

Training in Reproductive Medicine

LOG BOOK

PERKHIDMATAN OBSTETRIKS & GINEKOLOGI, KKM
BAHAGIAN PERKEMBANGAN PERUBATAN, KKM
BAHAGIAN LATIHAN, KKM

*TO BE COMPLETED AFTER EACH POSTING AND SENT WITHIN ONE MONTH OF COMPLETION OF THE 3RD
YEAR TO THE CHAIRMAN OF THE NATIONAL SUBCOMMITTEE IN REPRODUCTIVE MEDICINE*

Name of Fellow (in capitals):

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NRIC: **Contact number:**

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Hospital (origin):

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Dates of beginning and end of training:

...../...../.....(day/mo/yr) -/...../.....(day/mo/yr).

Names of trainer, hospital and training calendar for the 3 years of training:

1ST 6 Months:

Name: Hospital:

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Starting date: Date of

completion:.....

2nd 6 months:

Name: Hospital:

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Starting date: Date of
completion:.....

Year 2:

Name: Hospital:
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Starting date: Date of
completion:.....

Year 3:

Name: Hospital:
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Starting date: Date of
completion:.....

CONTENT OF THE TRAINING PROGRAM

1-Definition

The reproductive medical subspecialist is a specialist in Obstetrics and Gynaecology who has had theoretical and practical training in:

Reproductive endocrinology

Medical and surgical management of infertility, including a range of assisted
reproductive techniques (ART)

Comprehensive management of these items includes diagnostic, therapeutic procedures and audit of outcome.

The practice of reproductive medicine excludes training and practice in another subspecialty.

2-Aim of training

To improve the care of patients with disorders of reproductive endocrinology and function in collaboration with other care providers.

3-Objectives of training:

To train a subspecialist to be capable of:

Improving knowledge, practice, teaching, research and audit.

Coordinating and promoting collaboration in organizing the Department.

Providing leadership in the development and in research within subspecialty.

4-Organisation of training:

The number of training positions annually will be regulated by the Training Division of the Ministry of Health (MOH).

Training centers should be recognized by the Training Division of the MOH under the advisement of the National Reproductive Medicine Subcommittee of JKPPPOG

Training program should be vetted and approved by the National Reproductive Medicine Subcommittee of JKPPPOG.

Trainers should be recognized or accredited subspecialist in reproductive medicine

Training center should use guidelines and protocols finalized by national professional bodies reviewed at regular intervals.

Training as a subspecialist in reproductive medicine does not imply an exclusive activity in that field.

5-Means of training

5.1 Entry requirements:

A specialist in Obstetrics & Gynaecology by the MOH or a tertiary institution

A minimum of 2 years after attaining postgraduate qualification in the field of O&G

Applicants would undergo a vetting process

Successful applicants must agree and sign a contract with the government of Malaysia

The availability of recognized training positions.

The availability of scholarship for training overseas

5.2 Each Fellow must be allocated an appointed trainer for guidance and advice for every posting for the 3 years of training.

5.3 Training should be directed towards achieving competence. Fellows should participate in all hospital activities such as the care of out-patients, on call duties, performing endoscopic surgery, assisted reproductive techniques such as ovulation induction, insemination, IVF/ICSI, achieved sufficient experience and exposure in other scopes of reproductive medicine which includes reproductive endocrinology and participating in educational activities, including the teaching of other health professionals. Participation in audit and clinical or basic research is essential.

5.4 Duration of training

Duration of subspecialty training should include a minimum of three years in an approved program and should cover the clinical and research aspects of the following areas:

Andrology

Counseling and psychology

Endocrinology

Genetics reproductive biology

Reproductive surgery

Ultrasound imaging

5.5 Training should be structured throughout with defined targets to be met after specified intervals. Each Fellow may not need to be assessed as competent or have performed satisfactorily in every component of the log book in every posting. However, should try to fulfill every component by the end of the 3 year training. Once assessed as competent for a

particular component, the Fellow does not need to be assessed again in the subsequent postings for that particular component.

5.6 An educational plan should be drawn up by the trainer in consultation with the Fellow at the beginning of each attachment and progress should be monitored regularly by mean of the log book.

5.7 Each Fellow is responsible to find a recognized overseas training attachment in the second year of training. The overseas center must meet the approval by the national subcommittee.

