

MATERNAL FETAL MEDICINE ROTATION – GENERAL SITE -(PGY3, PGY4, PGY5)

Philosophy of Care

The resident will be expected to understand the philosophy of care as it pertains to Maternal Fetal Medicine. This involves maternal and fetal health assessment, health promotion and the application of preventative measures to improve outcome. He/she will also recognize the importance of concepts such as

- 1) Regionalization and rationalization of care;
- 2) Integration and effectiveness of the comprehensive health care team;
- 3) Family-centered maternity care;
- 4) The use of quality assurance measures to assess care;
- 5) Risk assessment and
- 6) Screening.

Overall Rotation Outline and Schedule

The newly redesigned MFM rotation is of 6 weeks duration and will be divided into two sections which will be inpatient care and ambulatory care. Ideally, these 6 weeks will happen consecutively. However, on occasion, they may have to be separated into one block of 4 weeks duration and one block of 2 weeks duration:

The generally intended schedule for the 6 weeks rotation will be as such:

Week/Day	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	Inpatient service	Ambulatory care	Inpatient service	Inpatient service	Inpatient Service
Week 2	Inpatient service	Inpatient service	Ambulatory care	Inpatient service	Inpatient service
Week 3	Inpatient service	Inpatient service	Inpatient service	Ambulatory care	Inpatient service
Week 4	Inpatient service	Inpatient service	Inpatient service	Inpatient service	Ambulatory care
Week 5	Inpatient service	Ambulatory care	Ambulatory care	Ambulatory care	Ambulatory care
Week 6	Inpatient service	Ambulatory care	Ambulatory care	Ambulatory care	Ambulatory care

This basic schedule can be adjusted as needed based on holidays, resident absences or other academic obligations as well as the presence and number of off service trainees or MFM Fellows.

Inpatient care (approximately 3 weeks):

The OBGYN residents on MFM inpatient service are expected:

- To meet with the MFM team in the morning to actively round on inpatients (8 East and Labour/Delivery), both antepartum and postpartum.
- During those rounds, the resident will interact directly with the complex patients and their families and provide appropriate counseling after discussing day-to-day management plans with the medical team.
- To ensure proper documentation of all inpatient visits in their respective medical chart, including admission notes, daily encounters, OR protocols and discharge summaries.
- To participate in triage visits and inpatient consultations from other services.
- To join the MFM Fellow/Staff for all MFM procedures and assume an active role in cases presenting more challenging technical skills, which will be needed in his/her obstetrical practice. This will include breech deliveries, forceps, delivery of multiple gestation, complicated caesarean sections, cerclages etc.
- To acquire the necessary experience to become comfortable managing difficult obstetrical cases by being responsible for the MFM patients on the L&D unit, including terminations, and directly participating in all important management decisions as well as the necessary medical and surgical treatments.
- To improve his/her ability to be a leader and educator by being responsible for teaching medical students and house staff and directly supervising.
- To improve his/her abilities to be a manager, to appropriately use human resources, priorities and ensure adequate coverage of the labour floor.
- To present the antepartum inpatients at weekly rounds
- To liaise with other members of the multidisciplinary team such as social workers, nurses including the team leaders of both L&D and 8east, dieticians, neonatologists, internists, anesthesiologists, sonographers as needed.
- To actively participate in all conference cases on particularly complex inpatients
- The resident may go to clinic if service is not busy or rounds are done.

Maternal Fetal Medicine Service Schedule

Morning Hand Over

When: every day 7:45 am and 8:00 am

Where: L&D and the MFM nurse coordinator's office

Evening Hand Over

When: every day at 5:00 pm

Where: L&D.

