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**Logbook of Clinical Experience**

**for RCOG MTI Application**

**Instructions to complete logbook**

The information recorded in this logbook will provide supporting evidence alongside your MTI application form and references. The content in this logbook should be typed and include an accurate reflection and summary record of your clinical experience **in your current post**. Please only use clinical experience gained during the last 12 months of practice.

The content should be verified and signed by your current Clinical Supervisor and Head of Department.

The summary must **NOT** include any patient identifiable details and must comply with information governance requirements. It should only include the date and the name of the hospital.

*Please note that any falsified information will lead to disqualification and rejection from the RCOG MTI scheme.*

**Case Based Discussion**

This will be a summary record of the following:

* 2 cases in obstetrics with medical or surgical co-morbidities
* 3 cases with CTG abnormalities and your management in that situation
* 2 cases in gynaecology

Please include a clinical summary of presenting symptoms, investigations, and management plan. Please include a summary of your reflection and learning outcomes.

**OSATS (Objective Structured Assessment of Technical Skills)**

This will be a summary record of the following procedures; please only include those directly undertaken by you.

**If you have not undertaken the procedure in the current post, please leave it blank.**

* Basic and intermediate level caesarean section
* Instrumental deliveries - forceps/ ventouse, if any undertaken
* Third degree perineal repair, if any undertaken
* Surgical management of miscarriage
* Manual Removal of placenta
* Endometrial biopsy

**Your details**

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| **MTI Applicants details:** | | | |
| **Surname:** |  | | |
| **First name:** |  | | |
| **RCOG Registration number:** |  | | |
| **Current clinical post:** |  | | |
| **Name of hospital:** |  | | |
| **Start date in current post:** |  | | |
| **Name of Clinical Supervisor:** |  | | |
| **Name of Head of Department:** |  | | |
| **Signature:** |  | **Date:** |  |

**Certificate of Clinical Competency**

To be hand or electronic signed and stamped by Head of Department and Clinical Supervisor. *Please note we cannot accept typed signatures.*

I hereby confirm the information recorded in this logbook is a true and accurate record of the clinical experience accrued by the above doctor.

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| **Name of Head of Department:** |  |
| **Name of Hospital:** |  |
| **Stamp:** |  |
| **Signature:** |  |
| **Date:** |  |

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| **Name of Clinical Supervisor:** |  |
| **Name of Hospital:** |  |
| **Stamp:** |  |
| **Signature:** |  |
| **Date:** |  |

**Summary Record**

1. CASE BASED DISCUSSION – OBSTETRICS

2. CASE BASED DISCUSSION – OBSTETRICS

3. CASE BASED DISCUSSION – GYNAECOLOGY

4. CASE BASED DISCUSSION – GYNAECOLOGY

5. CTG – CASE BASED DISCUSSION

6. CTG – CASE BASED DISCUSSION

7. CTG – CASE BASED DISCUSSION

8. OSATS – BASIC CESAREAN SECTION

9. OSATS – INTERMEDIATE CESAREAN SECTION

10. OSATS – NON- ROTATIONAL FORCEPS

11. OSATS – VENTOUSE DELIVERY

12. OSATS - MANUAL REMOVAL OF PLACENTA

13. OSATS – THIRD DEGREE REPAIR

14. OSATS – SURGICAL MANAGEMENT OF MISCARRIAGE

15. OSATS – ENDOMETRIAL BIOPSY

16. OSATS – INSERTION OF IUS/IUCD

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| 1. **CASE BASED DISCUSSION - OBSTETRICS** | |
| Date |  |
| Describe the event and clinical summary of the case |  |
| Trainee’s analysis – what was your clinical approach? |  |
| Trainee’s learning plan |  |
| Trainee’s reflection |  |

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| 1. **CASE BASED DISCUSSION - OBSTETRICS** | |
| Date |  |
| Describe the event and clinical summary of the case |  |
| Trainee’s analysis – what was your clinical approach? |  |
| Trainee’s learning plan |  |
| Trainee’s reflection |  |

