

# Identification form HYSTT

## I. Personal data.

First name

Last name

E-mail

*Please write your e-mail address readable, as it is needed for the reporting and feedback*

Gender  Male  Female

Date of birth 



 Day 



 Month 



 Year

Affiliation

Country

Dominant hand side  Right  Left

## II. Current academic level.

- Student
- Resident since 20
- Specialist in OB & GYN
- Specialist in other discipline (specify):
- Other (specify):

## III. Exposure to atypic psychomotor skills.

- Video games  
 \_\_\_\_\_ hours per week
- Musical instrument  
 \_\_\_\_\_ hours per week

#### IV. Experience in hysteroscopy in the OR.

*For description of levels, see ESGE classification in annex 1. Please fill in all levels.*

- No experience in hysteroscopy
  - Experience in first (basic) level procedures
    - 0       <30       30-50       >50
  - Experience in second (intermediate) level procedures
    - 0       <30       30-50       >50
  - Experience in third (advance) level procedures
    - 0       <30       30-50       >50

#### V. Exposure with hysteroscopic hands-on lab training.

- Animal model
  - no exposure       exposure      Specify -----
- Trainer box
  - no exposure       exposure      Specify -----
- Virtual reality
  - no exposure       exposure      Specify -----

Date .....

Name .....

Signature .....

# Annex 1

For your reference to question IV. about hysteroscopy experience

## EUROPEAN SOCIETY FOR GYNAECOLOGICAL ENDOSCOPY (ESGE) CLASSIFICATION

### First level (basic)

- § Diagnostic hysteroscopy
- § Simple procedures (excluding the use of laser or electro-surgery)
  - § Target biopsies
  - § Removal of IUCD
  - § Minor intrauterine adhesions

### Second level (intermediate)

- § Polyp resection
- § Resection of type 0 myoma
- § Endometrial ablation
- § Treatment of uterine septum
- § Tubal canulation

### Third level (advanced)

- § Resection of type 1 and 2 myoma
- § Major Asherman's syndrome