



THE HONG KONG COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS
AND
THE HONG KONG SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY



LOGBOOK

Training of Specialist Colposcopist

Period of training:

Name of Trainee:

Name of Trainer(s):

**I certify that patients logged in this book were managed by the trainee,
and I verify that the records including the numbers of cases, courses
and assessment forms are accurate.**

Name of Lead Clinician of Colposcopy Service: _____

Signature: _____ **Date:** _____

Summary

Period of Training _____ to _____
 Direct supervision _____ to _____
 Indirect supervision _____ to _____

		Total number
No. of cases under direct supervision	Total number (at least 50)	
	New cases (at least 20)	
	High grade or above cervical neoplasia (at least 10)	
	Low grade or below cervical neoplasia	
	Non-cervical lesions (at least 5)	
No. of cases under indirect supervision	Total number (at least 100)	
	New cases (at least 30)	
	High grade or above cervical neoplasia (at least 20)	
	Low grade or below cervical neoplasia	
	Non-cervical lesions (at least 10)	
No. of treatment under LA	by LLETZ	
	Others -specify method:	
No. of treatment under GA	by LLETZ	
	Others -specify method:	

CEX (at least 2 during direct supervision)	Date	Date	Date	Date	Date
CBD (at least 5 during indirect supervision)	Date	Date	Date	Date	Date
OSATS: colposcopy (at least 1)	Date	Date	Date	Date	Date
OSATS: LLETZ (at least 1)	Date	Date	Date	Date	Date

Basic colposcopy course* (at least 1)	Date Venue	Date Venue
CPC session* (at least 1)	Date Venue	Date Venue
Visit to laboratory or video virtual tour* (at least 1)	Date Venue	Date Venue
Refresher course^ (at least 1)	Date Venue	Date Venue

* evidence of attendance is required

^ evidence of attendance and pass of quiz is required

Colposcopy log sheet for cervical lesions

Name of candidate _____ Hospital /Clinic _____

Date	New (N) or old (O) case with number (e.g. N1, N2, O1, O2)	Patient reference number	Age	Indication for colposcopy	Colposcopic impression	Cervical biopsy result	Treatment type (✓ if done by candidate)		Histology of specimen from treatment Eg.LLETZ	Supervision with number (D/I N)* (e.g. D1, D2, I1, I2,...)	Remark(s), e.g. unsatisfactory examination, pregnant, other investigations, secondary treatment such as hysterectomy, complications

Trainer _____
Signature

*D-under direct supervision I-under indirect supervision

Colposcopy log sheet for non-cervical lesions

Name of candidate _____ Hospital /Clinic _____

Date	New (N) or old (O) case with number (e.g. N1, N2, O1, O2)	Patient reference number	Age	Indication for colposcopy	Colposcopic impression	Biopsy result	Treatment type (✓ if done by candidate)	Histology of specimen from treatment eg excision	Supervision with number (D/I/A)* (e.g. D1, D2, I1, I2,...)	Remark(s), e.g. unsatisfactory examination, pregnant, other investigations, secondary treatment such as hysterectomy, complications

Trainer _____
Signature

* D- under direct supervision I- under indirect supervision