



AMERICAN OSTEOPATHIC ASSOCIATION

**Basic Standards
for
Fellowship Training
in
Maternal and Fetal Medicine**

**American Osteopathic Association
and the
American College of Obstetricians and Gynecologists**

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**BASIC STANDARDS FOR FELLOWSHIP TRAINING
IN
MATERNAL AND FETAL MEDICINE**

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BASIC STANDARDS FOR FELLOWSHIP TRAINING IN MATERNAL AND FETAL MEDICINE

ARTICLE I - INTRODUCTION

These are the basic standards for fellowship training in maternal and fetal medicine as approved by the American Osteopathic Association and the American College of Osteopathic Obstetricians and Gynecologists. These standards are designed to provide the osteopathic fellow with advanced and concentrated training in maternal and fetal medicine and to prepare the fellow for examination for certification in maternal and fetal medicine.

ARTICLE II - PURPOSE

Maternal and fetal medicine shall consist of the diagnosis and management of women with conditions that fall within the limits of a high risk pregnancy. A high risk pregnancy is that pregnancy which has a greater than general population incidence for morbidity and mortality for both mother and infant as a result of influences that bear upon that pregnancy. The purposes of a maternal and fetal medicine training program are to:

- A. Provide the fellow with didactic and clinical training regarding advanced knowledge in the medical and surgical complications of pregnancy and their effect on both mother and fetus.
- B. Enable the fellow to develop expertise in the most current diagnostic and treatment modalities utilized in the care of patients with pregnancies at risk as well as advanced knowledge of the newborn adaptation so there will be a continuum of excellence of care from the fetal to newborn period.
- C. To integrate the osteopathic philosophy, including principles and practice, as it relates to maternal and fetal medicine, throughout the entire program.
- D. Provide the fellow with progressive experience and increasing responsibility in patient care.

ARTICLE III - COMPETENCIES

The fellowship program is required to provide a curriculum that promotes and assesses competencies in the following seven areas:

- A. **Interpersonal and Communication Skills**

Fellows are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of health care teams.

1. Demonstrate effectiveness in developing appropriate doctor-patient relationships.
2. Exhibit effective listening, written and oral communication skills in professional interactions with patients and health profession.

B. Systems-Based Practice

Fellows are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

1. Understand national and local health care delivery systems and how they impact on patient care and professional practice.
2. Advocate for quality health care on behalf of patients and assist them in their interactions with the complexities of the medical system.

C. Medical Knowledge

Fellows are expected to demonstrate and apply knowledge of accepted standards of clinical medicine, remain current with new developments in medicine, and participate in life-long learning activities, including research.

1. Demonstrate competency in the understanding and application of clinical medicine to patient care.
2. Know and apply the foundations of clinical and behavioral medicine appropriate to their discipline.

D. Osteopathic Philosophy and Osteopathic Manipulative Treatment

Fellows are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The education goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning.

1. Demonstrate competency in the understanding and application of OMT appropriate to obstetrics and gynecology.
2. Integrate osteopathic concepts and OMT into the medical care provided to patients as appropriate.
3. Understand and integrate osteopathic principles and philosophy into all clinical and patient care activities.

E. Practice-Based Learning and Improvement

Fellows must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices. Treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness.

1. Perform self-evaluations of clinical practice patterns and practice-based improvement activities using a systematic methodology.
2. Understand research methods, medical informatics, and the application of technology as applied to medicine.

F. Professionalism

Fellows are expected to uphold the osteopathic oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Fellows should be cognizant of their own physical and mental health in order to effectively care for patients.

1. Demonstrate respect for patients and families and advocate for the primacy of patient's welfare and autonomy.
2. Adhere to ethical principles in the practice of medicine.
3. Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.

G. Patient Care

Fellows must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine and health promotion. Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records, and diagnostic/therapeutic plans and treatments.

1. Validate competency in the performance of diagnosis, treatment and procedures appropriate to obstetrics and gynecology.
2. Provide health care services consistent with osteopathic philosophy, including preventive medicine and health promotion that are based on current scientific evidence and understanding of behavioral medicine.

