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بسم الله الرحمن الرحيم

PREFACE

- The primary goal of this document is to enrich the training experience of postgraduate trainees by outlining the learning objectives necessary to become independent and competent future practitioners.
- This curriculum may contain sections outlining some training regulations; however, such regulations need to be sought from the "General Bylaws of Training in Postgraduate Programs" and "Executive Policies" published by the Saudi Commission for Health Specialties (SCFHS), which can be accessed online through the official SCFHS website. In the event of discrepancies in regulation statements, the one stated in the most updated bylaws and executive policies will be the reference to apply.
- Because this curriculum is subject to periodic refinement, please refer to the electronic version posted online for the most updated edition at www.scfhs.org.sa

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We also acknowledge that the CanMEDS framework is a copyright of the Royal College of Physicians and Surgeons of Canada and that many of the descriptions' competencies have been acquired from their resources. (Please refer to: CanMEDS 2015 physician competency framework; Frank JR, Snell L, Sherbino J, editors. CanMEDS 2015 Physician Competency Framework. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015.).

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IV. INTRODUCTION

1. Context of Practice

Andrology and male infertility (AMI) are specialized fields of medicine that focus on the diagnosis and treatment of reproductive health issues in men. The field has grown in recent years as more men seek help with fertility issues. Consequently, there is a growing need for trained professionals to provide care in these areas. Fellowship programs in andrology and male infertility provide an opportunity for medical professionals to gain specialized training and experience in this field.

The fellowship program typically involves two years of intensive study with a focus on clinical practice, research, and teaching. During the program, fellows will receive comprehensive training in the diagnosis and management of male reproductive health issues such as infertility, erectile dysfunction, low testosterone levels, testicular cancer, varicocele repair, sperm retrieval techniques, and other related topics. Fellows will also gain experience in the laboratory techniques used to diagnose and treat these conditions.

In addition to clinical training, fellows will participate in research projects related to male reproductive health. These studies may include those on the causes of infertility or new treatments for male reproductive disorders. Fellows may also be involved in teaching medical students or residents about the diagnosis and treatment of male reproductive health issues. This can be a great way for fellows to stay up to date on the latest advances in this field while also helping to educate future generations of physicians.

Fellows who complete their programs gain valuable knowledge and experience that can be applied directly to their practice or research

endeavors. They will have a strong understanding of the diagnosis and treatment of male reproductive health issues, as well as the laboratory techniques used to diagnose these conditions. They will also gain experience working with patients dealing with fertility issues or other related conditions.

The program is open to urologists who have completed residency training and are interested in pursuing subspecialties such as andrology and infertility. Infertility affects approximately 15% of couples globally (WHO, 1991), and male factors account for about 30-50% of all cases (Tielemans, 2002). Therefore, the demand for specialists trained in male reproductive health, particularly in the field of male infertility, has increased significantly. Additionally, as the Saudi population continues to grow, the expected age of individuals increases, which increases the prevalence of conditions such as erectile dysfunction. 20-40% of men older than 60 suffer from sexual dysfunction, as per the American National Health and Social Life Survey (NHSLS) (Laumann, 2005).

Accredited centers for AMI fellowships are well known and recognized for medical education and research. These centers have invested heavily in the development of their healthcare systems and have many world-class medical facilities. This provides fellows with the opportunity to work with and learn from experienced and respected surgeons in andrology and male infertility. This exposure helps prepare fellows for successful careers in andrology and male infertility, where they can have a meaningful impact on patients' quality of life.

Andrology and male infertility have undergone significant advances in recent years. With the advent of assisted reproductive technologies such as in vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI), the chances of conceiving a child have greatly improved for couples struggling with infertility. Andrologists and infertility specialists are at the forefront of these technologies, and it is important for them to receive specialized training

in their use. In addition to the advances in reproductive technology, significant progress has been made in the study of male sexual dysfunction. Conditions such as erectile dysfunction, premature ejaculation, and low libido can significantly affect a man's quality of life.

Overall, the Andrology and Infertility Fellowship Program provides an excellent opportunity for urologists to gain advanced training and experience in andrology and infertility. The program provides fellows with comprehensive education, hands-on experience, and exposure to a large patient population.

2. Goals and Responsibilities of Curriculum Implementation

Ultimately, this curriculum seeks to guide trainees to becoming *competent* in their respective specialties. Accordingly, this goal requires significant effort and coordination from all stakeholders involved in postgraduate training. As *"adult-learners,"* trainees must be proactive, fully engaged, and exhibit the following: a careful understanding of learning objectives, self-directed learning, problem solving, an eagerness to apply learning by means of reflective practice from feedback and formative assessment, and self-awareness and willingness to ask for support when needed. The program director plays a vital role in ensuring the successful implementation of this curriculum. Moreover, training committee members, particularly program administrators and chief residents, significantly impacted program implementation. Trainees should be called upon to share the responsibility for curriculum implementation.

The strategic direction of the Saudi Commission for Health Specialties (SCFHS) applies a recognized competency model of training governance to achieve the highest quality of training, and postgraduate programs are also required to cover research and evidence-based practices in their curriculum.

Additionally, academic affairs in training centers and regional supervisory training committees play major roles in training supervision and implementation. Specialty science (council/committee) guarantees that the content of this curriculum is constantly updated to match the highest standards in the postgraduate education of each trainee's specialty.

V. ABBREVIATIONS USED IN THIS DOCUMENT

Abbreviation	Description
SCFHS	Saudi Commission for Health Specialties
AMI Fellowship	Andrology and Male Infertility Fellowship
AMIFC	Andrology and Male Infertility Fellowship Committee
F1	(First) year of Fellowship
F2	(Second) year of Fellowship
PT	Progress Test
DOPS	Direct Observation of Procedural Skills report
CBD	Case Based Discussion report
CBE	Competency-Based Education
SOE	Structured Oral Exam
OSCE	Objective Structured Clinical Exam
ITER	In Training Evaluation Report
FITER	Final Training Evaluation Report
CDC	Curriculum Development Committee
ART	Assisted Reproductive Technologies

VI. PROGRAM ENTRY REQUIREMENTS

1- Successful completion of an accredited training program in Urology by SCFHS
2- An up-to-date CV
3- Three recommendation letters from qualified urologists (board certified or equivalent)
4- Passing an interview by with AMIFC

VII. LEARNING AND COMPETENCIES

1. Introduction to Learning Outcomes & Competency-Based Education

ANDROLOGY AND MALE INFERTILITY FELLOWSHIP TRAINING OUTCOME GOALS

These learning outcomes are established to ensure that AMI fellows undergo transitional growth throughout their surgical practice experience, resulting in professional competency and the ability to provide patient-centered care by meeting the criteria of good scientific knowledge, professional skills, attitudes, behaviors, values, and evidence-based practice.

