



BALTIC FERTILITY SOCIETY



INTERNATIONAL FEDERATION OF FERTILITY SOCIETIES

Training Forum

**Baltic Fertility Society/IFFS Workshop
Tartu, Estonia
21-23 September 2018**

www.iffs-reproduction.org

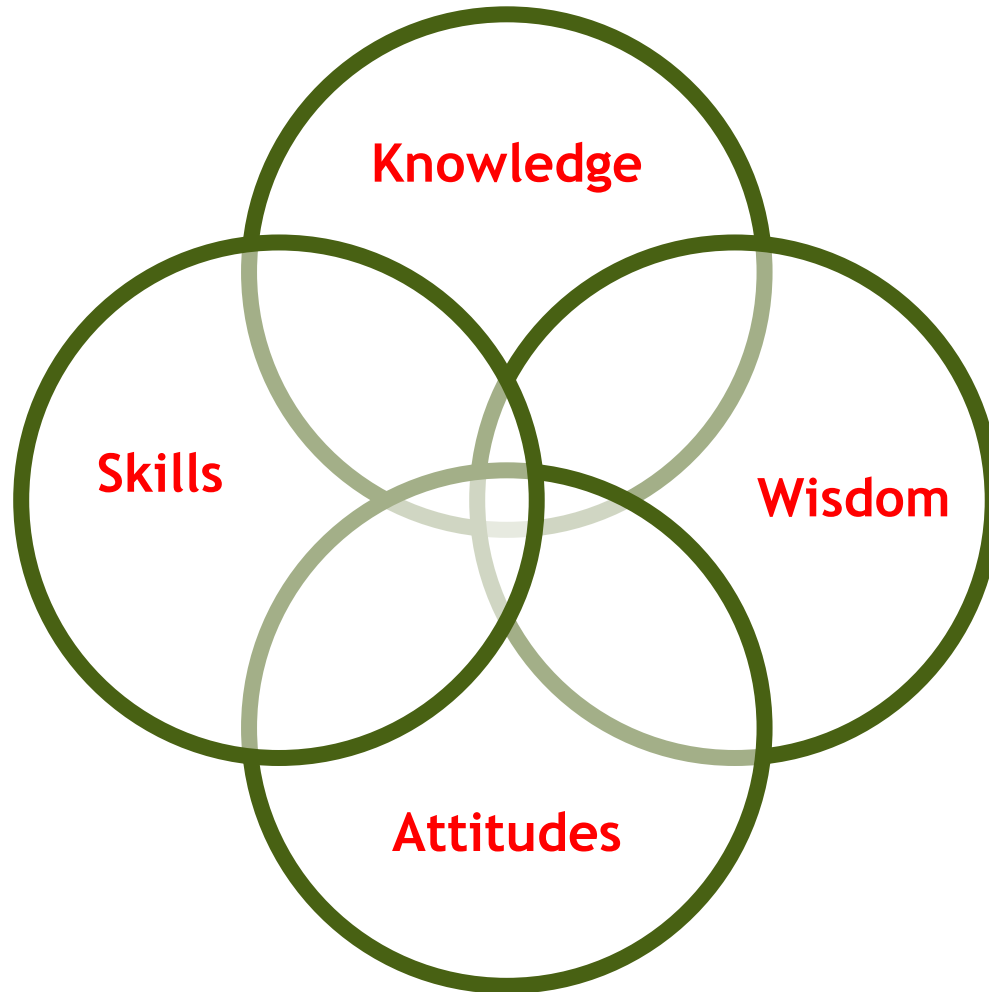
 @IntFertilitySoc

 Int@FedFertilitySoc

Why should we be interested in training?