5.8 Exclusion from the 1 year overseas training would not be considered, however a shorter stint may be considered on a case by case basis by the national subcommittee

5.9 The Fellow must obtain prior approval of the national subcommittee when considering making any changes whatsoever to their training schedule

5.10 Kindly take note of the terms as stated in the contract

6-Assessment of training

6.1 The approval of training and trainers would be the responsibility of the Training Division of the MOH with the advisement of the national subcommittee in Reproductive Medicine. The body has the power to withdraw recognition if necessary.

6.2 Approval of institutions as training centers should be based on:

Annual statistics

Internal quality control and audit

Organized teaching sessions

Availability of:

Reproductive medicine specialist

Multidisciplinary team regularly involved in the management of reproductive medicine

Reproductive biologist

Optional: unit for genetics and urology

Fulfillment of defined criteria for minimum activity:

100 new infertility cases per year for a first Fellow

60 more for a second Fellow when there is more than 1 Fellow per center

Fellowship training and research.

6.3 Assessment of the Fellow during his training should be carried out by the assigned trainer and should take into consideration:

If targets set were met satisfactorily

Competence based evaluation of clinical and technical skills

Completion of log book for the duration of the specific training schedule

6.4 Assessment at the end of the 3 years training would be carried out by the assigned members of the national subcommittee in Reproductive Medicine and should take into considerations:

Overall participation in Reproductive Medicine courses

Completion of a log book of clinical experience in Reproductive Medicine

Peer review publications in a nationally recognized journal

Overall trainer reports

Exit examination and/or viva

6.5 On completion of training, Fellows should have satisfactorily obtained exposure in various components of reproductive medicine and have the clinical acumen and technical skills to be able to perform various diagnostic and therapeutic procedures and technical acts under supervision and be able to carry these out independently, properly and safely.

6.6 Credentialing as a Reproductive Medicine specialist by the MOH would be dependent on the Fellow completing every aspect of the training and the final assessment satisfactorily.

ON CALL DUTIES

FREQUENCY OF ON CALL DUTIES: (E.G.: $\frac{1}{4}$)

Year	1	2	3
Frequency			

BRIEF DESCRIPTION OF ACTIVITIES WHEN ON CALL:

Year 1:

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Year 2:

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Year 3:

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TARGETS FOR THE FIRST 6 MONTHS **OF TRAINING**

Description by trainer and tutor of what is expected in terms of knowledge, technical skills
and fulfillment of tasks at the end of this year of training.

To be completed at the beginning of the year of training.

Year: 20..... - 20.....

KNOWLEDGE:

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TECHNICAL SKILLS:

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TASKS:

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NAME OF THE TRAINER:..... DATE:

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SIGNATURES: TRAINER: FELLOW:

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EVALUATION OF CLINICAL AND TECHNICAL SKILLS

Every target on training and assessment has an expected competence level that must be achieved. The level of competence ranges from observation (level 1) to independent practice (level 4 or 5).

Many of the targets do not require an assessment of every competence level and shaded boxes indicate these. Fellows can choose whether or not to tick the shaded boxes as they progress. Certain targets do not require the Fellow to be level 4 or 5. These are identified by a black box. The open targets require your tutor or trainer to check your competence and sign you off. When you feel ready for this it is your responsibility to organize with your trainer, for these targets to be observed. When an entire module is completed (excluding black boxes) or at the end of every posting (despite the module has not been completed), kindly request the designated trainer to sign the module.

SCORING SYSTEM:

- 1: Passive attendance, assistance
- 2: Needs close supervision
- 3: Able to carry out procedure under some supervision
- 4: Able to carry out procedure without supervision
- 5: Able to supervise and teach the procedure

The general aim is to get at least mark 4.

