

Gazettement Logbook

Name of Surgeon :

.....

Gazettement Date:

..... to

Training Centre / Hospital :

.....

Name of Supervisor :

.....

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1.0 INTRODUCTION

The logbook is an important document for the purpose of gazettement. The current logbook format has no proper guide or requirement as to what procedure must the trainee be competent in but rather a collection of experience the trainee has acquired during the gazettement period.

This logbook has thus been designed for Surgeons under gazettement with specific target/index procedure that the trainee is expected to acquire; failure of which may result in extension. It will help facilitate recording of all clinical procedures; tailored to the requirements of a Surgeon under gazettement.

Effective outcome from use of this logbook is obtained with real time data entry by the trainee and comments by the Supervisor.

The *objectives* of the Gazettement Logbook includes:

- i) to assess/ evaluate competency of the Surgeon
- ii) to assess surgical exposure as well as opportunities available for the Surgeon
- iii) to assess/ evaluate the training centre

A simple *guide* on how to use the Logbook:

- i) **Section 2.0: All** meetings/ continuous assessment with your respective Supervisors are documented in this section. This includes the date, the contents of your discussion as well as comments given by your Supervisors.

- ii) **Section 3.0:** This table is a Summary of all core procedures required for the purpose of gazettement. At the end of your gazettement period, this Section is filled up to reflect your total exposure/ opportunities during gazettement.

- iii) **Section 4.0:** All Surgical Procedures performed or assisted are recorded in this section. The allocation of space in Section **4.1**, **4.2** and **4.3** is based on the minimum number required for each procedure. Additional cases can be recorded in Section **4.4**. Surgeons are strongly advised to follow up patients and record any complications in the “Post-op Complications” column in Section **4.1** and **4.2**.

- iv) **Section 5.0: Further** elaboration on the Surgical complications, actions that were taken and the end outcome of your patient is recorded in this section. Complication that needs to be recorded in this section includes cases that were **performed** as well as **assisted**. Information in this section denotes the exposure/ experience of each trainee in the management of post-operative complications.

2.0 MEETINGS/ CONTINUOUS ASSESSMENT BY SUPERVISOR

No.	Date	Comments	Supervisor
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

3.0 SUMMARY OF PROCEDURES REQUIRED FOR GAZETTEMENT

Name of Surgeon :

3.1 ELECTIVE PROCEDURES :

Discipline	Minimum Required (Performed)	Assisted	Performed	TOTAL
3.1.1 Breast & Endocrine :				
a) Mastectomy + AC	4			
b) Breast Lumpectomy	4			
c) Hemi + Total Thyroidectomy	4			
3.1.2 Gastro-Intestinal Tract/ HPB :				
a) Bowel Resection & Anastomosis	2			
b) Right Hemicolectomy	2			
c) Simple Fistula in Ano	2			
d) Inguinal Hernioplasty	2			
e) Herniotomy	4			
3.1.3 Hepatobiliary :				
a) Open Cholecystectomy	2			
b) Laparoscopic Cholecystectomy	2			

3.2 EMERGENCY PROCEDURES :

Emergency Procedures	Minimum Required (Performed)	Assisted	Performed	TOTAL
a) PGU Repair	4			
b) Laparoscopic Appendicectomy	4			
c) Colostomy / ileostomy	2			
d) Splenectomy	1			
e) Laparotomy for Trauma	4			

3.3 ENDOSCOPY :

Endoscopy	Minimum Required (Performed)	Assisted	Performed	TOTAL
3.3.1 OGDS	50			
3.3.2 Colonoscopy	30			

3.4 OTHER PROCEDURES (CENTRE SPECIFIC) :

Procedures	Assisted	Performed	TOTAL
a)			
b)			
c)			
d)			
e)			
f)			

- Evidence : Real timeLogbook complete with details regarding outcome of individual cases

4.0 MINIMUM PROCEDURES REQUIRED FOR GAZETTEMET

4.1 SURGICAL PROCEDURES

Name of Surgeon :

<u>ROLE :</u>		
1 – Performed unsupervised	2 – Performed with supervisor observing	3 – Performed with supervisor assisting

4.1.1 Thyroidectomy (Total or Hemithyroidectomy)

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications (Yes/No)	Supervisor	Comments by Supervisor
1.						
2.						
3.						
4.						

