

Core goals for training fellows in neonatal-perinatal medicine--although these goals/objectives have been written in the context of neonatology, these are goals and objectives that pertain to successful training of any subspecialty fellow. They will also likely apply broadly to many educational activities in NPM training programs. This should be used as a menu to choose from--what a PD thinks they should include in their program. The list is exhaustive and over time the ONTPD can whittle it down to things we all agree are essential vs. what we see as optional.	Goals	Objectives	Goal/objective suitable for which year of training:	Year 1	Year 2	Year 3	PC	MK	ICS	PBL	PR	SBP
					PC	MK	ICS	PBL	PR	SBP		
1.1a GOAL: Gathering Clinical Data. Perform appropriate physical examinations, conduct effective interviews with parents, and use diagnostic studies appropriately to the clinical situation, and supervise junior members of the medical team in doing so.		<p>1.1.1 Perform a comprehensive physical exam on neonatal patients with particular attention to common neonatal signs and symptoms</p> <p>1.1.2 Teach/Supervise effectively comprehensive physical exam of neonatal patients with particular attention to common neonatal signs and symptoms</p> <p>1.2.1 Gather comprehensive data from parents and referring physicians on neonatal patients with particular attention to common neonatal signs and symptoms</p> <p>1.2.2 Teaches/Supervise the gathering comprehensive data from parents and referring physicians on neonatal patients with particular attention to common neonatal signs and symptoms</p> <p>1.3.1 Gather appropriate diagnostic and laboratory information on neonatal patients</p> <p>1.3.2 Teach/Supervise effectively the gathering of diagnostic and laboratory information on neonatal patients</p>	Some activities may extend over all 3 or 2 of 3 years of training. The objectives can be designated by year of training OR the evaluation procedure can be structured to evaluate each year differently or to examine improvement in test scores over 3 years.									
1.4 GOAL: Decision-Making and Clinical Judgment. Apply sound decision-making skills and clinical judgment when assessing data to define a patient's problems and arrive at a diagnosis, and when making decisions about therapy and management, and supervise junior members of the medical team in doing so.		<p>1.4.1 Consistently integrate historical information, physical exam findings and laboratory data towards appropriate neonatal management plan.</p> <p>1.4.2 Recognize ill neonates, and anticipate changes in neonatal patient condition thereby mitigating potential morbidity</p> <p>1.4.3 Effectively triage work lists, especially regarding emergent/urgent tasks</p> <p>1.4.4 Supervise and foster the development of decision-making and clinical judgement in junior members of the medical team</p> <p>1.4.5 Manage neonatal resuscitation independently and supervise/teach neonatal resuscitation</p>										
1.5 GOAL: Using Therapeutics and Medications. Use medications and therapies safely and effectively, applying sound principles of medical practice and professional ethics, and supervise junior members of the medical team in doing so.		<p>1.5.1 Demonstrate a broad based knowledge of fetal and neonatal therapeutics and pharmacology</p> <p>1.5.2 Demonstrate the appropriate use medications/therapies for a variety of neonatal disease processes</p> <p>1.5.3 Participate in the development and practice of evidence based therapies for neonatal patients</p> <p>1.5.4 Supervise the appropriate use medications/therapies for neonatal disease by junior members of the medical team</p> <p>1.5.5 Obtain informed consent for procedures and therapies requiring parental consent</p>										
1.6 GOAL: Managing and Advocating for the Whole Patient. Provide humane care that is compassionate, altruistic, and respectful in addressing the needs of the whole patient.		<p>1.6.1 Incorporate health care maintenance into patient management plans</p> <p>1.6.2 Provide comprehensive discharge planning that incorporates multidisciplinary care to allow for smooth transition to outpatient care</p> <p>1.6.4 Integrate the perspective, cultural assets and needs of families in providing comprehensive care for neonates within the context of the patient's family.</p>										
1.7 GOAL: End of Life Care. Provide skillful medical care and empathic support to the ill neonate nearing the end of life and his/her family, and supervise junior members of the medical team in doing so.		<p>1.7.2 Recognize illness severity and advocate for compassionate end of life care</p> <p>1.7.3 Communicate effectively with the parents of dying infants, providing compassionate options for end of life care</p>										
