

# **CAFC @ UMMC - INTRODUCTION TO ULTRASOUND & US RESEARCH – FY1**

## **Rotation Specific Goals and Objectives with Progressive Changes in Responsibility and Criteria for Advancement**

### **1. OVERVIEW**

- 1.1. The *ACGME Program Requirements for Graduate Medical Education in Maternal-Fetal Medicine*, 2018, provides the format required for approval of an MFM fellowship and serves as the basis for the organization of the fellowship.
- 1.2. *The Guide to Learning in Maternal-Fetal Medicine*, ABOG 2018 outlines the full breadth and depth of knowledge required of the MFM fellow and serves as the basis for all goals and objective listed below

### **2. GENERAL CONSIDERATIONS**

The practice of obstetrics and gynecology and maternal-fetal medicine requires a commitment to professional as well as personal growth. In addition to practicing technical skills, physicians should cultivate the ability to expand and apply those skills. Knowledge of ethical principles, communication skills, and the ability to acquire and continually update information are important components of professional development. The Accreditation Council on Graduate Medical Education (ACGME) identified six core competencies that should be incorporated into residency and subspecialty fellowship programs.

### **3. COMPETANCY BASED OBJECTIVES**

#### **3.1. PATIENT CARE & PROCEDURAL SKILLS**

- 3.1.1. Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- 3.1.2. Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.
- 3.1.3. Fellows must demonstrate competence in the management of complicated pregnancies, including: the treatment of medical and surgical complications of pregnancy; care of pregnant women with medical co- morbidities; fetal evaluation; genetic evaluation of women, families, and fetuses; ultrasound and prenatal diagnosis; critical care of pregnant women; interpretation of perinatal pathology; and, care for patients requiring cesarean hysterectomy.
- 3.1.4. Fellows must demonstrate competence in performing the following procedures; cervical cerclage; antepartum fetal assessment (biophysical profile, non-stress test (NST), etc.); amniocentesis at fewer than 24 weeks gestation; targeted maternal and fetal imaging using ultrasonography; external cephalic version; intrapartum management of multiple gestations, including internal version of the second twin; non-vertex vaginal delivery; and, operative vaginal delivery.
- 3.1.5. Fellows must demonstrate competence in obstetrical critical care, which must include training in the management of acute peripartum medical and surgical complications;
- 3.1.6. Fellows must demonstrate competence in infectious disease as it relates to pregnancy and the puerperium, including the effects of maternal infection on the fetus and newborn

#### **3.2. MEDICAL KNOWLEDGE**

- 3.2.1. Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

- 3.2.2. Fellows must demonstrate knowledge of: the physiology and pathophysiology of diseases occurring in pregnancy; both normal and abnormal newborn physiology; genetics (including prenatal screening and diagnosis), genomics, teratology, and dysmorphology.
- 3.2.3. Fellows must demonstrate knowledge of -the indications, techniques, complications, and follow-up of the following procedures: cesarean hysterectomy; cervical cerclage; antepartum fetal assessment (biophysical profile, NST, etc.); targeted maternal and fetal imaging using ultrasonography; -pregnancy termination; invasive fetal diagnostic and therapeutic procedures, including amniocentesis at fewer than 24 weeks gestation; chorionic villus sampling; umbilical cord blood sampling; fetal transfusion; and fetal shunt placement; external cephalic version; intrapartum management of multiple gestations – internal version of second twin; non-vertex vaginal delivery; and operative vaginal delivery.
- 3.2.4. Fellows must demonstrate knowledge of obstetrical critical care, including the management of acute peripartum medical and surgical complications;
- 3.2.5. Fellows must demonstrate knowledge of infectious diseases as they relate to pregnancy and the puerperium, including the effects of maternal infection on the fetus and newborn

### **3.3. PRACTICE-BASED LEARNING AND IMPROVEMENT**

- 3.3.1. Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- 3.3.2. Fellows are expected to develop skills and habits to be able to identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; identify and perform appropriate learning activities; systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; incorporate formative evaluation feedback into daily practice; locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems) ; use information technology to optimize learning; participate in the education of patients, families, students, residents and other health professionals; participate in multidisciplinary inter-professional conferences devoted to care of the at-risk mother, fetus, and newborn

### **3.4. INTERPERSONAL AND COMMUNICATION SKILLS**

- 3.4.1. Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals
- 3.4.2. Fellows are expected to; communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; communicate effectively with physicians, other health professionals, and health related agencies; work effectively as a member or leader of a health care team or other professional group; act in a consultative role to other physicians and health professionals; and, maintain comprehensive, timely, and legible medical records

### **3.5. PROFESSIONALISM**

- 3.5.1. Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- 3.5.2. Fellows are expected to demonstrate compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society and the profession; sensitivity and responsiveness to a diverse patient population.

