

EyeLogbook FAQs

July 2017

Q) The site layout sometimes looks jumbled, form fields such as text boxes don't show up correctly, or sometimes I get a message 'Error 500: System Error'.

A) General layout issues, or problems with the forms typically occur when using outdated browsers. EyeLogbook supports browsers that are several years old, however it is not possible to support browsers that are over 10 years old, such as Internet Explorer 7, which is still in use in some NHS trusts. I suggest using other browsers such as a more up to date Internet Explorer, Firefox, Chrome or Safari. Alternatively, you could use the browser on your phone (the site is now designed to display properly on phones), or potentially use the iPhone app.

Q) Certain procedures are not available.

A) Over the last 9 years the database has developed to the point that almost all procedures are available. However, if you feel there are missing procedures please let us know via the "*Contact Us*" form.

Q) Certain hospitals are not available.

A) Please use the "*Contact Us*" form to let us know about any hospital you would like added. This includes any international and private hospitals. It is helpful to provide the name of the hospital, the city and country. There is also the option to use the 'Other' or the 'Generic Private Hospital' options, although this may limit your ability to sub-analyse your logbook, if you use these for all entries.

Q) I think a certain procedure(s) is allocated to the wrong college category.

A) To maintain consistency for training purposes, it is necessary for the college to decide which category a certain procedure should belong to, which has been done by the Training Committee. In most cases, the categorisation is obvious, but there are cases where you may disagree. However, if you feel there is a categorisation error, please contact us.

Q) Entries I have selected with side 'bilateral' only show up as a single count when viewing my totals.

A) The bilateral side should only be used when a procedure is truly bilateral, and doesn't make sense to divide into two separate cases. This is a relatively uncommon occurrence, but may include cases such as 'bilateral medial rectus recession'. In most cases, you should create two entries, one as 'Left' and one as 'Right'.

Q) How should I enter my surgical squint operations for training purposes?

A) This topic causes some confusion. Generally, you should only allocate one squint entry as primary surgeon (P or PS) per patient you operate on, even if both eyes were involved, or you shared the muscles between you and your trainer. You are not allowed to create several primary surgeon entries in the same patient at the same operation. Currently the training requirements are 20 entries as P or PS, so it does not matter how you record your assisted operations. It is up to you whether you use the generic 'Surgical Squint' procedure or the more defined procedures e.g. medical rectus recession, inferior oblique myectomy. If you choose the generic option, it is recommended that you add an op note to detail what muscle(s) you did, in case of issues later on. A few examples are included below.

1. *You do both muscles of a unilateral "recess/resect" under supervision.*
Record a single "Recess/Resect" entry as PS. Do not record separate entries for MR and LR, because even though you did 2 muscles, this counts as one operation.
2. *You do a medial rectus recession under supervision and you assist your trainer in a lateral rectus resection on the same eye.*
Record the MR recess as 'PS', and the LR resect as 'A'.
3. *You perform both muscles of a bilateral MR recession.*
Record a single 'Bilateral MR Recession'. Again, this is counted as only one operation, even though you did 2 muscles on different eyes. Setting the side to 'bilateral' still only counts it as one operation in the logbook calculations – see the FAQ above.

Q) How do I filter my entries within a certain timeframe? Or more broadly, how do I filter my entries.

A) On the "Statistics" page of the website there is some basic functionality to enable quick filtering. This can be used for quick total counts and basic role/hospital breakdowns. However, for more in depth analysis, including auditing, the updated logbook has powerful functionality enabling filtering to exactly what entries you would like to display, summarise and/or audit. This is done via "Custom Profiles". Please see the "Tutorials" section on the website for more details, including screenshots outlining how to use them.

Q) How should I record the 'role', especially when only doing partial parts of the operation, I have a complication, or if a senior surgeon takes over?

A) The college Training Committee has produced a document outlining how trainees should record the 'role'. This document is available from the "Dashboard" of the website. Please take note of the difference between 'PS' and 'A', when only performing partial procedures. In the vast majority of cases you should be recording partial operations as 'A'. The only situation where you should be recording partially performed procedures as 'PS', are in cases where you have had a complication that meant a senior surgeon took over. It is felt far more important to have an accurate rate of 'P'/'PS' complication rates.

Q) I was supervising a junior surgeon in cataract surgery, who had a complication, and I took over. How should I record this?

A) You should record the case as 'SJ', and assign the appropriate complication(s). These complications won't influence your complication rates if the entry is allocated to 'SJ' (only cases of 'P' or 'PS' count). It's recommended you create an op note, just to outline further details e.g. what happened, what stage you took over, what you had to do. In cases of vitreous loss i.e. with PC rupture / zonular dialysis, you should also record a separate entry of 'Anterior Vitrectomy' as 'P'. Again, this won't influence your cataract complication rate, but provides useful evidence of your ability to cope with complications – especially important if you are a senior trainee supervising a more junior trainee.

Q) I haven't received a reply to my contact form message.

A) The logbook receives many emails a week. We try to get back to you as quickly as possible but please be patient. If you haven't had a reply within a week, please contact us again.

Q) If I am no longer a member of the college, would I lose access to the EyeLogbook?

A) Yes, access to the EyeLogbook is only for members of the Royal College of Ophthalmologists. However, you do get access with membership categories such as international. If you cancel your membership, your data will not be deleted. We can provide a spreadsheet of your data if necessary.

Q) I have forgotten my password.

A) Select the "*I forgot my password*" link from the "*Login*" page. Complete the form and a new password will be emailed to you. Please check your junk/spam folder if you haven't received it after an hour. If you don't receive a new password within 24 hours, please contact us.

Q) The new password that has been emailed to me after resetting my password doesn't work.

A) This is commonly due to your browser saving your previous password in its memory, which it then automatically fills in for you even after typing the new password. You can normally delete or update the password easily from the browser you are using, by following instructions gained from a simple internet search.

Q) I need to import multiple entries to the EyeLogbook which would require a significant amount of manual entry, is there another option?

A) It is possible to bulk import logbook entries, with the main data fields such as procedure, patient ID, date, role, side, grade and hospital. However, there are some data that cannot be uploaded such as visual acuities, refraction, and complications. The bulk upload must be done by transferring your data to an import template spreadsheet, which you can get by requesting it from the "*Contact Us*" form of the website. The whole process for you to prepare the data takes 1-2 hours on average, even for several thousand entries.

Q) Can I create a spreadsheet, such as Excel, of my data?

A) This is currently unavailable, but is one of the top priorities for updates. This will eventually include the ability to manually export a spreadsheet, as well as backup spreadsheets emailed to you.

Q) How do I export my data in the required format for CCT?

A) The format for CCT requires a PDF that includes all logbook entries, that is organised first by RCOphth surgical category, then by date in reverse chronological order. Select the *"Output Data"* menu option, and then select the option 'All Entries (Suitable for CCT)'. Ensure you have popups disabled for your browser.

Q) Is it possible to perform bulk edits, e.g. updating grade assigned to many entries at once?

A) At this stage, it's not possible to do this yourself. These changes can be made by the database administrator, but will be low priority. Please submit a request via the *"Contact Us"* form, stating exactly which entries you would like to update (be as specific as possible regarding dates/procedures/grades/roles/hospitals).