

# A Guide to the RCoA Logbook

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# Why write this guide?

- I found the logbook quite confusing to use and couldn't find a help manual that actually answered my questions
- This is my attempt to spare you at least some of the hours I spent fiddling with my logbook trying to make it do what I needed it to



# Caveats

- This guide isn't perfect, I'm just a trainee who struggled with the logbook. Feel free to ignore any suggestions/make alterations to make the logbook work for you.
- I make no guarantees that what I've done is right! But I didn't get any complaints about my logbook at my ARCP so hopefully I'm not going too far wrong
- I'm just finishing CT2 ACCS anaesthesia and I thoroughly anticipate having to adjust how I keep my logbook as I go through training. However I hope that keeping a consistent logbook from the beginning will make integrating any changes later on much easier
- Just as there are many ways to give an anaesthetic there are many ways to keep a logbook. The most important thing is to actually keep one and to be consistent about it.
- A logbook is only as good as the data you put into it. Keep it up to date and keep a back up!

p.s. I use a mac, the logbook should be the same across operating systems (once its downloaded) but apologies to PC users if differences pop up.



# Step 1 - downloading

- Whilst other logbooks are available, the RCoA logbook is now recommended and its the RCoA logbook summary records that will be expected at ARCP
- Download the Anaesthetic logbook from [www.logbook.org.uk](http://www.logbook.org.uk)
- iPhone or iPad users will need to download FileMakerGo first
- There is an official help guide for this bit!



# Step 2

## Installing

- You should end up with your desktop



on

- Click/double click to open



# Step 3

## - navigating the front screen

- This is the opening screen to the desktop logbook.
- Along the bottom are options to go to cases, searches, summaries, toolbox or help





# Step 3

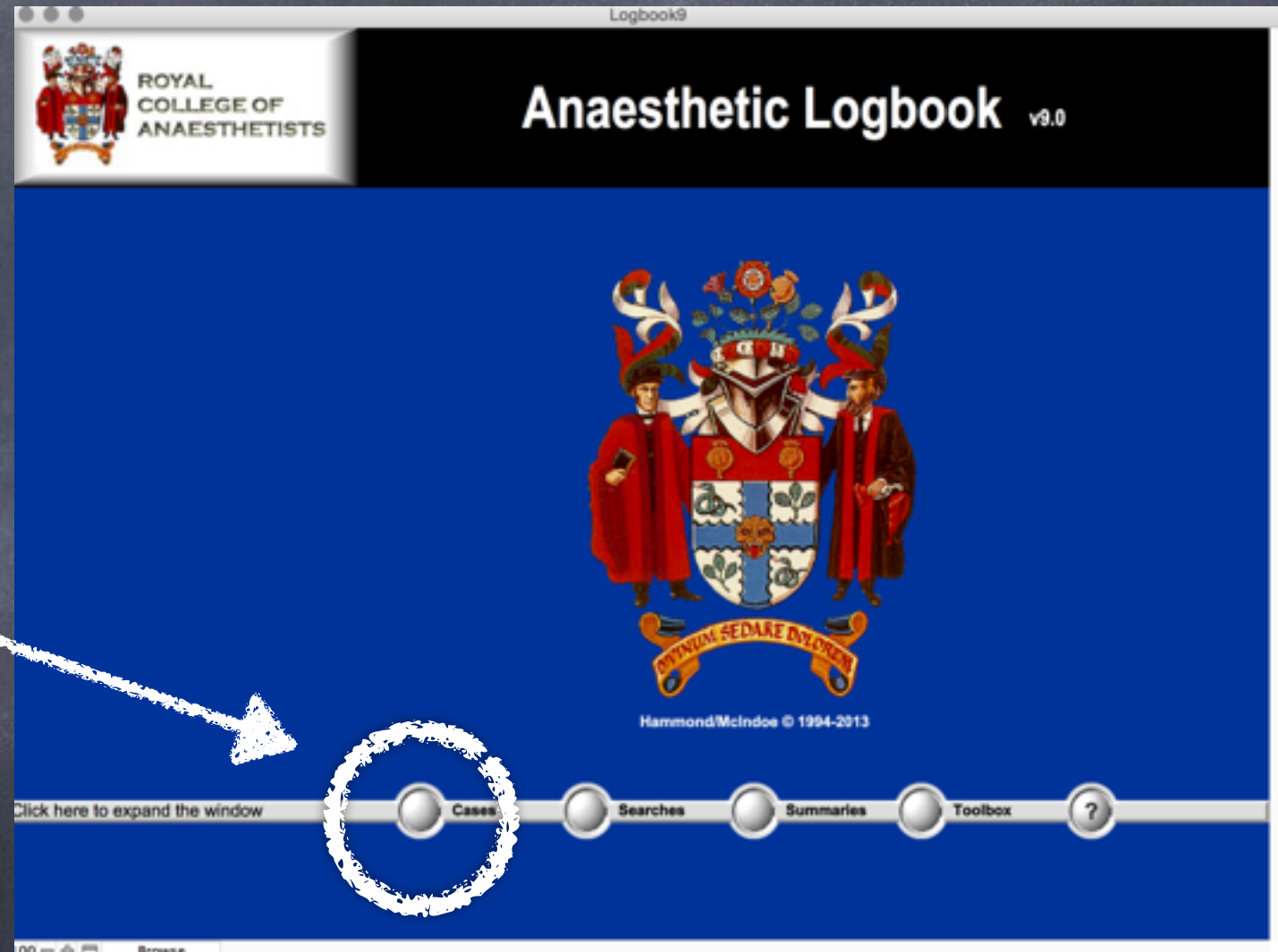
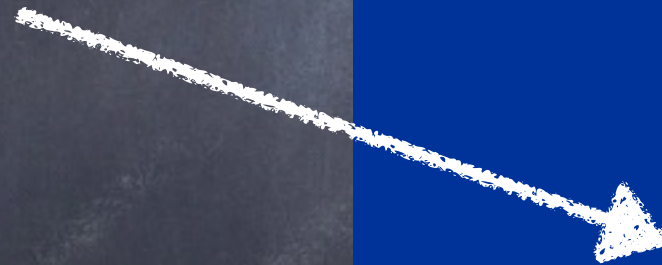
## - navigating the front screen

- CASES - to view cases already in your logbook or to add new cases
- SEARCHES - to access search mode
- SUMMARIES - to access the portfolio reports you'll need for ARCP. Summaries can be generated on your whole logbook or on a specified subsection
- TOOLBOX - functions which can be used to clean up your logbook or import cases from other sources



# Step 4 - Logging a case

Click on





# Step 4 - Logging a case

- Start filling in your data (see next page)

The screenshot shows the 'Anaesthetic Logbook v9.0' interface. At the top left is the Royal College of Anaesthetists logo. The main area has a blue background. On the left, a sidebar contains several radio buttons: 'Logbook view' (selected), 'Add a new case', 'Add a similar case', 'Delete this case', 'View cases as a table', and 'How do I enter info?'. The main content area is a form with various input fields. At the top, there are fields for 'Date' (with 'Start' and 'End' sub-fields), 'Ref', 'Sex', 'Doll', and 'Age'. Below these are fields for 'Location', 'Supervision', 'ASA', 'Priority', 'User1', and 'User2'. A large 'Operation' field is in the center. To the left of the 'Operation' field are 'Anaesthetic' and 'Procedures' sections, each with three numbered input fields. To the right are 'Notes' and 'Incidents' sections, each with a text area. Asterisks (\*) are placed on the left and right sides of the main form area. At the bottom, a navigation bar includes a link 'Click here to expand the window' and five buttons: 'Cases', 'Searches', 'Summaries', 'Toolbox', and a help button with a question mark.

N.B Clicking to the left and right (\*) of the logbook screen will move you back and forward through your logbook. This can be irritating if you've only half completed the logbook entry and accidentally click here. More on this later



Dates need to be dd/mm/yyyy  
and times as hh:mm

Where were you?  
I've kept it simple  
with just the hospital  
I was based at. Chat  
with your SpRs, this  
might change as you  
do specialty rotations

Fill in the specialty  
field to generate a  
list of operations  
(these two fields  
have drop down  
lists)

If the operation  
you want isn't there  
feel free to add  
your own but be  
consistent

Select what anaesthetic you gave and  
what procedures you did  
(more on this later)

I put my level of  
supervision here e.g.  
local, distant etc.

Hospital number

Enter either age or DOB

Use the dropdown  
options to ensure  
consistency

Remember most of  
what  
is done in  
'emergency theatre'  
is actually 'urgent'  
rather than  
emergency

These are open fields.  
Use as you want but  
BE CONSISTENT! I use  
'User 1' to log what  
supervision I had e.g.  
consultant, SpR

Did anything go wrong? Not  
just 'I had to give some  
metaraminol because they  
were mildly hypotensive', but  
something serious. If you're  
having to write in this box the  
case probably needs  
discussing with someone

Anything interesting  
about the patient.  
Difficult airways etc I  
make a note here

The form is a medical data entry interface. It features two main columns of input fields. The left column includes: 'Date' with 'Start' and 'End' sub-fields; 'Location'; 'Supervision'; 'Specialty'; 'Operation'; 'Anaesthetic' with a list of 1, 2, 3; and 'Procedures' with a list of 1, 2, 3. The right column includes: 'Ref'; 'Sex'; 'DOB'; 'Age'; 'ASA'; 'Priority'; 'User1'; 'User2'; 'Notes'; and 'Incidents'. Several fields are circled in yellow: 'Date', 'Location', 'Supervision', 'Specialty', 'Operation', 'Anaesthetic', 'Procedures', 'Ref', 'Sex', 'DOB', 'Age', 'ASA', 'Priority', 'User1', 'User2', 'Notes', and 'Incidents'. Yellow lines connect these circles to explanatory text blocks around the form. The text blocks provide guidance on data entry, such as date formats, supervision levels, and consistency in user selection.



# Step 4 - Logging a case - points to consider

- Patients should not be identifiable from logbook date but in reality hospital numbers are probably okay here as you would need to be able to log on to a hospital database to be able to use a hospital number
- If you enter a DOB it should calculate the age for you. If you don't put 19xx it will assume the patient was born in 20xx etc
- Remember there is a set definition for 'immediate', 'local', 'distant' supervision. It is normal to be heavily supervised, particularly in the beginning. Be honest with yourself.
- Have a good browse of the specialty lists at the beginning. For example there is significant overlap between 'trauma' and 'orthopaedics'. If your operation isn't in one, check the other. There also appear to be multiple different type of hip replacements etc. Whilst I do specify if we've done a semi v a DHS I don't tend to break it down any further (I may get into trouble for this later!) If you don't know what kind of hip etc you've just done either clarify or pick a generic hip off the list but be consistent!
- For cases that could be considered as two specialties e.g. paediatric dental, take your pick how you want to log it. I currently tend to put it into paediatrics but that's my choice and it's something I might change in the future. If needed you can do searches by patient age. The key is being consistent! If you're consistent then it's easier to go back and make wholesale changes.



# Step 4 - Logging a case - points to consider

- Remember to log your extra 'cases' e.g. crash calls, transfer to CT/ICU etc. I didn't realise these were an option until later on and then had a very thin logbook for the transfer module.
- Procedures such as arterial and central lines and LPs done for the medics can also go on the logbook

Level of supervision. Was your consultant or supervising SpR....

