanent Consultant):

If your consultant is not on the list, you may select 'Other' until your consultant has been uploaded to the database.

You will then select the operation name.

Operation Search:		
Type operation		
1	excision of organised scrotal haematoma	Urology 2
2	myringotomy (emergency) (and bilateral)	Otorhinolaryngology - ENT 2
3	ganglion excision	Plastic, Reconstructive & Aesthetic Surgery 2
4	open reduction of intussusception	Paediatric Surgery 3
5	excision scar & resuture	Plastic, Reconstructive & Aesthetic Surgery 1
6	moore's pharyngoplasty	Plastic, Reconstructive & Aesthetic Surgery 2
7	biopsy intra-oral - excisional	Oral Maxillofacial Surgery 1
8	hard palate repair	Plastic, Reconstructive & Aesthetic Surgery 2
9	mandible angle closed reduction / fixation (mf)	Oral Maxillofacial Surgery 2
10	total removal of tv	Urology 4
11	plif	T&O Surgery 4
12	proximal row carpectomy	T&O Surgery 3

Begin typing, and this will filter the master list of operations. If you cannot find your operation, please contact corest@rcsi.com for assistance. A member of the training team will either direct you to where you can find the operation, or will have it added to the master list.

Finally select the date that you performed the operation and whether it was elective or emergent (this does not affect your score and is for data collection purposes only) and click 'Submit'.

September 2022

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
2	3	4	5	6	7	8

Elective

Elective Emergency

Operation	Selected Operation
Complexity	

Submit

MANAGING YOUR LOGBOOK ENTRY INVOLVEMENT

At the completion of each procedure, you should agree with your trainer/supervisor how you should record your role – Observed, Assisted, Performed under Supervision (Trainer scrubbed or un-scrubbed) or Performed Independently- 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.

Where you perform part of a 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 that you have performed under Supervision (Trainer scrubbed or un-scrubbed) or Performed Independently in the operation parts list where relevant.- and you should record it this way in your logbook.

There should normally be one entry per patient per anesthetic. 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.

7 DAY RULE

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, the operation will not count towards your score if 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

SCORING SYSTEM

After you have entered an operative procedure, a weighted score is calculated for that procedure (as explained below in the scoring system in depth section). During the course of your rotation, all scores are accumulated, and an aggregated score is calculated. For each CAPA period, there is 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 proportionately 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 what would be 200 of those operations. 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. If you reach the maximum points for any given CAPA, you are still required to continue to log all operations.

Please note that while the max Logbook score for CAPA 1 & 2 or 3 & 4 is the same (25 and 50 points respectively), different target points are in place for each CAPA.

SCORING SYSTEM IN DEPTH

Points are awarded for your involvement in the operation and the complexity. Out of the 100 available points for each procedure, 75 of those points are allocated to involvement and 25 points are allocated to complexity.

They are awarded as below:

Observed	0%	0 for entire operation regardless of Complexity of Operation
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Involvement - 75 Points available out of the 100 points.

Assisted	50% of 75	37.5
Performed Under Supervision (Trainer Scrubbed or Un-scrubbed)	90% of 75	67.5
Performed Independently	100% of 75	100% of 75 75
Performed Independently	100% of 75	100% of 75 75

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 with Varying Involvement in Each Part

COLECTOMY

Role: Performed Under Supervision

Complexity: Major

Parts Performed: 2 out of 5

Parts Assisted: 3 out of 5

Score for Role: Awarded all points for all parts up to the role of assisted: 37.5

This leaves the gap between Assisted and Performed Under Supervision to be divided up: $67.5 - 37.5 = 30$

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

Aspect	Points
Involvement	37.5
Bonus for Parts	12
Complexity	20
TOTAL	69.5

Note: Scores with a .5 are rounded 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.

The exception to the above are a handful of operations that do not score regardless of involvement. The following procedures are deemed less complex than sub minor and while they are should still be recorded as a reflection of your experience, they will not affect your logbook score:

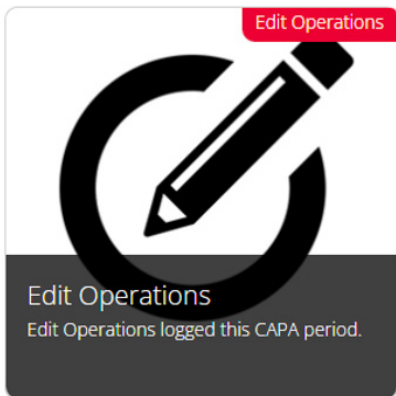
- removal of suprapubic catheter
- eua & urethral catheterisation
- change of urethral catheter
- removal of urethral catheter
- removal of central vein catheter
- removal of ambulatory pd catheter
- urethral catheterisation for urodynamics
- urethral catheterisation
- insertion of urethral catheter
- removal of peritoneal dialysis catheter
- wound management - cleaning
- wound management - debriding
- wound management - glue
- wound management - steristrip
- wound management - dressing
- use of slit lamp

EDITING RECORDS

If you notice a mistake after you have submitted an operation, there is an option to delete or edit records created in the logbook. From the Logbook menu (accessed by selecting RCSI Logbook Dashboard on the main screen), select 'Edit Operations'.