- ▶ Equip individuals to deliver effective care
- ▶ Improve quality of clinical and laboratory services
- ▶ Improve efficiency of staff
- ▶ Reduction in adverse events/complaints
- ▶ Health gains for patients
- ▶ Engender greater confidence and job satisfaction in staff
- ▶ Fiscal benefit

Training in Reproductive Medicine and Infertility



Infertility and Assisted Conception Curriculum Based Training Programme



International
Federation of
Fertility Societies

COMPONENTS OF THE PROGRAMME

Syllabus

Guide to learning

Paperwork

Complementary Study Days

Knowledge and understanding, clinical
competence, experience

Syllabus

Once trained a clinician should have acquired **KNOWLEDGE AND UNDERSTANDING** of:

- ▶ the **endocrine dynamics** of the menstrual cycle, and pregnancy.
- ▶ the **physiology** of gamete production and conception.
- ▶ the **epidemiology** of infertility.
- ▶ the **causes of infertility** and their appropriate management.
- ▶ the physiological basis of **controlled ovarian stimulation**
- ▶ **laboratory** aspects of assisted reproduction
- ▶ the specific issues relevant to the use of **donor** gametes and embryos

INFERTILITY AND ASSISTED CONCEPTION

A SPECIALIST TRAINING COURSE

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GUIDE TO LEARNING

Syllabus

Once trained a clinician should have acquired **CLINICAL COMPETENCE** in:

- ▶ the **assessment** of an infertile couple.
- ▶ **examination** of males and females with infertility.
- ▶ facilitation of appropriate initial **investigations**.
- ▶ the use of **ultrasound** in assessing pelvic anatomy.
- ▶ **expertise** in techniques of **pelvic assessment** e.g. laparoscopy, hysteroscopy, hydrosonography and hysterosalpingography
- ▶ an ability to **interpret** findings of investigations.
- ▶ the **management** of ovulatory dysfunction.
- ▶ clinical procedures in **assisted conception** including egg recovery and embryo transfer.

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Once trained a clinician will have acquired **EXPERIENCE AND KNOWLEDGE** of:

- ▶ relevant administration and management skills, including **clinical governance**.
- ▶ **teaching**.
- ▶ legal and ethical issues and the local national **regulatory framework**.
- ▶ **epidemiology, statistics, research and audit**.

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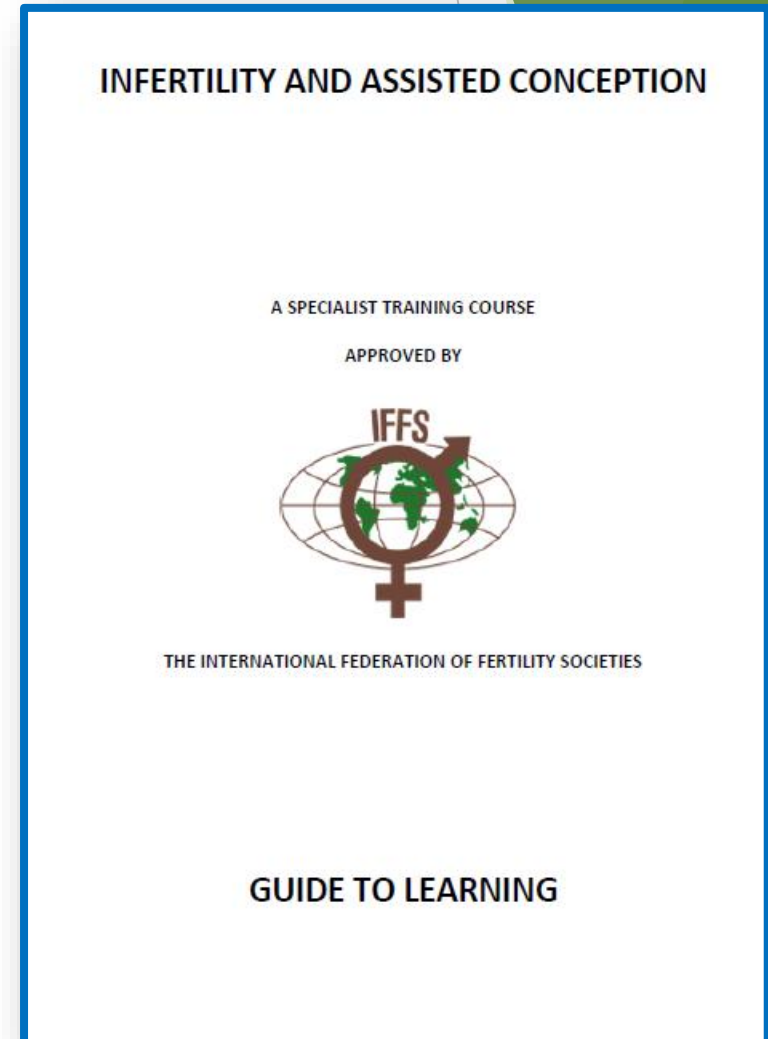
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GUIDE TO LEARNING

