IMPACT OF THE FELLOWSHIP

The International Neonatal Medicine (INM) Fellowship aims to train pediatricians that would like to practice neonatal medicine in low resource environments and enable them to enhance neonatal care in their own country. This fellowship program will allow them to develop skills to work as a multidisciplinary team in both the Neonatal Intensive Care Unit (NICU) and Obstetrics in order to become an agent of transformation. Trainees will also have the opportunity to develop a specific area of interest in neonatal medicine, e.g. Infection Control or Neurology, with the realization of a scholarly project. This is the only fellowship program in Canada offering comprehensive training in this area. Mature, motivated fellows will be mentored towards becoming a Pediatrician leading changes in neonatal medicine in their country.

PREREQUISITE

The applicant must have completed pediatric residency training and obtained a pediatric certificate.

SERVICE/EDUCATION BALANCE

Service requirements will be similar to ones of the Neonatal-Perinatal Medicine Training Program, will follow FMSQ union rules and include commitments to in-house call, participation to teaching and administrative work. Education is prioritized for fellows with protected time for teaching, attend special training sessions or presentations and to realize their scholarly project. The balance between service and education will be monitored by the Advanced Pediatric Training committee, which has a fellow representative.

PROGRAM DESCRIPTION

The Montreal Children's (MCH) NICU is at once a perinatal unit and a referral center for the entire province of Quebec. The Maternal Fetal Medicine physicians at the Royal-Victoria treat a high proportion of high risk pregnancies, these include mothers of a fetus with congenital anomaly requiring immediate attention at birth by neonatologists and other pediatric medical or surgical specialists. The MCH NICU is also a reference center for neonates with perinatal asphyxia, neurological and neurosurgical problems, cardiac anomalies, airway malformations or other congenital malformations as well as for neonates with complications related to prematurity such as necrotizing enterocolitis and bronchopulmonary dysplasia from many centers in the province. These neonates are transported by a specialized transport team. The NICU admits close to 900 neonates per year and the Royal-Victoria Hospital counts 3,000 deliveries per year.

The work at MCH’s NICU is largely based on a multidisciplinary approach and it includes not only nurses and respiratory therapists, but also paediatricians, pharmacists, nutritionists,
occupational therapists, social workers and Neonatal Nurse Practitioners (NNP). They all constitute excellent opportunities for trainees to learn to work as a team.

The NICU rotation at the Montreal Children’s Hospital offers rich opportunities to INM fellows to acquire many competencies necessary to their future practice. With respect to the acquisition of the competencies described in this document, the NICU rotation needs to be viewed as a longitudinal ensemble of clinical rotations, calls, teaching, divisional activities and other clinical activities during the 1-year training (thirteen 4-week rotations), during which the fellow gains significant clinical and educational experience. There are nine (9) mandatory NICU rotations during the 1-year training, the first two rotations designated as “orientation” rotations will allow the resident to become acquainted with North-American Medicine. It will then be followed by 7 rotations designated as “junior” rotations. It is expected that the depth of knowledge and abilities, and, concomitantly, the level of responsibilities of the trainee, will increase with progression through the program. Within the context of the McGill INM fellowship, the NICU rotations contribute specifically to the acquisition of distinct competencies related to the care of an antenatal and neonatal population presenting prematurity and related issues, congenital anomalies, surgical, cardiac and neurological conditions or requiring subspecialty consultation and care.

Furthermore, as infection control and antibiotic stewardship are important parts of a Neonatal Unit management in all neonatal units and especially in low income countries, the INM fellow will spend one (1) rotation in Infectious Diseases as an introduction to the two (2) rotations with the Infection Control Team and will be a member of the Antibiotic Stewardship Team in the NICU that will follow very closely the incidence of infection as well as the antibiotic utilization.

Lastly, the INM fellow will spend one (1) rotation in the Neonatal Follow-up Clinic where the neonates at risk for neurodevelopmental problems are followed.

