

Logbook for Colposcopy Training

Prepared by:



**BANGLADESH SOCIETY FOR COLPOSCOPY AND
CERVICAL PATHOLOGY (BDS CCP)**

CONTENTS

Description	Page
Background information	3
The OSCE examination	3
Log book:	
• Log Book Guide	4
• Theoretical understanding record	4
• Practical competence record	7
• Personal case record	22
Summary of training requirement (Appendix A)	40
Recommended reading (Appendix B)	41

Introduction

This logbook has been prepared for quality improvement of colposcopy training, to enable trainees to achieve the core understanding of lower genital tract precancer prevention, to develop the necessary skills and related procedures. The training is competency-based and the trainee need to acquire basic theoretical knowledge on colposcopy related topics, technical skills on colposcopy and practical procedures. The trainee needs to have administrative and communication skills as well.

- In this training program, the trainee will perform (100) colposcopies among which 50 will be under supervision.
- Attendance at a conference on colposcopy and genital intraepithelial neoplasia (AOGIN, BDSCCP, BSCCP, ASCCP, IFCPC) is required once every 3 years for knowledge update and certification with the BDSCCP.

Minimum Criterion of selection for basic colposcopy training

MBBS with 1-year postgraduate training in Obstetrics and Gynaecology.

REQUIREMENTS FOR EXIT ASSESSMENT FOR CERTIFICATE

Requirements of documents

(a) A copy of Certificate of Attendance of Basic Colposcopy course within the last 5 years

(b) **Pathology experience** - The attendance of at least 6 sessions of histology/ cytology at BSMMU

Criteria for final assessment for certificate

- The examination will be held once per year (September).
- Candidates are expected to pass the OSCE within two years from the date of completion of the log-book.
- In order to qualify to register for the examination candidates must have:
 - a) Completion of basic colposcopy training (within the last 5 years)
 - b) Submission of completed log-book at least one month before examination.
 - c) Registration with the BDSCCP for examination at least one month before examination

Ensure that the section for trainer details, attendance at the theoretical sessions of the basic colposcopy course have been entered into the log-book.

EVALUATION OF TRAINEES

THE OSCE EXAMINATION

Final assessment is with an Objective Structured Clinical Examination (OSCE). This is a 12 station OSCE with 10 minutes at each station.

Written Question

Five short questions in the written paper are based on the topics covered at a basic colposcopy course. These usually include col photographs and may have pictures of cytology or histology.

Practical sessions

At least four patients (including 2 CIN cases) will be examined by the trainee and case management will be discussed.

If you have any problems, you should contact the secretariat.

Part A: Theoretical Knowledge

The theoretical aspects of knowledge on colposcopy include the theories relating to cervical and lower genital tract neoplasia. This knowledge can be acquired from Basic Colposcopy Course, Advanced Colposcopy Course, Attendance at colposcopy conferences, personal study etc. It is divided into 12 theoretical classes with a number of individual subjects. Each session will be followed by MCQ.

Theoretical understanding section: When you have addressed a given topic in your reading and feel confident about it then 'tick' the relevant box. If necessary, discuss the topic with your trainer.

1. The Normal Cervix

1.1	Normal Anatomy	<input type="checkbox"/>
1.2	Metaplasia	<input type="checkbox"/>
1.3	Transformation Zone	<input type="checkbox"/>
1.4	Congenital Transformation Zone	<input type="checkbox"/>
1.5	Changes with age	<input type="checkbox"/>
1.6	Tissue basis of colposcopic appearance	<input type="checkbox"/>
	• epithelium	<input type="checkbox"/>
	• stroma	<input type="checkbox"/>
	• surface configuration	<input type="checkbox"/>

2. Cervical Neoplasia

2.1	Nomenclature	<input type="checkbox"/>
2.2	Epidemiology	<input type="checkbox"/>
2.3	Pathogenesis	<input type="checkbox"/>
2.4	Natural history	<input type="checkbox"/>
2.5	Histological features	<input type="checkbox"/>

3. Cervical Screening

3.1	Rationale	<input type="checkbox"/>
3.2	National Screening Guidelines	<input type="checkbox"/>
3.3	Limitations of screening	<input type="checkbox"/>
	• limitations	<input type="checkbox"/>
	• disadvantages	<input type="checkbox"/>
3.4	Infection Prevention	<input type="checkbox"/>
3.5	Quality assurance and performance criteria	<input type="checkbox"/>
3.6	Indications for referral thresholds (to colposcopy clinic)	<input type="checkbox"/>

