

College of Physicians and Surgeons of Mumbai

Syllabus for CPS-PG-Course

DNEO-DIPLOMA IN NEONATOLOGY

College of Physicians and Surgeons of Mumbai

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DNEO-DIPLOMA IN NEONATOLOGY

GOALS

The aim of the fellowship programme is to provide basic and advanced training in neonatology to produce

competent doctors, who are able to provide clinical care of the highest order to the newborn infants.

Objectives Knowledge

To be conversant with common neonatal problems -their etiology, pathophysiology, diagnosis, management

Toacquireknowledgeregardingneonatalmorbidityandmortalityandpreventionstrategiestodecrease these

To be aware of and recognize importance of multidisciplinary approach in the management of neonatal

problems.

To acquire knowledge with respect to neonatal care in the community

Toacquireknowledgewithrespecttoorganizingandplanningneonatalintensivecareunitsand managing neonates

requiring intensive care

COURSE DESCRIPTION

Eligibility Criteria for Candidates:

i. A candidate should possess MBBS degree/ equivalent degree as per provisions of Indian Medical Council Act.

ii. Candidates having a recognized 3 years degree Qualification (MD/MS/DNB) in Paediatrics speciality

or 2 years Diploma Qualification in Paediatrics specialty

<u>Duration of the Course</u>: 2 years

SYLLABUS

1. Preamble

Neonatology has made outstanding progress in recent years. India faces the biggest newborn health challenge

of any country in the world. Every year 20% of worlds infants - 26 millions babies are born in this vast

country, of these 1.2 million die in the first four weeks of life, accounting for 30% of neonatal deaths world

wide each year. The very scale of neonatal mortality and morbidity in India seem an insurmountable challenge.

Yet India is on the threshold of a neonatal survival revolution due to commitment to newborn health shared by

the Government agencies, health care professionals and a cade micinstitutions.

Academic institutions can contribute by means of training, research and community work. Aim of the

fellowship programme in Neonatology is to provide basic and advanced training in neonatology to produce

competent doctors, who are able to provide clinical care of highest order to the newborn infants. There is

tremendous scope for such training programmes as only few centers in India and only one centre in Karnataka

is providing such training in the field of neonatology

DNEO

2

Infrastructure NICU facility

Practice

To be able to analyse neonatal health problems and develops preventive strategies to decrease neonatal morbidity and mortality at hospital and community level

To provide primary, secondary and tertiary level care of the highest standard to critically ill neonates.

To be able to plan, establish and manage level I, II and III neonatal care units.

To be able to use and maintain equipments required in the NICU

Attitudes / Communication

To take rational decisions in the face of ethical dilemmas in neonatal and per in a tale practice.

To exhibit communication skills of a high order and demonstrate compassionate attributes befitting a caring neonatologist

Tobeabletocounselparentsregardingneonatalproblemsincludinggeneticandhereditary diseases

Duration of Course

Total 24 months from the date of joining the course

Course Contents KNOWLEDGE

Basic Sciences

Feto-placental physiology

Neonatal adaptation

Fluid and electrolyte balance

Blood gas and acid base disorders

Thermoregulation and Kangaroo Mother Care

General Neonatology

Neonatal resuscitation

Birth injury and birth asphyxia

Normal newborn and common neonatal problems

Preterm and low birth weight neonates

Follow - up of high risk neonate

Assessment of gestation, neonatal behaviour, neonatal reflexes

Development a lass essment, detection of neuromotor delay, development ally supportive care

Immunization including immunization of a pretermneonate

Discharge planning

Communicating neonatal death

Neonatal transport

Traditional practices in neonatal medicine

Neonatal equipments

Neonatal procedures

Organization of neonatal care including level I, II & III care

FetalMedicine

Perinatal and neonatal mortality, morbidity &epidemiology

Fetal and neonatal consequences of high riskpregnancy

Fetal monitoring: Clinical, electronic, invasive and non-invasive

Intrapartum monitoring and procedures

Medical diseases affecting pregnancy and fetusD) Systemicneonatology

Respiratorysystem

Examination and interpretation of respiratory signs and symptoms

Congenital malformations of respiratorysystem

Pulmonary diseases: Hyaline membrane disease, transient tachypnea, meconium aspiration,

pneumonia, pulmonaryairleaks yndromes, pulmonaryhemorrhage, persistent fetal circulation,

developmentaldefects

Apnea

Oxygen therapy and itsmonitoring

Neonatal ventilation: principles and practices

Pulmonaryinfections

Miscellaneous pulmonary disorders ii) Cardiovascularsystem

Fetal circulation, transition from fetal to neonatalphysiology

Examination and interpretation of cardiovascular signs and symptoms

Congenital heartdiseases

Hypertension inneonates

Shock: pathophysiology, monitoring, management

Congestive cardiacfailure- Other cardiacdisordersiii) Gastrointestinal system and hepatobiliarysystem