INFERTILE COUPLE ASSESSMENT

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Clinical diagnostic skills							
Interpretation of laboratory test and other examinations							
Prescribing drugs							
Choice of proper ART approach							

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

MEDICAL PROCEDURES

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date

Ovulation induction							
Ovarian stimulation for ART							
Insemination with husband's semen							
Insemination with donor sperm							
Intra-uterine insemination							
Embryo transfer							
Management of ovarian hyper-stimulation syndrome							
Insertion of IUD							
Insertion and removal of Implanon							
Tubal assessment (e.g. Hycosy)							
Others**							

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

***Applicable only if it is being practiced in the overseas center**

**** Please add other medical procedures if relevant**

ULTRASOUND IN REPRODUCTIVE MEDICINE

Target	Expected competence level Fellow ticks when achieved	Trainer signs when competence level achieved
Perform ultrasound scan to assess:		

	1	2	3	4	5	Sign	Date
Normal and abnormal pelvic Anatomy: Uterus Ovaries Tubes							
Ovulation induction							
Ovarian stimulation							
Oocyte retrieval							
Uterine malformation/abnormalities							
Endometriosis							
Extra-uterine pregnancy							
Testis and epididymis*							
Male endorectal ultrasound*							

Signature at the end of posting: Name of the trainer: Hospital:		Date:
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*Optional

LABORATORY SKILLS & PROCEDURES

Target	Expected competence level Fellow ticks when achieved	Trainer signs when competence level achieved

	1	2	3	4	5	Sign	Date
Semen examination							
Semen preparation for IUI							
Identification and grading of oocytes							
Invitro culture of embryos							
Embryo grading							
ICSI							
Sperm cryopreservation and thawing							
Embryo cryopreservation and thawing							
Thawing of frozen sperm							
Thawing of frozen embryos							
Blastocyst culture							
Assisted hatching							
Preimplantation genetic diagnosis (PGD)							
Specimen bio-security							
Others*							

Signature by trainer at the end of posting:

Name of the trainer:

Date:

Hospital:

* Please add other laboratory skills or procedures which are relevant

SURGICAL PROCEDURES

Target	Expected competence level	Trainer signs when competence level achieved
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	Fellow ticks when achieved					Sign	Date
	1	2	3	4	5		
Diagnostic Laparoscopy							
Minor laparoscopic surgery: diagnostic, ovarian cyst, ovarian drilling,.....							
Laparoscopic infertility surgery: fimbrioplasty, adhesiolysis,.....							
Major laparoscopic surgery: Myomectomy, severe endometriosis, hemi-hysterectomy*							
Microsurgical tubal re-anastomosis							
Diagnostic hysteroscopy							
Simple hysteroscopic procedures (e.g polypectomy)							
Hysteroscopic treatment of fibromas, synechiae, uterine septa							
Surgical treatment of vaginal septa							
Laparotomy: tubal microsurgery (fimbrioplasty, adhesiolysis, anastomosis)							
Laparotomy: salpingectomy, oophorectomy, ovarian cystectomy							
Laparotomy: myomectomy							
Embryo reduction							
Transvaginal ultrasound guided oocyte retrieval							
Ultrasound guided ovarian cyst aspiration							
Douglas pouch aspiration							
Epididymal sperm recovery							
Others**							

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

* Optional

** Please add other relevant surgical procedures

COUNSELING SKILLS ASSESSMENT

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Fertility treatment counseling: timed intercourse and IUI							
Fertility treatment counseling: IVF/ICSI							
Fertility treatment counseling: PGD							
Fertility treatment outcome counseling							
Sexual Counseling							
Gynaecological endocrine disorder counseling							
Menopause and HRT counseling							
Family planning counseling							
Others*							

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

* Please add where relevant

ATTENDANCE IN CLINICS

INFERTILITY CLINIC (minimum 30 sessions over 3 years):

[illegible]

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

ATTENDANCE IN CLINICS

FAMILY PLANNING CLINIC (minimum 25 sessions over 3 years):

[illegible]

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

ATTENDANCE IN CLINICS

MENOPAUSE CLINIC (minimum 25 sessions over 3 years):

[illegible]

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

ATTENDANCE IN CLINICS

GYNAECOLOGY ENDOCRINE CLINIC (minimum 15 sessions over 3 years):

[illegible]

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

ATTENDANCE IN CLINICS

GYNAECOLOGY ADOLESCENT CLINIC (minimum 10 sessions over 3 years):

[illegible]

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

ATTENDANCE IN CLINICS

ANDROLOGY CLINIC*:

No.	Date:	Place:	Number of patients seen	Supervisor's signature

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

* Where available

Note:

Add extra page(s) if space provided is insufficient.

TARGETS FOR THE SECOND 6 MONTHS **OF TRAINING**

Description by trainer and tutor of what is expected in terms of knowledge, technical skills and fulfillment of tasks at the end of this year of training.