1- CONCEPTUAL COMPETENCE:

The AMI fellow must demonstrate evidence-based knowledge of the theoretical foundations of the profession and apply it to individual practice settings, including:

Basic Anatomy, Physiology, and Endocrinology

Pathophysiology

Principles of pharmacology

Surgical procedures and treatment guidelines

Principles of management and health outcomes

2- SCIENTIFIC COMPREHENSION:

The fellow must demonstrate comprehension of major scientific discoveries and the use of scientific methods to help make these discoveries, including:

Basic principles of the study design.

Application of statistical methodology to study design and scientific literature.

3- INTEGRATIVE (PRACTICE-RELATED) COMPETENCE:

The Fellow must be able to:

- Mend theory and abilities in a practical setting to enhance positive patient outcomes.
- Provide patient-centered surgical and medical care.
- Critically evaluate patient data, literature sources, disease states, and drug products.
- Provide specific, sound, evidence-based healthcare recommendations.
- Design, implementation, and evaluation of patient-specific treatment regimens.
- Describe the fundamental concepts and practical considerations necessary to ensure quality care.
- Demonstrate techniques necessary to maintain the microbiological purity of sterile products and employ associated quality assurance strategies.
- Apply key business principles, including continuous quality improvement, in the management of surgical services and personnel and obtain compensation.

4- CRITICAL THINKING AND DECISION-MAKING ABILITIES:

The Fellow must:

- Examine issues rationally, logically, and coherently, and shall acquire, evaluate, and synthesize information and knowledge relevant to an identified problem to make sound decisions in a familiar context:
- Provide evidence-based support for arguments, recommendations, and solutions.
- Demonstrate the ability to make sound decisions given complex scenarios in a time constrained environment.

5- COMMUNICATION SKILLS AND ABILITIES:

The AMI fellow must:

- Demonstrate the ability to present ideas, plans, and data in appropriate written formats to communicate with various audiences successfully and effectively.
- Accurately document recommendations and interventions while ensuring patient confidentiality.
- Effectively and efficiently perform patient interviews, medication histories, medication reconciliation, and identify drug-related issues and problems.
- Interact with physicians, nurses, and other healthcare professionals; to achieve positive patient outcomes.
- Interact with staff to develop and maintain a positive and productive work environment.
- Effectively present information to colleagues, healthcare practitioners, and the public regarding disease management, drug therapy, and related topics.

6- RESPONSIBLE USE OF PROFESSIONAL VALUES AND ETHICAL PRINCIPLES:

A fellow must:

- Demonstrate sensitivity to personal values and ethical principles in both professional and social contexts.
- Always exhibit professional behavior in congruence with the medical code of ethics.
- Describe strategies to work through ethical dilemmas in providing surgical care.
- Maintain professional competence through sound judgment, ethical behavior, adherence to legal guidelines, and socioeconomic principles.
- Demonstrate values consistent with the provision of quality healthcare to all patient groups and populations.

7- SOCIAL AWARENESS AND SOCIAL RESPONSIBILITY:

An AMI fellow must:

- Demonstrate an understanding of the strengths and challenges of cultural diversity and the historic responses of society during times of rapid change.
- Demonstrate awareness of key issues and debates in healthcare.
- Demonstrate cultural competence that includes awareness of the impact that cultural, social, and ethnic differences can have on the provision of healthcare and the workplace.

VIII. PROFESSIONAL ABILITIES AND HABITS:

A fellow must:

- Effectively self-assess and satisfy learning and continuous professional development on an ongoing basis.
- Acquire new information to answer specific questions from patients, colleagues, or other healthcare professionals.
- Display self-directed learning, acquiring the necessary knowledge and skills to develop and maintain one's competence to provide optimal

surgical care as a template for lifelong learning and continued professional development.

- Demonstrate the ability to self-assess and take the needed steps to achieve competence.
- Take an active role in professional and community organizations and promote advocacy for key healthcare and professional initiatives.
- Exhibit positive, professional, empathic attitudes and behaviors in all professional communications.
- Demonstrate awareness of and be able to analyze internal and external factors that influence surgical practice and healthcare policies in an attempt to resolve practice related problems.

8- GROUP INTERACTION:

Fellows must:

- Demonstrate effective interpersonal and intergroup behaviors in various situations and circumstances.
- Demonstrate awareness of the roles of various healthcare professionals in multiple healthcare environments.
- Participate functionally in team efforts within surgical and healthcare groups.
- Discuss and remain open to differences of opinion, and defend rational opinions that differ from those of other healthcare professionals.
- Direct and/or manage other personnel in a pharmacy or healthcare environment.
- Display habits of service to one's community and profession

X. PATHOPHYSIOLOGY OF THE SURGICAL PATIENT:

Considering the unique aspects of the surgical pathophysiology, an AMI Fellow will develop clinical management strategies. Disease process knowledge includes the following:

1. Mortality: leading causes of death for those 65 and older
2. Morbidity: leading causes of disability
3. Factors affecting altered disease presentation
4. Comorbidity: chronic diseases superimposed on acute disease

XI. PATIENT OUTCOMES:

The AMI Fellow will systematically analyze and utilize the surgical data. Analysis and utilization of the surgical data included the following:

1. Selecting, maintaining, and analyzing a patient outcome database
2. Comparing patient outcomes with local medical communities and national standards
3. Initiating improvements in patient care based on patient outcome data

XII. PREOPERATIVE ASSESSMENT OF THE SURGICAL PATIENT:

The fellow will modify the approach to evaluation and diagnosis in a manner that is effective, efficient, and in accordance with the individual's needs and limitations. The factors considered include the following:

1. Developing attitudes toward and communicating with the patient.
2. Establishing lines of communication with the healthcare team: physician, social worker

The fellow will be prepared to obtain and utilize patient data for decision-making prior to surgery. A full assessment of patient baseline data will include the following:

1. Functional capabilities: activities of daily living, mental and physiologic health
2. Psychosocial variables: cultural factors, social supports, and community relations
3. Considering risks to desired surgical outcomes: comorbidity and social support.