Ambulatory care (approximately 3 weeks):

The OBGYN residents attending the MFM clinic are expected:

- To have direct contact with complex pregnant patients attending the clinic and be involved in both new consultations and follow up visits;
- To perform counselling, take consent, schedule OR cases or inductions and appropriately document each encounter they participate in on the patient's chart;
- To liaise with the patients, their family and other consultants (such as social workers, psychologists, dieticians, nurses, genetic counsellors, neonatologists) as needed.
- To actively participate in pre-conception counselling.
- **The resident is not responsible for seeing patients in triage or 8 East when he/she is in clinic.**

Maternal Fetal Medicine Weekly Clinic Schedule

Mondays: No MFM Clinics

Tuesdays from 8 am till 5 pm: (2 staff running clinics in parallel)

Dr. Moretti – Special MFM interests: Preeclampsia, IUGR, Placental insufficiency, Morbidly adherent placenta, Neurological/Brain anomalies, Viral infections (HIV, Toxo, CMV).

Dr. El-Chaar – Special MFM interests: Maternal disease other than the SPU population such as Renal disease including transplant, Epilepsy, Crohn's and Ulcerative colitis, Cancer, Cystic Fibrosis or other respiratory conditions, Connective Tissue disorders, also HIV and other infections, Substance abuse, Thrombotic diseases.

Wednesdays from 8 am till 5 pm:

Dr. Fung Kee Fung – Special MFM interests: Multiples, Isoimmunization, NAIT, ITP, other haematological disorders.

Thursdays from 8 am till 5 pm: (2 staff running clinics in parallel)

Dr. Jones – Special MFM interests: Preterm Prevention including Incompetent Cervix, PPROM and Mullerian anomalies. Also Morbidly adherent placenta

Dr. Bonin – Special MFM interests: Fetal anomalies including palliative conditions, Epilepsy, Crohn's and Ulcerative Colitis.

Fridays from 8 am till 5 pm:

Dr. Walker – Special MFM interests: Diabetes, Hypertension, Thyroid disorders

Medical Expert – Specific 2016 Knowledge and Skills Objectives of Training from the Royal College being addressed:

1. Function effectively as a specialist, integrating all of the CanMEDS Roles to provide optimal, ethical, and patient-centred medical care
2. Establish and maintain clinical knowledge, skills, and behaviours appropriate to Obstetrics and Gynecology

2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Obstetrics and Gynecology

An extensive level of knowledge is required for the following:

2.1.1. Antepartum care

2.1.1.1. Maternal and fetal physiology

2.1.1.2. Fetal development

2.1.1.3. Antepartum assessment of normal pregnancy and identification of high-risk features

2.1.1.4. Genetic screening:

2.1.1.4.1. Complications from invasive procedures, including but not limited to chorionic villus sampling and amniocentesis

2.1.1.4.2. Outcomes of pregnancies complicated by fetal anomaly(ies) or aneuploidy

2.1.1.5. The effects of underlying medical, surgical, social, psychosocial and mental health disorders on maternal and fetal health, and appropriate management of any complications for maternal or fetal health imposed by such conditions

2.1.1.6. Antepartum fetal surveillance in the high-risk pregnancy including appropriate use of obstetrical ultrasound

2.1.1.7. Safety of pharmacotherapy in pregnancy, including but not limited to knowledge of appropriate resources to obtain detailed information

2.1.1.8. Health optimization for pregnant women and those planning a pregnancy, including but not limited to avoidance of substance use, appropriate diet and supplements, immunizations, exercise, and screening for common mental health disorders such as depression.

2.1.1.9. Consultation and safe transfer to appropriate facilities for obstetrics patients requiring a higher level maternal/neonatal care.

2.1.2. Obstetric care

The pathophysiology, prevention, investigation, diagnosis, prognosis and/or management of:

2.1.2.1. Preterm labour and birth

2.1.2.2. Premature rupture of membranes

- 2.1.2.3. Antepartum hemorrhage
- 2.1.2.4. Post-term pregnancy
- 2.1.2.5. Twin pregnancy
- 2.1.2.6. Fetal growth restriction
- 2.1.2.7. Immune and non-immune hydrops fetalis
- 2.1.2.8. Maternal alloimmunization
- 2.1.2.9. Gestational diabetes mellitus and diabetes preceding pregnancy
- 2.1.2.10. Gestational hypertension
- 2.1.2.11. Infections in pregnancy, including but not limited to viral, bacterial, and parasitic
- 2.1.2.12. Mental health disorders in pregnancy, including but not limited to depression and addictions

