

Max Rady College of Medicine Department of Family Medicine P228 Pathology Building 770 Bannatyne Avenue Winnipeg, Manitoba, R3E 0W3

Neonatology

Description

The goal of the Neonatology rotation is to provide learning opportunities that will enable residents to develop skills required for the management of newborns in hospital and clinic setting, including the need for resuscitation and/or stabilization.

Objectives

While on this rotation, residents will develop the following competencies:

Family Medicine Expert

Demonstrate an approach to neonatal resuscitation (COC1)

Perform a comprehensive assessment of the newborn (COC2)

- Neonate Common Physical findings: Recognize common physical findings or congenital abnormalities in the newborn (eg. cardiac murmur, un-descended testes, hypospadias, ambiguous genitalia, benign neonatal rashes, congenital skin lesions, hip abnormalities, genitor-urinary tract abnormalities, absent red reflex).
- Neonatal Jaundice: Demonstrate a logical approach to the diagnosis and management of jaundice in the newborn
- Serious neonate conditions: Diagnose, investigate and manage (including arrange timely referral) for common and serious neonatal conditions:

hypoglycemia small for gestational age (SGA) large for gestational age (LGA) infants born to febrile/Group B Strep (GBS) positive mothers infants born to Hepatitis B positive mothers respiratory distress vomiting in newborn period sepsis hypotonia failure to thrive/dehydration neonatal abstinence syndrome temperature instability

 Routine newborn discharge issues: Demonstrate appropriate routine neonatal care and discharge instructions (eg. breastfeeding advice, neonatal screening including hearing, sleep position and safety, monitoring hydration/weight gain, vitamin D supplementation, car seats) and recommend timely and adequate post-discharge care

Perform family medicine specialty-appropriate procedures to meet the needs of individual patients (ME4)

Neonatal resuscitation Blood drawing Peripheral arterial puncture Peripheral IV catheter placement Umbilical vein/artery catheterization Peripheral arterial catheterization Endotracheal intubation Lumbar puncture Paracentesis/Thoracentesis Suprapubic aspiration of the bladder Bladder catheritization Orogastric/nasogastric tube placement

Communication

Elicits and synthesizes accurate and relevant information from, and perspectives of, patients and their families (CM2)

Shares health care information and plans with patients and their families (CM3)

Documents and shares written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy (CM5)

Collaborator

Works effectively with others in a collaborative team model (CL1)

Recognizes and facilitates the necessary transitions in care with other colleagues in the health professions, including but not limited to shared care, and/or hand over care to enable continuity and safety (CL3)

Leader/Manager

Engages in the stewardship of health care resources (LD2)

Health Advocate

Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment (HA1)

Scholar

Integrates best available evidence into practice with consideration given to context, epidemiology of disease, multi-morbidity, and complexity of patients (SC2)

Professional

Demonstrates a commitment to patients through clinical excellence and high ethical standards (PR1)

Demonstrates a commitment to society by recognizing and responding to societal expectations in health care (PR2)

Demonstrates a commitment to reflective practice (PR5)

Entrustable Professional Activities

F3: Facilitates and manages care transitions

C1: Assess, manage, and follow-up children presenting with undifferentiated / common (key) conditions

C7: Perform common family medicine procedures

C12: Recognize and provide the initial management of the medically unstable patient in hospital

Evaluation

- Field notes
- In-training Assessment Report (ITAR)