

## Maternal Fetal Medicine (MFM) CBME Rotation Objectives by STAGE and CanMEDS Competency

TRANSITION TO DISCIPLINE 2-3 BLOCKS	FOUNDATIONS OF DISCIPLINE 6-9 BLOCKS	CORE OF DISCIPLINE 9-12 BLOCKS	TRANSITION TO PRACTICE 1-2 BLOCKS
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1 MFM rotation in first year, 1 MFM rotation in second year

### STAGE: TRANSITION TO DISCIPLINE (TTD)

No EPAs mapped to this stage

### STAGE: FOUNDATION OF DISCIPLINE (FOD)

#### TRAINING EXPERIENCES (OTRs)

Clinical: Antenatal consultation service

Clinical: Maternal-fetal medicine consultation service

Clinical experiences: Medical genetics

#### MEDICAL EXPERT

- 1.3 Apply knowledge of the clinical and biomedical sciences relevant to Neonatal-Perinatal Medicine
- 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
- 2.3 Establish goals of care in collaboration with patients' families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation
- 2.4 Establish a patient-centred management plan for the following:
  - 3.1 Determine the most appropriate procedures or therapies
  - 4.1 Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation

#### MANAGER/LEADER

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#### COMMUNICATOR

- 1.4 Respond to non-verbal behaviours to enhance communication
- 1.5 Manage disagreements and emotionally charged conversations
- 2.1 Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
- 2.3 Seek and synthesize relevant information from other sources

- 3.1 Share information and explanations that are clear, accurate, and timely, while assessing for understanding
- 4.1 Facilitate discussions with patients' families in a way that is respectful, non-judgmental, and culturally safe
- 4.3 Use communication skills and strategies that help patients' families make informed decisions regarding the patient's health
- 5.1 Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements

#### **COLLABORATOR**

- 1.2 Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care

#### **HEALTH ADVOCATE**

- 1.1 Work with families to address determinants of health that affect their infants and their access to needed health services or resources

#### **PROFESSIONAL**

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#### **SCHOLAR**

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### **STAGE: CORE OF DISCIPLINE (COD)**

#### **TRAINING EXPERIENCES (OTRs)**

- Clinical: Antenatal consultation service at a high-risk perinatal centre and/or a maternal-fetal medicine centre, including antenatal surgical consultations
- Clinical: Leading family meetings and interprofessional patient conferences

#### **MEDICAL EXPERT**

- 1.3 Apply knowledge of the clinical and biomedical sciences relevant to Neonatal-Perinatal Medicine
- 1.6 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in Neonatal-Perinatal Medicine practice
- 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
- 2.3 Establish goals of care in collaboration with patients' families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation
- 2.4 Establish a patient-centred management plan for the following:

#### **MANAGER/LEADER**

- 2.1 Allocate health care resources for optimal patient care

#### **COMMUNICATOR**

- 1.1 Communicate using a patient-centred and family-integrated approach that encourages trust and is characterized by empathy, respect, and compassion
- 1.4 Respond to non-verbal behaviours to enhance communication
- 1.5 Manage disagreements and emotionally charged conversations

- 3.1 Share information and explanations that are clear, accurate, and timely, while assessing for understanding
- 4.3 Use communication skills and strategies that help patients' families make informed decisions regarding the patient's health
- 5.1 Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements

#### **COLLABORATOR**

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#### **HEALTH ADVOCATE**

- 1.1 Work with families to address determinants of health that affect their infants and their access to needed health services or resources

#### **PROFESSIONAL**

- 1.3 Recognize and respond to ethical issues encountered in practice
- 4.1 Exhibit self-awareness and manage influences on personal well-being and professional performance

#### **SCHOLAR**

- 3.4 Integrate evidence into decision-making in their practice

### **STAGE: TRANSITION TO PRACTICE (TTP)**

No EPAs mapped to this stage



## Department of Pediatrics

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NEONATAL PERINATAL MEDICINE PROGRAM – Room 4F

# MATERNAL-FETAL MEDICINE ORIENTATION PACKAGE

## SUMMARY

Fellows will participate in a 4-week maternal-fetal medicine rotation during fellowship in order to better understand the evaluation and management of preterm and high-risk fetuses and their mothers. This rotation will include time spent in MFM clinic observing evaluations and antenatal consults completed by the neonatologists. If there is a mother seen with other subspecialists, fellows are encouraged to observe them.

