Newborn Care PHM Fellowship Rotation Competency-Based Goals and Objectives

Name of Rotation	Newborn Care PHM Fellowship Rotation
Duration	4 weeks total, 1 week blocks spread over the 2 years of fellowship
Location	Orlando Health-Winnie Palmer Hospital for Women and Babies
Where to Go on Day 1	8th Floor- Newborn Nursery, Winnie Palmer Hospital
Rotation Director	Rachel B. Prete, DO
Other Faculty	**Ancil J Abney MD, Suha Alkadry MD, Christine Bessett MD, Alan Chan MD, Amanda Cooke MD, Matthew Eng DO, Jean Siri Moorjani MD, Shalini Patel MD, Ronald J Potocki DO, Irissa Rosario MD, Natalia Salazar MD, David J Skey MD, Jaya Surujdyal DO, Natalie Thoni MD, Mariam Zeini MD, Ayah Elbermawy MD, Francisco Paez-Cruz MD, Jennifer Stroud MD**
Other Requirements	None
Last Revision	06/2025

Introduction

The goal of the Newborn Care rotation is for fellows to cultivate and expand their knowledge of newborn care in the hospital setting. Learning during the rotation will come through direct patient management, care coordination, discussion and review of patient management, didactic sessions, literature review, and self-study. The fellow should be provided with guidance and graduated autonomy/independence during this rotation.

Daytime Schedule and Tasks

- *Hours:* 07:00- 19:00 x 7 days (Monday- Sunday) unless on two clinical weeks in a row (yellow-newborns/newborns-blue) then one day of the first weekend will be off at the fellows choosing.

- *Pre-rounds* ***(07:00-9:00):*** Receive hand off from overnight attending or fellow, if indicated. Look up vitals, bilirubin levels, weight loss, feeding patterns, screening tests, and overnight events on all newborns on the service. Notify attending of early discharge list. Round on infants who qualify for early discharge, and additional infants as discussed with the attending physician.

- *Rounds:* **(09:00-11:45)** Fellow will meet with the residents and table round on all patients. They will then physically round on each newborn in the room of the patient. Discharges to be placed, when indicated, following each examination. The number of patients to be rounded on formally should be discussed early in the day with the Attending physician. Following walking rounds, the fellow will supervise one circumcision per resident on service. They are expected to complete all remaining circumcisions independently. The attending will also be available to assist with this task and provide supervisory support. Residents should be dismissed no later than 11:45 to attend conference. The fellow will then run the list with the attending to address any needs that have arisen during rounds. The fellow is expected to communicate discharges promptly with the attending if they have not yet been seen (by the attending) to ensure that no discharge exams are missed.

- *Patient Care/Follow-up*: The Fellow is expected to follow up with the residents by 15:45 on all pending labs and tasks from morning rounds. The fellow is to attend any rapid response or code called on a patient on the WPP nursery team when they are on the premises.

- *Admissions/Transfers:* The fellow will examine all new admissions up until 18:00 behind the residents, or independently if the resident is not available or the patient was born after 15:45 (or 16:45 on Fridays). All admissions will be staffed with the daytime attending. Transfer to higher level of care are expected to be staffed with the attending prior to transfer. The resident and/or fellow will be expected to speak to the NICU team directly for transfer acceptance. **They are also expected to assist with yellow admissions on the days that the WPP attending covers the yellow team admissions.** This only takes place until 17:00 on these days and should be discussed with the attending physician. Further details of patient distribution times and days can be found in the Hospitalist patient distribution document on Hospitalpeds.com

- *Documentation:* All newborns are expected to have a full H&P, progress note, and discharge summary. The fellow will attest all resident notes from morning rounds and new admissions, expected to be completed by 18:00. Each discharge summary must have a PCP listed in Epic prior to being signed in order to ensure proper transfer to the PCP's office.

- *Communication:* The fellow will be expected to run the list with the daytime attending following formal rounds at 12:00 and again at 17:00. The fellow is expected to communicate to the residents any change in the rounding schedule.

- *Patient Hand-offs:* The fellow will receive verbal handoff via phone at 07:00 from the evening provider if needed. The fellow will receive in-person sign out from the residents

at 17:00. They then are expected to provide verbal sign out of any patients of concern to the evening attending at 19:00.

