

2014
VERSION 1.0

This document applies to those who begin training on or after July 1st, 2014.

(NOTE: Throughout this document the term “infant” refers to the group that may include the fetus, neonate, and infant.)

DEFINITION

Neonatal-Perinatal Medicine is a subspecialty of Pediatrics concerned with the maintenance of health and long-term development of the fetus, neonate, and infant. A Neonatal-Perinatal Medicine subspecialist (Neonatologist) is a Pediatrician who has undergone additional training to develop subspecialty knowledge, skills, and attitudes in the prevention, diagnosis and management of disorders in this patient population.

GOALS

Upon completion of training, a resident is expected to be a competent subspecialist in Neonatal-Perinatal Medicine, capable of assuming a consultant's role in the subspecialty. The resident must acquire a working knowledge of the theoretical basis of Neonatal-Perinatal Medicine, including its foundations in the basic medical sciences and research.

Only candidates certified by the Royal College of Physicians and Surgeons of Canada in Pediatrics may be eligible for certification in Neonatal-Perinatal Medicine.

Residents must demonstrate the requisite knowledge, skills, and attitudes for effective patient and family-centred care and service to a diverse population. In all aspects of specialist practice, the graduate must be able to address ethical issues and issues of gender, sexual orientation, age, culture, and ethnicity in a professional manner.

NEONATAL-PERINATAL MEDICINE COMPETENCIES:

At the completion of training, the resident will have acquired the following competencies and will function effectively as a:

Medical Expert

Definition:

As *Medical Experts*, Neonatologists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centred care. *Medical Expert* is the central physician Role in the CanMEDS framework.

Key and Enabling Competencies: Neonatologists are able to...

- 1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical, patient-centred and family-centred medical care**
 - 1.1. Perform a consultation for the pregnant woman and the infant, and their families, including the presentation of well-documented assessments and recommendations in written and/or oral form in response to a request from another health care professional, including but not limited to a Maternal-Fetal Medicine specialist, family physician, pediatrician, obstetrician, midwife, or other neonatologist
 - 1.2. Demonstrate use of all CanMEDS competencies relevant to Neonatal-Perinatal Medicine
 - 1.3. Identify and appropriately respond to the ethical issues that arise in the practice of Neonatal-Perinatal Medicine, including but not limited to limits of viability and life-threatening congenital anomalies
 - 1.4. Demonstrate the ability to prioritize professional duties when faced with multiple patients, problems, and issues
 - 1.5. Demonstrate compassionate patient and family-centred care
 - 1.6. Recognize and respond to the ethical issues inherent in medical decision-making
 - 1.7. Demonstrate medical expertise in situations other than patient care

- 2. Establish and maintain clinical knowledge, skills, and attitudes appropriate to the practice of Neonatal-Perinatal Medicine**
 - 2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to the various aspects of Neonatal-Perinatal Medicine
 - 2.1.1. The antenatal component of Neonatal-Perinatal Medicine, including but not limited to:
 - 2.1.1.1. Common disorders of pregnancy and conditions that contribute to a high risk pregnancy
 - 2.1.1.2. Normal and aberrant fetal physiology, growth, and development
 - 2.1.1.3. Fetal and neonatal pharmacology and therapeutics, prescribing medications and other therapy
 - 2.1.1.4. Maternal factors influencing neonatal outcome, including but not limited to maternal disease, maternal medications, and maternal substance use
 - 2.1.1.5. Effect of environmental and socio-economic factors on the fetus
 - 2.1.1.6. Diagnosis and management of fetal medical and surgical conditions

OBJECTIVES OF TRAINING IN NEONATAL-PERINATAL MEDICINE (2014)