IMMEDIATE	Immediately available. In theatre or theatre suite and without other responsibilities
LOCAL	On same geographical site and able to attend within 10 min
DISTANT	On a different geographical site or unable to attend within 10 min



# Step 4 - Logging a case - points to consider

## ASA CLASSIFICATION

1	Normal healthy patient without clinically important co-morbidities
2	A patient with mild systemic disease
3	A patient with severe systemic disease
4	A patient with severe systemic disease that is a constant threat to life
5	A moribund patient who is not expected to survive without the operation
E	Suffix added for any emergency operation

ROUTINE	Surgical procedure planned in advance of routine admission to hospital
DAYCASE	As above with intention for patient discharge same day
URGENT	Within hours of decision to operate - acute onset or deterioration of conditions threatening life, limb or organ survival, # fixation, relief of distressing symptoms
EMERGENCY	Within minutes to operate. Next available operating theatre - immediate life or limb saving intervention. Resuscitation simultaneous with surgical treatment



# Step 4 - Logging a case - logging an anaesthetic/procedures

- Select which anaesthetic you gave
- If it was a spinal you could choose 'LA' or 'Sedation' or 'Monitoring only' depending on what actually happened. Just be consistent! I tend to choose sedation or monitoring and then input the spinal portion elsewhere

The screenshot shows a software interface with a blue header bar. Below the header, there are two main sections. The first section is titled 'Anaesthetic' in a blue box. It contains a list of options: '1.' (empty), '2.' (empty), 'GA Mask', 'GA LMA SV', 'GA LMA IPPV', 'GA ETT SV', 'GA ETT IPPV', 'LA', 'Sedation', and 'Monitoring only'. To the right of this list are three '+' buttons. The second section is titled 'Procedures' in a blue box. It contains a list of options: '1.' (empty), '2.' (empty), '3.' (empty), 'LA', 'Sedation', and 'Monitoring only'. To the right of this list are three '+' buttons.



# Step 4 - Logging a case - logging an anaesthetic/procedures

- Spinals, epidurals and every type of regional block you can think of appears in 'Anaesthetic - line 2'. I put my spinals here.

The screenshot shows a software interface with two main sections. The top section is titled 'Anaesthetic' and contains two numbered input fields. The bottom section is titled 'Procedures' and contains a list of regional anaesthetic techniques. A dropdown menu is open, showing the following options: Spinal, Epidural Lumbar, Epidural Thoracic, Epidural & Spinal (CSE), Paravertebral, Caudal, Cervical Plexus Superficial, Cervical Plexus Deep, Cervical Plexus Combined, Interscalene, Supraclavicular, and Infraclavicular.

Anaesthetic	
1.	
2.	

Procedures	
1.	Spinal
2.	Epidural Lumbar
3.	Epidural Thoracic
	Epidural & Spinal (CSE)
	Paravertebral
	Caudal
	Cervical Plexus Superficial
	Cervical Plexus Deep
	Cervical Plexus Combined
	Interscalene
	Supraclavicular
	Infraclavicular



# Step 4 - Logging a case - logging an anaesthetic/procedures

- You might have noticed the small + buttons to the side of some boxes

Anaesthetic	
1. Sedation	
2. Spinal	+

Procedures	
1.	+
2.	+

**Notes**  

▲

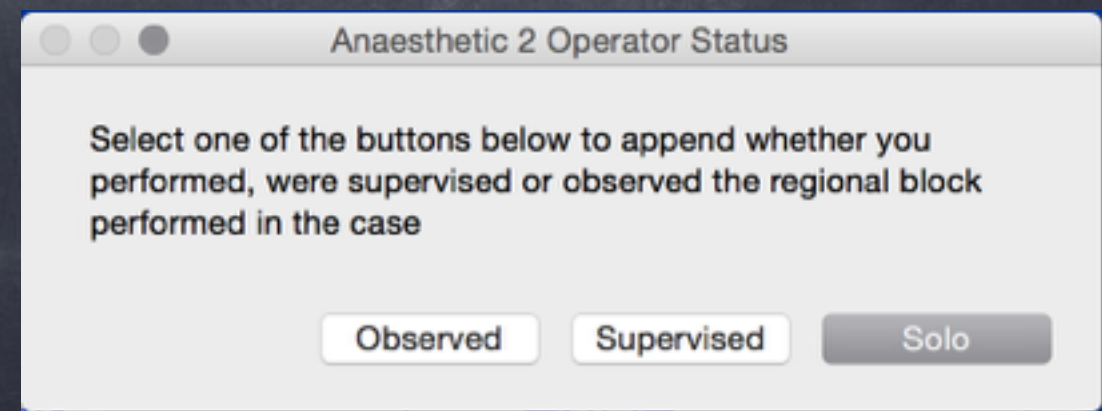
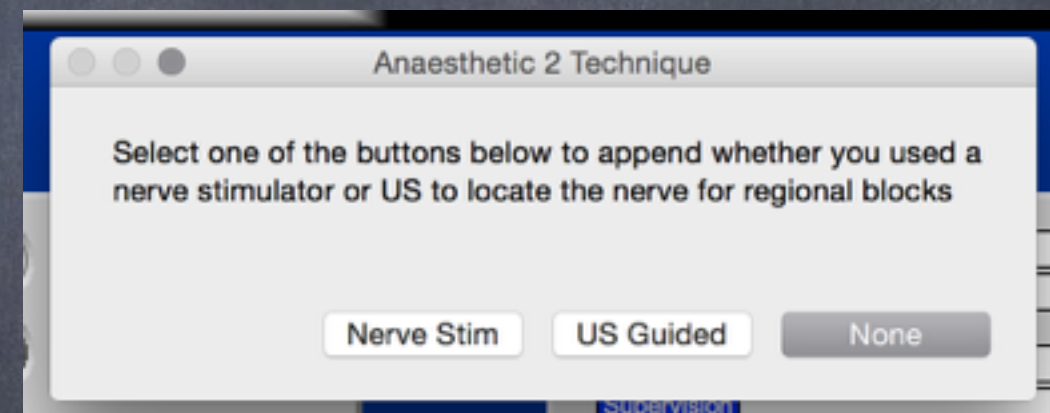
▼

This button allows you to append the technique and who performed the block to the anaesthetic 2 field.



# Step 4 - Logging a case - logging an anaesthetic/procedures

- If the button is there click and complete.
- Screen 1 asks if you used a nerve stimulator or USS or nothing
- Screen 2 asks if you observed the procedure, were supervised or completed it solo.





# Step 4 - Logging a case - logging an anaesthetic/procedures

- Eventually you end up with something looking like this

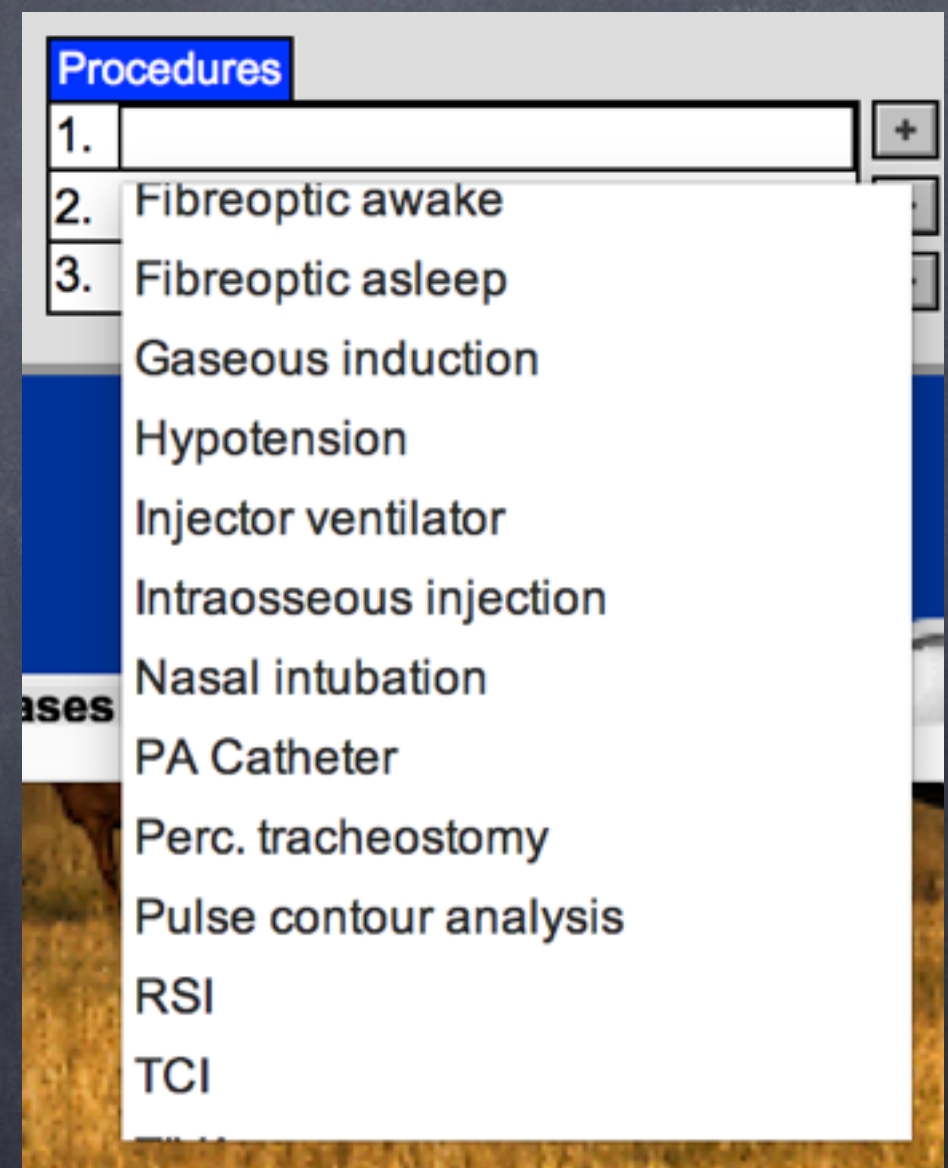
Anaesthetic
1. Sedation
2. Spinal - Solo

- Try to remember to fill this in consistently every time. It makes generating your ARCP reports much easier.



# Step 4 - Logging a case - logging an anaesthetic/procedures

- Procedures are done in the same way.
- Don't forget to click on the + button. It may seem strange doing this for a RSI but this way you can document how many you've done solo. Just click 'none' when its asking about USS if its not relevant.
- Have a look through this list, it's surprising how many things are on it. Key 'procedures' include RSI, TIVA, gas inductions, nasal intubations, permissive hypotension
- There are three lines for procedures. Try to be consistent. For example if my case involved an RSI I always put this on line 1 before filling out the other lines with arterial lines etc



The screenshot shows a software interface with a 'Procedures' dropdown menu. The menu is open, displaying a list of procedures. The first three items are numbered 1, 2, and 3, corresponding to the lines mentioned in the text. The list includes:

- 1. (empty)
- 2. Fibreoptic awake
- 3. Fibreoptic asleep
- Gaseous induction
- Hypotension
- Injector ventilator
- Intraosseous injection
- Nasal intubation
- PA Catheter
- Perc. tracheostomy
- Pulse contour analysis
- RSI
- TCI

The background of the interface shows a blurred image of a horse's head.



