



**Syllabus and Logbook for the  
Certificate in Local Anaesthetic Vasectomy  
of the Faculty of Sexual and Reproductive Healthcare  
of the Royal College of Obstetricians and  
Gynaecologists**

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Review Date: October 2013

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**Special Thanks:**

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Dr Lauren Spooner and members of the British Association of No-scalpel Vasectomists. (BANSV)  
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**Review date**

To be reviewed and updated **October 2013** unless significant changes demand otherwise.

In this logbook, Faculty refers to the Faculty of Sexual and Reproductive Healthcare
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# CERTIFICATE in Local Anaesthetic Vasectomy

## 1. INTRODUCTION

Doctors who undertake vasectomy come from a variety of backgrounds, so a standardised training programme with a clearly defined curriculum and competencies is essential. Certification of completion of training indicates to prospective employers and patients that the necessary skill and competencies have been acquired. For vasectomy this could apply equally to practitioners in Primary Care, whether in General Practice or Community Sexual Health settings, or to specialists, such as Obstetricians / Gynaecologists, Urologists, General Surgeons and their Trainees and independent sector providers.

The Principal Trainer of such a programme must be skilled in pre-operative assessment and vasectomy surgery under local anaesthesia and will supervise the entire training process. On occasion the Trainee may complete sessions under the supervision of other professionals, for example other surgeons or nurses involved in pre-operative assessment and post-operative care. A visit to a semen analysis laboratory is recommended. It is the Principal Trainer's responsibility to ensure that these professionals are competent to train the Trainee.

To provide training accessible to doctors from a variety of specialties, the Faculty has set up a working party to develop this special skills module in a PMETB compatible format. This peer-reviewed module is curriculum based with both theory (pre-course reading) and practical components aimed at clinicians who will work regularly in the field of vasectomy care.

***Completion of this module demonstrates basic competency in the management of vasectomy. Complicated procedures are beyond the scope of this module. This qualification is not re-certifiable. Evidence of updating should be covered in appraisal / re-validation.***

## 2. TRAINING OBJECTIVES

- The module will provide a basic overview of the provision of a vasectomy service
- The Trainee will be able to manage uncomplicated vasectomies and be aware of their limitations and when to refer more difficult cases
- The Trainee will be able to perform pre-operative assessment, including history taking and explanation of the procedure, addressing the patient's concerns, as well as to gaining informed consent
- The Trainee will be able to identify physical and psychological risk factors, including risks for later regret
- The Trainee will be able to perform a clinical examination of the male genitalia – having acquired the skills to identify the vas and any potential operative difficulties, be aware of their own limitations and be aware of pathways of referral for complex cases
- The Trainee will be aware of the various methods of vasectomy and have the knowledge and skills to operate safely
- The Trainee will be able to provide early post-operative care and manage simple late complications
- The Trainee will be able to identify contraceptive and sexual health issues, including psychosexual, and understand the patient's perspective
- The Trainee will demonstrate attitudes which reflect respect, tact, empathy and concern
- The Trainee will demonstrate good teamwork skills
- The Trainee will have an awareness of the medico-legal issues

### 3. TRAINING PROGRAMME COMPONENTS

The following are essential components of the training programme and all have to be achieved.

#### 3.1 Entry Criteria

- 3.1.1 Pre-course reading is mandatory and will be assessed during the induction, during the practical training and during the subsequent Assessments by completing the Logbook Part 1 p.21.
- 3.1.2 Those undertaking practical training must be fully registered with the GMC.
- 3.1.3 Holding a relevant post-registration qualification in contraception/sexual health (DFSRH, MFSRH) is strongly encouraged to ensure 'building block' knowledge for this module.

#### 3.2 Training Programme

The following are essential steps in the training programme and all of these have to be completed.

- 3.2.1 Trainee to obtain a Syllabus and Logbook by downloading from the Faculty's website **[www.fsrh.org](http://www.fsrh.org)** in the Training and Exams/Special Skills section.
- 3.2.2 Trainees should register commencement of special skills training by completing form "VAS.Reg.Trainee" and sending this by email or post to the Secretary of the Higher Training Committee at the Faculty (*address and details as listed on form*). The registration form must clearly state the name of the Principal Trainer. It must include the signature of the registered Principal Trainer to confirm that he/she is willing and able to provide the training.
- 3.2.3 The pre-course reading should provide the basis for the essential knowledge component of training in this module. (Appendix 1)
- 3.2.4 Training must be undertaken by an identified Principal Trainer who will supervise the entire training process. Training is undertaken **not** for any set period of time but until the skills, knowledge and competency levels have been reached, as it is accepted that Trainees vary in the speed at which they acquire competency.
- 3.2.5 The minimum number of supervised procedures is 15 for doctors with no prior vasectomy surgical experience and 6 supervised procedures for those with prior surgical experience of vasectomy. Procedures should be logged in the Log of Practical Procedures on p.14. The Trainee must be able to operate independently (under indirect supervision) by the end of their training.
- 3.2.6 On occasions the Trainee may undertake sessions under the supervision of professionals other than the Principal Trainer (for example, operative procedures with other surgeons, counselling/pre-op assessment and contraceptive discussions). In these circumstances it is the Principal Trainer's duty to ensure that the professional to whom the duty of training is delegated is sufficiently competent, willing and able to teach the Trainee.
- 3.2.7 Objective assessment of training will consist of evaluations of the Trainee's competence relating to vasectomy and requires the Trainee to have a proper understanding of the evidence base of best practice required for this topic. This is therefore an assessment of knowledge, competency, professional skills and attitudes, as laid down in the curriculum. These assessments will comprise:
  - Objective Structured Assessments of Skills (OSATS) minimum of two
  - Clinical Evaluation Exercises (mini-CEX) minimum of one
  - Case Based Discussion (CbD) minimum of one
- 3.2.8 A team observation of the Trainee must be completed as an objective assessment of the Trainee's interaction within a clinical team (forms VAS.TOF1 and VAS.TOF2). A minimum of three VAS.TOF1s are required.
- 3.2.9 The Principal Trainer will supervise the entire training process in this module. A surgical Trainer should undertake direct supervision of the identification and localisation of the vas, instillation of local anaesthetic, exposure and occlusion of the vas and securing of haemostasis. The Trainee

may undertake sessions under supervision of more than one vasectomy surgeon – to understand different vasectomy techniques -and also a Trainer in the semen analysis laboratory. It is mandatory that the no-scalpel technique be mastered, as this is the preferred technique. It is recommended that Trainees be exposed to alternative techniques. Difficult cases should be identified pre-operatively and referred appropriately.

### **3.3 Principal Trainer**

3.3.1 Principal Trainers should:

- Hold the Faculty's LoC MEd or have attended a Training the Trainers course or be a GP Trainer
- Be currently actively involved in vasectomy surgery
- Have a minimum of 2 years experience of performing vasectomy surgery independently
- Be undertaking a minimum of 60 procedures a year
- Be auditing their own practice
- Offer training in the no-scalpel technique or access to this training by a competent Trainer

3.3.2 The Principal Trainer will supervise the entire training process (including the observation of the Trainee's clinical practice). If there is delegation to another professional, it is the Principal Trainer's duty to ensure that the professional to whom training is delegated is sufficiently competent, willing and able to train the Trainee. Having more than one surgical Trainer is encouraged, providing the Principal Trainer takes the lead and is responsible for the induction, interim and summative assessments and the final sign off.