- 2.1.1.7. Placental function, including but not limited to placental circulation, gas exchange, and normal and aberrant growth
 - 2.1.2. Delivery room practice and resuscitation of newborns, including but not limited to:
 - 2.1.2.1. Physiological and biochemical adaptation to extrauterine life
 - 2.1.2.2. Assessment, resuscitation, and stabilization of healthy and at risk preterm and term newborns
 - 2.1.3. Intensive and convalescent care of newborns, including but not limited to:
 - 2.1.3.1. Normal physiology of the neonatal period, including but not limited to differences between the term and preterm infant
 - 2.1.3.2. Growth, development, and nutrition of the normal and abnormal infant
 - 2.1.3.3. Common medical conditions in the newborn
 - 2.1.3.4. Common surgical conditions in the newborn, including but not limited to congenital diaphragmatic hernia, gastroschisis, tracheoesophageal fistula (TEF), esophageal atresia, and neural tube defects
 - 2.1.3.5. Parental/infant interaction especially in the high risk setting
 - 2.1.4. Transport medicine aspect of Neonatal-Perinatal Medicine, including but not limited to:
 - 2.1.4.1. Physiological implications of ground and air transport
 - 2.1.4.2. Principles of pretransport stabilization
 - 2.1.4.3. Principles of in-transport medical care
 - 2.1.5. Developmental followup aspects of neonatology, including but not limited to:
 - 2.1.5.1. Long-term outcome of infants treated in the neonatal intensive care unit
 - 2.1.5.2. Use of basic clinical epidemiology and biostatistics in the assessment of perinatal, neonatal, and infant outcomes
 - 2.1.6. Indications, function, and limitations of biomedical devices used in the care of the infant, including but not limited to:
 - 2.1.6.1. Cardiorespiratory monitors
 - 2.1.6.2. Invasive and non-invasive ventilators
 - 2.1.6.3. Amplitude-integrated electroencephalography
 - 2.1.6.4. Targeted neonatal echocardiography
 - 2.1.6.5. Extracorporeal life support (ECLS)
 - 2.1.7. Procedural complications and their prevention
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- 2.2. Describe the CanMEDS framework of competencies relevant to Neonatal-Perinatal Medicine
- 2.3. Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence
- 2.4. Integrate the available best evidence and best practices to enhance the quality of care and patient safety in Neonatal-Perinatal Medicine

3. Perform a complete and appropriate assessment of a patient

- 3.1. Identify and effectively explore issues to be addressed in an encounter with a patient and the patient's family, including the patient and family's context and preferences
- 3.2. Elicit a maternal, perinatal, neonatal, and family history that is relevant, concise and accurate to context and preferences for the purposes of diagnosis, management, health promotion, and disease prevention
- 3.3. Perform a focused physical examination of the infant that is relevant, accurate, and adapted to the patient's clinical status and gestational age for the purposes of diagnosis, management, health promotion, and disease prevention
- 3.4. Recommend or select medically appropriate investigations of the mother, fetus, or infant, including diagnostic imaging and genetic testing, in a resource-effective and ethical manner, taking into consideration special circumstances that apply to the infant, including but not limited to volume of blood and minimizing pain
 - 3.4.1. Assessment of the critically ill newborn infant
 - 3.4.2. Use of invasive and non-invasive diagnostic tests and procedures
 - 3.4.3. Assessment and management of pain and distress in infants
- 3.5. Demonstrate effective clinical problem solving and judgment to address problems of the infant and family, including interpreting available data and integrating antenatal and postnatal information to generate differential diagnoses and management plans

4. Use preventive and therapeutic interventions effectively

- 4.1. Implement a management plan in collaboration with the patient's family and other members of the health care team
- 4.2. Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to Neonatal-Perinatal Medicine
 - 4.2.1. Describe the impact of maternal therapies on the infant, including but not limited to medications and surgery
 - 4.2.2. Apply an understanding of the physiology of the infant in the prescription of medications and other therapies
 - 4.2.3. Recognize and manage emergency situations that arise in the delivery room, neonatal intensive care unit (NICU), newborn nursery, and emergency department
 - 4.2.4. Demonstrate special competence in clinical assessment and management of critically ill infants, including but not limited to:

- 4.2.4.1. Principles and techniques of resuscitation and post-resuscitation stabilization
 - 4.2.4.2. Vascular access
 - 4.2.4.3. Cardiorespiratory support, including invasive and non-invasive ventilatory support
 - 4.2.4.4. Continuous cardiorespiratory monitoring
 - 4.2.4.5. Temperature regulation
 - 4.2.4.6. Diagnostic procedures
 - 4.2.4.7. General principles of neonatal transport and pretransport stabilization
- 4.3. Ensure appropriate informed consent is obtained for investigations and therapies
- 4.3.1. Ensure informed consent is obtained for participation in research projects, where applicable
- 4.4. Ensure patients and their families receive appropriate, compassionate, and ethical end-of-life care

