



UAEU

جامعة الإمارات العربية المتحدة
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NATIONAL INSTITUTE FOR HEALTH SPECIALTIES

NIHS Entrustable Professional Activities (EPAs) for Specialty Education in Maternal-Fetal Medicine

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Maternal-Fetal Medicine

EPA 1: Performing basic obstetric ultrasound

Key Features: This EPA verifies the ultrasonography skills attained in ObsGyn residency related to the performance of basic obstetric ultrasound to guide patient management.

- This includes image optimization and capture for transabdominal and transvaginal US of the following components: BPP; amniotic fluid volume; fetal viability, position and number; placental location; fetal biometry (CRL, BPD, HC, AC, FL); and cervical length.
- This EPA includes completing the ultrasound preliminary report or checklist and communicating ultrasound findings to the reporting physician.

Assessment Plan:

Direct observation or review of acquired/saved images and sonographer worksheet by supervisor (MFM, ObsGyn or radiologist) or certified sonographer

Assessment form collects information on:

- Procedure (select all that apply): first trimester US; second trimester US; third trimester US; endovaginal US
- Features identified (select all that apply): viability; CRL measurement; fetal number and chorionicity; fetal biometry (BPD, HC, AC, FL); fetal presentation; BPP; amniotic fluid volume; cervical length; placental location.

Basis for formal entrustment decisions:

Collect at least 6 observations of achievement

- At least 2 direct observations
- At least 2 from each trimester
- At least 2 endovaginal US
- At least 1 fetal number and chorionicity
- At least 1 cervical length by endovaginal US
- At least 1 placental location by endovaginal US
- At least 4 observations by physician supervisor
- At least 2 different assessors

When is unsupervised practice expected to be achieved: **F1**

Relevant Milestones:

- 1 ME 1.3 Apply knowledge of the physical principles of ultrasonography, including Doppler
- 2 COM 1.2 Optimize the physical environment for patient comfort, safety and privacy
- 3 ME 3.4 Adjust instrument settings to optimize image quality
- 4 ME 3.4 Obtain standard views
- 5 COM 3.1 Communicate effectively with the patient during the procedure
- 6 COM 5.1 Record high-quality images of ultrasound findings

- 7 ME 3.4 Clean and store ultrasound equipment appropriately after use
- 8 P 1.1 Work within personal limits, asking for assistance as needed
- 9 ME 3.4 Complete the ultrasound preliminary report or checklist
- 10 COM 5.1 Summarize US findings for clear and succinct presentation to a supervisor

Maternal-Fetal Medicine

EPA 2: Performing assessments and providing initial management for patients with common conditions

Key Features: This EPA includes gathering a history, performing a physical exam, integrating findings with results of investigations, and developing an initial management plan.

- Examples of common presentations include patients with uncomplicated diabetes and/or hypertension; PPRM/PTL (>28 weeks); DCDA twins; short, closed cervix; late onset fetal growth restriction in singleton pregnancy; advanced maternal age; obesity (class I and class II).
- This includes patients in the antepartum, intrapartum, and postpartum period (including fetal, maternal and obstetrical/placental issues).

Assessment Plan:

Direct observation and/or case review by MFM physician, obstetrician, or entrusted fellow.

Assessment form collects information on:

- Case mix (write in):

Basis for formal entrustment decisions:

Collect 4 observations of achievement

- At least 2 direct observations
- At least 3 different presentations
- At least 2 different assessors

When is unsupervised practice expected to be achieved: **F1**

Relevant Milestones:

- 1 ME 2.2 Elicit a history and perform a physical exam relevant to the presentation
- 2 COM 2.3 Seek and synthesize relevant information from other sources (e.g., family, medical record)
- 3 ME 2.2 Select and/or interpret investigations
- 4 ME 2.4 Develop a management plan
- 5 ME 2.4 Determine the need for consultation with another specialist
- 6 P 1.1 Work within personal limits, asking for assistance as needed
- 7 ME 2.2 Synthesize and organize clinical information for clear and succinct presentation to a supervisor

Maternal-Fetal Medicine

EPA 3: Providing preconception or postpartum counselling for patients with common maternal, fetal or obstetrical/placental conditions

Key Features: This EPA focuses on patient assessment and formulation of a management plan that may include initiation of preventive and/or treatment strategies, appropriate referral and development of a follow-up plan.

- This includes gathering a history, performing a physical examination, and requesting and interpreting appropriate investigations.
- It also includes conveying the issue and/or risk to the patient and helping them make an informed decision.
- Examples of common conditions include patients presenting with preexisting maternal disorder affecting a single system; isolated minor fetal anomaly (e.g., cleft lip/palate, clubfoot, SUA); previous pregnancy complicated by aneuploidy; previous or recent maternal, fetal, neonatal, or obstetrical/placental complication, e.g., abruption; cervical insufficiency; IUGR; PPRM.