3.3.3 Vasectomy practitioners who wish to become Principal Trainers should register with the Higher Training Committee of the Faculty, (Form –“VAS.Reg.Principal Trainer”) to confirm that they accept the above requirements and contents of the module. They must also indicate how they meet the above standards for Principal Trainer.

3.3.4 Principal Trainers have to re-register with the Faculty every five years.

### **3.4 The Logbook**

The Logbook records the training activity, any self-directed learning and tutorials undertaken and competencies achieved. Maintenance and regular review of the Logbook during interim assessments will allow the Principal Trainer and Trainee to monitor progress and identify deficiencies over the course of training. The individual Trainers must sign the appropriate sections of the Logbook documenting attendance, skill and competence. The Trainee must perform the minimum number of procedures to fulfil the competency based practical component. It is imperative that all participants appreciate that a Trainee's progress has to meet standards that satisfy the Trainers. At the end of the training programme the Principal Trainer has to certify that competencies and skills attained by the Trainee are to his/her satisfaction to exit the training programme.

### **3.5 Assessments**

3.5.1. Sufficient time must be available for the objective assessments (mini-CEX, OSATS and CbD), immediate discussion and feedback. Assessments can be shared between Trainers. The Principal Trainer is responsible for organising the Team Observation.

3.5.2. Progress through the module is assessed by interim assessment(s) and exit by a successful summative assessment. Interim assessments can be shared with other Trainers, but one interim assessment and the summative assessments must be carried out by the Principal Trainer. A minimum of one interim assessment is required.

### **3.6 Completion of Training**

3.6.1. Training will be deemed complete when all components have been covered to the satisfaction of the Principal Trainer.

- 3.6.2 The Report on the Trainee applying for the Certificate of Local Anaesthetic Vasectomy (“VAS.Rep”) should be signed by the Principal Trainer and together with other required documentation sent to the Faculty by the Trainee.
- 3.6.3. The application form for the Certificate of Local Anaesthetic Vasectomy (“VAS.Appl”) should be signed by the Trainee and sent to the Higher Training Committee at the Faculty with the appropriate documentation, including the VAS.EVA form.
- 3.6.4. *It is strongly recommended that the Trainee keep a copy of all documents sent in case of loss in the post.***

### **3.7 Revalidation**

This module gives the basic knowledge and skills necessary for independent practice. Ongoing monitoring of standards of care will form part of the doctor’s general revalidation programme. Practitioners holding a Certificate in Local Anaesthetic Vasectomy should keep their knowledge and skills up to date. It is advised that those actively practicing in this clinical field should maintain a minimum of the following:

- One operating list per month and 40 operations per year
- Audits of own complication and failure rates

### **3.8 Summary for the Trainee**

- 3.8.1 Identify a Principal Trainer**
- 3.8.2 Register (“VAS.Reg”) with the Faculty of Sexual and Reproductive Healthcare**
- 3.8.3 Pre-course reading/theory knowledge to be assessed by the Principal Trainer and training plan devised at Induction Assessment**
- 3.8.5 Record self-directed learning**
- 3.8.6 Complete Logbook, mini-CEX, OSATS and CbD**
- 3.8.7 Completion of Team Observation Assessment (“VAS.TOF1” and “VAS.TOF2”)**
- 3.8.8 Final sign up certification (“VAS.Rep” and “VAS.Appl”)**
- 3.8.9 Complete and send in “VAS.EVA” form with all other required documents to the Secretary of Higher Training Committee at the Faculty**

#### **4. USING THE LOGBOOK**

##### **NOTES FOR TRAINERS**

###### **Principal Trainer**

The Principal Trainer must hold the Faculty LoC MEd Certificate or as a minimum must have completed a Training the Trainers Course and be active in the vasectomy field (see paragraph 3.3.1). Their role is to supervise a Trainee through their practical training, both directly and indirectly.

Once a Trainee has identified his/her Principal Trainer and registered with the Faculty they should arrange to undertake an induction assessment.

###### **Training Plan**

At the induction assessment a training plan should be agreed between the Principal Trainer and the Trainee using the knowledge, clinical competency, skills and attitudes list to set the learning objectives. The initial learning objectives and the activity plan to meet the SSM requirements should be tailored to the individual learning needs of the Trainee. Subsequent learning objectives should be set at interim assessments until the Trainee has attained all the competencies, skills and attitudes on the lists.

It is the Trainee's responsibility to undertake this planned learning and identify their own learning objectives under the guidance of the Trainer. The Principal Trainer should supervise this, but need not undertake all the training themselves.

###### **Data Protection Act 1998**

Trainees should ensure that any patient information held on palmtops, personal computers and in paperwork is secure in order to comply with the seventh principle of the Data Protection Act 1998. In order to comply with the fifth principle of the Act (requiring that personal data should not be kept 'for longer than is necessary') the information should be retained in line with the NHS Trust's retention policies.

Trainees undertaking Faculty training should ensure they are familiar with the Data Protection Act and the requirements of their employing authority to ensure that they are complying with the National and local requirements for data protection.

###### **Certification**

Once the Trainee has attained competence in all the required areas, they should arrange a summative assessment with the Principal Trainer. This should include assessment of vasectomy surgical skills.

Where the Principal Trainer is unable to continue training for any reason, the Faculty should be informed as soon as possible and a new Principal Trainer found.

Where the Trainee is unable to continue training for any reason, the Faculty should be informed as soon as possible.

If the summative assessment is satisfactory (in that the Trainee has attained all the required competencies), the Principal Trainer should complete the "VAS.REP" form to certify that training is complete and recommend that the Certificate be awarded.

**The Principal Trainer can ask for further evidence of competence if necessary before signing the report "VAS.REP" form.**

## **NOTES FOR TRAINEES**

This Logbook is intended for you to record your experience of vasectomy.

It also:

- Records the outcomes of the learning objectives agreed by you and your principal Trainer.
- Records procedures undertaken and any tutorials or self directed learning.
- Provides a record of your achievements as you attain competence in the required areas.
- Records the certified assessment of your competence.

The Faculty will hold a list of Principal Trainers who can be approached if you cannot find one locally.

**Email:** [ht@fsrh.org](mailto:ht@fsrh.org) **Tel:** 020 7724 5629

### **Training Plan**

At your induction assessment with your Principal Trainer, he/she will agree a training plan with you. This will be individually tailored and depend on your assessed needs measured against the competency framework in the curriculum. It takes the form of learning objectives and planned activity.

- You will be expected to contribute to the training plan.
- It is **your** responsibility to ensure that you achieve the learning objectives and ensure Trainers complete their part of the Logbook.
- Your Principal Trainer is a resource to support you in this.
- At each interim assessment your Trainer will discuss your progress and objectives. The Team Observation will be arranged by your Principal Trainer.
- If you move to another area during the practical training, contact the Faculty office for a list of Principal Trainers who could be approached.
- Once you have achieved the competencies, arrange for a summative assessment with your Principal Trainer.
- Your Principal Trainer will also be responsible for certifying the completion of your training.
- You may then complete the application form "VAS.App1" and send the Logbook and requisite forms to the Faculty for award of the certificate.