# Step 4 - Logging a case

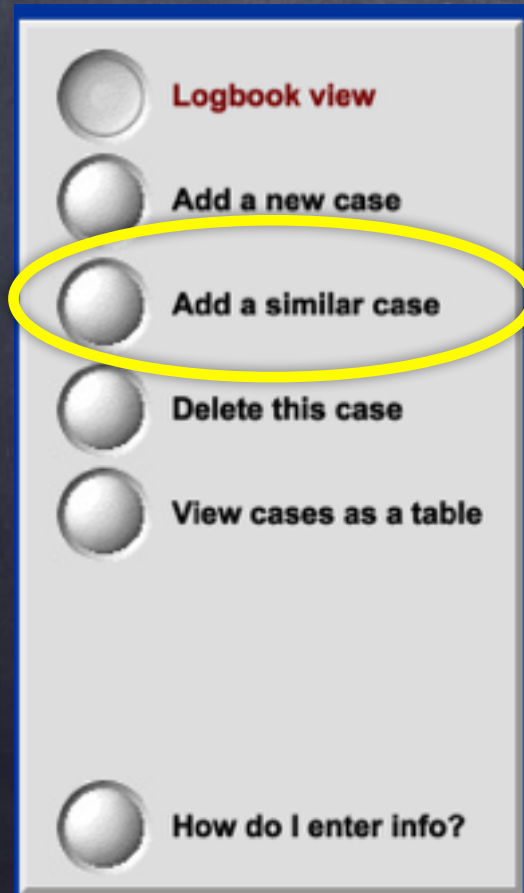
Once all your boxes  
are complete you  
end up with  
something a little  
like this

Date	Tuesday, Jul 12 2016	Ref	D12345	Sex	M		
Start	13:15	End	15:00	DoB	12/05/1934	Age	82
Location	DRI					ASA	2
Supervision	Immediate					Priority	Urgent
Specialty	Trauma					User1	Consultant supervision
Operation	Dynamic Hip screw					User2	
Anaesthetic						Notes	
1. Sedation							
2. Spinal - Solo							
Procedures						Incidents	
1.							
2.							
3.							



# Step 5 - Logging another case

If you're inputting multiple similar cases e.g. from the same list click 'Add a similar case'. The log book will autofill the sections shown below. Check for accuracy and then fill the rest out



Logbook view

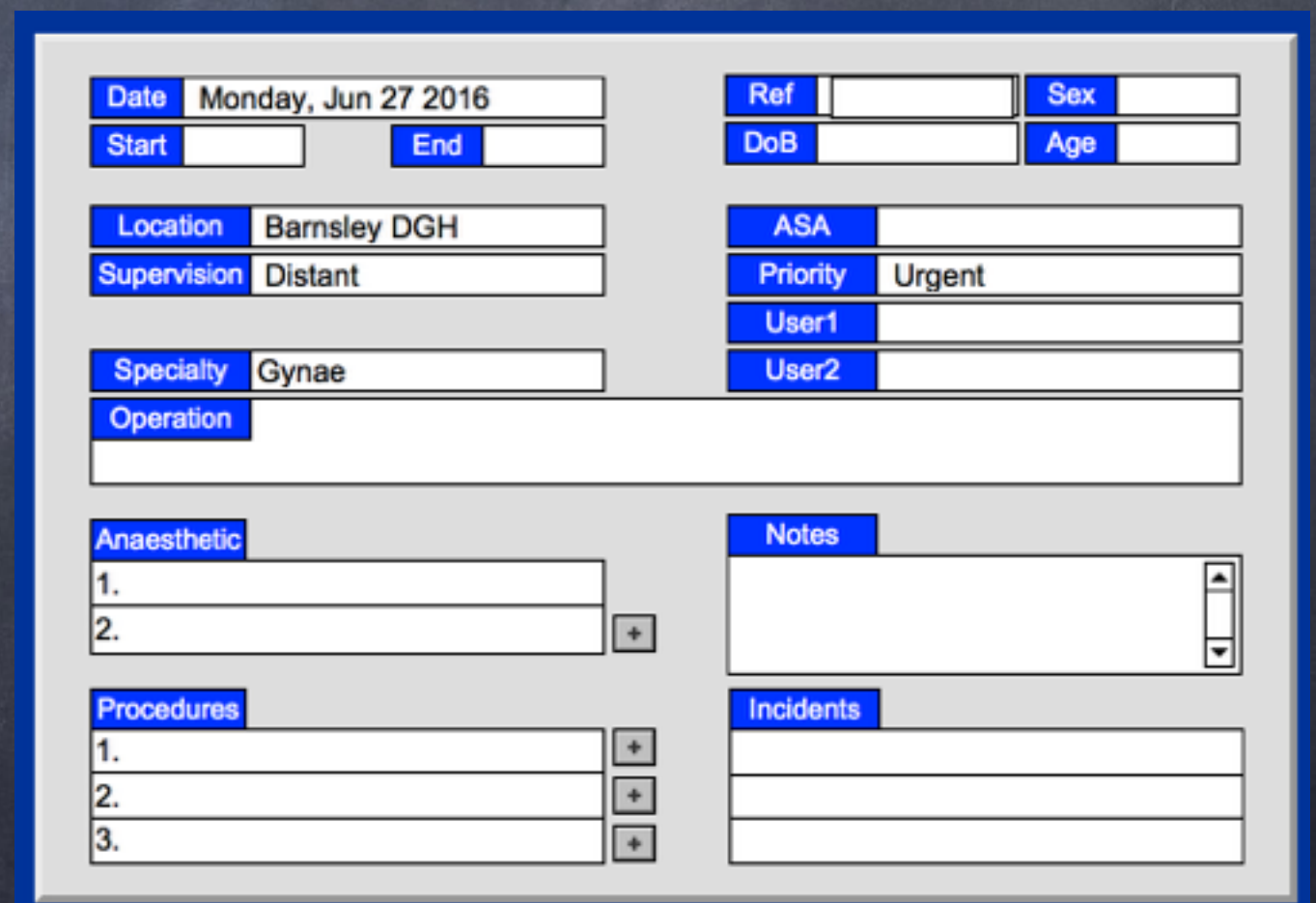
Add a new case

**Add a similar case**

Delete this case

View cases as a table

How do I enter info?

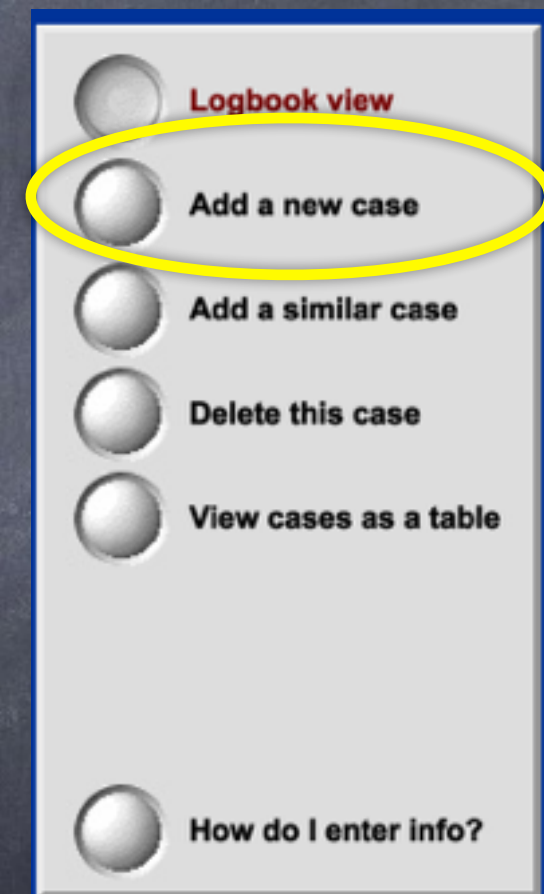


Date	Monday, Jun 27 2016	Ref		Sex	
Start		End		DoB	
Location	Barnsley DGH	ASA		Priority	Urgent
Supervision	Distant	User1		User2	
Specialty	Gynae	Operation			
Anaesthetic					
1.					
2.					
Procedures					
1.					
2.					
3.					
Notes					
Incidents					



# Step 5 - Logging another case

If they're not similar cases click 'add new case' and you'll be given a completely blank logbook to fill in.





# Step 6 - Navigating the logbook

As mentioned previously, clicking either side of the logbook screen (\*) moves you back and forward through your entries

This is the easiest way to quickly flick back to an entry you've just completed

If you get part way through an entry (especially if you've completed the date) and then accidentally click on \* then it may appear like your half complete entry has vanished. The logbook 'files' the entries according to date and time so it may appear to vanish if you've been entering cases out of sync. You'll need to go looking for it. I find doing this easier using the next method

ROYAL COLLEGE OF ANAESTHETISTS

## Anaesthetic Logbook v9.0

- ☒ Logbook view
- ☐ Add a new case
- ☐ Add a similar case
- ☐ Delete this case
- ☐ View cases as a table
- ☐ How do I enter info?

Date  Start  End  Ref  Sex   
DOB  Age   
Location  ASA   
Supervision  Priority   
User1   
User2   
Specialty   
Operation

Anaesthetic

1.   
2.

Procedures

1.   
2.   
3.

Notes

Incidents

Click here to expand the window

Cases Searches Summaries Toolbox ?



# Step 6 - Navigating the Logbook

Another other  
option is  
'view cases as a  
table' .....

The screenshot shows the 'Anaesthetic Logbook v9.0' interface. At the top left is the Royal College of Anaesthetists logo. The main menu on the left includes: 'Logbook view' (selected), 'Add a new case', 'Add a similar case', 'View cases as a table' (highlighted with a yellow circle), and 'How do I enter info?'. The main content area contains a form for entering case details, including fields for Date, Start, End, Ref, Sex, Doll, Age, Location, Supervision, ASA, Priority, User1, User2, Specialty, and Operation. Below this are sections for 'Anaesthetic' (1, 2), 'Procedures' (1, 2, 3), 'Notes', and 'Incidents'. At the bottom is a navigation bar with buttons for 'Cases', 'Searches', 'Summaries', 'Toolbox', and a help icon (?).



