



## FMC Powered by Inteleos

The Fetal Monitoring Credentialing (FMC) Examination content is consistent with National Institute of Child Health and Human Development (NICHD) recommendations for common clinical nomenclature and is designed to assess knowledge, interpretation and clinical management of FHR tracings. The American Congress of Obstetricians and Gynecologists (ACOG), the Society of Maternal Fetal Medicine (SMFM) and the Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN) have adopted NICHD standards.

The exam consists of 2 types of questions; knowledge and judgment. Knowledge questions are traditional multiple choice or multi-select with correct and incorrect answers. Judgment questions are based on script concordance testing (SCT) and the format will be new and different for many individuals.

### Sample Questions:

**Script Concordance Testing Questions (SCT):** SCT questions measure judgment. Examinees are asked to choose one answer that reflects their reaction / judgment. The score will depend on how consistent the examinee judgment is with that of an expert panel. SCT questions have elicited more than one answer from experts. If all experts agreed on one right answer it would be considered a knowledge question. They are challenging and meant to mimic the uncertainty often encountered in real life clinical situations. As such they are intentionally developed with more than one potentially correct answer. The scoring is based on the responses from an expert panel not all of whom will have the same response. Credit is given based on the proportion of experts that gave the same response, with full credit when your answer agrees with the majority and partial credit when your answer agrees with the minority of experts and zero credit when your answer doesn’t agree with any of the experts.

Judgment questions assess your clinical decision-making. They differ from Knowledge Questions in a couple important ways. In Judgment Questions, you’ll see a clinical scenario where an initial management decision has been made. Next, you’ll see a new piece of information. You’ll then decide how this new information affects the initial management decision using a 5-point likert scale. Sample questions follow with an explanation for the possible answers.

Answering judgment questions using a Likert scale is new to many clinicians. An effective approach to choosing a response is to think about how this new information might affect the assessment or management plan provided in the initial question.



You feel certain that the new piece of information should change the initial management plan or assessment.

You are leaning towards changing the initial management plan or assessment provided, but there are variables within the context of the case that give you pause.

This new information does not change your initial management plan or assessment, as it does not inform the original decision.

You are leaning towards continuing the initial management plan or assessment provided, but there are variables within the context of the case that give you pause.

You feel certain that the new piece of information reinforces the initial management plan or assessment provided.

## 1. Case Content:

A 40-year-old G1P0 patient is admitted with a cervical exam of 7/0/80%/vertex. You review her FHR tracing shown in Panel A.

### Your management plan is...

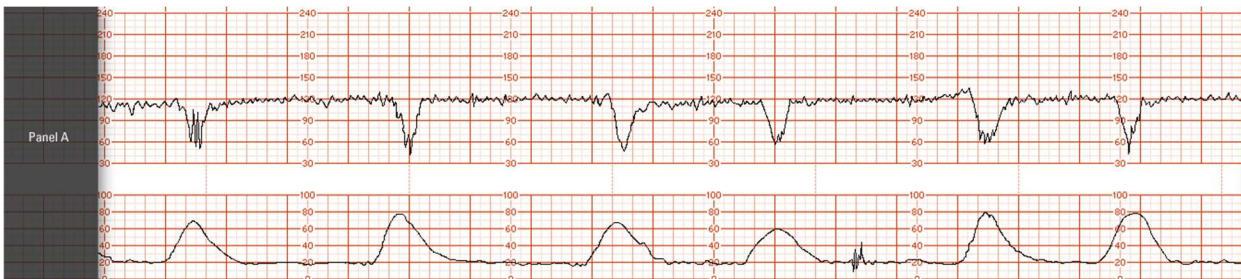
Expectant management while initiating conservative measures.

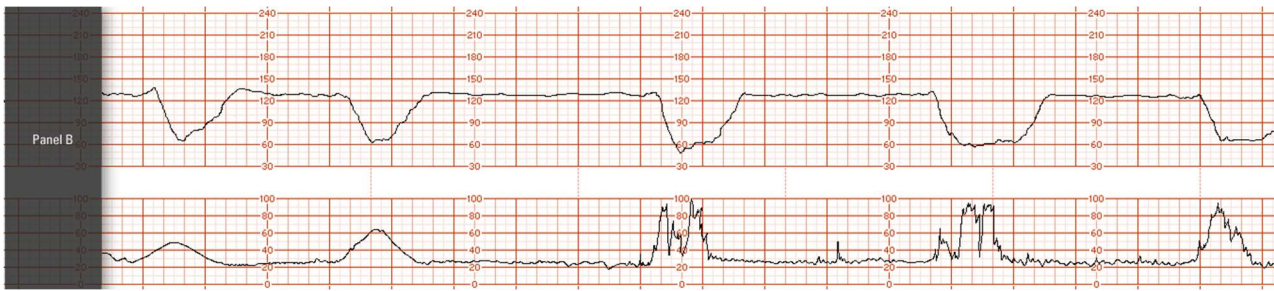
### ...and then you learn this additional information:

One hour later, a repeat pelvic examination reveals the cervix to be complete/+2/100%/vertex, and you review her FHR tracing shown in Panel B.

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

- **Strongly invalidates:** full credit (the majority of the experts chose this option. Although the patient has progressed in labor, variability has decreased to minimal to absent and the decelerations have increased in depth and duration consistent with a Category III tracing. Preparations should be made either for an operative vaginal delivery or a cesarean section.)
- **Could invalidate:** partial credit (Some of the experts chose this option. The patient has progressed in labor fairly rapidly, however the variability has decreased to minimal to absent and the decelerations have increased in depth and duration consistent with a Category III tracing. Labor progress can be observed while preparations are made either for an operative vaginal delivery or a cesarean section if she doesn't imminently deliver spontaneously vaginally.)
- **No impact:** no credit (none of the experts chose this option)
- **Could support:** no credit (none of the experts chose this option)
- **Strongly supports:** no credit (none of the experts chose this option)





## 2. Case Context:

A 29-year-old G3P2002 patient presents in active labor at 39 weeks with a cervical exam of 5/0/60%/vertex. Her initial FHR tracing is shown in Panel A.

After one hour, she complains of pressure and is reexamined and the cervix is found to be 7/+1/70%. The FHR tracing is shown in Panel B. Conservative measures are initiated, including position change, maternal oxygen, and an IV fluid bolus.

### Your management plan is...

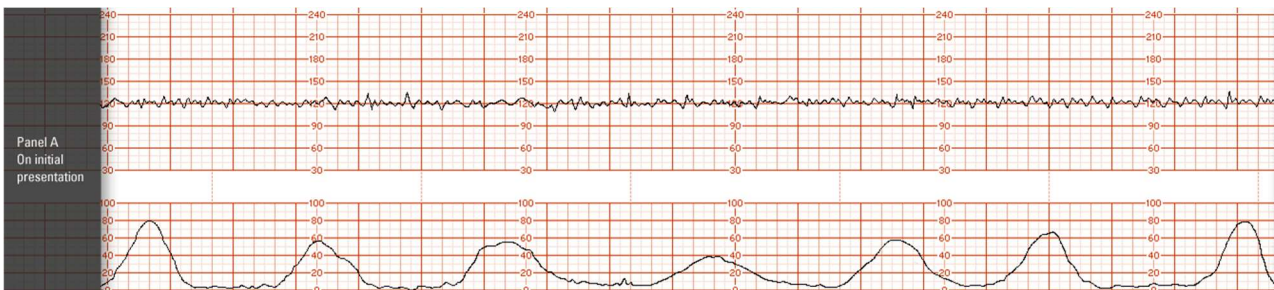
Expectant management while observing the effect of the conservative measures