Assessment Plan:

Direct observation and/or case review by MFM physician or other physician supervisor, with input from patient and/or family.

Assessment form collects information on:

- Case mix: maternal condition; fetal/neonatal condition; obstetrical/placental condition

Basis for formal entrustment decisions:

Collect 4 observations of achievement

- At least 1 maternal issue
- At least 1 fetal/neonatal issue
- At least 1 obstetrical/placental issue
- At least 2 direct observations, each with a different type of issue
- At least 2 different assessors

When is unsupervised practice expected to be achieved: **F1**

Relevant Milestones:

- 1 COM 1.1 Demonstrate empathy, respect and compassion
- 2 ME 2.2 Perform a patient assessment including history and physical exam
- 3 ME 2.2 Select and/or interpret investigations
- 4 ME 2.2 Determine peripartum risk and opportunities for risk mitigation
- 5 COM 3.1 Provide the patient with accurate information about the condition, risks for future pregnancies, and options for management
- 6 COM 4.3 Use communication skills and strategies that help the patient and/or family

make an informed decision

- 7 COM 4.1 Communicate in a manner that is respectful, non-judgmental and culturally aware
- 8 ME 2.4 Develop and implement a management plan, which may include health optimization, diagnostic and/or therapeutic intervention, and preventive and/or treatment strategies
- 9 ME 4.1 Determine the need and timing for referral to another physician or service

Maternal-Fetal Medicine

EPA 4: Providing antepartum assessment and care for patients with common maternal, fetal or obstetrical/placental conditions

Key Features: This EPA focuses on assessing patient status, managing current problems and future risk, and providing treatment and/or making plans for delivery.

- This includes determining whether the patient meets the indications for a procedure, developing an appropriate procedural plan, and discussing the procedure with the patient, including its risks, benefits and alternative options.
- Examples of common conditions include patients presenting with a preexisting maternal disorder affecting a single system; alloimmunization; an isolated soft marker or minor fetal anomaly (e.g., cleft lip/palate, clubfoot, SUA); an obstetrical/placental complication (e.g., short cervix; placenta previa); third trimester IUGR; third trimester PPRM.
- Examples of procedures that may need to be considered/discussed include diagnostic amniocentesis, elective/ultrasound indicated cervical cerclage, and caesarean delivery.
- This EPA may be observed in the clinic or inpatient setting.

Assessment Plan:

Direct observation or case review by MFM physician or another physician supervisor

Assessment form collects information on:

- Setting: clinic; inpatient
- Case mix: maternal condition; fetal condition; obstetrical/placental condition
- Procedure required: none; diagnostic amniocentesis; cervical cerclage; caesarean delivery; other [write in]

Basis for formal entrustment decisions:

Collect 4 observations of achievement

- At least 2 direct observations
- At least 2 different issues
- At least 1 case that needed a procedure to be planned
- At least 2 different assessors

When is unsupervised practice expected to be achieved: **F1**

Relevant Milestones:

- 1 ME 2.2 Perform a patient assessment including history and physical exam
- 2 ME 2.2 Select and/or interpret investigations
- 3 ME 2.2 Integrate the clinical data to establish the status of and risk to the pregnancy, fetus and mother
- 4 ME 2.4 Develop a management plan, which may include fetal and/or maternal surveillance, obstetric delivery, and/or diagnostic or therapeutic intervention

- 5 COM 3.1 Convey information about the condition, risks for fetus and mother, and options for management clearly and compassionately
- 6 ME 3.1 Describe the risks, benefits and alternatives for the proposed management plan
- 7 COM 4.3 Use communication skills and strategies that help the patient and/or family make an informed decision
- 8 ME 3.2 Obtain informed consent for a diagnostic or therapeutic intervention
- 9 ME 4.1 Determine if there is a need for consultation with another specialist or service
- 10 ME 4.1 Establish plans for ongoing care

Maternal-Fetal Medicine

EPA 5: Providing post-procedural care for high-risk obstetric patients

Key Features: This EPA includes all aspects of post-procedural care for patients that have undergone a surgical procedure and/or invasive prenatal procedure.

- This includes providing ongoing clinical assessment, fetal surveillance (if relevant), and planning for discharge and/or follow-up.
- This may include management of medical or surgical complications.

