

Fetal Center Rotation

Rotation Contacts and Scheduling Details

Rotation Director:	Valerie Chock, MD	Susan Hintz, MD
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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.

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	Monday *	Tuesday	Wednesday	Thursday	Friday
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	Consults Directed reading Genetic counseling/ PDC	Consults Directed reading Genetic counseling/PDC	Consults Directed reading Genetic counseling/PDC	Consults Directed reading Genetic counseling/ PDC	
Noon	Conference	Conference	Conference	12:30p- Perinatal genetics conference	Perinatal M&M Conference

13:00 – 17:00	Consults, Directed reading Ad hoc: Fetal US/MRI	Consults, Directed reading	Consults, Directed reading Ad hoc: Fetal US/MRI	Consults, Directed reading	Consults, Directed reading
17:00	1 st and 3 rd MFM management 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)
- #
- Davis AS, Chock VY, Hintz SR. "Fetal centers and the role of the neonatologist in complex fetal care."
Am J Perinatol. 2014 Aug;31(7):549-56
- #
- Chock VY, Davis AS, Hintz SR. The roles and responsibilities of the neonatologist in complex fetal medicine: Providing a continuum of care. NeoReviews 2015; 16 (1) e9-e15.

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			
Resident Objectives:	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
Know the indications for routine prenatal imaging and advanced fetal imaging (MRI, fetal echo)	Patient care Clinical teaching	Direct observation Self assessment	PC, SBP
Understand indications for enhanced fetal surveillance - be able to categorize a fetal heart tracing	Patient care Clinical teaching	Direct observation Self assessment	PC, ICS
Describe different methods of prenatal intervention, know risks and potential benefits of each	Patient care Clinical teaching	Direct observation Self assessment	PC, SBP
Goal 2. Genetic testing			
Resident Objectives:	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
Describe indications for genetic counseling in pregnancy	Patient care Clinical teaching	Direct observation Self assessment	MK, PC, SBP
Know the common prenatal screening tests (first and second trimester screens, non-invasive prenatal testing)	Patient care Clinical teaching	Direct observation Self assessment	MK, PC, SBP
Understand the advantages and limitations of common genetic testing (CVS, amniocentesis; karyotype, CGH, single gene testing)	Patient care Clinical teaching	Direct observation Self assessment	MK, PC
Understand the potential fetal outcomes associated with abnormal screening analytes	Patient care Clinical teaching	Direct observation Self assessment	MK, PC
Goal 3. Prenatal counseling			
Resident Objectives:	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
Know the range of and limitations for assessing the outcomes for extremely preterm infants	Patient care Clinical teaching	Direct observation Self assessment	MK, PC
List the essential components of a prenatal consult	Patient care Clinical teaching	Direct observation Self assessment	MK, ICS
Develop a postnatal plan of care for a complex fetal problem	Patient care Clinical teaching	Direct observation Self assessment	MK, PC, ICS
Appreciate the different types of fetal center constructs	Patient care Clinical teaching	Directed reading	MK
Goal 4. Any other ideas?			
Resident Objectives:	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
	Patient care Clinical teaching	Direct observation Self assessment	MK

PBLI = practice based learning and improvement

ICS = interpersonal and communication skills

P= professionalism

MK= medical knowledge

PC= patient care

SBP = systems based practice