

SUBFERTILITY

Module 14 : Subfertility

Learning outcomes:

- To understand the issues and demonstrate appropriate knowledge, skills and attitudes in relation to subfertility.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<ul style="list-style-type: none"> ■ Epidemiology, aetiology, pathogenesis, clinical features, treatment and prognosis of male and female subfertility ■ Indications, limitations and interpretation of investigations: <ul style="list-style-type: none"> ■ endocrine measurements (male and female) ■ semen analysis ■ ultrasound ■ other imaging techniques ■ genetic analysis ■ operative procedures ■ Indications, techniques, limitations and complications of surgery in relation to: <ul style="list-style-type: none"> ■ male and female subfertility ■ endometriosis ■ developmental disorders ■ Indications, limitations and complications of assisted reproduction techniques: <ul style="list-style-type: none"> ■ ovulation induction ■ IVF and ICSI ■ gamete donation ■ Legal and ethical issues 	<ul style="list-style-type: none"> ■ Take history and examine a couple presenting with subfertility ■ Arrange basic investigations ■ Counsel couples about diagnosis and management options ■ Perform the following: <ul style="list-style-type: none"> ■ diagnostic laparoscopy ■ staging of endometriosis ■ assessment of tubal patency ■ diagnostic hysteroscopy 	<ul style="list-style-type: none"> ■ Shows an appreciation of the importance of psychological factors for women and their partners ■ Demonstrates respect for woman's dignity and confidentiality ■ Has an understanding of the issues relating to NHS funding and rationing of treatment ■ Demonstrates the ability to deal sensitively with issues relating to the welfare of the child ■ Has the ability to acknowledge cultural issues and issues relating to same sex partnerships and single parenthood ■ Demonstrates the need to liaise effectively with colleagues in other disciplines, clinical and nonclinical 	<ul style="list-style-type: none"> ■ Appropriate postgraduate education courses ■ Multidisciplinary and clinical team meetings ■ StratOG.net: Subfertility e-tutorials ■ Subfertility clinics ■ Assisted reproduction sessions ■ Useful websites: <ul style="list-style-type: none"> ■ www.nice.org.uk ■ www.hfea.gov.uk 	<ul style="list-style-type: none"> ■ Logbook ■ SOE ■ EXIT EXAMINATION ■ MRCOG Part 2 ■ Case reports ■ Audit projects ■ OSATS: Diagnostic laparoscopy

Appendix to Curriculum Module 14: details of knowledge criteria

Epidemiology, aetiology, pathogenesis, clinical features, treatment and prognosis of male and female subfertility:

- Female (ovulatory disorders, tubal disorders, endometriosis, cervical and uterine factors, genetic and developmental disorders).
- Male (structural, endocrine, pharmacological, infectious, lifestyle, genetic).
- Unexplained infertility.
- Long-term sequelae of cancer treatment.
- Sterilisation regret.

Indications, limitations and interpretation of investigative techniques:

- Semen analysis.
- Endocrine assessment (see also Module 13):
 - assessment of ovulation
 - assessment of the subfertile male
 - amenorrhoea and oligomenorrhoea
 - polycystic ovary syndrome
 - hyperprolactinaemia
 - thyroid/adrenal function
 - gonadal failure.
- Genetic analysis:
 - chromosome analysis, e.g. sex chromosome abnormalities
 - Genetic abnormalities, e.g. cystic fibrosis.

Ultrasound:

- Normal uterine and ovarian morphology.
- Follicular tracking
- Polycystic ovaries.
- Tubal patency.

Other imaging techniques:

- Hysterosalpingography.
- Pituitary imaging.
- Computed tomography.
- Magnetic resonance imaging.

Operative investigative procedures:

- Diagnostic laparoscopy.
- Diagnostic hysteroscopy.

Indications, limitations, techniques and complications of:

- Ovulation induction (clomifene, gonadotrophins, gonadotrophin-releasing hormone).
- Other medical interventions (e.g. metformin, dopaminergic drugs).
- Intrauterine insemination.
- In vitro fertilisation.
- intracytoplasmic sperm injection.
- Surgical sperm recovery.

Legal and ethical issues:

- Human Fertilisation and Embryology Act.
- Welfare of the child.
- Embryo storage.
- Gamete donation.
- Surrogacy.

Indications, limitations and complications of surgery in relation to male and female infertility:

- Reversal of sterilisation and vasectomy.
- Adhesiolysis.
- Salpingostomy.
- Surgical management of endometriosis.
- Ovarian diathermy.
- Myomectomy.
- Hysteroscopic surgery.
- Varicocele.

Module I4 : Subfertility

Fill in as a record of experience.

Skills	Competence level					
			<input type="checkbox"/> Basic training	<input type="checkbox"/> Intermediate training	<input type="checkbox"/> Advanced training	<input type="checkbox"/> Not required
	Observation		Direct supervision		Independent practice	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
Take history from couple						
Investigate female subfertility						
Interpret semen analysis						
Manage anovulation						
Investigate tubal function						
Counsel about management options						

Authorisation of signatures (to be completed by the clinical trainers)

Name of clinical trainer (please print)	Signature of clinical trainer

OSAT	Record all formal assessments until trainee passes. Record date of satisfactory assessment.									
Diagnostic laparoscopy	Date		Date		Date		Date		Date	
	Signature		Signature		Signature		Signature		Signature	

COMPLETION OF MODULE 14

I confirm that all components of the module have been successfully completed:

Date	Name of educational supervisor	Signature of educational supervisor

DIAGNOSTIC LAPAROSCOPY

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
Clinical details of complexity/ difficulty of case					

	Performed independently	Needs help	Not Applicable
PLEASE TICK RELEVANT BOX			
Preparation of the patient:			
Ensures correct positioning of the patient			
Checked or observed catheterisation, pelvic examination and insertion of uterine manipulator where appropriate			
Establishing pneumoperitoneum			
Demonstrates knowledge of instruments and can trouble shoot problems			
Check patency and function of Veress (if used)			
Correct incision			
Controlled insertion of Veress (if used)			
Insufflation to at least 20 mmHg			
Controlled insertion of primary port			
Controlled insertion of secondary port under direct vision			
Operative procedure			
Maintains correct position of optics			
Clear inspection of pelvic and abdominal structures			
Movements: fluid and atraumatic			
Appropriate use of assistants (if applicable)			
Correct interpretation of operative findings			
Removal of ports under direct vision			
Deflation of pneumoperitoneum			
Appropriate skin closure			

Both sides of this form to be completed and signed

GENERIC TECHNICAL SKILLS ASSESSMENT

Assessor, please ring the candidate's performance for each of the following factors:

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
Technical use of assistants	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment Dr has achieved/failed* to achieve the OSAT competency

Needs further help with: * *	Competent to perform the entire procedure without the need for supervision
Date	Date
Signed (trainer)	Signed
Signed (trainee)	Signed

Delete where applicable, and date and sign the relevant box