Assessment Plan:

Direct observation or case review by MFM physician or obstetrician

Assessment form collects information on:

- Procedure: invasive prenatal; surgical
- Specific procedure (write in):
- Complication: no; yes (write in)

Basis for formal entrustment decisions:

Collect 4 observations of achievement

- At least 1 after an invasive prenatal procedure
- At least 1 after a surgical procedure
- At least 2 different assessors

When is unsupervised practice expected to be achieved: **F1**

Relevant Milestones:

- 1 ME 1.4 Perform a clinical assessment that addresses all relevant issues
- 2 ME 2.4 Provide routine post-procedural management, including intravenous fluids, diet, pain management, wound care and medications as relevant
- 3 ME 3.4 Assess fetal growth and well-being
- 4 ME 4.1 Recognize and manage complications
- 5 COL 1.3 Integrate the patient's perspective and context into the care plan
- 6 COM 3.1 Share information and explanations that are clear, accurate and timely with the patient and family
- 7 COL 1.2 Work effectively with other health care professionals involved in the patient's care
- 8 ME 2.4 Develop and implement a plan for discharge, including ongoing care and follow-up
- 9 HA 1.1 Facilitate the patient's timely access to needed health services and resources

Maternal-Fetal Medicine

EPA 6: Acquiring standard images to screen for fetal anomalies in the second and third trimester

Key Features: This EPA focuses on the technical skills of performing a screening ultrasound of fetal anatomy, which includes acquisition of all standard views and optimization of image quality.

- It also includes written documentation of ultrasound findings.
- For third trimester scans, this also includes assessment of fetal growth.
- At this stage, this EPA includes differentiating normal from abnormal findings but does not include interpreting findings to make a specific diagnosis.
- This EPA will be observed in the clinical setting, not in simulation.

Assessment Plan:

Direct observation or review of acquired/saved images by supervisor (MFM and/or radiologist), which may include input from certified sonographer

Assessment form collects information on:

- Procedure: second trimester US; third trimester US

Basis for formal entrustment decisions:

Collect 6 observations of achievement

- At least 3 second trimester scans
- At least 3 third trimester scans
- At least 1 direct observation of a second trimester scan by MFM supervisor
- At least 1 direct observation of a third trimester scan by MFM supervisor

When is unsupervised practice expected to be achieved: **F1**

Relevant Milestones:

- 1 ME 1.3 Apply knowledge of fetal anatomic development
- 2 ME 3.4 Adjust instrument settings to optimize image quality
- 3 ME 3.4 Use a systematic approach in performing a screening ultrasound of fetal anatomy
- 4 ME 3.4 Obtain standard views
- 5 ME 3.4 Identify normal structures
- 6 ME 3.4 Recognize clinically significant findings
- 7 ME 3.4 Monitor patient comfort and safety, and adjust the procedure as needed
- 8 ME 3.4 Assess the quality and validity of the study, and any impact on the diagnostic interpretation
- 9 COM 5.1 Record high-quality images of ultrasound findings
- 10 COM 5.1 Provide written documentation of ultrasound findings

Maternal-Fetal Medicine

EPA 7: Applying critical appraisal skills to MFM practice

Key Features: This EPA focuses on accessing and appraising information to determine its quality, limitations and applicability to the relevant patient population or clinical scenario.

- Examples of resources include database searches, guidelines, and primary literature.
- This EPA may be observed in a clinical encounter, during a teaching presentation (e.g., journal club, departmental rounds, teaching other learners), or during the early development of a scholarly project.

Assessment Plan:

Direct observation by MFM physician, other medical or surgical specialist (e.g., neonatology, medical genetics, obstetric medicine), biostatistician, or clinical epidemiologist.

Assessment form collects information on:

- Setting: journal club; grand rounds; clinic; on-call; scholarly project; other [write in]

Basis for formal entrustment decisions:

Collect 2 observations of achievement

- At least 2 different assessors

When is unsupervised practice expected to be achieved: **F1**

Relevant Milestones:

- 1 S 3.2 Identify and select relevant high-quality articles pertinent to the field
- 2 S 3.3 Assess the level of evidence quality including internal/external validity and source of bias
- 3 S 3.1 Identify remaining gaps in knowledge and questions for further investigation
- 4 S 3.4 Integrate best evidence and clinical expertise
- 5 S 3.3 Interpret study findings and critique their relevance to clinical practice
- 6 S 4.5 Interpret and translate knowledge to the audience at an appropriate level
- 7 S 2.4 Present the information in an organized manner

Maternal-Fetal Medicine

EPA 8: Providing preconception or postpartum counselling for patients with complex maternal, fetal or obstetrical/placental conditions

Key Features: This EPA focuses on patient assessment and formulation of a management plan that may include counselling, health optimization, initiation of preventive and/or treatment strategies, and, as needed, appropriate referral to other specialists.

- An important aspect of this EPA is the application of expert communication skills to convey the issue/risk to the patient and help the patient make an informed decision.
- This EPA also includes providing clear guidance to the referring health care provider.
- Examples of complex conditions include: a severe maternal condition or more than one complex problem; counselling related to safety of pharmacotherapy or other exposures in pregnancy; a severe fetal condition, or multiple/complex congenital anomalies; early onset severe placental dysfunction, PPRM, preterm labor, second trimester loss, monochorionic twins, complicated dichorionic twins or higher order multiples.

