

Practitioner Education Programme

Natural Procreative Technology

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The purpose of the **Practitioner Education Programme** is to prepare individuals to deliver the highest quality family planning services. The **CREIGHTON MODEL FertilityCare™ System** is a comprehensive system of family planning, based on sound scientific research, proven education methods and ethical principles. It is also the vehicle through which its teachers can merit the distinction of certification as **FertilityCare Practitioners** by the American Academy of **FertilityCare Professionals** (AAFPCP).

In order for **FertilityCare** to achieve its full potential, it is important that well-trained and professional personnel be available to meet the growing demand for **FertilityCare Services**. The St. Joseph **FertilityCare Practitioner Education Programme** is accredited by the American Academy of **FertilityCare Professionals** to train teachers in the **CREIGHTON MODEL FertilityCare System**.

The **CREIGHTON MODEL FertilityCare System** provides a unique opportunity for the development of the highest quality service and education programmes in family planning. Through science, education and research, a programme of excellence has been developed which meets the demands of allied health professionals. This system was developed to provide competent services to clients who seek education in a natural method of family planning, and blends the fundamentals of Christian ethics and professionalism.

SERVICE, EDUCATION AND RESEARCH

All services in the **CREIGHTON MODEL FertilityCare System** are firmly grounded in sound scientific research. The system, its education programs, and research components have all been developed within the context of fundamentally sound research, which ultimately benefits the client user.

FertilityCare is a system of true family planning that helps couples to manage their fertility effectively and naturally, without chemicals or devices. **FertilityCare** may be used to either avoid or achieve pregnancy, and can be used throughout a woman's reproductive lifetime.

The basic science research, conducted since 1975, has resulted in published studies correlating the hormones of the menstrual cycle with various parameters of natural family planning. Statistical surveys on the effectiveness of the Ovulation Method have been conducted, and basic research has also gone into correlating the patterns of the cervical mucus with various gynaecologic disorders.

FertilityCare is 99.5% method effective and 96.8% use effective for avoiding pregnancy, which is as good or better than any natural or artificial method in the world. The system can be tailor-made to women, based on her individual needs, and does not rely on a woman having regular cycles. Only 13% of women actually have regular cycles. **FertilityCare** can be used with regular and irregular cycles, coming off the birth control pill or other chemical contraceptive, during anovulatory states, breastfeeding, premenopause, or any other situation.

Standardised educational tools have been developed, and all teaching sessions are individualised, private and confidential, which helps couples quickly develop confidence in their use of the system.

This system is also very successful in its use to achieve a pregnancy. When the days of fertility are identified and used, data published in *the Journal of Reproductive Medicine* in 1998 revealed that 76.0% of couples of normal fertility will achieve pregnancy in the very first cycle that they will attempt to do so. By the sixth cycle, 98.0% will be pregnant.

There is ongoing evaluation of pregnancies achieved using the **FertilityCare System**, including the study of the couple's behaviour as compared to their intention. Other major studies are ongoing to further evaluate the normal fertility state and the application of this system in treating infertility.

FertilityCare is especially helpful in treating reproductive problems such as infertility, repetitive miscarriage, previous stillbirths and previous prematurity, by making available a new reproductive science called **NaProTechnology®** (Natural Procreative Technology - NPT).

NaProTechnology is one of the most effective technologies in treating infertility in the United States. In some cases, it is up to 80 percent effective for achieving pregnancy in couples with infertility. With the more common infertility problems, the successful pregnancy rate is 50 to 75 percent. The success rate is lower in cases of rare infertility problems, but NaProTechnology almost always offers higher pregnancy success rates than artificial reproductive technologies such as in-vitro fertilisation and artificial insemination, and for significantly less cost. The actual success rate, of course, will vary, depending on different medical conditions. A successful pregnancy in the midst of an infertility problem or other reproductive disorder can never be guaranteed.

In the area of educational research, the **FertilityCare System** has developed a Core Curriculum for the education and training of new **FertilityCare** Practitioners. This curriculum has been designed to meet the demands of the allied health professional. It is the most comprehensive natural family planning curriculum available in the United States.