2.1.4. Pregnancy termination Investigation, diagnosis, and management, including counselling and/or referral for grief support, of:

- 2.1.4.2. Termination of pregnancy in the second (third) trimester and its complications

2.1.5. Intrapartum care

- 2.1.5.1. Anatomy, physiology, mechanisms and complications of labour
- 2.1.5.2. Anatomy, physiology, mechanisms and complications of vaginal delivery
- 2.1.5.3. Indications, methods and complications of labour induction
- 2.1.5.4. Assessment of labour progress
- 2.1.5.5. Indications, methods and complications of augmentation of labour
- 2.1.5.6. Intrapartum assessment of maternal health, including mental health
- 2.1.5.7. Intrapartum assessment of fetal health

2.1.6. Obstetric delivery

- 2.1.6.1. Indications for assisted vaginal delivery and cesarean section
- 2.1.6.2. Maternal and neonatal risks and benefits of assisted vaginal delivery and cesarean section
- 2.1.6.3. Risks and benefits of vaginal delivery after a previous cesarean section

A working level of knowledge is required for the following:

2.1.20. Obstetrics

- 2.1.20.2. Medical diseases in pregnancy
- 2.1.20.3. Triplets and higher order multiple gestations

2.1.21. Neonatal care

2.1.21.2. Neonatal morbidities resulting from prematurity, macrosomia, birth asphyxia, fetal growth restriction, assisted vaginal delivery, congenital anomalies, and/or maternal disease

3. Perform a complete and appropriate assessment of a patient

3.1. Identify and effectively explore issues to be addressed in a patient encounter, including the patient's context and preferences

3.2. Elicit a history that is relevant, concise, and accurate to context and preferences for the purposes of diagnosis, management, health promotion, and disease prevention

3.2.1. Administer and interpret standardized screening tools for depression

3.3. Perform a focused physical examination that is relevant and accurate for the purposes of diagnosis, management, health promotion, and disease prevention

3.3.1. Identify potential perioperative risk factors

3.4. Select medically appropriate investigative methods in a resource-effective and ethical manner including imaging techniques and laboratory investigations

3.5. Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans

3.5.1. Demonstrate the ability to perform a rapid and appropriate assessment of a hemodynamically unstable patient

4. Use preventive and therapeutic interventions effectively

4.1. Implement a management plan in collaboration with a patient and her family

4.2. Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to Obstetrics and Gynecology

4.3. Obtain appropriate informed consent for therapies

5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic

5.1. Demonstrate effective, appropriate, and timely utilization of diagnostic procedures relevant to Obstetrics and Gynecology

5.1.1. Demonstrate an understanding of the indications, risks and benefits, limitations and role of the following investigative techniques specific to the practice of Obstetrics and Gynecology. Demonstrate appropriate effective and timely performance of the following diagnostic/investigative procedures:

Diagnostic procedural skills

5.1.1.2. Basic ultrasound imaging

- 5.1.1.2.3. Second and third trimester scan
 - 5.1.1.2.3.1. Fetal position and number
 - 5.1.1.2.3.2. Placental location
 - 5.1.1.2.3.3. Amniotic fluid volume assessment
 - 5.1.1.2.3.4. Fetal biometry: biparietal diameter (BPD), head circumference (HC), abdominal circumference (AC), femur length (FL)
 - 5.1.1.2.4. Cervical length measurement
 - 5.1.1.2.5. Biophysical profile (BPP) test
- 5.1.1.10. Assessment of ruptured membranes/ferning
- 5.1.1.11. Non-stress test, contraction stress test

5.2.2. **Surgical procedures list A:** The following procedures in List A are those that the fully trained resident in Obstetrics and Gynecology must be competent to perform independently:

Obstetric procedures

- 5.2.2.1. Spontaneous vaginal delivery, including but not limited to vaginal delivery of the non-vertex presentation and the acute management of shoulder dystocia
- 5.2.2.2. Vaginal delivery of twin gestation
- 5.2.2.3. Vaginal breech extraction of second twin
- 5.2.2.6. Episiotomy and repair
- 5.2.2.8. Cesarean section, primary and repeat, including low transverse, low vertical or classical cesarean section
- 5.2.2.9. Evacuation of the pregnant uterus: curettage following vaginal delivery for retained products
- 5.2.2.10. Manual removal of the placenta
- 5.2.2.11. Cesarean hysterectomy
- 5.2.2.14. Non-surgical and surgical management of moderate and severe post-partum hemorrhage, including the use of uterine compression sutures

5.2.3. **Surgical procedures list B:** The following procedures in List B are those that the fully trained resident in Obstetrics and Gynecology will understand and be able to perform with supervision:

Obstetric procedures

- 5.2.3.4. Cervical cerclage, elective and emergent
- 5.2.3.6. External cephalic version

5.2.4. **Surgical procedures list C:** The fully trained resident in Obstetrics and Gynecology will be able to describe the principles of the following procedures, the indications for referral, and the perioperative management and complications. He/she will not be expected to be able to perform these procedures.

Obstetric procedures

- 5.2.4.1. Chorionic villus sampling
- 5.2.4.2. Cordocentesis
- 5.2.4.3. Intrauterine transfusion

6. Seek appropriate consultation from other health professionals, recognizing the limits of their own expertise

- 6.1. Demonstrate insight into their own limitations of expertise
- 6.2. Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care
- 6.3. Arrange appropriate follow-up care services for a patient and her family

For the upcoming residents in the Competency By Design (CBD) stream, the following 2019 Entrustable Professional Activities (EPAs) will be addressed:

Foundations

- EPA #2: Performing assessments of antenatal fetal well-being
- EPA #3: Assessing and providing initial management for patients with common obstetric presentations
- EPA #4: Managing labour and childbirth
- EPA #5: Performing uncomplicated cesarean sections with a skilled assistant
- EPA #6: Providing early postpartum care

Core

- EPA #1: Providing preconception and antenatal care to women with high risk pregnancies
- EPA #2: Managing patients with acute conditions presenting in the antenatal and perinatal period
- EPA #3: Managing complex vaginal deliveries
- EPA #4: Performing complex cesarean sections
- EPA #5: Diagnosing and managing postpartum complications
- EPA #6: Performing obstetric and gynecologic ultrasound

Transition to Practice

- EPA #2: Discussing difficult news

For more details on each specific EPA please follow the link below:

<https://med.uottawa.ca/obs-gyne/postgraduate-education/residency-training-program/competency-based-medical-education>

Maternal Fetal Medicine (MFM) Rounds

The OBGYN residents should make every effort possible to attend the rounds listed below, unless they have procedures or patients to be seen in 8 East, Triage and L & D.

Mondays:

Neonatology - MFM rounds

Duties and Responsibilities:

Participate in the discussion with regards to the management of antepartum or postpartum patients where both specialties are involved as well as in the review of transfers and care of the extremely premature infant. Learn the principles of the most recent policies and procedures surrounding the care of the newborn through expert opinions on issues such as delayed cord clamping, skin-to-skin, timing of antenatal steroids and MgSO₄ administration, etc.

Presenter: Neonatology or MFM Staff or Fellows

When: Once every 1 to 2 months

Time: 12:00 to 1:00 pm

Where: room 8101 or via teams

Who: Maternal Fetal Medicine and Neonatology teams

Mondays:

Academic Half-Day for MFM Fellowship Program

Duties and Responsibilities:

These teaching sessions are dedicated to MFM Fellows, but OBGYN Residents are more than welcome to attend. However, clinical work takes priority since this is a half day teaching session of the Fellowship program.

Presenter: Variety of Specialties/Sub-specialty Staff or Fellows

When: Weekly

Time: 1:00 to 3:00 pm

Where: room 8101 or via teams

Who: MFM Fellows.