Assessment Plan:

Direct observation or case review by MFM physician or another physician supervisor

Assessment form collects information on:

- Case mix: maternal condition; fetal condition; obstetrical/placental condition
- Specific condition (write in):

Basis for formal entrustment decisions:

Collect 5 observations of achievement

- At least 2 direct observations
- At least 2 different issues
- A variety of conditions
- At least 2 different assessors

When is unsupervised practice expected to be achieved: **F1**

Relevant Milestones:

- 1 ME 1.4 Perform a clinical assessment that addresses all relevant issues
- 2 ME 2.2 Determine peripartum risk and opportunities for risk mitigation
- 3 COM 3.1 Provide the patient with accurate information about the condition, risks for future pregnancies, and options for management
- 4 COM 4.1 Communicate in a manner that is respectful, non-judgmental and culturally aware
- 5 COM 4.3 Use communication skills and strategies that help the patient and/or family make an informed decision
- 6 ME 2.4 Develop and implement a management plan, which may include health optimization, diagnostic and/or therapeutic intervention, and preventive and/or

treatment strategies

- 7 ME 4.1 Coordinate consultation with another specialist or service, and other aspects of ongoing follow-up and care
- 8 COL 3.2 Provide effective oral and/or written communication to the referring care provider or another specialist
- 9 HA 1.1 Facilitate the patient's timely access to needed health services and resources

Maternal-Fetal Medicine

EPA 9: Providing antepartum assessment and care for patients with complex maternal, fetal or obstetrical/placental conditions

Key Features: This EPA focuses on assessing patient status, anticipating the future clinical course, managing current problems and future risk, and providing treatment and/or making plans for delivery.

- This may include counselling and preparation for complex maternal or fetal procedures.
- An important aspect of this EPA is coordination of care with other health care providers: sharing MFM expertise; sequencing investigation, management, and monitoring activities; and delineating roles and responsibilities.
- This EPA may be observed in the clinic or inpatient setting.
- Examples of complex conditions include: a severe maternal condition or more than one complex problem; a severe fetal condition; multiple/complex congenital anomalies; complicated multiple pregnancies; placenta accreta spectrum; less than 28 weeks obstetric/placental issue.

Assessment Plan:

Direct observation or case review by MFM physician or another physician supervisor

Assessment form collects information on:

- Case mix: maternal condition; fetal condition; obstetrical/placental condition
- Specific condition/procedure (write in):
- Management plan includes (select all that apply): N/A; coordination with other health care providers; invasive fetal procedure; invasive maternal procedure; other [write in]

Basis for formal entrustment decisions:

Collect 5 observations of achievement

- At least 2 direct observations
- At least 2 different issues
- A variety of conditions
- At least 1 in which the management plan includes coordination of care with other health care providers
- At least 2 in which the management plan includes an invasive fetal procedure
- At least 2 different assessors

When is unsupervised practice expected to be achieved: **F1**

Relevant Milestones:

- 1 ME 1.4 Perform a clinical assessment that addresses all relevant issues
- 2 ME 2.2 Integrate the clinical data to establish the status of and risk to the pregnancy, fetus and mother

- 3 ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management
- 4 COM 3.1 Convey information about the condition, risks for fetus and mother, and options for management clearly and compassionately
- 5 COM 4.3 Use communication skills and strategies that help the patient and/or family make an informed decision
- 6 ME 2.4 Develop a management plan, which may include fetal and/or maternal surveillance, obstetric delivery, and/or diagnostic or therapeutic intervention
- 7 HA 1.2 Provide recommendations for resources for patient education and support
- 8 HA 1.1 Facilitate the patient's timely access to needed health services and resources
- 9 COL 1.2 Work effectively with other health care professionals involved in the patient's care
- 10 ME 4.1 Develop and implement plans for ongoing follow-up

Maternal-Fetal Medicine

EPA 10: Documenting consultation reports

Key Features: This EPA focuses on writing a comprehensive consultation note using any format: hand-written, dictated, electronic medical record.

- This includes a synthesis of the pertinent clinical findings, investigations and management plan, as well as clear articulation of the role of the maternal-fetal medicine subspecialist and the referring physician in further care. It may include linking the recommendations to evidence-based guidelines or other educational references for the referring physician.
- The documents submitted for review must be the sole work of the fellow.
- This EPA may be observed in any care setting and with any patient presentation.

Assessment Plan:

Review of clinical documentation by MFM physician or another physician supervisor
Use assessment form.

Basis for formal entrustment decisions:

Collect 2 observations of achievement

- At least 2 different assessors

When is unsupervised practice expected to be achieved: **F1**

Relevant Milestones:

- 1 COM 5.1 Organize information in appropriate sections
- 2 COM 5.1 Document all relevant findings and investigations
- 3 COM 5.1 Convey clinical reasoning and the rationale for decisions
- 4 COM 5.1 Provide a clear plan for ongoing management
- 5 COL 1.2 Identify the roles of the referring physician and the MFM subspecialist clearly in the ongoing management plan
- 6 COL 3.2 Provide anticipatory guidance for results of outstanding investigations and/or next steps for management
- 7 S 3.4 Integrate best evidence and clinical expertise into decision-making
- 8 COM 5.1 Complete clinical documentation in a timely manner

Maternal-Fetal Medicine

EPA 11: Managing acute antepartum, intrapartum and early postpartum conditions for patients with high-risk pregnancies

Key Features: This EPA focuses on monitoring and assessing maternal and fetal well-being in the peripartum period, and the rapid decision-making that is required in response to changes in clinical status that alter the management plan.