- *Conferences and Education:* Fellows are expected to attend all conferences including noon-conference/noon-report and all fellows conferences, unless it is a resident-only activity (Yale criteria, intern MR, etc) or it would interfere in patient care (which should be rare). Fellows are expected to attend the Pediatric Grand Rounds series. If a resident conference conflicts with fellows lecture series curriculum, fellows curriculum takes priority. Fellows are expected to lead teaching rounds and provide teaching to the residents regarding patient care throughout the day. The fellow will be required to give at least one "chalk talk" to the residents per week. Fellows are encouraged to explore and implement a variety of teaching methods to capture different learning styles. Fellows will be required to provide formal feedback for interns and senior residents on the team at the end of the week.

- *Weekend Coverage*: On weekends, the resident will be assigned the first 10 patients. The fellow will be expected to see the remaining patients independently, with a cap of 18 total. The fellow will round on all of the residents patients, in addition to their own. Time of rounds and circumcisions are unchanged.

Team Organization

- Weekdays:
    - Pediatric residents : one PGY-1, one PGY-2
    - Medical Students: 0-1 MS4, 0-2 MS3
    - PHM Fellow
    - Attending Physician
    - Rounding Assistant (MA)
- Weekends:
    - 1 Pedatric Resident: PGY-1 (Saturday), PGY-2 (Sunday)
    - PHM Fellow
    - Attending Physician
    - Rounding Assistant (MA)

Competency-Based Goals and Objectives for the Pediatric Hospital Medicine Fellow

The Newborn Care PHM Fellowship Rotation experience emphasizes medical knowledge, clinical assessment skills, independent decision-making ability, supervisory skills, team management and effective and efficient management of hospitalized children. It should have a focus on independent clinical decision-making and graduated autonomy and independence.

COMPETENCY 1. Patient Care. Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. The fellow should:

- Demonstrate competence in the clinical skills needed in pediatric hospital medicine.
- Demonstrate the ability to provide consultation, perform a history and physical examination, make informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and develop and carry out management plans
- Demonstrate the ability to provide transfer of care that ensures seamless transitions
- Demonstrate ability to provide care that is sensitive to the developmental stage of the patient with common behavioral and mental health issues, and the cultural context of the patient and family
- Demonstrate the ability to refer and/or comanage/transfer patients with common behavioral and mental health issues along with appropriate specialists when indicated.
- Demonstrate the ability to competently use and interpret laboratory tests and imaging, and other diagnostic procedures.
- Recognize and intervene in urgent and emergent medical situations
    - Appropriately assess changes in patient clinical status.
    - Create an independent plan for stabilization, further evaluation and/or definitive management in response to changes in clinical status.
- Perform or assist with the following procedures, as available:
    - Lumbar puncture
    - Circumcision
    - Digit ligation (both Mogen and tie off technique)
    - Frenectomy
    - intubation
    - bag mask ventilation
    - Placement and/or replacement of feeding tubes, including nasogastric, orogastric, and gastrostomy
    - Pediatric resuscitation and stabilization
- Provide oversight of and guidance to other residents and medical students who may be rotating on the service at the same time as them.

COMPETENCY 2. Medical Knowledge. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Apply an open-minded, analytical approach to acquiring new knowledge, access and critically evaluate current medical information and scientific evidence, and apply this knowledge to clinical problem-solving, clinical decision-making and critical thinking. The Fellow should:

- Demonstrate knowledge of biostatistics, clinical and laboratory research methodology, study design, preparation of applications for funding and/or approval of clinical research

protocols, critical literature review, principles of evidence-based medicine, ethical principles involving clinical research, and teaching methods

- Demonstrate understanding of the complexities of well newborn care, criteria for discharge and indications for transfer to higher levels of care.
- Demonstrate appropriate use of physical exam maneuvers to evaluate a well newborn as well as a potentially critically ill infant and demonstrate appropriate interpretation of exam findings.
- Demonstrate in-depth knowledge of medical conditions seen commonly in the newborn nursery, including epidemiology, pathophysiology, signs/symptoms, diagnostics, therapeutics, complications and outcome/prognosis.
- Demonstrate ability to develop nuanced differential diagnoses for newborns admitted to the service.
- Demonstrate consistent ability to apply medical knowledge to discrete patient care interactions to provide appropriate care.
- Demonstrate understanding of indications for and interpretation of common testing, including:
    - Chest and abdominal radiographs
    - Non-contrast head CT
    - Bone and joint radiographs
    - Serum electrolytes, complete blood counts, transaminases and urinalysis
    - Bacterial cultures
    - Commonly-encountered viral testing
- Demonstrate understanding of indications for, use of and potential complications of the following commonly-used inpatient therapies:
    - IV fluids and electrolytes
    - Supplemental oxygen
- Demonstrate understanding of indications, basic pharmacokinetics, expected response, and side effect profile for commonly used pharmacologic agents, such as antimicrobials, antivirals, injected analgesics, etc.
- Consistently provide accurate information to patients, families, staff and learners in terms tailored appropriately to each audience.