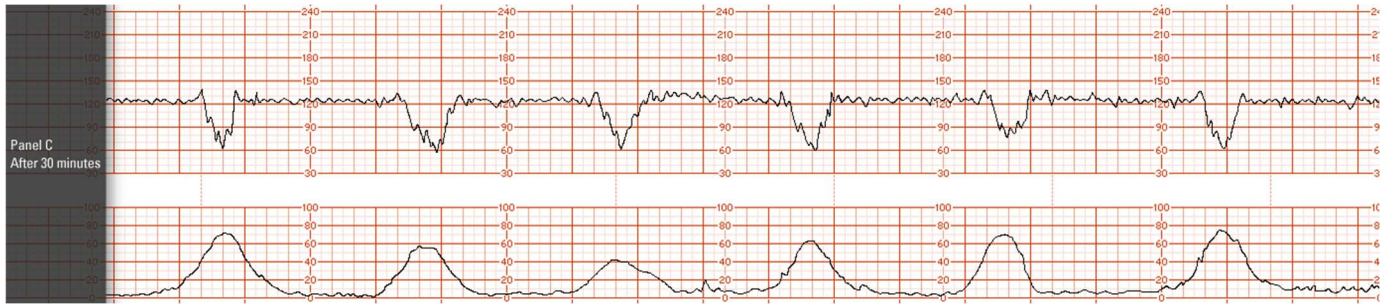
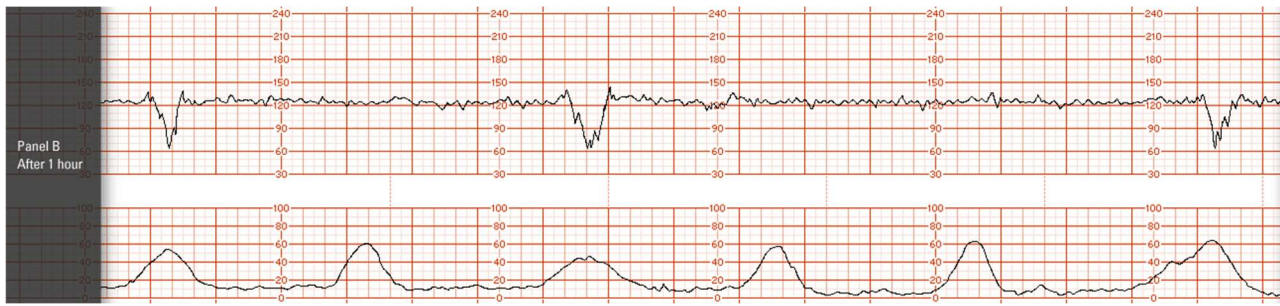
### ...and then you learn this additional information:

Thirty minutes later you review the FHR tracing shown in Panel C.

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

- **Strongly invalidates** – no credit (none of the experts chose this option)
- **Could invalidate:** Full credit (the majority of the experts made this choice. The variables have increased in frequency with a nadir at 60 bpm. If she is not making progress in labor, the plan would need to be changed. One could also consider an amnioinfusion).
- **No impact:** Partial credit (some of the experts chose this option. Although the variables have increased in frequency, they are of short duration. With a multiparous patient, continued observation is an option with intervention reserved for a worsening tracing or lack of progress.)
- **Could support:** Partial Credit (some of the experts chose this option. Although the variables have increased in frequency, they are of short duration. With a multiparous patient, continued observation is acceptable while monitoring for labor progress.)
- **Strongly supports** – no credit (none of the experts chose this option)





**Knowledge Question:** Have a clear, correct answer with full credit for a correct answer and no credit for an incorrect one.

1. Which of the following best describes the decelerations in this tracing?

- Early decelerations
- **Variable decelerations:**
- Late decelerations
- Prolonged decelerations