### **Competence**

The training programme is competency based.

Before completion of training, you must have achieved all competencies, skills and attitudes (sufficient for you to practice safely without supervision).

When an experienced clinician acceptable to your Principal Trainer assesses that you have achieved a competency, they should sign and date this in the appropriate place in the Logbook and also sign the List of Trainers document on p.18 if they haven't done so already.

At your (final) summative assessment your Principal Trainer may wish to check any or all of the competencies before completing the "VAS.Rep." form. S/he will need to have observed your clinical skills. Direct assessment of clinical and surgical skills is mandatory.

### **Data Protection Act 1998**

Trainees should ensure that any patient information held on palmtops, personal computers and in paperwork is secure in order to comply with the seventh principle of the Data Protection Act 1998. In order to comply with the fifth principle of the Act (requiring that personal data should not be kept 'for longer than is necessary') the information should be retained in line with the NHS Trust's retention policies.

Trainees undertaking Faculty training should ensure they are familiar with the Data Protection Act and the requirements of their employing authority to ensure that they are complying with the National and local requirements for data protection.

### **Evaluation of Training**

To monitor this training programme, the Faculty would be grateful if the Evaluation Form "VAS.Eva" could be filled in and returned once training has been completed. The reports will be anonymous and presented as an audit on this special skills module to the Higher Training Committee of the Faculty.



**PLANNED LEARNING:**

Initial learning objectives should be agreed between the Principal Trainer and Trainee at the induction assessment. At subsequent interim assessments the learning objectives should be signed off as achieved. Further learning objectives can be addressed at interim assessments.

<p><b>LEARNING OBJECTIVES:</b></p> <p><b>EXAMPLES:</b></p> <p>Is able to counsel about alternative contraception to vasectomy</p>	<p><b>PLANNED ACTIVITY:</b></p> <ul style="list-style-type: none"> <li>•Observed clinical skills on 30/03/0X</li> <li>•Review on 03/04/0X</li> </ul>	<p><b>ACHIEVED:</b></p> <p>Trainer's Name</p> <p>.....</p> <p>Signature.....</p> <p>Date.....</p>
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<p><b>LEARNING OBJECTIVE</b></p>	<p><b>PLANNED ACTIVITY</b></p>	<p><b>ACHIEVED</b></p> <p>Trainer's Name</p> <p>.....</p> <p>Signature.....</p> <p>Date.....</p>
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<p><b>LEARNING OBJECTIVE</b></p>	<p><b>PLANNED ACTIVITY</b></p>	<p><b>ACHIEVED</b></p> <p>Trainer's Name</p> <p>.....</p> <p>Signature.....</p> <p>Date.....</p>
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<p><b>LEARNING OBJECTIVE</b></p>	<p><b>PLANNED ACTIVITY</b></p>	<p><b>ACHIEVED</b></p> <p>Trainer's Name</p> <p>.....</p> <p>Signature.....</p> <p>Date.....</p>
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<p><b>LEARNING OBJECTIVE</b></p>	<p><b>PLANNED ACTIVITY</b></p>	<p><b>ACHIEVED</b></p> <p>Trainer's Name</p> <p>.....</p> <p>Signature.....</p> <p>Date.....</p>
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<b>LOG OF CONSULTATIONS</b> Record consultations in any setting that are related to your Learning Objectives	<b>LEARNING OBJECTIVES</b>
<p style="text-align: center;"><i>Example</i></p> <ul style="list-style-type: none"> <li>• <b>Patient of 25 years requesting a vasectomy</b></li> </ul>	<p style="text-align: center;"><i>Example</i></p> <ul style="list-style-type: none"> <li>• <b>Psychosocial risk assessment</b></li> <li>• <b>Consider risk of regret at young age</b></li> <li>• <b>Consideration of alternative options</b></li> </ul>

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The minimum number of supervised procedures is **15** for doctors with no prior vasectomy surgical experience and **6** supervised procedures for those with prior surgical experience of vasectomy.

LOG OF PRACTICAL PROCEDURES	TRAINER'S COMMENTS	DATE, NAME & SIGNATURE OF TRAINER
		Date..... Print Name ..... Signed.....

**This page can be repeated as often as necessary**

**LOG OF TUTORIALS**

<b>CONTENT</b>	<b>DATE, NAME &amp; SIGNATURE OF TRAINER</b>
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	Date..... Print Name ..... Signed.....
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	Date..... Print Name ..... Signed.....
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	Date..... Print Name ..... Signed.....
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	Date..... Print Name ..... Signed.....
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	Date..... Print Name ..... Signed.....
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	Date..... Print Name ..... Signed.....
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**6. ASSESSMENT DOCUMENTATION**

Throughout the training programme the Principal Trainer will assess the progress made towards achieving learning objectives. A minimum of one interim assessment is to be undertaken by the Principal Trainer (any further interim assessments deemed necessary may be completed by the Principal Trainer or other Trainers). Once all the competencies have been achieved the Principal Trainer should complete a summative (final) assessment and certify competence on the report form "VAS.Rep".

**INTERIM ASSESSMENTS**

**Trainee's name**.....

<p><b>INTERIM ASSESSMENT 1</b> Progress made</p>	<p><b>Trainer's Name</b> .....</p> <p><b>Signature</b>.....</p> <p><b>Date</b>.....</p> <p><b>Next assessment date</b> .....</p>
<p><b>INTERIM ASSESSMENT 2</b> Progress made</p>	<p><b>Trainer's Name</b> .....</p> <p><b>Signature</b>.....</p> <p><b>Date</b>.....</p> <p><b>Next assessment date</b> .....</p>
<p><b>INTERIM ASSESSMENT 3</b> Progress made</p>	<p><b>Trainer's Name</b> .....</p> <p><b>Signature</b>.....</p> <p><b>Date</b>.....</p> <p><b>Next assessment date</b> .....</p>

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**SUMMATIVE ASSESSMENT**

<p><b>Trainee's Name:</b>.....</p>	<p><b>Principal Trainer's Name</b> .....</p> <p><b>Signed</b>.....</p> <p><b>Date</b>.....</p>
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**7. LIST OF TRAINERS WHO SIGNED OFF COMPETENCIES**

<b>Name, qualifications &amp; work address</b>	<b>Signature</b>

## 8. CURRICULUM

Throughout your training your supervisors will assess your consultation and communication skills as part of objective assessments. There is a checklist of good practice in clinical consultation (see Appendix 3). These will also be assessed by your colleagues via the Team Observation Forms (TOF1s).