4. Vaginal Neoplasia

4.1	Nomenclature	<input type="checkbox"/>
4.2	Epidemiology	<input type="checkbox"/>
4.3	Pathogenesis	<input type="checkbox"/>
4.4	Natural history	<input type="checkbox"/>
4.5	Histological features	<input type="checkbox"/>

5. Vulvar Neoplasia

- 5.1 Nomenclature
- 5.2 Pathogenesis
- 5.3 Natural history
- 5.4 Presentation
- 5.5 Histological features

6. Perianal and Anal Neoplasia

- 6.1 Nomenclature
- 6.2 Pathogenesis
- 6.3 Natural history
- 6.4 Presentation
- 6.5 Histological features

7. Other conditions of the lower genital tract

- 7.1 Human papillomavirus infection
- 7.2 Actinomycosis
- 7.3 Herpes infection
- 7.4 Bacterial vaginosis
- 7.5 *Chlamydia Trachomatis*
- 7.6 *Trichomonas Vaginalis*
- 7.7 HIV infection
- 7.8 Cervical polyps
- 7.9 Atrophic vaginitis and cervicitis

8. Pregnancy and Contraception

- 8.1 Normal cervix in pregnancy
- 8.2 Cytology in pregnancy
- 8.3 Abnormal cervix in pregnancy
- 8.4 Physiological change
- 8.5 Effects of oral contraceptive pill on cytology
- 8.6 Effects of oral contraceptive pill on histology
- 8.7 Effects of oral contraceptive pill on colposcopy
- 8.8 Effects of IUCD on cytology

9. Cytology

- 9.1 Principles of cytological diagnoses
- 9.2 Cytological classifications
- 9.3 The normal smear
- 9.4 The effect of hormones
- 9.5 Different sampling devices

10. Histology

- | | | |
|------|---|--|
| 10.1 | Preparation of specimens | |
| 10.2 | Principles of histological diagnoses | |
| 10.3 | How biopsy taking might influence histological interpretation | |

11. The Equipment

- | | | |
|-------|---|--|
| 11.1 | The Colposcope | |
| | <ul style="list-style-type: none"> • its elements • filters • magnifications • focal length | |
| 11.2 | Types of specula and punch biopsy forceps | |
| 11.3 | The role and use of saline and green filter | |
| 11.4 | The role and use of acetic acid | |
| 11.5 | The role and use of Lugol's iodine | |
| 11.6 | The role and use of Monsel's solution | |
| 11.7 | Principles of sterilization/decontamination of colposcopy clinic equipment | |
| 11.8 | The physics of local treatment modalities | |
| 11.9 | The safety aspects of local treatment modalities | |
| 11.10 | The use and safety aspect of local analgesia | |

12. Principles of Management

- | | | |
|-------|--|--|
| 12.1 | Expectant management | |
| 12.2 | Ablation versus excision | |
| 12.3 | Ectropion | |
| 12.4 | Inadequate smears | |
| 12.5 | Infection | |
| 12.6 | Glandular cytological abnormalities | |
| 12.7 | Proven GIN | |
| 12.8 | Suspected invasion | |
| 12.9 | Proven stage 1A1 | |
| 12.10 | Proven stage 1A2 | |
| 12.11 | Proven invasion (stage 1B+) | |
| 12.12 | Follow up for treated CIN | |
| 12.13 | Follow up for treated cGIN | |
| 12.14 | VAIN | |
| 12.15 | VIN | |
| 12.16 | The abnormal smear in the postmenopausal patient | |

Part B: The practical session

The basic practical skill on colposcopy can be acquired from Basic Colposcopy Course, and repeated practicing on patients. The trainee has to observe cases, need to perform cases under supervision and without supervision. During the training session they will acquire the skill and during

the day to day practice the trainee will continue to improve performance and will record it in the practical competence record in the log book.

Practical competence record: ‘Tick off’ competence levels as you achieve them. If necessary, discuss the topic with your trainer. When the whole section has been entered onto the on-line logbook, the date of completion is shown.