- This includes changes in clinical status due to post-procedural complications.
- This includes communication with the patient and family, and leadership of the labor and delivery team.

Assessment Plan:

Direct observation or case review by MFM or ObsGyn supervisor

Assessment form collects information on:

- Case mi: antepartum; intrapartum; postpartum
- Post-procedure complication: no; yes
- Specific condition (write in):

Basis for formal entrustment decisions:

Collect 5 observations of achievement

- At least 1 antepartum observation
- At least 1 intrapartum observation
- At least 1 postpartum observation
- At least 1 post-procedural complication
- At least 3 different conditions
- At least 2 different assessors

When is unsupervised practice expected to be achieved: **F2**

Relevant Milestones:

- 1 ME 2.1 Determine the acuity of the issue and the priorities for patient care
- 2 ME 1.4 Perform a rapid assessment of fetal and/or maternal status, without excluding key elements
- 3 ME 2.4 Develop a management plan, which may include fetal and/or maternal surveillance, obstetric delivery, and/or diagnostic or therapeutic intervention
- 4 ME 2.4 Reassess, re-evaluate and adjust the management plan as needed
- 5 COL 1.1 Receive and appropriately respond to input from other members of the team
- 6 COL 1.2 Communicate effectively with other health professionals, using clear language and summarizing the evolving clinical status
- 7 COM 3.1 Provide information to the patient and/or family about the condition and plans for management clearly and compassionately

- 8 COM 5.1 Document the encounter to convey the clinical course and rationale for clinical decisions
- 9 P 4.1 Maintain capacity for professional clinical performance in stressful situations

Maternal-Fetal Medicine

EPA 12: Performing surgical procedures related to the practice of Maternal-Fetal Medicine

Key Features: This EPA focuses on performing the technical skills of the following procedures: emergency/rescue cerclage; and classical caesarean section.

- This EPA includes obtaining informed consent and documenting the operative report, as well as planning post-operative care, including identifying the need for prophylaxis (antimicrobial or VTE).
- When performing caesarean delivery, an important aspect of this EPA is evaluation of the lower segment to determine the need for a classical caesarean section.

Assessment Plan:

Direct observation by MFM or obstetrician supervisor

Assessment form collects information on:

- Procedure (select all that apply): emergency/rescue cerclage; classical caesarean section

Basis for formal entrustment decisions:

Collect 3 observations of achievement

- At least 2 emergency/rescue cervical cerclage
- At least 1 classical caesarean section

When is unsupervised practice expected to be achieved: **F2**

Relevant Milestones:

- 1 ME 1.3 Apply knowledge of surgical anatomy, steps of the procedure, potential intraoperative risks, and means to avoid/overcome them
- 2 ME 3.2 Obtain and document informed consent, explaining the risks and rationale for a proposed procedure
- 3 ME 3.4 Demonstrate effective procedure preparation, including patient identification and/or safe surgical checklist
- 4 ME 3.4 Position and prep patient
- 5 ME 3.4 For caesarean section, evaluate the lower segment and confirm the need for a classical caesarean section
- 6 ME 3.4 Demonstrate intraoperative judgment, fluidity of movement, and forward progression
- 7 COL 1.2 Communicate effectively and professionally with the OR team
- 8 ME 3.4 Establish and implement a plan for post-procedure care, including post-operative orders
- 9 COM 5.1 Document the procedure and outcome

Maternal-Fetal Medicine

EPA 13: Performing, interpreting and providing a report for complex comprehensive obstetric ultrasounds

Key Features: This EPA focuses on all aspects of the ultrasound examination: acquiring high-quality images, interpreting findings and providing a definitive report of the examination.

- At this stage, this includes all indications for obstetric and fetal ultrasonography, including: 11-14 weeks scan (NT, early fetal anatomic assessment); second trimester ultrasound for fetal anomalies; complicated multiple gestations; fetal cardiac screening; assessment of placental and cord anomalies; and advanced Doppler studies to assess fetal well-being, placental function and uterine blood flow.

