ADVANCED NEWBORN NURSERY ELECTIVE

Rotation Contact and Scheduling Details

Rotation Director:
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Introduction

This rotation is ideal for residents pursuing primary care, hospital medicine or would like more newborn experience. This rotation will allow senior residents an opportunity to cultivate and elevate their clinical skills in the newborn nursery. Residents will examine many newborns, discuss routine care with families, and learn about management of abnormal findings and prenatal testing in the nursery setting. Our goal is for the resident to solidify their expertise in the management of newborns (key topics include hyperbilirubinemia, hypoglycemia, neonatal sepsis). Residents will also develop familiarity with breastfeeding newborns and how to troubleshoot common breastfeeding challenges that arise during the first few days of life. Residents will have the opportunity to assist in frenotomy and circumcision, and will understand the benefits, risks, and contraindications to these procedures.

Weekly Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
0800-0830	Morning Report	Grand Rounds **0800-0900**	Morning Report	Morning Report	Morning Report
0830-0930	Pre-round	Pre-round	Pre-round	Pre-round	Pre-round
0930-1200	Rounds, Patient Care, and Procedures	Rounds, Patient Care, and Procedures	Rounds, Patient Care, and Procedures	Rounds, Patient Care, and Procedures	Rounds, Patient Care, and Procedures
1200-1300	Noon Conference	Noon Conference	Noon Conference	Noon Conference	Noon Conference
1300-1630	Patient Care	Patient Care	Patient Care	Patient Care	Patient Care
1630	Sign-out	Sign-out	Sign-out	Sign-out	Sign-out

There are no weekend responsibilities on this rotation.

Orientation

Prior to starting:

- Review PAMF Newborn Nursery Guide
- Visit the newborn nursery website (http://newborns.stanford.edu) and review the clinical images
- Expect to receive an email from the Rotation Director with specifics about your rotation

Your Role on Our Team

Welcome to our PAMF Hospitalist Team! There are typically three of us working on any given day:

- Short Shift Attending - sees only babies in WBN, and only in the AM.
- PICN Attending - sees our PICN babies, as well as some WBN babies, over a full day.
- Wards Attending - sees our Wards patients, as well as some WBN babies, over a full day.

You will primarily be paired with our PICN Attending, and may see additional babies with our Wards and Short Shift Attendings. You can expect to see and provide care for at least five babies each day, prioritizing anticipated discharges early on. You may be assigned additional patients as babies are born throughout the day. You will also have the opportunity to participate in procedures such as circumcision and frenotomy, which are typically scheduled in the afternoons.

Day 1: Expect to shadow the PICN Attending, and get set up with our note templates and dot phrases on Epic. Observe the typical pre-rounding process and *ask questions.*

Weeks 1-2: Expect to see all patients with the Attending. Our goal is for you to take the lead during visits, but with in-room commentary from the Attending and after-visit feedback/discussion, so as to pick up on the styles and phrasing of various Attendings in addressing parent concerns and offering anticipatory guidance, and ultimately to incorporate these into your own practice. If you desire to see patients independently during Week 2, please inform your Attending and we will do our best to accommodate your learning goals.

Updated: April 2026

*Of note, our Short Shift Attending is not always staffed depending on the patient census.

Contact

Please check in with your Attending at the desk along the right-hand wall of the WBN after Morning Report (0830). Please establish the preferred means of communication at that time (Voalte or Cell).
If you have trouble finding one of us, please send a message to "LPCH PAMF Pediatric Hospitalist" on Voalte.

Additional Helpful Phone Numbers:
WBN: 723-8772
PICN: 7-8080
NICU: 497-8800
F1: 725-7131
F2: 725-7132

Security and Safety

Please wear your name badge at all times. Each baby wears an alarm during their stay in the WBN that prohibits them from going off the unit or in the elevators. Your name badge should allow you to transport babies to and from the nursery in the elevators if needed (test it with a staff member the first time!), but it will not allow you to take a baby into the main hallway or into the stairs. A baby must be placed "on transport" by the Unit Secretary prior to any attempted transportation to temporarily deactivate their alarm.

