MARSHALL UNIVERSITY
JOAN C. EDWARDS SCHOOL OF MEDICINE

FAMILY PRACTICE RESIDENCY TRAINING PROGRAM

LETTER OF AGREEMENT FOR THE COOPERATIVE TRAINING OF RESIDENTS/FELLOWS FROM MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE (MUSOM) AND CABELL HUNTINGTON HOSPITAL (CHH) (Participating Site).

This letter of agreement is an educational statement that sets forth important points of agreement between Marshall University School of Medicine (MUSOM) and Cabell Huntington Hospital (CHH). This statement of educational purpose does not affect current contracts and institutional affiliation agreements between the two institutions.

This Letter of Agreement is effective from July 1, 2012, and will remain in effect for three (3) years, or until updated, changed, or terminated by the Family Practice Residency Training Program and/or Such changes must be communicated with the MUSOM Office of Graduate Medical Education.

1. **Persons Responsible for Education and Supervision**

At MUSOM: W. Mitchel Shaver, M.D., Family Medicine Residency Director

At CHH: Adam Franks, M.D., Site Director for Family Practice Hospital Service Rotation and Continuity Obstetrics
Susan Flesher, M.D., **for pediatric rotations and NICU**
Kevin Conaway, M.D., for **obstetrics rotations**
David Hinchman, D.O. and Mitch Charles, M.D., for **emergency medicine rotation**
Paulette Wehner, M.D., for **cardiology rotations**
Anthony Alberico, M.D., for **neurology rotations**
Imran Khawaja, MD, for **Medical Intensive Care rotations**
Wade Douglas, MD, for **Inpatient Surgery rotations**

The above mentioned people are responsible for the education and supervision of the residents/fellows while rotating at the Participating Site.

As program director, W. Mitchel Shaver, M.D., is ultimately responsible for the content and conduct of the educational activities at all sites, including CHH. The day-to-day supervision and oversight of family practice resident activities will be determined by the specialty service where they are assigned. This includes such activities as scheduling, evaluations, conflict resolution, conferences, etc.

2. Content and Duration of Rotations Involved:

The family medicine residents will be at Cabell Huntington Hospital for the following inpatient rotations:

Family Practice Hospital Service	**3 months during first, second and third years of residency**
Obstetrics	**2 months during first year of residency**
Pediatrics	**2 months during first year of residency**
NICU	**1/2 month during first year of residency**
Emergency Medicine	**2 months during first and second or third years**

Furthermore, residents have several rotations (both required and elective) where they may be involved with patients at Cabell Huntington Hospital. Required one month rotations include: Surgical Subspecialties (ENT, Ophthalmology, Urology), Outpatient Surgery, Cardiology, Neurology and Orthopedics. Residents also have one month or a medical subspecialty, one month of a pediatrics elective, and four elective months which may involve experiences at Cabell Huntington Hospital.

3. Educational Goals and Objectives

A list of goals and objectives for each rotation are attached.

4. Assignments

Each month MUSOM will provide to CHH the names of the residents assigned to the hospital, the service they will be training on and other relevant information as outlined in the Affiliation Agreement. Resident's rotating through CHH may be in all levels of training. Residents will remain on MUSOM's payroll, remain eligible for all resident benefits, including annual leave, and sick leave, etc.

5. Duties and Patient Care Responsibilities

Junior residents on inpatient services are responsible for initial patient assessments, formulation of a treatment plan, writing orders, presenting their patients at report, following assigned patients daily, arranging for patient discharge and completing discharge summaries. Senior residents are responsible for direct supervision of the clinical activities of the junior residents. Specific activities and structure of rotations of residents are determined by the residency faculty and family practice program director in consultation with the directors of the various services.

6. Responsibility for Teaching, Supervision and Evaluation of Residents

While at CHH, residents from MUSOM will receive supervision and instruction from active recognized supervising faculty of the Family Practice Service and other qualified faculty members from the Marshall University Joan C. Edwards School of Medicine. Residents will be supervised by faculty in all their activities and at all times, commensurate with the complexity of care being given and the resident's own abilities and level of training. Such activities include, but are not limited to the following:

- Patient care in clinics, inpatient wards, operating and delivery suites, and the emergency room
- Interactions with administrative staff and nursing personnel
- Conferences and lectures
- Attendance at conferences and lectures

Junior residents may be supervised by senior residents with ultimate supervision of all resident activities by qualified attending faculty.