To be completed at the beginning of the year of training.

Year: 20..... - 20.....

KNOWLEDGE:

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TECHNICAL SKILLS:

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TASKS:

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NAME OF THE TRAINER:..... **DATE:**

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SIGNATURES: TRAINER: **FELLOW:**

EVALUATION OF CLINICAL AND **TECHNICAL SKILLS**

Every target on training and assessment has an expected competence level that must be achieved. The level of competence ranges from observation (level 1) to independent practice (level 4 or 5).

Many of the targets do not require an assessment of every competence level and shaded boxes indicate these. Fellows can choose whether or not to tick the shaded boxes as they progress. Certain targets do not require the Fellow to be level 4 or 5. These are identified by a black box. The open targets require your tutor or trainer to check your competence and sign you off. When you feel ready for this it is your responsibility to organize with your trainer, for these targets to be observed. When an entire module is completed (excluding black boxes) or at the end of every posting (despite the module has not been completed), kindly request the designated trainer to sign the module.

SCORING SYSTEM:

1:	Passive attendance, assistance
2:	Needs close supervision
3:	Able to carry out procedure under some supervision
4:	Able to carry out procedure without supervision
5:	Able to supervise and teach the procedure

The general aim is to get at least mark 4.

INFERTILE COUPLE ASSESSMENT

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Clinical diagnostic skills							
Interpretation of laboratory test and other examinations							
Prescribing drugs							
Choice of proper ART approach							

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

MEDICAL PROCEDURES

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Ovulation induction							
Ovarian stimulation for ART							
Insemination with husband's semen							
Insemination with donor sperm							
Intra-uterine insemination							
Embryo transfer							
Management of ovarian hyper-stimulation syndrome							
Insertion of IUD							
Insertion and removal of Implanon							
Tubal assessment (e.g. Hycosy)							
Others**							

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

*Applicable only if it is being practiced in the overseas center

** Please add other medical procedures if relevant

ULTRASOUND IN REPRODUCTIVE MEDICINE

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Perform ultrasound scan to assess:							
Normal and abnormal pelvic Anatomy: Uterus Ovaries Tubes							
Ovulation induction							
Ovarian stimulation							
Oocyte retrieval							
Uterine malformation/abnormalities							
Endometriosis							
Extra-uterine pregnancy							
Testis and epididymis*							
Male endorectal ultrasound*							

Signature at the end of posting:

Name of the trainer:

Hospital:

Date:

*Optional

LABORATORY SKILLS & PROCEDURES

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Semen examination							
Semen preparation for IUI							
Identification and grading of oocytes							
Invitro culture of embryos							
Embryo grading							
ICSI							
Sperm cryopreservation and thawing							
Embryo cryopreservation and thawing							
Thawing of frozen sperm							
Thawing of frozen embryos							
Blastocyst culture							

Assisted hatching							
Preimplantation genetic diagnosis (PGD)							
Specimen bio-security							
Others*							

Signature by trainer at the end of posting:

Name of the trainer:

Date:

Hospital:

* Please add other laboratory skills or procedures which are relevant

SURGICAL PROCEDURES

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Diagnostic Laparoscopy							
Minor laparoscopic surgery: diagnostic, ovarian cyst, ovarian drilling,.....							
Laparoscopic infertility surgery: fimbrioplasty, adhesiolysis,.....							
Major laparoscopic surgery: Myomectomy, severe endometriosis, hemi-hysterectomy*							
Microsurgical tubal re-anastomosis							
Diagnostic hysteroscopy							
Simple hysteroscopic procedures (e.g polypectomy)							
Hysteroscopic treatment of fibromas, synechiae, uterine septa							
Surgical treatment of vaginal septa							
Laparotomy: tubal microsurgery (fimbrioplasty, adhesiolysis, anastomosis)							
Laparotomy: salpingectomy, oophorectomy, ovarian cystectomy							

Laparotomy: myomectomy							
Embryo reduction							
Transvaginal ultrasound guided oocyte retrieval							
Ultrasound guided ovarian cyst aspiration							
Douglas pouch aspiration							
Epididymal sperm recovery							
Others**							