Tuesdays:

Combined Prenatal Diagnosis Rounds (CPDR)

Duties and Responsibilities:

Participate in the discussion around the prenatal diagnosis, assessment and management of fetal anomaly cases in a multidisciplinary setting.

Presenter: Ultrasound reporting MFM Fellow, Paediatric Cardiologist or Radiologist

When: Weekly

Time: 12:00 to 1:00 pm

Where: Room 8101 or via teams

Who: MFM team, Neonatology, Genetics, Peds Radiology, and Peds Cardiology.

Tuesdays:

Antepartum inpatients discussion

Duties and Responsibilities:

Review all antepartum inpatients and provide an update on each one's management plan. This only applies to the resident while on service.

Presenter: Inpatient care team and MFM nurse coordinator

When: Weekly

Time: 1:00 to 1:30 pm

Where: Room 8101 or via teams

Who: MFM team on service, NICU team, Social work, Team leaders/Nurse Managers from 8east and L&D, Birthing unit Nurse Educator, others as indicated

Wednesdays:

No rounds at this time.

Thursdays:

Ultrasound rounds

Duties and Responsibilities:

Participate in the discussion of a variety of topics, articles and guidelines applicable to Obstetrical or Gynecological ultrasound

Discuss new ultrasound technologies relevant to the field.

Presenter: MFM or Ultrasound Fellow

When: Weekly

Time: 12:15 to 13:00

Where: Room 8101 or via teams

Who: MFM team, MFM Fellows, OBGYN Resident and Medical Students

Fridays:

Combined Special Pregnancy Unit (SPU)/Medicine and MFM Round

Duties and Responsibilities:

Participate in the discussion of a variety of topics, articles or guidelines that pertain to medical conditions that may affect pregnancy.

Presenter: Staff from a wide range of specialties

When: every 8 weeks

Time: 12:30 to 13:30

Where: room 8101 or via teams

Who: MFM team, MFM Fellows, Obstetrics Medicine team, OBGYN Resident and Medical students.

Other teaching activities

The MFM team on service will thrive to provide teaching opportunities by reviewing topics for the small group covering inpatient services. The teaching can be provided by MFM Staff, Fellows or residents. The chosen topics to be reviewed and who will present should be established at the beginning of each week.

List of Topics in MFM that were suggested by prior OBGYN residents:

- Vasa Previa and Placenta Previa
- Progesterone for prevention of Preterm birth
- RH alloimmunization
- Multiple pregnancy
- TORCH infections (Toxo, Rubella, CMV, Herpes) + Parvovirus
- Hypertension Disorders in Pregnancy (SOGC Guideline)
- T1DM and T2DM (include DKA) and GDM (SOGC guideline)
- Thyroid Disorders
- SLE, Anti-phospholipid antibody syndrome and Rheumatoid Arthritis
- Peripartum Cardiomyopathy and Acquired or Congenital Heart disease
- Hemoglobinopathies, Thalassemias and Anemia
- Congenital and Acquired Thrombophilias/VTE (SOGC guideline)
- Bleeding Disorders and Thrombocytopenia
- HIV and AIDS
- Acute and Chronic Renal Disease/ UTI and Pyelonephritis in Pregnancy

Recommended References:

SOGC Guidelines:

- Infectious Disease (relevant to pregnancy);
- Maternal Fetal Medicine

Books:

- Medical care of the Pregnant Patient, Second Edition, Erin Keely, MD
- Williams Obstetrics
- Creasy and Resnick