XIII. OPERATIVE MANAGEMENT OF THE SURGICAL PATIENT:

AMI fellows monitor and act upon the requirements of care to maintain patient stability. Monitoring of patients' surgical needs included the following:

4. Planning the selection and management of local, regional, and general anesthetics
5. Maintaining body temperature and metabolic homeostasis during surgery
6. Following Halsted's Principles during surgical intervention

XIV. PERIOPERATIVE CARE OF THE SURGICAL PATIENT:

The fellow will determine and act upon the continuing needs of the surgical patient based on patient communication and interaction, patient data, and analysis of surgical outcomes.

Perioperative decisions require the following criteria:

- Management of complications: sepsis, cardiac problems, diabetes, or renal failure.
- Determining need for prophylaxis for common complications (eg., DVT, PE)
- Sustaining patient homeostasis, ventilator support, fluid, and antibiotic management.
- · Management of life-sustaining, supportive care, and extent of care issue.

The fellowship training is guided by well-defined "learning objectives" that are driven by targeted "learning outcomes" for the AMI Fellowship program to serve specific specialty needs. Learning outcomes reflect professional "competencies" and tasks that are intended to be "entrusted" by fellows upon graduation. This ensures that graduates meet the expected demands of the healthcare system and patient care regarding andrology and male infertility. Competency-based education (CBE) is an approach to "adult learning" that is based on achieving pre-defined, fine-grained, and well-paced learning objectives that are driven by complex professional competencies.

Professional competencies related to healthcare are usually complex and contain a mixture of multiple learning domains (knowledge, skills, and attitudes). Furthermore, CBE emphasizes the critical role of informed judgement in learners' competency progress, based on a staged and formative assessment driven by multiple workplace-based observations. The following concepts enhance the implementation of CBE in the curriculum.

Competency is a cognitive construct that assesses the potential to perform efficiently in each situation, based on the standards of the profession. Professional roles (e.g., medical experts, health advocates, communicators, leaders, scholars, collaborators, and professionals) are used to define the role of competency in making it usable for learning and assessment.

Milestones: Stages along the developmental journey along the competency continuum. Throughout their learning journey, fellows will be assisted in transforming from (novice/supervised) to (master/unsupervised) practitioners. These milestones are expected to enhance the learning process by pacing training and assessment to match the developmental level of the fellows.

Learning-Domains: Efforts are directed toward annotating learning outcomes with the corresponding domain (K=Knowledge, S=Skills, and A=Attitude).

Content-area Categorization: It is advisable to categorize learning outcomes into broad content areas related to the practice of the profession. Examples include diagnostic vs. therapeutic, simple vs. complex, and urgent vs. chronic.

Fellows are expected to progress from the novice to the mastery level in terms of professional competencies. The SCFHS endorses the CanMEDS to articulate professional competencies. The curriculum applies the principles of competency–based medical education. CanMEDS is a globally accepted framework that outlines competency role. This reference is an example of a general outline of CanMEDS competencies (Frank JR, Snell L, Sherbino J,

editors. CanMEDS 2015 Physician Competency Framework. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015.

2. PROGRAM DURATION

The Fellowship in Andrology and Male Infertility is generally a two-year commitment.

A. Notes to on the curriculum outline

It is a requirement that over the 2-year fellowship, fellows participate in andrology and male infertility calls for no less than 20 months. Fellows were required to take 80-night calls during the 2-year.

1. Flexibility in the timing of these rotations and the structure of the 24-month training should be utilized to optimize the training of the fellow.
2. The rationale for out-of-system rotations for key portions of the training must be based on educational value to the fellow.
3. Experience in elective surgery is an essential component of fellowship training.
4. An academic environment is mandatory, and fellows should be trained to teach others and conduct research in andrology and male Infertility.

3. PROGRAM ROTATIONS

Training year	Mandatory core rotations		
	Rotation name	Duration (weeks)	Setting
FY1	Andrology and male infertility 1	40	
	In Vitro Fertilization unit	4	
	Endocrinology	4	
	Vacation	4	
FY2	Andrology and male infertility 2	48	
	Vacation	4	
TOTAL		104-weeks	

4. Mapping of Learning Objectives and Competency Roles to Program Rotations:

The Andrology and Male Infertility Fellow must be committed to providing an exemplary quality of service to patients, performed in concert with educational activities, to graduate as a well-rounded, knowledgeable, and highly qualified surgeon. The following SMART Objectives were established to achieve these goals: (SPECIFIC, MEASURABLE, ATTAINABLE, REALISTIC, and TIMELY). The fellowship is a total of two years, during which he will rotate in the following specialties to achieve proper and adequate training to finally become a competent self-sufficient Andrology and Male Infertility Surgeon.

1. Andrology and male infertility rotation (1):

Andrology and male infertility 1			
Rotation sitting	Training stage	Rotation's duration	Rotation specific objectives (SMART)
Outpatient Inpatient ER	F1	40 weeks	Knowledge: Upon completion of the rotation, the fellow should be able to: 1- Describe the anatomy, physiology, pathology, and diagnosis of all andrology and male infertility-related disorders. 2- Define the pharmacology of all medications related to andrology and male infertility conditions. 3- Outline the medical management of men with infertility or sexual dysfunction. Skills: Upon completion of the rotation the fellow should be able to: 1- Construct proper history and physical examination. 2- Explain the diagnosis, proposed management, and prognosis of the index cases of andrology and male infertility (Appendix-B). 3- Write an informed consent. 4- Interpret the investigations. 5- Demonstrate an ability to exercise judgement and control in unexpected situations. 6- Train more junior colleagues in the performance of procedures. 7- Teach residents rotating through the Saudi Board of Urology. 8- Perform several procedures that are done in the office as part of either diagnostic workup or treatment, such as transrectal ultrasound, cystoscopy, and office-based sperm retrieval. (Appendix-E)

Andrology and male infertility 1			
Rotation sitting	Training stage	Rotation's duration	Rotation specific objectives (SMART)
			Attitudes: By the end of the rotation the fellow should: 1- Develop an attitude and relationship skills with the patient in the clinical context, and similar interpersonal skills with other caregivers and hospital staff. 2- Practice critical appraisal of the literature. 3- Show life-long learning skills and knowledge of quality assurance, medico-legal, and ethical issues.

2. In Vitro Fertilization unit (IVF) rotation:

Rotation sitting	Training stage	Rotation's duration	Rotation specific objectives (SMART)
IVF lab	F1	4 weeks	Knowledge: Upon completion of the rotation, the fellow should be able to: 1- Describe common female infertility conditions. 2- Define semen analysis parameters. 3- Outline semen sample processing steps. 4- Describe sperm/testicular tissue freezing and thawing techniques. 5- Define different techniques of ART. Skills: By the end of the rotation the fellow should have acquired the appropriate skills and able to: 1- Demonstrate an ability to handle and prepare semen samples. 2- Use light microscope for semen analysis. 3- Interpret semen analysis results.

