**To be completed on an official letter head of the institute**

**Annexure – RP - NEONATOLOGY**

**ROTATIONAL POSTING OF DrNB TRAINEE(S) IN NEONATOLOGY:**

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| **Tentative schedule as per DrNB curriculum** | **Department/Area of Rotation** | **Name & Address of the institute/hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| 27-30 Months | 1st Year | Neonatal resuscitation protocol Care of normal newborn, low birth weight, preterm & sick neonates Neonatal ventilation Communication skills Research methodology |  |  |
| 2nd Year | All of above plus Neonatal surgery Total Parenteral nutrition High frequency ventilation Neonatal autopsy Neonatal radiology including imaging techniques Perinatology Community neonatology Teaching methodology Analytical & managerial skills |  |  |
| 3Rd year | All of above plus Recent advances Fetal medicine National programs  |  |  |
| 3-6 Months | **Essential rotation** |  |  |  |
| 1 month | Perinatology: Obstetrics |  |  |
| 15 days | Neonatal surgery |  |  |
| 1 month | Community neonatology |  |  |
| 2 months | Extramural |  |  |
| **Optional rotation** |  |  |  |
| **3 months** | The department will have flexibility of additional rotationsfor up to 3 months in the above mentioned areas or in other relevant areassuch as (neonatal cardiology, cardiac surgery, rehabilitation services, genetics,perinatal pathology, imaging, neonatal ophthalmology, epidemiology &bio-statistics, information & educational technologies etc.) depending upon thestrength of the disciplines and functional requirements at the concernedinstitutions |  |  |

\* *A copy of MOU should be submitted with other NBE accredited institute/hospital or medical college where DrNB trainees are posted for any of the above rotations, if the same is not feasible within the institute/hospital.*

It is herewith certified that DrNB trainees are/shall be rotated in all of the above disciplines as per the prescribed DrNB Neonatology curriculum.

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| **Signatures of Head of the Department/ Course Director with stamp** | **Signature with official stamp of Administrative Head of the Institute/Hospital**(Authorized signatory on behalf of applicant hospital) |