CANMEDS ROLES	CANMEDS KEY COMPETENCIES	Methods to Facilitate Achievement of Competency
Medical Expert	Function effectively as consultants integrating all CanMEDS roles to provide optimal, ethical and patient-centered care. <ul style="list-style-type: none"> • Is able to perform a global evaluation of the pregnant patient and her fetus in the context of CanMEDS roles. 	<ul style="list-style-type: none"> • Direct contact with complex pregnant patients in ambulatory as well as in-patient settings.
	Establish and maintain clinical knowledge skills and attitudes appropriate to practice. <ul style="list-style-type: none"> • Has adequate knowledge of basic maternal and fetal physiology and applies it to clinical practice. • Has comprehensive understanding and knowledge of common perinatal complications such as preterm labor, PROM, fetal growth disturbances, multiple gestations, maternal medical complications, and substance abuse disorders; fetal aneuploidies and most common anomalies, modes of inheritance, embryology and teratology. • Uses an appropriate strategy to keep up to date and ensure life-long learning skills • Practices evidence-based medicine 	<ul style="list-style-type: none"> • Weekly seminars, daily teaching rounds at bedside. • Presentation at journal club/teaching rounds

	<p>Performs a complete and appropriate assessment of the patient and her fetus.</p> <ul style="list-style-type: none"> • Obtains a thorough history of both maternal and fetal health status. • Performs a focused physical examination. • Is able to integrate all the available information to formulate an appropriate differential diagnosis. • Can establish a preliminary management plan which can then be presented to the rest of the team. • Demonstrates adequate clinical judgments. 	<ul style="list-style-type: none"> • Direct encounter with MFM patients in triage, L&D, ante/postpartum inpatient units and clinics. • Review of presentations of inpatients at weekly rounds.
	<p>Uses preventive and therapeutic interactions effectively.</p> <ul style="list-style-type: none"> • Can provide appropriate patient counseling with regards to preventive approaches in the context of prenatal diagnosis, disease prevention and screening. For example, eFTS, MSSQuad, NIPT, immunization, smoking cessation. • Ensures appropriate informed consent for various treatments and interventions such as early delivery, amnio-reduction, steroid administration, MgSO4 infusions, tocolytics etc. 	<ul style="list-style-type: none"> • Attending combined rounds where such cases are often thoroughly discussed. • Direct observation of fellows and faculty.

	<p>Demonstrates proficient and appropriate use of procedural skills, both diagnostic and therapeutic.</p> <ul style="list-style-type: none"> • Is able to explain the usefulness and limitations of diagnostic interventions such as amniocentesis, CVS, cordocentesis, first and second trimester ultrasound and fetal well-being assessments (NST, BPP). • Obtains sufficient training and surgical exposure to a variety of simple and complicated obstetrical procedures applicable to high-risk obstetrical practice. • Can discuss the indications for classical versus low transverse caesarian section. • Understands the influence of gestation age on the decision to deliver (applies to extremes of prematurity) and is able to integrate this important factor in the patient's management plan. • Appropriately documents all therapies and interventions. • Ensures adequate follow-up is organized for all patients. 	<ul style="list-style-type: none"> • Daily discussions with team and use of these approaches for inpatient care, including post-operative care as well as ambulatory care. • Supervised performance of procedures in outpatient clinic, L&D and operating room settings. • Direct observation of patient interactions by MFM Fellows and Staff • Direct observation of interaction with NICU staff. • Review of O.R. notes, dictations and discharge summaries.
	<p>Seeks appropriate consultation from other health professionals, recognizing the limitations of their own expertise.</p> <ul style="list-style-type: none"> • Demonstrates insight into own limitations. • Requests or provides timely and effective consultation with/to other health care professionals. • Applies a multidisciplinary approach to the high-risk patient. 	<ul style="list-style-type: none"> • Direct observation and attendance/participation at weekly multidisciplinary rounds.