## CONTACT INFORMATION

Neonatology staff: Connie Williams

Email: [willico@mcmaster.ca](mailto:willico@mcmaster.ca)

Administrative assistant: Kelly Binkle

## DAILY ACTIVITIES (9AM-5PM)

### Main Activities:

- ✓ At the beginning of our rotation, fellows are to identify the staff responsible for antenatal consults that week and communicate with them in regards to antenatal consults, personal objectives, and goals.
- ✓ Danielle Dobberstein (Secretary) will contact you with the clinic information and scheduled consults (these are triaged by the staff and scheduled during the upcoming weeks).
- ✓ At the beginning of the week, in anticipation of antenatal consults, fellows are to access the mothers' charts either through Clinical Connect, Patient Link, Meditech or paper charts (on 4B).
- ✓ Different resources are available to fellows in regards to different antenatal consultations. See Appendix 1.
- ✓ Consultations can be accomplished both in person (after an ultrasound appointment, for example) or virtually (by teleconference or phone). Staff, social worker, and support personnel may be present for the consultation.
- ✓ Each consultation needs to be dictated by fellows in the dictating system. See Appendix 2 for a dictation template. See Appendix 3 for dictation instructions.
- ✓ After dictations are completed, they are reviewed by the staff.
- ✓ At the end of each week, fellows are to discuss feedback with their respective staff in response to their personal objectives and goals.
- ✓ Fellows will present 2/year during MFM rounds on a topic relevant to case seen or findings summarized.

Commented [SB1]: Resources for antenatal consults

#### ACCESS TO ONLINE CALENDAR AND VIRTUAL CONSULTS

- Due to COVID-19, antenatal consults can be done virtually. See Appendix 4 for further information on accessing the Google Drive.

#### ROTATION SPECIFIC OBJECTIVES

Royal College objectives are available online and are also available on the MEDPORTAL website (see Appendix 2). However, certain medical expert cases are to be covered (either performing a consult or discussed with staff. The following is a logbook for such consultations.

Consultation Type	Type of task (consult, teaching, reading)	Task completed?
Cardiovascular		
Congenital Critical Heart Disease		
Arrhythmias		
Premature PDA closure		
Respiratory		
Congenital diaphragmatic hernia		
Congenital lung malformation		
Pulmonary hypoplasia		
Cleft lip/palate		
Pleural effusion		
Neck Masses		
Neurological		
Arthrogryposis		
Seizures		
Neonatal Abstinence Syndrome		
Neural Tube defects		
Hydrocephalus		
Microcephaly		
Hematological		
Hemophilia		
NAIT		
Thalassemia		
Maternal Lupus		
Gastrointestinal		
Esophageal Atresia		
Duodenal Atresia		
Dilated bowel		
Abdominal Wall Defects		
Genito-urinary		
Hydronephrosis		

	Posterior Urethral Valves		
	Ambiguous Genitalia		
	Genetic		
	Aneuploidies		
	Hydrops		
	Skeletal Dysplasia		
	Genetic tests		
	Infectious disease		
	TORCHES		
	Palliation		
	In Utero Procedures		
	Endocrinological		
	Maternal Diabetes		
	Maternal Graves		
	Cord abnormalities		
	Multiple gestations		
	Drug exposures		