The education component is truly an integrated system of education. The training of a **FertilityCare** Practitioner fully integrates the same training the client-user receives. This allows an individual who has never used the **FertilityCare System** personally, to learn how to use the method as part of their teacher training. The education program is also competency based. This allows for the evaluation and support of the new teacher's developing skills, so that the quality of services can be monitored closely.

PRACTITIONER EDUCATION PROGRAMME

Teachers trained by the **FertilityCare Practitioner Education Program** are called **FertilityCare** Practitioner interns (FCPI), during the 13-month training, and **FertilityCare** Practitioners (FCP) once they have completed the program. This program trains the teacher in both basic and advanced teaching skills, including the concepts of NaProTechnology®. The core curriculum provides both a theoretical foundation combined with clinical experience. The clinical experience is offered under supervision by the education program staff.

For the **FertilityCare** Practitioner, the theoretical foundation is obtained through two (2) education phases, which are approximately five-months apart. The first Education Phase (EP-I) provides basic theory in NFP/ **FertilityCare** while the second Education Phase (EP-II) provides advanced theory. The clinical experience is provided in two supervised practica. The first Supervised Practicum (SP-I) allows the student to develop basic clinical skills during which a minimum of **6 client couples** will be taught by the intern. The second Supervised Practicum (SP-II) allows for the development of advanced skills. A **further 12 couples** are taught during this time. Included in the second practicum is an on-site visit in which each teacher's site is visited by their supervisor thereby giving the teacher-intern an opportunity to demonstrate their teaching skills as well as to benefit from the experience of the supervisor.

The **FertilityCare** core curriculum provides a comprehensive education in the scientific and philosophical foundations of NFP including all natural methods. In addition, the student receives instruction in case management, behavioural issues, business aspects of running a **FertilityCare** Centre, and practical teaching experience while under supervision. These components assist the new teacher to meet clients where they are spiritually, physically, intellectually and emotionally, and begin to evaluate problems thoroughly. This training process in **FertilityCare** is the only training in a natural method accepted for certification by the American Academy of **FertilityCare** Professionals (AAFPP).

COMPONENTS of the CREIGHTON MODEL FertilityCare System™

Many of the components of the **CREIGHTON MODEL FertilityCare™ System** are unique. All of the components allow for the development of quality NFP services. These components include: standardisation, individual follow-up, case management, outreach, pregnancy evaluation, maintenance of records, and long-term follow-up.

The standardization process assures that each client has equal access to the important information in learning the **FertilityCare System**. It also allows the teacher to assess the client's knowledge and application of the method. Standardization is essential to the development of quality control and is necessary for the measurement of competency in teachers.

The individual follow-up assures that each individual receives adequate attention to their learning needs. It allows for all questions to be asked and ultimately answers to be provided.

Case management is a unique component of the **FertilityCare System**. Through the complete education provided to the new teachers, they are taught to approach the care of each client comprehensively. This approach allows for solutions to be provided for the often very complex problems.

The single most important quality control item in a service delivery program is the complete evaluation of each pregnancy achieved while using the natural method being taught. The FertilityCare System is the **only** NFP model that trains teachers to conduct pregnancy evaluations. Pregnancy evaluations allow the teacher to evaluate their own teaching service while gaining insights into the methodology being taught. It allows the teacher and client to understand the events surrounding the pregnancy, and provides an important support mechanism to the client.

The maintenance of records is essential to providing quality service. Each teacher is taught how to maintain a variety of standardized forms and records. This standardization allows a client to be transferred from one teacher to the next regardless of the geographic location of that teacher. These records also allow for standardized data collection for the purpose of scientific evaluation and study.

The teacher trained in the **CREIGHTON MODEL FertilityCare System** also provides long-term follow-up to their clients. This is essential for meeting the needs of each client as they progress in their use of the system, change reproductive categories, or experience some of many unusual cycle patterns. This support helps the client use the system effectively throughout their reproductive lifetime.