ARTICLE IV - INSTITUTIONAL REQUIREMENTS

- A. To be approved by the AOA for fellowship training in maternal and fetal medicine, an institution* must meet all the requirements as formulated in the *Fellowship Training Requirements of the AOA*.
- B. The institution must have an adequately organized division of maternal and fetal medicine.
- C. The institution must provide sufficient volume of major maternal and fetal medicine cases of adequate scope and variety to properly train a minimum of _____ fellows.
- D. The institution shall maintain an adequate medical library containing carefully selected texts, the latest editions of medical journals and other appropriate publications, in various branches pertaining to training in maternal and fetal medicine. The library shall be in the charge of a qualified person who shall act as custodian of its contents and arrange for the proper cataloging and indexing that will facilitate investigative work by the fellows.
- E. The institution must provide:
 - 1. A pathology service to train the fellow in the broad aspects of neonatal pathologic diagnosis and to have available postmortem examination of fetuses undergoing in utero or neonatal demise.
 - 2. An obstetrical anesthesia service to train the fellow in the subtleties of administering anesthesia and the choices of anesthesia appropriate for high risk obstetrical patients.
 - 3. A high risk pregnancy in-patient unit at one or more institutions to enable the fellow to develop expertise in managing these patients under the direction of the program director or supervising maternal-fetal medicine specialist.
 - 4. A genetics unit to enable the fellow to become familiar with the areas of genetic counseling and to develop expertise in cytogenetic analysis, including karyotyping and biochemical studies.
 - 5. A newborn intensive care unit rotation under the direction of a neonatologist to enable the fellow to develop and appreciation for neonatal disease and the problems encountered in neonatology after a high risk pregnancy is delivered.
 - 6. A maternal-fetal ultrasound unit which is capable of performing basic and advanced levels of ultrasound. The unit may be affiliated either with the department of obstetrics and gynecology or the department of radiology and must be supervised in part or in full by the program director in maternal and fetal medicine.

* Hospital, college, organization or other training facility.

- F. The institution, through its director of medical education and the program director, shall be responsible for seeing that the fellow receives the training outlined in the written program.
- G. The institution must provide a written policy and procedure for the selection of fellows.
- H. The institution shall execute a contract with each fellow in accordance with the *Fellowship Training Requirements of the AOA*.
- I. Upon satisfactory completion of the training program, the institution shall award the fellow an appropriate certificate. The certificate shall confirm the fulfillment of the program requirements, starting and completion dates of the program and the name(s) of the training institution(s) and the program director(s).

ARTICLE V- PROGRAM REQUIREMENTS

- A. The fellowship training program shall commence only after it has received a recommendation for approval from the AOA Council on Postdoctoral Training and the approval of the AOA Board of Trustees.
- B. The fellowship training program in maternal and fetal medicine shall be ~~thirty-six (36)~~ *months* in duration and shall include both didactic and clinical training which will provide the fellows with an in-depth and advanced knowledge of genetic disorders, teratologic disorders, metabolic disorders and detailed study of advanced ultrasonography shall be integrated throughout the entire program for diagnosing fetal health and disease. The general educational content of the program shall include the following:
 1. Osteopathic philosophy, principles and practice as they relate to maternal and fetal medicine shall be integrated into the training program.
 2. Basic science training shall emphasize the relationship of anatomy, pathology, physiology, biochemistry and bacteriology as they relate to maternal and fetal medicine.
 3. There shall be a postgraduate course in statistics relative to the gathering, dissemination and interpretation of biomedical information. A second postgraduate course relating to biomedical information and dissemination shall be required (examples: computer science in biomedical data gathering, thesis preparation, health care administration) to enable the fellow to integrate his/her skills into the present day medical health care system.
 4. The program structure and contents shall include out-patient evaluation of maternal and fetal medicine patients.

