Goals and Objectives Evaluation Table

Rotation: Neonatal ICU

Goal #1: Understand the pediatrician's role in and become an active advocate for programs to reduce morbidity and mortality from high-risk

nramnnelac	
pregnancies.	
F 6	

pregnancies.								_	_	
Objectives	Priori		Teaching			Evaluation		Domain	Skills	PGY
	ty	Who	Where	Method	Who	Where	Method			
	Yes/									
	No									
#1. Strategies to reduce fetal and										
neonatal mortality:	Yes	Faculty	SCN/TTHSC	B,D,L,N	Faculty &	SCN	e,h,j	PC,	3,5,9,22	1,2,3
 Use of GBS prophylaxis 					NNP			MK,		
 Perinatal steroids 								PBLI		
#2. Understand/assess:										
a. Basic newborn vital statistics.										
b. Prenatal services in your										
region.										
c. Test used by OB to measure										
fetal well being.										
d. Neonatal Transport Systems.										
#3. Describe effective										
intervention programs for teens &										
other high-risk mothers.										
#4. Recognize & demonstrate										
pediatricians role in assessment &										
management strategies for										
minimizing the risk to fetus and										
or newborn in potential adverse										
perinatal conditions:										
 a. Maternal infection during 										
pregnancy/chorio-										
amnionitis/Post-partum										
maternal fever, infections.										
b. Fetal exposure to harmful										
substances.										
c. Maternal insulin										
dependant & gestational										
related diabetes.										

d.	Multiple Gestations.					
e.	Placental abnormalities.					1
f.	, 1 , , ,					ı
	eclampsia, HELLP					1
	syndrome.					ı
g.	Polyhydramnios,					1
	oligohydramnios					ı
h.	Premature labor,					1
	prolonged rupture/					1
	premature rupture of					1
	membranes.					1
i.	Fetal distress.					1
j.	Complications of					ı
	anesthesia/and					ı
	forceps/vacuum delivery					1
	methods.					1
k.	Maternal blood group					1
	incompatibilities.					1
1.	Common maternal					1
	conditions; lupus,					
	thrombocytopenia					į

Goal #2: Assess, resuscitate a	and stabiliz	ze critically	y ill neonates.							
Objectives	Priority		Teaching	5		Evaluation		Domain	Skills	PGY
	Yes/No	Who	Where	Method	Who	Where	Method			
#1. Explain/perform			TTUHSC	A,C,D,I,O,N	Faculty	TTUHSC	a,	PBLI, com,	1,2,3,4,5	1,2,3
resuscitation and	Yes	Faculty	SCN/L&D		&	SCN,	b,d,e,g,n	PC,MK,PRO		
stabilization of the neonate					NNP	L&D				
#2. Describe common										
causes of acute										
deterioration in previously										
stable SCN patients.										
#3. Function appropriately										
in codes and neonatal										
resuscitation as part of a										
team.										

a. Participate in					
resuscitations.					
b. Complete NRP.					
c. Use neonatal					
resuscitation drugs					
appropriately.					

Goal #3: Recognize	presenting sign	ns and syr	nptoms and ma	nage (un	der supervision	n of neonato	logy) the fol	lowing con	nmon condi	tions in the	SCN.
Objectives		Priority	r	Teaching			Evaluation		Domain	Skills	PGY
		Yes/No	Who	Where	Method	Who	Where	Method			
#1. Cardiovascular:											
a. CHD, cyanot acyanotic & due to heart	cyanosis not	Yes	Faculty	SCN/ L&D	A,B,C,D,E, H,K,L,O	Faculty, NNP	SCN	b,d,e ,g,h,l,m	All	All	1,2,3
b. Cardiomyopa pericarditis c. Congestive h d. Dysrhythmia	eart failure.		Dr. Schuster Approach to Infant with cyanosis								
#2.Genetic/Metaboli	ic/Endocrine		Dr. Wilson								
a. All metabolic	s screened by screen. forn errors of sof infants s with normalities abetes. formosomal so,		Genetics lecture Down syndrome Dysmor- phology Chromo- somes FISH								
#3. GI/Nutrition: a. Breastfeeding the high risk infant, and mobirths. b. Umbilical line	mother, nultiple										