*It is understood that not all competencies will be encountered during training and it is therefore important to cover these during knowledge assessments.*

Knowledge	Clinical Competency	Professional Skills and Attitudes	Training Support	Evidence/ Assessment
<p>Legal and ethical aspects of sterilisation</p> <p>Organisation of services including local referral pathways</p> <p>Anatomy, physiology, and implications of variations from normal for local anaesthetic vasectomy</p> <p>Vasectomy procedures including operative options, risks, pre-assessment and aftercare</p> <p>Standards for audit</p> <p>Simple complications: - bleeding - haematoma - infection - pain</p> <p>Contraceptive alternatives</p>	<p><u>Pre-assessment clinic:</u></p> <p>Take a clinical history</p> <p>Perform a risk assessment: 1. Physical 2. Psycho-social 3. Sexual 4. Contraceptive</p> <p>Perform appropriate clinical examination, including assessment of genitalia</p> <p>Discuss post procedure semen analysis</p> <p>Obtain informed consent, including discussion of all risks.</p> <p>Prescribe drugs required for procedure/ antibiotic prophylaxis/ interim contraception</p> <p><u>Procedure clinic:</u></p> <p>Check no changes since assessment visit</p> <p>Check history</p> <p>Complete consent</p> <p>Check equipment</p>	<p><u>Demonstrate the following abilities pre-operatively:</u></p> <p>To be aware of consent issues (failure, reversal)</p> <p>To recognise high risk clinical situation and manage appropriately</p> <p>To counsel non-directively about options available and associated health issues to men and their partners</p> <p>To share discussion/ decision making with patient.</p> <p>To answer any questions from patient/ accompanying person whilst respecting right to confidentiality</p> <p>To explain clearly and openly surgical regimes, potential complications and the need for interval semen analysis</p>	<p>Clinical observation of Trainer by Trainee</p> <p>Clinical training of Trainee by Trainers</p> <p>Roleplay</p> <p>Pre-course reading</p> <p>Recommended reading list (appendix 1)</p>	<p>Logbooks:</p> <p>1) Pre-assessment of reading</p> <p>2) Pre and Post-op assessment</p> <p>3) Vasectomy procedures</p> <p>4) Reflective diary</p> <p>Induction, interim and summative assessments</p> <p>Objective assessments: - Mini-CEX (Clinical evaluation exercise) - OSATS (Objective structured assessment of clinical skills) - CbD (Case based Discussion)</p> <p>Team observation</p>

Knowledge	Clinical Competency	Professional Skills and Attitudes	Training Support	Evidence/ Assessment
	<p><u>Clinical procedure:</u></p> <p>Position patient</p> <p>Identify vas</p> <p>Administer adequate local anaesthetic</p> <p>Localisation and fixation of vas</p> <p>Vasectomy procedure</p> <p>Post-procedure dressings, skin care, etc</p> <p><u>Recovery and discharge:</u></p> <p>Confirm patient and/or partner has interim contraceptive supplies</p> <p>Give discharge instructions</p> <p>Explain what is normal and abnormal (signs and symptoms) in next few weeks</p> <p>Reiterate whom/how to contact for help/advice/support</p> <p><u>Post-procedure:</u></p> <p>Interpret and relay semen analysis results to patients, including the management of persistent spermatozoa and the indications for special clearance.</p>	<p><u>Demonstrate the following abilities on the day of procedure:</u></p> <p>To check informed consent is completed</p> <p>To recognise high risk clinical situations and manage appropriately</p> <p>To check patient/ carer aware of procedure/ analgesia/ support</p> <p>To ensure patient/ carer knows whom/how to contact should complications or queries arise</p> <p><u>Demonstrate the following post-operative abilities:</u></p> <p>To openly address any issues raised (e.g. failure of vasectomy)</p>		

9. **LOGBOOK**

**LOGBOOK PART 1: ASSESSMENT OF KNOWLEDGE GAINED FROM PRE-MODULE READING**

<b>QUESTIONS</b>	<b>TRAINER's SIGNATURE</b>
Effectiveness of vasectomy compared with alternative methods of contraception	
Advantages & disadvantages of alternative contraceptive methods	
Early & late complications (including failure rate)	
Contraindications to community based vasectomy procedures	
Rationale for post-op semenology	
Methodology for audit of own complication rates	

**LOGBOOK PART 2: PRE- AND POST-OPERATIVE ASSESSMENT**

Skill	Record each case by a tick in the box			Trainer's signature & date competence achieved
	Observation	Direct Supervision	Independent practice	
In the pre-procedure clinic, the Trainee must demonstrate the ability to:				
Take a history and perform a risk assessment				
Perform a clinical examination/ surgical pre-assessment				
Identify patients unsuitable for local anaesthetic procedure				
Discuss procedure including risks and post procedure care, semenology and the importance of the all clear result				
Refer for appropriate specialist care, e.g. psychosexual, if required				
Arrange procedure and associated medication				
Complete documentation				
Obtain informed consent				
Provide contraceptive and sexual health advice and supplies, either as an alternative to vasectomy, or in the interim until all clear confirmed				
Post-procedure, the Trainee must demonstrate the ability to:				
Interpret semenology results and relay information to patient				
Complete documentation				
Understand principles of audit				

The Trainer signs and dates the 'Date Competence Achieved' box when s/he deems the Trainee competent to practice **independently**.

**LOGBOOK PART 3: VASECTOMY PROCEDURE CLINIC**

Please indicate below how many cases you have seen, in which you have:

1. Observed the Trainer operating: \_\_\_\_\_
2. Been supervised by the Trainer: \_\_\_\_\_
3. Practised independently (i.e. indirect supervision with Trainer immediately available): \_\_\_\_\_

i.e. If experienced in vasectomy surgery, a minimum of **6** procedures (both supervised and independently practised cases) should have been performed.

Or, if no previous experience, a minimum of **15** procedures (both supervised and independently practised cases) should have been performed.

Skill	Record each case by a tick in the box			Trainer's signature & date competence achieved
	Observation	Supervised	Independent	
The Trainee must demonstrate the ability to:				
Examine the genitalia				
Identify the vas				
Achieve anaesthesia				
Fix and exteriorise vas bilaterally				
Perform the vasectomy procedure ***	NSV / Other	NSV / Other	NSV / Other	
Give post operative advice				
Complete documentation and arrange appropriately timed post operative semen analysis				

\*\*\* NSV denotes no-scalpel vasectomy procedure. Other denotes other methods.

Please circle the appropriate response(s).

The Trainer signs and dates the 'Date Competence Achieved' box when s/he deems the Trainee competent to practice **independently**.

**LOGBOOK PART 4: REFLECTIVE DIARY**

Record the occurrence of clinical difficulties / complications and their management.

Examples of difficulties include persistent spermatozoa, bleeding, haematoma, infection, pain, etc.

<b>Date</b>	<b>Problem</b>	<b>Management</b>	<b>State how learning achieved: Tutorial, observed, assisted, supervised, independent practice</b>	<b>Trainer's signature</b>

**FORM FOR REGISTRATION FOR THE  
CERTIFICATE OF LOCAL ANAESTHETIC VASECTOMY**

Send to: The Chairman, Higher Training Committee,  
Faculty of Sexual and Reproductive Healthcare, 27 Sussex Place, London, NW1 4RG

**Trainee's Details** (please complete in BLOCK LETTERS)

Name.....

Address.....

.....Postcode.....

Telephone.....Email.....

Qualifications.....GMC No.....

Date of Commencement of Training.....

Estimated Date of Completion of Training.....

Trainee's Signature.....Date.....

**TO BE COMPLETED BY PRINCIPAL TRAINER**

I confirm I will undertake Principal Trainer responsibility for this Trainee and have registered as such with the Faculty of Sexual and Reproductive Healthcare.

Signature.....Date.....

Name & Address (Block Letters).....

.....

.....