Resident evaluations will be completed in a timely manner by supervising faculty. The evaluation form will be developed and administered by the Family Practice Residency Program. Residents will be given the opportunity to evaluate the teaching faculty and clinical rotation at the conclusion of the assignment.

7. Policies and Procedures for Education

The program director at MUSOM is responsible for the oversight of all resident activities while at CHH. The educational policies and procedures governing resident activity will conform to the ACGME Essentials of Accredited Residencies including the Program Requirements and Institutional Requirements.

MUSOM and CHH will provide an orientation session to all residents to acquaint them with the policies and procedures of MUSOM and CHH that govern their training and ensure they comply with hospital rules and regulations.

8. Authorized Signatures

Cabell Huntington Hospital

Adam Franks, M.D., Site Director — Date: 8/29/12

Hoyt Burdick, M.D., VP for Medical Affairs — Date: 9-13-12

Brent Marstellar, CEO — Date: 9/14/12

MUSOM

W. Mitch Shaver, MD
Program Director — Date: 8/29/12

Paulette Wehner, MD, DIO
Senior Associate Dean for GME — Date: 8/14/12

Joseph Shapiro, MD
Dean — Date: 9-25-12

THE FAMILY PRACTICE HOSPITAL SERVICE

Goals

1. To broaden the resident's knowledge of diagnosis and management of inpatient medical problems.
2. To develop a family practice resident's ability to successfully function within a hospital setting.
3. To refine communication skills necessary for effective patient management, including communication within the team, with other physicians and staff, through the written documentation of hospital charting, and with patient and family.
4. To develop as patient advocates, patient care coordinators (proper utilization of ancillary services, subspecialty consultation), and patient educators in the hospital setting.
5. To develop an understanding of quality assurance issues within the hospital setting.
6. To act as supervisors and teachers of other residents and students with less training.
7. To develop competency in the usual procedures provided by family practitioners on hospitalized patients.

Objectives

By the completion of the Family Practice Hospital Service portion of the residency, the resident will be able to:

1. Describe the pathophysiology, natural history and complications of commonly encountered internal medicine diseases.
2. Complete thorough history and physical exams of adult inpatients in the problem-oriented format (with proper recording of such in the medical record).
3. Determine differential diagnosis for a particular presentation.
4. Utilize appropriate diagnostic tests in inpatient care.
5. Diagnose commonly encountered adult diseases and implement appropriate treatment after the assessment is complete.
6. Select appropriate medications for inpatient adult use, calculate appropriate dosages of these and identify potential drug side effects (common vs rare, mild vs serious).
7. Recognize indications for: hospital admission, ICU/CCU admission and subspecialty consultation in adult patients.
8. Perform internal medicine procedures and laboratory tests commonly used in family practice inpatient care.
9. Provide comprehensive hospital care for inpatient adult patients (including critical care patients) with suitable coordination of care.
10. Determine proper utilization of ancillary hospital services.
11. Perform cardiopulmonary resuscitation, including intubation and initiation of ventilatory support.
12. Provide patient education in the hospital setting.
13. Present case presentations to colleagues involved in patient care, as well as presenting cases in front of a medical audience.
14. Arrange discharge planning.

OBSTETRICS ROTATION

Goals

This rotation educates residents in the complete care of obstetrical patients. Residents will participate in:

1. Route prenatal and postpartum care
2. Care of the patient during labor
3. Routine vaginal deliveries
4. Assistance at cesarean sections

Objectives: By the end of the two month OB rotation, the resident will be able to:

A. 1. Explain the physiologic hemodilution of pregnancy. Differentiate it from anemia.
A. 2. Differentiate dependent edema from pathologic edema. Describe Rx.
A. 3. List the various components of the average weight gain during pregnancy.
A. 4. Differentiate morning sickness from hyperemesis. Describe Rx of each.
A. 5. Differentiate candida colonization from vaginal candidiasis. Describe Rx.
A. 6. Describe ligamentous pain and its treatment.
A. 7. Describe corpus luteum cyst, its function, its symptoms, and treatment.
A. 8. Explain the physiology of stretch marks and their treatment.
A. 9. Explain the expected blood pressure trends per trimester.
A.10. Define euglycemia, hypoglycemia, and gestational diabetes. Explain the physiology of he symptoms.
A.11. Explain the loss of ureteral tone, physiologic hydronephrosis, and pathologic hydronephrosis.
B. 1. List appropriate screens for each recommended prenatal visit and their cost effectiveness.
B. 2. List appropriate screens for advanced maternal age, abnormal Pap, and management abnormal AFP
B. 3. Explain the measurement and normal limits of fetal growth.
B. 4. List indications for vaginal examination during prenatal period.
B. 5. Explain Leopold's maneuver and demonstrate.