This model uniquely combines the sound service principles of professionalism with the exciting principles of human reproduction found in Christian ethics. It recalls the words of Cardinal Karol Wojtyla, et. ai. (Pope John Paul II), 1969, **“Abandoned to their own likes, most married couples will remain stuck with their difficulties, and without competent help, they will run the risk of losing faith in God and remain the prisoners of inextricable and desperate moral conflicts.”**

“The responsibility in the provision of quality natural family planning is enormous. It cannot be taken lightly. The potential that natural family planning has for the rejuvenation of the family is immense. The only limitation is our vision,” as stated by Dr. Thomas W. Hilgers, CNFPMC, Director, Pope Paul VI Institute for the Study of Human Reproduction, Omaha, NE.

EDUCATIONAL CONCEPTS OF THE CURRICULUM

The **FertilityCare** core curriculum is based on an allied health education model with both theoretical and clinical phases. It has as its primary orientation the development of professional individualized services to new clients interested in learning the **FertilityCare System**. In addition, it has a case management orientation designed to allow the new teachers to develop skills, which view the client in a holistic fashion. The core curriculum allows for the development of independent **FertilityCare** Practitioners who can then establish **FertilityCare** service delivery programs.

The Practitioner Program is approximately a 13-month program. The progress of the educational training begins with the most simple of concepts and builds to the more complex. This principle not only applies to the course of the program but to each individual lecture. In addition, the curriculum allows for adequate laboratory experience, drill and practice and supervisory input.

STRUCTURE OF THE CURRICULUM

The structure of the curriculum takes into account the allied health concepts of theoretical and clinical education. Thus, there is a first education phase (EPI) that provides the basic foundation of theoretical knowledge necessary to enter the teaching field. This is followed by the first supervised practicum (SPI) that allows the student to practice those skills learned during the first education phase. Four to five months later, the **FertilityCare** Practitioner Interns participate in the second education phase (EPII) in which the advanced theoretical fund of knowledge is developed. Finally a second supervised practicum (SPII) is conducted in which these advanced teaching skills are practiced and implemented. The supervised practicum is conducted in the student's teaching location. An on-site visit is a component of the second supervised practicum so that the students may be directly observed in their teaching process. After completion of the first education phase and upon entrance into the first supervised practicum and through the completion of the entire program the students are referred to as interns.

Education Phase I

The first Educational Phase is a total immersion course in reproductive biology as it relates specifically to natural methods of family planning. It includes a basic review of philosophical, psychological and behavioural aspects important to both teaching and using **FertilityCare**, and an introduction to the theory and practice of the **FertilityCare System** teaching methodology.

Supervised Practicum I

This clinical experience begins immediately following Education Phase I, and is designed to develop the basic teaching skills of the **FertilityCare System**, learned during EP-I.

These skills include:

- Presentation of the Introductory Session
- Utilization of good judgment
- Quality Control
- The Dynamic Interpersonal Educational Model
- How to conduct a follow-up session
- Use of the Picture Dictionary
- Use of the vaginal discharge recording system
- The teaching schedule,
- Chart reading
- Chart correcting
- Use of basic method instructions & special method instructions
- Use of the Ovulation Method Follow-up Form
- The organization and flow of the first & subsequent follow-ups
- The techniques of follow-up
- Basic problem solving
- Basic behavioural aspects of NFP
- Case management

- Qualities of being a professional
- Basic organizational aspects of NFP
- The investigation and care of the infertile couple

Education Phase II

This second Educational Phase is a total immersion course in the advanced aspects of teaching **FertilityCare**. All of the intern's client cases, basic and advanced, are reviewed during this EP-II. The intern is taught the theoretical and practical aspects of conducting pregnancy evaluations, managing advanced behavioural issues, additional communication skills, management of human resources, and advanced business aspects of a **FertilityCare** program.

Supervised Practicum II

This second Supervised Practicum, is a clinical experience designed to develop the advanced teaching skills necessary for teaching the **FertilityCare System**, learned during EP-I, SP-I and EP-II. Supervised Practicum II is a time for maturing, refining, activating and perfecting the student's advanced teaching skills. This is a time when the intern learns to integrate their skills and knowledge. The student is expected to develop skills in advanced case management, advanced chart reading and correcting, the conduct of pregnancy evaluations, developing the advanced business aspects, and the management of advanced behavioural issues. Included in this practicum is the conduct of an on-site visit by the intern's supervisor.

REQUIREMENTS FOR CONDUCTING THE CURRICULUM

The **FertilityCare** Practitioner Education Program is directed and administered by a **FertilityCare** Educator, certified by the American Academy of **FertilityCare** Professionals.

