



## **Fetal Monitoring Credentialing General Information**

### **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 essentially universal throughout the United States, and is virtually the only currently available tool to evaluate the status of a fetus during that time.
- The Perinatal Quality Foundation (PQF) released a new electronic fetal monitoring (EFM) credentialing tool in January 2014. It is based on EFM principles defined by national consensus and leading US experts have been involved in its development.
- The credential will be available to physicians, nurse practitioners, midwives, nurses, and other perinatal clinicians who are involved in the management of labor and delivery patients.
- The FMC will strengthen existing education related to this obstetrical content.
- The Perinatal Quality Foundation was established in 2005 and is influential in obstetrical care and perinatal safety. The Perinatal Quality Foundation grew out of SMFM and is now an independent affiliate of SMFM. It is composed of some of the most respected clinicians in Maternal Fetal Medicine.

As an example of the level of leadership and innovation embodied through PQF: It is the group that instituted the Nuchal Translucency Quality Review (NTQR) perinatal quality program for the industry. Consistency in Nuchal Translucency measurements improves the identification of newborns at higher risk for Down Syndrome and certain other chromosomal abnormalities. Currently over 7,400 clinicians are monitored as part of this initiative that has analyzed over 2 million measurement data sets.

- 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 the University of Montreal.
- Traditional credentialing examinations have utilized oral-type questions to test clinical reasoning and decision-making skills – both of which are main ingredients to clinical

judgment. Oral examinations are, however, limited by difficulties in proper standardization, reliable scoring, and the logistics of administering to large groups of examinees.

- While education and content are extremely important, there is a need for a mechanism to measure clinician proficiency in order to effect change and understand if learning has taken place. The PQF credentialing tool functions as an adjunct to education.
- Price Points:

Initial Examination	Individual	Institutions	
	\$150	0-25 test takers	\$150
		26-100 test takers	\$125
		>100 test takers	\$100

Recredentialing Examination*	Taken Annually	Taken at 2-3 yr interval
	\$50	\$75

\*The PQF requires a re-credentialing exam minimally every 3 years to maintain FMC credentials

- A short demonstration for FMC exam can be found at: <http://FMC.perinatalquality.org>

**Scope and Standard Base:**

Unique aspects of the FMC exam that will warrant long-term impact and importance to our healthcare delivery system are as follows:

- The FMC exam represents a focused, objective credentialing tool that is useful to clinicians across industry associations and societies.
- The FMC exam content complies with the National Institute of Child Health and Human Development’s (NICHD) recommendations for common clinical nomenclature across clinicians. 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<sup>1,2,3</sup>**

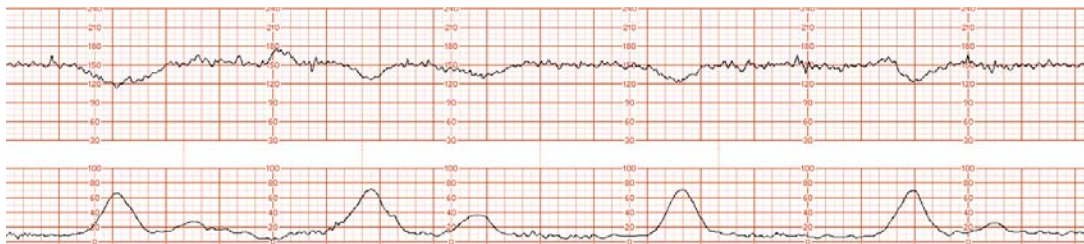
- Knowledge questions have only one clear, correct answer and are scored traditionally. They often include a fetal monitoring strip, a clinical scenario, or both.

- Judgment questions, developed using the SCT methodology, offer participants an answer key in the form of a 5-point Likert scale, generally allowing for more than one answer to be acceptable, and therefore, to receive credit. Answers to the judgment questions are given a weighted score, based on how an expert panel has answered the same question.
- Visual examples of both types of questions appear below.

**Knowledge Question:**

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

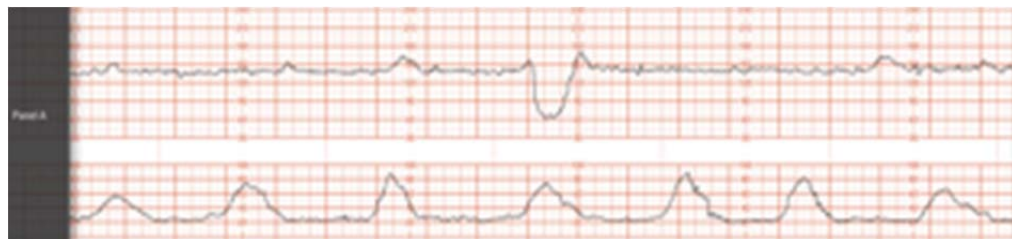
- Early
- Late
- Variable
- Prolonged



**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.

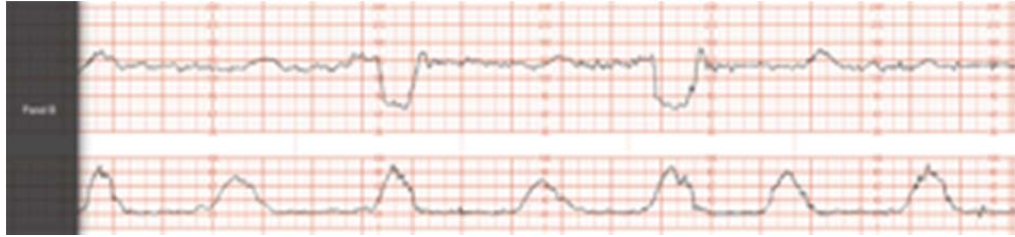


**Your management plan is .....**

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 PQF 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.