B. 6. Demonstrate complete prenatal history.
B. 7. Find by means of Doppler the sound of maternal pulse, cord pulse, placental pulse, fetal heart valves.
B. 8. Identify by ultrasound the fetal head, heart, limbs, cord, and genitalia.
B. 9. Identify and manage Rh negative status.
C. 1. Explain the significance of uterine fibroids during pregnancy and their impact on uterine growth and vaginal delivery.
C. 2. Define, detect and treat pregnancy induced hypertension.
C. 3. Explain the significance of cystitis during pregnancy and its Rx.
C. 4. Define pyelonephritis during pregnancy, its workup and Rx.
C. 5. Recognize signs of appendicitis during pregnancy. Describe workup and Rx.
C. 6. Recognize signs of cholecystitis during pregnancy. Describe workup and Rx.
C. 7. Recognize signs of kidney stones during pregnancy. Describe workup and Rx.
C. 8. Define pregnancy induced hypertension and treatment for mild, moderate, and severe cases.
C. 9. Discuss indications for urgent and emergent induction of labor and management.
D. 1. Explain standard monitoring during latent and active labor.
D. 2. Differentiate internal and external fetal heart tracings.
D. 3. Define the limits of normal and abnormal fetal tracings and indications for testing.
D. 4. Distinguish external contraction tracing from internal pressure catheter tracings, and normal from abnormal tracings.
D. 5. Distinguish vertex from breech and other malpresentations.
D. 6. Determine cervical dilatation, effacement, and station by vaginal exam.
D. 7. Demonstrate complete documentation of labor.
D. 8. Demonstrate ability to manage elective and emergent induction of labor.
D. 9. Demonstrate ability to distinguish labor from false labor.
D.10. Demonstrate ability to determine SROM and presence or absence of meconium.
D.11. Demonstrate ability to perform rupture of membranes, application of scalp electrode and insertion of IUPC.
D.12. Define and detect aberrations of labor: failure to progress, active phase arrest, precipitous delivery, CPD, transverse arrest.
E. 1. Perform spontaneous vaginal delivery.
E. 2. Explain the significance of molding, scalp edema, vulvar edema, cervical edema.
E. 3. Examine the perineum, vagina and cervix immediately post partum.
E. 4. Define turtle sign and management of shoulder dystocia.
F. 1. Explain indications for episiotomy, perform such skillfully, and repair second degree.
G. 1. List and explain indications for forceps delivery.
G. 2. List and explain indications for vacuum assisted delivery.
I. 1. First assist cesarian section.
J. 1. List and explain indications for cesarian section and demonstrate skill in discussing them with the patient and her family.
K. 1. Demonstrate care of the patient post partum, both post vaginal and post surgical delivery.
L. 1. Discuss the psychologic impact of planned and unplanned pregnancy on the patient and her family.
L. 2. Discuss the impact of family dysfunction prior to and during pregnancy.
M. 1. Discuss the physiologic advantages of breast feeding.
N. 1. Demonstrate competence in circumcision.

CARDIOLOGY ROTATION

Goals

The purpose of the cardiology rotation is to allow the family practice resident to acquire knowledge and skills relevant to the evaluation of patients with cardiovascular problems.

Objectives

By the end of the rotation, the resident will be able to:

1. Perform a history and physical exam relevant to the cardiovascular system.
2. Interpret EKGs accurately.
3. Interpret chest x-rays for problems related to the cardiovascular system.
4. Assess a patient's risk factors for cardiovascular disease and provide risk management.
5. Diagnose and provide treatment for common disease of the cardiovascular system which are encountered in family practice:

    Coronary Artery Disease
    Hypertension
    Peripheral Vascular Disease
    Syncope
    Dysrhythmias
    Congestive Heart Failure
    Thromboembolic Disease
    Valvular Heart Disease
    Heart Murmurs
    Hyperlipidemia

6. Diagnose and provide initial management of patients with more complicated cardiovascular diseases who will then be referred to cardiologists for further intervention.
7. Evaluate and manage a patient with an uncomplicated myocardial infarction.
8. Select or make referral for appropriate cardiovascular tests and therapeutic interventions:

    Various types of stress tests
    Echocardiography/Doppler Imaging
    Radioisotope Imaging
    ECG Monitoring, In-Hospital and Ambulatory
    Vascular Doppler and Ultrasound Examinations
    Diagnostic Cardiac Catheterization and Angiography

    Diagnostic Carotid and Peripheral Vascular Angiography
    Internal Monitoring Devices
    Electrophysiologic Studies
    Coronary Artery Bypass
    Angioplasty and Stent Placement
    Pacemakers
    Valve Replacement/Repair
    Electrophysiologic Ablation

9. Order, interpret and make therapeutic decisions for laboratory studies including cardiac enzymes and lipids.

EMERGENCY MEDICINE ER I and ER II

Goals

The goal of the rotation is to prepare the resident to skillfully diagnose and treat a broad range of emergent and acute patient problems as seen in a hospital emergency department.

Objectives

1. The resident will be able to, in an emergency room setting:
   a. Evaluate emergencies to determine level of care needed, including prioritization and triage
   b. Perform a history and physical exam appropriate to the urgency of the presenting problem
   c. Formulate a plan for rapid treatment including appropriate documentation
   d. Utilize diagnostic modalities (laboratory, radiological, and electrophysiological) in appropriate, cost-effective manners in the emergency department
   e. Interpret diagnostic tests frequently ordered in the ER including EKG's, chest x-rays, abdominal x-rays, skull x-rays, cervical spine x-rays, pelvic x-rays and extremity x-rays
   f. Provide initial treatment and stabilization of emergently ill patient, including resuscitation when necessary
   g. Appropriately assess disposition from ER setting
   h. Successfully communicate with patients, families and personnel
   I. Demonstrate professional behavior including promptness, reliability and honesty
2. Obtain specific knowledge in toxicology and acute orthopedics
3. Develop competency in procedural skills common to the emergency room setting including airway management techniques, anesthetic techniques, hemodynamic techniques, diagnostic/therapeutic procedures, orthopedic procedures, repair of skin lacerations)
4. Relate medical-legal issues to patient care in the emergency room
5. Discuss ethical aspects of emergency medicine
6. Understand the contribution the emergency department makes to health care delivery to prepare the resident to interact with the ER when on call
7. Maintain certification in ACLS.

CRITICAL CARE/ICU ROTATION

Goals

The overall goal of this rotation is to provide residents with the core knowledge to care for patients requiring admission to the ICU with emphasis on the areas of procedural competency and ventilatory management.

1. The resident will develop the skills necessary and demonstrate competence in evaluation, diagnosis and management of critical care patients.
2. The resident will develop skills in evaluation of patients and institution of proper ventilatory support.
3. The resident will demonstrate a fundamental knowledge regarding ventilator management including initiation and weaning from mechanical ventilation.
4. The resident will demonstrate a knowledge of common critical care illness and their general management as defined in this curriculum.
5. The resident will demonstrate successfully demonstrate proficiency in common ICU procedural techniques.

Objectives

At the end of the rotation, the resident will be able to:

1. Residents will demonstrate ability to perform history and physical examinations on critical care patients and develop a diagnostic and therapeutic plan in consultation with the attending physician.
2. Residents will demonstrate knowledge of ventilator management and protocols.
3. Residents will demonstrate ability to properly interpret arterial blood gas results.
4. Residents will demonstrate understanding common hemodynamic monitoring utilized in the critical care setting with correct interpretation and utilization of the information obtained.
5. Residents will show adequate understanding of pharmacologic management of ICU problems (as judged by the members of the faculty).
6. Residents will demonstrate competent procedural skills under direct supervision of faculty members.
7. Residents will demonstrate adequate knowledge of core topics.
8. Residents will demonstrate ability to search and critique and apply literature as it pertains to the care of critical care patients.

Key Physical Diagnosis Skills: In addition to routine physical examination techniques, emphasis should be placed on cardiopulmonary examination of critical care patients, neurologic evaluation in critical illness.