1.8a GOAL: Core Verbal Communication Skills. Communicate effectively with a wide variety of groups, including children/families, physicians, other healthcare professionals, staff, housestaff, and students		<p>1.8.1 Communicate patient status, diagnoses, and therapeutic plans to parents in a timely fashion using appropriate language and sensitivity to parent condition.</p> <p>1.8.3 Assess family coping skills in a wide variety of clinical settings and modify communication style accordingly</p> <p>1.9.1 Communicate patient care issues in the pre-transport care, hospital course, and discharge planning of neonates with referring attending physicians, using respectful behavior.</p> <p>1.9.2 Provide information on patient clinical course to referring attending physicians, referring obstetricians, and/or family primary care physician</p> <p>1.9.3 Provide comprehensive written and, where indicated, verbal documentation of hospital course and recommendations for post-hospital care to primary care and outpatient subspecialty physicians.</p> <p>1.9.4 Consistently and effectively seek input of other health care professionals and staff to provide coordinated patient care (consultants, therapists, etc.)</p> <p>1.9.5 Display respectful behaviors in consultations between subspecialists, medical team and families.</p> <p>1.9.6 Provide clear, direct instruction to members of the medical team in a sensitive, respectful manner.</p> <p>1.9.7 Provide direct, timely, and constructive feedback to members of the medical team in a sensitive, respectful manner.</p> <p>1.9.8 Provide complete, concise patient information using ISBARQ format when signing over the care of patients to the next physician team</p>										
1.10 GOAL: Medical Records. Maintain accurate, legible, timely, and legally appropriate medical records when caring for patients, and supervise junior members of the medical team in doing so.		<p>1.10.1 Complete accurate written notes of patient care in a timely fashion</p> <p>1.10.2 Provide written documentation of informed consent for procedures and therapies requiring parental consent</p> <p>1.10.3 Supervise the accurate and timely completion of medical records by members of the medical team</p> <p>1.10.4 Discuss the appropriate procedures for correcting errors in medical records</p>										
1.12a GOAL: Leadership and Collaboration Skills. Develop and demonstrate effective leadership and collaboration skills for a variety of health care settings, including the multidisciplinary patient care team, consultants, referring physicians, and _____.		<p>1.12.1 Conduct patient management rounds effectively and efficiently</p> <p>1.12.2 Manage patient census and acuity, matching resources with need</p> <p>1.12.3 Effectively manage a multidisciplinary healthcare team in coordinated patient care</p> <p>1.12.4 Collaborate effectively with members of the multidisciplinary team, demonstrating respectful behaviors</p> <p>1.12.5 Collaborate effectively with other healthcare professionals, demonstrating respectful behaviors</p> <p>1.12.6 Conduct effective family meetings to communicate care plans, demonstrating caring and respectful behaviors</p> <p>1.12.7 Represent the opinions of coworkers to an administrative committee and communicate the meeting proceedings accurately back to coworkers.</p> <p>1.12.8 Identify personal attributes that compromise leadership effectiveness and develop a plan for self-improvement</p> <p>1.13.1 Request consultation with subspecialists when appropriate, and implement plans from consultants, communicate changes in patient status to consultants, and incorporate plans from consultants to allow for smooth transition to post-hospitalization care.</p>										
1.14 GOAL: Work Habits and Professional Responsibility. Develop responsible and productive work habits encompassing the broad responsibilities of a competent neonatologist.		<p>1.14.1 Maintain certifications of competency (NRP, medical licensure, DEA license etc)</p> <p>1.14.3 Notify supervisor of absences (vacation, meetings, illness, etc.) and ensure appropriate coverage where necessary</p> <p>1.14.4 Comply with duty hour regulations and ensure that changes to schedule do not conflict with regulations</p> <p>1.14.5 Maintain a complete and accurate record of professional accomplishments</p> <p>1.14.6 Identify personal attributes that compromise work habits effectiveness and professional responsibilities, and develops a plan for self-improvement</p>										