Babies must be in cribs when being moved through the hallways, even for short distances. Parents, visitors, and staff are all expected to adhere to this practice.

Signout

At the end of the work day, sign-out should be given via phone to the Night Shift PAMF Hospitalist. Please coordinate your sign-out time with the PICN Attending.

Goals and Objectives

Below is the list of objectives from the core Newborn Nursery rotation. Our focus is to prepare you to work independently in the nursery as a hospitalist or primary care physician. Key Learning objectives include:

History and Physical:

1. Know key aspects of H&P relevant to newborn nursery
2. Quickly and accurately complete a thorough newborn exam; recognize normal vs abnormal

Jaundice Management:

- Explain bilirubin metabolism
- Risk factors for jaundice
- Bhutani curve
- AAP phototherapy guidelines

Breastfeeding:

- How to take a complete breastfeeding history
- Normal milk production
- Risk factors for poor production
- Natural course of breastfeeding dyad
- Assessing whether the breastfeeding is on track
- Ankyloglossia
- Galactogogues
- Medications and milk

Newborn Sepsis:

- Risk factors for sepsis
- Chorioamnionitis and historical vs current management

Management of Respiratory Symptoms after birth
- Grunting in newborn
- TTN
- Snorty breathing

Late Preterm Infants
1. Common challenges
2. Feeding management
3. Patient education

Hypoglycemia
- Risk factors
- Management

Common Newborn Calls:
- No void x 24 hours
- No stool
- Rashes
- Noisy breathing
- Bilirubins
- Refusals of care (Vit K, Erythromicin)

Special Newborn Conditions:
- Graves
- Anti-Ro/La
- Prenatal pelviectasis
- Abnormal prenatal US findings

Circumcision
- Indications
- Consent (Risks/benefits)
- Contraindications
- Nerve Blocks

Frenotomy
- Indications
- Consent (Risks/benefits)

Evaluation and Feedback
Direct feedback will be given throughout the rotation. Please share any feedback with our team.

ACGME Competency-based Goals and Objectives for Core WBN Rotation

Goal 1. Identify and respond appropriately to maternal, infant, and social conditions that place newborns at risk			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. List and initiate appropriate response to maternal diseases that may impact infant health, including but not limited to: o Diabetes o Lupus o Grave's o H/o Depression/Anxiety	o Teaching on rounds o Independent reading (http://newborns.stanford.edu)	• Attending review of plan of care on rounds	PC - *Provide effective health care services* MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care* PBLI - *Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems*
2. Identify prenatal findings associated with the infant that raise concern and respond appropriately, including but not limited to: o Pelviectasis o Choroid plexus cyst o Congenital heart defect	o Attending or supervising resident example o Review of resident history and plan on rounds with attending input o Independent reading (http://newborns.stanford.edu)	• Attending review of resident plan and orders • Self-assessment quiz	PC - *Provide effective health care services* MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care* PBLI - *Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems*

Goal 2. Develop an understanding of prenatal laboratories and studies including ability to interpret them and respond appropriately to abnormalities			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. Understand maternal blood types that place an infant at risk for ABO or minor determinant incompatibility. Understand how to manage positive antibody screen.	o Review maternal labs on all neonates o Independent reading (http://newborns.stanford.edu) o Teaching on rounds o Didactics	• Attending review of resident plan and orders on rounds	PC - *Provide effective health care services* MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care*

2. Describe the implications of abnormal testing for infections (Hep B, RPR, Rubella, maternal toxoplasmosis, zika). the appropriate evaluation and care for the neonate	o Review pregnancy history for all neonates o Independent reading (http://newborns.stanford.edu)	• Self-assessment quiz	PC - *Provide effective health care services* MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care*
3. List the manifestation of group B strep infection in a neonate including typical timing of onset	o Didactics o Independent reading (http://newborns.stanford.edu)	• Self-assessment quiz	MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care*