Key Procedural Skills to Perform:

1. Interpretation of CXR in intubated and critically ill patients.
2. Endotracheal intubation
3. Arterial cannulation
4. Central venous catheterization
5. Pulmonary artery catheter placement
6. Thoracentesis

CORE TOPICS:

1. Airway management, bag valve mask ventilation
2. Mechanical ventilation: pressure cycled, volume cycled, noninvasive positive pressure ventilation.
3. Weaning from mechanical ventilation
4. Management of pneumothorax
5. Invasive hemodynamic monitoring
6. Parenteral nutrition, metabolic and nutritional requirement of Critical Care Patients
7. Respiratory failure and ARDS
8. Critical care management of COPD/Asthma
9. Drug overdose and poisoning
10. Diabetic ketoacidosis
11. Critical care cardiology topics as addressed in the cardiology curriculum.
12. Multiple organ dysfunction/failure syndromes
13. Hypoxemia
14. Shock
15. Stroke and CVA management
16. Acute Gastrointestinal Bleeding
17. Hepatic failure
18. Sedation and Analgesia in the ICU
19. Electrolyte and Acid/Base Physiology
20. Coagulation and hematologic conditions in the ICU
21. Management of common infectious diseases/ complications of AIDS in the ICU

EDUCATIONAL METHODS:

1. Participation in direct patient care activities under direct supervision of ICU attending and pulmonary fellows.
2. Performing initial evaluation including full history and physical on patients admitted to the ICU. This will be followed by discussion with the appropriate ICU attending.
3. Participation in multi disciplinary rounds with ICU staffing/ICU attendings with presentation of patients diagnosis, discussion of pathophysiology and management.
4. Performance of procedures appropriate for their level of training under the supervision of the ICU attending.
5. Core readings to be assigned by course director.
6. Other available educational materials (such as texts and instructional videos).

EVALUATION:

Evaluation at the end of the elective will be based on the resident's clinical competence in critical care medicine as well as his/her interaction with faculty, fellows, nursing staff and patients. Objective evaluation in the areas of knowledge, patient care abilities, communication skills, professionalism, procedural skills, and overall clinical competence will be submitted by the course director after discussion with appropriate faculty and staff. To receive credit for the elective the resident must achieve a passing evaluation in these areas. In addition the resident will be required to provide documentation of successful completion of key physical exam techniques and procedural skills. Residents will demonstrate, by checklist, reading of core topics as defined in curricula

NEUROLOGY ROTATION

Goals

During their neurology rotation, the residents will be exposed to a variety of neurological problems and will gain experience at identifying these conditions and prescribing appropriate treatments.

Objectives

By the end of the rotation, the resident will be able to:

1. Perform a complete neurological examination and obtain an appropriate history related to neurological problems.
2. Perform lumbar punctures on adults independently.
3. Identify the signs and symptoms of common neurological disorders which would be seen in a family practitioners office.
4. Select appropriate treatment for common neurological disorders which are seen in a family practice.
5. Select appropriate tests to aid in the diagnosis of neurological disorders (e.g., MRIs, EMG and nerve conduction studies, CT scans, and lumbar punctures).
6. Recognize when referral to a neurologist is indicated.

SURGERY I ROTATION

Goals

Prepare the resident to provide independent care, in the inpatient setting, of their patient needing pre- and post-operative management, recognizing acute surgical situations and improve knowledge of surgical procedures to better inform their patients. Enhance the resident's surgical and aseptic technique. Provide a forum for the resident to enhance interaction skills between themselves and surgeons.

Objectives

By the end of the Surgery I Rotation, the resident will be able to:

1. Perform a clinical assessment of patients with possible surgical problems. This assessment will include history, physical examination, laboratory evaluation and differential diagnosis of key signs and symptoms of surgical conditions.
2. Recognize surgical emergencies.
3. Perform a preoperative assessment (including surgical risk assessment, comorbid diseases assessment, appropriate selection of antibiotic prophylaxis, and patient preparation).
4. Demonstrate use of principles of asepsis and sterile technique.
5. Prepare and drape an operative field.
6. First assist at major surgery, demonstrating competence in the basic use of surgical instruments, incision and dissection, exposure/retraction and hemostasis.
7. Appropriately close wounds, using appropriate technique selection, suture selection and appropriate dressings.
8. Manage routine postoperative care, including wound care, patient mobilization, nutritional management, pain management and suction and drain management.
9. Prevent, identify and treat common surgical complications, including:

    Fever
    Wound dehiscence
    Urinary retention
    Hemorrhage
    Pneumonia
    Atelectasis
    Fluid overload
    Transfusion reaction
    Thrombophlebitis
    Pulmonary embolism
    Oliguria
    Respiratory insufficiency
    Ileus

    Infection
    Shock

10. Remove sutures at the appropriate time and in an adequate manner.
11. Perform invasive diagnostic procedures (may include paracentesis, nasogastric lavage, peritoneal lavage, thoracentesis, bladder aspiration, central line placement, venous cutdown, arterial puncture/catheterization).
12. Describe the approach to the care of common surgical conditions.