**NB: If any of the above details change please inform the  
Higher Training Committee secretary ASAP on 020 7724 5629 or [ht@fsrh.org](mailto:ht@fsrh.org)**

**FORM FOR REGISTRATION OF PRINCIPAL TRAINER**

Send to: The Chairman, Higher Training Committee,  
Faculty of Sexual and Reproductive Healthcare, 27 Sussex Place, London, NW1 4RG

**Principal Trainer** (please complete in BLOCK LETTERS)

Name.....

Training Centre Name.....

Address.....

.....Postcode.....

Telephone.....Fax.....

Email.....

Qualifications.....

GMC No.....

Number of years performing vasectomy surgery independently (minimum of 2 years).....

Number of vasectomy procedures you perform per year (minimum of 60).....

Teaching Qualifications: (Please tick at least one box)

LoC MEd

Training the Trainers

GP Trainer

Are you auditing your own practice? Yes / No

Are you able to offer access to training in no-scalpel vasectomy? Yes / No

**I confirm that I meet the Faculty Minimum Standards for Principal Trainers and I am able to provide training as described in the Faculty of Sexual and Reproductive Healthcare Special Skills Module 'Local Anaesthetic Vasectomy'**

Signed (Principal Trainer).....Date.....

Post held at present.....

**NB: If any of the above details change please inform the  
Higher Training Committee secretary ASAP on 020 7724 5629 or [ht@fsrh.org](mailto:ht@fsrh.org)**

**REPORT ON TRAINEE FOR THE CERTIFICATE OF LOCAL ANAESTHETIC VASECTOMY**

Send to: The Chairman, Higher Training Committee,  
Faculty of Sexual and Reproductive Healthcare, 27 Sussex Place, London, NW1 4RG

I certify that all the identified training objectives and training competencies from the Logbook have been achieved, including knowledge, skills and attitudes criteria and pre-course reading.

**TRAINEE'S NAME:**.....

**TRAINEE'S NUMBER: VAS/**.....

I recommend that s/he be granted the Certificate of Local Anaesthetic Vasectomy

**Signed**.....**Principal Trainer**

**Print Name & Address**.....

.....

**Date**.....

It is essential that the Doctor who puts the final signature on this page is the Principal Trainer and has checked that the rest of the Logbook is correctly and fully completed. This will include checking personally with any other Trainers involved that they are satisfied with their own part of the Trainee's training. **The Trainee must have achieved competency in all sections of the appropriate competency lists and have been signed off to reflect this.**

All Trainees must have a minimum of **3** assessments with the Principal Trainer (Induction, Interim and Summative).

<b>APPLICATION FORM FOR THE CERTIFICATE OF LOCAL ANAESTHETIC VASECTOMY</b>
--

Send to: The Chairman, Higher Training Committee,  
Faculty of Sexual and Reproductive Healthcare, 27 Sussex Place, London, NW1 4RG

SURNAME.....

OTHER NAMES.....

QUALIFICATIONS.....

DATE OF BIRTH.....GMC NUMBER.....

ADDRESS.....

.....POSTCODE.....

Tel (work).....Tel (home).....

Tel (mobile).....Email.....

Special Skills Training Number: VAS/.....  
(Allocated by the Faculty on receipt of registration forms)

**This part should be completed after the Principal Trainer has signed off the Logbook**

I hereby apply for the Certificate in Local Anaesthetic Vasectomy of the Faculty of Sexual and Reproductive Healthcare having completed the required training Syllabus.

Please find the following documentation enclosed (please tick as appropriate):

- The Report on Trainee for the Certificate of Local Anaesthetic Vasectomy (VAS.Rep)
- Logbook and all objective assessment papers (Trainee and assessors)
- OSATS (minimum of 2)
- Mini-CEX (minimum of 1)
- CbD (minimum of 1)
- Team Observation Form (VAS.TOF2)
- Cheque for £35 made payable to the "Faculty of Sexual and Reproductive Healthcare".
- "Evaluation of Training by Trainee" Form (VAS.EVA) (strongly recommended)

SIGNED.....DATE.....

**NB.**

1. Please ensure that you have used the correct postage to cover the cost of mailing this and all associated documentation.
2. To ensure against loss in transit and to retain a record for your Personal Development File, it is recommended that you photocopy all documents before despatch to the Faculty.

**TEAM OBSERVATION FORM 1**

Instruction sheet to be given to a selection of the Trainee’s work colleagues with the Team Observation Form 1. A minimum of 3 completed forms is required.

You have been asked to complete this form for the following member of the team in which you work.

Trainee’s Name.....

Please return this form in a sealed envelope to.....

Return by (date).....to.....

**INSTRUCTIONS FOR COMPLETING THIS FORM**

Please tick the appropriate column for the activities you have observed the team member undertaking.

If you have not observed the activity or feel that you cannot comment, tick the “unable to comment” column.

A summary of all observation forms will be shown to the team member and if there is any cause for concern they may ask to see individual forms.

**OBSERVER**

Your Name.....

Your Position.....

Signature.....

Date Form Completed.....

**Thank you for participating in this important aspect of training**

Trainer.....Date.....

**TEAM OBSERVATION FORM 1**  
(to be given to a selection of the Trainee's work colleagues)

Relationship with patients	Unable to comment	Never	Some of the time	Usually	Always
Treats patients politely and considerately					
Respects patient's privacy and dignity					
Respects patient's confidentiality					
Involves patients in decisions about care; good consultation style. Puts patients at ease before & during operation					

Comments.....

Relationship with colleagues	Unable to comment	Never	Some of the time	Usually	Always
Liaises with colleagues about care of patients					
Seeks advice appropriately					
Works effectively as a member of the team					
Delegates work appropriately					
Accepts criticism and responds constructively					
Gives adequate notice of leave of absence					

Comments.....

Information gathering/ note keeping	Unable to comment	Never	Some of the time	Usually	Always
Keeps records of acceptable quality.					

Comments.....

Time management/ diligence	Unable to comment	Never	Some of the time	Usually	Always
Manages time effectively					
Keeps up to date with administrative task					

Comments:.....

**TEAM OBSERVATION FORM 2**

Trainee's name.....Date.....

The Principal Trainer should **collate the information from all VAS.TOF1** forms received and summarise it on this form. The numbers in the columns indicate the number of forms received containing a tick in that column.

Total number of VAS.TOF1 forms sent out.....received back.....

(Minimum of **3 forms**)

Relationship with patients	Unable to comment	Never	Some of the time	Usually	Always
Treats patients politely and considerately					
Respects patient's privacy and dignity					
Respects patient's confidentiality					
Involves patients in decisions about care; good consultation style. Puts patients at ease before & during operation					

Comments.....

Relationship with colleagues	Unable to comment	Never	Some of the time	Usually	Always
Liaises with colleagues about care of patients					
Seeks advice appropriately					
Works effectively as a member of the team					
Delegates work appropriately					
Accepts criticism and responds constructively					
Gives adequate notice of leave of absence					

Comments.....

Information gathering/ note keeping	Unable to comment	Never	Some of the time	Usually	Always
Keeps records of acceptable quality					

Comments.....

Time management/ diligence	Unable to comment	Never	Some of the time	Usually	Always
Manages time effectively					
Keeps up to date with administrative task					

Comments:.....

Principal Trainer's Signature.....

Date.....