Rotation sitting	Training stage	Rotation's duration	Rotation specific objectives (SMART)
			4- Write proper semen analysis report. Attitudes: By the end of the rotation the fellow should: 1- Develop an attitude and relationship skills with the patient in the clinical context, and similar interpersonal skills with other caregivers and hospital staff. 2- Practice critical appraisal of the literature. 3- Show life-long learning skills and knowledge of quality assurance, medico-legal, and ethical issues.

3. Endocrinology Clinic rotation:

Rotation sitting	Training stage	Rotation's duration	Rotation specific objectives (SMART)
Outpatient	F1	4 weeks	Knowledge: Upon completion of the rotation the fellow should be able to: 1- Define endocrinology conditions related to andrology and male infertility. 2- Describe common endocrinological disorders related to andrology and male infertility and their prognosis. 3- Outline hormonal replacement therapy in andrology and male infertility conditions (type, dose, route, action, and side effects). Skills: By the end of the rotation the fellow should have acquired the appropriate skills and able to:

Rotation sitting	Training stage	Rotation's duration	Rotation specific objectives (SMART)
			1- Write a full and proper endocrinological history. 2- Do proper physical examination. 3- Discuss the diagnosis of andrology and male infertility conditions related to endocrinology. 4- Outline management plan for andrology and male infertility diseases related to endocrinology. 5- State the prognosis of endocrinological conditions related to andrology and male infertility. 6- Manage endocrinological disorders related to andrology and male infertility, such as hypogonadism and hyperprolactinemia. 7- Interpret the investigations and workup of andrology conditions related to endocrinology. Attitudes: By the end of the rotation the fellow should: 1. Develop an attitude and relationship skills with the patient in the clinical context, and similar interpersonal skills with other caregivers and hospital staff. 2. Practice critical appraisal of the literature. 3. Show life-long learning skills and knowledge of quality assurance, medico-legal, and ethical issues

4. Andrology and male infertility rotation (2):

Andrology and male infertility 2			
Rotation sitting	Training stage	Rotation's duration	Rotation specific objectives (SMART)
Outpatient Inpatient ER	F2	48 weeks	Knowledge: Upon completion of the rotation the fellow should be able to: 1- Define diagnoses for index cases of andrology and male infertility (Appendix-C). 2- Outline medical and surgical management plan. 3- know the prognosis and outcomes of advanced andrology and male infertility cases. Skills: By the end of the rotation the fellow should have acquired the appropriate skills and able to: 1- Explain the diagnosis of andrology and male infertility conditions. 2- Outline the proposed treatment plan. 3- Discuss prognosis in advanced andrology and male infertility patients. 4- Interpret diagnostic aids. 5- Prepare the patient for surgery. 6- Perform major surgery with the emphasis on index cases (Appendix-C) and (Appendix-E) 7- Demonstrate an ability to exercise judgment and control in unexpected situations during advanced andrology and male infertility cases. 8- Demonstrate an ability to assist more junior colleagues in the performance of procedures and should be able to operate independently. 9- Recognize complications in the short-and long-term follow-up. 10- Deal with complications in a timely fashion.

Andrology and male infertility 2			
Rotation sitting	Training stage	Rotation's duration	Rotation specific objectives (SMART)
			11- Break news in a proper and professional way. Attitudes: By the end of the rotation the fellow should: 1- Develop and demonstrate appropriate attitude and relationship skills with the patient in the clinical context, and similar interpersonal skills with other caregivers and hospital staff. 2- Demonstrate teaching skills. 3- Practice critical appraisal of the literature. 4- Show life-long learning skills and knowledge of quality assurance, medico-legal, and ethical issues. 5- Outline his/her own opinion, by the end of training, on what specific procedure he/she will use for what specific conditions, given the wide range of accepted procedures to treat andrology and male infertility conditions.

VIII. CONTINUUM OF LEARNING

This includes the learning that should occur at each key stage of progression within the specialty. The fellows were reminded of lifelong Continuous Professional Development (CPD). Fellows should keep in mind the necessity of CPD for every healthcare provider to meet the demands of their profession. The following table shows how this role is progressively expected to develop throughout the junior, senior, and consultant levels of practice.

F1 (Junior level)	F2 (Senior level)
Supervised	Independent
Apply knowledge to provide appropriate clinical care related to the core clinical problems of the specialty.	Acquire advanced and up-to-date knowledge related to the core clinical problems of the specialty.
Analyze and interpret the findings from clinical skills to develop appropriate differential diagnoses and a management plan for the patient.	Compare and evaluate challenging, contradictory findings and a develop expanded differential diagnoses and management plan.

IX. TEACHING METHODS:

The teaching process in fellowship training is mainly based on the principles of adult learning theory. Fellows are expected to be aware of the importance of learning and to play active roles in the content and process of their own learning. The training implements the adult learning concept in each feature of the activities, in which the fellow is responsible for their own learning requirements. Formal training time included the following four teaching activities:

- Program Specific Learning Activities
- General Learning Opportunities

1- Program Specific Learning activities:

EDUCATIONAL ACTIVITIES

- Weekly focused andrology or infertility sessions are to be arranged and fellows are expected to learn about the basic sciences related to the field, followed by focused teaching about specific andrology and infertility case scenarios. At the center of these sessions are specific reading assignments, discussed in the classic give-and-take format designed to debrieve fellows from selected areas.
- Teaching rounds will occur at least weekly and will include detailed discussions of specific details about pre-and post operative instructions and the management of post operative complications. Team learning, where fellows work together on problem-solving and interactive presentation activities in evidence-based medicine.

- Discussions of clinical scenarios and morbidity/mortality conferences are efficient ways to stimulate and encourage fellow involvement, preventing a passive fellow role.
- A structured reading program, including selected readings and well-respected international guidelines, updated reviews, discussions about the meta-analysis and updated papers related to the same subject, in addition to periodicals, journal clubs, and case review sessions.
- Anatomic & physiologic considerations are taught with patients, and discussion.
- An objective structured clinical examination (OSCE) allows practice and direct feedback in addition to a more accurate SKILLS evaluation of skill achievement.
- Fellows should participate in team learning, which is mandatory.
- In addition to the academic conference schedule, special educational programs are offered throughout the academic year, including the following:
    - Wet and dry microscopic labs.
    - Visiting professors and surgical procedures should be performed using different approaches (penile implants, microscopic testicular sperm extraction, microscopic vaso-epididymostomy, and microscopic vaso-vasostomy, etc.)
    - Mock oral examination reviews and workshops

Program-specific activities are educational activities are specifically designed and intended for students to teach during their training.