PEDIATRICS (INPATIENT I & II)

Goals

1. To have the family practice resident be part of a pediatric teaching service in a University-associated hospital.
2. To have the family practice resident learn to function well as part of a team under the direction of pediatric chief residents and attendings from the Department of Pediatrics.
3. To provide the family practice resident with a broad base of knowledge and experience in the care, diagnosis, and treatment of hospitalized pediatric patients from the neonatal period through adolescence.
4. To expose the family practice resident to the use of the various pediatric subspecialists as consultants.
5. To provide the family practice resident the opportunity to become familiar with, and gain expertise in, the various diagnostic procedural skills used in pediatrics.
6. To provide the resident with the specific opportunity of evaluating acutely ill infants in the Emergency Room and determining their need for hospitalization, as well as obtaining the appropriate history and physical necessary to set in motion the appropriate diagnostic and treatment plan for the particular patient.

Objectives

By the completion of two months on the inpatient pediatrics service, the resident will be able to:

1. Describe the pathophysiology, natural history and complications of commonly encountered pediatric inpatient problems.*
2. Complete thorough history and physical exams of pediatric inpatients in the problem-oriented format (with proper recording of such in the medical record).
3. Determine differential diagnosis for a particular presentation.*
4. Utilize appropriate diagnostic tests in pediatric inpatient care.
5. Diagnose commonly encountered inpatient pediatric diseases and implement appropriate treatment after the assessment is complete.*
6. Select appropriate medications for inpatient pediatric use, calculate appropriate dosages of these and identify potential drug side effects.
7. Calculate maintenance fluid and electrolyte requirements and calculate replacement fluids for situations such as hypo/hyper natremic dehydration.
8. Recognize indications for: hospital admission, NICU/PICU admission and subspecialty consultation in pediatric patients.
9. Perform pediatric procedures and laboratory tests commonly used in pediatric inpatient care.
10. Provide comprehensive hospital care for inpatient pediatric patients with suitable coordination of care.
11. Determine proper utilization of ancillary hospital services.
12. Provide patient education in the hospital setting.
13. Present case presentations to colleagues involved in patient care, as well as presenting cases in front of a medical audience.
14. Interact appropriately with parents and other family members of pediatric inpatients.
15. Arrange and coordinate discharge planning.

*Inpatient pediatric diseases/illnesses which residents will be familiar with include: acute and chronic asthma, rheumatic fever, acute diabetic ketoacidosis, juvenile-onset (Type I) diabetes mellitus, astro esophageal reflux disease, intussusception, volvulus, malrotation, appendicitis, functional and organic constipation, acute and chronic diarrhea, acute and chronic abdominal pain, jaundice, gross and microscopic hematuria, proteinuria, hemolytic-uremic syndrome, cystitis, pyelonephritis, inguinal hernias, anemias, leukemia, lymphoma, lymphadenopathy, hemophilia, meningitis, gastroenteritis, pneumonia, bronchitis, epiglottitis, croup, cellulitis, abscess,

lymphadenitis, strep pharyngitis and scarlet fever, mononucleosis, tuberculosis, osteomyelitis, seizure disorders, head injury, cystic fibrosis, apnea, and dehydration.

PEDIATRICS (NEONATOLOGY)

Goals

To provide the family practice resident with a base of knowledge and experience in the care, diagnosis, and treatment of hospitalized infants in the newborn nursery and neonatal intensive care unit (NICU).

Objectives

By the completion of the 2 week rotation in the NICU, along with newborn experience on the family practice hospital service and care of newborns through longitudinal OB, the resident will be able to:

1. Evaluate newborns in the delivery room, including physical and neurologic assessment of gestational age.
2. Provide routine, newborn care in the newborn nursery.
3. Be proficient in the newborn physical exam, including identification of the variations of normal in term infants.
4. Work-up infants with neonatal hyperbilirubinemia.
5. Explain the special problems of the small-for-gestational age versus the large-for-gestational age infant.
6. Explain the special problems of the premature infant.
7. Stabilize, resuscitate, and transport a sick newborn or high-risk mother in labor.
8. Calculate the fluid, caloric, and vitamin requirements are in the neonate.
9. Know when to suspect some of the more common intrauterine infections such as toxoplasmosis, rubella, cytomegalovirus, herpes and syphilis.
10. Identify the problems associated with an infant of a diabetic mother.
11. Provide education to parents of neonates regarding newborn care and medical followup.