

# Newborn Nursery Curriculum

## Neonatal-Perinatal Medicine Residency

### Medical Knowledge

**Goals:** Residents are expected to demonstrate mastery of the neonatal knowledge base. They are expected to apply an open minded, analytical approach to acquiring knowledge and to critically evaluate current medical information and scientific evidence so they may utilize this knowledge in clinical situations.

**Objectives:**

Residents will provide leadership and help develop treatment plans during rounds.

Residents will show a proficiency in the knowledge and ability to deliver accurate and appropriate anticipatory guidance [feeding instructions, cord and circumcision care, bathing, thermoregulation, signs and symptoms of acute illness, hyperbilirubinemia precautions, normal voiding and stooling patterns, infant safety (including safe sleep practices, use of rear-facing infant carseats, prevention of shaken baby syndrome.

Residents will help educate other team members on the above items.

Residents will use an evidence-based approach to support care decisions.

Residents will demonstrate a consistent judicious use of lab and radiographic studies.

### Patient Care

**Goals:** Residents are expected to provide patient care that is compassionate, appropriate, and effective for promotion of health and prevention of illness.

**Objectives:**

Newborn Resuscitation

1. Independently and appropriately prepare equipment for adequate resuscitation.
2. Understand the significance of tests for fetal well-being
3. Lead a team of interns/residents and students in the appropriate resuscitation of newborns.
4. Be comfortable with providing PPV, vascular access, volume resuscitation, chest compressions, resuscitation drugs, and management of meconium stained deliveries.

### Routine Newborn Care

1. Understand the rationale for neonatal ophthalmia prophylaxis, Vitamin K administration, Hepatitis B vaccination.
2. Appropriately respond to abnormal early hematocrit determination and glucose level.
3. Appropriately respond to abnormal newborn screens.
4. Demonstrate proficiency in newborn examination and identify abnormal exam findings, acting appropriately to those findings.
5. Teach interns/residents the procedure for circumcisions and demonstrate proficiency in circumcision.

### Care of the Higher Risk Infant

1. Actively decide treatment plans for patients of affected mothers (HbsAg, HIV, RPR, GBS, GC, and Chlamydia).
2. Actively determine and implement testing of infants born to mothers who are HSV+, Varicella +, or TB +.
3. Appropriately treat affected infants.
4. Implement appropriate treatment for neonatal hyperbilirubinemia.

## **Practice-Based Learning and Improvement**

**Goals:** As residents collect and appraise clinical information to make patient management decisions, they are expected to evaluate and improve patient care practices.

### **OBJECTIVES:**

All residents should recognize personal limitations in knowledge, skills and experience, and should strive to improve in these areas by searching for information, asking for help or clarification, etc.

Residents should show evidence of reading and critical appraisal of published literature and should work with other learners to enhance the understanding of current and changing practices in newborn care.

Residents will consistently reflect on performance and experiences providing, requesting, and accepting feedback where indicated.

All residents will learn from errors.

## **Interpersonal and Communication Skills**

**Goals:** All residents must communicate effectively with the health care teams in labor and delivery and in the postpartum area, with parents of newborns, and with referring and follow-up physicians.

### **OBJECTIVES:**

Residents will demonstrate competency in verbal communication skills with faculty, nursing staff, social workers, and other team members as evidenced in presenting cases, discussion management/discharges, and in facilitating patient care.

Residents will show competency in verbal communication skills in discussions of newborn care and anticipatory guidance with patient families in terms that parents from a variety of backgrounds might be able to understand.

Medical records must be accurate and up-to-date.

## **Systems-Based Practice**

**GOALS:** All residents are expected to help provide quality health care that is cost effective and to advocate for newborns and their families within the healthcare systems.

### **OBJECTIVES:**

Residents will consistently collaborate with social workers and case managers in all appropriate situations.

All residents should advocate for patients and families by assisting them in finding an appropriate healthcare provider for their newborn when one has not been selected and by arranging follow up appointments in an appropriate manner.

Residents will make appropriate referrals to in-house and community resources (such as First-Steps, PT/OT, WIC, etc.).

All residents should consider how different models of health care delivery impact access to and delivery of health care to patients and families of newborns.

All residents will aid in providing easy and understandable followup for newborn issues, and when multiple appointments are needed coordinating them for family convenience.

Identify medical errors and near-misses in our practice and discuss ways of preventing errors.

Become familiar with processes used within our institution to improve patient care (ie. Patient Safety Net, QA meetings, etc.)

## **Professionalism**

**GOALS:** All residents are expected to carry out clinical responsibility in a professional manner, adhere to ethical principles, and demonstrate sensitivity to a diverse population of patients/families.

### **OBJECTIVES:**

Always act in the best interest of the patient.

Patient and family confidentiality must be maintained.

Acknowledge and report errors.

Be punctual, reliable and accountable.

All residents should act in a caring and respectful manner toward patients/families from wide variety of backgrounds.

## **REFERENCES:**

American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and use of Human Milk. Pediatrics. 2005;115:496-506

American Academy of Pediatrics Subcommittee on Hyperbilirubinemia. Clinical Practice guidelines: management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. Pediatrics. 2004;114 :297-316

American Academy of Pediatrics, Committee on Fetus and Newborn. Controversies Concerning Vitamin K and ht eNewborn. Pediatrics. 2003 July;112 (1): 191-2

Greer, FR, et al. Improving the vitamin K status of breastfeeding infants with maternal vitamin K supplements, Pediatr. 1997 Jan;99(1).

Stellwagon L and Boies E. Care of the Well Newborn. Pediatrics in Review. 2006;27:89-98

NRP manual

Red Book 2006