5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic

- 5.1. Demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to Neonatal-Perinatal Medicine
- 5.1.1. Blood sampling: capillary, venous, arterial, and from indwelling catheter
 - 5.1.2. Lumbar puncture
 - 5.1.3. Suprapubic aspiration of the bladder
 - 5.1.4. Thoracentesis
 - 5.1.5. Pericardiocentesis
 - 5.1.6. Paracentesis
- 5.2. Demonstrate effective, appropriate, and timely performance of therapeutic procedures relevant to Neonatal-Perinatal Medicine
- 5.2.1. Neonatal resuscitation and post resuscitative care
 - 5.2.1.1. Maintain Neonatal Resuscitation Program provider status
 - 5.2.2. Peripheral intravenous (IV) catheter placement
 - 5.2.3. Peripheral arterial catheter placement
 - 5.2.4. Umbilical arterial and venous catheter placement
 - 5.2.5. Peripherally inserted central catheter (PICC) placement
 - 5.2.6. Endotracheal intubation
 - 5.2.7. Laryngeal mask airway insertion

- 5.2.8. Thoracentesis/chest tube placement
 - 5.2.9. Exchange transfusion
 - 5.2.10. Pericardiocentesis
 - 5.2.11. Paracentesis
 - 5.2.12. Oro-/nasogastric tube placement
 - 5.2.13. Urinary catheter placement
 - 5.2.14. Surfactant administration
- 5.3. Ensure appropriate informed consent is obtained for procedures
 - 5.4. Document and disseminate information related to procedures performed and their outcomes
 - 5.5. Ensure appropriate followup is arranged for procedures performed
- 6. Seek appropriate consultation from other health professionals, recognizing the limits of their own expertise**
- 6.1. Demonstrate insight into their own limits of expertise
 - 6.2. Demonstrate effective, appropriate, and timely consultation with other health professionals as needed for optimal patient care, including but not limited to: other physicians, pharmacist, dietician, physiotherapist, occupational therapist, respiratory therapist, social worker, spiritual care professional, bioethicist, and legal experts
 - 6.3. Arrange appropriate followup care services for patients and their families/caregivers

Communicator

Definition:

As *Communicators*, Neonatologists effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

Key and Enabling Competencies: Neonatologists are able to...

- 1. Develop rapport, trust, and ethical therapeutic relationships with patients and families**
- 1.1. Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient and physician-family communication can foster patient and family satisfaction, physician satisfaction, adherence, and improved clinical outcomes
 - 1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty, and empathy

- 1.2.1. Demonstrate respect and understanding of the family's perspective and concern for the health of the infant and the impact of illness on the family
- 1.2.2. Demonstrate respect and understanding of factors such as parental age, gender, sexual orientation, religion, ethno-cultural background, and socioeconomic status that may affect the family's experience
- 1.2.3. Demonstrate respect and understanding of the family's value systems
- 1.2.4. Support and counsel families who are experiencing the stress of a high-risk pregnancy or a critically ill infant, or following the death of an infant

- 1.3. Respect patient and family confidentiality, privacy, and autonomy
- 1.4. Listen effectively
- 1.5. Be aware and responsive to nonverbal cues
- 1.6. Organize and effectively facilitate structured clinical encounters, including but not limited to antenatal and postnatal consultations, family meetings, and followup assessments

- 2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals**
 - 2.1. Gather information about a disease and about a family's beliefs, concerns, expectations and illness experience
 - 2.2. Seek out and synthesize relevant information from other sources, such as a patient's family, caregivers and other health care professionals, including but not limited to other physicians, nurses, nurse practitioners, respiratory therapists, occupational and physical therapists, social workers, and midwives involved in the care of the mother, infant, or family
 - 2.3. Seek out and utilize information about the pregnancy, including maternal perinatal screening and serology, and fetal imaging and testing, when providing care for the infant

- 3. Convey relevant information and explanations to patients and families, colleagues, and other professionals**
 - 3.1. Deliver information to families, colleagues, and other professionals in a humane manner and in such a way that it is understandable, encourages discussion, and facilitates participation in decision-making within their comfort level
 - 3.2. Recognize that the language used to impart information, especially in a crisis situation, may affect the reaction and decision-making of the patient's family and of other health care professionals involved

- 4. Develop a common understanding on issues, problems, and plans with patients, families, colleagues, and other professionals to develop a shared plan of care**
 - 4.1. Identify and effectively explore problems to be addressed from a patient and family encounter, including the family's context, responses, concerns, and preferences