### **3.6. SYSTEMS-BASED PRACTICE**

- 3.6.1. Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
- 3.6.2. Fellows are expected to work effectively in various health care delivery settings and systems relevant to MFM; coordinate patient care within the health care system relevant to MFM; incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population based care as appropriate; advocate for quality patient care and optimal patient care systems; work in inter-professional teams to enhance patient safety and improve patient care quality; participate in identifying system errors and implementing potential systems solutions.

#### 4. ROTATION SPECIFIC GOALS & OBJECTIVES

##### 4.1. INTRODUCTION TO ULTRASOUND portion of ROTATION (IUS)

- 4.1.1. The IUS clinical portion of the MFM fellowship is designed so that each fellow, under the direction of members of the Division of Maternal Fetal Medicine, is exposed to the full breadth and depth of the subspecialty and thereby fulfilling
- 4.1.2. The educational objective of Guide to Learning in Fetal-Fetal Medicine, ABOG 2018, Sec XIV, XII and X, XVII.. "The fellow should be able to diagnose and outline a plan of management for obstetrical complications" and "The fellow should be able to diagnose and manage medical and surgical complications of pregnancy which may affect the mother, fetus and neonate", Demonstrate a base of knowledge including, indications, contraindications, risks and principles, and experience sufficient to perform the following antepartum procedures independently"... ultrasound examination(s)." and "The fellow should have sufficient knowledge of basic human genetics and diagnostic techniques to provide genetic counseling for some of the commonly recognized disorders", and
- 4.1.3. the relevant competencies as described in the "*ACGME Program Requirements for Graduate Medical Education in Maternal-Fetal Medicine, 2018* ,(see section 3)
- 4.1.4. During the course of training, the fellow shall participate in the care of complex and high-risk obstetric patients seen by the MFM attending covering the CAFC @ UMMC. This includes the MFM consults, prenatal diagnosis and treatment in the Center for Advanced Fetal Care, of antepartum patients, inpatient service, intrapartum patients, complicated postpartum patients, and inpatients on other services within the UMMS for whom perinatal consultation in the CAFC is sought.
- 4.1.5. The fellow, under supervision of the MFM attending, shall function as teaching faculty (non-billing) and serve as a source of consultation and interaction with the resident house staff and medical students. The fellowship training and resident training shall complement and enrich one another and not compete with each other.
- 4.1.6. The fellow shall also attend one or more 4 hour session per week (averaged over four week) of the High Risk Obstetric Clinic (HROB). This clinical experience will serve to complete the continuity requirement of the fellow's training. Outpatient experience is particularly important and will be carefully supervised by the MFM clinical faculty attending the clinic. The fellow may also serve as a source of consultation and interaction with the resident house staff and medical students on the HROB clinic team.
- 4.1.7. In compliance with The Centers for Medicare & Medicaid Services (CMS), ACGME and CREOG regulations the MFM attending shall be present or available for consultation and supervision at all times. It is anticipated that the fellow play a major role in decisions affecting patient management and that this role progress commensurate with the fellows experience.

