Elective: Pediatrics; Neonatology

OVERVIEW

The Section of Neonatology and the Child Health Program guide the care of newborn patients. This elective consists of at least 2 weeks. The students could spend this time at either HSC (1 week in T1 Nursery and 1 week in NICU) or NICU at SBH. These units emphasize a multidisciplinary approach to the care of neonates. The attending neonatologists, medical officers, neonatal fellows, residents from Pediatrics, Obstetrics, Family Medicine Programs, nurses and allied health professionals as Pharmacist, OT/PT, Dietitians, Respiratory Therapist, Social Workers are part of the team. Students will participate in newborn resuscitations and will be exposed to a wide range of diseases; providing the opportunity to become comfortable with the history, examination and management of sick neonates.

INTRODUCTION

Location(s):

NICU at Children’s Hospital, Health Sciences Centre,
Intermediate Care Nursery (IMCN or T1) at Women’s Hospital, Health Sciences Centre and
NICU, St. Boniface General Hospital.

Preceptors:

There are 14 neonatologists and each of them works 1 week at a time. During the medical student’s elective, the neonatologist that worked the most with the student will be his/her preceptor.

Contact Person:

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LEARNING OBJECTIVES (CanMEDS)

Medical Expert

As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills and professional attitudes in their provision of patient-centered care.

The student can expect to be actively involved in the service. This will encompass:

- Be able to develop an understanding of the physiological adaptation from fetal to neonatal life.
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- Develop knowledge of neonatal disease, pathophysiology and management of common neonatal problems such as hypoglycaemia, sepsis, respiratory distress, IUGR and newborn nutrition.
- Perform a newborn physical examination and differentiate normal from abnormal findings.
- Select medically appropriate, cost-effective and useful diagnostic tests.
- Outline a differential diagnosis and formulate a plan of management.
- Describe the principles involved in performing the following procedures:
  a. IV access and blood drawing,
  b. Spinal taps,
  c. Oral intubation,
  d. Umbilical venous and umbilical arterial catheter insertions,
  e. Suprapubic aspiration.

Communicator
Physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

As Communicators, students will facilitate the doctor-patient relationship:

- As a family-centered hospital, the student will establish rapport, trust and a therapeutic relationship with the parents of newborns admitted in the units and with the rest of the members of the multidisciplinary team.
- Maintain clear, accurate, appropriate and timely records.
- Participate in prenatal consults (e.g. premature labor)

Collaborator
Physicians effectively work within a healthcare team to achieve optimal patient care.

As Collaborators, students will work effectively within the surgical team to achieve optimal patient care:

- Recognize and respect the diversity of roles, responsibilities and competences of other health professionals in the management of the neonatal patient.
- Work with others to assess, plan, provide and integrate care of the newborn.

Leader
Physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

As Leaders, students will participate in the activities of the surgical service, making decisions, allocating resources, and contributing to the effectiveness of the health care team:

- Employ information technology appropriately for patient care
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- Allocate health care resources appropriately.

**Health Advocate**
Physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities and populations.

As Health Advocates, students will responsibly use their expertise and influence to advance the health and well-being of individual patients, communities and populations:

- Concern for the best interest of patients
- Identify health needs of individual patients, their families and community
- Promote patient safety

**Scholar**
Physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

As Scholars, students will demonstrate a lifelong commitment to learning:

- Demonstrate the ability for continuing self-learning
- Critically evaluate medical information and its sources and apply this appropriately to clinical decisions
- Critically appraise the evidence in order to address a clinical question
- Demonstrate appropriate presentation skills, including formal and informal presentations.

**Professional**
As Professionals, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

As Professionals, students are committed to health and well-being of individuals through ethical practice, profession-led regulation and high personal standards of behavior:

- Exhibit professional behaviours in practice, including honesty, integrity, and commitment, compassion and respect.
- Recognize and respect patient confidentiality.
- Recognition of personal and clinical limitations.