Goal 3. Perform a meticulous physical examination tailored to newborns

Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. Identify minor abnormalities on physical examination in neonates, including but not limited to: o HEENT: bifid uvula o CV: PPS murmur, dysrhythmia o MSK: hip clicks o GU: partially descended testicles, penile torsion o Skin: tags, accessory nipples	• Examination of at least 30 newborns during the rotation with attending repeat of examination and feedback • Team rounds with attending highlight of physical examination findings on infants seen by you or other care takers	• Attending repeat of resident PE on rounds • Direct observation of resident newborn examination	PC - *Provide effective health care services*
2. Identify physical examination abnormalities in the neonate that require further evaluation o General: LGA, SGA o HEENT: leukocoria, cleft lip, cleft palate, ankyloglossia o CV: murmur, dysrhythmia	• Review of photo library at http://newborns.stanford.edu/Residents/Curriculum.html • Direct observation of supervising resident/attending newborn examination at least once	• Attending repeat of resident PE on rounds • Direct observation of resident newborn examination	PC - *Provide effective health care services* MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care*

o Pulm: respiratory distress o MSK: hip clunks, sacral tuft, spinal defect, clubbed feet, accessory digits o GU: undescended testicles, hypospadias o Neuro: decreased tone o Skin: trigeminal distribution port wine stain, jaundice	• Attending repeat of examinations and feedback		

Goal 4. Obtain a relevant family history and develop a plan that incorporates consideration of red flags

Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. Discuss the relevance to a neonate of a family history of a sibling with neonatal jaundice, e.g., o Risk for hyperbilirubinemia o Possibility of congenital blood dyscrasia	• History taking on at least 30 infants during the rotation • Attending repeat of histories and feedback • Attending teaching in the context of patient care • Didactics • Discussion on rounds	• Attending review of resident assessment and plan on rounds	PC - *Provide effective health care services* MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care*

Goal 5. Discuss and carry out appropriate management plans for common newborn problems

Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. Describe and carry out the appropriate immediate management of an infant with hypoglycemia including detail of timing and indications for screening blood glucose levels	• Patient care with attending and/or supervising resident supervision • Review standard newborn nursery order set	• Attending review of plan on rounds • Attending review of orders	PC - *Provide effective health care services* MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care*

2. Describe and carry out the appropriate management of an infant with jaundice, demonstrate understanding of Bhutani curve and AAP guidelines.	o Independent reading (http://newborns.stanford.edu) o Discussion on rounds o Use the AAP guidelines or BiliTool (www.bilitool.org) regularly to assign jaundice risk to newborns before discharge o Assess jaundice routinely as part of every physical exam	• Attending review of plan on rounds • Attending review of orders • Self-assessment quiz	PC - *Provide effective health care services* MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care*
3. Describe and carry out the appropriate immediate management of an infant with delayed voiding or delayed stooling.	o Patient care with attending and/or supervising resident guidance o Independent reading (http://newborns.stanford.edu) o Discussion on rounds	• Attending review of resident plan and orders	PC - *Provide effective health care services* MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care*
4. Perform a prompt and pertinent exam and order necessary tests in response to an infant with elevated temperature or hypothermia	o Patient care with attending and/or supervising resident guidance o Discussion on rounds o Independent reading (http://newborns.stanford.edu)	• Discussion of management plan with attending or supervising resident	PC - *Provide effective health care services* MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care*
Goal 6. Develop facility with the common procedures carried out on newborns and with response to complications			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. List the contraindications to circumcision	o Watch circumcision video and review contraindications to circumcision on newborn website	• Discussion with attending	MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care*