	complications.					
c.	Biliary atresia, NEC,					
	GER.					
d.	Nipple feeding the high					
	risk infant, preterm,					
	neurologically impaired,					
	maxillofacial anomalies,					
	IUGR/SGA.					
6.	Initiation & management					
	of TPN, identify					
	complications of TPN.					
#4 II.	matalagia:					
	ematologic:					
a.	Bleeding disorders; DIC,					
1	hemophilia					
	Anemia, polycythemia					
c.	Hydrops due to					
	erythroblastosis fetalis					
d.						
	Neutropenia					
	Hyperbilirubinemia					
#5. In:	fectious Disease:					
a.	Congenital infections;					
	viral, bacterial, protozoal,					
	syphilis, ureaplasma.					
b.	Peripheral/central line					
	infections.					
c.	Hepatitis					
	Infant of a Hep B or HIV					
	positive mom.					
e	Early & late onset					
	neonatal sepsis, GBS,					
	meningitis.					
f.	Herpes Simplex.					
	Nosocomial infections,					
g.						
1.	treatment and prevention.					
h.	Varicella exposure.					
i.	RSV					

j. Synagis, routine					
vaccinations of the ill &					
preterm infant.					
#6. Neurologic Disorders; be					
able to do a good neuro exam to					
identify early neurologic					
impairment					
a. Central apnea, mixed					
apnea					
b. Common CNS					
abnormalities;					
encephalocele, spina					
bifida, holoprosencephaly					
c. Prevention & Screening					
for hearing loss					
d. Hydrocephalous, micro					
and macrocephaly					
e. Drug withdrawal					
f. Hypotonic, jittery,					
irritable					
~ .					
g. Seizures					
h. IVH, PVL					
i. Hypoxic Ischemic					
Encephalopathy					
j. Neuro injury due to birth					
trauma					
#7. Pulmonary Disorders	 				
a. HMD, BPD					
b. Meconium Aspiration					
with and without PPHN					
c. Pneumonias, TTN					
(retained fetal lung fluid)					
d. Air leaks					
#8. Renal					
a. Abnormal genitalia					
b. Acute – chronic renal					
failure					

c.	Oliguria, anuria,				 	
	proteinuria, hematuria,					
	urinary retention					
d.						
e.	Renal malformations					
#9. In	itial management of acute					
surgic	al problems in the neonate					
a.	CHD					
b.	Diaphragmatic hernia					
c.	Abdominal wall defects					
d.	Esophageal atresia					
	tracheal esophageal					
	fistulas					
e.	NEC, bowel perforation					
f.	Malrotation with a					
	vovulus					
g.	Bowel obstructions,					
	meconium plugs and					
	atresias					
#10. F	amily problems					
a.	Anxiety disorders					
b.	Child abuse & neglect					
c.	Poor attachment					
d.	Postpartum depression					
e.	Substance abuse					
f.	Teenage parents					

Goal #4: Understand common mo	Goal #4: Understand common monitoring technology & therapeutic modalities used in the newborn & fetus									
Objectives	Priority		Teaching			Evaluation		Domain	Skills	PGY
	Yes/No	Who	Where	Method	Who	Where	Method			
#1. Be able to discuss the indications, contraindications & complications, know general technique & interpret results of the following; a. Physiologic monitoring of all parameters of vital	Yes	Faculty	SCN, L&D	A,C,D,O	Faculty	SCN, L&D	c,e,g,l,m	All	1-12	1,2,3

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	signs & pulse oximeter							
b.	Neonatal pain & drug							
	withdrawal scales							
c.	Oxygen administration							
	and basic modes of							
	positive pressure							
	ventilation and CPAP							
	under supervision of							
	neonatology							
d	Endotracheal Intubation							
e.	Surfactant administration							
f.								
1.	ECMC and nitric oxide							
	therapy							
g.	Umbilical and central line							
5.	catheters							
h	Analgesics, antieleptics,							
11.	sedatives & paralytics							
i.	2 2							
1.	transfusions including							
	double volume and							
	exchange transfusions							
,	Vasoactive drugs							
J. k.	_							
K.	antibiotics							
1								
1.	Home medical							
	equipment; oxygen,							
	monitors, medication,							
	aerosol treatments							
m.	Know resources to assist							
	infants with special needs							
	in their transition during							
	discharge to home care							
n.								
	breast pumps							