- 4.2. Respect diversity and differences, including but not limited to the impact of parental age, gender, sexual orientation, religion, ethno-cultural background, and socioeconomic status on decision-making
 - 4.2.1. Demonstrate skill in working with families with different ethno-cultural or language backgrounds
- 4.3. Encourage discussion, questions, and interaction in the encounter
- 4.4. Engage families and relevant health professionals in shared decision-making to develop a plan of care
 - 4.4.1. Describe the importance of and demonstrate effective, consistent communication between the medical team and the family
- 4.5. Address challenging communication issues effectively, including but not limited to obtaining informed consent, delivering bad news, disclosing errors or adverse events, and addressing anger, confusion, and misunderstanding

5. Convey effective oral and written information about a medical encounter

- 5.1. Maintain clear, accurate, and appropriate records of clinical encounters and plans
- 5.2. Present concise and accurate oral reports of clinical encounters and plans
- 5.3. Convey medical information to ensure safe transfer of care

Collaborator

Definition:

As *Collaborators*, Neonatologists work effectively within a health care team to achieve optimal patient care.

Key and Enabling Competencies: Neonatologists are able to...

1. Participate effectively and appropriately in an interprofessional health care team

- 1.1. Describe the roles and responsibilities of the Neonatologist, particularly in the context of:
 - 1.1.1. Working as part of an interprofessional patient care team in the intensive care and outpatient clinical settings
 - 1.1.2. Providing advice and recommendations to health care professionals in antepartum settings, and in remote clinical settings
- 1.2. Describe the roles and responsibilities of other professionals within the Neonatal-Perinatal health care team, including nurses, nurse-practitioners, respiratory therapists, social workers, pharmacists, dieticians, occupational therapists, and physiotherapists
- 1.3. Recognize and respect the diverse roles, responsibilities, and competences of other professionals in relation to their own

- 1.4. Work with others to assess, plan, provide, and integrate care for individuals and groups of patients
 - 1.4.1. Develop a care plan for the infant, including investigation, treatment, and continuing care, in collaboration with the members of the inter-professional team
 - 1.4.2. Describe the role of and work with community and governmental agencies involved with the infant or family during or after hospitalization
 - 1.4.3. Collaborate as a member of a cohesive interprofessional team in a consistent manner with patients and their families
- 1.5. Work with others to assess, plan, provide and review other tasks, such as research, teaching, program review, or administrative responsibilities
- 1.6. Respect team ethics, including confidentiality and professionalism
- 1.7. Demonstrate leadership in a health care team, where appropriate

2. Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflict

- 2.1. Demonstrate a respectful attitude towards colleagues and members of an interprofessional team
- 2.2. Work with other professionals to prevent conflicts
- 2.3. Employ collaborative negotiation to resolve conflicts
- 2.4. Respect differences and address misunderstandings
- 2.5. Recognize one's own differences, misunderstanding, and limitations that may contribute to interprofessional tension
- 2.6. Reflect on interprofessional team function

Manager

Definition:

As *Managers*, Neonatologists are integral participants in health care organizations, organizing sustainable practices, making decisions concerning the allocation of resources, and contributing to the effectiveness of the health care system.

Key and Enabling Competencies: Neonatologists are able to...

1. Participate in activities that contribute to the effectiveness of their health care organizations and systems

- 1.1. Work collaboratively with others in their organizations
 - 1.1.1. Manage clinical rounds and the transfer and transition of patient care in an effective manner
- 1.2. Participate in systemic quality process evaluation and improvement, including but not limited to:

- 1.2.1. Patient safety initiatives, audits, quality improvement, risk management, occurrence/incident reporting, and complaint management
- 1.2.2. Assessment of cost/benefit ratios of diagnostic and therapeutic interventions, cost-containment, and efficacy, effectiveness and efficiency
- 1.3. Describe the structure and function of the health care system as it relates to Neonatal-Perinatal Medicine
 - 1.3.1. Describe basic concepts of the physical design and function of the NICU
 - 1.3.2. Describe systems of regionalized perinatal and neonatal care, including the levels of maternal and neonatal care and their capabilities
 - 1.3.3. Demonstrate an understanding of appropriate placement of mothers and infants within a regionalized perinatal and neonatal health care system to ensure optimal care and effective use of health care resources
- 1.4. Describe principles of health care financing, including physician remuneration, budgeting, and organizational funding