Organisation of Training Standards


Ensure training is:

- ▶ Comprehensive & sustained
- ▶ Uniform wherever provided
- ▶ Progressive and trainee centred
- ▶ Supported by documentation
- ▶ Assessed



Delivery of Training

- ▶ Trainer and Trainee relationship
- ▶ Educational contract
 - ▶ Setting targets
 - ▶ Assessment of progress
- ▶ Adaptable to needs of individuals



INFERTILITY AND ASSISTED CONCEPTION

SPECIALIST TRAINING

Guide to Learning

Trainer should sign and date when a trainee has completed each modular component of training.

1. The Epidemiology of Infertility

The trainee should understand and be able to:

- discuss the assessment of fertility within a population;
- discuss reproductive trends within the United Kingdom;
- provide a pragmatic definition of infertility;
- discuss the methodological problems in measurement of the prevalence of infertility;
- discuss the consequential differences between primary and secondary infertility;
- discuss the aetiological factors implicated in the genesis of infertility;
- display knowledge of public health strategies to reduce the prevalence of infertility;
- discuss the organisation of services within the country of training for the management of infertility.

2. The Initial Assessment of the Infertile Couple


The trainee should understand and be able to:-

- discuss the role of the general practitioner in the management of infertile couples;
- conduct a clinical consultation with infertile couples;
- take a medical history from infertile males and females;
- carry out a physical examination of infertile males and females;
- initiate appropriate initial investigations including assessment of ovulation, semen analysis and be able to interpret results;
- provide couples with general advice including lifestyle issues relevant to infertility e.g. smoking, weight, alcohol;
- discuss factors associated with a high risk of pelvic abnormality, including the place of chlamydia screening, and the need for collaboration with a genitourinary clinic if appropriate;
- discuss the role of pelvic evaluation using laparoscopy, hysteroscopy, hydrosalpingography and hysterosalpingography in the further assessment of the female and acquire clinical competence in carrying out such procedures;

IFFS Guide to Learning

20 Domains

- ▶ Epidemiology
- ▶ Basic assessment
- ▶ Male factor
- ▶ Disorders of ovulation
- ▶ Tubal factor
- ▶ Endometriosis
- ▶ Unexplained infertility
- ▶ Psychological aspects
- ▶ Patient selection for IVF
- ▶ Ovarian stimulation
- Oocyte retrieval
- Ultrasound skills
- Embryology
- Embryo transfer
- Implantation
- Gamete donation
- Research & Audit
- Teaching
- Ethics and legal aspects
- Administration



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IMPLEMENTATION

THE ROLE OF THE TRAINER

- ▶ Duties - the educational contract
- ▶ Teaching skills
- ▶ Imparting knowledge
- ▶ Appraisal

DOCUMENTATION

- ▶ Trainee (logbooks)
- ▶ Trainer (records)



Training in the Baltic States

- ▶ Whose responsibility?
- ▶ Structure?
- ▶ Documentation?
- ▶ Quality assurance/uniformity?
- ▶ BFS must be a stakeholder?
- ▶ IFFS curriculum as a resource?