1.15 GOAL: Personal Responsibility. Develop and consistently practice a healthy and constructive lifestyle, incorporating personal behaviors that balance personal and professional interests and responsibilities.		<p>1.15.1 Identify conflicts between professional and personal responsibilities, and develop a plan for self-improvement</p>										
1.16 GOAL: Medical Ethics. Understand basic principles in bioethics and identify neonatal-perinatal issues that frequently lead to ethical dilemmas.		<p>1.16.1 Identify issues that frequently lead to ethical conflicts such as: (1) Divergent perspectives on the interrelationship of health care with morality, religion, spirituality, humanism, and health and cultural belief systems, and (2) The triadic relationship among neonatal patients, parents and physicians</p> <p>1.16.2 Define key principles used in ethical decision-making (autonomy, beneficence, nonmaleficence, justice, utilitarianism, etc.)</p> <p>1.16.3 Discuss the ethical principle(s) that serve as the foundation for the following clinical interactions and professional responsibilities in neonatology: obtaining informed consent, curative care, end of life and palliative care, obtaining "Do Not Resuscitate" orders, providing anticipatory guidance, participating in morbidity/mortality conferences, self-reflection on past medical encounters, medical futility, unreasonable family requests, obtaining autopsy consent</p> <p>1.16.4 Discuss the potential ethical dilemmas that one may face in neonatology regarding each of the following: Resuscitation of premature infants near the limits of viability, Genetic testing and treatment, Forgoing/withdrawing life-sustaining treatment, Identifying and referring a patient as an organ donor, Recruiting, enrolling, and completing research in neonatal patients, Receiving gifts, meals, and CME conferences from pharmaceutical representatives,</p> <p>1.16.5 Identify potential scenarios when one's own management goals for a patient are in conflict with the wishes of a family, and discuss possible arbitration processes: call a team meeting, request an ethics consult, consult a social worker, seek a second opinion from a mentor, or (when appropriate) transfer care.</p> <p>1.16.6 Identify diagnostic and therapeutic procedures that require informed consent and obtain informed consents prior to their initiation.</p> <p>1.16.7 Discuss circumstances in which a patient's care/needs change from curative to palliative and how they may be communicated with the health care team, patient, and family.</p> <p>1.16.8 Discuss the criteria to diagnose brain death, including difficulties in assessing neonates, and the management of neonatal patients with severe CNS injury.</p> <p>1.16.9 Reflect on ethical issues encountered in your patient care experiences and share with colleagues so that you gain personal insight and identify ways to be more responsive to ethical issues.</p>										
1.17 GOAL: Medical-Legal Issues. Understand legal issues that affect the practice of neonatology.		<p>1.17.1 Assess medical-legal risk in the care of neonatal patients and incorporates practices to minimize risk</p> <p>1.17.2 Describe the common pitfalls in written communication that increases medical-legal risk</p> <p>1.17.3 Describe the common pitfalls in verbal communication that increases medical-legal risk</p> <p>1.17.4 Utilize informed consent where appropriate in caring for neonatal patients</p> <p>1.17.5 Participate in the activation and completion of Risk Management procedures and parent notification in situations of adverse outcomes in accordance with hospital policy</p>										
1.23 GOAL: Health Care Financing. Understand basic principles regarding methods of health care financing that affect neonatology practice and cost-of-care.		<p>1.23.1 Describe the factors contributing to cost-effective patient care and assimilate cost-effective practices into patient management</p> <p>1.23.2 Describe the elements of hospital and professional fees that contribute to a patient bill</p> <p>1.23.3 Participate in utilization review of patient care</p>										
1.24a GOAL: Medical Errors, Patient Safety and Quality Improvement. Understand the importance of error reuction and quality improvement, and how to use quality improvement methods to monitor and improve the health care that one provides to neonates.		<p>1.24.1 Participate in gathering population data for perinatal/neonatal database</p> <p>1.24.2 Analyze morbidity/mortality data for neonatal population</p> <p>1.24.3 Collect, distill, and present evidence toward development of practice guidelines and evaluate the implementation of practice guidelines</p> <p>1.24.4 Participate in the design, execution, and evaluation of a quality improvement project</p> <p>1.25.1 Analyze morbidity/mortality data for neonatal population</p> <p>1.25.2 Participate in the activation and completion of Risk Management and parent notification in situations of adverse outcomes in accordance with hospital policy</p> <p>1.25.3 Participate in a root cause analysis</p>										
