New Zealand Board in General Surgery

Guide to completing the logbook – GSET Trainees

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1. Purpose of the logbook

The main reasons for providing a logbook are: -

- To provide exposure data for type and level of responsibility achieved for surgical procedures completed during each training term
- To provide an indication of the primary operator rate for the trainee during each training term
- To provide a running total of all procedure numbers, including major procedures, endoscopy and colonoscopy procedures to comply with the minimum number of these procedures for the purpose of application to sit the Fellowship Exam and to gain Fellowship at the end of training
- Provide procedural data for the accreditation process for post within each hospital so each post can be accessed for volume, appropriate trainee delegation and case mix
- Providing a record of surgical procedures undertaken during training for prospective Fellowship/employment situations

2. Minimum logbook requirements for GSET training

Trainees are expected to complete the following: -

Per term	
• **100 Major procedures**	
• Primary operator rate as follows: -	

GSET level	Primary operator rate (% of all majors)
1	20%
2	30%
3	40%
4	50%
5	60%

By completion GSET training
• **1000 Major procedures**
• **100 Upper GI endoscopies**
• **50 colonoscopies**

3. Accurate recording

It is very important that trainees record all procedures they have participated in to ensure accurate recording.

Trainees should continue to add all procedures completed, even when they have exceeded the minimum of 100 majors in any given term.

Trainees are **strongly** advised to also record minor procedures for completeness of their logbook. Minor procedures are no less relevant to the training experience. Recording minor procedures, especially where these are rarer procedures, provides a much more balanced view of the trainee operative experience overall.

There are several compelling reasons for this:

- Gives a **true** picture of the training you have participated in
- Mitigates against unforeseen circumstances - resulting in inability to complete 100 majors in any given term due to illness/pandemic lockdowns etc
- Enables the Training Committee to ensure the quality of all the training posts. If trainees routinely record just 100 majors, posts where this is only just achievable, or those were there is too much pressure cannot be identified so easily. Trainee logbooks are a major consideration for training post re-accreditation
- Demonstrates the allocation of procedures to trainees in terms of autonomy and complexity. Where minor procedures are **not** recorded this is much less apparent!

Procedures can only be entered on SOLA against the current term. Retrospective additions of logbook entries are not permitted once the logbook has been submitted to the supervisor for approval at the end of each term. You may edit the additional fields regarding outcomes – e.g. complications after logbook submission.

It is not feasible for the logbook to list uncommon procedures. Trainees should check the available procedure list carefully and only use the "other" categories if no suitable listing exists. By completing the additional comments field in these cases enables the training Committee to consider where new procedure terms are required.

4. Is it Major or Minor?

Logbook procedures in SOLA are pre-determined as major or minor.

Generally speaking a major procedure would be one lasting longer than 45 minutes due to the complexity. The SOLA logbook allows for recording of more complex surgery such as Whipple's procedure as two or more major operations. This allows trainees to record different levels of responsibility for each component procedure.

Here some examples of how some procedures should be recorded in SOLA: -

Procedure(s)	Logbook entry
Right hemicolectomy and open cholecystectomy at same time in 1 patient	"Right Hemicolectomy" AND "cholecystectomy" – 2 majors
Formation of end colostomy completed as part of Hartman's procedure	"Hartman's procedure" – 1 major
Mild adhesiolysis during gastrectomy	"Gastrectomy" – 1 major
Adhesiolysis taking greater than 45 mins to complete + small bowel resection	"Adhesiolysis" AND "Small Bowel Resection" – 2 majors
Laparotomy + procedure e.g. Liver Resection	"Liver resection" ("Laparotomy" would only be recorded where no other surgery ensues)
Whipple's Procedure	Up to 4 majors but **only** where you are the primary operator or assistant from "Head of pancreas", "Open Cholecystectomy" "Small bowel resection" AND "Biliary reconstruction"

5. Which role? (Trainee autonomy)

For each procedure entered into SOLA the trainee must enter their role in that procedure. The options are: -

    a. **Surgeon mentor scrubbed**
    b. **Surgeon mentor in theatre**
    c. **Surgeon mentor available**
    d. **Assisting surgeon mentor**
    e. **Assisting registrar**

Selecting roles **a-c** above for any Major procedure automatically registers that procedure has been completed by the trainee as the primary operator.

Trainees should only select options **a-c** where they have completed **50% or more** of the operative procedure. Some examples of how to code role are given below: -

Scenario	Logbook entry

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1. High anterior resection – trainee completes colonic mobilisation and divides vessels. Surgeon mentor mobilises tumour, divides meso-rectum and rectum. Trainee then completes anastomosis	Record as "Surgeon Mentor Scrubbed"
2. Laparoscopic right hemicolectomy – trainee assists supervisor during dissection, vessel division and resection. Trainee fires the stapler and puts reinforcing sutures in anastomosis	Record as "Assisting Surgeon Mentor"
Trainee is first 1st assistant in Scenario 1	Record as "Surgeon Mentor Scrubbed"
Trainee is 2nd assistant in Scenario 1	Record as "Assisting Surgeon Mentor"
Trainee is 2nd assistant to major procedure with poor view of operative field (e.g. holding retractor)	Procedure not recorded as a Major

It is acknowledged and accepted that the logbook cannot take into account the extra time and effort required for some complex procedures, or instances where more straightforward procedures hit snags and require more time and differing techniques. On the whole these will be balanced over the course of training by some procedures taking less time than the norm.

For assistance with recording procedures, please contact Helen Glasgow at the NZAGS office.