**New Application: Maternal Fetal Medicine**

**Review Committee for Obstetrics and Gynecology**

**ACGME**

**Oversight**

**Sponsoring Institution**

1. Does the Sponsoring Institution also sponsor an ACGME-accredited residency program in obstetrics and gynecology? [PR I.B.1.a)] [ ]  YES [ ]  NO

1. Obstetrics and gynecology residency program name and ACGME number (begins with 220):

|  |
| --- |
| Click here to enter text. |

2. Briefly describe how the program functions as an integral part of an ACGME-accredited residency in obstetrics and gynecology, how the fellowship and residency complement and enrich one another, and how the program will ensure resident education is not adversely impacted by the fellowship. [PR I.B.1.a).(1)-a).(2); I.E.1.a)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Resources**

1. Indicate whether the following inpatient facilities are available on a regularly scheduled basis and always on an emergency basis by checking either Y (YES) or N (NO). Provide an explanation below for all “NO” responses. [PR I.D.1.a)]

|  |  |  |
| --- | --- | --- |
|   | **Site 1** | **Site 2** |
| **Regularly Scheduled Basis** | **Always on****Emergency****Basis** | **Regularly Scheduled Basis** | **Always on****Emergency****Basis** |
| Operating rooms | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Recovery room(s) | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Intensive care unit(s)  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Blood bank(s)  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Diagnostic laboratories  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Imaging services  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |

|  |  |  |
| --- | --- | --- |
|   | **Site 3** | **Site 4** |
| **Regularly Scheduled Basis** | **Always on****Emergency****Basis** | **Regularly Scheduled Basis** | **Always on****Emergency****Basis** |
| Operating rooms | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Recovery room(s) | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Intensive care unit(s)  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Blood bank(s)  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Diagnostic laboratories  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Imaging services  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |

If any NO answers, briefly explain:

|  |
| --- |
| Click here to enter text. |

1. Indicate whether the inpatient and outpatient facilities at **all** clinical sites include: [PR I.D.1.b)-b)(5)]
2. Ultrasound diagnostic imaging and prenatal diagnosis…………………….…….... [ ]  YES [ ]  NO
3. adequately equipped labor and delivery unit…..……………………..…………..… [ ]  YES [ ]  NO
4. antepartum and postpartum inpatient units.…………………………………..…….. [ ]  YES [ ]  NO
5. Level III or IV nursery with all necessary personnel and support services for the care of the neonate with complications…………………………………………….... [ ]  YES [ ]  NO
6. an Intensive Care Unit (ICU) that cares for pregnant women in consultation with maternal-fetal medicine faculty physicians………………………………….………. [ ]  YES [ ]  NO

If any NO answers, briefly explain:

|  |
| --- |
| Click here to enter text. |

1. Briefly describe the research infrastructure available to fellows in terms of scope, equipment, statistical support, and personnel. [PR I.D.1.c)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Institutional Data: Enter the total number of patients/procedures for a recent one-year period (e.g., academic year, calendar year) at each participating site. Do not limit procedures and diagnoses to those patients cared for by maternal-fetal medicine physicians. The site number must match the participating site number listed on the Sites tab in ADS. If the count is zero, enter 0. [PR I.D.4.a)-I.D.4.a).(2).(b)]