1.26 GOAL: Practice Management. Understand the importance of effective neonatology practice management for high-quality, efficient health care delivery.		<p>1.26.1 Describe the elements of profit and loss statements, and how they pertain to managing a neonatal practice</p> <p>1.26.2 Describe the components of a private practice group and an academic practice group, and provide examples of the administrative structure of each</p>										
1.27 GOAL: Health Care Organization. Understand current issues regarding health care organization at the local, state, and national levels, and their effect on neonatal health care and practice.		<p>1.27.1 Describe the elements that go into developing hospital and professional contracts with third party payors</p> <p>1.27.2 Describe mechanisms for advocating at the state level through professional societies for neonatal patient care</p> <p>1.27.3 Describe mechanisms for advocating at the national level through professional societies for neonatal patient care</p>										







Goals	Objectives	Educational activity	Evaluation	Goal/objective suitable for which year of training:						PC	MK	ICS	PBL	PR	SBP	
				Year 1	Year 2	Year 3										
<b>Maternal Fetal Medicine</b> --These G/O include topics/areas particular to maternal-fetal medicine. I'm sure there are more. They could be incorporated into a standard inborn NICU rotation or used for an MFM elective experience.	<b>4.1 GOAL: Pre- and Post-delivery evaluation (Maternal-Fetal Medicine). Understand the neonatologist's role in the assessment, counseling, and planning of high risk pregnancies/deliveries, and in fostering the collaboration between neonatologist and perinatologist.</b>															
	4.1.1 Conduct a high risk outpatient antenatal visit incorporating review of perinatal chart and discussion(s) with perinatologist/fetal diagnosis program attending.	Perinatal Consult--MFM rotation OR HUP NICU rotation	Prenatal consult checklist completed by attending; copy submitted to Education Portfolio with review by clinical mentor								X	X	X		X	X
	4.1.2 Conduct a high risk prenatal inpatient consult incorporating review of perinatal chart and discussion(s) with perinatologist/fetal diagnosis program attending.	Perinatal Consult--MFM rotation OR HUP NICU rotation	Antenatal consult checklist completed by attending; copy submitted to Education Portfolio with review by clinical mentor													
	4.1.3 Develop a delivery room and initial neonatal care plan from a high risk prenatal visit.	Perinatal Consult--MFM rotation OR HUP NICU rotation	Attending sign-off of antenatal consultation sheet; copy submitted to Education Portfolio with review by clinical mentor													
	4.1.4 Assist in the assessment and counseling of patients presenting to the Maternal-Fetal Medicine clinic.	Maternal-Fetal Medicine Rotation: MFM Clinic hours	MFM Rotation evaluation													
	4.1.5 Participate in the assessment and development of therapeutic plans for high risk patients presenting to the Labor and Delivery Unit.	Maternal-Fetal Medicine Rotation: Labor and Delivery Morning Report	MFM Rotation evaluation													
	4.1.6 Participate in the interpretation of prenatal ultrasonography	Maternal-Fetal Medicine Rotation: MFM Ultrasound clinic	MFM Rotation evaluation													
	4.1.7 Participate in the interpretation of prenatal echocardiography	Maternal-Fetal Medicine Rotation OR CICU Rotation: Fetal Echo Lab	MFM OR CICU Rotation evaluation													
<b>4.2 GOAL: Prevention (Maternal-Fetal Medicine). Understand the neonatologist's role in preventing prematurity and deleterious effects of abnormal fetal-maternal conditions on the neonate.</b>																
	4.2.1 Recognize abnormal fetal-maternal conditions that contribute to prematurity.	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology								X	X	X		X	X
	4.2.2 Illustrate the contribution of perinatal conditions to neonatal hospitalization. 4.2.3 Describe the developmental/physiologic issues that contribute to morbidity and mortality at the limits of neonatal viability	Preparation of HUP Perinatal Conference--HUP NICU rotation	Conference evaluation form; case presentation in Education Portfolio													
<b>4.3 GOAL: Normal Vs. Abnormal (Maternal-Fetal Medicine). Differentiate normal pregnancy conditions from pathologic ones requiring perinatology intervention.</b>																