Learning activities:

Activity	Description	Frequency	Venue
Morbidity & Mortality Meeting (M&M)	Active cases educational discussion	Quarterly	Hospital
Journal Club	Articles discussion	Monthly	Hospital
Conferences	Yearly		Local/International
Scientific Membership	Scientific Societies	Yearly	National/International
Clinical Teaching	Case/topic discussion	Weekly or every 2 weeks	Hospital
Radiology Cases	Penile doppler and Scrotal or Transrectal Ultrasound cases	On-Demand	Hospital

Fellows are required to attend these activities, and non-compliance can subject them to disciplinary actions. The Program Director supports these activities by providing protected time for fellows to attend and allowing them to participate.

A) Program Academic Half-Day:

Every week, 2-4 hours of formal training time (commonly referred to as an academic half-day) will be reserved depending on availability. Formal teaching time is an activity planned in advance with assigned tutor(s), time slots, and venues. Formal teaching time excluded bedside teaching, clinic postings, and surgical skill training. The academic half-day covers the core topics that are determined and approved by the specialty's scientific council

aligned with specialty-defined competencies and teaching methods. These topics ensure that the important clinical problems of the specialty are taught well. These will be conducted as lectures in an interactive, case-based discussion format. The learning objectives for each topic were clearly defined. There should be an active involvement of fellows in the development and delivery of these topics under faculty supervision; involvement might be in the form of delivery, content development, or research, to name a few. The fellow supervisor will ensure that the discussion of each topic is stratified into three categories of learning domains–knowledge, skill, and attitude–whenever applicable (see appendix-D for the top knowledge topic and procedure list).

B) Practice-Based Learning:

Training exposures during bedside, lab, O.R., and other work-related activities, including courses and workshops (e.g., cadaveric, dry, and wet labs, simulations, standardized patients, and bedside teaching), represent excellent opportunities for learning. Fellows are expected to build their capacity through self-directed learning.

Each fellow needs to maintain a logbook documenting the procedures performed under supervision and independently. There is a minimum number of procedures to be performed before training completion and a minimum number needed to maintain competency after certification.

2- General Learning Opportunities:

Formal training time should be supplemented by other practice-based learning (PBL) such as

- Journal Club
- Grand rounds
- Involvement in quality improvement committees and meetings

- Continuous professional development (CPD) activities relevant to the specialty (conferences and workshops)
- Morbidity and Mortality (M&M)

The M&M conference offers fellows the opportunity to discuss cases in which adverse effects occur through errors or complications. The goal of this resource is to refocus on the content of morbidity and mortality and transform it into a platform for teaching patient safety principles and emphasizing error-reduction strategies.

- Andrology / Infertility Workshops

Workshops, including the Cadaveric/3D Penile Implant Workshop, Wet and Dry Microscopic Labs, and Surgical Skill Workshops, create an artificial clinical scenario and show tips and tricks for fellows to learn. This process has educational advantages, such as learning and practicing how to deal intraoperatively in a safe environment with rare and/or high-risk clinical scenarios and rare procedures while practicing in a controlled, standardized environment with immediate, effective feedback that has a significant impact on knowledge, skills, and attitude.

The use of clinical workshops in postgraduate training programs is necessary, especially with competency-based curricula. Current programs aim to graduate skilled, competent, and independent physicians while maintaining a focus on quality and patient safety.

The fellow is expected to master basic surgical skills prior to starting his fellowship; as it is a prerequisite.

Courses and Workshop:

Courses & Workshops	Objectives	Duration	Timing
Microscopic Skills Courses	1. Identify indications and complications of microscopic procedures including (microscopic varicocelectomy, micro- dissection testicular sperm extraction, vasovasostomy and vasoepididostomy) 2. At the completion of the course, the fellow is supposed to have: ▪ Increased knowledge in the management of cases requiring microscopic surgery ▪ Basic understanding of the types of microscopes and apply the proper microscopic settings ▪ Understating the principles of microscopic surgical skills ▪ Being able to perfume the microscopic procedures in a safe environment with mentoring by an andrologist	1 Day	F1
Penile Doppler Courses	1- Demonstrate knowledge of penile doppler 2- Demonstrate technical ability to perform penile doppler 3- Gain confidence in reading the results of penile doppler and implement them in patient care.	1 Day	F1
Penile prosthesis Masterclass and courses	▪ Review of the basic knowledge about penile implants (indications, types, complications, approaches, and post operative preparations, and preparing the prosthesis) ▪ Cadaveric and live patient penile implant insertion. ▪ Tips and tricks of the procedures.	1 Day	F1

X. ASSESSMENT AND EVALUATION

1. Purpose of Assessment

Assessments play a vital role in the success of postgraduate training. Assessment guides fellows and trainers to achieve defined standards, learning outcomes, and competencies. However, assessments provide feedback to learners and faculty regarding curriculum development and implementation, teaching methods, and the quality of the learning environment. A reliable and valid assessment is essential for assessing curriculum alignment with respect to objectives, learning methods, and assessment tools. Finally, the assessment ensures that health professionals are safe and competent to practice.

Assessment can serve the following purposes:

a. Assessment for learning: Trainers use information from their peers' performances to inform their learning for improvement. It enables educators to use information about their fellow students' knowledge, understanding, and skills to provide feedback about learning and how to improve.

b. Assessment as learning involves fellows in the learning process while enabling them to monitor their own progress. Fellows use self-assessment and educator feedback to reflect on their progress. This develops and supports the metacognitive skills of fellow students. Learning assessment is crucial for helping students become lifelong learners.

c. Assessment of learning is used to demonstrate the achievement of fellow students' learning. This is a graded assessment and usually counts toward fellow students' end-of-training degrees.

d. Feedback and evaluation: as assessment outcomes, represent quality metrics that can improve the learning experience.

Miller's Pyramid of Assessment provides a framework for assessing the fellows' clinical competencies, which acts as a guide for the trainers to select the assessment methods to target different clinical competencies, including "knows," "knows how," "shows how," and "does" (check the -checklist- Appendix A).

For the sake of organization, assessments will be further classified into two main categories: *formative and summative*.

2. Formative Assessment

2.1 General Principles

The AMI fellows should strive to seek and develop their performance based on feedback throughout their journey of competency from "novice" to "mastery" levels. Formative assessment is a component of the assessment distributed throughout the academic year, aimed primarily at providing fellows with effective feedback.