# Step 6 - Navigating the Logbook

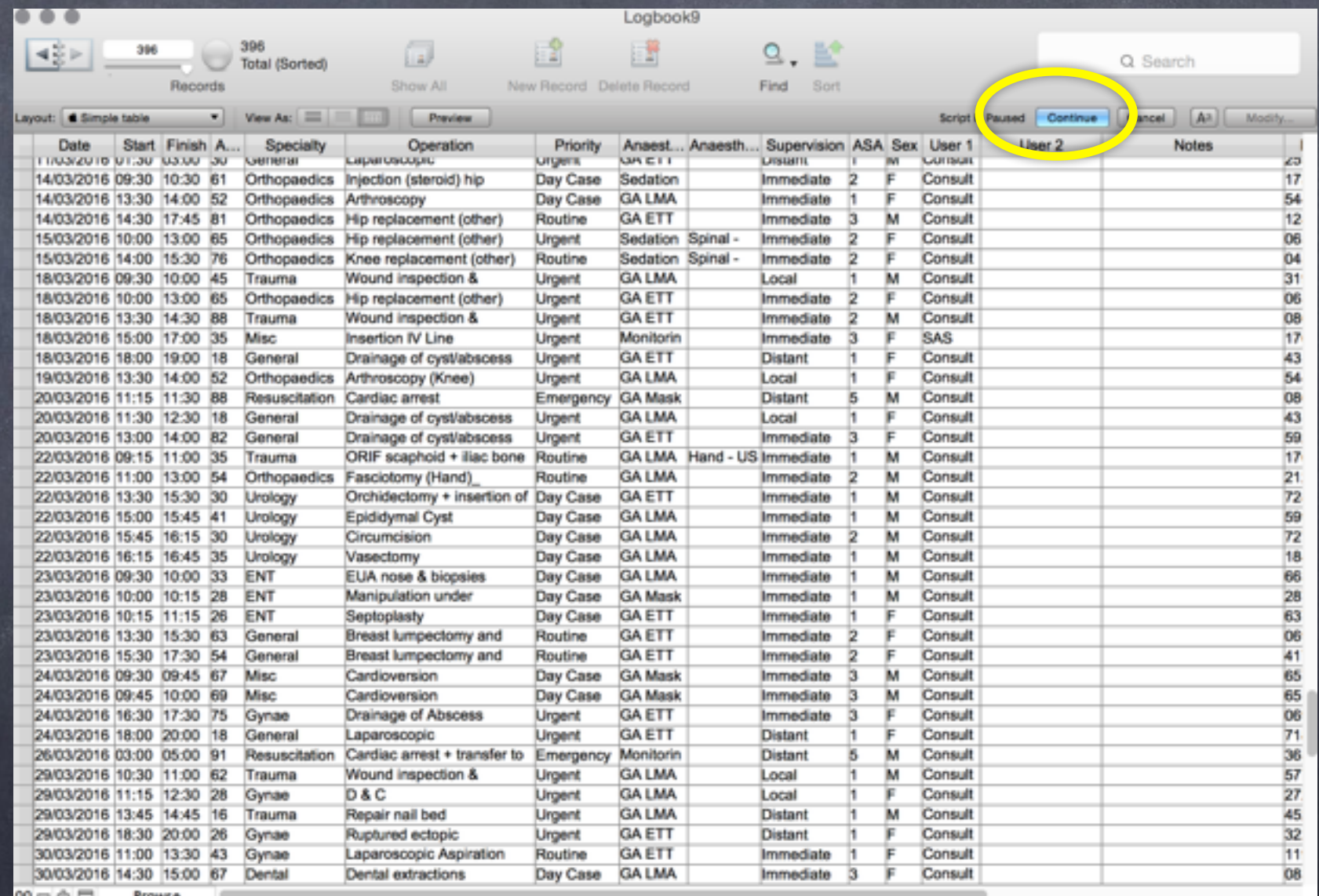
....which gives you something like this.

You can scroll up and down to find cases (which are listed by date down the left hand side)

Half complete entries are easy to find this way!

You can type and alter cases whilst in this view

To get out of this view click on 'continue' which will return you to the previous screen or if you want to go to a particular case then click on it and then press continue.



Logbook9

396 Total (Sorted)

Records Show All New Record Delete Record Find Sort

Layout: Simple table View As: Preview

Script Paused **Continue** Cancel A+ Modify...

Date	Start	Finish	A...	Speciality	Operation	Priority	Anaest...	Anaesth...	Supervision	ASA	Sex	User 1	User 2	Notes
11/03/2016	09:30	10:30	30	General	Laparoscopic	Urgent	GA ETT		Distant	1	M	Consult		23
14/03/2016	09:30	10:30	61	Orthopaedics	Injection (steroid) hip	Day Case	Sedation		Immediate	2	F	Consult		17
14/03/2016	13:30	14:00	52	Orthopaedics	Arthroscopy	Day Case	GA LMA		Immediate	1	F	Consult		54
14/03/2016	14:30	17:45	81	Orthopaedics	Hip replacement (other)	Routine	GA ETT		Immediate	3	M	Consult		12
15/03/2016	10:00	13:00	65	Orthopaedics	Hip replacement (other)	Urgent	Sedation	Spinal -	Immediate	2	F	Consult		06
15/03/2016	14:00	15:30	76	Orthopaedics	Knee replacement (other)	Routine	Sedation	Spinal -	Immediate	2	F	Consult		04
18/03/2016	09:30	10:00	45	Trauma	Wound inspection &	Urgent	GA LMA		Local	1	M	Consult		31
18/03/2016	10:00	13:00	65	Orthopaedics	Hip replacement (other)	Urgent	GA ETT		Immediate	2	F	Consult		06
18/03/2016	13:30	14:30	88	Trauma	Wound inspection &	Urgent	GA ETT		Immediate	2	M	Consult		08
18/03/2016	15:00	17:00	35	Misc	Insertion IV Line	Urgent	Monitorin		Immediate	3	F	SAS		17
18/03/2016	18:00	19:00	18	General	Drainage of cyst/abscess	Urgent	GA ETT		Distant	1	F	Consult		43
19/03/2016	13:30	14:00	52	Orthopaedics	Arthroscopy (Knee)	Urgent	GA LMA		Local	1	F	Consult		54
20/03/2016	11:15	11:30	88	Resuscitation	Cardiac arrest	Emergency	GA Mask		Distant	5	M	Consult		08
20/03/2016	11:30	12:30	18	General	Drainage of cyst/abscess	Urgent	GA LMA		Local	1	F	Consult		43
20/03/2016	13:00	14:00	82	General	Drainage of cyst/abscess	Urgent	GA ETT		Immediate	3	F	Consult		59
22/03/2016	09:15	11:00	35	Trauma	ORIF scaphoid + iliac bone	Routine	GA LMA	Hand - US	Immediate	1	M	Consult		17
22/03/2016	11:00	13:00	54	Orthopaedics	Fasciotomy (Hand)	Routine	GA LMA		Immediate	2	M	Consult		21
22/03/2016	13:30	15:30	30	Urology	Orchiectomy + insertion of	Day Case	GA ETT		Immediate	1	M	Consult		72
22/03/2016	15:00	15:45	41	Urology	Epididymal Cyst	Day Case	GA LMA		Immediate	1	M	Consult		59
22/03/2016	15:45	16:15	30	Urology	Circumcision	Day Case	GA LMA		Immediate	2	M	Consult		72
22/03/2016	16:15	16:45	35	Urology	Vasectomy	Day Case	GA LMA		Immediate	1	M	Consult		18
23/03/2016	09:30	10:00	33	ENT	EUA nose & biopsies	Day Case	GA LMA		Immediate	1	M	Consult		66
23/03/2016	10:00	10:15	28	ENT	Manipulation under	Day Case	GA Mask		Immediate	1	M	Consult		28
23/03/2016	10:15	11:15	26	ENT	Septoplasty	Day Case	GA ETT		Immediate	1	F	Consult		63
23/03/2016	13:30	15:30	63	General	Breast lumpectomy and	Routine	GA ETT		Immediate	2	F	Consult		06
23/03/2016	15:30	17:30	54	General	Breast lumpectomy and	Routine	GA ETT		Immediate	2	F	Consult		41
24/03/2016	09:30	09:45	67	Misc	Cardioversion	Day Case	GA Mask		Immediate	3	M	Consult		65
24/03/2016	09:45	10:00	69	Misc	Cardioversion	Day Case	GA Mask		Immediate	3	M	Consult		65
24/03/2016	16:30	17:30	75	Gynae	Drainage of Abscess	Urgent	GA ETT		Immediate	3	F	Consult		06
24/03/2016	18:00	20:00	18	General	Laparoscopic	Urgent	GA ETT		Distant	1	F	Consult		71
26/03/2016	03:00	05:00	91	Resuscitation	Cardiac arrest + transfer to	Emergency	Monitorin		Distant	5	M	Consult		36
29/03/2016	10:30	11:00	62	Trauma	Wound inspection &	Urgent	GA LMA		Local	1	M	Consult		57
29/03/2016	11:15	12:30	28	Gynae	D & C	Urgent	GA LMA		Local	1	F	Consult		27
29/03/2016	13:45	14:45	16	Trauma	Repair nail bed	Urgent	GA LMA		Distant	1	M	Consult		45
29/03/2016	18:30	20:00	26	Gynae	Ruptured ectopic	Urgent	GA ETT		Distant	1	F	Consult		32
30/03/2016	11:00	13:30	43	Gynae	Laparoscopic Aspiration	Routine	GA ETT		Immediate	1	F	Consult		11
30/03/2016	14:30	15:00	67	Dental	Dental extractions	Day Case	GA LMA		Immediate	3	F	Consult		08



# Step 7 - searching the logbook

Searching the logbook can be useful if you're looking for something specific or trying to tidy things up. I searched my logbook for all my RSIs so I could standardise how I'd recorded them. Of course if I'd standardised them from the beginning I wouldn't have had the hassle of searching for them!

Click here





# Step 7 - searching the logbook

- The 'searches' button gives you a similar screen to when you are entering logbook data
- Note the hash markings around each box. These appear when you are in 'search' mode

**Search Filters:**

- Date:** [Date] [Start] [End]
- Ref:** [Ref] [Sex] [DoB] [Age]
- Location:** [Location]
- Supervision:** [Supervision]
- ASA:** [ASA]
- Priority:** [Priority]
- User 1:** [User 1]
- User 2:** [User 2]
- Specialty:** [Specialty]
- Operation:** [Operation]
- Anaesthetic:** 1. [Anaesthetic 1] 2. [Anaesthetic 2]
- Procedures:** 1. [Procedures 1] 2. [Procedures 2] 3. [Procedures 3]
- Notes:** [Notes]
- Incidents:** [Incidents 1] [Incidents 2] [Incidents 3]

**Left Sidebar:**

- ☐ **Start a search**
- ☐ **PDA style search**
- ☐ **Follow-on search**
- ☐ **Show/Hide status area**



# Step 7 - searching the logbook

- Click on the field you are wanting to search by
- In this example I'm going to search for all my paediatric cases
- Hit the return key

The screenshot shows a medical logbook search interface with various input fields and buttons. The fields are organized into several sections:

- Date:** A single input field with a magnifying glass icon.
- Start/End:** Two input fields, each with a magnifying glass icon.
- Location/Supervision:** Two input fields, each with a magnifying glass icon.
- Specialty:** A dropdown menu currently showing "Paediatrics".
- Operation:** A large input field with a magnifying glass icon.
- Ref/DoB:** Two input fields, each with a magnifying glass icon.
- Sex/Age:** Two input fields, each with a magnifying glass icon.
- ASA:** A dropdown menu.
- Priority:** A dropdown menu.
- User 1/User 2:** Two input fields, each with a magnifying glass icon.
- Anaesthetic:** A section with two input fields, each with a magnifying glass icon.
- Procedures:** A section with three input fields, each with a magnifying glass icon.
- Notes:** A large text area with a magnifying glass icon and a scroll bar.
- Incidents:** A section with three input fields, each with a magnifying glass icon.