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

*** Optional**

**** Please add other relevant surgical procedures**

COUNSELING SKILLS ASSESSMENT

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Fertility treatment counseling: timed intercourse and IUI							
Fertility treatment counseling: IVF/ICSI							
Fertility treatment counseling: PGD							
Fertility treatment outcome counseling							
Sexual Counseling							
Gynaecological endocrine disorder counseling							
Menopause and HRT counseling							
Family planning counseling							
Others*							

[illegible]

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

ATTENDANCE IN CLINICS

MENOPAUSE CLINIC (minimum 25 sessions over 3 years):

[illegible]

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

ATTENDANCE IN CLINICS

GYNAECOLOGY ENDOCRINE CLINIC (minimum 15 sessions over 3 years):

No.	Date:	Place:	Number of patients seen	Supervisor's signature

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

ATTENDANCE IN CLINICS

GYNAECOLOGY ADOLESCENT CLINIC (minimum 10 sessions over 3 years):

No.	Date:	Place:	Number of patients seen	Supervisor's signature

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

ATTENDANCE IN CLINICS

ANDROLOGY CLINIC*:

No.	Date:	Place:	Number of patients seen	Supervisor's signature

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

* Where available

Note:

Add extra page(s) if space provided is insufficient.

TARGETS FOR THE SECOND YEAR **OF TRAINING**

Description by trainer and tutor of what is expected in terms of knowledge, technical skills
and fulfillment of tasks at the end of this year of training.

To be completed at the beginning of the year of training.

Year: 20..... - 20.....

KNOWLEDGE:

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TECHNICAL SKILLS:

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TASKS:

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NAME OF THE TRAINER:..... DATE:

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SIGNATURES: TRAINER: FELLOW:

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EVALUATION OF CLINICAL AND TECHNICAL SKILLS

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The general aim is to get at least mark 4.

INFERTILE COUPLE ASSESSMENT

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Clinical diagnostic skills							
Interpretation of laboratory test and other examinations							
Prescribing drugs							
Choice of proper ART approach							

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

MEDICAL PROCEDURES

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date

Ovulation induction							
Ovarian stimulation for ART							
Insemination with husband's semen							
Insemination with donor sperm							
Intra-uterine insemination							
Embryo transfer							
Management of ovarian hyper-stimulation syndrome							
Insertion of IUD							
Insertion and removal of Implanon							
Tubal assessment (e.g. Hycosy)							
Others**							

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

*Applicable only if it is being practiced in the overseas center

** Please add other medical procedures if relevant

ULTRASOUND IN REPRODUCTIVE MEDICINE

Target	Expected competence level Fellow ticks when achieved	Trainer signs when competence level achieved
Perform ultrasound scan to assess:		

	1	2	3	4	5	Sign	Date
Normal and abnormal pelvic Anatomy: Uterus Ovaries Tubes							
Ovulation induction							
Ovarian stimulation							
Oocyte retrieval							
Uterine malformation/abnormalities							
Endometriosis							
Extra-uterine pregnancy							
Testis and epididymis*							
Male endorectal ultrasound*							

Signature at the end of posting: Name of the trainer: Hospital:		Date:
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*Optional

LABORATORY SKILLS & PROCEDURES

Target	Expected competence level Fellow ticks when achieved	Trainer signs when competence level achieved

	1	2	3	4	5	Sign	Date
Semen examination							
Semen preparation for IUI							
Identification and grading of oocytes							
Invitro culture of embryos							
Embryo grading							
ICSI							
Sperm cryopreservation and thawing							
Embryo cryopreservation and thawing							
Thawing of frozen sperm							
Thawing of frozen embryos							
Blastocyst culture							
Assisted hatching							
Preimplantation genetic diagnosis (PGD)							
Specimen bio-security							
Others*							

Signature by trainer at the end of posting:

Name of the trainer:

Date:

Hospital:

* Please add other laboratory skills or procedures which are relevant

SURGICAL PROCEDURES

Target	Expected competence level	Trainer signs when competence level achieved
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	Fellow ticks when achieved					Sign	Date
	1	2	3	4	5		
Diagnostic Laparoscopy							
Minor laparoscopic surgery: diagnostic, ovarian cyst, ovarian drilling,.....							
Laparoscopic infertility surgery: fimbrioplasty, adhesiolysis,.....							
Major laparoscopic surgery: Myomectomy, severe endometriosis, hemi-hysterectomy*							
Microsurgical tubal re-anastomosis							
Diagnostic hysteroscopy							
Simple hysteroscopic procedures (e.g polypectomy)							
Hysteroscopic treatment of fibromas, synechiae, uterine septa							
Surgical treatment of vaginal septa							
Laparotomy: tubal microsurgery (fimbrioplasty, adhesiolysis, anastomosis)							
Laparotomy: salpingectomy, oophorectomy, ovarian cystectomy							
Laparotomy: myomectomy							
Embryo reduction							
Transvaginal ultrasound guided oocyte retrieval							
Ultrasound guided ovarian cyst aspiration							
Douglas pouch aspiration							
Epididymal sperm recovery							
Others**							

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

* Optional

** Please add other relevant surgical procedures

COUNSELING SKILLS ASSESSMENT

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Fertility treatment counseling: timed intercourse and IUI							
Fertility treatment counseling: IVF/ICSI							
Fertility treatment counseling: PGD							
Fertility treatment outcome counseling							
Sexual Counseling							
Gynaecological endocrine disorder counseling							
Menopause and HRT counseling							
Family planning counseling							
Others*							

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

* Please add where relevant

ATTENDANCE IN CLINICS

INFERTILITY CLINIC (minimum 30 sessions over 3 years):

[illegible]

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

ATTENDANCE IN CLINICS

FAMILY PLANNING CLINIC (minimum 25 sessions over 3 years):

[illegible]

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

ATTENDANCE IN CLINICS

MENOPAUSE CLINIC (minimum 25 sessions over 3 years):

[illegible]

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

ATTENDANCE IN CLINICS

GYNAECOLOGY ENDOCRINE CLINIC (minimum 15 sessions over 3 years):

[illegible]

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

ATTENDANCE IN CLINICS

GYNAECOLOGY ADOLESCENT CLINIC (minimum 10 sessions over 3 years):

[illegible]

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

ATTENDANCE IN CLINICS

ANDROLOGY CLINIC*:

No.	Date:	Place:	Number of patients seen	Supervisor's signature

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

* Where available

Note:

Add extra page(s) if space provided is insufficient.

TARGETS FOR THE THIRD YEAR **OF TRAINING**

Description by trainer and tutor of what is expected in terms of knowledge, technical skills and fulfillment of tasks at the end of this year of training.

To be completed at the beginning of the year of training.

Year: 20..... - 20.....

KNOWLEDGE:

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TECHNICAL SKILLS:

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TASKS:

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NAME OF THE TRAINER:..... **DATE:**

.....
SIGNATURES: TRAINER: **FELLOW:**

EVALUATION OF CLINICAL AND **TECHNICAL SKILLS**

Every target on training and assessment has an expected competence level that must be achieved. The level of competence ranges from observation (level 1) to independent practice (level 4 or 5).

Many of the targets do not require an assessment of every competence level and shaded boxes indicate these. Fellows can choose whether or not to tick the shaded boxes as they progress. Certain targets do not require the Fellow to be level 4 or 5. These are identified by a black box. The open targets require your tutor or trainer to check your competence and sign you off. When you feel ready for this it is your responsibility to organize with your trainer, for these targets to be observed. When an entire module is completed (excluding black boxes) or at the end of every posting (despite the module has not been completed), kindly request the designated trainer to sign the module.

SCORING SYSTEM:

1:	Passive attendance, assistance
2:	Needs close supervision
3:	Able to carry out procedure under some supervision
4:	Able to carry out procedure without supervision
5:	Able to supervise and teach the procedure

The general aim is to get at least mark 4.

INFERTILE COUPLE ASSESSMENT

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Clinical diagnostic skills							
Interpretation of laboratory test and other examinations							
Prescribing drugs							
Choice of proper ART approach							

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

MEDICAL PROCEDURES

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Ovulation induction							
Ovarian stimulation for ART							
Insemination with husband's semen							
Insemination with donor sperm							
Intra-uterine insemination							
Embryo transfer							
Management of ovarian hyper-stimulation syndrome							
Insertion of IUD							
Insertion and removal of Implanon							
Tubal assessment (e.g. Hycosy)							
Others**							