- 4.1.8. During the rotation the fellow unless scheduled to be in didactics (lectures, grand rounds, simulation, conferences, graduate courses, seminars etc.), research or clinical activity (high-risk clinic, etc.) fellows shall be present in the CAFC @ UMMC or be readily available
- 4.1.9. The experience in rotation is designed to provide the fellow with basic skills and knowledge of obstetric imaging and antenatal diagnostic techniques and provide a foundation from which the the fellow will develop and demonstrate improvement in the skills and knowledge of obstetric imaging and antenatal diagnostic techniques allowing the fellow to progress successfully through the remainder of the fellowship and gain expertise in these areas. This rotation fulfills the learning objectives of Guide to Learning in Maternal-Fetal Medicine, ABOG 2018, Sec X, XI and XVII, and relevant competencies as described in the "ACGME Program Requirements for Graduate Medical Education in Maternal-Fetal Medicine, 2018 and relevant competencies as described in the *"ACGME Program Requirements for Graduate Medical Education in Maternal-Fetal Medicine, 2016.*
- 4.1.10. The fellow shall understand the principles and techniques of cytogenetics, cell free fetal DNA and maternal and fetal karyotyping such as: chromosome nomenclature, mechanisms leading to aneuploidy, chromosomal structural abnormalities and mosaicism and be able to use this knowledge, under supervision of MFM faculty and Certified Genetic Counselor in providing genetic counseling to patients.
- 4.1.11. The fellow shall be able to explain and interpret chromosomal abnormalities including: the common aneuploidies, effects of deletions and microdeletions, translocations, sex chromosome abnormalities, chromosome anomalies in abortions. The fellow shall be able to discuss various techniques of molecular genetic analysis including, gene structure, genetic probes, linkage and recombination direct detection of mutations and deletions. The fellow, under supervision of MFM faculty and Certified Genetic Counselor faculty, shall be able to use this knowledge in providing genetic counseling to patients and families with respect to expected phenotypic finding, recurrence risks, prognosis, and diagnosis and possible therapy.
- 4.1.12. The fellow shall understand normal embryology, the general principles of teratology and the mechanisms of teratogenesis leading to abnormal embryogenesis. The fellow shall be able to define the effect on the fetus and newborn of suspected teratogenic agents, such as drugs, viruses and other infectious agents, radiation and other physical agents, nutritional deficiencies and excesses, environmental agents and work place exposure. The fellow under supervision of MFM faculty and Certified Genetic Counselors faculty, shall be able to investigate and counsel a pregnant woman or her partner exposed to teratogenic agents and is able to explain possible effects on the fetus at various stages of gestation and specific effects, syndromes or target organs at risk.
- 4.1.13. The fellow shall understand the various patterns of inheritance such as Mendelian patterns of inheritance, incomplete penetrance, variable expression, multifactorial inheritance, mitochondrial inheritance, and uniparental disomy, etc. The fellow, under supervision of MFM faculty and Certified Genetic Counselor faculty shall be able to use this knowledge to provide genetic counseling to patients.
- 4.1.14. The fellow shall be able to discuss prenatal diagnostic procedures such as: amniocentesis and chorionic villous sampling, fetoscopy, fetal biopsy and blood sampling and prenatal genetic screening programs such as multiple serum markers, NIPT, ultrasound screening, cystic fibrosis screening with respect to technique, risks, limitations and pitfalls, ethical considerations and indications. The fellow, under supervision of MFM faculty and Certified Genetic Counselor faculty shall be able to use this knowledge to provide genetic counseling to patients.

4.1.15. It is not anticipated that the fellow upon completing these rotations shall have yet mastered the techniques of amniocentesis, nor be able to demonstrate sufficient knowledge of the indications, techniques, complications, and follow-up of chorionic villus sampling, or fetal blood sampling. Rather the rotation will provide the tools with which the fellow can assure the correct utilization and application of the technical skills, and learning that shall result in achieving the required competency during later rotations.

#### **4.2. INTRO to ULTRASOUND RESEARCH portion of ROTATION (IUSR)**

4.2.1. The IUSR portion of the MFM fellowship is designed so that each fellow, under the direction of members of the Division of Maternal Fetal Medicine, is introduced to the ongoing ultrasound based research within the Division, as well as the basics design and implementation of such research for purposes of investigating of medical and pathophysiologic questions that may affect maternal and/or fetal health. The fellow will develop familiarity with basic biostatistics and their application in the practice of evidence-based medicine. Fellows will learn about our Institutional Review Board and ongoing studies in the basic science lab. The first year Fellow will begin to develop the ability to:

4.2.2. Design an experiment and understand its strengths and weaknesses.

4.2.3. Select an appropriate method to test a hypothesis.

4.2.4. Conduct a properly controlled experiment.

4.2.5. Prepare reagents and properly set up equipment to carry out an experiment.

4.2.6. Collect and analyze data from experiments.

4.2.7. To extract information from relevant databases.

4.2.8. Use basic scientific equipment to collect and analyze data.

4.2.9. The first year fellow is expected to begin conceptualizing a research thesis question or hypothesis and to formulate a strategy to answer the question. The fellow, with the guidance of the PD and Associate PD for Research will select a faculty research-mentor to appropriately supervise the development and implementation of the thesis research projects.