Summary of discussion of the above between Principal Trainer and Trainee  
(to be dated and signed by both)

Principal Trainer.....Trainee.....

Date.....

**EVALUATION OF TRAINING BY TRAINEE**

To be completed by the Trainee on completion of the training programme IN CONFIDENCE and sent to the Chairman of the Higher Training Committee Chair at the Faculty of Sexual and Reproductive Healthcare, 27 Sussex Place, London NW1 4RG. If the Principal Trainer is the Chairman please send to the Vice Chairman.

Training Centre Name.....

- 1. Has the training programme given you the skills and confidence to counsel men requesting vasectomy independently?**

Yes	No	Comments

- 2. How confident are you at managing patients requesting local anaesthetic vasectomy?**

Confident	Fairly Confident	Not Confident	Comments

- 3. How confident are you at identifying men who need specialist vasectomy care?**

Confident	Fairly Confident	Not Confident	Comments

**4. Overall comments about the adequacy of training (including Trainer(s) and centre)**

	Poor	Could Improve	Good	Excellent
Organisation of teaching				
Content of teaching				
Quality of teaching				
Support from Trainer(s)				
Comments				

## **11. ADVICE ON KEEPING THE LOGBOOK AND DOCUMENTATION**

We suggest you download a copy and put it in a ring binder. Extra copies of pages can be added as and when required e.g. learning objectives. Once completed the appropriate sections can be photocopied and sent to the Faculty when the module certificate is applied for.

**These will not be returned to you so please keep a photocopy for reference.**

The completed file can then go into your Personal Development File.

Electronic copies of all this documentation are available on the Faculty website [www.fsrh.org](http://www.fsrh.org) under Training and Exams/ Special Skills/ Vasectomy

NB: Copies to go back to the Faculty with all forms when the certificate is applied for (see Application Form for a Certificate in Local Anaesthetic Vasectomy, p.28).

**READING MATERIAL****ESSENTIAL READING – which will be assessed by your Principal Trainer:**

1. Nirapathpongporn A, Huber D, Krieger J. No-scalpel vasectomy at the King's Birthday Vasectomy Festival. *Lancet* 1990; 335: 984
2. Filshie M. No-scalpel technique for Vasectomy. *European Journal of Contraception and Reproductive Health Care* 1 (1996) 231-235
3. RCOG guidelines on sterilisation Male and Female Sterilisation, evidence based clinical guidelines Jan 2004, Royal College of Obstetricians and Gynaecologists
4. Bradshaw HD, et al. Review of current practice to establish success after Vasectomy. *Br J Surgery* 2001, 88, 290-293
5. Philip T, Guillebaud J, Budd D. Complications of vasectomy: Review of 16,000 patients. *British Journal of Urology* (1984), 56, 745-748
6. NICE Guidelines

**FURTHER RECOMMENDED READING:**

7. Rogstad K, The psychological effects of vasectomy. *Sexual and Marital therapy*, vol 11, no. 3, 1996, 265-272
8. Schwingl PJ, Guess HA. Safety and effectiveness of vasectomy. *Fertility and Sterility* (2000) 5, 73, 923-936.
9. McMahon AJ, Buckley J, Taylor e et al. Chronic Testicular pain following vasectomy. *British Journal of Urology* (1992), 69, 188-191
10. Searle ES Vasectomy – in particular the no-scalpel technique. *Gynaecology Forum* 2002; vol 7; No 3, 15-19
11. GMC Publications:
  - The Duties of a Doctor Registered with the General Medical Council
  - Seeking Patient's Consent: the Ethical Considerations (November 1998)
  - Confidentiality: Protecting and Providing Information (April 2004)

**DETAILS OF KNOWLEDGE CRITERIA**

- The history of male sterilisation in the UK and current issues locally, nationally and internationally.
- Normal and abnormal anatomy, physiology and pathology of the male external genitalia.
- Methods of vasectomy and their relative risks and benefits.
- Knowledge of alternative contraceptive methods.
- Complications, immediate and delayed and how to manage them including: early and late failure, vasovagal reaction, local anaesthetic reaction, failure to obtain haemostasis, post operative infection and pain.
- Multidisciplinary management of men with concurrent medical problem; local care pathway and networks.
- Methods of anaesthesia and analgesia for vasectomy, including potential side effects and complications.
- The action of local anaesthetic agents.
- Contraception pre- and post-vasectomy.
- Local statistics collection.
- Ethics and law in relation to sterilisation.
- Medico-legal aspects of vasectomy: record keeping, information giving, and consent.
- The need for a trained assistant.
- Monitoring and maintaining standards.
- The patient/health professional interface: patient participation in service design and audit.
- Local service issues. Local service provision and interagency working.
- Professional codes of conduct.
- Knowledge of potential for regret following vasectomy and queries relating to sperm storage.
- 'Myth busting' and risk factors.
- Potential for sperm storage.

## DETAILS OF PROFESSIONAL ATTITUDES AND SKILLS CRITERIA

### Interview/history taking skills:

- Respects and observes confidentiality
- Introduces self to patient
- Involves others as appropriate, e.g. partner, interpreter
- Listens
- Puts patient at ease
- Recognises patient's verbal and non-verbal cues
- Uses silences appropriately
- Phrases questions simply and clearly
- Uses open questions, appropriate closed questions and focused questions (avoids double or misleading questions)
- Seeks clarification of words used by patient as appropriate
- Elicits specific and relevant information from patient and/or their records to clarify management
- If reads, writes notes or uses computer does so in a manner that does not interfere with dialogue and rapport
- Deals sensitively with embarrassing topics
- Displays tact, empathy and respect for the patient
- Is non-judgemental and non-directive
- Displays an understanding of how one's personal beliefs could affect the consultation
- Is aware of and maintains the patient's dignity
- Communicates appropriately and clearly, verbally and in writing, utilising (non-family) Interpreters where appropriate. Shows appreciation and acceptance of the range of human sexuality, lifestyles and culture

### Clinical Management:

- Gives explanations and information at appropriate times
- Checks patient's level of knowledge and understanding
- Encourages patient to discuss any additional points
- Is prepared to use time appropriately

### Clinical Skills Checklist:

- Is sensitive to patient's physical and emotional discomfort
- Can identify ambivalence
- Can identify risk factors for subsequent regret
- Can identify the need for further counselling and support
- Seeks informed consent
- Refers appropriately
- Supports the patient and accompanying person
- Is capable of recognising limits of personal competence

### Behaviour / Relationship with Patient / Other Staff Checklist:

- Maintains friendly but professional relationship with patient
- Demonstrates awareness that the doctor-patient relationship affects management
- Works as part of a team

**DETAILS OF CLINICAL COMPETENCIES CRITERIA**

- Explaining the alternative options to vasectomy with the patient
- Appropriate pre-procedure care.
- Taking a full medical history including sexual/reproductive/relationship/ contraceptive
- Performing a clinical examination
- Identifying medical conditions making NHS hospital care essential
- Seeking informed consent
- Gives appropriate written information to back up consultation
- Addressing immediate and alternative contraceptive health needs
- Appropriate discharge/post operative information
- Liaising appropriately and working in conjunction with other professionals
- Referring on for specialist care
- Accurate and appropriate documentation
- Knowledge and implementation of local and national infection control policies

**Surgical skills**

- Use of equipment
- Preparation of patient: genital examination, identification of the vas deferens
- Localisation of the vas
- Administration of local anaesthetic
- Occlusion of the vas
- Management of peri-operative difficulties: local anaesthetic reaction, pain, haemorrhage, vasovagal episode
- Post operative advice
- Arrangement of timely post-procedure semen analysis

**TOPICS FOR TUTORIALS**

## Local anaesthetic vasectomy

- Vasovagal reaction
- Local anaesthetic reaction
- Genital abnormality that may cause difficulty, e.g. hernia, varicocele
- Psychosexual issues
- Contraceptive alternatives
- Post operative care
- Standard setting and personal results audit
- Post-operative analgesia
- Post-vasectomy pain
- Semen analysis and its interpretation
- Special clearance for semenology results

**OBJECTIVE STRUCTURED ASSESSMENT OF TECHNICAL SKILLS  
(OSATS)****GUIDELINES FOR TRAINEES**

Assessors may be Consultants, experienced Associate Specialists / Staff Grades or experienced GPs.

