Department of Pediatrics
1280 Main Street West, Hamilton ON L8S 4K1
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NEONATAL PERINATAL MEDICINE PROGRAM – Room 4F

Junior Attending (NICU-JA) CBME Rotation Objectives
by STAGE and CanMEDS Competency

TRANSITION TO DISCIPLINE 2-3 BLOCKS	FOUNDATIONS OF DISCIPLINE 6-9 BLOCKS	CORE OF DISCIPLINE 9-12 BLOCKS	TRANSITION TO PRACTICE 1-2 BLOCKS

This is a unique training experience in the TTP stage. Fellows are expected to lead the team almost independently with attending back up.

STAGE: TRANSITION TO PRACTICE

Duration: 1 block over 1-3 blocks of time
EPAs Mapped to this Stage: TTP 1

MEDICAL EXPERT
1.1 Demonstrate a commitment to high-quality care of their patients
1.5 Carry out professional duties in the face of multiple competing demands
***4.1 Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (SEE EXPANSION AT END OF DOCUMENT)**

COMMUNICATOR
1.5 Manage disagreements and emotionally charged conversations
1.5.1 Support and counsel families who are experiencing the stress of a high-risk pregnancy or a critically ill infant, or following the death of an infant

COLLABORATOR
2.1 Show respect toward collaborators
2.2 Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture

LEADER
2.1 Allocate health care resources for optimal patient care
2.1.1. Assess cost/benefit ratios of diagnostic and therapeutic interventions for cost containment, efficacy, effectiveness, and efficiency
4.1 Set priorities and manage time to integrate practice and personal life

HEALTH ADVOCATE
None in this stage

SCHOLAR

3.4 Integrate evidence into decision-making in their practice
3.4.1. Apply the principles of levels of evidence
3.4.2. Apply evidence for and against specific therapeutic interventions or treatments
3.4.3. Apply integrative literature, including meta-analyses, practice guidelines, decision analyses, and economic analyses

PROFESSIONAL

4.1 Exhibit self-awareness and manage influences on personal well-being and professional performance
4.1.1. Develop effective strategies to monitor fatigue, burnout, and psychological distress, and mitigate effects on clinical performance
4.1.2. Maintain capacity for professional clinical performance in challenging situations
4.1.3. Apply strategies to mitigate the personal impact of patient safety incidents and adverse outcomes

*EXPANSION

MEDICAL EXPERT 4.1

4.1 Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
4.1.1. Determine the necessity and timing for referral to other professionals for optimal patient care, including another physician, pharmacist, dietician, physiotherapist, occupational therapist, respiratory therapist, social worker, spiritual care professional, bioethicist, and legal expert
4.1.2. Assess the need and timing of transfer to another level of care
4.1.3. Determine the appropriate medical transport for safe patient transfer to another health care setting
4.1.4. Assess each family's ability to access services in the health and social systems
4.1.5. Arrange optimal follow-up care services for patients and their families upon discharge

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JUNIOR ATTENDING ORIENTATION PACKAGE

SUMMARY

Fellows will participate in a total of 1 NICU Junior Attending rotation during fellowship in order to learn how to manage infants on the unit (from extreme premature infants to complex care newborns less than 1 year old). This rotation will also include covering psychosocial rounds and family meetings.

CONTACT INFORMATION:

Neonatology staff: Enas El Gouhary
Email: elgouhe@mcmaster.ca

Administrative assistant: Kelly Binkle

DAILY ACTIVITIES (9AM-5PM):

Main Activities:

- ✓ At the beginning of our rotation, fellows are to identify the staff responsible for their NICU rotation that week and communicate with them in regards to team management, personal objectives and goals.
- ✓ Different resources are available to fellows in regards to different antenatal consultations. See Appendix 1.
- ✓ Handover occurs in the unit between 8 and 9 am. After handover, fellows are to round on their patients and make daily as well as longitudinal plans for their patients. They are responsible for patient assignment as well.
- ✓ Rounds usually begin at 10:00 and should not last beyond 12:00. This would include patients in A or B and E. Alternate the days you begin in E pod (for instance, Monday: A pod first, Tuesday: E pod first etc).
- ✓ Once rounds are complete, often times fellows discuss their plans with their staff. Staff may attend rounds 1-2/week to observe your rounds for evaluation. Often times, the afternoon is booked with family meetings which you can attend and lead.
- ✓ The afternoon is also a good opportunity to organize teaching with fellows based on certain cases seen in the unit.
- ✓ Daily notes are written for all patients. On Wednesday to Friday, a weekly summary is completed.
- ✓ Handover lists are to be updated by the end of the day and handed over to the night team. Junior staff fellows handover directly to staff on call.
- ✓ Handover should take the S-BAR format (See Appendix 3).
- ✓ At the end of each week, fellows are to discuss feedback with their respective staff in response to their personal objectives and goals.

Commented [SB1]: Resources for antenatal consults

ROTATION SPECIFIC OBJECTIVES

Royal College objectives are available online and are also available on the macneonatal website (see Appendix 2). However, certain medical expert cases are to be covered (either performing a consult or discussed with staff. The following is a logbook for such consultations.