**GENERAL OBJECTIVE**

Upon completion of the thirteen (13) rotations in the NICU in Infection Control and NNFU, the INM fellow will demonstrate competence in clinical knowledge, skills and attitude in the practice of neonatal medicine in an advanced Level II NICU and will have acquired some basic competencies in Infection Control. This will enable the resident to move gradually from practicing under direct supervision to being ready to start conducting rounds and manage daily operations of his/her team with close supervision from a neonatologist. In relation to the specificities of the patient population in the NICU, the INM fellow will gain expertise particularly in the advanced perinatal and postnatal management of respiratory disorders, various congenital anomalies, including neurological conditions and surgical problems. It will prepare them to develop partnership with other physicians and with nurses.

Upon completion of his/her rotations with the Infection Control Team, he/she will have acquired the knowledge and the attitudes to develop educational programs and lead environmental changes in his/her own institution. In relation with the Infection prevention and control, and the
antibiotic stewardship committee, he/she will gain expertise to be able to act as a consultant or committee chair in his/her own institution. Lastly, upon completion of the rotation in NNFU, they will be familiar with the short and long-term sequelae of prematurity, asphyxia, chronic lung disease, respiratory failure in near-term infants, retinopathy of prematurity, hearing deficits and multiple anomalies, and understand what type of structure is required to conduct the follow up of these patients at risk. This is particularly of interest for these trainees as structured follow up does not generally take place in low resource areas and it could help the trainees to be prepared to develop this clinical expertise.

In house calls will be 4 weekdays and 2 weekend days per block, in compliance with FMRQ as per resident union agreement.

**SPECIFIC OBJECTIVES**

**MEDICAL EXPERT**

On completion of the program, the INM fellow will demonstrate the following competencies:

**NEONATOLOGY**

A) Integrate gradually the role of a consultant, incorporating the CanMEDS Roles in order to provide, under close supervision of a neonatology supervisor, quality and ethical patient-centered and family-centered care:

- Perform an antenatal consultation for the pregnant woman and the infant, and their families, including the presentation of recommendations in written and oral form in response to a request from another health care professional.
- Demonstrate use of all CanMEDS competencies relevant to Neonatal Medicine
- Identify and gradually take responsibility in responding to the ethical issues that arise in the practice of Neonatal Medicine, including but not limited to limits of viability and life-threatening congenital anomalies
- Develop progressively the ability to prioritize professional duties when faced with multiple patients, problems, and issues
- Demonstrate compassion in patient and family-centred care

B) Establish and demonstrate increasing knowledge of the basic and clinical sciences applicable to the practice of neonatal medicine, including:

B.1: Antenatal period:

- Maternal physiological and pharmacological influences on the fetus
- Maternal factors influencing neonatal outcome: maternal disease, maternal medications, and maternal substance use
- Psychology of pregnancy and maternal/infant interaction.
- Placental function, including circulation, gas exchange and growth
- Normal and aberrant fetal physiology
- Normal and aberrant fetal development and nutrition

B.2: Delivery room practice and resuscitation of newborns
Physiological and biochemical adaptation to birth
Assessment, resuscitation, and stabilization of healthy and at risk preterm and term newborns
Temperature regulation

B3: Postnatal intensive and convalescent care
Normal physiology of the neonatal period, including but not limited to differences between the term and preterm infant
Growth, development, and nutrition of the normal and abnormal infant
Risk factors for impaired outcome such as neonatal chronic lung disease, retinopathy of prematurity, hydrocephalus, cerebral palsy, necrotizing enterocolitis.
Indications, function, and limitations of biomedical devices used in monitoring the acutely ill infant:
  - Cardiorespiratory monitors
  - Amplitude-integrated electroencephalography
  - Non-invasive ventilators
  - Conventional mechanical ventilation
Neonatal pharmacology and therapeutics
Long-term outcome of infants treated in the NICU
Parental/infant interaction especially in the high risk setting

C) Perform a complete, problem-solving oriented, assessment of the fetal and neonatal patient for the purposes of diagnosis, management, health promotion, and disease prevention:

- Elicit a maternal, perinatal, neonatal, and family history that is relevant, concise and accurate
- Perform a focused physical examination of the infant that is relevant, accurate, and adapted to the patient’s clinical status and gestational age
- 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,
- Use of invasive and non-invasive diagnostic tests and procedures

