

M.MED (O&G) IN-HOSPITAL CLINICAL TRAINING MODULES (IHCTM)

GUIDELINES

MODULE 3: COLPOSCOPY AND THE TREATMENT OF CERVICAL DISEASE

Format

The module consists of two components: colposcopic assessment and treatment of cervical disease. A single Assessor will observe the trainee making a colposcopic assessment of at least 3 patients and treating another 3 patients. The patients who are assessed must be new cases, and will normally be seen in a scheduled clinic session. Using the standard rating form, the Assessor will rate the trainee's performance in a number of defined skill areas.

This is an interactive assessment. The trainee is encouraged to explain to the Assessor and to the patient, when appropriate, what he is doing during both colposcopic assessment and treatment and to comment on findings as they occur. After each patient, the Assessor will ask the trainee to summarise the results of the colposcopic assessment and/or treatment, and discuss related issues with the trainee. Corrective advice or discussions may be initiated by the Assessor at any other appropriate time. The Assessor may also examine the patients to check the accuracy of the trainee's assessment.

The trainee must achieve basic competence in **ALL** skill areas.

Trainees should attempt the modules during basic training, and must achieve competence prior to the M.Med examination.

Setting

The IHCTM in *Colposcopy and the Treatment of Cervical Disease* will normally be conducted in the hospital in which the trainee is currently employed. The colposcopic assessment component will normally take place in a scheduled clinic session using colposcopy equipment with which the trainee is familiar. The treatment component will normally take place in a clinic, day surgery or operating theatre, depending on the normal practice of the hospital.

Number of patients

The Assessor must observe the candidate making a colposcopic assessment of at least three patients, all of whom must be new cases. In addition, the assessor must observe the candidate performing ablative or excisional treatment of cervical disease in at least three patients. The treatment modality used may be diathermy, laser, loop, cryosurgery or cone biopsy.

Assessor

The Assessor must be selected from the Division's Panel of approved Assessors. If possible, the assessor should have had limited contact with the candidate. The assessor must be a specialist Obstetrician/Gynaecologist of Consultant status with expertise in colposcopy and the treatment of cervical disease who has been approved for that purpose by the Division of Graduate Medical Studies.

Repeating the Assessment

The IHCTM may be attempted as many times as is necessary but may not be repeated within 4 weeks after an unsuccessful attempt. A different Assessor should be used for each subsequent attempt.

Assessment Fee

The Assessment fee of S\$110 per module (the fee is subject to change) must be paid to the Division each time the IHCTM is attempted.

Trainees who inform DGMS to postpone session at least 3 days prior to the confirmed session will not have to pay extra charge for rescheduling the session.

Trainees who inform DGMS to withdraw at least 1 week prior to the session will have S\$25 of the fee paid for this assessment retained.

Trainees who do not inform DGMS that he/she is unable to attend (with a valid reason) on the day of the session will have the Assessment fee forfeited.

Rating form

The Assessor must use the standard rating form for the IHCTM module in *Colposcopy and the Treatment of Cervical Disease* when rating the performance of the trainee. This form requires the Assessor to rate the trainee on his performance in each of 10 skill areas using a 5-point scale. To achieve basic competence, the trainee must achieve a rating of at least "B" in each of the 10 skill areas.

After each attempt, the Assessor must sign the rating form, which must then be countersigned by the Training Supervisor. The original of the rating form must be returned to the Division immediately following the assessment.

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Notes on the rating form

2 *Explanation of colposcopy procedure*

Quality of explanation should be assessed both in terms of the accuracy of its content and of apparent patient understanding of key issues. Explanation should normally include an explicit check for patient understanding.

4 *Use of the colposcope*

A rating of B may be given if, in the judgement of the assessor, the image of the cervix obtained by the candidate in one patient was suboptimal.

5 *Colposcopic assessment*

A judgement of the accuracy of colposcopic assessment will require the assessor to view the colposcopic image in some way for each patient. A rating of B may be given if there is a minor inaccuracy or omission in one patient. An example of what would be classed as a minor inaccuracy is confusion of HPV and low grade CIN lesions.

8 *Explanation of treatment*

As for *Explanation of colposcopy procedure* the quality of explanation should be assessed in terms of accuracy of content and apparent patient understanding. A check for patient understanding should be included.

10 *Counselling*

Counselling of acceptable quality should include encouraging the patient to express her concerns, recognising these concerns and responding to them.