Consultation Type	Type of task (consult, teaching, reading)	Task completed?
Cardiovascular		
Congenital Critical Heart Disease		
Heart Failure		
PDA		
Arrhythmia		
Pulmonary HTN		
Shock		
ECMO		
Respiratory		
Congenital diaphragmatic hernia		
PPHN		
RDS		
Pulmonary hypoplasia		
MAS		
TTN		
BPD		
Tracheostomy		
Neurological		
Seizures		
IVH		
PHH		
Shunt		
Neonatal Abstinence Syndrome		
HIE		
Subgaleal Hemorrhage		
Hematological		
Anemia		
Thrombocytopenia		
Gastrointestinal		
Esophageal Atresia		
Duodenal Atresia		
Anal Atresia		
Abdominal Wall Defects		
Necrotizing enterocolitis		
GERD		
Short Bowel Syndrome		
Pancreatic insufficiency		
Liver Failure		
Cholestasis		
G-tube		
Genito-urinary		

	Hydronephrosis		
	Posterior Urethral Valves		
	Ambiguous Genitalia		
	AKI		
	CKD		
	Dialysis		
Genetic			
	Aneuploidies		
	Hydrops		
	Skeletal Dysplasia		
	Genetic tests		
Infectious disease			
	TORCHES		
	Early onset sepsis		
	Late onset sepsis		
	Meningitis		
Endocrinological			
	Hypoglycemia		
	Hyponatremia		
	Hypothyroidism		
	Adrenal Insufficiency		
Extreme prematurity			
Multiple gestations			
	TTTS/TAPS		
Drug exposures			

CALENDAR (TEMPLATE)

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
8:00-9:00	Morning Handover	Morning Handover	Morning Handover	Grand rounds 8:00-9:00	Morning Handover
9:00-10:00		Journal Club	Case based teaching	Morning Handover	MFM rounds
13:00-16:00	Meet with staff for weekly goals			AHD	
Week 2					
8:00-9:00	Morning Handover	Morning Handover	Morning Handover	Grand rounds 8:00-9:00	Morning Handover
9:00-10:00		Journal Club	Case based teaching	Morning Handover	MFM rounds
13:00-16:00	Meet with staff for weekly goals			AHD	
Week 3					
8:00-9:00	Morning Handover	Morning Handover	Morning Handover	Grand rounds 8:00-9:00	Morning Handover
9:00-10:00		Journal Club	Case based teaching	Morning Handover	MFM rounds
13:00-16:00	Meet with staff for weekly goals			AHD	
Week 4					
8:00-9:00	Morning Handover	Morning Handover	Morning Handover	Grand rounds 8:00-9:00	Morning Handover
9:00-10:00		Journal Club	Case based teaching	Morning Handover	MFM rounds
13:00-16:00	Meet with staff for weekly goals			AHD	

APPENDIX 1: RESOURCES FOR ROTATION

*** Supervisor for goal specific resources ***

Commented [BS2]: Each contact should place resources they would like for fellows to read by the end of rotation

APPENDIX 2: EPA TO ACHIEVE

TTP01- Managing a tertiary care NICU service (4 Observations OVER 1 WEEK EACH)

APPENDIX 3: S-BAR FORMAT FOR HANDOVER

SBAR report to physician about a critical situation

S	**Situation** **I am calling about** <patient name and location>. **The patient's code status is** <code status> **The problem I am calling about is** _____. I am afraid the patient is going to arrest. **I have just assessed the patient personally:** **Vital signs are**: Blood pressure _____/_____, Pulse _____, Respiration_____ and temperature _____ **I am concerned about the:** Blood pressure because it is over 200 or less than 100 or 30 mmHg below usual Pulse because it is over 140 or less than 50 Respiration because it is less than 5 or over 40. Temperature because it is less than 96 or over 104.
B	**Background** **The patient's mental status is:** Alert and oriented to person place and time. Confused and cooperative or non-cooperative Agitated or combative Lethargic but conversant and able to swallow Stuporous and not talking clearly and possibly not able to swallow Comatose. Eyes closed. Not responding to stimulation. **The skin is:** Warm and dry Pale Mottled Diaphoretic Extremities are cold Extremities are warm **The patient is not or is on oxygen.** The patient has been on _____ (l/min) or (%) oxygen for _____ minutes (hours) The oximeter is reading _____% The oximeter does not detect a good pulse and is giving erratic readings.
A	**Assessment** **This is what I think the problem is:** <say what you think is the problem> **The problem seems to be cardiac infection neurologic respiratory** _____ **I am not sure what the problem is but the patient is deteriorating.** **The patient seems to be unstable and may get worse, we need to do something.**
R	**Recommendation** **I suggest or request that you** <say what you would like to see done>. transfer the patient to critical care come to see the patient at this time. Talk to the patient or family about code status. Ask the on-call family practice resident to see the patient now. Ask for a consultant to see the patient now. **Are any tests needed:** Do you need any tests like CXR, ABG, EKG, CBC, or BMP? Others? **If a change in treatment is ordered then ask:** How often do you want vital signs? How long to you expect this problem will last? If the patient does not get better when would you want us to call again?