|  | **Site 1** | **Site 2** | **Site 3** | **Site 4** | **Total**  |
| --- | --- | --- | --- | --- | --- |
| **Patient Population** |
| Deliveries | # | # | # | # | # |
| Primary Cesarean rate (%) | # | # | # | # | # |
| Multiple gestations | # | # | # | # | # |
| Cervical cerclage | # | # | # | # | # |
| NICU admissions > 37 weeks | # | # | # | # | # |
| Infants < 1500 grams | # | # | # | # | # |
| Infants 1501-2499 grams | # | # | # | # | # |
| Antepartum admissions | # | # | # | # | # |
| Maternal transports (incoming only) | # | # | # | # | # |
| OB critical care patients  | # | # | # | # | # |
| Estimate the percent of obstetrics patients available to fellows given time spend at this site | # | # | # | # | # |
| **Procedures** |
| Ultrasounds for fetal anatomic surveys | # | # | # | # | # |
| Ultrasounds for fetal growth assessment | # | # | # | # | # |
| Nuchal translucency measurements | # | # | # | # | # |
| Fetal echocardiograms | # | # | # | # | # |
| Doppler assessments | # | # | # | # | # |
| Genetic amniocentesis | # | # | # | # | # |
| CVS (do not include mocks) | # | # | # | # | # |
| Fetal blood sampling/transfusion | # | # | # | # | # |
| **Obstetrical Complications** |
| Placental abruption | # | # | # | # | # |
| Placenta previa | # | # | # | # | # |
| **Medical Complications of Pregnancy** |
| Pre-existing diabetes mellitus | # | # | # | # | # |
| Autoimmune connective tissue disease | # | # | # | # | # |
| Cardiac disease | # | # | # | # | # |
| Hypertensive diseases, including both chronic hypertension and pregnancy associated hypertensive disease | # | # | # | # | # |
| Pulmonary disease | # | # | # | # | # |
| Hematologic disorders | # | # | # | # | # |
| Renal disease | # | # | # | # | # |
| Substance abuse | # | # | # | # | # |
| Psychiatric disease | # | # | # | # | # |
| Neurologic disease | # | # | # | # | # |
| GI disease | # | # | # | # | # |
| Endocrine disease other than diabetes | # | # | # | # | # |
| **Fetal Disorders and Fetuses at Increased Risk for In-Utero Disease** |
| Isoimmunization | # | # | # | # | # |
| Fetal malformations | # | # | # | # | # |
| Work up of genetic disorders | # | # | # | # | # |
| Work up of congenital infections | # | # | # | # | # |

**Personnel**

**Program Director**

1. Does the program director have the authority to select and remove program faculty? [PR II.A.4.a).(4)-(6)] ……………………………………………………………………….……… [ ]  YES [ ]  NO

If NO, briefly explain:

Click here to enter text.

**Faculty**

1. Identify the faculty members in the following specialty areas involved in the education of fellows. (Programs may list faculty members not included on the faculty roster.) [PR II.B.3.d).(1).(a)-(f)]

|  |  |  |  |
| --- | --- | --- | --- |
| **Specialty area** | **Name of faculty member(s)** | **Qualifications (e.g., fellowship, certification)** | **Brief description of interaction with fellows** |
| Critical care medicine | Name | Qualifications | Description |
| Genetics | Name | Qualifications | Description |
| Infectious disease | Name | Qualifications | Description |
| Neonatology | Name | Qualifications | Description |
| Obstetrical anesthesiology | Name | Qualifications | Description |
| Perinatal pathology | Name | Qualifications | Description |

**Educational Program**

**Professionalism**

1. Briefly describe one learning activity in which fellows develop a commitment to carrying out professional responsibilities and an adherence to ethical principles. [CPR IV.B.1.a)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Patient Care and Procedural Skills**

1. Briefly describe the settings and activities in which fellows develop the **skills** needed to care for women with complications of pregnancy. [PR IV.B.1.b)-b).(2).(a).(viii)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Briefly describe how the program assesses fellows’ patient care and procedural skills. [PR IV.B.1.b)-b).(2).(a).(viii); V.A.1.-1.c).(2)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Medical Knowledge**

1. Briefly describe the settings and activities in which fellows develop the **knowledge** needed to care for women with complications of pregnancy. [PR IV.B.1.c)-c).(1).(f)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Briefly describe how the program assesses fellows’ medical knowledge. [PR IV.B.1.c)-c).(1).(f); V.A.1.-1.c).(2)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one learning activity in which fellows develop the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on self-evaluation and life-long learning. [CPR IV.B.1.d)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which fellows develop interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and/or health professionals. [CPR IV.B.1.e)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Systems-based Practice**

