

Training Module in Embryo Transfer / Intrauterine Insemination



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Application for Training

Potential trainees should register with the BFS before starting the training. Application forms are available within this handbook.

Instead of the joint Embryo Transfer and IUI certification, trainees can also apply for them separately upon completing the relevant part of the syllabus (*only apply to ET certification; # only apply to IUI certification).

Appraisal, Assessment and Certification

1. **Log Book:** Transfers should be carried out under direct supervision until the trainee is deemed competent to work independently by the trainer. All embryo transfers / IUI attempts should be recorded in the logbook before submission including those in which another operator completed the transfer.
2. **Appraisals** should be carried out at regular intervals (every month). The trainee meets with the trainer to discuss progress of their training relevant to acquisition of the necessary elements of knowledge, experience and clinical competence as laid out in the syllabus. If there are problems in relation to targets for completion of training then remedial action should be instituted. The trainer should review the logbook. Appropriate records should be kept of these meetings, which both trainer and trainee should sign.
3. **OSATS:** The objective structured assessment of technical skills should be completed by the trainer in conjunction with the trainee. A minimum of five should be submitted for assessment.
4. **Guide to Learning** should be signed off by the trainee and trainer throughout the course.

Assessment: The trainee provides the logbook, OSATS and course certificate, as well as the records of appraisal. If the assessors determine that training has been completed satisfactorily, then the trainee will be given the relevant Certification after approval by the BFS training committee.

Application for training centre recognition and trainer's contract

To be eligible as a training centre in Embryo Transfer the following criteria must be met

- The centre should provide an assisted conception service which is licensed by the Human Fertilisation and Embryology Authority (HFEA).
- The centre should have sufficient clinical workload to allow the trainee to carry out embryo transfers or IUI.
- The centre should have identified trainers who are prepared to ensure adequate supervision of the training program and verification of the logbook. Trainers must be members of the British Fertility Society.

Trainee application for registration for the training module

Trainees seeking to register for training in the Embryo Transfer module should:

- Be a member of the British Fertility Society
- Undertake training over an agreed period of time, no less than six months and no more than 12 consecutive months in a unit recognised as a 'Training Centre' by the Society, under the guidance of a recognised trainer. Should the trainee require more than 12 months they should write to the chairman of the BFS Training Subcommittee explaining the reason for extending the training period and to agree a suitable time frame for completion.
- Provide payment of £120 upon application payable to the British Fertility Society
- Have a basic medical qualification e.g. MB ChB or be a fertility nurse.
- Attend the BFS Embryo Transfer / IUI study day.
- Keep a logbook detailing experience in Embryo Transfer.
- Complete the Guide to Learning
- Keep a record of OSATS
- Keep a record of monthly appraisals with trainer.

Documents required for certification at the end of training

- Certificate of attendance from the study day
- Logbook and Appraisal Record.
- Guide to Learning
- Notification of Completion form.
- OSATS (minimum of 5 to be submitted)
- Trainee Feedback form

Syllabus

Aims of Training

The trainee should acquire an *understanding* of:

- i. The physiology of the uterus throughout the ovarian cycle.
- ii. The physiology of the endometrium during implantation.
- iii. The requirements of the pre-implantation embryo.
- iv. The psychological factors affecting the couple at embryo transfer / IUI.
- v. The various techniques used for embryo transfer / IUI.
- vi. The role of HFEA and its current code of practice.
- vii. Statistical interpretation of outcome related to embryo transfer technique.

The trainee should develop the *skills* to:

- i. Counsel a couple about embryo transfer / IUI.
- ii. Facilitate good communication between the couple, the embryologist, the doctor and nurse.
- iii. Carry out an embryo transfer / IUI unsupervised.
- iv. Complete the necessary documentation for the embryo transfer / IUI procedure.

The trainee should achieve a pregnancy rate per embryo transfer / IUI that is comparable to the national average.

Composition of Syllabus (Theoretical and Practical Elements)

Theoretical knowledge should be acquired during the course of training through:

- i. Personal study appropriate to the "guide for learning".
- ii. Attendance at a BFS Embryo Transfer / IUI training course.
- iii. Tuition from the approved "Trainer".

Practical knowledge will be obtained during the course of clinical training. Such experience will comprise both supervised and unsupervised care of women undergoing embryo transfer and will be recorded in the approved logbook. Trainees are required to complete a minimum of five OSATS documenting their proficiency in carrying out ET / IUI procedures.

