Preamble

Team 4 Pediatrics at St. Joseph’s Healthcare includes Level 2 Nursery and outpatient neonatal follow-up clinic. This rotation should give senior pediatric residents the opportunity to manage a wide variety of conditions in neonates, both in the acute environment of delivery rooms and L2N, as well as in neonatal follow-up clinic. The SPR is expected to gradually assume a role of junior consultant within the busy Level 2 Nursery environment.

Medical Expert

1. The SPR should have a thorough understanding of the applied anatomy and physiology with respect to the problems and conditions found in the L2N.

2. The SPR should demonstrate the unique communication skills necessary to obtain thorough neonatal histories from parents or other caregivers.

3. The SPR should be able to elicit key physical findings in neonates.

4. The SPR is expected to:
   a. Recognize the heat regulation problems in infants and the need for careful environmental control during evaluation.
   b. Recognize limited host resistance and high risk of nosocomial infections in newborns.
   c. Recognize the need to individualize drug dosage and fluid administration on the basis of weight.
   d. Recognize and accommodate for the altered physiological drug administration.
   e. Know the normal range and wide variation with respect to diagnostic tests involving neonates.

5. The SPR should be able to diagnose and manage independently a variety of medical conditions including:
   - Jaundice
   - Sepsis
   - Seizures
   - Feeding problems
   - Hypoglycemia
   - RDS, TTN
   - Innocent and pathologic murmurs
• Congenital heart disease  
• Newborn rashes  
• Anemia, thrombocytopenia  

6. The SPR should demonstrate aseptic technique in performing procedures including:
   • lumbar puncture  
   • bladder catheterization  
   • arterial and venous blood sampling  
   • insertion of umbilical venous and arterial lines  

7. The SPR should demonstrate proficiency in:
   • insertion of nasogastric feeding tubes  
   • neonatal intubation  
   • neonatal resuscitation  

8. The SPR should recognize the need for ongoing developmental surveillance for late premature babies and babies born with minimal antenatal care.  

9. The SPR should recognize symptoms of neonatal withdrawal syndrome and be familiar with its management  

COMMUNICATOR  
The SPR should be able to:  

1. Convey pertinent information on the neonatal inpatients in different circumstances (over the phone, during ward rounds and case conferences).  

2. Provide accurate and concise written information to other health professionals by means of dictated summaries and consultation notes.  

3. Understand the crucial role the patient’s primary care physician/pediatrician plays not only during the hospitalization, but also after discharge, and communicates with them on a regular basis.  

4. Effectively share and convey favourable and unfavourable information to patients and families.  

COLLABORATOR  
The SPR should:  

1. Involve pediatric sub-specialists in diagnosing and managing children with multisystem complex medical issues.
2. Work together with fellow residents, NPs, and clinical assistants to ensure sharing of responsibility and workload in a pleasant and collegial working environment.

3. Recognize the key role the ward nursing staff plays in ensuring optimal care for infants and children in hospital.

4. Be able to coordinate care involving many different medical and allied health professionals.

5. Contribute to interdisciplinary team activities (ward rounds, resuscitations).

6. Involve family in decision making.

**MANAGER**

The SPR should:

1. Understand the costs and cost effectiveness of treatments and interventions for infants and children in a hospital setting.

2. Be able to manage the difficult task of ensuring timely admission and discharge of patients on a busy inpatient unit.

3. Ensure the smooth and efficient transfer of patients from other hospitals to the L2N, and recognize when transfer from the L2N to intensive care unit is warranted.

**HEALTH ADVOCATE**

1. The SPR should be an injury prevention and preventative health advocate:
   - Give accurate information with respect to immunizations.
   - Promote infant safety in the home and on the street.
   - Counsel re smoking and substance abuse.
   - Promote breast feeding.

**SCHOLAR**

The SPR should:

1. Recognize the importance of self-assessment, self-directed learning and personal continuing education combined with integrated patient care.
2. Be able to critically appraise medical literature and apply these skills in practicing evidence-based medicine.

3. Value the critical need for ongoing systems of peer review, maintenance of competence, and evaluation of outcomes in the management of sick infants and children.

4. Teach the principles of neonatal and pediatric illnesses to medical students, fellow residents and other health professionals.

**PROFESSIONAL**

The SPR should:

1. Appreciate the particular emotional and ethical issues surrounding the care of a sick infant and the need to involve parents, children’s advocates and other caregivers in providing support in difficult situations and circumstances.

2. Be aware of the life-long significance of serious or chronic illnesses in infants and children and their impact on quality of life.

3. Demonstrate appropriate attitudes with respect to gender, culture and ethnicity.

4. Exhibit appropriate personal/interpersonal behavior with patients and families, as well as medical team and allied health professionals.

5. Appraise the ethics of research concerning children.

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