# Step 7 - searching the logbook

- You'll be taken to your first appropriate case
- You can click back and forward as normal using the left and right sides of the logbook \*
- On the left hand side you'll be told how many cases match your search criteria.

☒ Start a search

☐ PDA style search

☐ Follow-on search

You have found 59 out of a total of 396 cases in your logbook

☐ Show/Hide status area

Date: Tuesday, Nov 10 2015

Start: 14:15 End: 15:45

Ref: [ ] Sex: F

DoB: [ ] Age: 14.86

Location: Sheffield Children's

Supervision: Immediate

ASA: 1

Priority: Day Case

Specialty: Paediatrics

User 1: Consultant supervision

User 2: [ ]

Operation: Correction right prominent ear

Anaesthetic:

1. GA LMA SV

2. [ ]

Procedures:

1. [ ]

2. [ ]

3. [ ]

Notes:

Incidents:



# Step 7 - searching the logbook

Clicking on 'cases' at the bottom will take you to a more familiar screen. You can navigate back and forward through cases that meet your search criteria in this view though

PDA style search

Follow-on search

You have found 59 out of a total of 396 cases in your logbook

Show/Hide status area

Location Sheffield Children's

Supervision Immediate

ASA 1

Priority Day Case

User 1 Consultant supervision

User 2

Specialty Paediatrics

Operation Correction right prominent ear

Anaesthetic

1. GA LMA SV

2.

Procedures

1.

2.

3.

Notes

Incidents

e to shrink the window

Cases

Searches

Summaries

Toolbox



# Step 7 - searching the logbook

Having clicked on 'Cases' the view is now the same as when you are entering cases onto the logbook. Only cases which match your search will appear as you flick through

☐ Logbook view

☐ Add a new case

☐ Add a similar case

☐ Delete this case

☒ View cases as a table

☐ How do I enter info?

Date: Friday, Nov 13 2015

Start: 13:30 End: 14:15

Ref: C Sex: M

DoB: Age:

Location: Sheffield Children's

Supervision: Immediate

ASA: 1

Priority: Day Case

User1: Consultant supervision

User2:

Specialty: Paediatrics

Operation: Hypospadias repair and circumcision

Anaesthetic

1. GA LMA SV

2. Caudal - Observed

Procedures

1. Gaseous induction - Observed

2.

3.

Notes

Incidents

to shrink the window

Cases

Searches

Summaries

Toolbox

Clicking on 'view cases as a table'.....

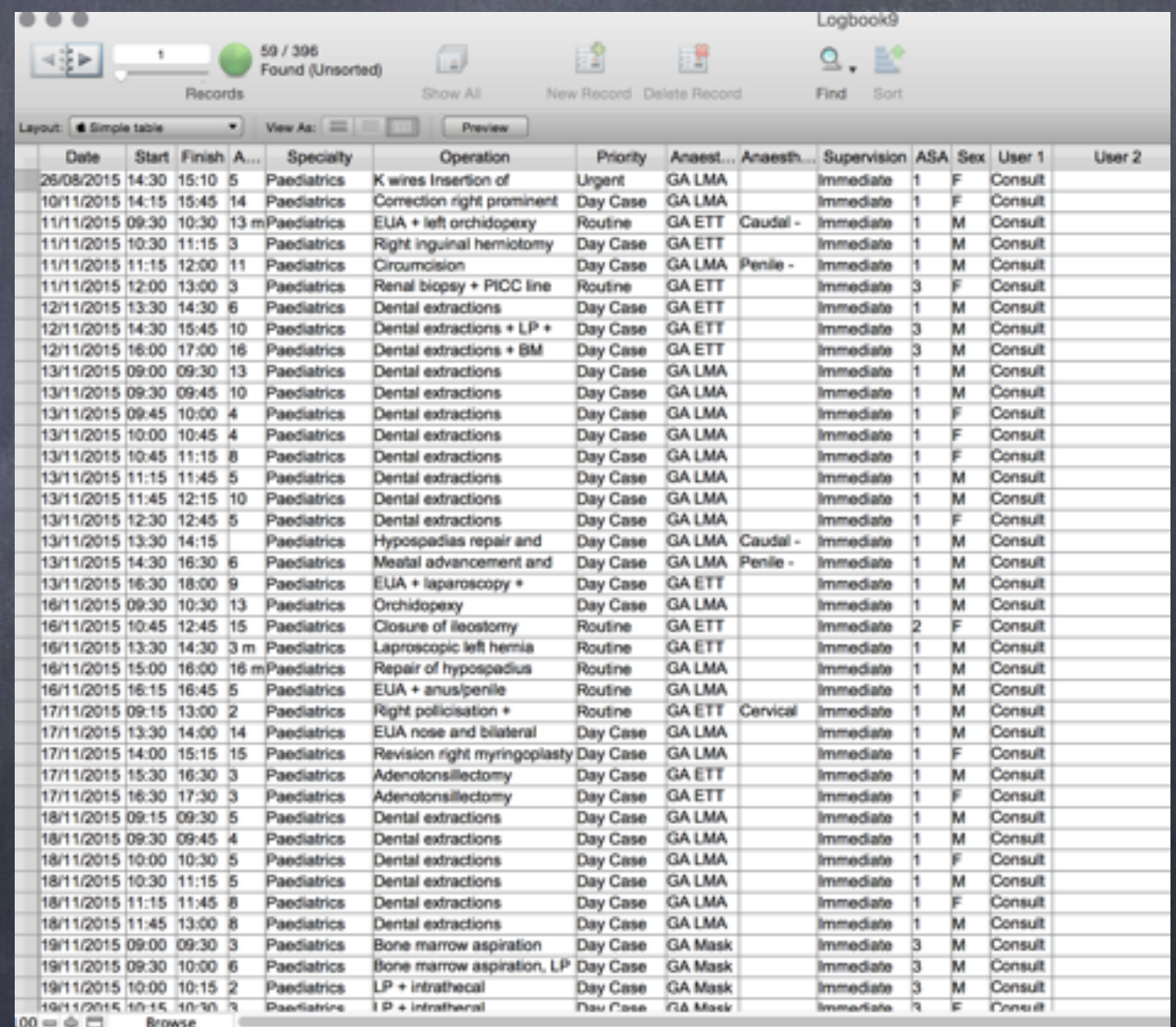


# Step 7 - searching the logbook

....will give you a spreadsheet similar to before but only cases which match your search

The spreadsheet does extend off to the right. Scroll if needed.

Click 'continue' as previously if you want to return to the previous screen



The screenshot shows the Logbook9 application window. At the top, there's a search bar with '59 / 396 Found (Unsorted)' and buttons for 'Records', 'Show All', 'New Record', 'Delete Record', 'Find', and 'Sort'. Below this is a table with columns: Date, Start, Finish, A..., Specialty, Operation, Priority, Anaest..., Anaest..., Supervision, ASA, Sex, User 1, and User 2. The table contains 59 rows of data, mostly for paediatric patients with various surgical procedures like dental extractions, hernia repairs, and orthopedic surgeries. The bottom of the window shows a 'Browse' button and a status bar.

Date	Start	Finish	A...	Specialty	Operation	Priority	Anaest...	Anaest...	Supervision	ASA	Sex	User 1	User 2
26/08/2015	14:30	15:10	5	Paediatrics	K wires Insertion of	Urgent	GA LMA		Immediate	1	F	Consult	
10/11/2015	14:15	15:45	14	Paediatrics	Correction right prominent	Day Case	GA LMA		Immediate	1	F	Consult	
11/11/2015	09:30	10:30	13 m	Paediatrics	EUA + left orchidopexy	Routine	GA ETT	Caudal -	Immediate	1	M	Consult	
11/11/2015	10:30	11:15	3	Paediatrics	Right inguinal herniotomy	Day Case	GA ETT		Immediate	1	M	Consult	
11/11/2015	11:15	12:00	11	Paediatrics	Circumcision	Day Case	GA LMA	Penile -	Immediate	1	M	Consult	
11/11/2015	12:00	13:00	3	Paediatrics	Renal biopsy + PICC line	Routine	GA ETT		Immediate	3	F	Consult	
12/11/2015	13:30	14:30	6	Paediatrics	Dental extractions	Day Case	GA ETT		Immediate	1	M	Consult	
12/11/2015	14:30	15:45	10	Paediatrics	Dental extractions + LP +	Day Case	GA ETT		Immediate	3	M	Consult	
12/11/2015	16:00	17:00	16	Paediatrics	Dental extractions + BM	Day Case	GA ETT		Immediate	3	M	Consult	
13/11/2015	09:00	09:30	13	Paediatrics	Dental extractions	Day Case	GA LMA		Immediate	1	M	Consult	
13/11/2015	09:30	09:45	10	Paediatrics	Dental extractions	Day Case	GA LMA		Immediate	1	M	Consult	
13/11/2015	09:45	10:00	4	Paediatrics	Dental extractions	Day Case	GA LMA		Immediate	1	F	Consult	
13/11/2015	10:00	10:45	4	Paediatrics	Dental extractions	Day Case	GA LMA		Immediate	1	F	Consult	
13/11/2015	10:45	11:15	8	Paediatrics	Dental extractions	Day Case	GA LMA		Immediate	1	F	Consult	
13/11/2015	11:15	11:45	5	Paediatrics	Dental extractions	Day Case	GA LMA		Immediate	1	M	Consult	
13/11/2015	11:45	12:15	10	Paediatrics	Dental extractions	Day Case	GA LMA		Immediate	1	M	Consult	
13/11/2015	12:30	12:45	5	Paediatrics	Dental extractions	Day Case	GA LMA		Immediate	1	F	Consult	
13/11/2015	13:30	14:15		Paediatrics	Hypospadias repair and	Day Case	GA LMA	Caudal -	Immediate	1	M	Consult	
13/11/2015	14:30	16:30	6	Paediatrics	Mental advancement and	Day Case	GA LMA	Penile -	Immediate	1	M	Consult	
13/11/2015	16:30	18:00	9	Paediatrics	EUA + laparoscopy +	Day Case	GA ETT		Immediate	1	M	Consult	
16/11/2015	09:30	10:30	13	Paediatrics	Orchidopexy	Day Case	GA LMA		Immediate	1	M	Consult	
16/11/2015	10:45	12:45	15	Paediatrics	Closure of ileostomy	Routine	GA ETT		Immediate	2	F	Consult	
16/11/2015	13:30	14:30	3 m	Paediatrics	Laparoscopic left hernia	Routine	GA ETT		Immediate	1	M	Consult	
16/11/2015	15:00	16:00	16 m	Paediatrics	Repair of hypospadias	Routine	GA LMA		Immediate	1	M	Consult	
16/11/2015	16:15	16:45	5	Paediatrics	EUA + anus/penile	Routine	GA LMA		Immediate	1	M	Consult	
17/11/2015	09:15	13:00	2	Paediatrics	Right pollicisation +	Routine	GA ETT	Cervical	Immediate	1	M	Consult	
17/11/2015	13:30	14:00	14	Paediatrics	EUA nose and bilateral	Day Case	GA LMA		Immediate	1	M	Consult	
17/11/2015	14:00	15:15	15	Paediatrics	Revision right myringoplasty	Day Case	GA LMA		Immediate	1	F	Consult	
17/11/2015	15:30	16:30	3	Paediatrics	Adenotonsillectomy	Day Case	GA ETT		Immediate	1	M	Consult	
17/11/2015	16:30	17:30	3	Paediatrics	Adenotonsillectomy	Day Case	GA ETT		Immediate	1	F	Consult	
18/11/2015	09:15	09:30	5	Paediatrics	Dental extractions	Day Case	GA LMA		Immediate	1	M	Consult	
18/11/2015	09:30	09:45	4	Paediatrics	Dental extractions	Day Case	GA LMA		Immediate	1	M	Consult	
18/11/2015	10:00	10:30	5	Paediatrics	Dental extractions	Day Case	GA LMA		Immediate	1	F	Consult	
18/11/2015	10:30	11:15	5	Paediatrics	Dental extractions	Day Case	GA LMA		Immediate	1	M	Consult	
18/11/2015	11:15	11:45	8	Paediatrics	Dental extractions	Day Case	GA LMA		Immediate	1	F	Consult	
18/11/2015	11:45	13:00	8	Paediatrics	Dental extractions	Day Case	GA LMA		Immediate	1	M	Consult	
19/11/2015	09:00	09:30	3	Paediatrics	Bone marrow aspiration	Day Case	GA Mask		Immediate	3	M	Consult	
19/11/2015	09:30	10:00	6	Paediatrics	Bone marrow aspiration, LP	Day Case	GA Mask		Immediate	3	M	Consult	
19/11/2015	10:00	10:15	2	Paediatrics	LP + intrathecal	Day Case	GA Mask		Immediate	3	M	Consult	
19/11/2015	10:15	10:30	3	Paediatrics	LP + intrathecal	Day Case	GA Mask		Immediate	3	F	Consult	