1. Briefly describe one learning activity through which fellows develop 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. [CPR IV.B.1.f)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. List regularly scheduled didactic activities below (e.g., lectures, journal club, grand rounds, morbidity and mortality conference). Designate whether the activity is required or optional (R=Required, RS=Required when on particular service or at that site, O=Optional), if the activity is conducted at the fellowship level, who is responsible for planning the activity, and frequency and duration. **List didactic activities in the order of R, then RS, then O**. [PR IV.C.3.-3.b)]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Didactic Activity**  |  **R/RS/O** | **Fellowship Level? (Yes/No)** | **Who is responsible for planning the activity?**  | **Frequency/Duration** |
| Didactic Activity Name |  R/RS/O | Yes/No. | Name(s) of group/individual(s)  | Frequency/Duration |
| Didactic Activity Name |  R/RS/O | Yes/No. | Name(s) of group/individual(s)  | Frequency/Duration |
| Didactic Activity Name |  R/RS/O | Yes/No. | Name(s) of group/individual(s)  | Frequency/Duration |
| Didactic Activity Name |  R/RS/O | Yes/No. | Name(s) of group/individual(s)  | Frequency/Duration |
| Didactic Activity Name |  R/RS/O | Yes/No. | Name(s) of group/individual(s)  | Frequency/Duration |
| Didactic Activity Name |  R/RS/O | Yes/No. | Name(s) of group/individual(s)  | Frequency/Duration |
| Didactic Activity Name |  R/RS/O | Yes/No. | Name(s) of group/individual(s)  | Frequency/Duration |
| Didactic Activity Name |  R/RS/O | Yes/No. | Name(s) of group/individual(s)  | Frequency/Duration |
| Didactic Activity Name |  R/RS/O | Yes/No. | Name(s) of group/individual(s)  | Frequency/Duration |
| Didactic Activity Name |  R/RS/O | Yes/No. | Name(s) of group/individual(s)  | Frequency/Duration |
| Didactic Activity Name |  R/RS/O | Yes/No. | Name(s) of group/individual(s)  | Frequency/Duration |
| Didactic Activity Name |  R/RS/O | Yes/No. | Name(s) of group/individual(s)  | Frequency/Duration |
| Didactic Activity Name |  R/RS/O | Yes/No. | Name(s) of group/individual(s)  | Frequency/Duration |

1. Indicate whether the didactic topics include: [PR IV.B.1.c).(1); IV.C.3.]

a) Antepartum fetal assessment [ ]  YES [ ]  NO

b) Cervical cerclage [ ]  YES [ ]  NO

c) Cesarean hysterectomy [ ]  YES [ ]  NO

d) External cephalic version [ ]  YES [ ]  NO

e) Intrapartum management of multiple gestations-internal version of second twin [ ]  YES [ ]  NO

f) 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 [ ]  YES [ ]  NO

g) Non-vertex vaginal delivery [ ]  YES [ ]  NO

h) Operative vaginal delivery [ ]  YES [ ]  NO

i) Pregnancy termination [ ]  YES [ ]  NO

j) Targeted maternal and fetal imaging using ultrasonography [ ]  YES [ ]  NO

k) Physiology and pathophysiology of diseases occurring in pregnancy [ ]  YES [ ]  NO

l) Normal and abnormal newborn physiology [ ]  YES [ ]  NO

m) Genetics (including prenatal screening and diagnosis), genomics, teratology, and dysmorphology [ ]  YES [ ]  NO

n) Obstetric critical care, including the management of acute peripartum medical and surgical complications [ ]  YES [ ]  NO

o) Infectious diseases as they relate to pregnancy and the puerperium, including the effects of maternal infection on the fetus and newborn …………… ……….………[ ]  YES [ ]  NO

1. Briefly describe the conferences fellows attend that are multidisciplinary, inter-professional, and devoted to the care of the at-risk mother, fetus, and newborn. [PR IV.C.4.] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Scholarship**

1. Briefly describe the process by which each fellow completes a thesis. [PR IV.D.3.c)-3.d).(2)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Does each graduate defend their thesis? [PR IV.D.3.d).(3)]. [ ]  YES [ ]  NO

If NO, briefly explain:

|  |
| --- |
| Click here to enter text. |

**Evaluation**

1. Briefly describe how the program ensures fellows’ written evaluations of faculty members are kept confidential. [PR V.B.1.b)] (Limit response to 200 words)

Click here to enter text.