



PGY: 3

Neonatal Intensive Care Unit

NGMC- Family Medicine Residency Program Gainesville, Ga

Description of Rotation:

This is a four-week block in the Neonatal Intensive Care Unit with direct supervision by neonatologists. Supplemental longitudinal learning in the FMP supervised by Family Physician Faculty is also expected. Learning will take place in NICU as well as attending high risk deliveries.

Overall Goal of NICU PGY3 Rotation:

Residents will learn to provide evidence-based, compassionate, comprehensive care for neonates. They will complete the Neonatal Resuscitation Program. Residents will be able to assist in diagnosis and treatment plans for neonates with complex and critical issues in newborns and premature newborns. Residents will attend high risk deliveries, deliver care to complex and critically ill newborns, and help transition care of neonates to tertiary centers or newborn nursery when applicable.

Rotation Location: NGMC Gainesville

743 Spring St.

Gainesville, GA 30501

Neonatal Intensive Care Unit

Rotation Preceptor(s): Dr. Cynthia Cabrera Dr. Wendy Coto-Puckett

Dr. Jocelyne Tadros Dr. Madeleine del Portillo

Sample Schedule for PGY 3 with Continuity Clinic on Monday or Friday

М	Т	W	TH	F	Sat	Sun
FM Clinic	NICU	NICU	NICU	FM clinic	12 hr NICU in-	Required off
					house call	day
FM Clinic	NICU	Academic Half	NICU	FM Clinic	12 hr NICU in-	Required off
		Day			house call	day

Sample Schedule for PGY3 with Continuity Clinic on Tuesday or Thursday

М	Т	W	TH	F	Sat	Sun
NICU	FM clinic	NICU	FM clinic	NICU	12 hr NICU in-	Required off
					house call	day
NICU	FM Clinic	Academic Half	FM Clinic	NICU	12 hr NICU in-	Required off
		Day			house call	day

Patient Ca	Patient Care:		
PGY level	By the end of the rotation:		
3	Perform an initial assessment and evaluation of a newborn infant and determine the need for resuscitation. (PC-1/3)		
3	Demonstrate competence in neonatal resuscitation and related skills (PC-1/3)		
3	Formulate assessments and plans for patients (PC-1/3, PC-4/2, PC-5/3)		
3	Evaluate laboratory test results and correlate them to disease pathophysiology (PC-1/3)		

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3	Under direct supervision perform/assist with the following procedures relevant to the care of		
	neonates in the intensive care unit: (PC-5/4)		
	a. Bag-Mask Resuscitations		
	b. Peripheral line Insertions		
	c. Arterial punctures		
	d. Umbilical venous catheters		
	e. Intubation attempts		
	f. Lumbar punctures		
	g. Transport of neonates		
3	Evaluations of neonates including the calculation of APGAR scores (PC-1/3)		
3	Communication skills to address risk factors and healthcare of neonate to family and caregivers		
	(PC-4/4)		

Madical V	vuladas Obisativas	and Commetencies
	wledge Objectives	
PGY level	By the end of the rot	
3	-	shed and evolving biomedical, clinical, epidemiological, and social-behavioral
		he application of this knowledge to the care of premature infants and former
		ith chronic medical problems (MK-2/2)
3	•	n of Neonatal Resuscitation Program (MK-1/3)
3	•	d understand the impact of prenatal and perinatal risk factors (MK-2/3)
3		rledge based on: (MK-1/3)
	a. metabolic sc	-
	•	enital heart defect screen
	c. newborn he	· ·
3		and skills of neonatal resuscitation and participate in neonatal resuscitation
	_	cluding the following: (MK-1/3)
	 a. Positioning a 	nd tactile stimulation
	b. Thermal reg	ulation
	c. Airway mana	agement (suctioning, endotracheal intubation, gastric tube insertion)
		vith a bag valve mask device and/or anesthesia bag
	e. Establish vas	cular access including UVC line placement
	f. External che	st compressions
3	Develop the knowled	dge of the following relevant to the care of neonates: (MK-1/3)
	a. Stabilization	of critically ill neonates
	b. Performance	e of procedures on neonates.
	c. Neonatology	ethics
3	Diagnostic ability and	d role-appropriate management of (MK-1/3, MK-2/3)
	a. Meconium-s	tained amniotic fluid
	b. Perinatal asp	phyxia
	c. Respiratory	distress
	d. Cyanosis	
	e. Apnea	
	f. Bradycardia	
	g. Seizures	
	h. Hypoglycem	ia
	i. Possible sep	
	j. Developmen	tal dysplasia of the hip

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k.	Birth-related injuries
l.	Neonatal abstinence syndrome (in utero drug exposure)
m.	Anemia
n.	Rh factor and blood type incompatibility
0.	Polycythemia
p.	Jaundice
q.	Premature and post-date gestations
r.	Congenital and neonatal infections
s.	Maternal factors: infection (e.g., HIV, Hepatitis); medical conditions (e.g., diabetes,
	hypertension)