	4.3.1 Describe normal placental development and function	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology								X	X	X			
	4.3.2 Differentiate normal from abnormal pregnancy conditions that have adverse effects on the fetus	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology													
	4.3.3 Describe perinatal interventions for pathologic pregnancy conditions and their impact on the fetus	Preparation of HUP Perinatal Conference--HUP NICU rotation	Conference evaluation form; case presentation in Education Portfolio													
<b>4.4 GOAL: Common Conditions Not Referred for Perinatology Management (Maternal-Fetal Medicine). Understand the diagnosis and management of fetal conditions that generally do not require perinatology referral, and manage such neonates in the delivery room.</b>																
	4.4.1 Describe the pathophysiology, diagnosis, and therapy of pre-eclampsia/eclampsia	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology								X	X	X			
	4.4.2 Describe the pathophysiology, diagnosis, and therapy of gestational versus non-gestational diabetes	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology													
	4.4.3 Describe the pathophysiology, diagnosis, and therapy of premature rupture of membranes.	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology													
	4.4.4 Describe the pathophysiology, diagnosis, and therapy of chorioamnionitis.	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology													
	4.4.5 Describe the pathophysiology, diagnosis, and therapy of premature labor.	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology													
	4.4.6 Describe the pathophysiology, diagnosis, and therapy of intrauterine growth restriction.	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology													
	4.4.7 Demonstrate the impact of prenatal diagnosis and management on delivery/neonatal outcome	Preparation of HUP Perinatal Conference--HUP NICU rotation	Conference evaluation form; case presentation in Education Portfolio													
<b>4.5 GOAL: Conditions Generally Managed by Perinatology (Maternal-Fetal Medicine). Understand the diagnosis and management of fetal conditions that generally require perinatology referral, and their impact on care of the neonate.</b>																
	4.5.1 Describe the pathophysiology, diagnosis, and therapy of twin-twin transfusion syndrome and disorders of abnormal placentation.	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology								X	X	X			
	4.5.2 Describe the pathophysiology, diagnosis, and therapy of hydrops fetalis.	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology													
	4.5.3 Describe the pathophysiology, diagnosis, and therapy of fetal arrhythmia	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology													
	4.5.4 Describe the pathophysiology, diagnosis, and therapy of common fetal chromosomal abnormalities	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology													
	4.5.5 Describe the pathophysiology, diagnosis, and therapy of pregnancy complicated by maternal chronic disease.	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology													
	4.5.6 Describe the pathophysiology, diagnosis, and therapy of polyhydramnios.	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology													
	4.5.7 Describe the pathophysiology, diagnosis, and therapy of oligohydramnios.	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology													
	4.5.8 Describe the pathophysiology, diagnosis, and therapy of congenital infections.	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology													
	4.5.9 Describe the pathophysiology, diagnosis, and therapy of fetal hydrocephalus.	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology													
	4.5.10 Describe the pathophysiology, diagnosis, and therapy of fetal cardiac anomalies.	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology													
	4.5.11 Demonstrate the impact of prenatal diagnosis and management on delivery/neonatal outcome	Preparation of HUP Perinatal Conference--HUP NICU rotation	Conference evaluation form; case presentation in Education Portfolio													
<b>4.6 GOAL: Perinatal Anesthesia. Understand the neonatologist's role in the management of neonates exposed to perinatal anesthesia.</b>																
	4.6.1 Describe the effects of various forms of maternal anesthesia for delivery and their effects on the fetus	Neonatal Fellows Physiology conference: Perinatology section	SITE exam subsection on Perinatology								X	X				