PRACTICAL COMPETENCE RECORD: Please tick the box when achieved

A1	Preparatory/Preliminary Skills	<input type="checkbox"/>
A1.1	Understanding of the development of cervical cancer and pre-cancer	
A1.2	To be able to take a relevant history and counseling	
A1.3	To be able to correctly position patient	
A1.4	To be able to pass a speculum	
A1.5	To be able to perform a cervical cytology sample/ HPV DNA sample	
A1.6	To be able to position and adjust the colposcope	
A1.7	To be able to perform bacteriological swabs	
A1.8	Practice complies with health and safety recommendations	

A2	Colposcopic Examination	<input type="checkbox"/>
A2.1	To be able to identify the transformation zone (TZ)	
A2.2	To be able to examine the TZ with saline and green filter	
A2.3	To be able to examine the TZ with acetic acid	
A2.4	To be able to expose the endocervix with endocervical speculum	
A2.5	To be able to recognize abnormal vascular patterns	
A2.6	To be able to examine the vagina with acetic acid	
A2.7	To be able to use Schiller’s Test	

A3	The normal cervix	<input type="checkbox"/>
A3.1	To be able to recognize original squamous epithelium	
A3.2	To be able to recognize columnar epithelium	
A3.3	To be able to recognize metaplastic epithelium	
A3.4	To be able to recognize a Congenital TZ	
A3.5	To understand and be able to recognize the effects of pregnancy	
A3.6	To be able to recognize the normal features of a postmenopausal cervix	

A4	The abnormal lower genital tract	<input type="checkbox"/>
A4.1	Able to recognize low-grade pre-cancerous cervical abnormality	
A4.2	Able to recognize high grade pre-cancerous cervical abnormality	
A4.3	Able to recognize features suggestive of invasion	
A4.4	Able to recognize and assess VAIN	
A4.5	Able to recognize and assess VIN	
A4.6	Able to determine extent of abnormal epithelium	
A4.7	Able to recognise cervicitis/vaginitis	
A4.8	Able to recognize human papilloma virus infection	

B1	Practical Procedures	<input type="checkbox"/>
B1.1	To be able to administer local analgesia	
B1.2	To be able to determine where to take directed biopsies	
B1.3	To be able to perform a directed cervical biopsy	

B1.4	To be able to perform a directed vaginal biopsy	
B1.5	To be able to perform a directed vulval biopsy	
B1.6	To be able to control bleeding from biopsy sites	
B1.7	To be able to remove an IUCD	

Part C: Personal case records:

The trainee has to examine 50 cases under direct supervision, which means that the trainer is physically present throughout the examination and consultation. Some trainees may need to see more than 50 cases under direct supervision. When experience has been gained to manage patients without the presence of a senior clinician, the trainee then sees an additional 50 cases under indirect supervision, where the trainee will independently undertake diagnostic colposcopy but the trainer should be available in the premise. All cases should be discussed and reviewed at the end of the day.

If the trainees wishing to gain certification in diagnosis and treatment, among 100 cases, 70 will be diagnostic, 20 will be treatment cases need to be observed by the trainee, another 10 cases need to be performed by the trainee under direct supervision. At least 50 cases must be screen positive (VIA test, cytology, abnormal HPV reports). At institute level adequate trainer should be available. For private facilities – trainee need to come to perform cases at institute level until certified trainers are available at private facilities

The **personal case record** includes 50 cases under direct supervision. 10 -20 cases will be done during the training programme. Next 30-40 cases will be done under direct supervision of the designated supervisor. This means the trainer watches you take a history and watches you examine the patient. At least 20 cases must be new cases and half of them must have high-grade lesion. Other 50 cases must be seen with indirect supervision.

It is recommended that clinical training should be completed within 18 months. One colposcopy clinic per week should provide enough cases to complete training in approximately 12-18 months. If you experience any difficulties in attending colposcopy clinic you should discuss this with your trainer, lead trainer or regional colposcopy preceptor. You must ensure that all columns of the case records are accurately completed.

DEFINITIONS for the personal case record

- Unit number:** - The patient colposcopy number can be entered onto your printed copy of this trainee record.
- Referral indication:-** This is the date of the referral sample and the referral VIA, cytology or HPV DNA result.
- Colposcopic Impression:-** This is your personal impression of what you think the diagnosis will be after you have applied acetic acid.
- Procedure:** - The procedure which you undertake, i.e. biopsy, swab, cytology, LEEP. Include in this box the
- Histology:** - Final result at the end of the procedure/treatment (if histology taken).