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

*Applicable only if it is being practiced in the overseas center

** Please add other medical procedures if relevant

ULTRASOUND IN REPRODUCTIVE MEDICINE

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Perform ultrasound scan to assess:							
Normal and abnormal pelvic Anatomy: Uterus Ovaries Tubes							
Ovulation induction							
Ovarian stimulation							
Oocyte retrieval							
Uterine malformation/abnormalities							
Endometriosis							
Extra-uterine pregnancy							
Testis and epididymis*							
Male endorectal ultrasound*							

Signature at the end of posting:

Name of the trainer:

Hospital:

Date:

*Optional

LABORATORY SKILLS & PROCEDURES

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Semen examination							
Semen preparation for IUI							
Identification and grading of oocytes							
Invitro culture of embryos							
Embryo grading							
ICSI							
Sperm cryopreservation and thawing							
Embryo cryopreservation and thawing							
Thawing of frozen sperm							
Thawing of frozen embryos							
Blastocyst culture							

Assisted hatching							
Preimplantation genetic diagnosis (PGD)							
Specimen bio-security							
Others*							

Signature by trainer at the end of posting:

Name of the trainer:

Date:

Hospital:

* Please add other laboratory skills or procedures which are relevant

SURGICAL PROCEDURES

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Diagnostic Laparoscopy							
Minor laparoscopic surgery: diagnostic, ovarian cyst, ovarian drilling,.....							
Laparoscopic infertility surgery: fimbrioplasty, adhesiolysis,.....							
Major laparoscopic surgery: Myomectomy, severe endometriosis, hemi-hysterectomy*							
Microsurgical tubal re-anastomosis							
Diagnostic hysteroscopy							
Simple hysteroscopic procedures (e.g polypectomy)							
Hysteroscopic treatment of fibromas, synechiae, uterine septa							
Surgical treatment of vaginal septa							
Laparotomy: tubal microsurgery (fimbrioplasty, adhesiolysis, anastomosis)							
Laparotomy: salpingectomy, oophorectomy, ovarian cystectomy							

Laparotomy: myomectomy							
Embryo reduction							
Transvaginal ultrasound guided oocyte retrieval							
Ultrasound guided ovarian cyst aspiration							
Douglas pouch aspiration							
Epididymal sperm recovery							
Others**							

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

*** Optional**

**** Please add other relevant surgical procedures**

COUNSELING SKILLS ASSESSMENT

Target	Expected competence level Fellow ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
Fertility treatment counseling: timed intercourse and IUI							
Fertility treatment counseling: IVF/ICSI							
Fertility treatment counseling: PGD							
Fertility treatment outcome counseling							
Sexual Counseling							
Gynaecological endocrine disorder counseling							
Menopause and HRT counseling							
Family planning counseling							
Others*							

[illegible]

Signature at the end of posting: Name of the trainer: Hospital:	Date:
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*** Please add where relevant**

ATTENDANCE IN CLINICS

INFERTILITY CLINIC (minimum 30 sessions over 3 years):

[illegible]

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

ATTENDANCE IN CLINICS

GYNAECOLOGY ENDOCRINE CLINIC (minimum 15 sessions over 3 years):

No.	Date:	Place:	Number of patients seen	Supervisor's signature

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

ATTENDANCE IN CLINICS

GYNAECOLOGY ADOLESCENT CLINIC (minimum 10 sessions over 3 years):

No.	Date:	Place:	Number of patients seen	Supervisor's signature

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

ATTENDANCE IN CLINICS

ANDROLOGY CLINIC*:

No.	Date:	Place:	Number of patients seen	Supervisor's signature

Signature at the end of posting:

Name of the trainer:

Date:

Hospital:

* Where available

Note:

Add extra page(s) if space provided is insufficient.

NUMBER OF PROCEDURES AND TECHNICAL ACTS PERFORMED DURING THE TRAINING AS FIRST ASSISTANT

PROCEDURES	YEAR 1	YEAR 2	YEAR 3	TOTAL
Diagnostic laparoscopy				
Minor laparoscopic surgery: EUP, ovarian cyst, ovarian drilling,.....				
Laparoscopic infertility surgery: fimbrioplasty, adhesiolysis,.....				
Major laparoscopic surgery: myomectomy, severe endometriosis, hemi-hysterectomy				
Laparoscopic tubal re-anastomosis				
Diagnostic hysteroscopy				
Simple hysteroscopic procedures (e.g. polypectomy)				
Hysteroscopic treatment of fibromas, synechiae, uterine septa,.....				