Every twelve weeks, at least one hour should be assigned to meet with their mentors to review performance reports (e.g., ITER, e-portfolio, etc.). Input from the overall formative assessment tools is utilized at the end of the year to determine whether individual fellows will be promoted from the current to the subsequent training level. Formative assessment is defined based on scientific committee recommendations, which are usually updated and

announced for each individual program at the start of the academic year.

According to the executive policy on formative assessment (available online: www.scfhs.org), formative assessment will have the following features which will be used based on Miller's pyramid (check the -checklist *appendix A-)*:

a. Multisource: minimum four tools
b. Comprehensive: covering all learning domains (knowledge, skills, and attitude).
c. Relevant: focusing on workplace-based observations
d. Competency milestone-oriented: reflecting the fellow's expected competencies that
e. match the fellow's developmental level

Fellows should actively seek feedback during training, and trainers should provide timely and formative assessments. The SCFHS provides an e-portfolio system to enhance the communication and analysis of data from formative assessments.

Trainers and trainees are expected to follow the recommendations of the Scientific Council regarding the updated forms, frequency, distribution, and deadlines related to the implementation of evaluation forms.

2.2 Formative Assessment Tools

Learning Domain	Formative Assessment Tools	Important details (e.g., frequency , specifications related to the tool)
Knowledge	- Structured Academic Activities	The structured academic activity is performed monthly
Skills	- Logbook - DOPS: Direct Observation for Procedural Skills	All surgical procedures should be recorded in the e-logbook, including the role of the fellow (surgeon, assistant), to be checked every three months. DOPS is performed weekly within the operating room, ER, and clinic.
Attitude	ITER: In-Training Evaluation Report	ITER should be completed at the end of each rotation

The evaluation of each component will be based on the following equation:

Percentage	< 50%	50-59.4%	60-69.4%	>70%
Description	Clear fail	Borderline fail	Borderline pass	Clear pass

To achieve unconditioned promotion, the candidate must score a minimum of "borderline pass" in all formative assessment tools.

The program director can still recommend the promotion of candidates if the above criteria are not met in certain situations.

- In case the candidate scored "borderline failure" in one or two components at maximum, and these scores should not belong to the same area of assessment (for example, both borderline failures should not belong to both skills).

- The candidate must have passed all other components and scored a minimum clear pass in at least two components.

3. Summative Assessment

3.1 General Principles

Summative assessment aims to make informed decisions about the competency of fellows. Unlike formative assessment, *summative assessment* does not aim to provide constructive feedback.

For further details, please refer to the general bylaws of training in postgraduate programs and the general assessment bylaws (available online at www.scfhs.org).

To be eligible to sit for the final exams, fellows will be granted "Certification of Training Completion" upon successful completion of all training rotations.

3.2. Final In-training Evaluation Report (FITER)

In addition to the approval of the completion of clinical requirements (fellow's logbook) by the supervising committee, FITER is also prepared by program directors for each AMI fellow at the end of the final year of the fellowship. This report will be the basis for obtaining a Certificate of Training Program Completion as well as the qualification to sit for the final AMI fellowship examinations.

3.3 Certification of Training Completion

To be eligible to sit for the final AMI fellowship examinations, each fellow is required to obtain "*Certification of Training Completion.*" Based on the General

Bylaws of Training in Postgraduate Programs and executive policy (please refer to

www.scfhs.org), fellows will be granted "Certification of Training-Completion" once the following criteria are fulfilled:

a. Successful completion of all training rotations.
b. Completion of training requirements (e.g., logbook, research, etc.) as outlined in FITER, which was approved by the scientific committee of the AMI fellowship.
c. Clearance from SCFHS training ensures compliance with tuition payments and the completion of universal topics.

The Certification of Training Completion" is issued and approved by the supervisory committee or its equivalent according to the SCFHS policies.

3.4. Final Specialty Examinations

The final specialty examination is a summative assessment component that grants trainee specialty certifications. It has two elements:

a) **Final written exam:** to be eligible for this exam, fellows are required to have obtained "Certification of Training Completion."
b) **Final clinical/practical exam:** Fellows must pass the final written exam to be eligible to sit for the final clinical/practical exam.

Learning Domain	Summative Assessment Tools	Passing Score
Knowledge	- Final Written Examination	At least a borderline pass in each tool in accordance with the standard setting method used by the executive administration of assessment
Skills	- Objective Structured Clinical Examinations (OSCE) - Structured Oral Examinations (SOE)	At least borderline pass in each tool in accordance with the standard setting method used by the executive administration of assessment
Attitude	FITER: In-Training Evaluation Report	Successfully pass FITER

Blueprint Outlines: The content of the blueprint is for demonstration only; please refer to the updated version published on the SCFHS website.

Appendix F presents the blueprints for the final written and clinical/practical exams are shown in (Appendix F)

XI. PROGRAM AND COURSE EVALUATION

The SCFHS applies various measures to evaluate the implementation of this curriculum. The training outcomes of this program will follow the quality assurance framework endorsed by the Central Training Committee of the SCFHS. Fellow assessment (both formative and summative) results are analyzed and mapped to the curriculum content. Other indicators that will be incorporated are as follows:

- Reports from fellows' evaluation of faculty members.
- Reports from fellows' evaluation of rotations.
- Data available from program accreditations.

Goal-Based Evaluation: The achievement of intended milestones will be evaluated at the end of each stage to assess the progress of curriculum delivery, and any deficiencies will be addressed in the following stage, utilizing the time devoted to fellow-selected topics and professional sessions.

In addition to subject-matter opinions and best practices from benchmarked international programs, the SCFHS will apply a robust method to ensure that this curriculum will utilize all data available during its revision in the future.

XII. POLICIES AND PROCEDURES

This curriculum represents the means and materials and outlines the learning objectives with which fellows and trainers interact to achieve the identified educational outcomes. The SCFHS has a full set of “General Bylaws of Training in Postgraduate Programs” and “Executive Policies” (published on the official SCFHS website) that regulate all training-related processes. The general bylaws of training, assessment, and accreditation, as well as executive policies on admission, registration, formative assessment and promotion, examination, fellow representation and support, duty hours, and leave, are examples of regulations that need to be implemented. Under this curriculum, fellows, trainers, and supervisors must comply with the most updated bylaws and policies, which can be accessed online (via the official SCFHS website).

