

# **The Arab Board of Health Specializations**

## **Urology Surgery Log Book Summary**

**October, 2022**

Candidate's Data:

Name:	
Registration Number:	
Training Period:	From        /    / 20        to    /    / 20

Training Center(s) / Hospital(s):

Serial	Center (Hospital) Title	Duration of Training
1		From:        /    / 20        to    /    / 20
2		From:        /    / 20        to    /    / 20
3		From:        /    / 20        to    /    / 20
4		From:        /    / 20        to    /    / 20
5		From:        /    / 20        to    /    / 20

Trainer's Name & Signature

## How to Fill Out your Logbook

Our Dear Candidate,

The activities included in this Logbook summary and required to be documented and approved are: surgical Procedures, Scientific Activities, Training Courses, Rotation Schedule and the Research Abstract.

### Filling out this Logbook:

All cells in each table should be filled out with the relevant data.

### Surgical Procedures:

You need to document each procedure you participated in and the level of contribution, according to the following “Four Point Scale”:

S1	Primary Surgeon
A1	First Assistant Surgeon
A2	Second Assistant Surgeon
O	Observer

\* In some training hospitals, trainees are not allowed to do major surgical operations independently. However, they may have done the major part of surgery. In such a case it could be accepted that this resident indicates that was S1. (The candidate is solely responsible for the accuracy of the information submitted and it will be reviewed by the Arab Board).

\* The candidate should update the Logbook daily as the cases are performed and should be reviewed by the Program Director every six months.

### Academic Activities:

You are required to participate in one scientific activity weekly. For every scientific activity, you will document the number of the sessions you attended during the training program, the event (Morbidity & Mortality Meeting – Journal Club – Audit...etc.). Conferences which you attended and participated in, are documented in this session.

### Training Courses:

The candidate should document the courses attended as BLS, ATLS, Basic Surgical Skills, Basics of Laparoscopy, Research Methodology, Evidence Based Medicine, Presentation Skills, in addition to any other courses completed.

### **Rotation Map:**

The candidate should document the General Surgery and other specialties' rotations during the training program. The documentation includes the specialty, the hospital(s) where the rotation was performed, start/end dates, the name and signature of the Program Director.

### **Research Abstract:**

The candidate needs to write down one abstract of his/her research in 250-350 words. The abstract should include the research title, background, methods, results and discussion and the conclusion. The candidate should strive to publish the research in a scientific Journal or present in a scientific conference.

### **Remarks:**

All pages of this Logbook Summary must be SIGNED by TRAINER and COUNTER SIGNED by the PROGRAM DIRECTOR.

## Operative Report Summary

Code	Procedures				
		S1	A1	A2	O
<b>1</b>	<b>Renal Surgery</b>				
1.1	PCNL	3	5	5	5
1.2	Flexible Uretero-Nephro Laser Lithotripsy	5	5	10	10
1.3	Diagnostic Retrograde & DJ Insertion	20	20	10	10
1.4	Percutaneous Nephrostomy	5	5	5	5
1.5	Pyelolithotomy & Nephrolithotomy (If no PCNL is available)	5	5	5	5
1.6	Simple Nephrectomy (Lap, Robotic or Open)	5	5	5	5
1.7	Partial Nephrectomy (Lap, Robotic or Open)	0	2	2	2
1.8	Radical Nephrectomy (Lap, Robotic or Open)	5	5	5	5
1.9	Nephro-Ureterectomy (Lap, Robotic or Open)	0	3	3	3
1.10	Pyeloplasty (Lap, Robotic or Open)	5	5	5	5
1.11	Endopyelotomy (Retrograde or Antegrade)	0	1	1	1
1.12	Renal Cyst De-roofing (Lap, Robotic or Open)	0	2	2	2
<b>1.13 Renal Transplant Surgery:</b>					
1.13a	Procedures for the Recipient	0	3	3	3
1.13b	Donor Nephrectomy (living), Kidney Harvesting	0	3	3	3
<b>2</b>	<b>Ureter</b>	<b>S1</b>	<b>A1</b>	<b>A2</b>	<b>O</b>
2.1	Ureteroscopy, Lithotripsy (Laser, Ultrasonic, Pneumatic)	20	20	20	20
2.2	Ureterolithotomy (Lap, Robotic or Open)	1	3	3	3
2.3	Ureteroscopy (Diagnostic/Fulguration)	0	2	2	2
2.4	Ureteral Re-Implantation (Adults)	3	3	3	3
2.5	Ureterolysis (Lap, Robotic or Open)	0	0	2	2
2.6	Ileal-Interposition	0	0	2	2
2.7	Uretero-Ureterostomy	0	0	2	2
<b>3</b>	<b>Bladder</b>	<b>S1</b>	<b>A1</b>	<b>A2</b>	<b>O</b>
3.1	TURBT	10	10	20	20
3.2	Cysto-Litholapexy (Laser, Ultrasonic, Pneumatic and Mechanical)	10	10	10	10
3.3	Cystolithotomy (Open/Lap)	5	5	5	5
3.4	Cystotomy & Cystorraphy	3	3	3	3
3.5	Partial Cystectomy/Diverticulectomy	2	2	2	2
3.6	Radical Cystectomy and Urinary Diversion (Open/Lap)	3	3	5	5
3.7	V-V Fistula Repair	2	2	3	3
3.8	Augmentation Cystoplasty	0	1	1	1

