

New Zealand Board in General Surgery

# Guide to completing the logbook

1 December 2020

## New Zealand Board in General Surgery

### 1. Introduction

The New Zealand Board in General Surgery (NZBGS) provides an integrated logbook through the online trainee management system SOLA (Surgical Online Logbook and Assessments). The logbook can be accessed via handheld devices as well as laptops, enabling use by trainees throughout the day to record their surgical procedures. Please refer to the SOLA User Manual for Trainees on the specifics of using SOLA.

The SOLA logbooks reflect the operative experience a trainee has gained as follows:-

- The “**Logbook**” view lists all entries completed in the current training term
- The “**Procedures**” view lists all procedures completed throughout training to date. The totals shown include all entries made during training
- The total number of procedures is populated from the logbook to the “**Progress**” page in SOLA

### 2. Purpose of the logbook

The main reasons for providing a logbook are listed below:-

- 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

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### 3. Minimum standards

Trainees are expected to complete the following:-

| <b>Per term</b>  |             |  |
|--|-------------|--|
| <ul style="list-style-type: none"> <li>100 Major procedures</li> <li>Primary operator rate as follows:-</li> </ul> |             |  |
| <b>SET level</b>   | <b>Term</b> | <b>Primary operator rate (% of all majors)</b> |
| <b>2</b>   | <b>1</b>    | <b>20</b>                                      |
|  | <b>2</b>    | <b>25</b>                                      |
| <b>3</b>   | <b>1</b>    | <b>30</b>                                      |
|  | <b>2</b>    | <b>40</b>                                      |
| <b>4</b>   | <b>1</b>    | <b>50</b>                                      |
|  | <b>2</b>    | <b>50</b>                                      |
| <b>5</b>   | <b>1</b>    | <b>60</b>                                      |
|  | <b>2</b>    | <b>60</b>                                      |

| <b>By completion SET training</b> |
|-----------------------------------|
| • 800 Major procedures            |
| • 100 Upper GI endoscopies        |
| • 50 colonoscopies                |

### 4. Accurate completion of logbook

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**. Other than giving a true picture of the training opportunities of any given post, trainees should be mindful that circumstances outside of their control may compromise their ability to complete 100 majors in any given term, full recording mitigates against the consequences of not completing the minimum number for the duration of training.

Procedures can only be entered on SOLA against the current term. Retrospective additions of logbook entries is not permitted once the logbook has been submitted to the supervisor for approval at the end of each term.

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Accurate and complete recording is especially important when the accreditation of the training post may be at stake. Training posts not able to provide a minimum of 100 major procedures per term may lose their accreditation status. It should be noted that the data used to consider this criteria is taken from trainee logbooks.

### 5. Is it Major or Minor?

Most logbook procedures in SOLA are pre-determined as major or minor. It is not feasible for the logbook to list every procedure which would be considered very unusual situations. In these cases trainees, should use the “other” categories and select whether the procedure should be deemed 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 Whipples 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          | “Hartmans 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”<br>(“Laparotomy” would only be recorded where no other surgery ensues) |

Trainees are **strongly advised to 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 less common procedures, provide a more balanced view of the trainee operative experience overall. Where logbook data is considered as part of a review of the accreditation status of a training post, the balance

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between minor and major procedures gives inspectors a clearer picture of the availability and delegation of procedures to trainees.

### 6. What's my role?

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 **half or more** of the operative procedure. Some examples of how to code role are given below:-

| Scenario  | Logbook entry                                 |
|---|---|
| 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 " <b>Surgeon Mentor Scrubbed</b> "  |
| Laparoscopic right hemicolectomy – trainee assists supervisor during dissection, vessel division and resection. Trainee fires the stapler and puts reinforcing sutures in anastomosis     | Record as " <b>Assisting Surgeon Mentor</b> " |
| Trainee is first assistant in scenario 1  | Record as " <b>Surgeon Mentor Scrubbed</b> "  |
| Trainee is second assistant in scenario 1   | Record as " <b>Assisting Surgeon Mentor</b> " |
| 2 <sup>nd</sup> assistant to major procedure with poor view of operative field (e.g. holding retractor)   | Procedure not recorded as a Major             |

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It is acknowledged by the New Zealand Board in General Surgery 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.