Assessment Plan:

Direct observation and/or review of acquired/saved images and written report by supervisor (MFM, radiologist, pediatric cardiologist), which may include input from the certified sonographer

Assessment form collects information on:

- Case mix: first trimester US; second trimester US; third trimester US
- Indication for US: suspected fetal anemia; suspected placental accreta spectrum; fetal cardiac screening; multiple gestation; other [write in]
- Finding (select all that apply): complicated monochorionic multiple gestation; complicated dichorionic multiple gestation; fetal anomaly; placental/cord anomaly; severe fetal growth restriction; other [write in]
- Fetal anomaly (select all that apply): N/A; none; CNS; face; neck; thorax; heart; abdominal wall; GI tract; urinary tract; extremity; skeleton; known aneuploidy

Basis for formal entrustment decisions:

Collect 20 observations of achievement

- At least 3 first trimester scans
- At least 2 assessments for suspected fetal anemia
- At least 1 assessment of a suspected placental accreta spectrum
- At least 2 assessments for fetal cardiac screening
- At least 2 with severe fetal growth restriction
- At least 6 with fetal anomalies
- At least 1 monochorionic complication
- At least 1 dichorionic complication
- At least 2 with a placenta/cord anomaly
- At least 2 different assessors

When is unsupervised practice expected to be achieved: **F2**

Relevant Milestones:

- 1 ME 2.2 Gather and synthesize patient information to establish the clinical question
- 2 ME 1.3 Apply knowledge of the physical principles of ultrasonography, including Doppler
- 3 ME 3.4 Acquire high-quality images and all relevant views/Dopplers
- 4 ME 3.4 Adapt the examination, as needed, based on findings during the procedure
- 5 ME 3.4 Monitor patient comfort and safety, and adjust the procedure as needed
- 6 ME 3.4 Provide interpretation of the comprehensive obstetric ultrasound
- 7 ME 3.4 Provide timely suggestions for further testing and/or management, as appropriate, to the referring physician
- 8 COM 5.1 Provide a clear, concise, accurate and grammatically correct report

Maternal-Fetal Medicine

EPA 14: Performing obstetric ultrasounds in patients with imaging challenges

Key Features: This EPA builds on the ultrasonography skills acquired in earlier stages to focus on performing obstetric ultrasound in more challenging imaging scenarios, such as patients with high BMI, poor acoustic window, fibroids, or a scarred abdomen.

- This includes screening for fetal anomalies as well as assessments of fetal growth and well-being, including Doppler (MCA and UA).
- It includes acquiring the images and discussing the findings and technical limitations with the patient.

Assessment Plan:

Direct observation or review of acquired/saved images by supervisor (MFM and/or radiologist), which may include input from certified sonographer

Assessment form collects information on:

- Procedure (select all that apply): first trimester US; second trimester US; third trimester US; endovaginal US.
- Case mix: high maternal BMI (i.e., >40); poor/limited acoustic window; other [write in]

Basis for formal entrustment decisions:

Collect 5 observations of achievement

- At least 1 direct observation
- At least 2 patients with high BMI
- At least 2 with poor/limited acoustic window
- At least 2 different assessors

When is unsupervised practice expected to be achieved: **F2**

Relevant Milestones:

- 1 ME 3.4 Adjust instrument settings to optimize image quality
- 2 ME 3.4 Acquire high-quality images and all relevant views/Dopplers
- 3 ME 3.4 Assess fetal growth and well-being
- 4 ME 3.4 Identify all major and minor findings
- 5 ME 3.4 Monitor patient comfort and safety, and adjust the procedure as needed
- 6 ME 3.4 Assess the quality and validity of the study, and any impact on the diagnostic interpretation
- 7 COM 3.1 Convey the findings and the limits of the examination to the patient clearly and compassionately
- 8 P 4.1 Perform ultrasonography in a safe manner to minimize the risk of repetitive strain injury

Maternal-Fetal Medicine

EPA 15: Leading complex discussions with patients and families

Key Features: This EPA focuses on the application of advanced communication and conflict resolution skills to address difficult situations that involve patients and/or families.

- This EPA may be observed in any scenario where there is a complex communication scenario.
- Examples include informing a patient/family about a serious diagnosis or prognosis; disclosing an adverse event or unexpected complication; addressing a patient or family that is angry or hostile; dealing with a patient complaint; or language barrier.

Assessment Plan:

Direct observation by supervisor (MFM, neonatologist, medical geneticist, genetic counsellor, pediatric cardiologist), which may include input from the patient, family, and/or other members of the health care team

Assessment form collects information on:

- Situation (select all that apply): serious diagnosis or prognosis; third party; language barrier; adverse event; mental health/developmental delay; complaint; other [write in]
- Timing: planned; unplanned

Basis for formal entrustment decisions:

Collect 3 observations of achievement

- At least 1 language barrier
- At least 1 communication about a serious diagnosis or prognosis
- At least 2 different assessors

When is unsupervised practice expected to be achieved: **F2**

Relevant Milestones:

- 1 COM 1.1 Demonstrate empathy, respect and compassion
- 2 ME 2.1 Ascertain participants' understanding of the situation and the reason for the encounter
- 3 COM 3.1 Provide information and explanations that are clear and accurate
- 4 COM 3.1 Verify understanding of information conveyed
- 5 COM 1.4 Identify, verify and validate non-verbal cues
- 6 COM 4.1 Communicate in a manner that is respectful, non-judgmental and culturally aware
- 7 COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
- 8 COM 1.5 Establish boundaries as needed in emotional situations
- 9 COM 2.2 Summarize and close the encounter effectively

Maternal-Fetal Medicine

EPA 16: Performing prenatal invasive procedures

Key Features: This EPA focuses on the skills of providing ultrasound guidance for and/or performing prenatal diagnostic and therapeutic procedures. This includes developing the plan for post-procedure care.