4.2.10. All first year fellows will complete the following required series of courses lectures and modules under the direction of the UM-SOM Human Research Protections Office (HRPO) to qualify them to conduct research at UM-SOM;

4.2.10.1. PREV 616 Introduction to Clinical Investigation at UMB

4.2.10.2. University of Miami's Collaborative IRB Training Initiative (CITI) for

4.2.10.3. Biomedical Research,

4.2.10.4. HIPAA training

4.2.10.5. Clinical Research Billing training

### **5. COMPETENCY BASED CRITERIA for ADVANCEMENT and PROGRESSIVE CHANGES in RESPONSIBILITY**

#### **5.1. Patient Care & Procedural Skills (PC)**

##### **5.1.1. PC 1 –Labor and Delivery Procedures**

5.1.1.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; independently identify appropriate procedures for routine obstetrical patients; independently performs routine obstetrical procedures proficiently, identify complications associated with obstetrical procedures and manage them with appropriate consultation.

5.1.1.2. The advancing first year fellow is expected to; assist with complex obstetrical procedures: develop management plans strategy for complications associated with obstetrical procedures; supervise learners during routine, common obstetrical procedures.

- 5.1.1.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in the **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

**5.1.2.PC 2: Sonographic Diagnosis**

- 5.1.2.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; proficiently perform limited obstetrical sonography, gestational age assessment, and antenatal assessment.
- 5.1.2.2. The advancing first year fellow is expected to; proficiently performs sonography for cervical length and standard sonography for complete fetal anatomic survey; select appropriate candidates for prenatal diagnosis or therapeutic procedures.
- 5.1.2.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in the **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

**5.1.3.PC 3: Medical Complications of Pregnancy**

- 5.1.3.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; demonstrate a comprehensive understanding of the presentation and treatment options for common medical comorbidities in pregnancy.
- 5.1.3.2. The advancing first year fellow is expected to; develop a management strategy for patients with common medical comorbidities in pregnancy; demonstrate an understanding of the presentation and treatment options for complex medical comorbidities in pregnancy.
- 5.1.3.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in the **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

**5.1.4.PC 4: Obstetrical Complications**

- 5.1.4.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; demonstrate a comprehensive understanding of the presentation and treatment options for common obstetrical complications.
- 5.1.4.2. The advancing first year fellow is expected to; develop a management strategy for patients with common obstetrical complications; demonstrate an understanding of the presentation and treatment options for obstetrical complications.
- 5.1.4.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

**5.2. Medical Knowledge (MK)**

**5.2.1.MK 1: Pathology, Anatomy, and Physiology**

- 5.2.1.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; identify normal placental development; demonstrate knowledge of maternal pelvic anatomy; demonstrate knowledge of maternal physiologic adaptations to pregnancy.
- 5.2.1.2. The advancing first year fellow is expected to; identify abnormal placental development; apply knowledge of maternal pelvic anatomy to the management of common obstetric procedures and complications; demonstrate knowledge of fetal physiology.
- 5.2.1.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in the **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

**5.2.2.MK 2: Medical Complications of Pregnancy**

- 5.2.2.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; demonstrates knowledge of common medical comorbidities that can affect obstetrical outcomes

- 5.2.2.2. The advancing first year fellow is expected to; apply knowledge of common medical comorbidities to optimize obstetrical outcomes; demonstrate knowledge of treatment modalities of common medical comorbidities in pregnancy; demonstrate knowledge of complex medical comorbidities that can affect obstetrical outcomes.
- 5.2.2.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in the **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

### **5.2.3.MK 3: Obstetrical Complications**

- 5.2.3.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; demonstrate knowledge of common obstetrical complications.
- 5.2.3.2. The advancing first year fellow is expected to; apply knowledge of common obstetrical complications; demonstrates knowledge of treatment modalities of common obstetrical complications; demonstrate knowledge of complex obstetrical complications.
- 5.2.3.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in the **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

