High Risk Follow-Up Rotation Goals and Objectives

Goals:

1) To become competent in the following:

Assessment and management of the post-hospital care of the NICU graduate.

Assessment of growth of high-risk infants (ELGAN and ELBW infants, other prematurely born infants, SGA infants, infants with BPD, infants with failure to thrive, and infants status post prolonged TPN, NEC, and other complications of critical illness, etc.)

Assessment of medical issues of infants born prematurely, term infants with congenital diseases or chronic diseases.

Assessment of infants that leave NICU with unresolved issues such as a need for nutritional assistance (e.g., feeding by means of gavage) for respiratory support ranging from oxygenation through ventilation through a tracheostomy, and for maintenance of indwelling or external medical devices such as VP shunt, cardiorespiratory monitor, etc.

Knowledge of outcome of various high-risk infant categories (gestational age, birth weight, intraventricular hemorrhage, NEC, ROP, asphyxia, prolonged mechanical ventilation, etc.)

Integrate the involvement of professionals from multiple medical specialties such as gastroenterologist, neurologist, rehabilitation specialists, nutritionists, orthopedic surgeon, physical, occupational and speech therapists, and psychological and social services in the management of these infants with special health care needs.

Assessment of immunization status for infants with chronic cardiorespiratory conditions including administration of Palivizumab.

Assessment of family adjustment of high-risk infant

2) To become knowledgeable/familiar with:

Assessment of neurodevelopmental status and identifying motor and neurologic deficits, reduced intelligence, language deficits, visual-motor problems, memory and learning, functional status.

Bayley Scales of Infant Development III

Services for high-risk infant and family
Competency-Based Objectives:

Patient Care

Identify risk categories in term and preterm infants

Gather appropriate prenatal and neonatal historical, diagnostic, and laboratory information

Identify common post-discharge problems in the high-risk infant

Integrate perinatal/neonatal historical, diagnostic and laboratory information into management plan

Communicate effectively with family/caregivers and primary medical doctor, demonstrating caring and respectful behavior

Conduct routine follow-up evaluation

Display emerging proficiency in conducting physical and neurodevelopmental examination in patients with a variety of complex issues

Medical Knowledge

Demonstrate an expanding understanding of clinical and basic science knowledge concerning:

Normal/abnormal growth patterns

Evaluation of nutrition

Apnea and bradycardia of prematurity, home monitoring and methlXanthine therapy

Bronchopulmonary dysplasia and periodic assessment of fluid electrolyte status

NEC complications, ostomy care, malabsorption, intestinal dysmotility

HID, Post-hemorrhagic hydrocephalus, post-meningitic hydrocephalus, PVL, seizures in neonates

Neurologic and developmental evaluation in low birth weight and high-risk infants

Bailey Scales of infant development
Practice-Based Learning

Preview charts of babies prior to examination; demonstrate familiarity with baby's/family’s issues to clinic attending

Participate actively in clinic to include: following labs, assisting in post clinic activities.

After you have attended 3-4 clinics, you are expected to see patients as the primary evaluator in future clinics, typically by the mid-point of your first year of fellowship.

Identify and present to attending/clinic staff articles from current follow-up literature.

Read selected articles from follow-up PDF syllabus (* will indicate “classic” must-read articles)

Research unusual findings/month and present to attending/clinic staff.

Present one follow-up patient at perinatal conference.

Professionalism

Interact well with Neonatal Follow-up team

Handle family/caregiver interactions with respect, compassion, and sensitivity to cultural, gender, age, and disability-related issues

Interpersonal and Communication Skills

Concisely summarize complicated neonatal cases, including historical and laboratory information

Conduct routine physicals and neurological assessments

Display emerging proficiency in understanding developmental assessment techniques

Systems-based Practice

Become familiar with the range of services available through the early intervention system and home health care services, such as, medical diagnostics, service coordination, nutrition, developmental evaluations, assistive technology and adaptive services, etc.

Become familiar with appropriate use of subspecialties