

CREATING A MODEL TRAINING PROGRAM FOR CERTIFIED FERTILITY GYNECOLOGISTS PERFORMING IN THE IVF CLINIC: INTERIM REPORT.

[Paul C Magarelli MD Ph.D.](#), Missy Sturges, Mira Marlink and Angelina Beltsos, MD
Kindbody, New York

ABSTRACT

Background:

It is well recognized by ACOG and ASRM, that reproductive endocrinologists and infertility specialists(REI) are in short supply. The growth of the IVF industry has placed additional strain on the recruiting process for new graduate REI's. Fellowship training programs are not producing additional REI's due to many logistical and financial constraints. There is a need for training programs for OB/GYN's to join our IVF teams.

Objective:

We provide an interim report on our KindInstitute(™) (KI) Certified Fertility Gynecologist(CFG) program.

Materials and Methods:

Our training program consisted of six self-selected Ob/Gyns. They were provided a one-year training program that included: 60 hours of synchronous didactics; 100 hours of dyssynchronous readings; REI mentors; and Virtamed's Embryo Transfer simulator (V-ET) which tested: catheter tip distance to fundus, velocity of transfer, times touching the uterine fundus, maximum depth guide past internal os, and Total Score); and one year of internship experience. KI CFG program was certified by an accredited university and provided CME credits. Case lists and proof of knowledge acquisition were required. The minimum requirements for graduation were 50 completed egg retrievals and 25 embryo transfers and passing final exams. Detailed surveys were conducted by staff and REI's, and assessment of patient acceptance were carried out.

Results:

A "pilot program" was created initially to document the impact of adding a "proceduralist" (PCM), to a busy IVF practice. The number of retrievals performed per day increased by two, and other REIs added two New Patients/day. Initially, staff acceptance was low given the extra time needed per case, patient acceptance was much higher than expected. We anticipated a 20% increase of time per case for training.

Not surprisingly, candidates varied in their results with V-ET training. Those with little or no experience in embryo transfer successfully completed all tasks, those with prior experience performing embryo transfer in other practices experienced more difficulty, especially with velocity of transfer. With minimal re-instruction, candidates were able to successfully complete all tasks. It is important to note that ASRM utilizes the simulator Pelvis A and B for REI fellowship training, which involves relatively less difficult transfers. In contrast, KI required Pelvis A, B, C, D, and E to be completed with both catheter types (Rocket Guardia and Cook Wallace catheters). The number of attempts ranged from over 200 to a minimum of 50 (our proficiency threshold).

Conclusion:

The training program is extensive and focused on the practical aspects of IVF that has historically been provided by REIs. Acceptance is high and the efficiency of our "proceduralists" has resulted in significant improvement in patient flow, with an 18% improvement in New Patients seen and a

9% improvement in numbers of ART procedures performed. CFG's may provide us with the needed resources for our IVF program growth and will increase access to care for our patients.

Financial Support: none