CCRMC Care of Newborns curriculum-DRAFT June 26, 2017

THIS IS ONLY A DRAFT, ADDITIONAL DETAILS WILL BE ADDED INCLUDING ALL SUPPORTING ARTICLES/GUIDELINES TO THE WIKI DURING THE FIRST ROTATION OF THE YEAR..

Includes the required Well baby Nursery Rotation and Longitudinal Care of Newborns with an optional Advance Care of Newborns Elective

1. **Well Baby Nursery Rotation**

Targeted Learners: First year CCRMC residents, Second year Travis residents

This rotation prepares residents to be competent in the care of the well term infant along with common complications in the first 30 days with the focus on the transition of skills from inpatient to outpatient and the importance of the continuum of care for the newborn and their family unit.

**Milestones (please see additional Milestones information for requirements to reach each level)**

**Patient Care 1: Cares for the acutely ill or injured newborn in urgent and emergent settings (L and D, operating room, Level 2 nursery and postpartum) and in all settings (Newborn clinics, Urgent Care and continuity clinics)**

1. Proficiency in the initial steps of NRP including PPV (familiar with advanced level care including UVC, transfusion)
2. Proficiency in the care of the well newborn infant including medical basis for routine care, history and physical including determination of prenatal and intrapartum risk factors
3. Identification of newborns that require Level 2 Care
4. Management of newborns in the Level 2 nursery requiring phototherapy for hyperbilirubinemia or IV glucose of hypoglycemia
5. Establishes a feeding plan for newborns with >10% weight loss
6. Management of common newborn complications in the first 30 days of life in clinic and the outpatient nursery

**Medical Knowledge 2: Applies critical thinking in patient care**

1. Discharge planning (including specialty referral and social support)
2. Hypoglycemia protocol (When to use, how to interpret, how to manage)
3. Hyperbilirubinemia (including correct use of bilitool, management of an infant receiving phototherapy and discharge planning)
4. Common dermatological conditions of the newborn
5. Physical exam of the newborn
6. Maternal Substance abuse and Neonatal Abstinence Scoring
7. Assessment of an infant at risk for anoxic brain injury
8. Respiratory distress
9. At risk of sepsis including GBS. Calculation of EOS score.
10. Feeding intolerance
11. Lactation concerns including contraindications to breastfeeding, assessment of medications while breastfeeding.
12. Supplemental feeding (types of formula, when to fortify etc)
13. Heart murmurs
14. Birth trauma (includes cephalohematoma, clavicle fractures, Erbs palsy)
15. Maternal risk factors (thyroid disease, platelets disorders, DM)

**Systems based Practice 2-Emphasizes Patient Safety**

1. Prerounding on the admitted newborns in postpartum to present at 8am pediatric rounds (includes any Level 2 newborns cared for by the resident). Identifying potential discharges including barriers to discharge
2. Completing work assigned in a timely manner
3. Handoff prior to leaving the wards
4. Updating shared Handoff list
5. Follow established protocols only deviating in consult with Pediatric attending
6. Alerts Pediatric Attending to any abnormal physical findings or change in newborn’s condition

**Systems based Practice 4- Coordinates team based care**

1. Notifies all pertinent members of the team on changes to schedule or plan of care of the patients
2. Runs post partum rounds (pediatric component) by Week 4 of the rotation (earlier if competency demonstrated)
3. Coordinates with lactation on any infant with feeding difficulty
4. Discharge planning
5. NRP (working well with all members of the team)

**Problem Based Learning and Improvement 2-Self Directed Learning**

1. Reads all articles, guidelines listed as required on the Wiki
2. Prepares a 10 minutes presentation (topic to be selected by resident approved by attending)
3. Prepares for resident run journal club
4. Solicits feedback and incorporates feedback (both daily on the wards and formal mid rotation and final evaluation)
5. Baby Friendly Hospital Initiative self study

**Professionalism 3-Demonstrates humanism and cultural proficiency**

1. Uses interpreter phone for any patient with a preferred language other than English unless Certified Bilingual in another language (must have passed the test)
2. Substance abuse (how to counsel, how to support family)
3. Social Issues (identify services available for patients, respectfully address concerns)
4. Parent choice on infant feeding (including cue based bottle feeding)

**Communication 1- Develops meaningful, therapeutic relationships with patients and families**

1. Discharge planning
2. Lactation guidance on wards and in clinic
3. Continuity patients (admitting all continuity newborns, discharge all continuity newborns unless in the Level 2 nursery or required to be somewhere else for patient care that day)
4. Bedside education with families (safe sleep, cord care, feeding, baths, post discharge plans)

For residents that want to augment their Well Baby rotation to include more Level 2 nursery the following are added expectations. Only if the resident is deemed to be competent in Level 1 nursery care will they be allowed to have additional responsibilities.

1. Night before-Check census, review any Level 2 nursery admissions. Utilize Wiki to review any protocols and guidelines pertinent to admitted patients
2. Arrive at 6 am do prerounding including completing at minimum 2 admissions (can wait to sign until after Pediatric rounds) and prep at minimum 2 discharges (This will be less on days with low census). Review any new Level 2 nursery admissions and preround on any Level 2 nursery patients that are assigned to you
3. Run Postpartum Rounds (once resident is competent they can be excused from PP rounds to facilitate more time in the Level 2 Nursery)
4. Do a certain number of Level 1 admissions and discharges each day based on the census (if slow or multiple helpers might be the 4 already prepped). In times of high census to facilitate timely care of patients or limited rounders resident might be asked to do an equivalent number that the other resident on wards is doing. At minimum the resident is expected to do 25 admissions and 25 discharges during their rotation.
5. Complete all assigned work in a timely manner
6. On the weekend commit to staying until at least 2pm to do Level 1 admissions and discharges (under supervision of Nursery Help Attendings) and then round with Pediatric Hospitalist Attending on Level 2 patients
7. Admit and Discharge any continuity patients prior to rotation (Attendings will be happy to provide additional supervision to residents desiring to admit and discharge continuity newborns prior to completion of Well Baby Rotation)

**Longitudinal Care of Newborns**

During their residency at CCRMC, each resident will continue to apply these learning goals by admitting and discharging all continuity delivery newborns (exceptions apply to Level 2 nursery discharges), seeing newborns in their own FPC, in short notice clinic and newborn/lactation clinic and providing cross coverage of newborns on postpartum during house officer assignments.

Completion of 3 hour lactation training for Baby Friendly

**Optional 2nd or 3rd elective-more details to come**

Will include additional NRP practice and the care of Level 2 nursery patients.