It is planned that each Trainee should be assessed by OSATS at least twice in a training programme; if only once, it should be by the Principal Trainer as part of the summative assessment. Your Trainer will advise if more than one is required.

You must already have achieved competence (direct supervision), in the procedure being evaluated. You may pick the case. Perform the procedure based on your usual practice. Do not assume that your assistant knows what to do – give clear instructions at each stage. Your assessor will observe you but should not assist you. Your assessor will help if you request it, or if they deem it to be necessary

Use the form to inform discussion following observed assessment. The discussion with your assessor will be centred on your technical skills. It enables discussion on technique and will allow discussion on why you acted as you did.

A signed and dated copy of the OSATS forms must go to the Faculty with all paper work required for granting a certificate on completion of training. Keep the originals in your file.

The OSATS is designed to provide feedback that is of help to you. Therefore, you should be assessed on a case undertaken in the usual work environment. Your assessor should provide immediate feedback, which should take no longer than 5 minutes.

**OBJECTIVE STRUCTURED ASSESSMENT OF TECHNICAL SKILLS  
(OSATS)**

**GUIDELINES FOR ASSESSORS**

Assessors may be Consultants, experienced Associate Specialists / Staff Grades or experienced GPs.

The Trainee should perform the procedure based on his/her usual practice. The Trainee and Trainer should use the form to inform discussion following observation of the Trainee. The assessment is designed to assess technical skills. It enables discussion on technique and will allow discussion on why the Trainee acted as s/he did.

It is planned that each Trainee should be assessed by OSATS at least once in a training programme; if only once, it must be by the Principal Trainer as part of the summative assessment.

Trainees must already have achieved competence (direct supervision) in the procedure being evaluated.

Familiarise yourself with the assessment form and complete at the end of the procedure. The Trainee and Trainer should use it to inform discussion following observation of the Trainee.

Do not give advice or any help to the Trainee unless asked to do so or unless you feel it is necessary.

For each procedure complete an OSATS Assessment sheet.

It is not necessary to obtain written consent from patients, but it would be prudent to say that the Trainee is partaking in an assessment with full supervision.

3 copies of the forms should be kept:

- One for the Trainee's portfolio.
- One for the Principal Trainer.
- One to go back to the Faculty with all forms when the certificate is applied for.

**OSATS: Local Anaesthetic Vasectomy**

<b>Trainee's Name:</b>		<b>Assessor's Name:</b>		<b>Date</b>	
------------------------	--	-------------------------	--	-------------	--

<b>Case (anonymised). Clinical details of complexity / difficulty of case</b>	
---	--

<b>Procedure under observation</b>	<b>Done adequately/ independently</b>	<b>Needs help</b>
<b>Examination of the external genitalia,</b>		
<b>Identification of conditions likely to cause difficulty with LA procedure (varicocele, testicular abnormality)</b>		
<b>Administration of anaesthesia</b>		
<b>Localisation of the vas</b>		
<b>Fixation of vas</b>		
<b>Appropriate choice of instruments</b>		
<b>Safe excision of vas</b>		
<b>Ensure haemostasis</b>		
<b>Assessment of the need for skin closure</b>		
<b>Provision of interim contraceptive if needed</b>		
<b>Revision of post-operative condition of patient</b>		
<b>Assessor's feedback</b>		

**OSATS: No-scalpel Vasectomy**

<b>Trainee's Name:</b>		<b>Assessor's Name:</b>		<b>Date</b>
------------------------	--	-------------------------	--	-------------

<b>Case (anonymised). Clinical details of complexity / Difficulty of case</b>	
---	--

<b>Item under observation</b>	<b>Done adequately/ independently</b>	<b>Needs help</b>
<b>Examination of the external genitalia,</b>		
<b>Identification of conditions likely to cause difficulty with LA procedure (varicocele, testicular abnormality)</b>		
<b>Appropriate anaesthesia</b>		
<b>Localisation of the vas</b>		
<b>Fixation of vas</b>		
<b>Appropriate choice of instruments</b>		
<b>Safe excision of vas</b>		
<b>Ensure haemostasis</b>		
<b>Assessment of the need for skin closure</b>		
<b>Provision of interim contraceptive if needed</b>		
<b>Revision of post-operative condition of patient</b>		
<b>Assessor's feedback</b>		

**Mini-CEX (Clinical Evaluation Exercise)  
TRAINEE GUIDANCE*****What is the mini-CEX?***

Mini-CEX is designed to provide feedback on skills essential to the provision of good clinical care by observing an actual clinical encounter. In keeping with the Modernising Medical Careers Foundation programme quality improvement assessment model, strengths, areas of development and agreed action points should be identified following each mini-CEX encounter. This form samples a range of areas within the Foundation curriculum and can be mapped to *Good Medical Practice* but was designed originally by the American Board of Internal Medicine.

***What should you be assessed doing?***

Mini-CEX is suitable for use in eg community-based, out-patient, or acute settings. It is designed to provide feedback that should be of help to you. Therefore you should be assessed undertaking the actual clinical encounters normally expected of you within your training programme.

***When should you use mini-CEX?***

Mini-CEX can be used at any time, whenever you have pre-operative counselling or post-operative advice session with a patient and an assessor is available. Ask the patient if they are happy for someone to watch you.

***How should it work?***

The observed process should take no longer than 15-25 minutes. Do what you would normally do in the situation. Your assessor should then provide some immediate feedback which should take no longer than 5 minutes.

***What next?***

You should score satisfaction with the process at the bottom of the Clinical Evaluation Exercise form. Remember this is about your satisfaction with the *process*, not with how you have done on this occasion. Keep a photocopy of the assessment form.

The original copy should be given to your Trainer and you should keep the photocopy for your portfolio.

**IT IS A REQUIREMENT OF YOUR PROGRAMME AND YOUR RESPONSIBILITY THAT THESE FORMS ARE COMPLETED. YOU SHOULD RETURN THE FORMS TO YOUR TRAINER.**

## Mini-CEX (Clinical Evaluation Exercise) ASSESSOR'S WRITTEN TRAINING

Thank you for agreeing to complete the assessment for this Trainee.

