**New Application: Reproductive Endocrinology and Infertility**

**Review Committee for Obstetrics and Gynecology**

**ACGME**

**Oversight**

**Participating Sites**

1. Does the sponsoring institution also sponsor an ACGME-accredited residency program in obstetrics and gynecology? [PR I.B.1.a)] [ ] YES [ ]  NO

1. Obstetrics and gynecology residency program name and ACGME number (begins with 220)

|  |
| --- |
| Click here to enter text. |

2. Briefly describe how the program functions as an integral part of an ACGME-accredited residency in obstetrics and gynecology, how the fellowship and residency complement and enrich one another, and how the program will ensure resident education is not adversely impacted by the fellowship. [PR I.B.1.a).(1)-a).(2)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Resources**

1. Indicate whether the following facilities are available on a regularly scheduled basis and always on an emergency basis by checking either Y (YES) or N (NO). Provide an explanation below for all “NO” responses. [PR I.D.1.a)-a).(7); I.D.1.a).(8).(a)-a).(10)]

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Site #1** | **Site #2** | **Site #3** |
| **Regularly Scheduled Basis** | **Always on****Emergency****Basis** | **Regularly Scheduled Basis** | **Always on****Emergency****Basis** | **Regularly Scheduled Basis** | **Always on****Emergency****Basis** |
| Ambulatory facilities, including ultrasound imaging | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Blood bank(s) | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Diagnostic laboratories | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Facilities to perform hysterosalpingography, computerized axial tomography, bone densitometry, and magnetic resonance imaging | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Imaging services  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Intensive care unit(s) | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Laboratories equipped to conduct hormone assays and andrology testing | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Laboratory of assisted reproductive technologies equipped to conduct oocyte identification, fertilization, and embryo culture and diagnostic procedures | [ ]  Y [ ]  N | [x]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Operating rooms equipped for open, endoscopic, and microsurgical procedures | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Recovery rooms | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |

If any NO answers, briefly explain:

|  |
| --- |
| Click here to enter text. |

1. For each site with a laboratory of assisted reproductive technologies, briefly describe compliance with regulatory statutes and reporting of clinical outcomes as required by government entities. [PR I.D.1.a).(8)] (Limit response to 200 words)

Click here to enter text..

1. Briefly describe the research infrastructure available to fellows in terms of scope, equipment, statistical support, and personnel. [PR I.D.1.b)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text.. |

1. Institutional Data: Enter the total number of procedures for a recent one-year period (e.g., academic year, calendar year) at each participating site. The site number must match the participating site number listed on the Sites tab in ADS. If the count is zero, enter 0. [PR I.D.1.e)]

|  | **Site #1** | **Site #2** | **Site #3** | **Total** |
| --- | --- | --- | --- | --- |
| **In Vitro Fertilization (IVF)** |
| Retrievals | # | # | # | # |
| Transfers (includes mock) | # | # | # | # |
| Approximate percent of procedures available for fellow education | # | # | # | # |
| **Intrauterine Insemination** |
| Intrauterine Insemination | # | # | # | # |
| Approximate percent of procedures available for fellow education | # | # | # | # |
| **Ultrasound** |
| Complete Gynecologic Scans | # | # | # | # |
| First Trimester Pregnancies | # | # | # | # |
| Follicle Scans | # | # | # | # |
| Saline Sonograms | # | # | # | # |
| Approximate percent of procedures available for fellow education | # | # | # | # |
| **Hysteroscopies** |
| Operative | # | # | # | # |
| Approximate percent of procedures available for fellow education | # | # | # | # |
| **Laparoscopies** |
| Diagnostic | # | # | # | # |
| Operative-Non-Robotic | # | # | # | # |
| Operative-Robotic | # | # | # | # |
| Approximate percent of procedures available for fellow education | # | # | # | # |
| **Laparotomies** |
| Myomectomy | # | # | # | # |
| Tubal Anastomosis | # | # | # | # |
| Endometriosis | # | # | # | # |
| Approximate percent of procedures available for fellow education | # | # | # | # |
| **Surgery for Developmental Abnormalities** |
| Any type | # | # | # | # |
| Approximate percent of procedures available for fellow education | # | # | # | # |

**Personnel**

**Program Director**

1. Does the program director have the authority to select and remove program faculty? [PR II.A.4.a).(4)-(6)] ……………………………………………………………………….……… [ ]  YES [ ]  NO

If NO, briefly explain:

Click here to enter text.

**Faculty**

1. Identify the faculty members in the following specialty areas involved in the education of fellows. (Programs may list faculty members not included on the faculty roster.) [PR II.B.3.c).(1)-(1).(d)]

|  |  |  |  |
| --- | --- | --- | --- |
| **Specialty area** | **Name of faculty member(s)** | **Qualifications (e.g., fellowship, certification)** | **Brief description of interaction with fellows** |
| Genetics | Name | Qualifications | Description |
| Male infertility | Name | Qualifications | Description |
| Medical endocrinology | Name | Qualifications | Description |
| Pediatric endocrinology | Name | Qualifications | Description |

**Educational Program**

**Professionalism**

1. Briefly describe one learning activity in which fellows develop a commitment to carrying out professional responsibilities and an adherence to ethical principles. [PR IV.B.1.a)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Patient Care and Procedural Skills**

1. Briefly describe the settings and activities in which fellows develop the **skills** needed to provide consultative services and comprehensive management of patients with reproductive endocrinology and infertility problems. [PR IV.B.1.b)-b).(2).(b).(ii)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Briefly describe how the program assesses fellows’ patient care and procedural skills. [PR IV.B.1.b)-b).(2).(b).(ii); V.A.1.-1.c).(2)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Medical Knowledge**

1. Briefly describe the settings and activities in which fellows develop the **knowledge** needed to provide consultative services and comprehensive management of patients with reproductive endocrinology and infertility problems. [PR IV.B.1.c)-(2)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Briefly describe how the program assesses fellows’ medical knowledge. [PR IV.B.1.c)-c).(2); V.A.1.-1.c).(2)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one learning activity in which fellows develop the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on self-evaluation and life-long learning. [CPR IV.B.1.d)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which fellows develop interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and/or health professionals. [CPR IV.B.1.e)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Systems-based Practice**

1. Briefly describe one learning activity through which fellows develop an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care. [CPR IV.B.1.f)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. List regularly scheduled didactic activities below (e.g., lectures, journal club, grand rounds, morbidity and mortality conference). Designate whether the activity is required or optional (R=Required, RS=Required when on particular service or at that site, O=Optional), if the activity is conducted at the fellowship level, who is responsible for planning the activity, and frequency and duration. **List didactic activities in the order of R, then RS, then O**. [PR IV.C.3.-3.b)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Didactic Activity**  |  **R/RS/O**  | **Fellowship Level? (Yes/No)**  | **Who is responsible for planning the activity?**  | **Frequency/Duration**  |
|   Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |

1. Briefly describe the conferences fellows attend that are multidisciplinary, inter-professional, and devoted to the care of reproductive endocrinology and infertility patients. [PR IV.C.4.] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Scholarship**

1. Briefly describe the process by which each fellow will complete a thesis. [PR IV.D.3.c)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text.. |

1. Does each graduate defend their thesis? [PR IV.D.3.c)]…………………..[ ]  YES [ ]  NO

If NO, briefly explain:

Click here to enter text..

**Evaluation**

1. Briefly describe how the program ensures fellows’ written evaluations of faculty members are kept confidential. [PR V.B.1.b)] (Limit response to 200 words)

Click here to enter text.