Workplace Based Assessments

You need to mention about workplace assessments being carried out with your trainer. You are required to complete **the logbook** the following workplace based assessment tools during the period of your training, before you are able to submit your logbook:

Case Based Discussions (CBD) – To allow a trainer to assess the trainee's ability to discuss their management strategies for individual cases. A minimum of **6** of these assessments should be performed during the training period and mention it to the logbook.

Clinical evaluation exercises (mini-CEX) - A method by which the trainee can be assessed on their clinical skills in history taking, communication and organization. Between **10-12** such assessments should be undertaken during the training period. A minimum of **10** Mini-CEX should be noted to the logbook.

Recommended Reading

**Colposcopy and Programme Management:
Guidelines for the NHS Cervical Screening Programme**

<http://www.cancerscreening.nhs.uk/cervical/publications/nhscsp20.html>

National Health Service Cervical Screening Programme website

<http://www.cancerscreening.nhs.uk/cervical/>

NHSCSP Publications (or regional equivalent in Ireland, Scotland and Wales) NHS

Cervical Screening Programme

The Manor House

260 Eccleshall Road

Sheffield

S11 9PS Tel: 0114 2711060

Handbook of Colposcopy

Eds: D M Luesley, M Shafi, J A Jordan

2nd Edition

Arnold

Colposcopy Management Options

Eds: W Prendiville, J. Ritter, S. Tatti, L Twiggs

Elsevier Limited

2003

The Cervix

Eds: J Jordan, A Singer, H Jones, M Shafi

Blackwell

2006

CASES MANAGED UNDER DIRECT SUPERVISION

(Out of the required 50 – 20 must be new cases – 10 of which must be High Grade Disease)

Sl. No	Name of Patient Colposcopy number & Date of First Colposcopy Visit Name of Trainer	Referral No of VIA/Cytology/ HPV of Report	Colposcopic Impression (Include Whether SCJ Seen)	Procedure	Histology of any Colposcopic Biopsy (state whether Punch or Loop)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

10 (New) High Grade
Disease Cases)

CASES MANAGED UNDER DIRECT SUPERVISION

(Out of the required 50 – **20 must be new cases** – 10 of which must be **High Grade Disease**)

SI No	Name of Patient Colposcopy number & Date of First Colposcopy Visit Name of Trainer	Referral No of VIA/Cytology/ HPV of Report	Colposcopic Impression (Include Whether SCJ Seen)	Procedure	Histology of any Colposcopic Biopsy (state whether Punch or Loop)
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Remaining 10 (New)
Cases

CASES MANAGED UNDER DIRECT SUPERVISION

(Out of the required 50 – **20 must be new cases** – 10 of which must be **High Grade Disease**)

Sl No	Name of Patient Colposcopy number & Date of First Colposcopy Visit Name of Trainer	Referral No of VIA/Cytology/ HPV of Report	Colposcopic Impression (Include Whether SCJ Seen)	Procedure	Histology of any Colposcopic Biopsy (state whether Punch or Loop)
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

Remaining Cases Under
Direct Supervision

CASES MANAGED UNDER DIRECT SUPERVISION

(Out of the required 50 – **20 must be new cases** – 10 of which must be **High Grade Disease**)

SI No	Name of Patient Colposcopy number & Date of First Colposcopy Visit Name of Trainer	Referral No of VIA/Cytology/ HPV of First Report	Colposcopic Impression (Include Whether SCJ Seen)	Procedure	Histology of any Colposcopic Biopsy (state whether Punch or Loop)
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

Remaining Cases Under
Direct Supervision

CASES MANAGED UNDER DIRECT SUPERVISION

(Out of the required 50 – 20 must be new cases – 10 of which must be **High Grade Disease**)

Sl No	Name of Patient Colposcopy number & Date of First Colposcopy Visit Name of Trainer	Referral No of VIA/Cytology/ HPV of Report	Colposcopic Impression (Include Whether SCJ Seen)	Procedure	Histology of any Colposcopic Biopsy (state whether Punch or Loop)
41.					
42.					
43.					
44.					
45.					
46.					
47.					
48.					
49.					
50.					