- a. The fellow shall receive training and ultimately supervise high risk pregnancy clinics under the direction of an attending maternal and fetal medicine specialist.
 - b. The fellow shall evaluate patients, perform or order appropriate diagnostic testing and therapeutic regimes as approved by the attending maternal and fetal medicine specialist.
 - c. The service shall provide an adequate number of maternal and fetal medicine patients as well as follow-up visits, both on an in-patient and out-patient basis. The clinical problems shall include but not be limited to the following: renal disease, toxemia and hypertension, cardiac disease, vascular disease, diabetes mellitus, thyroid disease, adrenal, pituitary and parathyroid parasitic infestations, sexually-transmitted infections, pulmonary disease, dermatologic disorders, neurologic complications, hematologic disorders, neoplastic diseases, rheumatic diseases, genetic disorders, drug abuse and musculoskeletal and structural disorders as they relate to the high risk obstetrical patient.
 - d. The fellow shall be trained in the pharmacology and therapeutics of all related chemicals and physical modalities utilized in the diagnosis and management of high risk obstetrical patients.
5. The training program shall provide effective content with regard to behavioral characteristics involved in the interaction between the fellow, the patient and the teaching staff. The program should enhance the ability of the fellow to understand the contingencies of health and illness and the development of a mature concern regarding the quality of patient care.
 6. Investigational research shall be a fundamental part of the training program. The climate must exist to facilitate both clinical and laboratory investigations to advance the fellow's body of knowledge in maternal and fetal medicine and the osteopathic profession.
 7. The fellowship program director must provide evidence of strong scholarly activity and productivity by faculty and fellows in clinical and/or laboratory research. Research projects can be developed either within the department or in collaboration with other academic departments. The portion of each fellow's education devoted to research must ultimately result in a scientific paper that may be worthy of publication in a peer-reviewed journal. It is expected that fellows will acquire a thorough knowledge and understanding of the methodologies and analyses used in research protocols that relate to research in their area of study. An in-depth understanding of the statistical analysis of research projects is mandatory.

- C. The program shall provide for the adequate training in all aspects of maternal and fetal medicine including all of the medical and surgical diseases as they relate to pregnancy, fetal adaptation to the intrauterine environment and the transition from in utero environment to extra-uterine life and neonatal care as it relates to the infant making the transition from the high risk pregnancy to the intensive care nursery. The fellow must be provided with access to neonatal nursery experience.
- D. If necessary, the program must provide suitable arrangements for outside rotations to insure the complete education of the fellow and for broadening the scope of training. All rotations must meet standards as formulated in the *Fellowship Training Requirements of the AOA*.

ARTICLE VI - QUALIFICATIONS AND RESPONSIBILITIES
OF PROGRAM DIRECTOR

A. Qualifications

- 1. The program director must be certified in maternal and fetal medicine by the American Osteopathic Association, through the American Osteopathic Board of Obstetrics and Gynecology and, shall by training experience and teaching ability, qualify to implement and conduct the program.
- 2. The program director must meet the standards of the position as formulated in the *Fellowship Training Requirements of the AOA*.

B. Responsibilities

- 1. The program director's authority in directing the training program must be defined in the program documents of the institution.
- 2. The program director shall insure that osteopathic theory and practice and its applications to maternal and fetal medicine are emphasized.
- 3. The program director shall insure that the fellow is exposed to qualified or certified persons in the areas of radiology, pathology, reproductive endocrinology, gynecologic oncology, laboratory cytogenetics and all of the medical sub-specialties whose assistance is useful in the management of particular high risk obstetrical patients. All organized services and departments shall be coordinated to provide fellows with the benefits of cooperation from all professional areas.
- 4. The program director shall arrange affiliations and/or outside rotations necessary to meet the program objectives. If the institution has satellite antenatal testing units at affiliated facilities, these shall be under the supervision of the program director of the division of maternal and fetal medicine of the base institution.