Guide to Learning

The trainee should sign and date when they consider that the knowledge targets of the guide have been achieved (clear boxes). The trainer should sign off independent clinical skills competence targets (shaded boxes). (***only apply to ET certification, # only apply to IUI certification**)

1. Uterus and endometrium

The trainee should understand and be able to:

Describe the structure of the cervix and endometrial cavity

Date:

Describe the macroscopic and microscopic appearance of the endometrium at different stages of the ovarian cycle

Date:

Influence of ovarian hormones on the uterus

Date:

Influence of paracrine factors on the uterus e.g. prostaglandins

Date:

Describe the common anatomical / morphological variations of the cervix and uterus e.g. bicornuate uterus, cervical ectopy

Date:

Recognise common abnormalities e.g. vaginal thrush, cervical polyps

Date:

Discuss the activity of the endo / myometrium in relation to the time of implantation and factors that stimulate activity

Date:

Section Completed

Date:

2. Immunology

The trainee should be able to discuss:

The immunological aspects of implantation

Date:

Mechanisms of action of various immune modulators in influencing implantation

Date:

Section Completed

Date:

3. Embryology

The trainee should be able to discuss:

The pre-implantation development of the human embryo in vitro and in vivo *

* Date:

Factors affecting the survival of the embryo / sperm in vitro e.g. temperature, nutrients, infection

Date:

Methods to assess the quality of the pre-implantation embryo and their limitations *

* Date:

Embryos selection prior for transfer *

* Date:

Sperm preparation and assessment prior to IUI #

Date:

Factors influencing the quality and quantity of the sperm #

Date:

Section Completed

Date:

4. Transfer Techniques

The trainee should be able to discuss:

The strength of various catheters used for embryo transfer / IUI

Date:

The preparation of the patient prior to embryo transfer / IUI

Date:

Evidence for the use of medication to improve transfer / IUI outcome

Date:

Section Completed

Date:

5. Psychological factors related to embryo transfer

The trainee should be able to discuss:

The decisions which the couple make prior to embryo transfer / IUI

Date:

The attitudes of the couple to their embryos / gametes

Date:

The attitudes of couples to their surplus embryos / gametes

Date:

The psychological support required during and after embryo transfer / IUI

Date:

Section Completed

Date:

6. Ultrasound

Whilst it is not considered to be essential that the trainee should be competent in ultrasound examination of the pelvis, however they should appreciate the benefit of ultrasound in:

The assessing the normality of the uterus and cervix

Date:

Endometrial assessment, identification of physiological / pathological Changes

Date:

Evidence for the ultrasound guided embryo transfer *

*

Date:

Section Completed

Date:

7. Epidemiology, research, statistics and audit

In relation particularly to the interpretation of the outcome measures (pregnancy and multiple pregnancy rates) following, assisted reproduction, the trainee should have demonstrate a degree of understanding of:

Epidemiological techniques (e.g. cohort studies and case control studies; cumulative rates calculation and assessment of bias)

Date:

Comparisons of means

Date:

Randomised controlled trials and the use of meta-analysis

Date:

Critical evaluation of research relating to embryo transfer / IUI

Date:

Section Completed

Date:

8. Ethical and legal aspects

The trainee should be able to discuss the ethical and legal aspects of relevant issues including:

HFEA legislation

Date:

Consent for the number of embryos to be transferred *

*

Date:

Consent for storage/research/donation/disposal and remaining embryos / gametes

Date:

Maternal and perinatal risks of multiple pregnancy / OHSS

Date:

Section Completed

Date:



British Fertility Society

Please return completed forms to:
British Fertility Society Office

Euro House, 22 Apex Court, Woodlands
Bradley Stoke, Bristol, BS32 4JT, UK
Tel: +44 (0) 1454 642217
Fax: +44 (0) 1454 642222
Email: bfs@bioscientifica.com
Website: www.fertility.org.uk

Application to undertake a training course by a Trainee

Name

Email Address

Daytime Phone Number

Current Post

Qualifications

Date of Application

Name of approved Training Centre

Name of Trainer(s)

Training course(s) applied for:

Embryo Transfer & Intrauterine Insemination	<input type="checkbox"/>
Embryo Transfer	<input type="checkbox"/>
Intrauterine Insemination	<input type="checkbox"/>

The charge for the BFS training module is £120 & is payable upon application.

Course payment:	Credit Card <input type="checkbox"/>
	Card no: _____ Expiry Date: _____ Security No: _____ <i>(Last three digits on back of card)</i>
	Cheque <input type="checkbox"/> <i>(Please make payable to BFS)</i>

BFS Number

Signed

Date



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Letter of Support from the Trainer for the Applicant

Name of Trainee

Name of Trainer

Name of Training Centre

Name of Training Course/s (Please tick the box/s provided)

Embryo Transfer & Intrauterine Insemination	<input type="checkbox"/>
Embryo Transfer	<input type="checkbox"/>
Intrauterine Insemination	<input type="checkbox"/>
Please be aware that there is a charge per course.	

I confirm: (please tick each box)

That the facilities are available for training in Embryo Transfer or Intrauterine Insemination	
That the trainee has been allocated time for training (<i>suggested 8 hrs per week over a six month period</i>)	
That I will carry out regular monthly appraisals.	
That I will supervise the trainee.	

I have read and agreed to follow the 'expectations of the trainer' document

Web link: <http://www.fertility.org.uk/education/index.html>

Signed..... Date.....