### **What is the mini-CEX?**

Mini-CEX is designed to provide feedback on skills essential to the provision of good clinical care by observing an actual clinical encounter. The mini-CEX is a "snapshot" of a doctor/patient interaction. Elements need be assessed on at least one occasion. In keeping with the Foundation Programme quality improvement assessment model, strengths, areas for development and agreed action point should be identified following mini-CEX encounters. This form can be mapped to *Good Medical Practice*, but was designed originally by the American Board of Internal Medicine.

### **Should I have been asked to be an assessor?**

- You need not have prior knowledge of this Trainee.
- You should be an experienced clinician.
- Mini-CEX is suitable for use in a community-based or out-patient settings.

### **How should it work?**

Please ensure that the patient is aware that the mini-CEX is being carried out. The process is Trainee-led. The encounter should however be representative of the work. The observed process should take no longer than 15-25 minutes. Immediate feedback should take no longer than 5 minutes. Further guidance is available online at [www.mmc.nhs.uk/pages/assessment](http://www.mmc.nhs.uk/pages/assessment)

### **Mini-CEX: Competencies assessed and descriptors**

<b>Question area:</b>	<b>Descriptor for a satisfactory Trainee:</b>
History Taking	Facilitates patient's history, effectively uses appropriate questions to obtain accurate, adequate information, responds appropriately to verbal and non-verbal cues.
Physical Examination	Follows appropriate examination of scrotum, explains to patient; sensitive to patient's comfort, modesty.
Clinical Judgement	Considers risks
Communication Skills	Explores patients perspective, jargon free, open and honest, empathic
Organisation/efficiency	Timely, succinct. Summaries
Professionalism	Shows respect, compassion, empathy, establishes trust; Attends to patient's needs of comfort, respect, and confidentiality. Behaves in an ethical manner. Aware of limitations.
Overall Clinical Care	Demonstrates satisfactory clinical judgement, caring effectiveness. Efficiency, appropriate use of resources, balances risks and benefits, awareness of own limitations.

### **Specific points when completing this form:**

- **Complexity of case:**  
Please score the difficulty of the clinical case for the level of a Trainee undertaking the training programme.
- **Satisfaction with mini-CEX:**  
Please grade your satisfaction with mini-CEX as an assessment process.
- **Using the scale:**  
Please use the full range of the rating scale. Comparison should be made with a doctor who is ready to complete the training programme.
- **Feedback:**  
In order to maximise the educational impact of using mini-CEX, you and the Trainee need to identify agreed strengths, areas for development and an action plan. This should be done sensitively and in a suitable environment.
- Please return a copy to the Trainee, but keep the original copy for the Trainer file.

Thank you for completing this form and feeding back to the Trainee.

**Local Anaesthetic Vasectomy - Mini-CEX (Clinical Evaluation Exercise) Form**

Trainee's Name ..... Date.....

Assessor's Name & Position .....

**Setting:**            **Community clinic / other (state)** .....

**Complexity:**        **Low      Moderate      High**

Please rate the Trainee on each of the items listed below, using the scale provided (1 = lowest score to 9 = highest score). Mark 'N/C' (no comment) if behaviour not observed.

History Taking Skills

1	2	3	4	5	6	7	8	9	N/C
Below Average			Average			Above average			

Physical Examination Skills

1	2	3	4	5	6	7	8	9	N/C
Below Average			Average			Above Average			

Clinical Diagnostic Skills/Judgement/Synthesis

1	2	3	4	5	6	7	8	9	N/C
Below Average			Average			Above Average			

Communication/Counselling Skills

1	2	3	4	5	6	7	8	9	N/C
Below Average			Average			Above Average			

Organisation/Efficiency

1	2	3	4	5	6	7	8	9	N/C
Below Average			Average			Above Average			

Humanistic Qualities/Professionalism

1	2	3	4	5	6	7	8	9	N/C
Below Average			Average			Above Average			



**CASE-BASED DISCUSSION (CbD)****GUIDELINES FOR TRAINEES**

Assessors may be Consultants, experienced Associate Specialists / Staff Grades or experienced doctors in the Independent sector. Nurses involved in the service may be assessors.

It is planned that you should be assessed by CbD at least once in your training programme.

You must already have achieved competence (direct supervision) in the cases being evaluated.

The CbD is designed to provide feedback that is of help to you. The estimated time required per case is 20-25 minutes: 15-20 for assessment and 5 minutes for feedback.

Manage and record case(s) based on your usual practice.

You and your assessor should fill in the forms separately and use them to inform discussion following the observation of your clinical session. The discussion with your assessor will be centred on your record in the notes and is designed to assess clinical decision making and the application or use of medical knowledge in the care of the your own patients. It enables the discussion of why you acted as you did.

Please send a copy of your checklist and CbD Assessment forms, signed and dated to your Principal Trainer and keep the originals. A further signed and dated copy must go to the Faculty with all paperwork required for granting the certificate on completion of training.

Remember to complete an evaluation form after each assessment, send a copy to your Principal Trainer and keep the original in your Personal Development File.

## CASE-BASED DISCUSSION (CbD)

### GUIDELINES FOR ASSESSORS

Assessors may be Consultants, experienced Associate Specialists/Staff Grades or experienced doctors in the Independent sector. Nurses involved in the service may be assessors.

The assessor should explain to the Trainee that the purpose of this exercise is the assessing of clinical competence.

The Trainee should record the consultation based on his/her usual practice. The Trainer should fill in the form and use it to inform discussion following observation of the Trainee. The assessment is designed to assess clinical decision-making and the application or use of medical knowledge. It will allow discussion on why the Trainee acted as s/he did.

It is planned that each Trainee should be assessed by CbD at least once in the training programme.

Trainees must already have achieved competence (direct supervision) in the procedure being evaluated.

Familiarise yourself with the assessment form and complete the form at the end of the procedure.

The Assessor should not give advice or any help to the Trainee unless asked to do so or unless it is felt necessary to complete the consultation.

For the procedure, the following must be completed:

CbD Assessment sheet p.52 or 53

It is not necessary to obtain written consent from patients, but it would be prudent if the patient were awake to say that the Trainee is partaking in an assessment with full supervision.

3 copies of the forms should be kept:

- One for the Trainee
- One for the Principal Trainer
- One to go back to the Faculty with all forms when the certificate is applied for.

**VASECTOMY: OUTPATIENT CLINIC CASE-BASED DISCUSSION RECORD**

<b>Trainee's Name:</b>		<b>Assessor's Name:</b>		<b>Date</b>
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<b>Case (anonymised) Clinical details of complexity/ Difficulty of case</b>	
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<b>Item assessed</b>	<b>Done adequately/independently</b>	<b>Needs help</b>
<b>Medical record keeping</b>		
<b>Clinical assessment</b>		
<b>Assessment and referrals (if required)</b>		
<b>Management</b>		
<b>Follow-up and future planning</b>		
<b>Professionalism</b>		
<b>Overall clinical judgement</b>		

**Assessor's feedback**

**VASECTOMY: IN-PATIENT CLINIC CASE-BASED DISCUSSION RECORD**

Item assessed	Done adequately/ independently	Needs help
Medical record keeping		
Clinical assessment		
Assessment and referrals (if required)		
Management		
Follow-up and future planning		
Professionalism		
Overall clinical judgement		
Assessor's feedback		