5. The program director shall provide the fellow with all documents pertaining to the training program as well as the requirements for the satisfactory completion of the program.
6. The program director shall, in cooperation with the AOA Office of Osteopathic Education, prepare required materials for inspections.
7. The program director shall arrange regularly scheduled clinical case conferences, general reviews and transfer case summaries.
8. The program shall submit an annual report on each fellow to the director of medical education of the institution and to the American College of Osteopathic Obstetricians and Gynecologists along with an annual administrative fee. These reports shall cover the fellow's progress, acceptability as a prospective specialist and other factors pertinent to the continuance of training. In addition, any report received more than thirty days after the end of training year will not be reviewed by the REC of ACOOG until a late fee of \$150.00 is paid to the ACOOG.
9. The program director shall be a member in good standing of the American College of Osteopathic Obstetricians and Gynecologists. The program director shall endeavor at all times to set a benchmark of professional behavior consistent with, or exceeding, the code of ethics of the ACOOG and the AOA.
10. The program director shall keep the ACOOG advised at all times of a working e-mail address.
11. The program director shall annually receive his/her evaluation of the program director and the program faculty summary as performed by the fellows within sixty (60) days of the end of each training year and assure that these evaluations are reviewed annually with the director of medical education.

ARTICLE VII - FELLOW REQUIREMENTS

- A. Applicants for fellowship training in maternal and fetal medicine must:
 1. Have graduated from an AOA accredited college of osteopathic medicine.
 2. Have satisfactorily completed an AOA approved residency program in obstetrics and gynecology.
 3. Be and remain members of the AOA during fellowship training.
 4. Be appropriately licensed in the state in which training is conducted.

5. The candidate shall have applied for the ACOOG general OB/GYN certification exam and shall have taken the written portion of the exam prior to matriculating the fellowship.

B. During the training program the fellow must:

1. **Maintain satisfactory records of work performed and submit these records on a monthly basis to the program director for review and verification. These records shall be filed with the administrator or director of medical education of the institution.**
2. Submit annually, verified by the signature of the program director, a training program report to the ACOOG within thirty (30) days of the end of each training year. The fellow must also complete an annual objective of the program director and faculty in a format as required by the ACOOG. If either of these annual reports is received after the thirty (30) day deadline, reports will not be reviewed by the REC until a late fee of \$50.00 per year being paid to the ACOOG.
3. Produce a scientific paper as first author. It is required that the fellow actually performs the research.
4. **Attend appropriate conferences relating to maternal and fetal medicine.**
5. **Participate in the teaching of house staff and interns.**
6. Register as a candidate member of the ACOOG within sixty (60) days of matriculating to the fellowship and keep the ACOOG informed of a working e-mail address at all times. Failure to do so will result in a late fee of \$50.00 which will be paid to the ACOOG prior to the REC review of the end-of-year training reports. The fellow will maintain a standard of professionalism that meets or exceeds the code of ethics of the ACOOG and the AOA. Candidate members do not pay dues to ACOOG.

C. Fellows shall be permitted to act as consultants under the direct supervision of the program director or other qualified supervisor who may be part of the general program of maternal and fetal medicine. Fellows may serve at affiliated units in maternal and fetal medicine at the discretion of the program director.

D. The fellow shall be encouraged to attend appropriate meetings including the annual meeting of the American College of Osteopathic Obstetricians and Gynecologists and any additional meetings that the program director may deem appropriate.

APPENDIX I – FELLOW WORK HOURS AND SUPERVISION POLICIES

It is recognized that excessive numbers of hours worked by fellow physicians can lead to errors in judgment and clinical decision-making. These can impact on patient safety through medical errors, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression and illness related complications. The training institution, director of medical education (DME) and fellowship program director must maintain a high degree of sensitivity to the physical and mental well being of fellows and make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue or inability to conduct personal activities.

A. Work Hours

The following work hours policy will apply to all fellows in all specialties.