COMPETENCY 3. Interpersonal Skills and Communication Skills. Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Fellows should:

- Communicate well and work effectively with residents, attendings, nurses, ancillary staff and referring physicians.
- Provide timely communication with patients and families that is free of medical jargon.
- Demonstrate appropriate bedside manner, listening skills and use of nonverbal communication.
- Demonstrate effective teamwork.

- Effectively communicate information via dictations, written medical records, patient presentations and handoffs.
- Demonstrate guidance of other learners in developing appropriate communication skills.
- Coordinate orderly transfer of care to other services or to a higher level of care
- Appropriately use interpreters for patient/family communication.
- Practice effective conflict resolution when appropriate.
- Demonstrate ability to effectively counsel and educate patients and families.

COMPETENCY 4. Practice-based Learning and Improvement. Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Fellows should:

- Take responsibility for independently investigating patient problems/diagnoses through literature searches, critically reviewing relevant literature, and assimilating information to individual patient care.
- Take responsibility for their own education.
- Demonstrate initiative to seek own answers to data interpretation and patient management questions.
- Teach and work well with interns/residents/students who are under their supervision.
- Performance self-evaluation, identify gaps in knowledge and skills, and take initiative to fill those gaps.
- Seek and accept feedback from multiple sources and demonstrate effort to improve performance based on feedback.

COMPETENCY 5. Professionalism. Demonstrate a commitment to professionalism and an adherence to ethical principles. Have a responsible attitude toward their patients, their profession and society. Fellows should:

- Consistently demonstrate caring, respectful and empathic behavior toward patients and their families.
- Demonstrate effort to form therapeutic and ethically sound relationships with patients and families.
- Maintain patient confidentiality.
- Consistently demonstrate respectfulness and integrity toward colleagues and staff.
- Demonstrate sensitivity to bioethical principles, culture, age, gender, religious beliefs, sexual orientation, and disability to patients, families and staff.
- Acknowledge and discuss medical errors honestly with families and conscientiously follow hospital policies for reporting and correcting errors.
- Adhere to professional standards for ethical and legal behavior.
- Recognize the limits of one's knowledge, skills, and tolerance for stress, and know when to ask for help.
- Be punctual, reliable and accountable.
- Consistently complete medical records in a timely manner.

- Demonstrate professional dress, demeanor and hygiene per hospital policies.

COMPETENCY 6. Systems-Based Practice. Demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. Fellows should:

- Demonstrate effective participation in a multidisciplinary team approach to patient care.
- Demonstrate judicious use of medical testing, imaging and procedures to achieve appropriate and timely diagnosis and treatment while avoiding overuse of resources.
- Consistently and actively participate in health care team meetings with families.
- Help patients and families navigate system complexities.
- When present, identify problems outside the scope of hospital admission for which intervention will benefit the patient and/or family and intervene/refer when appropriate (e.g., injury prevention, anticipatory guidance, socioeconomic issues).
- Demonstrate understanding of billing requirements and document appropriately.

Content topics for study

A. Delivery room care, including resuscitation and stabilization

B. Common conditions in the immediate newborn period

1. Hypoglycemia
    -oral and IV management
2. Neonatal hyperbilirubinemia
3. Respiratory distress
4. Neonatal infections, including exposure
    -EOS scoring interpretations
    -HIV, Hep B, Hep C, HSV exposure
5. Late preterm infant
    -Car seat trial interpretations
6. Drug exposure/neonatal abstinence syndrome (NAS)
    -ESC management
7. Birth trauma
    -Subgaleal management/monitoring
    -Brachial plexus identification and management
    -Clavicular Fracture management
8. Congenital anomalies
9. Newborn feeding (including breastfeeding and formula feeding)