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<p><b>Surgery</b>--These G/O include topics/areas particular to surgery. I'm sure there are more. They could be incorporated into a standard NICU rotation if that's how a program covers surgery topics, or used for Neonatal Surgery elective experience. This was separated out because of the recent interest of the RRC's in how we address this content area.</p>											
6.1 GOAL: Prevention (Surgery). Understand the neonatologist's role and role of other health professionals in identifying congenital anomalies that require surgical intervention and in preventing injury, disease and dysfunction from such anomalies.	6.1.1 Conduct a high risk outpatient antenatal visit involving a fetus with a congenital anomaly likely to require surgical correction incorporating review of perinatal chart, discussion(s) with perinatologist/surgeon/fetal diagnosis program attending.	Perinatal Consult--MFM rotation OR HUP NICU rotation	Antenatal consult checklist completed by attending; copy submitted to Education Portfolio with review by clinical mentor				X	X	X	X	X
	6.1.2 Implement a DR plan from a prenatal inpatient or outpatient consult involving a fetus with congenital anomaly likely to require surgical correction.	Neonatal Surgery rotation OR HUP NICU rotation	DR checklist: High risk delivery surgical				X	X	X	X	X
6.2 GOAL: Normal Vs. Abnormal (Surgery). Differentiate normal neonatal conditions from pathologic ones requiring surgical intervention.	6.2.1 Describe embryonic development of common congenital anomalies of the abdomen, presenting signs, and function	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.2.2 Describe embryonic development of common congenital anomalies of the central nervous system, presenting signs, and function	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.2.3 Describe embryonic development of common congenital anomalies of the thorax (not cardiovascular), presenting signs, and function	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.2.4 Describe embryonic development of common neonatal/congenital tumors, presenting signs, and function	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.2.5 Describe embryonic development of common neonatal ENT anomalies, presenting signs, and function	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
6.3 GOAL: Undifferentiated Signs and Symptoms (Surgery). Evaluate and appropriately treat or refer signs and symptoms that may require surgery.	6.3.1 Describe the evaluation and treatment of vomiting (bilious and non-bilious) in neonates	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.3.2 Describe the evaluation and treatment of abdominal distention in neonates	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.3.3 Describe the evaluation and treatment of stridor in neonates	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.3.4 Describe the evaluation and treatment of hydrocephaly in neonates	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.3.5 Describe the evaluation and treatment of respiratory distress in neonates	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.3.6 Describe the evaluation and treatment of unconjugated hyperbilirubinemia in neonates	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.3.7 Describe the evaluation and treatment of ambiguous genitalia in neonates	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
6.4 GOAL: Conditions Generally Referred (Surgery). Diagnose, provide initial stabilization, and refer appropriately conditions that usually require surgical evaluation.	6.4.1 Describe the diagnosis and management (DR and NICU) of Congenital Diaphragmatic Hernia	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.4.2 Describe the diagnosis and management (DR and NICU) of Gastroschisis	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.4.3 Describe the diagnosis and management (DR and NICU) of Omphalocele	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.4.4 Describe the diagnosis and management (DR and NICU) of Myelomeningocele	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.4.5 Describe the diagnosis and management (DR and NICU) of Aqueductal stenosis.	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.4.6 Describe the diagnosis and management (DR and NICU) of Congenital Cystic Adenomatoid Malformation and Bronchopulmonary Sequestration	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.4.7 Describe the diagnosis and management (DR and NICU) of Retinopathy of prematurity.	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.4.8 Describe the diagnosis and management (DR and NICU) of Teratomas.	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.4.9 Describe the diagnosis and management (DR and NICU) of posterior urethral valves, and hydronephrosis.	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.4.10 Describe the diagnosis and management (DR and NICU) of Necrotizing Enterocolitis	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.4.11 Describe the diagnosis and management (DR and NICU) of neonatal fractures.	Neonatal Fellows Physiology conference AND Surgical Bedside Teaching Rounds	SITE exam subsection on Surgery				X	X	X	X	
