

ROTATION SUMMARY

ROTATION: University Medical Intensive Care Unit

EDUCATIONAL PURPOSE:

1. To expose housestaff to acute medical conditions encountered in a Medical intensive care unit.
2. To develop skills to manage acute, life-threatening medical conditions including complications of diseases or treatment.
3. To develop a “holistic” approach to the critically ill medical patient with acute medical conditions.
4. To appreciate the significance of “transitions” of care between the ICU and inpatient settings.
5. To use clinical experiences to stimulate expansion of medical knowledge and clinical skills.

Competency – Based Objectives

1. Patient Care

By active participation in patient care, the learner will be able to recognize and define the etiology, pathogenesis, clinical presentation and natural history of a broad range of critical medical conditions. The learner will demonstrate compassionate, appropriate, and effective treatments for these health problems, and will promote efforts for future preventive measures.

2. Medical Knowledge

The learner will demonstrate the ability to expand their knowledge base with respect to intensive care medicine. In addition, the learner will develop attitudes and skills needed for continued self-education to further their understanding of standard and investigational therapeutic modalities.

3. Practice Based Learning

The learner will develop skills in data-driven approaches to the clinical practice of critical care. This will include retrospective analysis of clinical cases in an effort to apply new knowledge to future clinical scenarios.

4. Interpersonal and Professional Communication Skills

The learner will demonstrate the ability to effectively communicate with patients, families, ancillary staff, peers, and faculty. Emphasis will be placed on the development of effective strategies for dealing with difficult situations including end-of-life decisions, giving bad news, and conflicts with other providers.

5. Professionalism

The learner will demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, and a responsible attitude towards patients, the profession, and society.

6. Systems – Based Practice

The learner will demonstrate the ability to use systems – based resources to provide care that is of optimal value. In addition, the learner will be encouraged to suggest possible improvements in systems that might affect better patient outcomes.

TEACHING METHODS:

1. Attending-driven, formative feedback based on observations of resident skills on a frequent, real-time basis.
2. Formal attending rounds 10-15 hrs/wk.
 - a. Bedside teaching
 - b. Case-based discussions
 - c. Didactic sessions (topics include: respiratory failure, ventilator management, shock, acid-base disorders, hemodynamic monitoring, hospital acquired infections, management of acute intoxications/drug overdoses, coma and brain death)

DISEASE MIX:

1. Common life-threatening medical conditions (ie. respiratory failure, septic shock, liver failure, acute renal failure, acute GI bleeds, DKA).
2. Less common medical specialty conditions (ie. acute ingestions, overdoses, acute CVA's, hypertensive crisis).
3. Tertiary care referral patients (same as 1 and 2)

PATIENT CHARACTERISTICS:

1. Adolescent to Geriatric population
2. Referral-based population
3. Community-based primary care population.
4. Post-operative surgical patients.
5. Multi-ethnic/Multi-cultural patient base.

TYPES OF ENCOUNTERS:

1. Initial H&P, assessment and plan.
2. Follow-up inpatient care.
3. Urgent/emergent evaluations.

PROCEDURES:

1. Arterial lines
2. Central Venous Line
3. Lumbar Puncture
4. Thoracentesis
5. Paracentesis
6. Nasogastric Tube Placement
7. Pulmonary Arterial Catheters

READING MATERIALS:

1. Case-based reading as self-stimulated, or directed by teaching attending.
2. Textbook: Irwin RS, Rippe JM, *Intensive Care Medicine*, 5th Ed, Lippincott Williams & Wilkins

EDUCATIONAL RESOURCES:

1. Teaching Faculty
2. Consultant Faculty
3. Standard Texts (resident library)
4. Up to Date Database
5. Ovid/Medline Literature Search On-line
6. Medical School Library

PATHOLOGIC MATERIAL:

1. Biopsy specimens
2. Autopsy Specimens
3. Urinalysis/Gram Stain/Culture/Peripheral Blood Smear specimens

METHODS OF EVALUATION:

1. Direct observation with formative feedback..
2. Summative evaluation by peers (Internet-based via “e’value”).
3. Summative evaluation by teaching faculty (Internet-based via “e’value”).
4. See Schwartz grant proposal for competency-based curriculum.

ACGME WORK DUTY GUIDELINES: (University Campus)

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| Long Call: | (every 3 days) | 24 hours |
| Post Call: | (leave by 11:30 weekdays/ 1:30 weekends) | 4-6 hours |
| Pre Call: | (leave by 1:30) | 6 hours |

One pre-call day off per 7 days.

Housestaff work hours will average 73.3 hours/week over four weeks.