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**INFORMATION**
*These are locations, readings, evaluations, call responsibilities, etc.*

**Required Reading**

- Neonatology: Management, Procedures, on call Problems, Diseases and Drugs. Tricia Lacy Gomella.
- CPS guidelines
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- The hospital guidelines cover important management topics and give students the basic approach to managing some of the more common problems.

Teaching Unit(s)

Children’s Hospital:

NICU (Neonatal Intensive Care Unit), CS429
- 4th floor
- 18 beds

Women’s Hospital:

Intermediate Care Nursery (IMCN, T1)
- First floor
- 24 admitting beds, 3 triage beds

While in IMCN, the staff is taking care of any newborn patient needing immediate attention in Women’s Hospital including:

Labour and Delivery Suite (L&D, High Risk Labour & Delivery)
- second floor LA2
- labouring and immediate postpartum women with high risk deliveries

Resus Room (LA269)
- second floor at the back of L&D in between the OR and Case rooms
- 3 overhead warmers for initial resuscitation, monitoring and stabilization of newborns

Women’s Family Birthplace (Labour/ Delivery/ Recovery/ Post-Partum, LDRP, WR2, WS2)
- second floor
- ‘low risk’ labour, delivery and postpartum recovery until discharge

Combined Care Area (CC, ‘normal nursery’)
- 3rd floor, WRS3
- normal newborns’ following transfer from L&D

SBGH:

NICU 3rd Floor A3102
- This unit combines intermediate care and intensive care beds. In total there are 30 beds. The unit has 4 patient pods.
- There is one isolation room with reverse airflow option.

Observation Unit-Inside the NICU across from desk
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- 4 bed area. Infants can be observed up to 6 hours here by which time a decision regarding disposition will be made.

Labour & Delivery
- Located 3rd floor past NICU.
- Caesarean sections are performed in C & D.
- Room B is the 2 bed resuscitation area.

Operation Theatres – 2nd floor
- Some caesarian sections are performed in the main OR for maternal indications.

3A Nursery and LDRP (E wing)
- Infants are nursed in the mother’s room.

6AW
- Antenatal women that could possibly deliver inadvertently on ward. There is a resuscitation room.

Evaluations
At the end of the student’s elective, the neonatologist who worked the most with the student will give feedback and complete the evaluation.

Call Responsibilities
There are no call expectations from the students so they will be available for teaching during the weekdays.

First Day Instructions
The student will receive an e-mail one week before the starting date regarding elective’s information.

WARD ACTIVITIES
These are examples of schedules, expectations, rotation details, etc. All the details below are subject to change.

Special Activities
Newborn Transports: The student must call the transport nurse (in NICU 204-787-3567) to be part of the Neonatal Transport Team.

One day at “High Risk Follow up Clinic” can be arrange in advance, to know what happen with the babies when they leave the nursery.

Teaching Sessions
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<tr>
<th>Tuesday</th>
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<tr>
<td><strong>1200</strong> Radiology Rounds (Once a month) CS115</td>
<td><strong>1200</strong> Newborn Rounds (NICU Conference Room and St. B) E3018</td>
<td><strong>0800</strong> – High Risk Rounds (WT561) or Pediatric Grand Rounds (Theatre A)</td>
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<td><strong>1300</strong> Continuity Round/Handover Round IMCN -OR- Cardiology (NICU Conference Room) or FAU Rounds WT 561 (Once a month)</td>
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<td><strong>1400</strong> Continuity Rounds/Handover Rounds NICU</td>
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### Service Rounds

**Sign over rounds:** Monday to Friday at 0730

- IMCN room WR 118, Women’s Hospital
- NICU
- SBGH in LDRP Conference Room (E3018)

Bedside rounds start at 9:00 in all units.

Evening sign over rounds are at 16:30 in all units.

Students in IMCN or in NICU St. Boniface, must **wear scrubs** to be able to attend deliveries in the labor floor areas (vaginal or c/section).

The student will follow a few patients and attend resuscitations under supervision (fellows, residents, HMO’s or attending).