	6.4.12 Illustrate the perinatal interventions and pre-/post-operative course for common surgical conditions and their impact on the fetus	Preparation of CHOP Clinical Conference during Neonatal Surgery rotation AND preparation of CHOP Morbidity/Mortality conference for CHOP NICU rotations	Conference evaluation form; case presentation in Education Portfolio				X	X	X	X	
6.5 GOAL: Pre-operative and Post-operative Evaluation (Surgery). Collaborate with surgeons in the pre-operative and post-operative evaluation and management of neonatal patients.	6.5.1 Participate in the pre-operative preparation of neonates with anomalies/disorders requiring surgical intervention	Neonatal Surgery rounds, Fetal diagnosis Conference, Surgery Bedside teaching rounds	NeoSurgery Rotation evaluation				X	X	X	X	
	6.5.2 Participate in the post-operative management of neonates with anomalies/disorders requiring surgical intervention	Neonatal Surgery rounds, Fetal diagnosis Conference, Surgery Bedside teaching rounds	NeoSurgery Rotation evaluation				X	X	X	X	
	6.5.3 Recognize common issues and complications in the post-operative management of neonates.	Neonatal Surgery rounds, Fetal diagnosis Conference, Surgery Bedside teaching rounds	NeoSurgery Rotation evaluation				X	X	X	X	
	6.5.4 Recall short-term and long-term outcomes of neonates after common surgical procedures.	Neonatal Surgery rounds, Fetal diagnosis Conference, Surgery Bedside teaching rounds	NeoSurgery Rotation evaluation				X	X	X	X	X
	6.5.5 Recall short-term and long-term outcomes of neonates after congenital diaphragmatic hernia.	Neonatal Surgery rounds, Fetal diagnosis Conference, Surgery Bedside teaching rounds	NeoSurgery Rotation evaluation				X	X	X	X	
	6.5.6 Recall short-term and long-term outcomes of neonates after meningomyelocele repair, and ventricular shunting.	Neonatal Surgery rounds, Fetal diagnosis Conference, Surgery Bedside teaching rounds	NeoSurgery Rotation evaluation				X	X	X	X	
	6.5.7 Recall short-term and long-term outcomes of neonates after retinopathy of prematurity, with/without surgical intervention.	Neonatal Surgery rounds, Fetal diagnosis Conference, Surgery Bedside teaching rounds	NeoSurgery Rotation evaluation				X	X	X	X	
	6.5.8 Recall short-term and long-term outcomes of neonates after Gastroschisis, Omphalocele, and Necrotizing Enterocolitis.	Neonatal Surgery rounds, Fetal diagnosis Conference, Surgery Bedside teaching rounds	NeoSurgery Rotation evaluation				X	X	X	X	
	6.5.9 Illustrate the integration of prenatal diagnosis, DR management, preoperative preparation and postoperative management in a representative case of congenital heart disease	Preparation of CHOP Clinical Conference during CICU rotation AND preparation of HUP Morbidity/Mortality conference for HUP NICU rotations	Conference evaluation form; case presentation in Education Portfolio				X	X	X	X	X
6.6 GOAL: Anesthesia. Participate in the care and management of neonates requiring general and local anesthesia.	6.6.1 Participate in the pre-operative evaluation of neonates requiring anesthesia for surgical procedures	Neonatal Surgical and CHOP NICU rotations					X	X	X	X	
	6.6.2 Recognize common issues and complications in neonates resulting from anesthesia	????					X	X	X	X	
	6.6.3 Describe the mechanism of action, clinical indications, side effects, and efficacy of anesthetic agents commonly used in neonates										
6.7 GOAL: Sedation. Understand the principles of neonatal sedation and apply them in the appropriate setting.	6.7.1 Describe the mechanism of action, clinical indications, side effects, and efficacy of sedatives commonly used in neonates	????					X	X	X	X	
	6.7.2 Recognize common issues and complications in neonates requiring sedation after surgical procedures	????					X	X	X	X	
6.8 GOAL: Pain Management. Recognize and manage pain occurring with common neonatal conditions.	6.8.1 Describe common techniques used to assess pain in neonates	????					X	X	X	X	
	6.8.2 Describe the mechanism of action, clinical indications, side effects, and efficacy of pain medications commonly used in neonates	????					X	X	X	X	
	6.8.3 Recognize common issues and complications related to pain in neonates after surgical procedures	????					X	X	X	X	