Privileged to perform procedure? **Yes / No**

If Yes, Signature of Supervisor :..... (Date:.....)

If No, Why?

4.1.2 Lumpectomy (Margins Clear)

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications (Yes/ No)	Supervisor	Comments by Supervisor
1.						
2.						
3.						
4.						

Privileged to perform procedure? **Yes / No** If Yes, Signature of Supervisor :..... (Date:.....)
 If No, Why?

4.1.3 Mastectomy and Axillary Clearance

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications (Yes/ No)	Supervisor	Comments by Supervisor
1.						
2.						
3.						
4.						

Privileged to perform procedure? **Yes / No** If Yes, Signature of Supervisor :..... (Date:.....)
 If No, Why?

4.1.4 Perforated Gastric Ulcer (PGU) Repair

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications (Yes/ No)	Supervisor	Comments by Supervisor
1.						
2.						
3.						
4.						

Privileged to perform procedure? **Yes / No** If Yes, Signature of Supervisor :..... (Date:.....)
 If No, Why?

4.1.5 Herniotomy

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications (Yes/ No)	Supervisor	Comments by Supervisor
1.						
2.						
3.						
4.						

Privileged to perform procedure? **Yes / No** If Yes, Signature of Supervisor :..... (Date:.....)
 If No, Why?

4.1.6 Laparotomy for Trauma

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications (Yes/ No)	Supervisor	Comments by Supervisor
1.						
2.						
3.						
4.						

Privileged to perform procedure? **Yes / No** If Yes, Signature of Supervisor :..... (Date:.....)
 If No, Why?

4.1.7 Small Bowel Resection with Anastomosis

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications (Yes/ No)	Supervisor	Comments by Supervisor
1.						
2.						

Privileged to perform procedure? **Yes / No** If Yes, Signature of Supervisor :..... (Date:.....)
 If No, Why?

4.1.8 Right Hemicolectomy

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications (Yes/ No)	Supervisor	Comments by Supervisor
1.						
2.						

Privileged to perform procedure? **Yes / No** If Yes, Signature of Supervisor :..... (Date:.....)
 If No, Why?

4.1.9 Colostomy / Ileostomy

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications (Yes/ No)	Supervisor	Comments by Supervisor
1.						
2.						

Privileged to perform procedure? **Yes / No** If Yes, Signature of Supervisor :..... (Date:.....)
 If No, Why?

4.1.10 Simple Fistula-In-Ano

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications (Yes/ No)	Supervisor	Comments by Supervisor
1.						
2.						

Privileged to perform procedure? **Yes / No** If Yes, Signature of Supervisor:..... (Date:.....)
 If No, Why?

4.1.11 Open Cholecystectomy

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications (Yes/ No)	Supervisor	Comments by Supervisor
1.						
2.						

Privileged to perform procedure? **Yes / No** If Yes, Signature of Supervisor:..... (Date:.....)
 If No, Why?

4.1.12 Inguinal Hernioplasty (under Local Anaesthesia)

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications (Yes/ No)	Supervisor	Comments by Supervisor
1.						
2.						

Privileged to perform procedure? **Yes / No** If Yes, Signature of Supervisor:..... (Date:.....)
 If No, Why?

4.1.13 Splenectomy

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications (Yes/ No)	Supervisor	Comments by Supervisor
1.						

Privileged to perform procedure? **Yes / No** If Yes, Signature of Supervisor:..... (Date:.....)
 If No, Why?