- These procedures include simple and complex amniocentesis and may also include invasive procedures that are surrogates for advanced skills in complex invasive procedures such as therapeutic amnioreduction, chorionic villus sampling, fetocide, cordocentesis and intrauterine transfusion.
- It also includes providing ultrasound guidance for surgical procedures such as dilatation and evacuation or IUD retrieval.
- Procedures may be complex due to patient factors such as multiple pregnancy, BMI >35, uterine fibroids or oligohydramnios.

Assessment Plan:

Direct observation by MFM or ObsGyn supervisor

Assessment form collects information on:

- Procedure (select all that apply): ultrasound guidance; simple amniocentesis; complex amniocentesis; amnioreduction; chorionic villus sampling; cordocentesis; fetocide; intrauterine transfusion; other [write in]
- Case mix: no complexity; BMI>35; fibroids; multiple pregnancy; oligohydramnios; other [write in]

Basis for formal entrustment decisions:

Collect 12 observations of achievement

- At least 2 observations of providing ultrasound guidance
- At least 4 simple amniocenteses
- At least 6 of any of the other procedures
- At least 2 different assessors

When is unsupervised practice expected to be achieved: **F3**

Relevant Milestones:

- 1 ME 3.1 Determine the safety and appropriateness of the procedure
- 2 ME 3.2 Obtain and document informed consent, explaining the risks and rationale for a proposed procedure
- 3 ME 3.4 Demonstrate effective procedure preparation, including patient identification and/or safe surgical checklist
- 4 ME 3.4 Select and provide sedation and local anesthesia, as appropriate
- 5 ME 3.4 Prepare to obtain and handle samples, sending for appropriate testing

- 6 ME 3.4 Perform the procedure in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 7 ME 3.4 Monitor patient comfort and safety, and adjust the procedure as needed
- 8 COL 1.2 Communicate effectively with patient, sonographer and/or assistant(s) during the procedure
- 9 P 1.1 Work within personal limits, asking for assistance as needed
- 10 ME 3.4 Establish and implement a plan for post-procedure care
- 11 COM 5.1 Document the procedure and outcome

Maternal-Fetal Medicine

EPA 17: Leading interprofessional team meetings and/or complex care discussions

Key Features: This EPA focuses on the role of the fellow in chairing an effective meeting.

- This includes planning for the meeting, leading the discussion, attending meeting flow and organization, encouraging participation and integrating information from the team, and contributing medical expertise to the team discussion.
- It also includes managing group dynamics and conflicts should they occur.
- This EPA includes meetings addressing routine as well as complex issues.

Assessment Plan:

Direct observation by supervisor, with input from other health care team members and/or the patient/family if applicable

Assessment form collects information on:

- Type of meeting (write in):
- Complex care discussion: no; yes

Basis for formal entrustment decisions:

Collect 2 observations of achievement

- At least 1 complex care discussion

When is unsupervised practice expected to be achieved: **F3**

Relevant Milestones:

- 1 P 1.2 Prepare for a meeting, reviewing its purpose, background information and list of participants
- 2 L 3.1 Facilitate the meeting, attending to flow, organization and time management
- 3 L 3.1 Ensure engagement and participation of attendees
- 4 L 3.1 Summarize and clarify key points and discussions
- 5 COM 1.4 Manage one's own non-verbal communication
- 6 COL 1.3 Demonstrate respect for the opinions of other meeting participants
- 7 P 1.1 Intervene when behaviors towards other attendees undermine a respectful environment
- 8 HA 1.1 Advocate for the patient's needs and concerns
- 9 ME 1.4 Contribute MFM expertise to interprofessional discussions
- 10 COL 1.3 Support clinical colleagues in the development of a management plan
- 11 COM 5.1 Document the encounter to convey the discussion and its outcome

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EPA 18: Providing virtual consultation to health care providers requesting MFM assessment

Key Features: This EPA focuses on communication with the requesting care provider and provision of medical advice.

- This includes collecting the information necessary to assess the acuity of the patient issue and assess resources at the referring provider's location, providing recommendations for patient management (which may include image review), triage to a clinic assessment and/or assessing the need and urgency of transfer to an appropriate setting and level of care, and providing pre-transport advice and anticipatory management, as relevant.
- This EPA can be observed in simulation.