	o Bedside teaching o Didactics		
2. Consent a parent for circumcision including a discussion of the indications for such	o Direct observation of attending with feedback o Patient care	• Direct observation by attending • Attending review of procedure note	PC - *Provide effective health care services* P - *Demonstrate accountability to patients, society and the profession*
3. Perform circumcision under direct supervision	o Procedure performance o Observation of procedure by attending or supervising resident	• Direct observation by attending	PC - *Provide effective health care services* PBLI - *Incorporate formative evaluation feedback into daily practice*
4. Describe common and serious complications of circumcision and the appropriate response to them	o Bedside teaching o Watch circumcision video on newborn website	• Self-assessment quiz • Discussion with attending	MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care*
5. List the indications for frenotomy	o Bedside teaching	• Discussion with attending	MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care*
6. Observe or carry out frenotomy	o Procedure performance o Observation of procedure by attending or supervising resident	• Direct observation by attending	PC - *Provide effective health care services* PBLI - *Incorporate formative evaluation feedback into daily practice*
Goal 7. Counsel parents and assist them with the initiation of effective breastfeeding			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. Assist mothers with correct position and latch	• Watch video "A Perfect Latch" on newborn website • Join the lactation consultant or attending physician for an individual lactation consultation (must attend this at least once) • Attend breastfeeding class (offered daily 11:30 – 12:30 in F1 waiting room)	• Collaboration with attending or lactation consultant during lactation consultation	PC - *Provide effective health care services* PBLI - *Participate in the education of patients and families* ICS - *Communicate effectively with patients and families across a broad range of backgrounds*

	• Give hands-on assistance with latch to at least 3 mothers		
2. Teach hand expression	• Watch video "Hand Expression of Milk" on newborn website • Join the lactation consultant or attending physician for an individual lactation consultation (must attend this at least once) • Attend breastfeeding class (offered daily 11:30 – 12:30 in F1 waiting room) • Teaching hands-on expression of milk to at least 2 mothers	• Collaboration with attending or lactation consultant during lactation consultation	PC - *Provide effective health care services* PBLI - *Participate in the education of patients and families* ICS - *Communicate effectively with patients and families across a broad range of backgrounds*
3. Discuss common mistakes in breast feeding and the appropriate corrections for each	• Watch video "A Perfect Latch" on newborn website • Rounds with lactation consultant • Attend of breast feeding class for families	• Collaboration with attending or lactation consultant during lactation consultation	PC - *Provide effective health care services* PBLI - *Participate in the education of patients and families*
4. Identify infants and mothers at risk for unsuccessful exclusive breast feeding, e.g., o Prematurity o Twins o Ill infant o Ill mother	• Join the lactation consultant or attending physician for an individual lactation consultation (must attend this at least once) • Attend breastfeeding class (offered daily 11:30 – 12:30 in F1 waiting room) • Review breast feeding literature on newborn	• Review of patient care plan with attending • Collaboration with lactation consultant	PC - *Provide effective health care services* MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care*

	nursery website: http://newborns.stanford.edu/Residents/Curriculum.html		
5. Discuss indications for formula or expressed breast milk supplementation	• Join the lactation consultant or attending physician for an individual lactation consultation (must attend this at least once) • Attend breastfeeding class (offered daily 11:30 – 12:30 in F1 waiting room) • Review breast feeding literature on newborn nursery website: http://newborns.stanford.edu/Residents/Curriculum.html	• Review of feeding plan with attending • Discussion during teaching sessions • Collaboration with lactation consultant	MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care*
6. Identify infants/families who require referral to a lactation specialist for ongoing assistance with breast feeding	• Join the lactation consultant or attending physician for an individual lactation consultation (must attend this at least once) • Attend breastfeeding class (offered daily 11:30 – 12:30 in F1 waiting room) • Work with at least three mothers on breast feeding • Review breast feeding literature on newborn nursery website: http://newborns.stanford.edu/Residents/Curriculum.html	• Review of patient care plan with attending • Collaboration with lactation consultant	PC - *Provide effective health care services* SBP - *Work in inter-professional teams to enhance patient safety and improve patient care*
7. State the normal milk volumes in the first 4 postpartum days	• Join the lactation consultant or attending physician for an individual lactation	• Discussion with attending and lactation consultant in context of patient care • Self-assessment quiz	MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care*

