

VALA SURGICAL INTENSIVE CARE UNIT GOALS AND OBJECTIVES BY ROTATION

GOALS	EDUCATIONAL OBJECTIVES	CLINICAL RESPONSIBILITIES / ACTIVITIES	EVALUATIONS
<p>Patient Care: To provide the resident with clinical experience in the critical care management of adult patients that is compassionate, appropriate, and effective.</p> <p>It is important that residents manifest altruism, patience, sensitivity, respect for others and confidentiality. Optimal patient care is best assured when residents play the role of patients' advocates, keeping the patients' best interest as the primary focus. Residents must be always cognizant of the patients' rights of self-determination and decision-making. Proper use of informed consent, advanced directives, durable power of attorney for health care, decision making by surrogate, disclosure and confidentiality is expected.</p>	<p>Residents will be expected to build upon already acquired fundamental clinical skills including:</p> <ol style="list-style-type: none"> 1. Obtaining a comprehensive medical history 2. Performing a comprehensive physical examination 3. Assessing the patient's medical condition 4. Making appropriate use of diagnostic studies and tests 5. Integrating information to develop a differential diagnosis 6. Implementing a treatment plan <p>Residents will participate in all bedside procedures and acquire technical skills in the following areas, which may include:</p> <ol style="list-style-type: none"> 1. Airway management and laryngoscopy 2. Application of ACLS protocol 3. Diagnostic and therapeutic bronchoscopy 4. Insertion and management of invasive monitors 5. Initiation and weaning of vasopressors and inotropic support 6. Bedside echocardiographic examination 7. Cardioversion 8. Percutaneous cricothyroidotomy/tracheostomy 9. Percutaneous thoracostomy tube insertion 10. Placement and management of neuroaxial and peripheral nerve blocks 	<ol style="list-style-type: none"> 1. The WLAVA ICU rotation is 4 weeks long. 2 residents will be assigned to the ICU each rotation and will share the responsibilities of clinical patient care. Residents are expected to read and discuss contents of this curriculum with their ICU preceptor at the start of the ICU rotation at the VA hospital. 2. Residents are expected to have acquired some experience in airway management. 3. The ICU attending physician and the anesthesiology residents assigned to the rotation will provide daily management of the VA surgical ICU patients. Closeness of supervision will vary inversely with the level of resident's expertise. Clinical care will be coordinated with the primary surgical team as well as all subspecialty consultants. 4. Most patients are admitted to the VA ICU in the postoperative period immediately following a major surgical procedure. Some patients will be admitted to the ICU for hemodynamic optimization and monitoring before surgery. Residents are expected to follow all surgical ICU patients regardless of the primary service. 	<ol style="list-style-type: none"> 1. Faculty evaluations. 2. Quarterly meeting with program director.

5. Bedside ICU teaching rounds will be conducted every morning, where patient's progress, lab values, radiographic and all investigational studies will be discussed. This will be followed by a didactic session on an ICU relevant topic.
6. Both residents have to attend teaching rounds as well as the didactic session, after which the post-call resident will be dismissed. AM resident is expected to report to the unit promptly at 7 am for attending bedside rounds and morning sign-out. PM resident is expected to have all relevant clinical information, overnight events, lab results etc readily available for the am rounds.
7. The on-call resident is expected to be present for ICU rounds with fellows and attending from surgical services as well as any other consultants. In this capacity, the ICU resident will act as a liaison or coordinator of patient care, assuring open lines of communication in a multidisciplinary care environment.
8. The resident covering the unit is responsible to admit and follow up on all patients admitted to the surgical ICU. Residents are expected to interview and evaluate admitted patients, write an admission note, discuss admission with the attending on call and coordinate the care of the patient with other physicians and professional associates. Admission note will be supplemented with daily progress notes until patients are discharged from the unit to the floor. Patients discharged to the step-down unit will continue to be followed by the ICU team, for continuity of care, until discharged to the floor.
9. While covering the unit, the resident is expected to be and remain in-house until relieved from clinical duties. Leaving the VA premises is not permitted while on duty. Should the on-call ICU resident have to leave the premises for any reason, he/she should notify the ICU attending on call first.
10. On-call residents are expected to be at the bedside and are encouraged to actively participate in all bedside procedures performed on ICU patients. Consent from