# Step 7 - searching the logbook

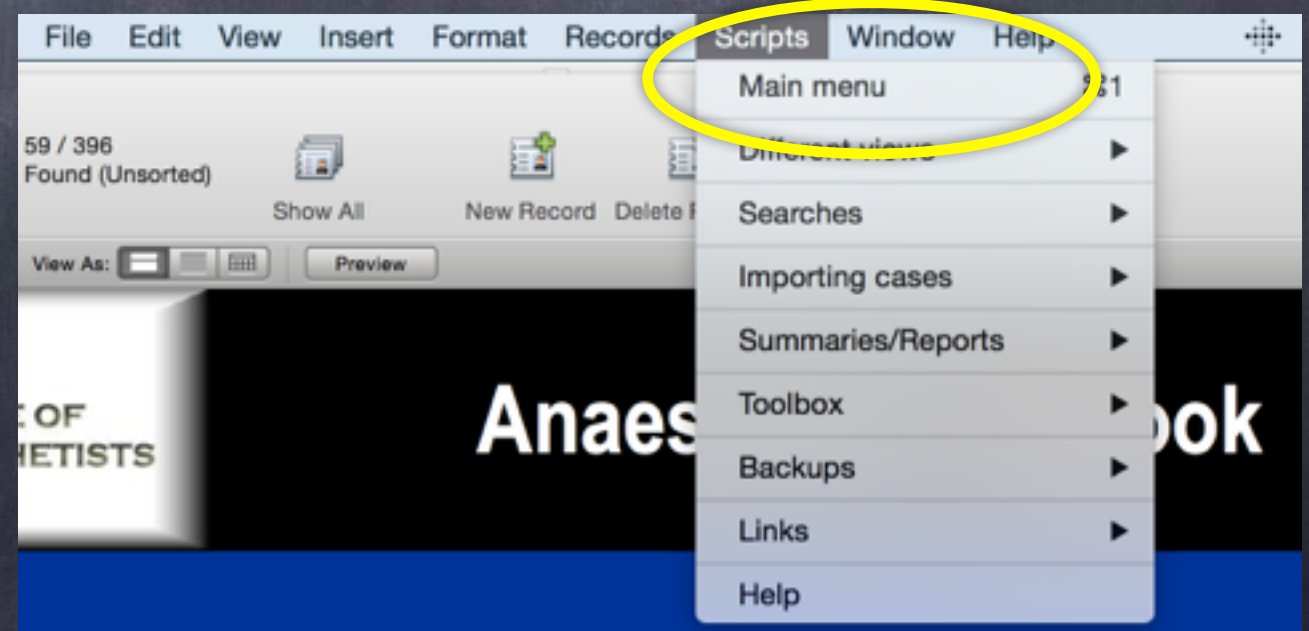
when you've finished your search and want to go back to the beginning you've got a couple of options



'Show ALL'

or

Scripts > Main menu (which will return you to the opening screen)





# Step 8 - generating a summary

ARCP panels hate non standardised logbook summaries and will expect to see the 4 page summary generated by the logbook.

If you've managed to keep your logbook entries standardised all the way through the year generating your summary will be easy.

If not you'll have to do what I did and search for and tidy your entries up. This takes more time than you might anticipate at a time of year you'll be quite busy. Do it from the beginning.



# Step 8 - generating a summary

Click here





# Step 8 - generating a summary

**Portfolio summary**

**Obstetric summary**

**RSI summary**

**Supervision summary**

**Case list printout**

**ANAESTHETIC**

- ☐ Techniques
- ☐ Procedures
- ☐ By operation

**PRIORITY**

- ☐ Total
- ☐ By supervision
- ☐ By time of day

**SUPERVISION**

- ☐ Total
- ☐ By time of day

**LOCATION**

- ☐ Total
- ☐ By priority
- ☐ By specialty
- ☐ By supervision
- ☐ By user1 field
- ☐ By user2 field

**SPECIALTY**

- ☐ Total
- ☐ By anaesthetist
- ☐ By priority
- ☐ By supervision
- ☐ By time of day

**ASA**

- ☐ Total
- ☐ By supervision
- ☐ By time of day

**TIME OF DAY**

- ☐ Total
- ☐ By priority
- ☐ By supervision

**MISCELLANEOUS**

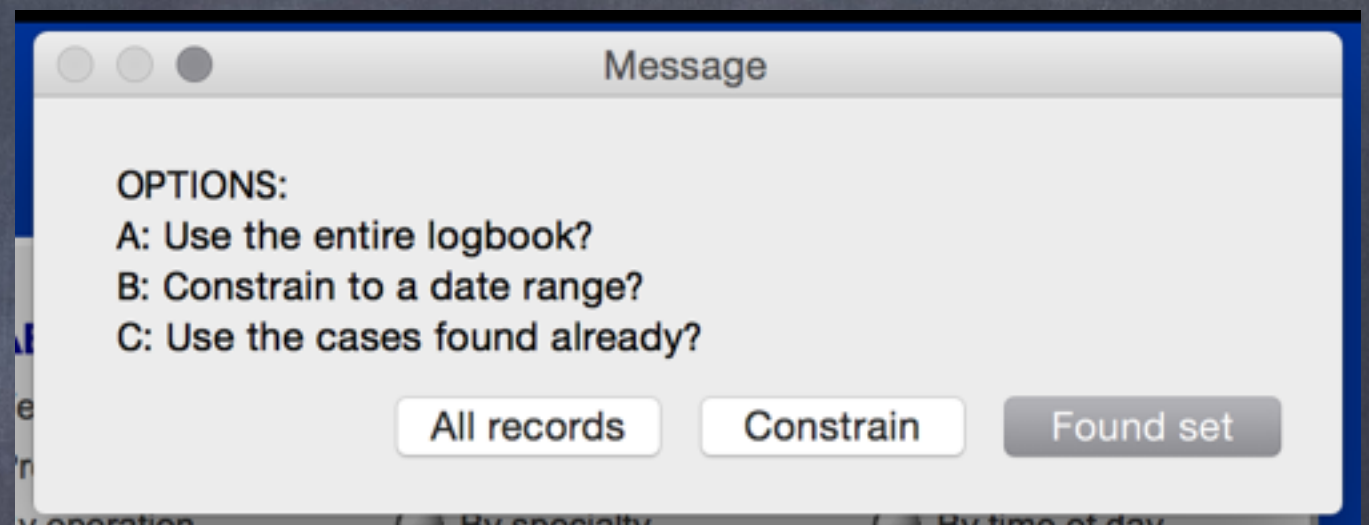
- ☐ User reports
- ☐ Critical incidents

As you can see there are lots of ways to summarise your logbook. The one you'll need for ARCP is 'Portfolio Summary'



# Step 8 - generating a summary

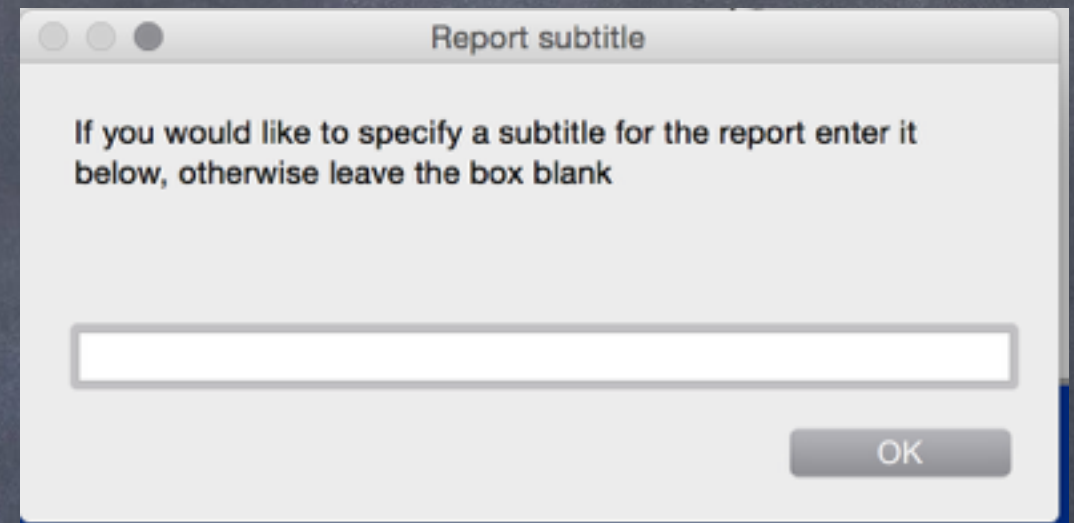
Generally speaking for your first year you can click 'All records' but you might need to constrain the date range thereafter



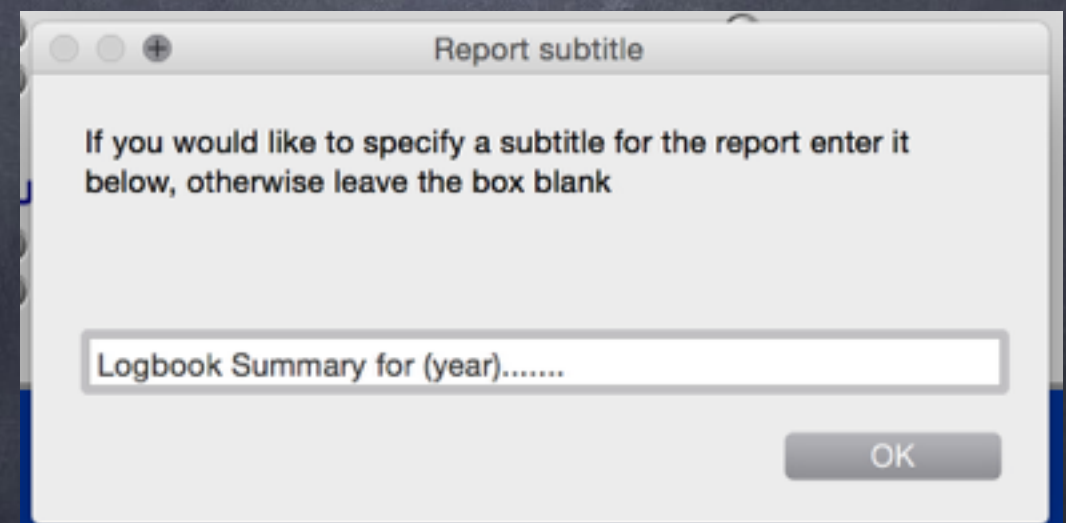


# Step 8 - generating a summary

You'll be asked to specify a subtitle for the summary report. You can leave this blank. I put 'Logbook Summary for CT1'. Have a look at the ARCP guide and choose something sensible



A screenshot of a macOS-style dialog box titled "Report subtitle". The dialog contains the text: "If you would like to specify a subtitle for the report enter it below, otherwise leave the box blank". Below this text is a single-line text input field that is currently empty. At the bottom right of the dialog is an "OK" button.