### **5.2.4.MK 4: Genetic Principles**

- 5.2.4.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; demonstrate knowledge of basic genetic principles and common hereditary syndromes; demonstrate knowledge of teratogens; demonstrate knowledge of basic genetic screening and diagnostic tests.
- 5.2.4.2. The advancing first year fellow is expected to; apply knowledge of basic genetics to patient counseling; apply knowledge of teratogens to patient counseling and evaluation; apply knowledge of basic genetic screening and diagnostic tests.
- 5.2.4.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in the **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

### **5.2.5.MK 5: Prenatal Imaging and Diagnosis**

- 5.2.5.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; demonstrate knowledge of imaging modalities used to evaluate obstetric; demonstrate knowledge of normal fetal anatomy and placentation; demonstrate knowledge of normal maternal pelvic sonography.
- 5.2.5.2. The advancing first year fellow is expected to; demonstrate knowledge of bioeffects and safety of imaging modalities used to evaluate obstetric patients; demonstrate knowledge of abnormal fetal anatomy, growth and placentation; demonstrate knowledge of abnormal maternal pelvic sonography; demonstrate knowledge of indications and complications of prenatal diagnostic procedures.
- 5.2.5.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in the **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

## **5.3. System Based Practice**

### **5.3.1.SBP 1: Computer Systems**

- 5.3.1.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; retrieve basic patient information from the electronic medical record.
- 5.3.1.2. The advancing first year fellow is expected to; retrieve complex patient information from the EMR; generate orders, communicate with referring physicians, and document communication with patients.
- 5.3.1.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in the **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

### **5.3.2.SBP 2: Value-based Patient Care**

- 5.3.2.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; demonstrate knowledge of general obstetrics and gynecology guideline-based care; demonstrate knowledge of the importance of providing cost-effective care; understands the diversity and roles of all members of the health care team. .
- 5.3.2.2. The advancing first year fellow is expected to; demonstrates knowledge of maternal-fetal medicine guideline-based care; demonstrate knowledge of cost related to diagnostic and treatment plans; demonstrates knowledge of personnel and resources needed to facilitate value-based (high quality, cost-effective) care.
- 5.3.2.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in the **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

## **5.4. Practice-Based Learning and Improvement**

### **5.4.1.PBLI 1: Scholarly Activity**

- 5.4.1.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; critically review and interpret publications with the ability to identify hypotheses, study aims, design, results, and limitations; demonstrate knowledge of commonly used study designs; demonstrate knowledge of basic principles underlying the ethical conduct of research and the protection of human subjects.
- 5.4.1.2. The advancing first year fellow is expected to; design and begin execution of a hypothesis-driven or hypothesis-generating scholarly thesis, under the direction of a research mentor; demonstrate knowledge of advanced study designs and statistical methodology; apply the principles of ethics and good clinical practice to the protection of human subjects recruited to participate in research, as indicated.
- 5.4.1.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in the **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

### **5.4.2.PBLI 2: Quality Improvement (QI)**

- 5.4.2.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; identify problems in health care delivery.
- 5.4.2.2. The advancing first year fellow is expected to; begin working on a QI project, either as an individual or as a team member.
- 5.4.2.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in the **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

### **5.4.3.PBLI 3: Education of Team Members**

- 5.4.3.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; fully participate in required didactic activities.
- 5.4.3.2. The advancing first year fellow is expected to; teach medical students and residents in the clinical setting; present well-organized, literature-based conference presentations.
- 5.4.3.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in the **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

## **5.5. Professionalism**

### **5.5.1.PROF 1: Professional Ethics and Accountability**

- 5.5.1.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; demonstrate integrity, respect, honesty, and compassion; understand HIPAA policies and appropriate use concepts; demonstrates timeliness in completion of assigned rotations, reports, state licensure, and duties.