Remaining Cases Under
Direct Supervision

CASES MANAGED UNDER DIRECT SUPERVISION

(Out of the required 50– 20 must be new cases – 10 of which must be **High Grade Disease**)

Sl No	Name of Patient Colposcopy number & Date of First Colposcopy Visit Name of Trainer	Referral No of VIA/Cytology/ HPV of Report	Colposcopic Impression (Include Whether SCJ Seen)	Procedure	Histology of any Colposcopic Biopsy (state whether Punch or Loop)
51.					
52.					
53.					
54.					
55.					
56.					
57.					
58.					
59.					
60.					

15 (New) High Grade
Disease Cases

CASES MANAGED UNDER DIRECT SUPERVISION

(Out of the required 50 – **20 must be new cases** – 10 of which must be **High Grade Disease**)

SI No	Name of Patient Colposcopy number & Date of First Colposcopy Visit Name of Trainer	Referral No of VIA/Cytology/ HPV of Report	Colposcopic Impression (Include Whether SCJ Seen)	Procedure	Histology of any Colposcopic Biopsy (state whether Punch or Loop)
61.					
62.	15 (New) High Grade Disease Cases				
63.					
64.					
65.					
66.					
67.	Remaining 15 (New) Cases				
68.					
69.					
70.					

CASES MANAGED UNDER DIRECT SUPERVISION

(Out of the required 100 – 30 must be new cases – 15 of which must be **High Grade Disease**)

SI No	Name of Patient Colposcopy number & Date of First Colposcopy Visit Name of Trainer	Referral No of VIA/Cytology/ HPV of First Report	Colposcopic Impression (Include Whether SCJ Seen)	Procedure	Histology of any Colposcopic Biopsy (state whether Punch or Loop)
71.					
72.					
73.					
74.					
75.					
76.					
77.					
78.					
79.					
80.					

Remaining 15 (New)
Cases

CASES MANAGED UNDER DIRECT SUPERVISION

(Out of the required 100 – **30 must be new cases** – 15 of which must be **High Grade Disease**)

SI No	Name of Patient Colposcopy number & Date of First Colposcopy Visit Name of Trainer	Referral No of VIA/Cytology/ HPV of Report	Colposcopic Impression (Include Whether SCJ Seen)	Procedure	Histology of any Colposcopic Biopsy (state whether Punch or Loop)
81.					
82.					
83.					
84.					
85.					
86.					
87.					
88.					
89.					
90.					

Remaining Cases Under
Indirect Supervision

CASES MANAGED UNDER DIRECT SUPERVISION

(Out of the required 100 – **30 must be new cases** – 15 of which must be **High Grade Disease**)

SI No	Name of Patient Colposcopy number & Date of First Colposcopy Visit Name of Trainer	Referral No of VIA/Cytology/ HPV of Report	Colposcopic Impression (Include Whether SCJ Seen)	Procedure	Histology of any Colposcopic Biopsy (state whether Punch or Loop)
91.					
92.					
93.					
94.	Remaining Cases Under Indirect Supervision				
95.					
96.					
97.					
98.					
99.					
100.					

Cases of Local Cervical Treatment Witnessed
(Inclusive of the 150 cases listed in the Personal Case Record)

SI No	Unit Number & Date of Treatment Visit (include trainer and clinic identifier)	Referral No of VIA/Cytology/HPV test report e.g. mild dyskaryosis	Colposcopic Impression	Procedure (if excision enter number of excision pieces)	Histology of Any Colposcopic Biopsy (State Whether Punch Or Loop) Excision dept (including apex sample if taken) Completeness of excision
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

*if more than 1 biopsy enter the highest grade (if cGIN/CIN add both)

**Treatment Cases Performed Under Direct Supervision
Cases of Local Cervical Treatment Witnessed**
(Inclusive of the 150 cases listed in the Personal Case Record)

Sl No	Unit Number & Date of Treatment Visit (include trainer and clinic identifier)	Referral No of VIA/Cytology/HPV test report e.g. mild dyskaryosis	Colposcopic Impression	Procedure (if excision enter number of excision pieces)	Histology of Any Colposcopic Biopsy (State Whether Punch Or Loop) Excision dept (including apex sample if taken) Completeness of excision
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

*if more than 1 biopsy enter the highest grade (if cGIN/CIN add both)