A screenshot of the same "Report subtitle" dialog box. In this version, the text input field contains the text "Logbook Summary for (year).....". The "OK" button remains at the bottom right.



# Step 8 - generating a summary

You should have something similar to this.

This is page 1 of  
your summary

## Hit print

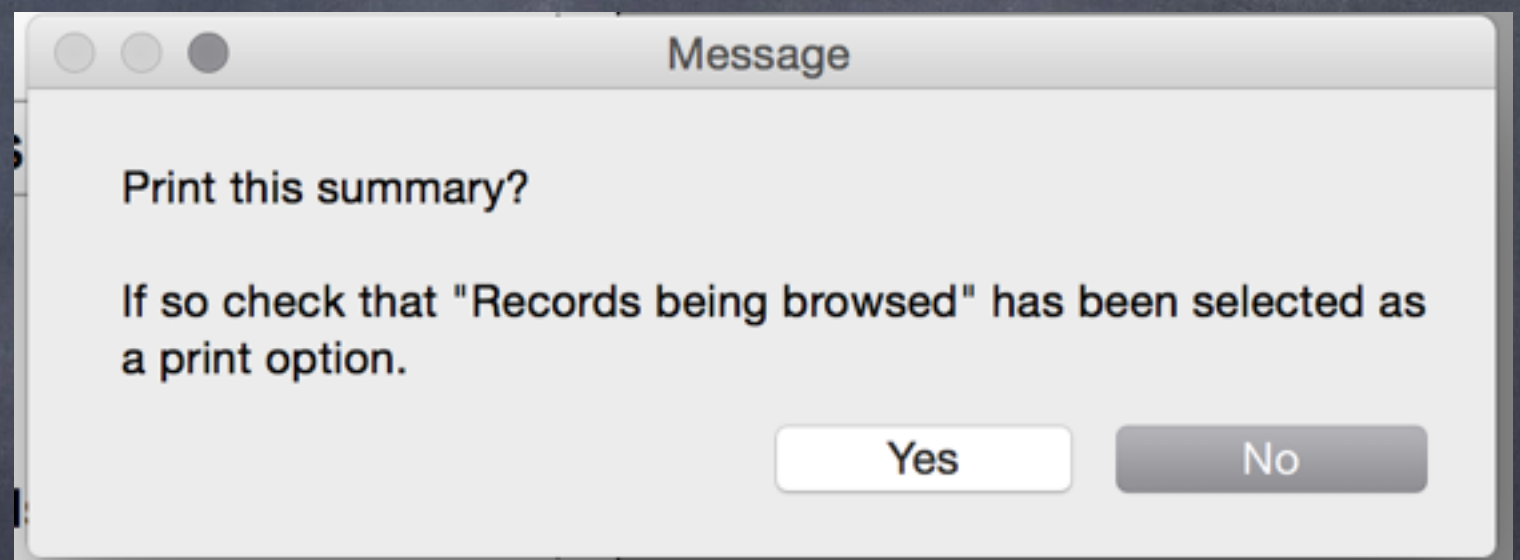
and then click  
continue

[illegible]



# Step 8 - generating a summary

If you've  
already  
printed  
click 'No',  
otherwise  
click 'yes'  
to print





# Step 8 - generating a summary

This is  
page 2 of  
your  
summary.  
Print and  
click  
'continue'

Logbook9

Pages: 1 Total  
Save as Excel Print Page Setup  
Layout: Page 2 Portfolio View As: Exit Preview Script is Finished Continue Cancel

Royal College of Anaesthetists Logbook

Name: Dr [Redacted]  
Grade: Trainee  
Trusts: Sheffield Teaching Hospitals NHS  
Period: [Redacted]

Summary (No of Cases) Total no of cases for the period [Redacted]

Directly Supervised	(Direct)	
Indirectly Supervised	(Indirect)	[Redacted]
Teaching Others	(Teaching)	

ASA Age Group

ASA	Direct	Indirect	Teaching	Total	Age Group	Direct	Indirect	Teaching	Total
1					< 1 year				
2					1 - 5 yrs				
3					6 - 15 yrs				
4					16 - 30 yrs				
5					> 30 yrs				
Donors									

Time of Day Priority

Time of Day	Direct	Indirect	Teaching	Total	Priority	Direct	Indirect	Teaching	Total
0800-1800					Routine				
1800-2400					Day Case				
0000-0800					Urgent				
					Emergency				

Teaching Experience

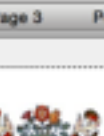
Non-Medical	Med Student	Novice	Spec Trainee	Total

100 Previous



Step 8 - generating  
a summary

This is  
page 3 of  
your  
summary.  
Print and  
click  
'continue'


**Royal College of Anaesthetists Logbook**

Name: Dr [REDACTED]  
 Grade: Trainee  
 Trusts: Sheffield Teaching Hospitals NHS  
 Period: [REDACTED]

**Primary Mode of Anaesthesia**

Number of Cases	Total	%	Supervision Teaching			<1 yr	1-5yr	6-15y	16-80y	>80yrs
			Direct	Indirect	Others					
GA ETT IPPV	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
GA ETT SV	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
GA LMA IPPV	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
GA LMA SV	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
GA Mask	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
LA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Monitoring only	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Sedation	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<b>Totals</b>	[REDACTED]									



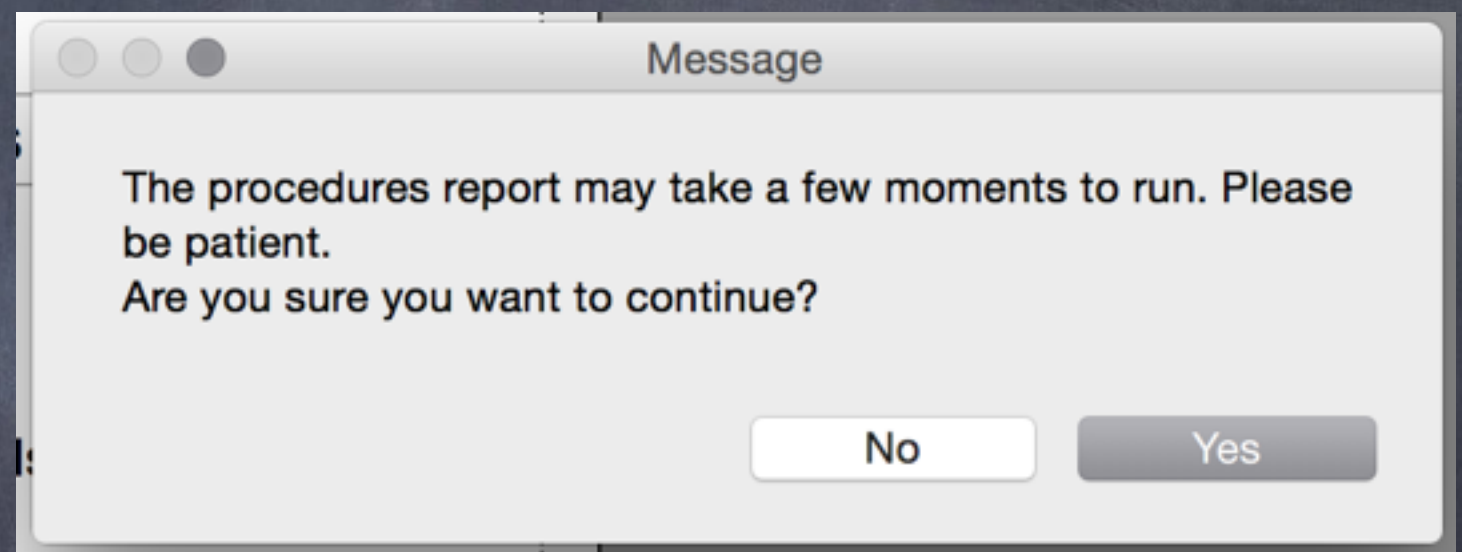
This is  
page 4 of  
your  
summary.  
Print and  
click  
'continue'





# Step 8 - generating a summary

You'll be asked if you want to run a procedures report. I uploaded this with my logbook.





# Step 8 - generating a summary

You've now generated an 'Additional Procedures Report' to go with your logbook summary.

Click print and continue for one last time and you'll be returned to the home page.



## Royal College of Anaesthetists Logbook

Name: Dr [REDACTED]  
Grade: Trainee  
Trusts: Sheffield Teaching Hospitals NHS  
Period: [REDACTED]

### Additional Procedures Report

Arterial line - Anatomical - Observed	[REDACTED]
Arterial line - Anatomical - Solo	[REDACTED]
Arterial line - Anatomical - Supervised	[REDACTED]
Arterial line - Solo	[REDACTED]
Ascltic drain	[REDACTED]
CVP internal jugular - US Guided - Observed	[REDACTED]
CVP internal jugular - US Guided - Solo	[REDACTED]
CVP internal jugular - US Guided - Supervised	[REDACTED]
Gaseous induction	[REDACTED]
Gaseous induction - Observed	[REDACTED]
Gaseous induction - Supervised	[REDACTED]
Hypotension	[REDACTED]
Nasal intubation - Observed	[REDACTED]
Nasal intubation - Supervised	[REDACTED]
RSI - Observed	[REDACTED]
RSI - Solo	[REDACTED]
RSI - Supervised	[REDACTED]
TCI	[REDACTED]
TIVA - Observed	[REDACTED]
TIVA - Supervised	[REDACTED]



# Step 8 - generating a summary

So you might be wondering what the big deal was about being consistent with how you log cases.