	consultation (must attend this at least once) • Attend breastfeeding class (offered daily 11:30 – 12:30 in F1 waiting room) • Work with at least three mothers on breast feeding Review breast feeding literature on newborn nursery website: http://newborns.stanford.edu/Residents/Curriculum.html		
8. List the contraindications for breastfeeding	• Join the lactation consultant or attending physician for an individual lactation consultation (must attend this at least once) • Attend breastfeeding class (offered daily 11:30 – 12:30 in F1 waiting room) • Work with at least three mothers on breast feeding Review breast feeding literature on newborn nursery website: http://newborns.stanford.edu/Residents/Curriculum.html	• Discussion of feeding plans with attending • Discussion of feeding plans with lactation consultant	MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care*
Goal 8. Provide complete and accurate anticipatory guidance to parents and other caregivers			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. Provide anticipatory guidance to parents regarding feeding, including but not limited to: o Interval o Volume o Mixing of formula	o Direct observation of anticipatory guidance provided by attending or supervising resident o Review of parent handout on newborn care	• Direct observation by attending or supervising resident	PC - *Provide effective health care services* PBLI - *Participate in the education of patients and families* ICS - *Communicate effectively with patients and families*

o Care of expressed breast milk	o Patient care with attending and/or supervising resident supervision (direct or indirect)		*across a broad range of backgrounds*
2. Provide anticipatory guidance to parents regarding bathing including o Frequency o Water temperature	o Direct observation of anticipatory guidance provided by attending or supervising resident o Review of parent handout on newborn care o Patient care with attending and/or supervising resident supervision (direct or indirect)	• Direct observation by attending or supervising resident	PC - *Provide effective health care services* PBLI - *Participate in the education of patients and families* ICS - *Communicate effectively with patients and families across a broad range of backgrounds*
3. Provide anticipatory guidance to parents regarding cord care	o Direct observation of anticipatory guidance provided by attending or supervising resident o Review of parent handout on newborn care o Patient care with attending and/or supervising resident supervision (direct or indirect)	• Direct observation by attending or supervising resident	PC - *Provide effective health care services* PBLI - *Participate in the education of patients and families* ICS - *Communicate effectively with patients and families across a broad range of backgrounds*
4. Provide anticipatory guidance to parents regarding circumcision care	o Direct observation of anticipatory guidance provided by attending or supervising resident o Review of parent handout on newborn care o Patient care with attending and/or supervising resident supervision (direct or indirect)	• Direct observation by attending or supervising resident	PC - *Provide effective health care services* PBLI - *Participate in the education of patients and families* ICS - *Communicate effectively with patients and families across a broad range of backgrounds*

5. Provide anticipatory guidance to parents regarding crying/consoling techniques	o Direct observation of anticipatory guidance provided by attending or supervising resident o Review of parent handout on newborn care o Patient care with attending and/or supervising resident supervision (direct or indirect)	• Direct observation by attending or supervising resident	PC - *Provide effective health care services* PBLI - *Participate in the education of patients and families* ICS - *Communicate effectively with patients and families across a broad range of backgrounds*
6. Provide anticipatory guidance to parents regarding sleep position	o Direct observation of anticipatory guidance provided by attending or supervising resident o Review of parent handout on newborn care o Patient care with attending and/or supervising resident supervision (direct or indirect)	• Direct observation by attending or supervising resident	PC - *Provide effective health care services* PBLI - *Participate in the education of patients and families* ICS - *Communicate effectively with patients and families across a broad range of backgrounds*
7. Provide anticipatory guidance to parents regarding fever and thermometer use	o Direct observation of anticipatory guidance provided by attending or supervising resident o Review of parent handout on newborn care o Patient care with attending and/or supervising resident supervision (direct or indirect)	• Direct observation by attending or supervising resident	PC - *Provide effective health care services* PBLI - *Participate in the education of patients and families* ICS - *Communicate effectively with patients and families across a broad range of backgrounds*
Goal 9. Maintain excellent communication with other providers, families, and nurses to ensure optimal care of the newborn			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. Document all significant changes in patient status and patient care provided outside	o Supervising resident and attending example	• Attending review of resident interval care notes	ICS - *Act in a consultative role to other health professionals*