4.2 LAPAROSCOPIC PROCEDURES* Assessment using Global Operative Assessment of Laparoscopic Skills (GOALS)- *Refer to Appendix 1*

4.2.1 Laparoscopic Appendicectomy

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications	Level of Difficulty	Assessment of technical skills& Commentsby Supervisor – <i>Refer to Appendix 1</i>
1.					1 / 2/ 3/ 4/ 5	Depth Perception 1/ 2/ 3/ 4/ 5 Bimanual Dexterity 1/ 2/ 3/ 4/ 5 Efficiency 1/ 2/ 3/ 4/ 5 Tissue Handling 1/ 2/ 3/ 4/ 5 Autonomy 1/ 2/ 3/ 4/ 5 Other Comments :
2.					1 / 2/ 3/ 4/ 5	Depth Perception 1/ 2/ 3/ 4/ 5 Bimanual Dexterity 1/ 2/ 3/ 4/ 5 Efficiency 1/ 2/ 3/ 4/ 5 Tissue Handling 1/ 2/ 3/ 4/ 5 Autonomy 1/ 2/ 3/ 4/ 5 Other Comments :
3.					1 / 2/ 3/ 4/ 5	Depth Perception 1/ 2/ 3/ 4/ 5 Bimanual Dexterity 1/ 2/ 3/ 4/ 5 Efficiency 1/ 2/ 3/ 4/ 5 Tissue Handling 1/ 2/ 3/ 4/ 5 Autonomy 1/ 2/ 3/ 4/ 5 Other Comments :
4.					1 / 2/ 3/ 4/ 5	Depth Perception 1/ 2/ 3/ 4/ 5 Bimanual Dexterity 1/ 2/ 3/ 4/ 5 Efficiency 1/ 2/ 3/ 4/ 5 Tissue Handling 1/ 2/ 3/ 4/ 5 Autonomy 1/ 2/ 3/ 4/ 5 Other Comments :

Privileged to perform procedure? **Yes / No**

If Yes, Signature of Supervisor:..... (Date:.....)

If No, Why?

4.2.2 Laparoscopic Cholecystectomy

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications	Level of Difficulty	Assessment of technical skills &Comments by Supervisor – <i>Refer to Appendix 1</i>
1.					1 / 2/ 3/ 4/ 5	Depth Perception 1/ 2/ 3/ 4/ 5 Bimanual Dexterity 1/ 2/ 3/ 4/ 5 Efficiency 1/ 2/ 3/ 4/ 5 Tissue Handling 1/ 2/ 3/ 4/ 5 Autonomy 1/ 2/ 3/ 4/ 5 Other Comments :
2.					1 / 2/ 3/ 4/ 5	Depth Perception 1/ 2/ 3/ 4/ 5 Bimanual Dexterity 1/ 2/ 3/ 4/ 5 Efficiency 1/ 2/ 3/ 4/ 5 Tissue Handling 1/ 2/ 3/ 4/ 5 Autonomy 1/ 2/ 3/ 4/ 5 Other Comments :

Privileged to perform procedure? **Yes / No**

If Yes, Signature of Supervisor:..... (Date:.....)

If No, Why?

APPENDIX 1 - GLOBAL OPERATIVE ASSESSMENT OF LAPAROSCOPIC SKILLS (GOALS)

Domain	1	2	3	4	5
Depth Perception	Constantly overshooting target, wide swings, slow to correct	Intermediate between 1 & 3	Some overshooting or missing plane but corrects quickly	Intermediate between 3 & 5	Accurately directs instruments in correct plane to target
Bimanual Dexterity	Use of one hand, ignoring non-dominant hand		Use of both hands but does not optimize interactions between hands		Expertly uses both hands in a complementary manner to provide optimal working exposure
Efficiency	Uncertain, wasted effort, constantly changing focus of operation		Slow, but planned and reasonable organized		Confident, efficient and safe conduct of operation, maintaining focus on component of procedure
Tissue Handling	Rough, tears tissue by excessive traction, injures adjacent structures		Handles tissue reasonable well with some minor trauma to adjacent tissues		Handles tissues very well with appropriate traction on tissues
Autonomy	Unable to complete entire procedure, even in a straightforward case with extensive guidance		Able to complete operation safely with moderate prompting		Able to complete operation independently without prompting
Level of Difficulty	Easy exploration and dissection	Intermediate between 1 & 3	Moderate difficulty (Mild scarring, inflammation, adhesions, obesity)	Intermediate between 3 & 5	Extremely difficult (severe inflammation, scarring, adhesions, obesity)

4.3 ENDOSCOPY

	Minimum Number Required	Number Performed	Post-procedure Complications (Yes/ No)	Comments by Supervisor
4.3.1 OGDS	50			
4.3.2 Colonoscopy	30			

Privileged to perform procedure? **Yes / No** If Yes, Signature of Supervisor :..... (Date:.....)
 If No, Why?