Disorders of liver and biliarysystem

Bilirubinmetabolism

Neonatal jaundice: diagnosis, monitoring, Management (Phototherapy, exchange transfusion and others)

Conjugatedhyperbilirubinemia

Congenitalmalformations

Necrotising enterocolitis Diarrhealdiseases

Renalsystem

Developmentaldisorders

Renalfunctions

Acute renalfailure

Urinary tractinfection

ndocrine andmetabolic

Hypoglycemia, hyperglycemia

Calciumdisorders Magnesiumdisorders Pitutiarydisorders Thyroiddisorders Adernaldisorders Ambiguousgenitlia Inborn errors ofmetabolism Other endocrine and metabolic disorders vi)Hematology Clinical evaluation of a neonate with hematological problems Anemia Polycythemia Bleeding and coagulation disorders Rh and ABO hemolyticdisease Hydrops fetalis: Immune and Non-immune - Other hemolytic disease vii)Neurology Neurologicalevaluation Neonatalseizures Intracranialhemorrhage Hypoxic ischemicencephalopathy CNS malformation and neural tubedefects Developmentalassessment Nutrition Breastfeeding Lactationmanagement Lactation counseling andeducation Recommended daily requirements of nutrients Enteral feeding in special situations including LBW / pretermneonate Vitamins and micronutrients in newborn health and disease Parenteralnutrition Surgery and Orthopedics eonatal surgical conditions Pre and post operativemanagement Neonatal Orthopedic problems: Congenital andacquired Neonatal Ophthalmology - Retinopathy of prematurity xi) Neonatal Dermatology-Common problems NeonatalInfections

Intrauterineinfections

PerinatalHIV

Bacterialinfection

Viralinfections Fungalinfections Septicemia Meningitis Osteomyelitis andarthritis Pneumonias Diarrhoea Nosocomialinfections Superficialinfections Infection controlmeasures CommunityNeonatology Vital statistics, healthsystem Causes of neonatal and perinatalmortality Neonatal carepriorities Care at primary healthcenter Care of secondarylevel Role of different healthfunctionaries National programmes pertaining to newborncare National NeonatologyForum Investigations and imaging Laboratorymedicine Normalvalues X-rays, ultrasound, MRI, CT Scanetc Clinical Skills Neonatalresuscitation Neonatal examination, anthropometry Gestationassessment Developmentalassessment Blood sampling: Capillary, venous, arterial Cannulation of peripheral artery and umbilical arterialcatheterisation Intraosseous needleinsertion Neonatalventilation Monitoring: Non-invasive Enteral feeding(Katori-spoon,gavage,breast) Lactationmanagement

Lumbarpuncture

Suprapubicaspiration

Placing of intercostaltube

Exchange transfusion: peripheral andcentral

Peritonealdialysis

Phototherapy

Kangaroo MotherCare

Chestphysiotherapy

Endotracheal tubesuction

Fundusexamination

Limbrestrainment

Bedsidetests:Shaketest,apttest,sepsisscreen,hematocrit,urineanalysis

CSF analysis, Kleihauer techniqueetc.,

Neonatal drugtherapy

Nursery house keeping routines and aspesisprocedures

Universalprecautions

Handling, effective utilization and trouble shooting of neonatalequipment

Infectioncontrol

Interpretation of investigations and imagingstudies

Recordkeeping

Computer dataentry

Education / Training

Teaching skills: Lectures, Tutorials

Participatory and small group learningskill

Self-Directed Learning

Learning need assessment, literature search, evaluating evidence

Communication

Communication with parents, families and community

Counsellingparents

Communicating neonataldeath

Obtaining informedconsent

Geneticcounseling

SKILLS

PI - Perform independently

PA - Perform with Assistance O - Observed

	0	PA	PI
Newborn resuscitation		5	20
Meconium suction		5	10
Lactation management and			20
counselling			
Peritoneal dialysis*	2	2	-
Exchange transfusion*		3	5
Umbilical / peripheral arterial		2	3
cannulation			
Parenteral nutrition*		2	3
Neurosonography	5		
ECHO	5		
Counselling parents			20
Ventilation		5	15
Peripheral exchange transfusion*		2	2
Gestational assessment			50
Developmental evaluation			20
Chest tube placement*	2	2	2
Feeding tube insertion			10
BAER / OAE	3		
ROP Screening	3		
Surfacant administration	2	2	2

^{*} Subject to number of procedures performed in the unit

TeachingHours

TEACHING LEARNING ACTIVITIES

Learning will be self directed and will take place as a continuous process but in addition the following formal sessions are recommended

1. Academic session

In addition to attending all the academic sessions, the candidate needs to make a minimum number of presentations in these academic sessions during the training period of 1 year

