

**Questionnaire**

**for**

**endometriosis practice**

**out-patient practice/office gynaecology**

**(including reproductive medicine and rehabilitation clinics)**

Scientific basis:

Interdisciplinary S2k guideline for the diagnosis and treatment of endometriosis (AWMF 015 - 045)

Recommendations of the Endometriosis Research Foundation

<https://www.endometriose-sef.de/wp-content/uploads/2022/01/Zentren_Kriterien_22.pdf>

and the European Endometriosis League

Compilation: EuroEndoCert GmbH on behalf of the Endometriosis Research Foundation (SEF) and the European Endometriosis League

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| **Current Information** | **Endometriosis Centre** |
| Name and address of out-patient  endometriosis clinic |  |
| Primary contact person |  |
| Website for  patient information |  |
| Tel.-No. for appointments in the endometriosis clinic |  |
| Fax-No. for  reporting results |  |
| E-Mail address for  written enquiries |  |
| Further information |  |
| Date of application |  |

Changes to this information must be reported immediately to EuroEndoCert GmbH ([sek@euroendocert.de)](mailto:sek@euroendocert.de)) so that the website can be updated

The following **core partners** form the endometriosis outpatient clinic:

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| --- | --- | --- | --- |
|  | Cooperation partner | Responsible organisation –  if available | Assigned service |
| A |  |  | CooperatingEndometriosisCentercertified by SEF/EEL |
| B |  |  | Reproductive medicine |
| C |  |  | **Multi-modal Pain**  **therapy** |
|  |  |  | **Radiology** |
| D |  |  | **Self-help**  **organisation** |

The following **cooperation partners** extend the endometriosis centre:

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| --- | --- | --- | --- |
|  | Cooperation partner | Responsible organisation –  if available | Assigned service |
| A |  |  | Physiotherapy |
| B |  |  | **Dietary advice** |
| C |  |  | **Rehabilitation** |
| D |  |  | **Psychosomatics/**  **Psychotherapy** |
| E |  |  | **Other** |
| F |  |  |  |

**1. General information about the endometriosis out-patient clinic**

**1.1 Network structure**

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|  | Requirement | Description |
| A | A co-operationg endometriosis center of excellence certified by SEF and EEL has to be named |  |
| B | As far as co-operations with reproductive medicine centres, psychosomatics, pain therapy, and other treatment modalities are established, these have to be listed |  |
| C | Written co-operation agreements are to be made with the core partners if they do not have the same responsible organisation as the centre  These cooperation agreements must  include:   * Ensurance of availability * Description of the treatment pathways relevant for the endometriosis centre and the interfaces * Designation of responsible persons * Description of information conveyance * Willingness to treat the patients  according to guidelines, especially  according to the endometriosis  guidelines * Willingness to participate in audits * Consent to be publicly designated by the endometriosis centre as a co-operation partner |  |

**1.2 Interdisciplinary co-operation**

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|  | Requirement | Description |
| A | The co-operation partners should be  included in the treatment plan. In complex cases, this involves both the inclusion of the out-patient clinic in the case of treatment by  cooperation partners as well as the  involvement of the cooperation partners in treatment at the out-patient clinic. |  |
| B | Contact persons for the respective  cooperation partners in case of queries    • Responsibility to specialist level must be defined  • Employees must be named |  |

**1.3 Cooperation with certified endometriosis centre**

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|  | Requirement | Description |
| A | The indication for treatment has to be  discussed with the patient prior to the  admission and after discharge |  |
| B | Descrition of handover in-patient/out-patient/in-patient |  |
| C | 24-hour accessibility to the centre must be arranged for emergencies and  complications. |  |
| D | Participation in endometriosis grand rounds of the cooperating centre or documented case consultations |  |

**1.4 Access to self-help**

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| Requirement | Description |
| A | Description of self-help |  |
| B | Description of available information |  |

**1.5 Information events for patients**

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| Requirement | Description |
| A | Written information for patients is  available and will be handed over during counselling. Own information events are encouraged |  |

**1.6 Participation in continuing medical education**

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|  | Requirement | Description |
| A | The head of the endometriosis practice must have participated in a special qualification in the field of endometriosis or an equivalent event approved by SEF |  |
| B | One CME seminar on endometriosis  every year, certified by the  respective medical board in charge  Alternatively at least one day internship preferably in the cooperating endometriosis centre |  |

**1.7 Endometriosis documentation**

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|  | Requirement | Description |
| A | Basic data, medical history, diagnosis, therapy, course , and follow-up have to be documented in a way that is accessible to review |  |
| B | A comprehensive patient history and symptoms questionnaire should be used  (<https://www.awmf.org/fileadmin/user_upload/Leitlinien/015_D_Ges_fuer_Gynaekologie_und_Geburtshilfe/015-045f_03_Endometriose_Fragebogen_DS_Visz_Schmerz_Weiblich_24082017_RZ_Screen_final.pdf>) |  |
| C | Submission of a short annual report including CME activities and patients treated (cf. 2D) |  |

**2. Specific Information about the out-patient endometriosis clinic**

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|  | Requirement | Description |
| A | Name and qualification of the head of  Department. Has to be board certified  obstetrician/gynaecologist |  |
| B | Name and qualification of the doctors who perform the consultations.  (group practice, policlinical institute, other) |  |
| C | Schedule and organisation of  endometriosis clinic |  |
| D | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Basic Data** | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Patient total (Minimum 50 p.a.) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | Of these, referred for surgery |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | Of these, referred for reproductive medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | Of these, referred for psychotherapy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | Of these, referred for pain therapy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | Of these, referred for complementary medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | Of these referred for rehabilitation or social medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |     (annual-report to be submitted to EuroEndoCert by 31st march of the following year) |  |

**Space for additional comments**

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**Signature of the head of the endometriosis out-patient clinic**

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**Signature of the head of the cooperating**

**Endometriosis Centre certified by SEF/EEL**

Date and signatures of cooperation partners\*:

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*name, subject and signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*name, subject and signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*name, subject and signature*

*\* Cooperation partners with the same sponsorship; cooperation agreement signed for cooperation partners with other sponsors*

**Attachments**

***The documents must be submitted in a structured and orderly manner (numbered and marked accordingly in PDF- or EXCEL-file)!***

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| --- | --- |
| 1 | Organisational Chart |
| 2 | Congress Confirmation of Attendance  Training Confirmation of Attendance |
| 3 | Annual Report (only recertification - Excel-File) |
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| 6 |  |
| 7 |  |
| 8 |  |
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