Those with sharp eyes may notice there are 4 types of arterial line listed here. The top three I'm happy with, they show my progression from watching, to being supervised to putting arterial lines in solo. The last one shouldn't be there. I made a decision to always have my Arterial lines logged as 'anatomical' followed by my level of supervision. 'Arterial line - Solo' shows that somewhere I made a mistake with my recording.

Having a consistent format to how you log anaesthetics, regional techniques, procedures etc means you don't end up with long, unwieldy summary reports that are difficult to interpret.



## Royal College of Anaesthetists Logbook

Name: Dr [REDACTED]

Grade: Trainee

Trusts: Sheffield Teaching Hospitals NHS

Period: [REDACTED]

### Additional Procedures Report

Arterial line - Anatomical - Observed	[REDACTED]
Arterial line - Anatomical - Solo	[REDACTED]
Arterial line - Anatomical - Supervised	[REDACTED]
Arterial line - Solo	[REDACTED]
Asclitic drain	[REDACTED]
CVP internal jugular - US Guided - Observed	[REDACTED]
CVP internal jugular - US Guided - Solo	[REDACTED]
CVP internal jugular - US Guided - Supervised	[REDACTED]
Gaseous induction	[REDACTED]
Gaseous induction - Observed	[REDACTED]
Gaseous induction - Supervised	[REDACTED]
Hypotension	[REDACTED]
Nasal intubation - Observed	[REDACTED]
Nasal intubation - Supervised	[REDACTED]
RSI - Observed	[REDACTED]
RSI - Solo	[REDACTED]
RSI - Supervised	[REDACTED]
TCI	[REDACTED]
TIVA - Observed	[REDACTED]
TIVA - Supervised	[REDACTED]



# Step 8 - generating a summary

These are some of the available options just for arterial lines. If you are not consistent with your recording you could end up with a couple of your arterial lines listed under multiple different headings.

Not only will the ARCP panel find it difficult to work out how many you've done, if this happens for every single one of your procedures your summary will look a mess.

You want to make it easy for your ARCP panel to give you an outcome 1. Having a logbook summary they can read is part of that.

I spent hours going through my logbook to tidy up things like this. It takes ages and the longer you leave it the more entries you have to wade through. Clearly I missed a couple and will need to go back through again!

Arterial line

Arterial line - observed

Arterial line - supervised

Arterial line - solo

Arterial line - Anatomical

Arterial line - Anatomical - observed

Arterial line - Anatomical - supervised

Arterial line - Anatomical - solo

Arterial line - USS - observed

Arterial line - USS - supervised

Arterial line - USS - solo



# Step 8 - generating a summary

Once you've got your summary check it carefully and upload it to your portfolio.

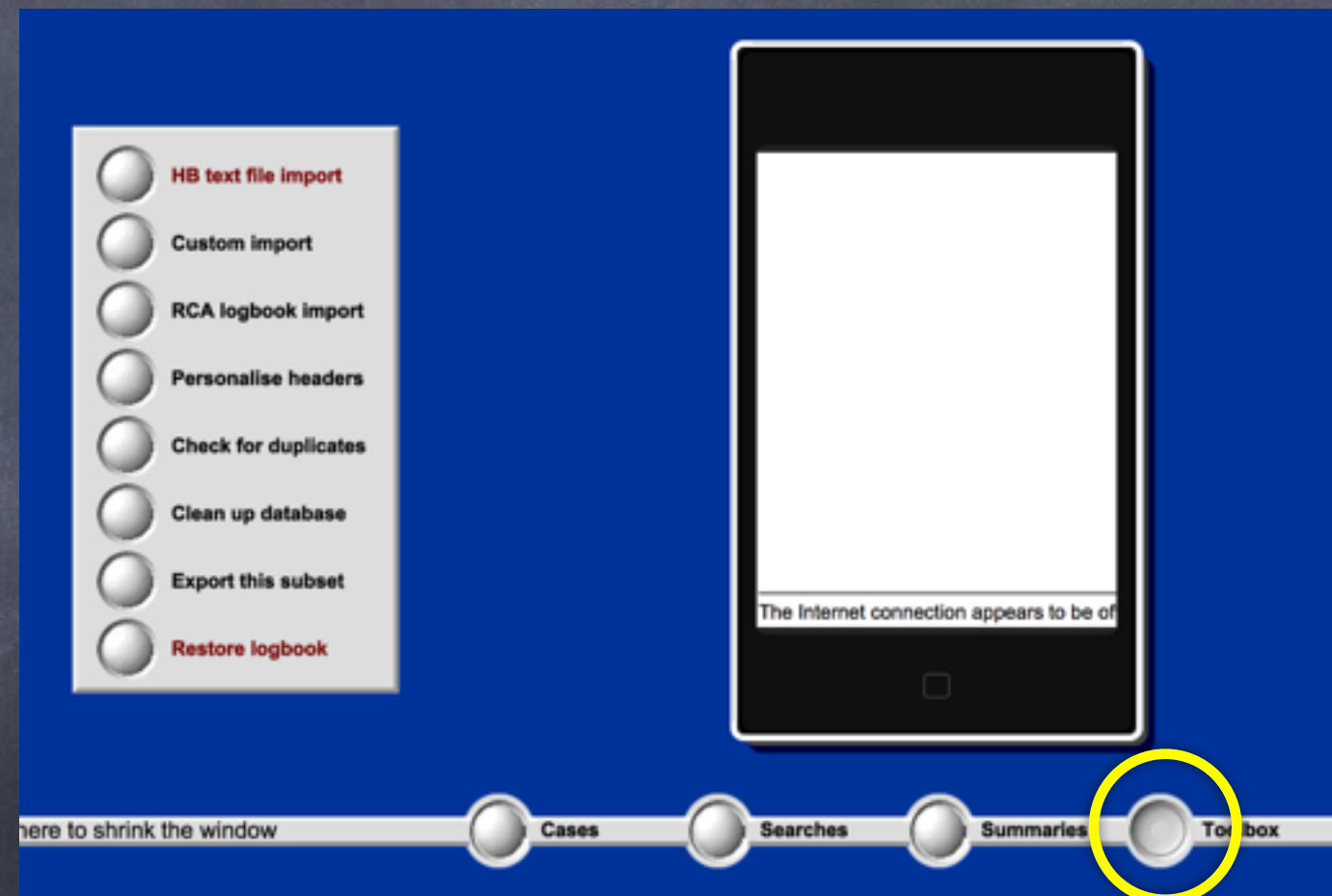
Put it where the ARCP guide tells you to and call it what they've asked you to call it.

There is no point going to all that effort to generate a logbook summary if your ARCP panel then can't find it



# Step 9 – House keeping and backups

The 'Toolbox' button gives you access to tools to tidy up your logbook database, check for duplicates etc. The logbook can highlight entries it thinks are incomplete etc which can make life easier as your logbook gets bigger. This is another way to spot those vanishing entries as I described earlier.



Keeping your logbook tidy in the first place is an easier method!

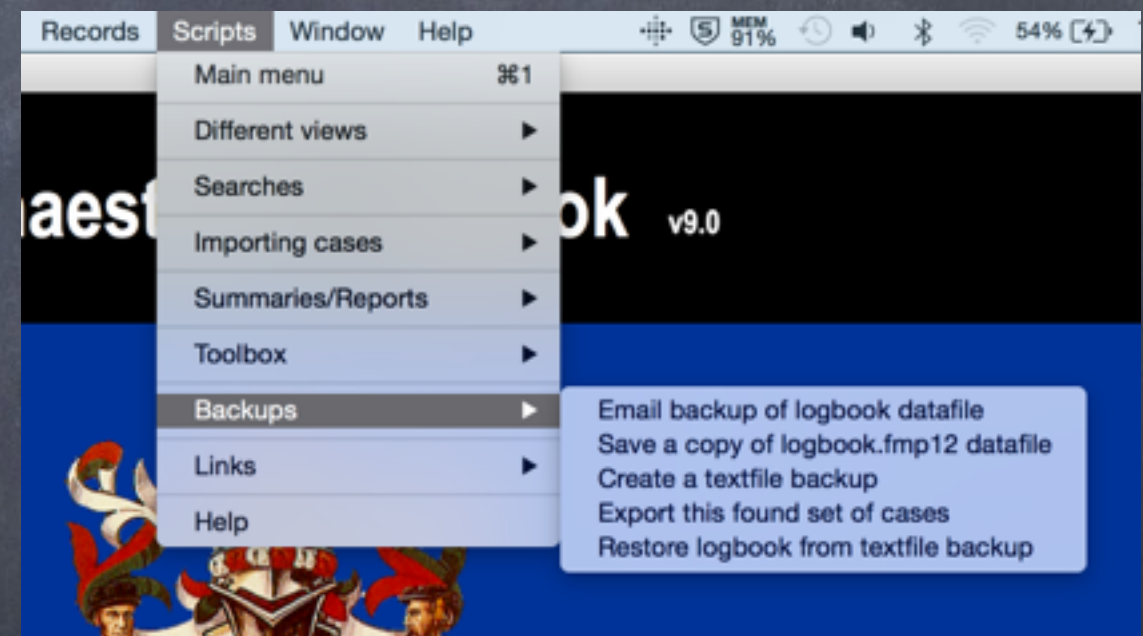


# Step 9 - House keeping and backups

Make sure you back up your logbook regularly. If something can fail it will usually do so just as you need it. Restoring your logbook from a backup copy, whilst stressful, will be far LESS stressful than trawling round multiple hospitals trying to generate a logbook from theatre's records

How to import a backup file is covered by the official Logbook helpfile.

If you can't remember when you last made a back up it probably is time to make another.





# Step 9 - House keeping and backups

I haven't talked about using the logbook on your phone, mainly because it isn't something I do. I find it far easier keeping it in one place on my desktop. That being said many of my colleagues use their phones and it seems to work well for them. The format on screen appears identical and I'm informed backups are easy to generate. The helpfile on the mobile version is actually quite good at describing the differences between the two versions and how you might want to use them.

Give it a try and see which you prefer. The best logbook is one you'll actually use.



# Step 10 - top tips

I really hope that this guide was useful, looking back it looks simple but I remember slightly panicked conversations on corridors with other supernumerary trainees about how to use the logbook. There's sure to be things I haven't covered (or don't know about) but my hope is this will give you a starting point.

My top tips are:

- **START YOUR LOGBOOK EARLY.** Getting into the routine of filling it in is really important. I 'lost' a few cases early on when I was still getting used to the logbook. Thankfully I realised early enough that it didn't effect my unit of training sign offs but if you don't bother to fill in your logbook you might struggle to persuade consultants to sign off units of training later on. How are they meant to say you're competent at something when there is no evidence of relevant cases?
- **BE CONSISTENT** - if necessary jot a note somewhere about how you are going to fill it in. Don't end up with 6 different types of arterial lines! Try running a summary after a couple of months - does it look right? Do you need to tighten up on your entries?
- **BACKUP YOUR LOGBOOK REGULARLY** - this is self explanatory. If you don't back it up and then it gets lost for some reason (and it does happen), no one will have any sympathy and you'll look like an idiot. It takes a couple of minutes to create a backup, do it regularly.



# References

Screen grabs are taken from the Royal College of Anaesthetists, Anaesthetic Logbook v9.0

The labelled diagram of a blank logbook is adapted from the official logbook 'How do I enter info?' diagram