Goal #5: Be able to describe the ra	tional for	the followin	g procedures	s and have t	he ability to p	perform them	competent	ly		
Objectives	Priority		Teaching			Evaluation		Domain	Skills	PGY
	Yes/No	Who	Where	Method	Who	Where	Method			
#1. Mandatory to perform and										
document:	Yes	Faculty,	SCN,	A,C,O	Faculty,	SCN,	b, g	All	1-5, 7	1,2,3
a. Neonatal Resuscitation		NNP,	L&D		NNP,	L&D				
b. Endotracheal Intubation		Senior			Senior					
c. Peripheral IV's		Residents			Resident					
d. Arterial and venous										
puncture										
e. Umbilical vessel										
catherization (venous &										
arterial)										
f. Lumbar puncture										
g. Bladder catherization										
h. Pain management in the										
neonate										
i. Partial exchange										
transfusion										
j. B-M ventilation										
#2. Exposure and understanding										
of the following (recommend										
documentation):										
a. Thorocentesis, chest tube										
placement and										
maintenance										
b. Inhalation treatments										
c. Incision and drainage of										
superficial abcesses										
d. Double volume exchange										
transfusion										
e. NG/OG tube placement										
f. Suctioning; nares,										
oropharnyx, trachea										

Goal #6: Understand the following procedures, how they work, when to use them and how to competently perform the underlined ones.										
Objectives	Priority	Teaching			Evaluation			Domain	Skills	PGY
	Yes/No	Who	Where	Method	Who	Where	Method			
#1. Mandatory to perform and document: a. EKG and the emergency interpretation b. Hearing screen c. Cardiac, respiratory and oxygen saturation monitoring d. End tidal CO2 monitoring e. Abdominal sonogram	Yes/No Yes	Who	Where SCN	Method C,F,H,L,O	Who Faculty	Where SCN	g, h	All	2-3	1,2,3
and x-rays f. <u>Chest x-rays</u> g. Head ultrasound h. GI contrast studies i. X-rays of extremities										

Legend

Teaching Methods

- A. Clinical encounter
- B Lecture
- C. Seminar or a small group
- D. Assigned reading
- E. Case conference
- F. Morning report
- G. Grand rounds
- H. Presentation
- I. AV media module
- J. Web-based module
- K. Journal reading/presenting
- L M&M conference
- M. Portfolio
- N. Quality improvement activity
- O. Supervised activity

RRC Domains

- PC Patient Care
- MK Medical Knowledge
- PBLI Practice-based Learning and Improvement
- COM Interpersonal Skills and Communication
- PRO Professionalism
- SBP Systems-based Practice

Evaluation Methods

- a. Global rating
- b. Direct observation with checklist
- c. Consensus opinion/multiple raters
- d. 360 rating
- e. Written examination
- f. Patient survey
- g. Case/procedure log
- h. Conference attendance log
- i. EBM activity log
- j. QI activity assessment
- k. Systems error activity/discussion

Basic Clinical and Professional Skills

- 1. Perform an appropriate clinical exam
- 2. Appropriately use diagnostic studies, procedures and labs
- 3. Apply sound decision-making and clinical judgment
- 4. Use medications and therapies safely and effectively
- 5. Manage and advocate for the whole patient
- 6. Skillfully and empathically manage patient's acute or terminal illness, or death.
- 7. Effectively and empathically communicate with patients and families.
- 8. Effective data gathering from history and interview.
- 9. Promotion of patient education and counseling.

- 13. Effective teaching of students, colleagues, other professionals and lay groups.
- 14. Develop and demonstrate effective leadership and collaboration skills.
- 15. Function as a consultant to other physicians and health professionals
- 16.Use consultations and referrals effectively
- 17. Develop responsible and productive work habits and professional responsibility.
- 18.Develop personal responsibility and balance personal and professional interests.
- 19. Understand basic principles in medical ethics and identify issues.
- 20.Understand legal issues in pediatric practice
- 21.Develop skills in life-long learning and self-

Self assessment m. Individual learning plan n. Critical incident discussion	 10. Effective use of telephone communications. 11. Professional communication and collaboration in healthcare teams. 12. Maintain accurate, legible, timely and legally appropriate medical records when caring for patients. 	assessment. 22.Responsible use of information technology in decision-making and patient management. 23.Critically read and apply scientific evidence/research to patient care. 24.Formulate career plans.
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