D) Demonstrate knowledge and increasing competence in diagnosing and managing neonatal situations and problems including, but not limited to:

- Recognize and develop gradual independence in managing emergency situations in the delivery room, NICU and newborn nursery:
  - Principles and techniques of resuscitation and post-resuscitation stabilization
  - Vascular access: umbilical venous and umbilical arterial catheterization, peripheral arterial lines
- Chronic lung disease
- Congenital heart disease
- Neonatal surgical conditions, including but not limited to congenital diaphragmatic hernia, gastrochisis, tracheoesophageal fistula (TEF), esophageal atresia, and neural tube defects
- Neonatal surgical emergencies
- Neurological acute and chronic disorders
- Neonatal metabolic imbalances and inborn errors of metabolism
- Congenital anomalies
- Recognition and management of discomfort and pain
- Ensure appropriate informed consent is obtained for investigations and therapies
-Ensure patients and their families receive appropriate, compassionate, and ethical end-of-life care

**E) Select and use appropriately, in a cost-effective and ethical fashion, investigation tools.**

-Implement a management plan in collaboration with the patient’s family and other members of the health care team
-Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to Neonatal Medicine
-Apply an understanding of the physiology of the infant in the prescription of medications and other therapies

**F) Demonstrate appropriate use and increasingly proficient performance of procedural skills, both diagnostic and therapeutic**

-Initial assessment of the newborn, including Apgar score and gestational age.
-Endotracheal intubation
-Surfactant administration and its complications
-Laryngeal mask airway insertion
-Chest tube placement
-Thoracocentesis
-Blood sampling: capillary, venous, arterial, and from indwelling catheter
-Peripheral intravenous (IV) catheter placement
-Peripheral arterial catheter placement
-Umbilical arterial and venous catheter placement
-Peripherally inserted central catheter (PICC) placement
-Exchange-transfusion, partial and complete
-Urinary catheter placement
-Suprapubic aspiration of the bladder.
-Pericardiocentesis
-Lumbar puncture
-Oro-/nasogastric tube placement
-Paracentesis
-Pain and distress, i.e. in patients requiring painful procedures.
-Procedural complications and their prevention
-Ensure appropriate informed consent is obtained for procedures
-Document and disseminate information related to procedures performed and their outcomes
-Ensure appropriate follow-up is arranged for procedures performed

**G) Take gradual responsibility in coordinating effectively the discharge and follow-up of NICU patients.**

**H) Seek appropriate consultation from other health professionals, recognizing the limits of their own expertise**

-Demonstrate effective, appropriate, and timely consultation with other health professionals as needed for optimal patient care,
-Arrange appropriate follow-up care services for patients and their families/caregivers
INFECTION CONTROL

A) Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care

- Perform a consultation effectively, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional
- Recognize that the nature of infectious diseases such as outbreaks, is unpredictable, making it important that the INM fellow be able to demonstrate flexibility and strong prioritization skills
- Demonstrate medical expertise in situations other than direct patient care, such as infection prevention and antimicrobial stewardship.

B) Establish and maintain clinical knowledge, skills and attitudes appropriate to the practice of Infection Control