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| 1. **CASE BASED DISCUSSION - GYNAECOLOGY** | |
| Date |  |
| Describe the event and clinical summary of the case |  |
| Trainee’s analysis – what was your clinical approach? |  |
| Trainee’s learning plan |  |
| Trainee’s reflection |  |

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| 1. **CASE BASED DISCUSSION - GYNAECOLOGY** | |
| Date |  |
| Describe the event and clinical summary of the case |  |
| Trainee’s analysis – what was your clinical approach? |  |
| Trainee’s learning plan |  |
| Trainee’s reflection |  |

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| 1. **CTG - CASE BASED DISCUSSION** | |
| Date |  |
| Describe the event and clinical summary of the case |  |
| Trainee’s analysis – what was your clinical approach? |  |
| Trainee’s learning plan |  |
| Trainee’s reflection |  |

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| 1. **CTG - CASE BASED DISCUSSION** | |
| Date |  |
| Describe the event and clinical summary of the case |  |
| Trainee’s analysis – what was your clinical approach? |  |
| Trainee’s learning plan |  |
| Trainee’s reflection |  |

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| 1. **CTG - CASE BASED DISCUSSION** | |
| Date |  |
| Describe the event and clinical summary of the case |  |
| Trainee’s analysis – what was your clinical approach? |  |
| Trainee’s learning plan |  |
| Trainee’s reflection |  |

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| 1. **OSATS - BASIC CESAREAN SECTION** | |
| Date |  |
| What went well? |  |
| What could have gone better? |  |
| Trainees Learning Plan |  |
| Degree of difficulty: | Basic / Intermediate / Advanced (please delete) |

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| 1. **OSATS - INTERMEDIATE CESAREAN SECTION** | |
| Date |  |
| What went well? |  |
| What could have gone better? |  |
| Trainees Learning Plan |  |
| Degree of difficulty: | Basic / Intermediate / Advanced (please delete) |

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| 1. **OSATS - NON ROTATIONAL FORCEPS** | |
| Date |  |
| What went well? |  |
| What could have gone better? |  |
| Trainees Learning Plan |  |
| Degree of difficulty: | Basic / Intermediate / Advanced (please delete) |

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| 1. **OSATS - VENTOUSE DELIVERY** | |
| Date |  |
| What went well? |  |
| What could have gone better? |  |
| Trainees Learning Plan |  |
| Degree of difficulty: | Basic / Intermediate / Advanced (please delete) |

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| 1. **OSATS - MANUAL REMOVAL OF PLACENTA** | |
| Date |  |
| What went well? |  |
| What could have gone better? |  |
| Trainees Learning Plan |  |
| Degree of difficulty | Basic / Intermediate / Advanced (please delete) |

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| 1. **OSATS - THIRD DEGREE REPAIR** | |
| Date |  |
| What went well? |  |
| What could have gone better? |  |
| Trainees Learning Plan |  |
| Degree of difficulty | Basic / Intermediate / Advanced (please delete) |

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| 1. **OSATS - SURGICAL MANAGEMENT OF MISCARRIAGE** | |
| Date |  |
| What went well? |  |
| What could have gone better? |  |
| Trainees Learning Plan |  |
| Degree of difficulty | Basic / Intermediate / Advanced (please delete) |

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| 1. **OSATS - ENDOMETRIAL BIOPSY** | |
| Date |  |
| What went well? |  |
| What could have gone better? |  |
| Trainees Learning Plan |  |
| Degree of difficulty | Basic / Intermediate / Advanced (please delete) |

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| 1. **OSATS - INSERTION OF IUS/IUCD** | |
| Date |  |
| What went well? |  |
| What could have gone better? |  |
| Trainees Learning Plan |  |
| Degree of difficulty | Basic / Intermediate / Advanced (please delete) |

**Please ensure your completed logbook, signed and stamped by your Head of Department and Clinical Supervisor, is returned along with your MTI Application form and supporting evidence to** [**MTI@rcog.org.uk**](mailto:MTI@rcog.org.uk) **by the applications deadline**