Assessment Plan:

Direct observation or case review by MFM supervisor, which may include input from referring health care provider (e.g., obstetrician, family physician, ER physician, midwife)

Assessment form collects information on:

- Patient acuity: urgent; non-urgent
- Setting: clinical; simulation

Basis for formal entrustment decisions:

Collect 3 observations of achievement

- At least 2 different assessors

When is unsupervised practice expected to be achieved: **F3**

Relevant Milestones:

- 1 COM 2.3 Gather patient information from another health care professional
- 2 ME 2.2 Interpret clinical information gathered by another health professional, along with the results of investigations
- 3 ME 2.1 Determine the acuity of the issue and the priorities for patient care
- 4 ME 2.4 Determine the setting of care appropriate for the patient's health needs
- 5 L 2.1 Apply knowledge of the health care resources available in other care settings
- 6 ME 2.4 Assess the need and timing of transfer to another level of care
- 7 ME 4.1 Provide recommendations for additional investigations and/or next steps in management and treatment
- 8 ME 2.4 Establish a plan for ongoing care in the local setting and/or for care prior to and during transfer
- 9 COL 1.2 Work effectively with other health care professionals involved in the patient's care
- 10 COM 5.1 Document advice provided to off-site health care providers

Maternal-Fetal Medicine: Transition to Practice

EPA 19: Managing a Maternal-Fetal Medicine practice

Key Features: This EPA focuses on the role of the physician most responsible for patient care, in both inpatient and outpatient settings and includes preconception, antepartum, intrapartum and postpartum care.

- This EPA includes triage of referrals and transfers, responsibility for medical decisions, follow-up investigations and accessibility in between clinic visits.
- It also includes time management, practice management, and the judicious use and allocation of resources.
- The observation of this EPA is based on a longitudinal assessment and includes both inpatient and outpatient settings.

Assessment Plan:

Direct and indirect observation by MFM supervisor, with input from other members of the health care team

Assessment form collects information on:

- Role (select all that apply): triage of referrals; inpatient; outpatient

Basis for formal entrustment decisions:

Collect 3 observations of achievement

- At least 1 observation of triage of referrals
- At least 1 observation in inpatient setting
- At least 1 observation in outpatient setting
- At least 2 different assessors

When is unsupervised practice expected to be achieved: **F3**

Relevant Milestones:

- 1 L 4.1 Set priorities and manage time to fulfil diverse responsibilities
- 2 ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician
- 3 ME 1.5 Prioritize patients based on the urgency of the clinical issue
- 4 L 4.1 Review and act on test results in a timely manner
- 5 ME 4.1 Coordinate the involvement of other consultants in patient care
- 6 S 3.4 Integrate best evidence and clinical expertise into decision-making
- 7 ME 2.4 Develop and implement management plans
- 8 COL 1.2 Work effectively with the interprofessional team
- 9 P 1.1 Respond punctually to requests from patients or other health care professionals
- 10 COL 2.1 Delegate tasks and responsibilities in a respectful manner
- 11 L 4.1 Integrate supervisory and teaching responsibilities into the overall management of

the clinical service

12 P 4.1 Manage the mental and physical challenges that impact physician wellness and/or performance

Maternal-Fetal Medicine: Transition to Practice

EPA 20: Delivering scholarly and clinical teaching to a variety of audiences, including peers, junior trainees and/or other health professionals

Key Features: This EPA focuses on formal and informal teaching presentations to diverse audiences such as patients, families, junior and senior learners, and other health professionals.

- This includes aligning the material and language to the needs of the audience and demonstrating effective presentation skills.
- In clinical settings, it includes creating a positive learning environment and ensuring patient safety when learners are involved in their care.

Assessment Plan:

Direct observation by MFM supervisor with input from peers, junior trainees and/or other health care professionals; or collated feedback from undergraduate or postgraduate education coordinator

Assessment form collects information on:

- Teaching activity: journal club; bedside teaching; academic half-day; other formal rounds; other
- Audience (select all that apply): MFM fellows; Ob/Gyn junior resident/medical students; staff physicians; other health care professionals; patients and/or families; public

Basis for formal entrustment decisions:

Collect 3 observations of achievement

- A variety of teaching activities and audiences
- At least 1 formal rounds
- At least 2 different assessors

When is unsupervised practice expected to be achieved: **F3**

Relevant Milestones:

- 1 S 2.4 Identify the learning needs and desired learning outcomes of others
- 2 S 2.4 Develop learning objectives for a teaching activity
- 3 S 3.3 Critically evaluate health literature
- 4 S 3.4 Integrate best evidence and clinical expertise
- 5 S 2.2 Create a positive learning environment
- 6 S 2.4 Use teaching techniques appropriate for the audience and subject material
- 7 S 2.4 Present the information in an organized manner
- 8 S 2.4 Use audiovisual aids effectively
- 9 S 2.4 Provide adequate time for questions and discussion