Frequency# Min.No

Presentations of

Seminars / Symposia	1 per month	5
Journal club	1 per month	5
Perinatal meeting	1 per month	4
Clinical case conference	1 per month	5
Bedsidepresentation	1 per month	5
Interdepartmental meetingwith		
Radiology / Paediatricsurgery and others	1 per month	

Grand rounds	1 per week
Mortality meeting and audit meeting	1 per month
Record meetings	Once in 2 weeks

Teaching learning process will also take place during the daily wardroundsand during teachingrounds

May be increased if required

Clinical postings:

Total period of fellowship course is 12 months

Essential Rotation

- Obstetrics department 15 days -Paediatricsurgery* 15days

Conference, CME's and Workshops

During the one year training period he/she should attend at least One State / National Conference
One CME Programme should present a paper in the conference

Teaching

The candidate will be involved in teaching nursing students , nursing staff Undergraduate and post - graduate students

Special Training Programme

The candidate must attend and be certified in the following training programs Neonatal resuscitation programme (NALS)

Human lactation management

LOG BOOK

Log book for evaluation of the following

Interpersonal and communicationskills

Medicalknowledge

PatientCare

PracticeCare

Practice based learning and improvement

Professionalism

Systems-basedpractice

Attendance and availability

Enthusiasm andresponsiveness

* May not be required if surgical neonates are managed in the NICU

Subject to the availability of course during training period

Declaration of Results PassingCriteria

Candidate should obtain 50% of Marks in both Theory and Practical Examination Separately to be declared as pass.

Examiners

2 Examiners – One Internal and One External

Eligibility to become anexaminer

Professor / PG Teacher

Qualification: DM Neonatology / DNB Neonatology / Fellowship in Neonatology

Affiliated to MCI / UGC recognized University / Recognized Autonomous Institution

DNEO-DIPLOMA IN NEONATOLOGY

Examination Pattern

Theory Examination:

PAPER I		P	APER II	PA	PAPER III		
General Neonatology ,Infections		THERAPEUTICS Clinical		APPLIED SCIE	APPLIED SCIENCES &		
Perinatology,		Neonatology Systemic		RECENTADVA	RECENTADVANCES		
Community no	eonatology	Neonatology					
Section I		Section I		Se	Section I		
Q.1.	10 Marks	Q.1.	10 Marks	Q.1.	10 Marks		
Q.2.	10 Marks	Q.2.	10 Marks	Q.2.	10 Marks		
Q.3.	10 Marks	Q.3.	10 Marks	Q.3.	10 Marks		
Q.4.	10 Marks	Q.4.	10 Marks	Q.4.	10 Marks		
Q.5.	10 Marks	Q.5.	10 Marks	Q.5.	10 Marks		
Total	50 Marks	Total	50 Marks	Total	50 Marks		
Section II		Section II		Se	Section II		
Q.6.	10 Marks	Q.6.	10 Marks	Q.6.	10 Marks		
Q.7.	10 Marks	Q.7.	10 Marks	Q.7.	10 Marks		
Q.8.	10 Marks	Q.8.	10 Marks	Q.8.	10 Marks		
Q.9.	10 Marks	Q.9.	10 Marks	Q.9.	10 Marks		
10.	10 Marks	10.	10 Marks	10.	10 Marks		
Total	50 Marks	Total	50 Marks	Total	50 Marks		
Section I + II =	= 100 Marks	Section I + II :	= 100 Marks	Section I + II	= 100 Marks		
Total Theory = 300 Marks, Passing = 150 (i.e. 50%) Marks in aggregate							

Practical Examination:MarksPaper - IVClinical Practical100Paper - VOral & Viva100Paper - VICase100Total Marks(Aggregate marks for passing is 50% out of total.)300

BOOKS:

References

Taeusch HW, Ballard RA. Diseases of the newborn.

Avery GB, Fletcher MA. Neonatology Pathophysilogy and Management of the newborn.

Rennie M, Robertson NRC. Textbook of Neonatology

Singh M. Care of the newborn

Clotherty's Manual of Neonatal Care

Klaus MH, Fanaroff AA. Care of the high risk neonate

Vidyasagar D. Text book of neonatology.

Remington JS, Klein JO. Infectious diseases of the fetus and new born infant

Goldsmith JP, Karotkin EH. Assisted ventilation of the neonate

Jones KL. Smith's recognizable patterns of humanmalformation

Journals

Clinics in Perinatology

Archives of diseases of childhood

Journal of pediatrics

Pediatrics

Pediatric Clinics of North America

Indian Pediatrics

Indian Journal of Pediatrics

Journal of Neonatology (National Neonatology Forum of India)

Seminars in neonatology

Tropical pediatrics

Note: Books and Journals mentioned above are suggestive. Students can refer to any other books and Journals. Refer to the most recent edition of the books and Journals