XIV. APPENDICES

A. Top Conditions and Procedures in the Specialty

B. Junior-level Competency-Metrics

C. Senior-level Competency-Metrics

D. Knowledge Topics

E. The Most Common Procedures

F. Blueprint table for written and clinical exams

G. References

Appendix-A

Top Conditions and Procedures in the Specialty

Top Conditions and Procedures in the Specialty		
Top Ten Causes of Outpatient Consultations Related to the Specialties in Saudi Arabia		
Disease; Conditions	Relative Frequency	Cumulative Frequency
1.Male infertility	60%	60%
2.Erectile dysfunction	20%	80%
3.Ejaculatory disorders	10%	90%
Top Ten Causes of Inpatient Admissions Related to the Specialties in Saudi Arabia		
Disease; Conditions	Relative Frequency	Cumulative Frequency
1.Erectile dysfunction	60%	60%

Top Conditions and Procedures in the Specialty		
2.Urogenital trauma	20%	80%
3.Male infertility	10%	90%

Top Ten Procedures/Surgeries Performed by the Specialty	
Name of Procedures/Surgeries	Approximate Frequency
Surgical sperm retrieval	40%
Malleable penile prostheses	30%
Inflatable penile prostheses	20%

Appendix-B

Junior-level Competency-Metrics to Map Competency, Learning Domain, and Milestones

Training Year level	Competency-Roles (with annotation of learning domains involved: K: Knowledge, S: Skills, A: Attitude)	Professional Activities Related to Andrology and male infertility			
		Conducting full patient clinical assessment	Medical management of male infertility and sexual dysfunction	Surgical management of male infertility and sexual dysfunction	Compliance with documentation andproper reporting standards
F1	Medical Expert	Mastering history-taking and physical examination K, S, A	Decision-makingand ability to select appropriate medical management of male infertility and sexual dysfunction K, S, A	Decision-making and ability to perform basic surgical management of male infertility and sexual dysfunction K, S	Relevant documentation of dailypatient care, prescriptions, discharge summaries K, S, A
	Communicator	Effectively communicating withthe patient K, S, A	Effectively communicating with the patient and team members and obtaining proper informed consent K, S, A	Effectively communicating with the patient and team members and obtaining proper informed consent K, S, A	Writing, dictation, andpresentation skills K, S

Training Year level	Competency-Roles (with annotation of learning domains involved: K: Knowledge, S: Skills, A: Attitude)	Professional Activities Related to Andrology and male infertility			
		Conducting full patient clinical assessment	Medical management of male infertility and sexual dysfunction	Surgical management of male infertility and sexual dysfunction	Compliance with documentation and proper reporting standards
	Collaborator	Teamwork S, A	Seek support fromsenior physicians when needed, teamwork S, A	Seek support from senior physicians when needed, teamwork S, A	Interprofessional communication A
	Advocate	Holistic approach and preventive medicine K, S, A	Patient safety K, S, A	Patient safety K, S, A	Quality improvement K, S, A
	Leader	Time management S	Ability to lead residents, interns, and students S, A	Ability to lead residents, interns, and students S, A	Quality assurance K, S, A
	Scholar	Evidence-based practice K, S	Evidence-based practice K, S	Evidence-based practice K, S	
	Professional	Confidentiality, demonstrate high standard of professionalism when dealing with the patient A, S	Confidentiality, interprofessional relation A, S	Confidentiality, interprofessional relation A, S	Interprofessional relation A

Appendix-C

Senior-level Competency-Metrics to Map Competency, Learning Domain, and Milestones

Training Year level	Competency-Roles (with annotation of learning domains involved: K: Knowledge, S: Skills, A: Attitude)	Professional Activities Related to Andrology and Male infertility				
		Conducting full patient clinical assessment	Surgical management of advanced male infertility cases	Surgical managementof complicated erectile dysfunction	Surgical managementof penile curvature	Compliance with documentation and proper reporting standards
F2	Professional Expert	Mastering history-taking and physical examination K, S, A	Decision-making and ability to perform surgical management of male infertility cases K, S, A	Decision-making and ability to perform surgical managementof erectile dysfunction K, S, A	Decision-making and ability to perform penoplasty K, S, A	Relevant documentation of daily patient care, prescriptions, discharge summaries K,S, A
	Communicator	Effectively communicating with the patient K, S, A	Effectively communicating withthe patient and team members and obtaining proper informed consent K, S, A	Effectively communicating with the patient and team members and obtaining proper informed consent K, S, A	Effectively communicating with the patient and team members and obtaining proper informed consent K, S, A	Writing, dictation, and presentation skills K, S

Training Year level	Competency-Roles (with annotation of learning domains involved: K: Knowledge, S: Skills, A: Attitude)	Professional Activities Related to Andrology and Male infertility				
		Conducting full patient clinical assessment	Surgical management of advanced male infertility cases	Surgical managementof complicated erectile dysfunction	Surgical managementof penile curvature	Compliance with documentation and proper reporting standards
	Collaborator	Teamwork S, A	Seek support from senior physicians when needed, teamwork S, A	Seek support from senior physicians when needed, teamwork S, A	Seek support from senior physicians when needed, teamwork S, A	Interprofessional communication A
	Advocate	Holistic approach and preventive medicine K, S, A	Patient safety K, S, A	Patient safety K, S, A	Patient safety K, S, A	Quality improvement K, S, A
	Leader	Time management S	Ability to lead residents, interns, and students S, A	Ability to lead residents, interns, and students S, A	Ability to lead residents, interns, and students S, A	Quality assurance K, S, A
	Scholar	Evidence-based practice K, S	Evidence-based practice K, S	Evidence- based practice K, S	Evidence-based practice K, S	

Training Year level	Competency-Roles (with annotation of learning domains involved: K: Knowledge, S: Skills, A: Attitude)	Professional Activities Related to Andrology and Male infertility				
		Conducting full patient clinical assessment	Surgical management of advanced male infertility cases	Surgical managementof complicated erectile dysfunction	Surgical managementof penile curvature	Compliance with documentation and proper reporting standards
	Professional	Confidentiality, demonstrate high standard of professionalism when dealing with the patient A, S	Confidentiality interprofessional relation A, S	Confidentiality, interprofessional relation A, S	Confidentiality, interprofessional relation A, S	Interprofessional relation A

Appendix-D

The following is a table with example topics that illustrates the half-day activities spanning the course of one year (or cycle of teaching if more than one year is required to cover all topics).

