

PED1-4035/F NEWBORN MEDICINE

Course Policies and Procedures

Course Director Name: Dr. Ajay Talati
Office Location: Crump Women's Hosp., Rm. 201
Phone Number: 901-448-4751
Email: atalati@uthsc.edu

Coordinator: Nelly Fickett/Victoria Barbee
Office Location: 853 Jefferson #201
Phone Number: 901-448-4751
Email Address: nfickett@uthsc.edu
[This is your initial contact](#)

Location

Rout Building at The Regional One Health care, 2nd floor NICU.

Faculty

The faculty and fellows assigned to the NICU Service for the month will supervise students in the evaluation and management of patients.

Introduction

The care of critically ill infants is under direct ongoing supervision of faculty and/or fellows. Evaluation, diagnosis, and treatment of neonates are based upon pathophysiologic principles. The relationship of infants' disorders to intrauterine events is stressed. The student participates in rounds and supervised patient care on the same basis as the pediatric intern. This includes delivery room management of distressed infants, admission of inborn and transported neonates, management of respiratory support, fluids and electrolytes and all other considerations that comprise multisystem support of sick infants, as well as procedures inherent to such care. Ongoing communication with perinatal social workers, whose activities are concerned with high-risk infants and their mothers, will expose the student to the highly sensitive psychosocial ramifications experienced by the families of babies in intensive care units.

Elective Goals

The goals of the rotations are to familiarize with normal developmental changes in a fetus and newborn and identify pathologic problems that occur in fetal and neonatal life.

Elective Objectives

1. Gather appropriate history from parents/guardians and Obstetricians; perform physical examination of a well or ill newborn and present relevant findings to the multidisciplinary team rounds (***patient care, interpersonal communications, professionalism***)
2. Acquire knowledge about illnesses of term and preterm infants including but not limited to seizures, jaundice, sepsis, hypoglycemia, feeding problems, cyanosis and respiratory disorders in a neonate and develop a differential diagnosis (***medical knowledge***)
3. Identify diseases detected by neonatal screening and understand the risk of maternal/fetal transmission of various infections including HIV (***medical knowledge***)

4. Identify key concepts used in clinical evaluation of gestational age (Dubowitz score) and physiologic stability (Apgar scores) at birth (**medical knowledge**)
5. Observe delivery room management of a neonate and identify routine medications and immunizations of a newborn (**medical knowledge**)
6. Appreciate the effects of pre- and intra-partum events on the infant (**medical knowledge**)
7. Review literature related to newborn care (**Practice-Based learning and Improvement**)

Attendance and Required Experiences

Students will participate in all rounds of the assigned team. They are expected perform history and physical examination on assigned patients in NICU. They will in conjunction with a PL2 make a plan for the patient's management and present the history/evaluation and plan to the attending physician. They will follow the patients daily, formulate plans of management and, under the supervision of a resident and attending, will write orders and notes on all assigned NICU patients. They will review diagnostic results daily on all patients. They will also attend deliveries with a supervising resident or fellow and provide documentation of delivery room management.

Duty Hours: 8a-5p, Mon-Friday and 2 weekend days a month.
Students should expect to spend 40-60hrs/week

Rotation Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8-9	Hospital work	Hospital work	Hospital work	Hospital work	Hospital work
9-11	Attending rounds	Attending rounds	Attending rounds	Attending rounds	Attending rounds
11-12	Review with resident	Review with resident	Review with resident	Review with resident	Review with resident
12-1	Lunch/conference	Lunch/conference	Lunch/conference	Lunch/conference	Lunch/conference
1-4	Hospital work-attend Delivery calls	Hospital work-attend Delivery calls	Hospital work- attend Delivery calls	Hospital work- attend Delivery calls	Hospital work- attend Delivery calls
4-5	Sign out rounds	Sign out rounds	Sign out rounds	Sign out rounds	Sign out rounds

Student Evaluation

PROFESSIONAL CONDUCT

In 1986, the College of Medicine established its Code of Professional Conduct. The document, available in *The Centerscope*, addresses those responsibilities to patients, colleagues, family, and community as well as to the individuals themselves. Following discussion with incoming students, it is assumed that all will subscribe to this code as part of their commitment to the profession of medicine. An egregious professionalism violation may be considered grounds for course failure.

DECLARATION OF DISABILITY

Any student who would like to self-disclose as a student with a disability in the College of Medicine at UTHSC must register and officially request accommodations through the Disability Coordinator in Student Academic Support Services (SASS). Regardless of a student's geographic location for experiential education, all requests for accommodations must be submitted with supporting documentation and reviewed for reasonableness by the Disability Consultant. Students should contact Laurie Brooks to set up an appointment to discuss specific needs at lbrook15@uthsc.edu or (901) 448-1452. All conversations regarding requests for accommodations are confidential.

DUTY HOURS

1. Duty hours will be limited to 80 hours per week averaged over a four-week period, inclusive of all in-house call and patient care activities.
2. Continuous on-site duty, including in-house call, will not exceed 30 consecutive hours. Students may remain on duty additional hours to participate in transferring care of patients, conducting outpatient clinics, maintaining continuity of medical and surgical care, and attending required didactic activities.
3. Students will be provided with one day in seven free from all educational and clinical responsibilities, averaged over a rotation, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, didactic, and administrative activities.
4. Students should be provided with a 10-hour period after in-house call during which they are free from all patient care activities.

STUDENT ASSESSMENT

Students have a formative assessment at the half-way mark of the preceptorship and a summative clinical assessment at the end of the rotation based on clinical performance as defined in the objectives.

GRADING SCALE (this is the College of Medicine grading scale adopted for the entire curriculum by the CUME, beginning May 2014.)

<u>Letter Grade</u>	<u>Final Percentage</u>
A	89.5-100
B	79-89
C	67.5-78
F	≤ 67.49

Academic Difficulty

Students having difficulty in the course are strongly encouraged to seek help as soon as possible by seeking advice from the resident, fellow, and attending on the service. Students are also encouraged to check with the SASS and the Kaplan Clinical Skills Center to see if academic support is available.

Course Evaluation

Students are strongly encouraged to participate in the Hall Tackett evaluation survey on New Innovations at the conclusion of the course.

Textbooks and Literature

1. Manual of Neonatal care, Cloherty et al, 7th edition, Lippincott Williams and Wilkins
2. Neonatal resuscitation textbook, 6th edition, American Heart Association and AAP
3. Diseases of the fetus and infant, 8th edition, Fanaroff, Martin and Walsh, Mosby