



LOG BOOK

FOR TRAINEES TOWARDS

MEMBERSHIP IN OBSTETRICS AND

GYNAECOLOGY (MCOG-ECSA)

LIST OF PROCEDURES TO BE PERFORMED

BY TRAINEES DURING THEIR CORE TRAINING

September 2021

The Eastern, Central and Southern Africa College of Obstetrics and Gynaecology,
P.O. Box Arusha, Tanzania.

ECSACOG-LB

NAME OF TRAINEE _____

TRAINING CENTRE _____

YEAR OF ENROLLMENT _____



INTRODUCTION:

This log book lists a number of clinical/surgical procedures which the trainee is supposed to perform under supervision during his/her training. It also guides the trainers and training sites/hospitals on the kind of skills the trainees are supposed to be exposed to during the period of training. The trainees should endeavour to accomplish a minimum of 60% of the stipulated procedures. The trainee must do all the various categories of procedures. If for some reasons the trainee is not able to perform a stipulated procedure a written explanation must be provided and supported by the trainer. The procedures must be countersigned by the trainer/supervisor

The duly completed log book must be submitted at least three months before the date of the final examination the trainee hopes to sit. It will be assessed and a score given.

OBJECTIVES:

This logbook is meant to serve as a guide on the minimum clinical/surgical skills a trainee is expected to muster before he/she can be considered to sit for the final College Membership Examination. These are on top of other requirements, which must also be accomplished during the core specialist training, as contained in the curriculum.

HOW TO USE THE LOGBOOK:

The trainee is supposed to keep this book safe and clean.

He/she should fill the procedure as soon as performed, get it countersigned by his/her supervisor, whenever necessary discuss any issues arising therefrom. It is meant to serve as a mentorship tool on top of providing evidence of skill acquisition in the course of training.

The book must be reviewed by the supervisor quarterly and the student given an opportunity to discuss some of the procedures performed, as well as the progress being made.

The book must be submitted at least three months before the date of the final membership (Part Two) ECSACOG Examinations the trainee intends to register for.

It will be marked by the internal examiners, assessed by the College, thereafter reviewed by the External Examiner(s) for the examinations and a score given. This will form part of the final score aggregate.

PROCEDURES:

1. OBSTETRICS:

A: ANTENATAL PROCEDURES

| Procedure | Indication | Date | Supervisor | |
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| | | | Name | Signature |
| Chorionic villous sampling | | | | |
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| Amniocentesis | | | | |
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| External cephalic version | | | | |
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| Insertion of cervical cerclage | | | | |
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| Others (Specify) | | | | |
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Give any specific comments on any of the procedures above that you performed

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B. INTRAPARTUM:

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| Fetal scalp blood sampling | | | | |
| Stabilising induction of labour | | | | |
| Vaginal delivery – unassisted – singleton | | | | |
| Vaginal delivery – Twins | | | | |
| Shoulder dystocia manipulation & delivery | | | | |
| Low/Outlet ventouse | | | | |

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| Vaginal birth – assisted breech delivery | | | | |
| Caesarean section without a listed complexity | | | | |
| Caesarean section (Repeat >2) | | | | |
| Caesarean section for mal-presentation/malposition | | | | |
| Caesarean section for multiple pregnancy | | | | |
| Caesarean section - APH – Placenta praevia | | | | |
| Caesarean section - APH – Abruptio Placenta | | | | |
| Caesarean hysterectomy | | | | |
| Classical caesarean section | | | | |
| Caesarean section in second stage of labour | | | | |
| Ruptured Uterus | | | | |
| a) Repair with no tubal ligation | | | | |
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| b) Repair with tubal ligation | | | | |
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| c) Subtotal hysterectomy | | | | |
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| d) Total hysterectomy | | | | |
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C. Postpartum

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| PPH (>1000 mls loss) – Medically management | | | | |
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| PPH (.1000 mls loss) surgical management | | | | |
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| a) EUA +/- Exploration | | | | |
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| b) Cervical Repairs | | | | |
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| e) Manual removal of placenta | | | | |
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| c) Hysterectomy | | | | |
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| d) Uterine artery ligation | | | | |
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| e) Laparotomy for Sepsis | | | | |
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| f) Others | | | | |
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2. GYNAECOLOGY:

a) Cancer Screening:

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| Pap Smears | | | | |
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| Colposcopy +/- Biopsy (Cx) | | | | |
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| EUA +/- Biopsy (Cx) | | | | |
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| Vulval biopsy | | | | |
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| Fractional D+C | | | | |
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| Laparoscopy (Ovarian) +/- ascitic fluid for cytology | | | | |
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b) Other Diagnostic/Curative procedures

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| MVA | | | | |
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| Hysteroscopy (+/- D&C; Endometrial Polypectomy | | | | |
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| Cystoscopy | | | | |
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| IUCD insertion | | | | |

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| IUCD Removal/Retrieval | | | | |
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| Others | | | | |
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c) Laparotomy:

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| Ovarian Cystectomy/Benig n tumours/TOM | | | | |
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| Myomectomy | | | | |
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| TAH (Simple/Extended) | | | | |
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| TAH + BSO | | | | |
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| Wertheim's Hysterectomy | | | | |
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| Debulking | | | | |
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| For Sepsis | | | | |
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| Salpingectomy | | | | |
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| Adhesiolysis | | | | |
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| Bowel resection +/- Colostomy/ileostomy/end-end anastomosis | | | | |
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| Appendectomy | | | | |
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d) Vulva/Perineum:

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| Bartholin's Abscess/Cyst | | | | |
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| Vulvectomy (Simple) | | | | |
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| Radical | | | | |
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| Old Perineal Tears | | | | |
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| Perineorrhaphy | | | | |
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| Hymen surgery | | | | |
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e) Vaginal surgery:

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| Anterior Repair | | | | |
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| Posterior Repair | | | | |
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| Combined Antero-posterior repair | | | | |
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| VVF Repair | | | | |
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| RVF Repair | | | | |
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| Colpotomy | | | | |
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| Vaginal hysterectomy | | | | |
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| Sling surgery | | | | |
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f) Laparoscopy:

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| Diagnostic | | | | |
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| Salpingectomy (for Ectopic) | | | | |
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| Cystectomy | | | | |
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| Adhesiolysis | | | | |
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| Endometriosis | | | | |
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| Oophorectomy | | | | |
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| Hysterectomy | | | | |
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| Myomectomy | | | | |
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| Node dissection | | | | |
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| Others | | | | |
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