Then



Once you select this, you will be brought to a page with all of your procedures. Select the operation you wish to edit. On the edit screen you can either delete the record, or change the hospital, post, patient id, consultant or date. Please note that you cannot edit your involvement in a procedure. If you have selected the wrong involvement in error, your best course of action is to delete the operation and record it again.

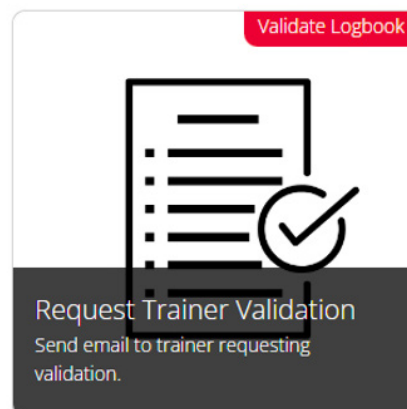
CAPA SCORE

At the time of CAPA, you will be aware of a day and time where the scores are 'frozen'. You will be notified of the 'CAPA Freeze Date' by the CST Team well in advance (The CAPA Freeze date is also posted within the progress tile of the mSurgery main menu). On the day and time of the CAPA Freeze your logbook score will be locked in place (along with your WBA scores) and used on your CAPA scorecard. In order to get credit for your logbook points, your logbook MUST be validated.

You should approach your main trainer and ask them to review your logbook with you. You should sit with your trainer while logged into your mSurgery account and review your procedures with them. Once you have done this together you will then send an electronic validation request to your trainer by selecting 'Request Trainer Validation' on the Logbook Dashboard.



Then



This will send an email to your trainer requesting them to validate your logbook. It is important to note that unless your trainer has an RCSI email address they will not be able to view your logbook at this time. The idea is that you have already reviewed your logbook with your trainer in person and they should be happy to validate it without viewing it at this stage. We require the validator to possess an RCSI username in order to see the logbook for patient privacy reasons because there is identifying information on the logbook.

If, for any reason, you are not in a position to get your logbook electronically validated, you are also permitted to submit a signed copy of your logbook. From the RCSI Logbook Dashboard, select 'Sign Off Sheet' as below

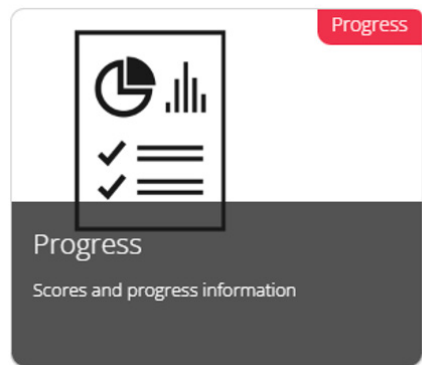


Then



This will generate a printable summary of your logbook procedures from the current CAPA period. Have your trainer sign the form, including their IMC number. Scan and email the hard-copy logbook validation to corest@rcsi.com.

It is important to note that you MUST have your logbook validation received before the CAPA Freeze. It is not enough to have sent off the request for validation. Your trainer must respond to the request. Please keep in touch with your trainer to ensure they have actioned the request. You can monitor this in the Progress tile of the RCSI Logbook Main Menu.



Description	Score	Out Of	Towards Progression	Criteria Met	Details
eLogbook	9.91	25	0	No	View Details
Case Based Discussions	0	10	Formative Only	No	View Details
Trainee Assessment Report	0	50	0	No	View WDAs
3 x SSAOPs	0.00	45	Formative Only	No	View WDAs
3 x SCAs	0.00	30	Formative Only	No	View WDAs

It is important to have this signed off in advance of the CAPA score cut-off date. Once your logbook has been validated, **YOU WILL CONTINUE TO ACCRUE POINTS**. Validating your logbook does not freeze the score. Please note, in order to prevent fraud, a logbook validation will expire after 4 weeks. If you have your logbook validated more than 4 weeks before the Freeze, you will be required to send another validation request to your trainer. **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 a contemporaneous, accurate and complete logbook will be viewed as a serious breach of discipline and is, 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 awarded for Observed operations
- Logbooks must be validated in order to receive the points on your CAPA scorecard

CONTACT DETAILS

For any queries, please email a member of The Core Surgical Training team at corest@rcsi.com



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