**CALENDAR (TEMPLATE)**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week 1</b>					
9:00-10:00		Journal Club	Case based teaching	Grand rounds 8:00-9:00	MFM rounds
10:00-16:00	Prepare for weekly consults	Antenatal consults	Growth and Development clinic	Growth and Development Clinic	
13:00-16:00	Meet with staff for weekly			AHD	
<b>Week 2</b>					
9:00-10:00		Journal Club	Case based teaching	Grand rounds 8:00-9:00	MFM rounds
10:00-16:00	Prepare for weekly consults	Antenatal consults	Growth and Development clinic	Growth and Development Clinic	
13:00-16:00	Meet with staff for weekly			AHD	
<b>Week 3</b>					
9:00-10:00		Journal Club	Case based teaching	Grand rounds 8:00-9:00	MFM rounds
10:00-16:00	Prepare for weekly consults	Antenatal consults	Growth and Development clinic	Growth and Development Clinic	
13:00-16:00	Meet with staff for weekly			AHD	
<b>Week 4</b>					
9:00-10:00		Journal Club	Case based teaching	Grand rounds 8:00-9:00	MFM rounds
10:00-16:00	Prepare for weekly consults	Antenatal consults	Growth and Development clinic	Growth and Development Clinic	
13:00-16:00	Meet with staff for weekly			AHD	

## APPENDIX 1 – RESOURCES FOR ROTATION

\*\* FACULTY TO IDENTIFY RESOURCES\*\*

## APPENDIX 2 – EPAs TO ACHIEVE

### MFM (Maternal Fetal Medicine)

TTD--

**FOD02-** Providing neonatal-perinatal consultations for patients WITHOUT complex conditions (4 Antenatal and 3 Postnatal)

**FOD07-** Reaching shared decisions with families regarding non-critical aspects of care (3 Observations)

**FOD10-** Documenting clinical encounters (8 Observations)

**COD02-** Providing antenatal consultations for patients with complex conditions (6 Observations)

**COD07-** Reaching shared decisions with families regarding patients with medical complexity and/or life limiting conditions (3 Observations)

TTP--

## APPENDIX 3 – DICTATION TEMPLATE

For virtual consults, as part of the consultation note, we should include the following text:

"Informed verbal consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in person visit for some disorders or urgent problems and patient understands the need to seek urgent care in an Emergency Department, as necessary."

See PDF attached for the rest of the dictation template.





**Outpatient Antenatal Consultation  
Neonatal Perinatal Medicine**

*Affix Bradma Here*

**cc:** Referring OB/MFM  
Family physician  
Specialists involved

**DATE OF CONSULTATION:** \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

Thank you for asking us to meet with Name (s) in the 4F Outpatient Antenatal Consultation Clinic.

Name (s) was referred for Reason(s) for consultation

Name (s) is currently Gestational age.

**CURRENT PREGNANCY:**

Age	GTPAL	EDB
Pre-existing medical conditions		
Serologies		
Blood group	Antibody screen	GBS status
Substance use		
Medications		
GDM (Y/N)	Management of GDM (diet/insulin)	
PIH (Y/N)	Management of PIH	
Prenatal screen (type/results)		
Complications of pregnancy		

**ULTRASOUND FINDINGS:**

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**SOCIAL AND FAMILY HISTORY:**

**DISCUSSION:**

**NEONATAL CARE PLAN:**

Consultant Neonatologist \_\_\_\_\_ Date (D/M/Y) \_\_\_\_\_

#### APPENDIX 4 – DICTATION INSTRUCTIONS

To dictate call:

905-575-2550

Author ID#

13# (center)

1# (consultation type)

2# start

8# normal finish

6# (STAT)

#### APPENDIX 5 – ACCESS

These are the steps needed to view consults:

1. Sign into google (user name – [fellowfax@npmcmaster.ca](mailto:fellowfax@npmcmaster.ca) / password – **Macneonatal2020!** )
2. Top left-hand corner a grid of eight dots with an apps icon – click here – taking you to all google apps)
3. **Open google drive**
4. Left hand-side click on “**shared with me**”. In the shared with me folder there are four folders (1. To Do 2. Scheduled 3. Done 4. Cancelled)
5. In shared with me Click on “**2. Scheduled**” to see patients who have been scheduled with faculty for an upcoming appt
6. Once in “2. Scheduled” folder you will see a list of all patients scheduled
7. Click on patient file (PDF) to view consult

Once you are signed into the google account under the **fellowfax** account the consult links inside each calendar event will direct you to the specific patient. Most importantly please be logged into the correct account (fellow fax account) in google