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2019 WORLD CONGRESS

Transforming the Frontiers of Human Reproduction

11 APRIL - 14 APRIL 2019

Shanghai Expo Centre | Shanghai, China

Shanghai

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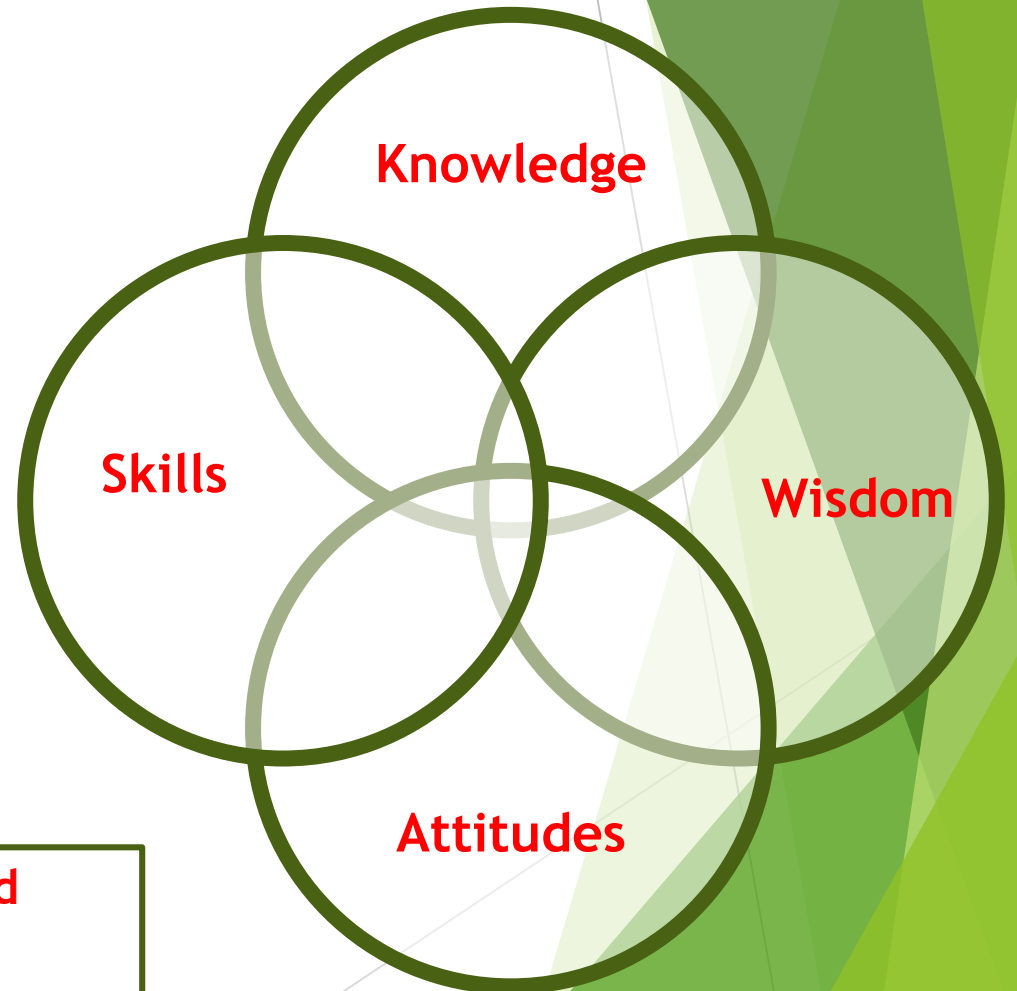
Appraisal in training

WORKPLACE BASED FORMATIVE ASSESSMENT

- ▶ Mini clinical evaluation exercises (Mini CEX)
- ▶ Observed structured assessments of Technical Skills (OSAT)
- ▶ Case Based Discussions (CbD)

DOCUMENTATION

- ▶ Trainee log books



Not about competence but identifying strengths and weaknesses

Non Technical Skills for Surgeons (NOTSS)

Appraisal in training

AGREEING TARGETS

- ▶ Specific
- ▶ Measurable
- ▶ Achievable
- ▶ Realistic
- ▶ Time bound

INCORPORATE REVIEW

Encouragement of reflective practice

Difficult cases
Adverse events
Complaints