Communicator	<p>Develops ethical therapeutic relationships with the pregnant patient and her family.</p> <ul style="list-style-type: none"> • Respects patient confidentiality and autonomy. • Listens effectively. 	<ul style="list-style-type: none"> • Direct observation and direct interaction with patients and families. • Patient counseling.
	<p>Elicits and synthesizes relevant information and perspectives of patient and families, colleagues and other professionals.</p> <ul style="list-style-type: none"> • Obtains information with regards to patient's beliefs, concerns and expectations and integrates this information into the management plan. • Takes into account information from family and remainder of the high-risk team as well as other consultants. 	<ul style="list-style-type: none"> • Direct observation and direct interaction with patients and families, other consultants and rest of the team. • Patient counseling.
	<p>Conveys relevant information and explanations to patients, families, colleagues and other health professionals.</p> <ul style="list-style-type: none"> • Communicates information to the patient and her family in a clear and concise way. • Encourages discussions and participation in decision-making. • Writes clear, well synthesized notes, reports and consultation documents. 	<ul style="list-style-type: none"> • Presents at multidisciplinary rounds. • Daily interactions with patients, families, other consultants, social workers, psychologists, dieticians and nurses.
	<p>Develops a common understanding of issues, problems and plans in the patients, families and others in order to establish a shared plan of care.</p> <ul style="list-style-type: none"> • Gathers appropriate information from the patient and her family and encourages participation in the formulation of the plan of care. • Appropriately seeks expertise from other consultants and the remainder of the high-risk team and respects everyone's role in the overall care of the patient. • Uses proper approaches to delivering bad news and/or in dealing with misunderstandings or conflicts between the patient and/or the care team. 	<ul style="list-style-type: none"> • Direct observation and direct interaction with patients, families, other consultants and members of the team. • Patient counseling. • Daily interactions with other consultants, social workers, psychologists, dieticians and nurses.

	<p>Conveys effective oral and written information about a medical encounter.</p> <ul style="list-style-type: none"> • Maintains clear and thorough clinical notes on both inpatients and outpatients. • Consistently provides clear and regular progress notes on laboring patients. • Writes concise yet complete discharge summaries. • Effectively presents verbal reports at daily rounds (bedside), weekly multidisciplinary meetings or in outpatient settings. 	<ul style="list-style-type: none"> • Direct observation and direct interaction with patients, families, other consultants and members of the team. • Patient counseling. • Daily interactions with other consultants, social workers, psychologists, dieticians and nurses.
Collaborator	<p>Participates effectively within the inter-professional health care team.</p> <ul style="list-style-type: none"> • Actively assumes his/her role within the high-risk team and can describe the responsibilities of other members such as the social worker, nurse or dietician. • Works effectively with the rest of the team to optimize patient care. • Demonstrates leadership while respecting other professionals' roles and responsibilities. 	<ul style="list-style-type: none"> • Direct observation. • Direct interaction with other members of the inter-professional team.
	<p>Collaborates effectively with other health care professionals to prevent, negotiate and resolve inter-professional conflict</p> <ul style="list-style-type: none"> • Respects other members of the high-risk team. • Works with other team members to avoid/prevent conflict and manage/resolve it when it occurs. 	<ul style="list-style-type: none"> • Direct observation. • Direct interaction with other members of the high-risk team.
Leader	<p>Participates in activities that contribute to the effectiveness of their health care organization and systems.</p> <ul style="list-style-type: none"> • Participates in quality assurance activities. For example, relevant M&M rounds, reviews of patient outcomes, etc. • Has a basic understanding of maternal/fetal health and its' limitations. 	<ul style="list-style-type: none"> • Participation at M&M rounds.

	<p>Manages his/her practice and career effectively.</p> <ul style="list-style-type: none"> • Sets appropriate priorities to balance all activities. • Can manage human resources on the team by directing/helping medical students and junior residents. 	<ul style="list-style-type: none"> • Direct team management on day-to-day practice.
	<p>Allocates healthcare resources appropriately.</p> <ul style="list-style-type: none"> • Practices in a cost-effective manner. • Prioritizes resources utilization appropriately in order to optimize maternal-fetal outcome. 	<ul style="list-style-type: none"> • Direct team management on day-to-day practice
	<p>Serves in administration/leadership roles.</p> <ul style="list-style-type: none"> • Participates in regular team meetings. • Is able to apply new knowledge to improving maternal-fetal health by suggesting and implementing change. 	<ul style="list-style-type: none"> • Direct team management on day-to-day practice
Health Advocate	<p>Responds to individual patient health needs and issues.</p> <ul style="list-style-type: none"> • Identifies social determinants of health, health needs of the mother and her fetus and their possible related interactions and/or conflicts. • Educates the patient around health promotion strategies before, during and after a high-risk pregnancy. 	<ul style="list-style-type: none"> • Participation in ambulatory care clinics, pre-conception/post-loss counseling and in-patient settings. • Refers appropriately to such clinics as the Cardio-Vascular Risk prevention clinic
	<p>Responds to health needs of the community.</p> <ul style="list-style-type: none"> • Identifies opportunities to advocate for maternal health promotion and disease prevention within the community. 	<ul style="list-style-type: none"> • Participation in public meetings, article preparations for lay journals.