Vaginal septa: surgical treatment				
Laparotomy: salpingectomy, oophorectomy, ovarian cystectomy, fimbrioplasty, adhesiolysis,....				
Laparotomy: tubal microsurgery				
Laparotomy: myomectomy				
Embryo reduction				
Ultrasound guided follicular aspiration-transvaginal oocyte retrieval				
Ultrasound guided ovarian cyst aspiration				
Douglas pouch aspiration				
Epididymal sperm recovery				
Ovulation induction				
Ovarian stimulation with ART				
Insemination with husband's semen				
Intra-uterine insemination				
Embryo transfer				
Management of ovarian hyperstimulation syndrome				
Hycosy				
Others*				

[illegible]

Name of Fellow: Signature:

.....

Date:

* List other relevant procedures

Add extra page(s) if space provided is insufficient.

NUMBER OF PROCEDURES AND TECHNICAL ACTS PERFORMED DURING THE TRAINING AS SURGEON

PROCEDURES	YEAR 1	YEAR 2	YEAR 3	TOTAL
Diagnostic laparoscopy				
Minor laparoscopic surgery: EUP, ovarian cyst, ovarian drilling				
Laparoscopic infertility surgery: fimbrioplasty, adhesiolysis				
Major laparoscopic surgery: myomectomy, severe endometriosis, hemi-hysterectomy				
Laparoscopic tubal anastomosis				
Diagnostic hysteroscopy				
Simple hysteroscopic procedure (e.g. polypectomy)				
Hysteroscopic treatment of fibroma, synechiae, uterine septa				

Name of Fellow: Signature:

.....

Date:

* List other relevant procedures performed

Add extra page(s) if space provided is insufficient.

ASSESSMENT OF KNOWLEDGE, ATTITUDES AND FULFILLMENT OF TASKS

Scoring system: A = Excellent
 B = Sufficient
 C= Weak
 D = Unacceptable
 E = Not applicable

Assessment of fulfillment of the targets:

YEAR	1	2	3
INTEGRATED KNOWLEDGE			

REACHING OF APPROPRIATE DECISIONS; COLLECTION AND INTERPRETATION OF DATA			
MOTIVATION, SENSE OF DUTY, DISCIPLINE, PUNCTUALITY			
TECHNICAL SKILLS			
ORGANISATORY SKILLS			
ADMINISTRATIVE TASKS (MEDICAL FILES, CORRESPONDENCE, ETC.)			
ETHICS			
RELATIONS WITH PATIENTS			
RELATIONS WITH MEDICAL AND OTHER STAFF			
ATTENDANCE AND ACTIVE PARTICIPATION IN STAFF MEETINGS			
SCIENTIFIC ACTIVITY			
SIGNATURE BY RESPECTIVE TRAINER:			

Name of Fellow: **Signature:**
.....

Date:

CUMULATIVE LIST OF SCIENTIFIC MEETINGS AND COURSES ATTENDED BY THE FELLOW

(Entire duration of training; to be up-dated yearly)*

example: 10th RCOG International Scientific Congress, 5th – 8th June 2012 in
Kuching, Sarawak

The number is not limited

- 1.
- 2.

- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10
- 11.
- 12.
- 13.
- 14.
- 15.

*Certificate of attendance has to be provided

CUMULATIVE LIST OF PAPERS PRESENTED

AT SCIENTIFIC MEETINGS

(Entire duration of training; to be up-dated yearly)
(A MINIMUM OF 1 AS FIRST AUTHOR IS REQUIRED)*

EXAMPLE: R. LEGAS: “Severe outo-immune dermatologic complications during pregnancy.” Poster. Symposium “Pregnancy and the immune system”, Besancon, France, 17-18.06.2000.

The number is not limited

- 1.
- 2.
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- 10
- 11.
- 12.
- 13.
- 14.

* Abstracts have to be provided

CUMULATIVE LIST OF PEER REVIEWED **PUBLISHED PAPERS IN NATIONAL OR** **INTERNATIONAL JOURNALS**

(Entire duration of training; to be up-dated yearly)
(A MINIMUM OF 1 AS FIRST AUTHOR IS REQUIRED)*

The number is not limited

- 1.

2.

3.

4.

5.

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7.

***Published manuscript should be provided**