Interperso	Interpersonal and Communication Skills:		
PGY level	By the end of the rotation:		
3	Develop rapport and builds therapeutic relationships with patients (IPC-1/3)		
3	Communicate effectively with patients and families. (IPC-2/3)		
3	Communicate effectively with physician colleagues at all levels (IPC-3/4)		
3	Communicate effectively with all non-physician members of the health care team to assure		
	comprehensive and timely care of patients. (IPC-3/4)		
3	Present information concisely and clearly both verbally and in writing on patients. (IPC-3/4)		

Systems B	ased Practice Objectives and Competencies:
PGY level	By the end of the rotation:
3	Understand and utilize the multidisciplinary resources necessary to care optimally
	for patients. (SBP-1/2)
	Use evidence based and cost-effective diagnostic and treatment strategies. (SBP-1/2)
3	Use evidence-based, cost-conscious strategies in the care of ambulatory patients. (SBP-1/3)
3	Describe when to ask for help and advice from senior residents and attending physicians. (SBP-
	2/2)
3	Effective collaboration with other members of the health care team, including residents at all
	levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists,
	nutrition specialists, patient educators, social workers, case managers, and providers of home
	health services to advocate for patients (SBP-3/3)
3	Advocate for resources for at risk newborns and their parents. (SBP-4/3)

Practice Ba	Practice Based Learning and Improvement Objectives and Competencies:		
PGY level	By the end of the rotation:		
3	Commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information considering principles of evidence-based medicine (PBLI-1/2)		
3	Identify and acknowledge gaps in personal knowledge/skills in the care of ambulatory patients. (PBLI-2/2)		
3	Willingness and ability to incorporate faculty feedback into clinical/academic performance and participate in system change (PBLI-2/3)		

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Profession	alism Objectives and Competencies:
PGY level	By the end of the rotation:
3	Acceptance of professional responsibility as the primary care physician for patients under his/her care (PROF-1/3)
3	Willingness to acknowledge errors when committed and perform self-analysis to avoid future similar mistakes (PROF-2/3)
3	Behaves with humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions with similar and differing cultures (PROF-3/3);
3	Understand ethical concepts of confidentiality, consent, autonomy and justice. (PROF-3/3)
3	Display professionalism through integrity, altruism and resolving conflict of interest. (PROF-1/3)

Teaching Methods		
Clinical Teaching	Faculty Role Modeling	
Case Based Teaching	Supervised Clinical Management	
Didactic		

Procedures/Skills Taught (PC5)		
Neonatal Resuscitation Program	NG tube	
Umbilical Artery Catheterization	Newborn intubation	

Supervision/Evaluation:

Resident will work one-on-one and be supervised by board certified neonatologists. While the resident will interact with several health care providers, supervision of patient care, behavior and diagnostic interpretations will be provided by the preceptor. The faculty preceptor will directly observe patient care and the performance of all procedures.

Assessment Methods	
Direct Observation	Procedure evaluation
End of Rotation Evaluation	Chart Review
Case Log	Procedure Log

EPA's	
(EPA 2) Care for patients and families in multiple settings	
(EPA 3) Provide first-contact access to care for health issues and medical problems	
(EPA 6) Evaluate and manage undifferentiated symptoms and complex conditions	
(EPA 7) Diagnose and manage chronic medical conditions and multiple co-morbidities	
(EPA 13) Manage inpatient care, discharge planning, transitions of care	

Residency Outcomes

- 2. Diagnose and manage acute illness and injury for people of all ages in the emergency room or hospital
- 13. Assess priorities of care for individual patients across the continuum of care—in-office visits, emergency, hospital, and other settings-- balancing the preferences of patients and medical priorities
- 1. Perform the procedures most frequently needed by patients in continuity and hospital practices

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Resources:	
Outpatient Care	https://www.aafp.org/afp/2007/1015/p1159.pdf
of the Premature	
Infant	
Universal Newborn	https://www.aafp.org/afp/2007/0501/p1349.pdf
Hearing Screen	
Heart Murmurs	https://www.aafp.org/afp/2011/1001/p793.pdf
Neonatal Fever	http://www.emedicine.com/ped/topic2698.htm
Hip Dysplasia	https://www.aafp.org/afp/2006/1015/p1310.pdf
Neonatal	https://www.aafp.org/afp/2011/0415/p911.html
Resuscitation	
Common Issues in	https://www.aafp.org/afp/2002/1101/p1685.pdf
Sick Neonates	
Respiratory	https://www.aafp.org/afp/2015/1201/p994.html
Distress	
Neonatal	https://www.aafp.org/dam/AAFP/documents/journals/afp/registration/hyperbilirubinemia.pdf
Hyperbilirubinemia	

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