**Major content categories covered in the Fetal Monitoring Credentialing exam are listed below.**

**Learning Objective 1:** Identify components and categorization of an FHR tracing and using 2008 NICHD guidelines.

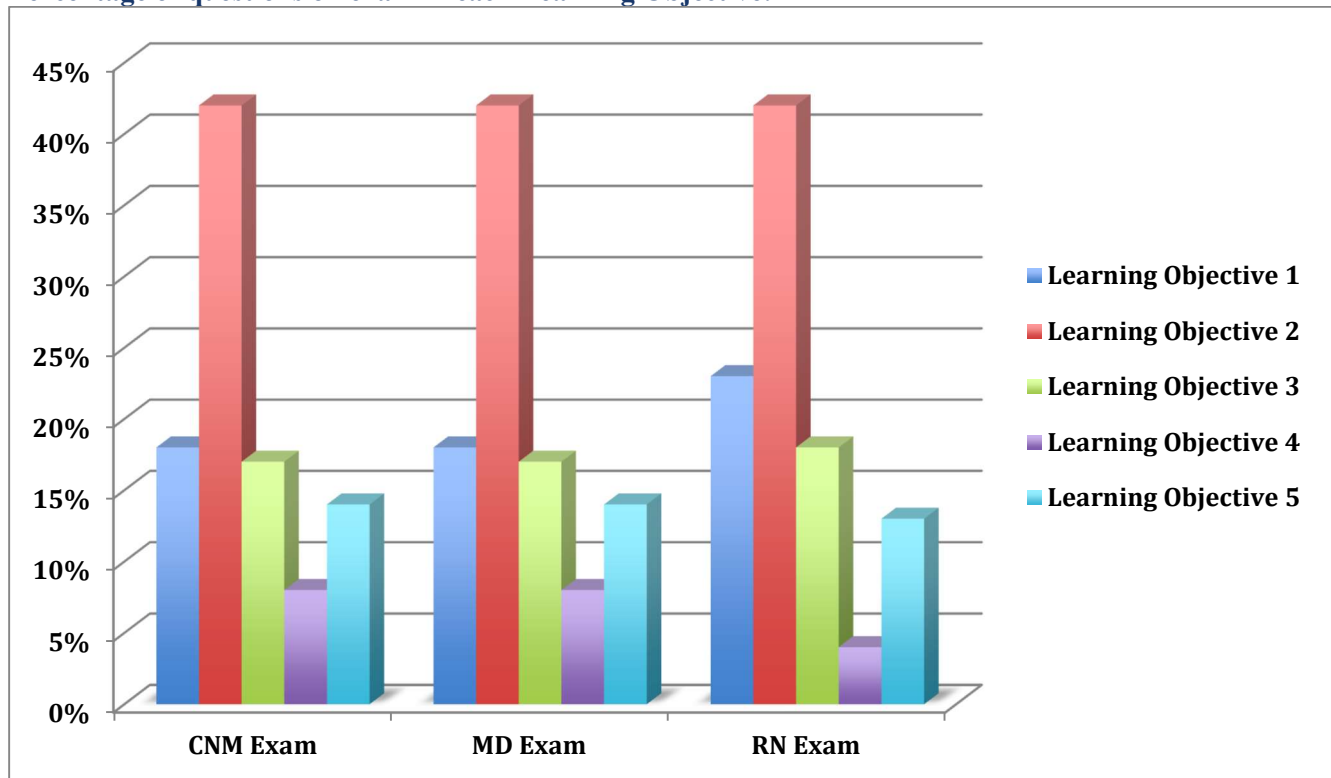
**Learning Objective 2:** Categorize the trend of Category II FHR tracing and assess risk involved in associated clinical situations.

**Learning Objective 3:** Evaluate the impact of the chosen management intervention for the Category II FHR tracing.

**Learning Objective 4:** Assess the risk of the clinical situation involved in Category III FHR tracing

**Learning Objective 5:** Evaluate the impact of the chosen management intervention for the Category III FHR tracing.

**Percentage of questions on exam in each Learning Objective:**



**REVIEW COURSES AND MATERIALS:** Inteleos does not offer or sponsor review courses or review materials for its certification examination. Exam candidates should consider all electronic fetal monitoring education courses and components as independent of Inteleos.

The following references are suggested for review. The list is not inclusive of all references that may be helpful. Items on the current examinations were not necessarily referenced from any of these publications.

- ◆ ACOG, Management of intrapartum fetal heart rate tracings, Practice Bulletin, No. 116, American College of Obstetricians and Gynecologists, Obstetrics & Gynecology 2010(Reaffirmed 2017); 116:1232–40.
- ◆ Management of intrapartum fetal heart rate tracings. Practice Bulletin, No. 116. American College of Obstetricians and Gynecologists. Obstetrics & Gynecology 2010 (Reaffirmed 2015); 116:1232–40.
- ◆ Cunningham, et al., Willimas’ Obstetrics, McGraw Hill, 2018.
- ◆ Gabbe, et al., Obstetrics Normal and Problem Pregnancies, 7th ed., Saunders, 2017.
- ◆ Clark, et al., Intrapartum management of category II fetal heart rate tracings: towards standardization of care, American Journal of Obstetrics & Gynecology, 2014; 116: 89-97
- ◆ Freeman, et. al., Fetal Heart Rate Monitoring, LWW, 2012.
- ◆ Miller, et al., Mosby’s Pocket Guide to Fetal Monitoring: A Multidisciplinary Approach, 8<sup>th</sup> ed., Mosby Elsevier, 2017.

- ◆ Simpson, et al., AWHONN's Perinatal Nursing, 5<sup>th</sup> ed, Wolters Kluwer, 2020.
- ◆ Lyndon, et al Fetal Heart Monitoring Principles and Practices., Kendall Hunt, 2015.
- ◆ Resnik, et al., Creasy & Resnik's Maternal-Fetal Medicine Principles and Practice, Elsevier, 2019.
- ◆ Menihan, et al., Electronic Fetal Monitoring Concepts and Applications, 3<sup>rd</sup> ed., Wolters Kluwer/LWW, 2019.