2. Manage their practice and career effectively

- 2.1. Set priorities and manage time to balance professional and personal responsibilities
- 2.2. Implement processes to ensure personal practice and career improvement
- 2.3. Employ information technology appropriately for patient care
 - 2.3.1. Demonstrate ability to utilize electronic information systems (such as electronic health records) as a source of patient information
 - 2.3.2. Demonstrate the use of medical information technology to facilitate efficient and accurate dissemination of patient care information
 - 2.3.3. Recognize the issues of privacy and confidentiality related to electronic patient information
 - 2.3.4. Demonstrate understanding of perinatal and neonatal databases (local, provincial, and national) in the provision of patient care and as sources of population data

3. Allocate finite health care resources appropriately

- 3.1. Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care
- 3.2. Apply evidence and management processes for treatment planning to ensure cost-appropriate care

4. Serve in administration and leadership roles, as appropriate

- 4.1. Chair or participate in committees and meetings
- 4.2. Lead or implement a change in health care, such as quality improvement or patient safety initiatives

- 4.3. Plan relevant elements of health care delivery, such as work schedules

Health Advocate

Definition:

As *Health Advocates*, Neonatologists use their expertise and influence responsibly to advance the health and well-being of individual patients, communities, and populations.

Key and Enabling Competencies: Neonatologists are able to...

1. Respond to individual patient and family health needs and concerns as part of patient care

- 1.1. Identify the health needs of an individual patient and family, considering factors such as parental age, education, occupation, religion, ethno-cultural background, and socio-economic status
 - 1.1.1. Assess each patient's/family's ability to access services in health and social systems
- 1.2. Identify opportunities for advocacy, health promotion, and disease prevention with patients and families to whom they provide care
 - 1.2.1. Promote and support policies that improve health outcomes for the infant, including but not limited to breastfeeding, cessation of parental smoking, newborn screening, and routine infant immunization
 - 1.2.2. Assist families in accessing social services and financial resources necessary for the care of their infant and family before birth, during hospitalization, and after discharge
 - 1.2.3. Provide anticipatory guidance to families with regard to care and safety of their infant, particularly in preparation for discharge from hospital
 - 1.2.4. Plan optimal followup upon discharge
- 1.3. Identify possible competing interests between individual advocacy issues and the community at large

2. Identify the determinants of health and subsequent health needs for the communities and populations that they serve

- 2.1. Describe the communities and populations that they serve, identifying pertinent determinants of health, risk factors for marginalization, and barriers to accessing care and resources that can affect perinatal health and neonatal outcomes
- 2.2. Identify groups within the community that they serve who are at risk of adverse pregnancy and neonatal outcomes, including but not limited to adolescents; recent immigrants; First Nations families; families who are homeless, impoverished or from low socioeconomic status; and those affected by mental illness
- 2.3. Identify health care issues in the general population that are relevant to Neonatal-Perinatal Medicine, including but not limited to substance use and mental health

- 2.4. Describe the use of population data to identify health concerns within communities and populations, including but not limited to rates of adolescent pregnancy, low birth weight, substance use, birth defects, and perinatal mortality and morbidity

3. Respond to the health needs of the communities that they serve

- 3.1. Identify and respond appropriately to opportunities for advocacy, health promotion, resource allocation, and disease prevention in the communities that they serve
- 3.2. Recognize the potential for competing interests between the communities served and other populations

4. Promote the health of individual patients, communities, and populations

- 4.1. Describe and be able to apply an approach to implementing a change in a determinant of health of the populations they serve
 - 4.1.1. Demonstrate knowledge of policy implementation or change resulting from advocacy by physicians that impacted on maternal, fetal and neonatal health, such as folic acid supplementation and incidence of neural tube defects
- 4.2. Describe how public policy impacts on the health of the mother, fetus, or infant, either positively or negatively, including but not limited to communicable diseases, tobacco, and substance use
- 4.3. Identify points of influence in the health care system and its structure
 - 4.3.1. Describe the role of governmental and non-governmental organizations such as the Canadian Paediatric Society and community and parent advocacy groups in developing health policies and advocating for infants and families
- 4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
- 4.5. Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper
- 4.6. Describe the role of the medical profession in advocating collectively for health and patient safety

Scholar

Definition:

As *Scholars*, Neonatologists demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application, and translation of medical knowledge.

Key and Enabling Competencies: Neonatologists are able to...

