

Resident Course Description: VA ICU Senior Resident Rotation

I. Faculty

Course Directors: Sarita Kumari, M.D. (Pulmonary-Critical Care) and Padmaraj Samarendra, M.D. (Cardiology)

Other Faculty: Teresa Aoki, M.D. (Pulmonary-Critical Care) and Eduardo Antezano, M.D. (Cardiology)

II. Orientation

Report to the MICU (Ward 3W). Orientation will be provided by the assigned attending physicians in the MICU.

III. Objectives and Description

- A. Educational Purpose: The major purpose of this rotation is to further develop the resident's critical care management skills. Particular attention should be paid to:
1. Recognition and management of acute myocardial infarction and its complications.
 2. Recognition and management of acute respiratory failure.
 3. Indications for, and management of, patients needing DC cardioversion or cardiac catheterization procedures.
 4. Recognition and management of acute GI problems.
 5. Recognition and management of coma.
- B. Principal Teaching Methods: Teaching is accomplished by formal teaching rounds. These will include patient centered discussions during rounds and additional lectures addressing intensive care topics.
- C. Most Important Educational Content: Acute and chronic respiratory failure, acute myocardial infarction with complications, complicated pneumonias and other acute respiratory illnesses, diabetic emergencies (DKA, hyperosmolar non-ketotic coma) and other acute endocrine disorders, overdoses/suicidal attempts/poisoning, GI bleeding, coma, status epilepticus, and serious infections including sepsis will be encountered during the rotation. Patients requiring cardiology procedures such as DC cardioversion or cardiac catheterization will also be encountered.

D. Principal Ancillary Education Materials to Be Used: Textbooks suggested which are found in the VA library include:

1. The ICU Book, ed Paul Marino
2. Textbook of Critical Care Medicine, ed Roger Bone
3. Harrison's Principles of Internal Medicine
4. Other textbooks and assigned journal articles

IV. Patient Care

- A. Maximum number of patients for resident to follow: 12
- B. Maximum number of admissions for R2/R3 per admitting day: 8
- C. Explicit description of lines of responsibility for the care of patients: Discuss and plan patient care with the staff.
- D. Weekend coverage: One day out of seven free of patient care will be arranged.
- E. Continuity of care clinic for resident: Resident will be excused from continuity clinics during this rotation.

V. Medical Records & Procedural Documentation

- A. Responsibility for records including discharge summary: Resident will be responsible for entering an initial admission H&P and daily progress note in the electronic medical record. Resident must also complete a discharge or death summary note for patients who are discharged or die while under the care of the ICU team.
- B. Procedural documentation: Resident will document all procedures performed in the patient record and note these in the personal logbook provided by the residency program.

VI. Mechanics

The Resident should be in the hospital before 7:30 a.m. Monday - Friday. There will be required daily sign-in rounds at the start of each day to review overnight admissions and problem patients. The resident will then conduct work rounds to evaluate any newly admitted patients and to assess the status of previously admitted patients prior to daily teaching rounds with the attending physician. The resident may leave by 1:30 p.m. on

post-call days and by 4:30 p.m. on other weekdays if their work is completed and patients have been checked out to the resident on call for that night.

VII. Evaluation

At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed and returned to the residency office. The evaluation form will be reviewed and signed by the resident.

The resident will be evaluated by faculty in each of the required six general competency areas as follows:

1. **Patient Care:** a. Demonstrate ability to effectively evaluate and direct management of patients with critical care conditions. b. Demonstrate competence teaching and assisting with performance of required procedures encountered during the rotation.
2. **Medical Knowledge:** Demonstrate ability to access and critically evaluate current medical information relevant to critical care and demonstrate understanding of any assigned reading materials or medical literature searched and reviewed during the rotation.
3. **Practice-Based Learning:** Demonstrate ability to identify gaps in knowledge and skills in the care of patients with critical care conditions and demonstrate real-time strategies to address these gaps. Demonstrate ability to teach assigned intern. The assigned intern will be asked to evaluate the resident's teaching performance at the end of the rotation.
4. **Interpersonal and Communication Skills:** Demonstrate adequate communication abilities in dealings with patients and families. Demonstrate good leadership in directing the care of assigned patients during the rotation.
5. **Professionalism:** Demonstrate respectful behavior towards patients and families, colleagues, nurses and other allied health personnel. Always protect patient confidentiality and provide informed consent. Demonstrate good interactions with pulmonary, cardiology and surgery physicians encountered during the rotation.
6. **Systems-Based Practice:** Demonstrate an evidence-based, cost-conscious approach to patient care. Collaborate with nursing, social services and other allied health care providers to assure timely, comprehensive care provided.