WELCOME TO THE NEWBORN NURSERY ROTATION

YOUR NEWBORN HOSPITALIST FACULTY

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<u>IMPORTANTPHONE NUMBERS</u>

EDUCATIONAL OBJECTIVES

I. PATIENT CARE

By the end of the rotation, the resident will:

- Review the prenatal and perinatal course of each infant daily, including available laboratory information.
- Perform a complete physical exam on each assigned infant.
- Write succinct notes that clearly describe the assessment and management plan for each newborn, especially as it pertains to any abnormality or variant noted on physical exam.
- Order appropriate laboratory evaluations when medically indicated.
- Keep families updated on all infants' assessments and care plans.
- Counsel parents on normal newborn behavior, physical findings, feeding patterns and answer all questions pertaining to care of their baby.

II. MEDICAL KNOWLEDGE

By performing serial exams, by attending lectures, and by participating in discussions with other members of the healthcare team: by the end of the rotation, the resident will:

 Demonstrate knowledge of normal newborn exam findings, and be able to recognize common variants from medical problems, including, but not limited to: jitteriness, sleep patterns, feeding patterns, signs/symptoms of drug withdrawal, jaundice, GI problems (stooling/feeding difficulties), heart murmurs,

- sacral/spinal anomalies, hip laxity, hypoglycemia, respiratory distress, etc.
- Become proficient in the screening, detection and work-up or clinically important anomalies/conditions (such as DDH, cataract, cardiovascular disease, hyperbilirubinemia, infants of diabetic mothers, etc.)

III. INTERPERSONAL AND COMMUNICATION SKILLS

By the end of the rotation, the resident will:

- Work collaboratively with nurses, social workers, consultants, lactation specialists and students to coordinate the care of the newborns.
- Demonstrate the importance of ethical, cultural and social factors that affect our diverse patient population when providing counseling and care of their newborns.
- When needed, insure that discharge summaries be given to parents with clear instructions to deliver them to the infant's PCP.

IV. PROFESSIONALISM

By the end of the rotation, the resident will:

- Maintain confidentiality of patients' health information at all times.
- Model respect, cultural sensitivity and ethical behavior.
- Adhere to HIPPA guidelines in all aspects of patient care.

V. PRACTICE-BASED LEARNING

By the end of the rotation, the resident will:

- familiarize him/herself with practice parameters and clinical practice guidelines relevant to newborn care (many provided to the resident on the first day).
- Deliver a didactic talk on a topic of his/her choice to the members of the nursery team (Attending, fellow resident(s), students).
- Take an active role in teaching 3rd-year medical students

VI. SYSTEMS-BASED PRACTICE

By the end of the rotation, the resident will:

 Understand how we deliver high-quality yet cost-effective health care in the nursery setting (appropriate early discharges, appropriate home health care with skilled nurse visits).

- Complete discharge paperwork and assist in follow-up appointment scheduling (when needed).
- Demonstrate judicial use of laboratory tests when appropriate in the evaluation/care of infants.

METHODS USED TO ACHIEVE OBJECTIVES

1) READING

See attached practice guidelines and policy statements

2) ROUNDS

Each morning we will round on all babies. You will have opportunity to see babies both with faculty and on your own. We strive to strike a balance between modeling examination skills and parent education and providing ample opportunity for you to independently assess newborns and counsel parents.

3) DIDACTIC SESSIONS

As time permits, we will have a more formal didactic session after rounds. You need not prepare for these, but they are essentially based on the articles in your packet so you should at the very least be reading the relevant article after our discussions to help solidify the information. Each resident will be responsible for giving one of these talks as well, ideally on a subject or clinical issue that has arisen during the month. You are free to talk on most any topic, just ask me ahead of time to approve the topic. Some topics include:

Developmental Dysplasia of the Hip TORCH Infections Infant of the Diabetic Mother Hydrocele/Hernia/GU anomalies Brachial Plexus Injuries Circumcision (Pros/Cons) Sacral Dimples Jaundice

ADDITIONAL EDUCATIONAL OPPORTUNITIES AND RESPONSIBILITIES

The nursery rotation is the opportunity to learn about infants and families in the perinatal period. Generally, you should have time to increase your knowledge base in a relatively low-stress environment.

When we ask for a subspecialty consult on a patient, try to be present when the consultant is reviewing the records and examining the baby. It will be helpful and educational for both parties. Similarly, sitting in when the nurses are teaching parents will help to expand your expertise.

The pediatric resident will be available for patient issues as they arise until 5:00 p.m. If we complete rounds early, it's not necessary to remain in the hospital, but you need to be available to see new babies or any of our current babies if issues arise throughout the afternoon. Please write your name and pager number on the dry erase board in each nursery before the end of morning rounds. Teaching faculty are always available to offer assistance if you are unsure what to do with a particular problem. DO NOT hesitate to page us. After 5:00 p.m. calls will be directed to the UMass Pediatric Primary Care physician on call. If you know of any pressing issue that is likely to come up during the evening, check in with the attending so one of us can "sign out" to the on-call physician. If you are post-call or at your off-site clinic, faculty will cover the nursery calls.

Enjoy your rotation!