- General knowledge of Infectious agents: taxonomy, physiology, life cycle, virulence factors, pathology, and antimicrobial susceptibility of microorganisms that cause human disease
- General knowledge of acute and chronic pediatric infectious diseases relevant to Infection Control, including but not limited to viral, bacterial, mycobacterial and fungal infections.
- General knowledge of risk factors for healthcare-associated infections, including but not limited to invasive devices, surgical and invasive procedures, failure to adhere to routine practices, antibiotics.
- Infection prevention and control
  - Discuss the duties and responsibilities of the infection control professional and hospital epidemiologist
  - Discuss principles of routine practices and additional precautions
  - Recognize an outbreak and describe the principles of outbreak investigation
  - Discuss surveillance methods
  - Describe infection prevention and control interventions, including educational strategies
  - Describe the principles and practice of disinfection and sterilization, including implications of disinfection and sterilization failure
  - Outline the strategies to prevent surgical site and device-associated infection
- Medical microbiology and clinical laboratory testing
  - Discuss proper specimen selection, collection, and transportation
  - Interpretation of results as these relate to the following:
    - Gram stain
    - PPD testing
    - Antimicrobial susceptibility testing
    - Methods for isolation and identification of common organisms
- Antimicrobial agents and other infectious diseases therapies:
  - Demonstrate knowledge of classification of licensed antimicrobial agents and their micro-organism coverage
  - Demonstrate knowledge of the principles of chemoprophylaxis, including but not limited to surgical perioperative chemoprophylaxis
- Antimicrobial stewardship:
- Describe the epidemiology of antimicrobial resistance, including its prevalence, incidence and contributing factors
- Demonstrate knowledge of the implications of antimicrobial resistance at patient, health care setting, and community levels
- Discuss strategies to promote judicious use of antimicrobials
- Discuss benefits associated with antimicrobial stewardship programs
- Discuss organization and implementation of antimicrobial stewardship programs at the hospital level

**NEONATAL FOLLOW‐UP**

The resident should demonstrate competency in the following:
- Demonstrate an understanding of the developmental needs of sick newborns
- Demonstrate knowledge of routine developmental screening tests (i.e. hearing screening).
- Acquire knowledge of growth, neurodevelopmental, and medical outcomes of the neonatal conditions including prematurity, disorders of intrauterine growth, cardiac anomalies, respiratory failure, bronchopulmonary dysplasia, asphyxia, neurologic and metabolic conditions, perinatal infections, congenital anomalies.
- Demonstrate knowledge of optimal nutrition in the first year, including support for breast-feeding.
- Demonstrate ability to perform an adequate neonatal neurodevelopmental exam.
- Be able to plan and organize the discharge from the NICU of neonates with a variety of complex needs.
- Demonstrate knowledge of normal and abnormal developmental trajectories for the infant and young child, particularly in respect to prematurity, birth asphyxia, neonatal respiratory failure.
- Be aware of the procedures and diagnostic tests needed to diagnose the major developmental sequelae of neonatal diseases (i.e. cerebral palsy, hypoxic-ischemic encephalopathy, developmental delays, communication disorders, learning disabilities).

**COMMUNICATOR**

On completion of the program, the INM fellow will demonstrate the following competencies:

- **A) Establish effective therapeutic relationships with families of ill newborns characterized by understanding, trust, respect, honesty, and empathy:**
  - 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
  - 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
  - Demonstrate respect and understanding of the family’s value systems
  - Support and counsel families who are experiencing the stress of a high-risk pregnancy or a critically ill newborn or infant, or following the death of an infant
  - Respect patient and family confidentiality, privacy, and autonomy
  - Listen effectively
  - Demonstrate awareness and responsiveness to nonverbal cues
  - Organize and effectively facilitate structured clinical encounters, including but not limited to antenatal and postnatal consultations, family meetings, and follow-up assessments
B) Collect and synthesize effectively relevant information and perspectives, involving parents, families, colleagues, and other professionals:

- Collect and utilize information about the pregnancy, including maternal perinatal screening and serology, and fetal imaging and testing, as well as perinatal and postnatal evolution of infant and mother, when providing care for the infant
- Collect and synthesize information from health 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
- Collect and synthesize information from patients’ families, caregivers, including family’s beliefs, concerns, expectations and illness experience.

C) Convey relevant information and explanations to patients and families, colleagues, and other professionals

- Select, synthesize and deliver information effectively to colleagues and other professionals
- Deliver information to families 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.
- Demonstrate awareness about the role and impact of verbal and non-verbal language used to deliver information, especially in a crisis situation, in the perception and decision-making of the patient’s family and of other health care professionals involved.