1. Maintain and enhance professional activities through ongoing learning

- 1.1. Demonstrate knowledge of the principles of maintenance of competence

- 1.1.1. Describe the requirements of the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada
- 1.1.2. Describe the principles of continuing professional development
- 1.2. Describe the principles and strategies for implementing a personal knowledge management system
- 1.3. Recognize and reflect on learning issues in practice
- 1.4. Recognize and correct deficits in knowledge through targeted learning
 - 1.4.1. Pose an appropriate learning question
 - 1.4.2. Access and interpret the relevant evidence
 - 1.4.3. Integrate new learning into practice
 - 1.4.4. Evaluate the impact of any change in practice
 - 1.4.5. Document the learning process
 - 1.4.6. Formulate relevant personal learning projects
- 1.5. Conduct personal practice audits
- 2. Critically evaluate medical information and its sources and apply this appropriately to practice decisions**
 - 2.1. Describe the principles of critical appraisal
 - 2.2. Critically appraise retrieved evidence in order to address a clinical question
 - 2.3. Integrate critical appraisal conclusions into clinical care
- 3. Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others**
 - 3.1. Describe principles of learning relevant to medical education
 - 3.1.1. Select teaching strategies for patient and health care professional education based on the principles of adult learning
 - 3.2. Identify collaboratively the learning needs and desired learning outcomes of others
 - 3.3. Select effective teaching strategies and content to facilitate others' learning
 - 3.4. Deliver effective lectures or presentations
 - 3.5. Assess and reflect on teaching encounters
 - 3.6. Provide effective feedback
 - 3.6.1. Assess the knowledge, skills, and competence of junior learners
 - 3.6.2. Conduct debriefing sessions as a teaching and reflective tool following difficult resuscitations or incidents
 - 3.7. Describe the principles of ethics with respect to teaching

4. Contribute to the development, dissemination, and translation of new knowledge and practices

- 4.1. Describe the principles of research and scholarly inquiry
- 4.2. Describe the principles of research ethics especially in application to infants and pregnancies
- 4.3. Complete a scholarly research, quality assurance, or educational project relevant to Neonatal-Perinatal Medicine that is suitable for peer-reviewed publication or presentation at an academic meeting
 - 4.3.1. Present the scholarly project at a local, national, or international forum

Professional

Definition:

As *Professionals*, Neonatologists are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

Key and Enabling Competencies: Neonatologists are able to...

1. Demonstrate an understanding of medical professionalism:

- 1.1. Describe the three common features of medical professionalism in Canada: ethic of care, clinical independence, and self-regulation
- 1.2. Recognize medical professionalism is reflected in personal attitudes and behaviors, as well as current professional standards of practice established by international, governmental, institutional or professional organizations
- 1.3. Recognize that physicians must uphold the common values of medicine as a profession in Canada even if personal values may vary or differ

2. Demonstrate a commitment to their patients, profession, and society through ethical practice

- 2.1 Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect, empathy, and altruism
- 2.2 Demonstrate a commitment to delivering the highest quality care through maintenance and advancement of professional competence
 - 2.2.1 Demonstrate ongoing evaluation of one's abilities, knowledge and skills, and recognition of one's limitations
- 2.3 Recognize and appropriately respond to ethical issues relating to Neonatal-Perinatal Medicine and use this understanding in providing care
- 2.4 Recognize and appropriately manage real, perceived, or potential conflicts of interest

- 2.5 Recognize the principles and limits of patient and family confidentiality as defined by professional practice standards and the law
- 2.6 Maintain appropriate boundaries with patients and families

3. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation

- 3.1 Demonstrate knowledge and understanding of the professional, legal, and ethical codes of practice, including but not limited to:
 - 3.1.1 Withholding and withdrawal of life-sustaining treatment
 - 3.1.2 Truth telling
 - 3.1.3 Informed consent
 - 3.1.4 Advance directives
 - 3.1.5 Privacy and confidentiality in all patient encounters
 - 3.1.6 End-of-life care
 - 3.1.7 Conflict of interest
 - 3.1.8 Resource allocation
 - 3.1.9 Research ethics
- 3.2 Fulfil the regulatory and legal obligations required of current Neonatal-Perinatal Medicine practice
- 3.3 Demonstrate accountability to professional regulatory bodies
- 3.4 Recognize and respond appropriately to others' unprofessional behaviours in practice
- 3.5 Participate in peer review

4. Demonstrate a commitment to physician health and sustainable practice

- 4.1. Balance personal and professional priorities to promote personal health and a sustainable practice
- 4.2. Strive to heighten personal and professional awareness and insight
- 4.3. Recognize other professionals in need and respond appropriately

The document is to be reviewed by the Specialty Committee in Neonatal-Perinatal Medicine by December 2015.

Revised – Specialty Committee – September 2013
Approved – Specialty Standards Review Committee – December 2013