OVERALL COMMENTS	
NAME & SIGNATURE OF SUPERVISOR	
DATE	

4.4 OTHER SURGICAL PROCEDURES

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications	Supervisor	Comments/Verification by Supervisor
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications	Supervisor	Comments/Verification by Supervisor
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications	Supervisor	Comments/Verification by Supervisor
27.						
28.						
29.						
30.						
31.						
32.						
33.						
34.						
35.						
36.						
37.						
38.						
39.						

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications	Supervisor	Comments/Verification by Supervisor
40.						
41.						
42.						
43.						
44.						
45.						
46.						
47.						
48.						
49.						
50.						
51.						
52.						

No.	Name/ MRN/ Date	Procedure	Role	Post-Op Complications	Supervisor	Comments/Verification by Supervisor
53.						
54.						
55.						
56.						
57.						
58.						
59.						
60.						
61.						
62.						
63.						
64.						
65.						

No.	Date	Procedure	Role	Post-Op Complications	Supervisor	Comments/Verification by Supervisor
66.						
67.						
68.						
69.						
70.						
71.						
72.						
73.						
74.						
75.						
76.						
77.						
78.						

5.0 SURGICAL COMPLICATIONS- Refer to Appendix 6.2 for examples of data entry regarding post-op complications

No.	Name/ MRN/ Date	Diagnosis/ Procedure	Role (Perform/Assist)	Post-op Complication	Action Taken	Outcome
1.						
2.						
3.						
4.						
5.						
6.						
7.						

6.0 APPENDIX

6.1 APPENDIX 1 -Global Operative Assessment Of Laparoscopic Skills (GOALS)

Domain	1	2	3	4	5
Depth Perception	Constantly overshooting target, wide swings, slow to correct	Intermediate between 1 & 3	Some overshooting or missing plane but corrects quickly	Intermediate between 3 & 5	Accurately directs instruments in correct plane to target
Bimanual Dexterity	Use of one hand, ignoring non-dominant hand		Use of both hands but does not optimize interactions between hands		Expertly uses both hands in a complementary manner to provide optimal working exposure
Efficiency	Uncertain, wasted effort, constantly changing focus of operation		Slow, but planned and reasonable organized		Confident, efficient and safe conduct of operation, maintaining focus on component of procedure
Tissue Handling	Rough, tears tissue by excessive traction, injures adjacent structures		Handles tissue reasonable well with some minor trauma to adjacent tissues		Handles tissues very well with appropriate traction on tissues
Autonomy	Unable to complete entire procedure, even in a straightforward case with extensive guidance		Able to complete operation safely with moderate prompting		Able to complete operation independently without prompting
Level of Difficulty	Easy exploration and dissection	Intermediate between 1 & 3	Moderate difficulty (Mild scarring, inflammation, adhesions, obesity)	Intermediate between 3 & 5	Extremely difficult (severe inflammation, scarring, adhesions, obesity)

6.2 APPENDIX 2-Examples of data entry for Post-op Complications

No.	Name/ MRN/ Date	Diagnosis/ Procedure	Role (Perform/Assist)	Post-op Complication	Action Taken	Outcome
1.	MaimunahBtldris MRN: 11101222 Date: 02.12.2014	Laparotomy for Perforated gastric Ulcer	Perform	Surgical Site Infection	Daily Dressing, Secondary Suturing done on Post-op Day 30	Well
2.	Leong See Fun MRN: 22245556 Date: 21.05.2014	Laparotomy for Perforated Gastric Ulcer	Perform	Burst Abdomen	Relaparotomy done on Post-op Day 5	Well
3.	Razaleigh Othman MRN: 44462225 Date: 24.2.2014	Open Cholecystectomy for Gallbladder Empyema	Assist	Sepsis with Multi- Organ Failure	Organ Support, Prolonged ICU Care	Mortality (Date: 03.03.2014)
4.						
5.						
6.						