D) Develop a common understanding on issues, problems, and plans with patients, families, colleagues, and other professionals to develop a shared plan of care

- Identify and effectively explore problems to be addressed from a patient and family encounter, including the family’s context, responses, concerns, and preferences
- 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
- Demonstrate skill in working with families with different ethno-cultural or language backgrounds
- Encourage discussion, questions, and interaction in interdisciplinary and family encounters
- Engage families and relevant health professionals in shared decision-making to develop a plan of care
- Demonstrate an effective approach to various communication situations, including but not limited to obtaining informed consent, delivering bad news, disclosing errors or adverse events, and addressing anger, confusion, and misunderstanding

E) Convey effective oral and written information about a medical encounter

- Maintain clear, accurate, and appropriate records of patient evolution, discussion on rounds, clinical encounters and plans
- Present concise and accurate oral reports of clinical encounters and plans
- Convey medical information to ensure safe transfer of care, including but not limited to daily sign outs, transfer of patients to other care teams and discharges.
COLLABORATOR

On completion of the program the INM fellow will demonstrate the following competencies:

A) **Participate effectively and appropriately in an interprofessional health care team**

- Recognize and respect the diverse roles, responsibilities, and competences of other professionals in relation to their own
- Work with others to assess, plan, provide, and integrate care for individuals and groups of patients:
  - Develop a care plan for the infant, including investigation, treatment, and continuing care, in collaboration with the members of the interprofessional team
  - Collaborate as a member of a cohesive interprofessional team in a consistent manner with patients and their families
  - Demonstrate an understanding of the coordinated approach to care by multidisciplinary ambulatory teams dealing with chronic lung disease of prematurity (BPD), feeding, developmental and rehabilitation issues and long-term care of the family.
- Provide effective consultation services to, and consult appropriately with other health care professionals involved in the care of newborns.
- Respect team ethics, including confidentiality and professionalism
- Demonstrate leadership in a health care team, where appropriate

B) **Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflict**

- Demonstrate a respectful attitude towards colleagues and members of an interprofessional team
- Work with other professionals to prevent conflicts
- Employ collaborative negotiation to resolve conflicts
- Respect differences and address misunderstandings
- Recognize one’s own differences, misunderstanding, and limitations that may contribute to interprofessional tension

LEADER

On completion of the program, the INM fellow will demonstrate the following competencies:

A) **Contribute to the effectiveness of the neonatal care unit and Health Care activities**

- Manage clinical rounds under close supervision of the neonatologist consultant, as well as the transfer and transition of patient care, in an effective manner
- Demonstrate an understanding of and participate to the unit’s quality improvement and risk management activities, occurrence/incident reporting, and complaint management
- Work collaboratively with others in their organizations to advise on infection prevention and control activities and antimicrobial utilization strategies
- Attend an infection control committee if possible
- Undertake audits related to such areas as health care associated infections and antimicrobial use in collaboration with other health care personnel
B) Manage his/her practice effectively

- Set priorities and manage time to balance professional and personal responsibilities
- Prioritize urgent problems and delegate, as appropriate, in a feasible and timely manner.
- Use information technology appropriately for patient care, including but not limited to electronic health records as a source of patient care information and to facilitate its dissemination
- Recognize the issues of privacy and confidentiality related to electronic patient information

C) Allocate finite health care resources appropriately

- Recognize the finite nature of health care resources and demonstrate their responsible use, balancing effectiveness, efficiency, and access with optimal patient care

HEALTH ADVOCATE

On completion of the program, the INM fellow will demonstrate the following competencies:

A) Respond to individual patient and family health needs and concerns as part of patient care

- 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
- Identify opportunities for advocacy, health promotion, and disease prevention with patients and families to whom they provide care, including hand hygiene
- Assist families in accessing social services and financial resources necessary for the care of their infant and family before birth, during hospitalization, and at discharge
- Provide anticipatory guidance to families with regard to care and safety of their infant, particularly in preparation for discharge from hospital
- Plan optimal follow-up upon discharge

B) Identify the determinants of health and subsequent health needs for the communities and populations under his/her care

- Describe the communities and populations under his/her care, identifying pertinent determinants of health, risk factors for marginalization, and barriers to accessing care and resources that can affect perinatal health and neonatal outcomes
- Recognize groups within the community that he/she serves 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
- Identify health care issues in the general population that are relevant to Neonatal Medicine, including but not limited to substance use and mental health

C) Respond to the health needs of the patient population under his/her care

- Identify and respond appropriately to opportunities for advocacy, health promotion, resource allocation, and disease prevention in his/her patient population
- Recognize the potential for competing interests between the patient population served and other populations. For example, be aware of the need for ongoing advocacy for children with
disabilities and their families in respect to provision of services and be aware of the need for appropriate palliative care in the ambulatory setting for children with potentially lethal medical and developmental problems and the impact of cultural and political differences on end-of-life care.