of morning rounds, e.g., assessment of feeding intolerance, response to abnormal vital signs, new skin lesions	o Attending feedback regarding documentation of these interval events		P - *Demonstrate accountability to patients, society and the profession*
2. Inform parents promptly of changes in patient status, studies to be undertaken, and care plan	o Patient care with attending and/or supervising resident supervision	• Parent feedback to attendings • Indirect observation by attending and/or supervising resident	ICS - *Act in a consultative role to other health professionals* P - *Demonstrate accountability to patients, society and the profession*
3. Communicate respectfully with nurses, including responding promptly to pages and patiently to questions	o Attending and supervising resident example o Feedback from nurses	• Nurse feedback to attendings • Direct observation by attending and/or supervising resident	ICS - *Act in a consultative role to other health professionals* P - *Demonstrate accountability to patients, society and the profession*
Goal 10. Know the minimum requirements for discharge and schedule appropriate follow-up			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. List minimum requirements for discharge including but not limited to; o 24 hour period of observation o Admission and discharge examination o Stable vital signs o Normal blood glucose o Documentation of appropriate voiding and stooling o Jaundice assessment without need for intervention within 24 hrs o Hepatitis B vaccination or parent declination	o Review of discharge criteria for each patient o Independent reading (http://newborns.stanford.edu)	• Attending clearance for discharge of all infants	PC - *Provide effective health care services*

o Vitamin K or parent declination o Newborn screen drawn at or after 24 hrs o Follow-up identified and parents able to comply			
2. Arrange for appropriate follow-up following hospital discharge including correct timing of follow-up and identification of appropriate clinic	o Discharge planning with attending o Review of AAP newborn follow-up guidelines	• Attending review of discharge plans	P - *Demonstrate accountability to patients, society and the profession* SBP - *Partner with health care managers and health care providers to assess patients and coordinate care*
3. Ensure complete documentation of hospital care, physical findings, laboratory results, and follow-up plans (future labs or subspecialty visits) and communication of these to the PCP either in writing or by phone, as appropriate	o Attending review of resident notes with feedback	• Attending review of resident notes and discharge paperwork	P - *Demonstrate accountability to patients, society and the profession* ICS - *Communicate effectively with physicians, other health professionals, and health related agencies* SBP - *Partner with health care managers and health care providers to assess patients and coordinate care*
4. State basic follow-up guidelines for conditions that require outpatient follow-up in the first several weeks of life, including but not limited to o Pelviectasis o Congenital hip dyspasia	o Independent reading (http://newborns.stanford.edu) o Discussion on rounds	• Discussions while teaching on rounds • Attending review of discharge plans	MK - *Demonstrate knowledge evolving sciences and apply this knowledge to patient care* P - *Demonstrate accountability to patients, society and the profession*
Goal 11. Prepare service for signing out and provide complete afternoon signout			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. Identify outstanding labs and issues likely to arise overnight and sign these out to the covering physician	o Review of sign out with attending	• Feedback from covering physician to WBN attending	P - *Demonstrate accountability to patients, society and the profession*

			ICS - *Communicate effectively with physicians, other health professionals, and health related agencies*
2. Notify covering physician of any pending discharges, discharge criteria, pending laboratories, follow-up plans.	o Review of sign out with attending	• Feedback from covering physician to WBN attending	P - *Demonstrate accountability to patients, society and the profession* ICS - *Communicate effectively with physicians, other health professionals, and health related agencies*
3. Prepare any discharge paperwork and follow-up in advance. Inform family of conditions for discharge.	o Review of sign out with attending	• Feedback from covering physician to WBN attending	P - *Demonstrate accountability to patients, society and the profession* ICS - *Communicate effectively with physicians, other health professionals, and health related agencies*

ACGME Competencies Key
PC = patient care
MK = medical knowledge
ICS = interpersonal and communication skills
P = professionalism
PBLI = practice based learning and improvement
SBP = systems based practice