The duties of the **FertilityCare** Educator are as follows:

1. Coordinates and/or conducts the teacher education program according to the standards as outlined by the American Academy of **FertilityCare** Professionals.
2. Is a member of the faculty for the education program.
3. Is thoroughly familiar with all aspects of the theoretical portions of **FertilityCare**.
4. Actively supervises interns.
5. Works with and coordinates the other program supervisors.
6. Is a **FertilityCare** resource person.
7. Is a **FertilityCare** community health educator.
8. Is considered an expert in NFP/ **FertilityCare** methodology and the education of new **FertilityCare** Practitioners.

In addition, the **FertilityCare** Educator must arrange for a Natural Family Planning Medical Consultant, certified by the American Academy of **FertilityCare** Professionals, to be a member of the education program faculty. Special faculty members may be invited to teach the areas of communication skills, managing the human resources of a **FertilityCare** Centre, and basic ethical principles. Certified **FertilityCare** Supervisors may also assist in the supervisory process during the supervised practica and in the clinical aspects of the education phases. It is recommended that the supervisor/student ratio be no greater than 1 to 5.

TEXTBOOKS FOR THE COURSE

Each student must have a copy of the following textbooks:

1. Hilgers, TW, Daly, KD, Hilgers, SK, Prebil, AM: “*The CREIGHTON MODEL FertilityCare™ System: A Standardized Case Management Approach to Teaching: Book-I: Basic Teaching Skills, Second Edition.*” Pope Paul VI Institute Press, Omaha, NE, 2002.
2. Hilgers, TW, Hilgers, SK, Prebil, AM, Daly, KD: “*The CREIGHTON MODEL FertilityCare™ System: A Standardized Case Management Approach to Teaching: Book-II: Advanced Teaching Skills, First Edition.*” Pope Paul VI Institute Press, Omaha, NE, 2002.
3. Hilgers, TW, Daly, KD, Hilgers, SK, Prebil, AM: “*The Picture Dictionary of the FertilityCare System and Other Assorted Teaching Aids*” Pope Paul VI Institute for the Study of Human Reproduction, Omaha, NE, 2000.
4. Hilgers, TW: “*Reproductive Anatomy and Physiology A Primer for FertilityCare Professionals,*” Pope Paul VI Institute Press, Omaha, NE, 2002.
5. Hilgers, TW (ed): “*Relevant Issues in Natural Family Planning.*” Creighton University Natural Family Planning Education and Research Centre, Omaha, NE, 1981

There are a number of other important materials for the student to use as they progress through the course. Included are reprints of medical journal articles as well as handouts prepared by Dr. Hilgers of the Pope Paul VI Institute for the Study of Human Reproduction.

The FertilityCare™ Practitioner

The **FertilityCare** Practitioner is a teacher who has satisfactorily completed the entire core curriculum. This curriculum is designed to prepare him/her to teach all interested clients. The education program provides for the development of skills to manage both basic and advanced cases in using the FertilityCare System™. The Practitioner is prepared to work independently.

The duties of a **FertilityCare** Practitioner are as follows:

1. May teach all aspects of **FertilityCare** to all new users.
2. May work independently.
3. May establish a **FertilityCare** program.
4. May assess **FertilityCare** related problems, provide solutions and make referrals.

The curriculum requirements for the **FertilityCare** Practitioner include the satisfactory completion of two education phases, two supervised practica, and an on-site visit. In addition, the student must satisfactorily complete a number of assignments and assessments, including the final assessment, which may be taken in the student’s local community under the supervision of an approved proctor.

ENTRANCE REQUIREMENTS

All FertilityCare Practitioner candidates must be users of natural family planning. If they are prevented from being users by some natural occurrence, such as celibacy, being unmarried, or postmenopausal, then the candidate must be a philosophical acceptor of the concepts of natural family planning. They must be in a position where they may be able to best support the new user in the use of the **FertilityCare System**. The **FertilityCare** Practitioner candidate must have a Bachelor’s degree or other education judged to be equivalent. In the instance of geographical need, a candidate will be evaluated on an individual basis and some requirements may be waived.