<b>4</b>	<b>Prostate</b>	<b>S1</b>	<b>A1</b>	<b>A2</b>	<b>O</b>
4.1	TURP	10	10	10	10
4.2	Laser and Other Technologies (HoLep & TUVP)	5	5	5	5
4.3	Bladder Neck Incision (BNI)	5	5	5	5
4.4	Prostatectomy (Lap, Robotic or Open)	5	5	5	5
4.5	Radical Prostatectomy (Lap, Robotic or Open)	0	3	2	5
<b>5</b>	<b>Urethra</b>	<b>S1</b>	<b>A1</b>	<b>A2</b>	<b>O</b>
5.1	Direct Vision Internal Urethrotomy (DVIU)	10	10	10	10
5.2	Urethroplasty	1	5	10	10
<b>6</b>	<b>Testis &amp; External Genitalia</b>	<b>S1</b>	<b>A1</b>	<b>A2</b>	<b>O</b>
6.1	Ligation of the Varicocele	20	20	20	20
6.2	Repair of Hydrocele	20	20	20	20
6.3	Simple Orchidectomy	5	5	5	5
6.4	Radical Orchidectomy	5	5	10	10
6.5	Vaso – Epididymostomy/Vaso Vasostomy	0	0	2	2
6.6	Repair of Fracture Penis	3	3	3	3
6.7	Procedures for Priapism (Aspiration/Shunt Operation)	3	3	3	3
6.8	Procedures for Peyronie’s Disease	0	0	1	1
6.9	Penile Implants	0	0	3	3
6.10	Partial Penectomy/Total Penectomy	0	0	1	1
6.11	Correction of Testicular Torsion	5	5	5	5
6.12	Fournier’s Gangrene/Abscess Drainage/Scrotal Debridement	3	3	3	3
<b>7</b>	<b>Adrenal</b>	<b>S1</b>	<b>A1</b>	<b>A2</b>	<b>O</b>
7.1	Adrenalectomy (Optional) (Lap, Robotic or Open)	0	5	5	5
<b>8</b>	<b>Retro-Peritoneal Surgery</b>	<b>S1</b>	<b>A1</b>	<b>A2</b>	<b>O</b>
8.1	RPLND (Lap, Robotic or Open)	0	1	1	1
<b>9</b>	<b>Pediatric Urologic Procedures</b>	<b>S1</b>	<b>A1</b>	<b>A2</b>	<b>O</b>
9.1	Circumcision	5	5	5	5
9.2	Hypospadias Repair	5	5	5	5
9.3	Epispadias Repair & Ectopia-Vesicae Repair	0	0	1	1
9.4	Meatotomy	5	5	5	5
9.5	Wilms’ Tumor Surgery (Partial or Radical)	0	0	1	1
9.6	Radical Excision of Neuroblastoma	0	0	1	1
9.7	Orchidopexy	5	5	5	5
9.8	Reflux Surgery (Injection/Reimplantation)	3	3	3	3
9.9	Cystostopic Fulgration of PUV	3	3	3	3
<b>10</b>	<b>Office and Outpatient Procedures</b>	<b>S1</b>	<b>A1</b>	<b>A2</b>	<b>O</b>

10.1	TURS-Guided Biopsy	5	0	0	0
10.2	Urodynamic Studies	20	20	20	20
10.3	ESWL	20	20	10	10
<b>11</b>	<b>Female Urology</b>	<b>S1</b>	<b>A1</b>	<b>A2</b>	<b>O</b>
11.1	Vesical Neck Suspension (TVT, TOT, Open)	2	2	2	2
11.2	Urethral Diverticulum/Abscess	0	0	1	1
11.3	Prolapse Surgery	0	0	1	1
<b>TOTAL</b>					

Trainer's Name & Signature:

## Loco-regional Scientific Activities and Conferences

Serial	Event Name & Place*	Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		



\*Scientific Activities in the Local Center

Serial	Activity	Number
1		
2		
3		
4		
5		

\*Grand Round, Morbidity & Mortality Meetings, Journal Club, Case Presentation, Audit, Morning Endorsement, Clinicopathological Meeting, Surgical Radiology Meetings, Lectures given by the candidates, Multidisciplinary Team meetings, etc.....and attended Conferences.

Trainer's Name & Signature:

## Training Courses

Serial	Date	Title	Venue	Trainer/Moderator's Name & Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Trainer's Name & Signature:

## Rotation Schedule

Serial	Specialty	Hospital	Date		Trainer's Name & Signature
			From	To	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Trainer's Name & Signature:

## \*Research Abstract

Research Title: -----

Background:

Materials & Methods:

Results & Discussion:

Conclusion:

Publication/Presentations:

\*Only **ONE** Abstract is required.

Trainer's Name & Signature:

\*Program Director Final Evaluation & Recommendation

Grading	A	B	C	D
Attitude Towards Patients				
Attitude Towards Colleagues				
Punctuality				
Communication Skills				
Surgical Skills				
Safety in the Work Place				

\* Scale of the Above Assessment:

A	Excellent
B	Good
C	Satisfactory
D	Poor

Additional Comments & Recommendations if Available:

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Trainer's Name & Signature:

\*This section is confidential, it should be filled and sent separately by the Program Director to the scientific council.