- 5.5.1.2. The advancing first year fellow is expected to; is accountable in completion of duties, records, and patient care; is sensitive and responsive to diverse patient population and needs, regardless of gender, age, race, sexual orientation, religion, or disabilities; demonstrate knowledge of regulations for billing and coding.
- 5.5.1.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in the **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

#### **5.5.2.PROF 2: Compassion, Integrity, and Respect for Others**

- 5.5.2.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; understand the importance of compassion, integrity, and respect for others; demonstrates sensitivity and responsiveness to patients.
- 5.5.2.2. The advancing first year fellow is expected to; consistently show compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team; consistently demonstrate sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations; accepts constructive feedback to improve his/her ability to demonstrate compassion, integrity, and respect for others.
- 5.5.2.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in the **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

### **5.6. Interpersonal and Communication Skills**

#### **5.6.1.ICS 1: Teamwork and Communication with Physicians & Other Health Professionals**

- 5.6.1.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; understand the importance of relationship development, information gathering and sharing, and teamwork.
- 5.6.1.2. The advancing first year fellow is expected to; demonstrate an understanding of the roles of health care team members, and communicates effectively within the team; demonstrates an understanding of transitions of care and team debriefing.
- 5.6.1.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in the **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

#### **5.6.2.ICS 2: Communication with Patients and Families**

- 5.6.2.1. The starting first year fellow, having completed an ObGyn Residency, is expected to; demonstrate adequate listening skills; communicate effectively in routine clinical situations.
- 5.6.2.2. The advancing first year fellow is expected to; checks for patient and family understanding of illness and management plan; allow for opportunities for patient questions; maintain communication with patient and family regarding plan of care.
- 5.6.2.3. The first year fellow, as he or she approaches the end of the year may begin to advance to the level of the second year fellow as listed in the **CAFC @ MMC - Obstetric Imaging & Outpatient Consultation Rotation** Goals & Objectives.

#### **Recommended textbooks**

#### **Recommended Genetics Textbooks**

<https://www.ncbi.nlm.nih.gov/books/NBK1116/>  
<http://www.fetalmedicine.com/synced/fmf/FMF-English.pdf>  
<https://fetalmedicine.org/var/uploads/Doppler-in-Obstetrics.pdf>  
[https://fetalmedicine.org/var/uploads/18-23\\_Weeks\\_Scan.pdf](https://fetalmedicine.org/var/uploads/18-23_Weeks_Scan.pdf)

#### **Supplemental Genetics Textbooks**

-Thompson & Thompson Genetics in Medicine, 8th Ed, Nussbaum Ed.  
-A Guide to Genetic Counseling, 2nd Ed, Uhlmann, Ed.  
-Genetic Disorders and the Fetus: Diagnosis, Prevention, & Treatment, Milunsky Ed, 7th Ed, 2015.

- Sanders' Structural Fetal Abnormalities, 3rd Ed, Hogge Ed.
- Callen's Ultrasonography in Obstetrics and Gynecology, 6th Ed, Norton, Ed.

### **Recommended Statistics Textbooks**

- Guyatt G, Rennie D, Meade M, Cook D. User s' Guides to the Medical Literature. McGraw-Hill Professional; 3rd ed. 2014.
- JAMA Guide to Statistics and Methods. JAMA. 2014; 312(1):35.

### **Supplemental Research Resources**

- ACP Writing a Research Abstract  
[http://www.acponline.org/education\\_recertification/education/program\\_directors/abstracts/prepare/res\\_abs.htm](http://www.acponline.org/education_recertification/education/program_directors/abstracts/prepare/res_abs.htm)
- Agency for Healthcare Research and Quality (AHRQ): What Is Comparative Effectiveness Research  
<http://www.effectivehealthcare.ahrq.gov/index.cfm/what-is-comparative-effectiveness-research1/>
- CONSORT Transparent Reporting of Trials <http://www.consort-statement.org/>
- International Committee of Medical Journal Editors (ICMJE) Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals.  
<http://www.icmje.org/recommendations/>
- Agency for Healthcare Research and Quality (AHRQ) - Evidence Based Practice: Evidence based information covers clinical care, research and special populations.  
<http://www.ahrq.gov/research/findings/evidence-based-reports/index.html>
- STROBE Statement Strengthening the Reporting of Observational Studies in Epidemiology  
<http://www.strobe-statement.org/>

This list is by no means exclusive and should form the nucleus of a far more extensive library

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