Academic week	Section	Date	Time	Sessions	presenters
1	Male infertility	Jan-4	13:00-14:00	Welcoming to the program	Program Director
			14:00-15:00	Case-based study**	A

Academic week	Section	Date	Time	Sessions	presenters
			15:00-16:00	Approach to infertile man	B
2	Andrology	Jan-11	13:00-14:00	Approach to erectile dysfunction	C
			14:00-15:00	Case-based study	D
			15:00-16:00	Medical management of ED	E
3	Advanced Andrology	Jan-18	13:00-14:00	Perioperative preparation of ED patient	F
			14:00-15:00	Case-based study	B
			15:00-16:00	Tips and tricks in penile implant insertion	C
4	Penile deformity	Jan-25	13:00-14:00	Journal Club*	K
			14:00-15:00	Case-based study	B
			15:00-16:00	Penile curvature how to approach	A

*Journal Club could be done in the evening or during the half-day

**Case-based study could be done in the evening or during the half-day

Appendix-E

Operative Management Principles and Technical Procedure Requirements of Andrology and Male Infertility Fellowship.

Core	Section	Procedure	N/year
Male infertility	Surgical Sperm Retrieval (SSR)	Testicular Sperm Aspiration (TESA) Testicular Sperm Extraction (TESE) Percutaneous Epididymal Sperm Aspiration (PESA)	20
		Microscopic Testicular Sperm Extraction (mTESE) Microscopic Epididymal Sperm Aspiration (MESA)	25
	Reconstruction	Vaso-vasostomy Vaso-epididymostomy Trans-Urethral Resection of Ejaculatory Ducts (TURED)	5
	Scrotal conditions	Microscopic Varicocelectomy	25
	Radiological	Seminal Vesiculography Vasography Trans-Rectal UltraSound (TRUS)	5
Andrology	Erectile Dysfunction	Intracavernosal injection	5
		Insertion of malleable penile prosthesis	15
		Insertion of inflatable penile prosthesis	15

Core	Section	Procedure	N/year
	Reconstruction	Intralesional injection	5
		Penoplasty	5
		Circumcision/meatoplasty	3
		Scrotoplasty	5
		Insertion of testicular prosthesis	5
	Scrotal conditions	Hydrocelectomy Spermatocelectomy/Epididymal cyst excision	5
	Oncology	Radical orchidectomy Testis sparing surgery and frozen section	5
	Emergency	Shunting in priapism Testicular trauma Testicular torsion Penile fracture	10

Appendix-F

Blueprint Outlines: the content of the following table is for demonstration only (please refer to the most updated version published on the SCFHS website):

The blueprints of the final written, clinical, and practical examinations are shown in the following table:

Example of Written Exam Blueprint

Categories	Sections	Proportions (%)	Number of Questions
General and basics	Infection/inflammation	10%	8

Categories	Sections	Proportions (%)	Number of Questions
	Anatomy and embryology	5%	4
	Physiology	5%	4
	Men's health	5%	4
Infertility	Male infertility	20%	16
Andrology	Erectile dysfunction	20%	16
	Peyronie's disease and Priapism	10%	8
	Orgasm and ejaculation disorders	5%	4
Oncology and Trauma	Cancer of testis	10%	8
	Surgery of scrotum and seminal vesicle	5%	4
	Trauma	5%	4
Total		100%	80

Example of Objective Structured Clinical Exam (OSCE) Blueprint

		DIMENSIONS OF CARE				
		Health Promotion & Illness Prevention 1±1 Station(s)	Acute 5±1 Station(s)	Chronic 3±1 Station(s)	Psychological Aspects 1±1 Station(s)	# Station(s)
DOMAINS FOR INTEGRATED CLINICAL ENCOUNTER	Patient Care 7±1 Station(s)	1	1	1		3
	Patient Safety & Procedural Skills 1±1 Station(s)		1			1
	Communication & Interpersonal Skills 2±1 Station(s)				1	1
	Professional Behaviors 0±1 Station(s)			1		1
	Total Stations	1	2	2	1	6

*Main blueprint framework adapted from Medical Council of Canada Blueprint Project

For further details on the final exams, please refer to the general bylaws of training in postgraduate programs and general assessment (available online at www.scfhs.org).

The Structured Oral Exam (SOE) Blueprint

General Information	
Exam Format	- The final clinical/practical examination shall consist of four graded stations, each with (10) minute encounters. - You will encounter two examiners at each station.
Conduct of Evaluation	
Station Information	- The four stations are all Structured Oral Exam (SOE) stations. - All stations shall be designed to assess integrated clinical/practical encounters. - Domains and sections may overlap, and more than one category can be evaluated within a station. - Each station may address one or more cases or scenarios. - SOE stations are designed with preset questions and ideal answers. - OSCE stations are assessed with a predetermined performance checklist. - A scoring rubric for post-encounter questions is also set in advance (if applicable).
Time Management	- The examiner is aware of how much material needs to be covered per station, and it is their responsibility to manage the time accordingly. - The examiner will want to give you every opportunity to address all the questions within the station. - They may indicate that "in the interests of time, you will need to move on to the next question." This type of comment has no bearing on your performance. It is simply an effort to ensure that you complete the station. If you are unclear about something during the station, ask the examiner to clarify. - Some stations may finish early – if this occurs, the examiner will end the encounter.
Examiner Professionalism	- The examiners have been instructed to interact with you professionally – don't be put off if they are not as warm and friendly toward you as usual. - We recognize this is a stressful situation, and the examiner is aware that you are nervous. If you need a moment to collect your thoughts before responding, indicate this to the examiner.

General Information	
	- The nomination of examiners is based on the principle that candidates are assessed by qualified examiners selected and appointed by SCFHS. The examiner is not obligated by any means to share their personal information or professional details with the candidate.
Conflicts	The examiners come from across the country. You will likely recognize some of them and may have worked with some of them in your center's clinical/academic capacity. This is completely acceptable to the SCFHS and is not a conflict unless you or the examiner perceive it as such (i.e., if the examiner had a substantial contribution to your training or evaluation or if you have another personal relationship with the examiner). Identify the conflict at the moment of introduction; examiners have been instructed to do the same. Examiners will alert the SCFHS staff – every attempt will be made to find a suitable replacement for the station.
Confidentiality	- Electronic devices are NOT permitted. - Communication with other candidates during the evaluation is prohibited.

Content of the Structured Oral Exam (SOE)

Examination Content	
Sections	The examination will cover four or more of the following sections:

1.	Infection/inflammation
2.	Anatomy and embryology
3.	Physiology
4.	Men's health
5.	Male infertility
6.	Erectile dysfunction
7.	Peyronie's disease and Priapism
8.	Orgasm and ejaculation disorders
9.	Cancer of testes
10.	Surgery of scrotum and seminal vesicle
11.	Trauma

Appendix-G

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