

University of Illinois at Chicago
Department of Pediatrics/Division of Neonatology
Neonatal-Perinatal Fellowship

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 (micro-premies and ELBW infants, more mature prematurely born infants, SGA infants, infants with BPD, infants on prolonged TPN, post NEC, failure to thrive due to underlying medical illnesses 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(ex, 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 specialities 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, visuomotor problems, memory and learning, functional status.
 - Bayley Scales of Infant Development III
 - Services for high-risk infant and family

Educational 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 a 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
 - Neuologic and developmental evaluation in low birth weight and high-risk infants
 - Bailey Scale of infant development

Practice-based Learning and Improvement

- Preview charts of 2-4 babies prior to each clinic session; demonstrate familiarity with baby's/family's issues to clinic attending (3 clinic days/week x 4 weeks = 24-48 charts).
- Participate actively in clinic to include: following labs, assisting in post clinic activities.
- See 4-6 babies as primary evaluator by end of rotation (can be distributed over several sessions).
- Identify and present to attending/clinic staff at least 2 articles from current follow-up literature.
- Read selected articles from follow-up PDF syllabus (* will indicate "classic" must-read articles)
- Research at least 2 unusual findings/month and present to attending/clinic staff.
- Present one follow-up patient at UIC Med. Center 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
- Conducting routine physicals and neurological assessments
- Displays 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