- Recognize that isolation and quarantine measures to prevent the spread of infection may interfere with the patient’s autonomy, liberty and quality of care

**SCHOLAR**

On completion of the program, the INM fellow will demonstrate the following competencies:

**A) Start and maintain professional activities through ongoing learning**

- Recognize and reflect on learning issues in practice
- Recognize deficits in knowledge and show increasing ability to correct through targeted learning
  - Pose an appropriate learning question
  - Access and interpret the relevant evidence
  - Integrate new learning into practice

**B) Critically evaluate medical information and its sources and apply this appropriately to practice decisions**

- Critically appraise retrieved evidence in order to address a clinical question
- Integrate critical appraisal conclusions into clinical care

**C) Demonstrate skill in facilitating the learning of patients, families, students, residents and other health professionals**

- Identify collaboratively the learning needs and desired learning outcomes of others
- Select teaching strategies and content to facilitate others’ learning, including families and health care professionals, based on the principles of adult learning
- Deliver effective presentations, including but not limited to journal clubs
- Reflect on teaching encounters
- Provide effective feedback to junior learners

**PROFESSIONAL**

On completion of the program, the INM fellow will demonstrate the following competencies:

**A) Demonstrate an understanding of medical professionalism**:

- Recognize and demonstrate that medical professionalism is reflected in personal attitudes and behaviors,
- Recognize and demonstrate that physicians must uphold the common values of medicine as a profession even if personal values may vary or differ
B) Demonstrate a commitment to their patients, profession, and society through ethical practice

- Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect, empathy, and altruism
- Demonstrate a commitment to deliver the highest quality care, including an ongoing evaluation of one’s abilities, knowledge and skills, and recognition of one’s limitations
- Recognize and appropriately respond to ethical issues relating to Neonatal-Perinatal Medicine and use this understanding in providing care
- Recognize and appropriately manage real, perceived, or potential conflicts of interest
- Recognize the principles and limits of patient and family confidentiality as defined by professional practice standards and the law
- Maintain appropriate boundaries with patients and families

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

- Demonstrate knowledge and understanding of the professional, legal, and ethical codes of practice, including but not limited to:
  - Withholding and withdrawal of life-sustaining treatment
  - Truth telling
  - Informed consent
  - Privacy and confidentiality in all patient encounters
  - End-of-life care
  - Conflict of interest
  - Resource allocation
  - Research ethics
- Recognize and respond appropriately to others’ unprofessional behaviors in practice

PROJECT

Didactic Training:

1. Green Belt Lean Six Sigma Training will provide to the trainee the knowledge and the tools to initiate and sustain quality improvement projects.
2. Infection Control Training Modules to be taken online to acquire the basic knowledge: [http://www.fellowscourse.shea-online.org/Default.aspx](http://www.fellowscourse.shea-online.org/Default.aspx)

As a member of the Antimicrobial Stewardship group, will contribute to the activities of the committee. Coordinates the data collection of culture results and antibiotic usage. Participate to the weekly rounds and make recommendations.

EVALUATIONS

Mid-rotation evaluations

Face-to-face meeting with Fellowship Director
Formal evaluation q 1 month
The Fellow will receive a formal evaluation every month. This evaluation will include the completion of a written report activities, accomplishments, and challenges. In addition to this
global evaluation, the fellow will receive feedback on specific rotations through pre-existing structured assessment tools, such as One45 program. The Fellow participating in teaching sessions will receive written feedback on his/her presentations from the supervisor. The Fellow will provide feedback to the Fellowship Director at each 4 months review and can also provide feedback at the Advanced Pediatric Training Committee meetings, via their fellow representative.