



## Perinatal Quality Foundation

*Improving the Quality of Obstetrical Medical Services...*

### The Facts

- Significant neonatal and early childhood central nervous system impairment is frequently ascribed to adverse events occurring during the intrapartum period. The use of electronic fetal heart rate monitoring to assess fetal well-being during labor is nearly universal throughout the United States, and is essentially the only currently available tool to evaluate the status of a fetus during that time.
- The [Perinatal Quality Foundation](#) (PQF) released an electronic fetal monitoring (EFM) credentialing tool in January 2014. It is based on EFM principles defined by national consensus. Leading US experts have been participated in its development.
- Credentialing is available to physicians, nurse practitioners, midwives, nurses, and other perinatal clinicians who are involved in the management of labor and delivery patients. The FMC is accepted by the American Board of Obstetrics and Gynecology (ABOG) for fulfillment of Category 4 Maintenance of Credentialing (MOC) requirements.
- The Perinatal Quality Foundation was established in 2005 as an independent affiliate of SMFM and has been influential in obstetrical care and perinatal safety. Its board is composed of some of the most respected clinicians in Maternal Fetal Medicine.
- The FMC tool measures both knowledge and judgment. Measurement of clinical reasoning is made possible through the use of Script Concordance Testing (SCT), developed more than 10 years ago by Bernard Charlin, MD, PhD of University of Montreal.
- While education and content are extremely important, there is a need for a mechanism to measure clinician proficiency. The FMC credentialing tool functions as an adjunct to education and is currently used by 47 institutes in the U.S.
- **Price is available upon request**
- The Demo for FMC exam can be found at: <http://www.perinatalquality.org/FMC/index.html>

### Scope and Standard Basis

Unique Aspects of the FMC exam designed to enhance EFM utilization in our healthcare delivery system are:

- The FMC exam represents an objective credentialing tool that can be efficiently utilized by hospital systems as well as individual clinicians.
- The FMC tool is consistent with the recommendation of the National Institute of Child Health and Human Development's (NICHD) recommendation for common clinical nomenclature across clinician types. ACOG, SMFM and also the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) have adopted the NICHD standards.

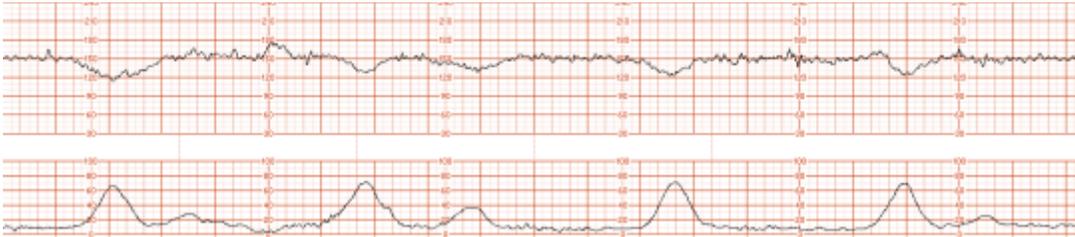
## Additional Background and Theory on SCT

- Knowledge questions have only one clear, correct answer and are scored traditionally. They often include a fetal monitoring strip, a clinical scenario, or both.
- Judgment questions using the SCT methodology, utilize a 5-point Likert scale in the answer. As with real clinical practice there is typically more than one acceptable response. Answers to the judgment questions are scored on a weighted basis compared to responses of an expert panel.
- Examples of each type of questions appear below.

### Knowledge Question:

**How would you describe the decelerations in this tracing? Select all that apply.**

- Early
- Late
- Variable
- Prolonged



### SCT Question:

#### **Case Context:**

A 25-year-old G1P0 patient presents at 41 weeks in spontaneous labor. Ruptured membranes are confirmed and the initial cervical exam is 3/+1/100%/vtx. The initial FHR tracing is shown in Panel A.

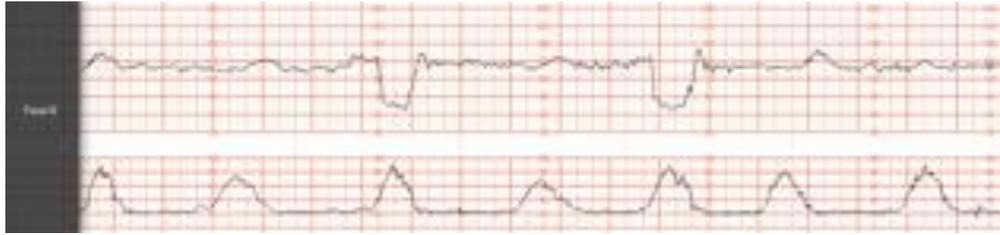


**Your management plan is ....**

Continue FHR monitoring and expectantly manage

**.... and then you learn the following additional information:**

2 hours later, you review the FHR tracing shown in Panel B and note that the cervix is unchanged.



**How does this additional information affect your thinking about the management plan?**

- Strongly invalidates
- Could invalidate
- No impact
- Could support
- Strongly supports

### **More Information**

For more information about the FMC credentialing exam, please contact Jean Lea Spitz, MPH, RDMS, Executive Director, Perinatal Quality Foundation at [jspitz@perinatalquality.org](mailto:jspitz@perinatalquality.org) or Marin O’Keeffe RN, Program Director, FMC at [mokeeffe@perinatalquality.org](mailto:mokeeffe@perinatalquality.org) Additional information is also available at [www.perinatalquality.org](http://www.perinatalquality.org).

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<sup>1</sup> Nouh, T et. al., “The Script Concordance Test as a Measure of Clinical Reasoning: A National Validation Study,” The American Journal of Surgery, Volume 203, Number 4, April 2012

<sup>2</sup> Charlin, B et. al., “The Script Concordance Test: a Tool to Assess the Reflective Clinician,” Teaching and Learning in Medicine, Fall 2000

<sup>3</sup> Charlin, B et. al., “Scripts and Medical Diagnostic Knowledge: Theory and Applications for Clinical Reasoning Instruction and Research,” Academic Medicine, Volume 75, Number 2, February 2000.