Fetal Center Rotation

Rotation Contacts and Scheduling Details

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   (650) 723-5711

Rotation location: LPCH Perinatal Diagnostic Center (PDC)

Positions Available: 1 resident per block, option of 2 vs 4 weeks  
Prerequisite: LPCH NICU rotation

Months Rotation Offered: every block

Introduction

Pediatric housestaff in the Department of Pediatrics at the Stanford University School of Medicine are offered the opportunity to enrich their knowledge of perinatal and neonatal medicine during the Fetal Center elective rotation. The focus of the housestaff experience is to strengthen their knowledge in the surveillance of high-risk pregnancies, prenatal screening and diagnostic tools, and the antepartum planning and counseling required for fetal anomalies.

Example weekly schedule- precise schedule may be adjusted to resident and/or service availability

<table>
<thead>
<tr>
<th></th>
<th>Monday *</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
</table>
| 7:00-8:00 | 7:30a-OB/GYN grand rounds  
8a-MFM antepartum rounds | 8a-MFM antepartum rounds | 7:30a- Strip rounds (OB/GYN conf room) | 8a-MFM antepartum rounds | 7a on 2 Friday: Fetal Center conference |
| 8:00 - 8:30 | Morning Report | Morning Report | Morning Report | Morning Report | 8-9a: Grand Rounds |
| 8:30 - 12:00 | Consdered reading  
Genetic counseling/ PDC | Consdered reading  
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Genetic counseling/PDC | 11a-NICU/MFM teaching conference  
(NICU conf rm) |
| Noon | Conference | Conference | Conference | 12:30p- Perinatal genetics conference | Perinatal M&M Conference |
Rotation Specifics

Orientation and schedule

Residents are expected to read this rotation summary prior to the start of their rotation. They should contact the rotation director by email prior to starting the rotation to review the expected consult schedule for the upcoming week. Each week’s schedule may look different, depending on what consults or diagnostic imaging studies are planned. Anticipated activities could include:

- Following a Fetal Center patient through multiple appointments, including imaging and subspecialty consults throughout a day
- Spending an afternoon with Dr. Barth or Dr. Rubesova to observe an ultrasound and interpretation of a subsequent fetal MRI
- Participating in antepartum rounds, discussing interesting fetal heart tracing strips with MFM faculty
- Observing a neonatology fellow performing an inpatient consult for prematurity
- Observing an outpatient Fetal Center consult
- Observing a genetic counseling appointment
- Participating in multiple conferences as noted in the schedule above

Resident workspace: Residents will spend time in either in the Fetal Center office in the PDC, the offices at 750 Welch, or the Antepartum unit.

Reading materials:

- *Fetology* 2nd ed (Bianchi, Crombleholme, D’Alton, Malone)

The resident should also plan to do directed reading and literature searches as they relate to relevant Fetal Center cases.

Call Schedule

There are no call responsibilities associated with this rotation.
**Resident Roles and Responsibilities**

- Participate in Fetal Center consults
- Participate in NICU consults
- Attend antepartum rounds, strip review rounds
- Attend Fetal Center, Perinatal Genetics, and Neonatology conferences

**Evaluation and Feedback**

House officers are encouraged to solicit feedback from the supervising Neonatologists at the mid-point of their rotation to discuss areas for improvement and again at the end of the rotation to gain an overall evaluation. Formal evaluations will be provided through the MedHub system.
## Competency-based Goals and Objectives

### Goal 1. Antepartum diagnosis and management

<table>
<thead>
<tr>
<th>Resident Objectives:</th>
<th>Instructional Strategies</th>
<th>Assessment of Competence</th>
<th>ACGME Competency Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know the indications for routine prenatal imaging and advanced fetal imaging (MRI, fetal echo)</td>
<td>Patient care, Clinical teaching</td>
<td>Direct observation, Self assessment</td>
<td>PC, SBP</td>
</tr>
<tr>
<td>Understand indications for enhanced fetal surveillance - be able to categorize a fetal heart tracing</td>
<td>Patient care, Clinical teaching</td>
<td>Direct observation, Self assessment</td>
<td>PC, ICS</td>
</tr>
<tr>
<td>Describe different methods of prenatal intervention, know risks and potential benefits of each</td>
<td>Patient care, Clinical teaching</td>
<td>Direct observation, Self assessment</td>
<td>PC, SBP</td>
</tr>
</tbody>
</table>

### Goal 2. Genetic testing

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Describe indications for genetic counseling in pregnancy</td>
<td>Patient care, Clinical teaching</td>
<td>Direct observation, Self assessment</td>
<td>MK, PC, SBP</td>
</tr>
<tr>
<td>Know the common prenatal screening tests (first and second trimester screens, non-invasive prenatal testing)</td>
<td>Patient care, Clinical teaching</td>
<td>Direct observation, Self assessment</td>
<td>MK, PC, SBP</td>
</tr>
<tr>
<td>Understand the advantages and limitations of common genetic testing (CVS, amniocentesis; karyotype, CGH, single gene testing)</td>
<td>Patient care, Clinical teaching</td>
<td>Direct observation, Self assessment</td>
<td>MK, PC</td>
</tr>
<tr>
<td>Understand the potential fetal outcomes associated with abnormal screening analytes</td>
<td>Patient care, Clinical teaching</td>
<td>Direct observation, Self assessment</td>
<td>MK, PC</td>
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### Goal 3. Prenatal counseling

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<tr>
<td>Know the range of and limitations for assessing the outcomes for extremely preterm infants</td>
<td>Patient care, Clinical teaching</td>
<td>Direct observation, Self assessment</td>
<td>MK, PC</td>
</tr>
<tr>
<td>List the essential components of a prenatal consult</td>
<td>Patient care, Clinical teaching</td>
<td>Direct observation, Self assessment</td>
<td>MK, ICS</td>
</tr>
<tr>
<td>Develop a postnatal plan of care for a complex fetal problem</td>
<td>Patient care, Clinical teaching</td>
<td>Direct observation, Self assessment</td>
<td>MK, PC, ICS</td>
</tr>
<tr>
<td>Appreciate the different types of fetal center constructs</td>
<td>Patient care, Clinical teaching</td>
<td>Directed reading</td>
<td>MK</td>
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### Goal 4. Any other ideas?

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<tr>
<td></td>
<td>Patient care, Clinical teaching</td>
<td>Direct observation, Self assessment</td>
<td>MK</td>
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PBLI = practice based learning and improvement
ICS = interpersonal and communication skills
P = professionalism
MK = medical knowledge
PC = patient care
SBP = systems based practice