



## NS FHS CASE STUDY SUBMISSION AND REVIEW CHECKLIST

**Date of Submission:**

**Facility:**

**Name of Case Study Developer/Submitter:**

ITEM FOR REVIEW	Developer: Included Check (✓)	Reviewer: Criteria Met Check (✓)	COMMENTS / Review Committee suggestions for revision
What educational value do you think this brings? (Please comment)			
Standardized case study PowerPoint template utilized			
Consistent font, font size on all slides			
Consistent footer with page number on each slide			
Images of fetal tracings: <ul style="list-style-type: none"> <li>• Included a minute of 4 x 10min segments</li> <li>• Good visual quality</li> <li>• Paper speed is 3 cm / min</li> </ul>			
FHR tracings are deidentified: <ul style="list-style-type: none"> <li>• No patient / identifying information on slides</li> <li>• No month/year noted on slides</li> <li>• Used Appendix F for specific criteria</li> </ul>			
Case Study includes pertinent information from the permanent health record: <ul style="list-style-type: none"> <li>• Case information is presented in chronological order.</li> <li>• Key periods of the clinical case are reflected in the tracings or slides.</li> <li>• No significant gaps in information or time (e.g. learner must be able to understand the clinical picture).</li> </ul>			

ITEM FOR REVIEW	Developer: Included Check (✓)	Reviewer: Criteria Met Check (✓)	COMMENTS / Review Committee suggestions for revision
Systematic approach to EFM assessment included in the notes for every FHR segment.			
Appropriate classification table used (Refer to Appendix C or D)			
Interpretation is clear and accurate. (Refer to Appendix A & B) <ul style="list-style-type: none"> <li>• Interpretation language is consistent with Interpretation &amp; Response (Resource Refer to Appendix E)</li> <li>• Clear and appropriate response (s) (Refer to Appendix C, D &amp; E)</li> </ul>			
Case study has been peer reviewed by site (optional)			

<i>For NS FHS Case Study Review Committee Use Only</i>	
Reviewed by:	
Initial case review date:	Notes:
Revisions required:	
Date revision feedback sent to developer:	Approval date:
Date revision received:	Date of upload:
Date revision reviewed:	Uploaded by:

Please ensure you have completed all sections of this form before clicking SUBMIT.  
 You will need to send your case study separately by MOVEit secure file transfer to [fhs@iwk.nshealth.ca](mailto:fhs@iwk.nshealth.ca)

You should receive a confirmation email within 2-3 business days.  
 Please allow 6-8 weeks for review of your case study submission.

Thank you!