	<p>Recognizes the different determinants of health of the population served.</p> <ul style="list-style-type: none"> • Identifies important determinants of health and barriers to healthcare access such as geography (e.g. Iqualuit), level of education, socio-economic status, living conditions. • Proposes approaches which can be used to improve access to prenatal care. 	<ul style="list-style-type: none"> • Direct interaction with patients, families, other consultants, social workers, psychologists, dieticians and nurses.
Scholar	<p>Maintains and enhances professional activities through on-going learning.</p> <ul style="list-style-type: none"> • Outlines the importance of maintenance of competence and the need for implementation of a life-long knowledge management plan. • Consults appropriate and sound sources of information for MFM (e.g. perinatology.com, ISUOG or SMFM guidelines, SOGC, RCOG and ACOG practice advisories. • Identifies questions of interest to the field of MFM and is able to obtain and interpret the information gathered and apply it to clinical practice. 	<ul style="list-style-type: none"> • Direct observation of faculty. • Review of case logs when applicable. • Discussions at rounds. • Review of guidelines and practice advisories.
	<p>Critically evaluates medical information and how to apply it to clinical practice.</p> <ul style="list-style-type: none"> • Demonstrates a basic knowledge of the principles of critical appraisal. • Can integrate this knowledge into the care of the high-risk patient. 	<ul style="list-style-type: none"> • Attending and presenting at MFM journal clubs/rounds.
	<p>Facilitates the learning of patients, families, students, residents, the public, and other health care professionals.</p> <ul style="list-style-type: none"> • Identifies the learning needs of any of the above and is able to address those needs effectively and appropriately depending on the individual. 	<ul style="list-style-type: none"> • Daily patient teaching on ward or in ambulatory setting. • Daily teaching of medical students.

	<p>Contributes to the development, dissemination and translation of new knowledge and practices.</p> <ul style="list-style-type: none"> • Demonstrates an understanding of the principles of research and ethics in the context of maternal-fetal health • Can effectively search for evidence to help address scholarly questions and disseminates knowledge. 	<ul style="list-style-type: none"> • Attends ethics seminars and research meetings when available. • Actively participates in an MFM related research initiative whenever possible.
Professional	<p>Demonstrates a commitment to patients, the medical profession and to society through ethical practice.</p> <ul style="list-style-type: none"> • Practices with integrity, honesty, commitment, compassion, respect and altruism. • Recognizes and addresses ethical issues raised in caring for the high-risk patient. • Respects patient confidentiality. 	<ul style="list-style-type: none"> • Direct observation.
	<p>Demonstrates a commitment to patients, the medical profession and to society through participation in a profession-led regulation.</p> <ul style="list-style-type: none"> • Acts in a professional manner. • Is accountable to his/her regulating body (Royal College of Physicians and Surgeons of Canada). • Addresses other members unprofessional behaviors. 	<ul style="list-style-type: none"> • Direct observation.
	<p>Demonstrate a commitment to physician's health and sustainable practice.</p> <ul style="list-style-type: none"> • Balances personal and professional priorities. • Maintains insight. 	<ul style="list-style-type: none"> • Direct observation.

NOTE: CBD Curriculum Map and EPAs - <https://med.uottawa.ca/obs-gyne/postgraduate-education/residency-training-program/competency-based-medical-education>