		<p>the patient or family member will be obtained before any elective procedure. A brief procedure note will be dictated or written in the patient's chart following each performed procedure. Residents are responsible for logging and keeping track of the patients they participated in their care and of all the procedures they performed during the ICU rotation.</p>	
<p>Medical Knowledge: To acquire the advanced clinical and applied science knowledge pertinent to the management of the critically ill patient.</p>	<p>Residents will have a chance to learn as well as apply their knowledge to ICU patients in the following areas:</p> <ol style="list-style-type: none"> 1. Cardiac and respiratory resuscitation 2. Application, management and weaning of mechanical ventilation 3. Recognition and management of life-threatening arrhythmias 4. Management of shock and heart failure 5. Diagnosis and management of sepsis and other infections 6. Prevention, diagnosis and management of renal dysfunction 7. Diagnosis and management of neurological dysfunction 8. Metabolic, nutritional and endocrine effects of critical illnesses 9. Hematological and coagulation disorders 10. Monitoring and medical instrumentation 11. Diagnosis and treatment of acute, chronic and cancer-related pain 12. Diagnosis and management of ICU-related psychosomatic disorders 13. Ethical issues related to ICU care 	<ol style="list-style-type: none"> 1. Daily morning didactic sessions, monthly grand rounds 2. Patient evaluations. 3. Individual supervision and instruction in the ICU. 4. Directed independent study. 5. Annually scheduled lectures. 	<ol style="list-style-type: none"> 1. Faculty evaluations. 2. Self evaluations. 3. Quarterly meeting with program director.
<p>Practice Based Learning: To be able to investigate and evaluate their own patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.</p>	<ol style="list-style-type: none"> 1. Use information technology, on-line resources, expert consultation, and primary texts to expand their knowledge base. 2. Learn to critically evaluate the critical care literature. 3. Apply scientific evidence to decision making. 4. Compare evidence-based practice to commonly taught experience based decision making to develop a personal practice strategy. 5. Use self-reflection in the analysis of the practice experience and perform practice-based improvement activities. 	<ol style="list-style-type: none"> 1. The residents are encouraged to monitor their own personal progress and to evaluate their performance with their preceptor during the VA ICU rotation. 2. Actively participate in evidence-based medicine journal clubs, present problems or interesting clinical scenarios at QI/QA or morbidity and mortality conferences 3. Use information technology to perform literature search and access on-line medical literature. 4. Find and assess evidence from studies related to the VA patients' health problems. 5. Review and discuss supporting literature with the supervising faculty. 6. Residents are highly encouraged to participate in on-going research projects and case reports while rotating through the VA ICU. 7. Attend faculty lectures on statistics and 	<ol style="list-style-type: none"> 1. Daily faculty-resident interaction in the ICU. 2. Self evaluations. 3. Faculty evaluations. 4. Quarterly meeting with program director.

		critical literature evaluation. 8. Facilitate the learning of interns, students and other health care professionals.	
Interpersonal and Communication Skills: To be able to demonstrate communication skills that result in effective information exchange and appropriate interaction with colleagues, patients, and ancillary personnel	1. Demonstrate the ability to present information about patient care to their attendings, attendings from other services, fellows, residents, nursing staff, family members and other members of the care team. 2. Effectively conduct patient interviews, obtain consents for treatment or procedures performed, clearly communicate therapeutic plans, share bad news, and explain treatment expectations. 3. Learn techniques to decrease patient and patient family anxiety. 4. Demonstrate the ability to effectively communicate concerns with members of the healthcare team. 5. Demonstrate effective communication about medical literature and relevant publications applicable to common ICU problems. 6. Learn strategies and techniques for teaching medical students the principles of critical care medicine.	1. Modeling by the ICU faculty. 2. Interact with patients and their families. 3. Discuss patient evaluation and plan with the supervising faculty and pertinent members of the health care team. 4. Experience teaching medical students.	1. Daily faculty-resident interaction in the ICU. 2. Faculty evaluations. 3. Feedback from medical students. 3. Quarterly meeting with program director.
Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.	1. Residents' behavior and demeanor is expected to reflect their adherence to ethical principles, manifesting respect, compassion and integrity at all times. 2. Demonstrate sensitivity to patients' gender, beliefs, needs, disabilities and must demonstrate a commitment to their duties towards the patients, the family members and all other parties involved in patient care, including attendings, fellows and residents, nursing staff and ancillary staff. 3. Learn communication techniques with patients and families of different cultural backgrounds who possibly speak little English. 4. Understand the legal and ethical issues involved in patient consent. 5. Demonstrate a commitment to advocating patient care that is appropriate for their individual needs. 6. Adhere to institutional and departmental standards and policies. 7. Demonstrate ability to appropriately take on, share and delegate patient care responsibilities. 8. Demonstrate the ability to effectively balance one's own personal affairs with clinical and educational duties as outlined in this document. 9. Demonstrate a commitment to ongoing professional development. 10. Learn how to discuss and record cases with complications and/or poor outcomes.	1. Modeling by the ICU faculty. 2. Attendance at conferences where many of these issues are discussed. 3. Evaluate the VA ICU rotation and to provide feed-back about its strengths and weaknesses. This feed-back will help us recognize residents' learning needs and will serve to improve the ICU rotation for future learners. 4. Evaluate their preceptor within a week of termination of the rotation.	1. Daily faculty-resident interaction in the ICU. 2. Monthly on-line faculty evaluations. 3. Quarterly meeting with program director.

Systems Based Medicine:

To be familiar with the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

1. Residents must be aware of and understand the VA health care delivery system in order to effectively request the various system resources.
2. Residents must be cognizant of and practice cost effective health care and resource allocation without compromising the quality of patient care or patient safety.
3. Residents are expected to team with physicians from other specialties and all the other health care providers involved with patient care in order to improve patient outcomes.
4. Learn how to manage consultations and referrals to other services.
5. Understand the complex systems that form the foundation for care of patients suffering from various diseases.
6. Appreciate the complex interactions that go on between primary care teams, intensive care specialists, and nurses in the overall hospital management of these complex patients.
7. Learn how to effectively use information management in patient care.

1. During their experience in the surgical ICU, the trainees will interact with intensive care, surgical and nursing services in a unique environment, which will require sensitivity to structured and multidisciplinary, simultaneous patient care.

1. Daily faculty-resident interaction in the ICU.
2. Faculty evaluations.
3. Quarterly meeting with program director.