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Notification of Completion of Training Module

(To be completed by trainer)

I certify that

.....

has completed the training module in

- Embryo Transfer & Intrauterine Insemination
 - Embryo Transfer
 - Intrauterine Insemination
- to my satisfaction.

I confirm that I have had regular assessment sessions with the trainee and each of the required skills in the logbook has been attained.

Date of commencement of practical training: __ __ / __ __ / __ __

Date satisfactorily completed theoretical course: __ __ / __ __ / __ __

Trainee name:

.....

Trainee signature: **Date:**.....

Trainer(s) in charge of training:

1. **Trainer name:** **Date:**

Trainer signature: **Department address:**.....

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Objective structured assessment of technical skills (OSAT)

Trainee Name:		Assessor Name:		Date:	
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Clinical details of complexity / difficulties of the case	
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MODULE	Embryo Transfer and Intrauterine Insemination
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Skill	Competence Level					
	Observation		Direct Supervision		Independent Practice	
	Date	Signature	Date	Signature	Date	Signature
Able to discuss factors affecting the survival of the embryo / sperm in vitro						
Able to discuss embryo selection / sperm preparation prior to transfer						
Able to discuss the strength of various catheters used for the ET /IUI procedure						
Able to discuss the evidence for the use of USS at ET *						
Able to take consent and counsel the couple regarding the risks of multiple pregnancy and OHSS						
Able to perform Embryo Transfer or Intrauterine Insemination						
Familiar with the role of HFEA and the current Code of Practice						

Based on the Technical Skills Assessment, has achieved / failed* to achieve the OSATs competency.

Needs further help with: * * Date Signed	Competent to perform the above mentioned procedures without the need for supervision Date Signed
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Embryo Transfer & Intrauterine Insemination Training Module

Logbook

Trainee name:

Date	Pt No.		Comment on case	Trainer's signature/date

Trainee name:

Date	Pt No.		Comment on case	Trainer's signature/date

Trainee name:

Date	Pt No.		Comment on case	Trainer's signature/date

Trainee name:

Date	Pt No.		Comment on case	Trainer's signature/date

Trainee name:

Date	Pt No.		Comment on case	Trainer's signature/date

Trainee name:

Date	Pt No.		Comment on case	Trainer's signature/date

Trainee name:

Date	Pt No.		Comment on case	Trainer's signature/date

Embryo Transfer & Intrauterine Insemination Training Module

Appraisal Record

Date	Learning targets achieved	Log book progress	Targets for next month	Trainee signature	Trainee signature
01/03/09	<p style="text-align: center;"><i>Example</i></p> <p><i>Understand information to be given to couple at embryo transfer including HFEA regulations.</i></p>	<p><i>10 'dummy transfers completed findings. Good relationship with patients. Aware of HFEA regulations</i></p>	<p><i>Start doing supervised transfers. Learn about culture conditions required for pre-implantation embryos.</i></p>	J Smith	R Black

Date	Learning targets achieved	Log book progress	Targets for next month	Trainee signature	Trainee signature

Date	Learning targets achieved	Log book progress	Targets for next month	Trainee signature	Trainee signature

Date	Learning targets achieved	Log book progress	Targets for next month	Trainee signature	Trainee signature

Date	Learning targets achieved	Log book progress	Targets for next month	Trainee signature	Trainee signature



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Notification of Completion of Training Module

(To be completed by trainer)

I certify that

.....

has completed the training module in

- Embryo Transfer & Intrauterine Insemination
- Embryo Transfer
- Intrauterine Insemination

to my satisfaction.

I confirm that I have had regular assessment sessions with the trainee and each of the required skills in the logbook has been attained.

Date of commencement of practical training: __ __ / __ __ / __ __

Date satisfactorily completed theoretical course: __ __ / __ __ / __ __

Trainee name:
.....

Trainee signature: **Date:**.....

Trainer(s) in charge of training:

1. **Trainer name:** **Date:**

Trainer signature: **Department address:**.....
.....
.....



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Trainee Feedback Form

Trainee name: BFS Member No:

Module Completed:

Training Centre:

Trainer Name:

	not applicable	strongly disagree	disagree	ambivalent	agree	strongly agree
I was able to complete the module in the agreed time period (6-12 months)						
I received help and support from the BFS Office as necessary						
My trainer set me realistic targets at our appraisal meetings						
I have been given appropriate feedback from my trainer on my performance						
This course has met my needs regarding my professional development						
I would recommend this certification module to my colleagues/peers						
I would recommend this training centre to my colleagues/peers						

Trainer Review

Please rate the performance of your main BFS trainer.

	very poor	poor	satisfactory	good	excellent
Approachability					
Supportive					
Teaching					
Regular and Constructive Appraisals					

If applicable please rate the performance of any additional trainers.

Trainer Name:

	very poor	poor	satisfactory	good	excellent
Approachability					
Supportive					
Teaching					
Regular and Constructive Appraisals					

What is the next training course that you are considering enrolling on?

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What other areas of training would you recommend that the BFS investigate?

.....

Other comments:

.....

.....

.....

Trainee signature:.....