1. The fellow shall not be assigned to work physically on duty in excess of eighty (80) hours per week averaged over a four (4) week period, inclusive of in-house night call.
2. The fellow shall not work in excess of twenty-four (24) consecutive hours inclusive of morning and noon educational programs. Allowance for, but not to exceed up to six (6) hours for inpatient and outpatient continuity, transfer of care, educational debriefing and formal didactic activities may occur. Fellows may not assume responsibility for a new patient after twenty-four (24) hours.
3. If moonlighting is permitted, all moonlighting will be inclusive of the eighty (80) hour per week maximum work limit and must be reported. (See Moonlighting Policy.)
4. The fellow shall have alternate week forty-eight (48) hour periods off or at least one (1) twenty-four (24) hour period off each week.
5. Upon conclusion of a twenty-four (24) hour duty shift, fellows shall have a minimum of twelve (12) hours off before being required to be on duty again. Upon completing a lesser hour duty period, adequate time for rest and personal activity must be provided.
6. All off-duty time must be totally free from assignment to clinical or educational activity.
7. Those rotations requiring the fellow to be assigned to Emergency Department duty shall not be assigned longer than twelve (12) hour shifts.

8. The fellow and training institution must always remember the patient care responsibility is not precluded by this policy. In the case where a fellow is engaged in patient responsibility which cannot be interrupted, additional coverage should be provided to relieve the fellow involved as soon as possible.
9. The fellow may not be assigned to call more often than every third night averaged over any consecutive four (4) week period.

B. On-Call Room

The training institution shall provide an on-call room for fellows, which is clean, quiet, safe and comfortable, so to permit rest during call. A telephone shall be present in the on-call room. Toilet and shower facilities should be present in or convenient to the room. Nourishment shall be available during the on-call hours of the night.

C. Moonlighting Policy

Any professional clinical activity (moonlighting) performed outside of the official fellowship program may only be conducted with the permission of the program administration (DME/Program Director). A written request by the fellow must be approved or disapproved by the Program Director and DME and be filed in the institution's fellow file. All approved hours are included in the total allowed work hours under AOA policy and are monitored by the institution's graduate medical education committee. This policy must be published in the institution's house staff manual. Failure to report and receive approval by the program may be grounds for terminating a fellow's contract.

APPENDIX II - MODEL OSTEOPATHIC GME POLICY ON ACADEMIC
AND DISCIPLINARY DISMISSALS

The hospital and department have clearly defined procedures for academic and disciplinary action. Academic dismissals result from a failure to attain a proper level of scholarship or non-cognitive skills, including clinical abilities, interpersonal relations, and/or personal and professional characteristics. Institutional standards of conduct include such issues as cheating, plagiarism, falsifying records, stealing, alcohol and/or substance abuse, or any other inappropriate actions or activities.

In cases of academic dismissal, the hospital and department will inform fellows, orally and in writing, of inadequacies and their effects on academic standing. The fellow will be provided a specified period in which to implement specified actions required to resolve academic deficiencies. Following this period, if academic deficiencies persist, the fellow may be placed on probation for a period of three (3) to six (6) months. The fellow may be dismissed following this period, if deficiencies remain and are judged ~~not~~ remedial. In accordance with institutional policy, the fellow will be provided an opportunity to meet with evaluators to appeal decisions regarding probation or dismissal. Legal counsel at hearings concerning academic issues will not be allowed.

In cases of disciplinary infractions that are judged ~~not remedial~~, the hospital and department will provide the fellow with adequate notice, in writing, of specific ground(s) and the nature of the evidence on which the disciplinary action is based. The fellow will be given an opportunity for hearing in which the disciplinary authority will provide a fair opportunity for the fellow's position, explanations and evidence. Finally, no disciplinary action will be taken on grounds which are not supported by substantial evidence. The department and/or hospital intern training committee, or house staff education committee, or other appropriate committees will act as the disciplinary authority. Fellows may be allowed counsel at hearings concerning disciplinary issues. Pending proceedings on such disciplinary action, the hospital in its sole discretion may suspend the fellow, when it is believed that such suspension is in the best interests of the hospital or of patient care.