

VA Critical Care Medicine Curriculum

VICU

Educational Purpose

Critical care medicine encompasses the diagnosis and treatment of a wide range of clinical problems requiring intensive care by a coordinated team, including a general internist, sub-specialists, and other health professional staff. Most often, the general internist provides care in coordination with other physicians, especially those trained in critical care. However, in some settings, the general internist may be the primary provider of care and may also serve as a consultant for critically ill patients. Therefore, the general internist must have command of a broad range of conditions common among critically ill patients and must be familiar with the technologic procedures and devices used in the intensive care setting. The care of critically ill patients raises many complicated ethical and social issues, and the general internist must be competent in such areas as end-of-life decisions, advance directives, estimating prognosis, and counseling of patients and their families.

Learning Venue

- A. Rotation Description: The critical care rotation at the VA Hospital is a busy, but educationally rewarding service. It is a senior resident (R2/R3) dominated rotation. The team structure usually consists of one senior resident, a critical care/pulmonary fellow, a critical care/pulmonary attending, and, perhaps, Family Medicine resident, MSIII and/or MSIV students.

Rotation hours are Monday-Saturday 7AM-7PM. At all other times, the VICU is covered by a combination of the pulmonary/critical care fellow, the on-call housestaff, and the overnight VA attending and night float team. Signout is maintained by the ICU resident and critical care/pulmonary fellow and is updated at 4pm on weekdays and 2 pm on weekends. Attending rounds occur in the morning and, again, in the afternoon. The remainder of the day is devoted to patient-care and VA didactic conferences. The rest of the day involves attending the noon conference lecture and completing patient care issues.

- I. **PGY-1**: Not applicable to this rotation.
- II. **PGY2/3**: The resident is the focal point of the ICU team. He/she will do admissions and consults in the ICU and is expected to take an active role in the treatment and management of patients. Active reading around current ICU topics is required. The resident is expected to teach and supervise junior residents and students. The senior resident should actively seek out and supervise procedures.

B. Teaching Methods:

- I. The primary method of learning during this rotation is being actively involved during bedside rounds with the attending and fellow as well as direct patient care.
- II. *Unique learning opportunities*:
 - Biweekly pulmonary conferences (See above)
 - Basic Ventilator Management
 - Primary Interpretation of Tests
 - 1) Hemodynamic monitoring
 - 2) Pulse oximetry

- 3) Telemetry monitoring
- Ordering and Understanding Tests
 - 1) Bronchoscopy
 - 2) Computed tomography, magnetic resonance imaging of chest, abdomen, brain
 - 3) Echocardiography
 - 4) Electroencephalography
- End of life issues

III. *Patient characteristics*: Expect to see patients of any Age 18 years and up usually with medical related issues and occasionally post-surgical patients.

IV. *Mix of disease/Core topics*

- Acute abdominal pain
- Acute chest pain
- Acute intoxication
- Acute liver failure
- Acute renal failure
- Altered mental status, coma
- Antibiotic management
- Delirium Tremens
- Hypotension, shock
- Life-threatening arrhythmia
- Massive gastrointestinal bleeding
- Massive hemoptysis
- Pulmonary Hypertension
- Respiratory distress or failure – mechanical ventilation/non-invasive positive pressure ventilation
- Severe hypertension
- Status epilepticus
- DKA
- Overdoses
- Rational use of fluids and vasopressors

VI. *Procedure Skills*

- Advanced cardiac life support
- Arterial puncture for arterial blood gas
- Mechanical ventilation (basic)
- Placement of arterial and central venous lines
- Placement of nasogastric tube
- Lumbar puncture
- External cardiac pacing
- Thoracentesis
- Paracentesis
- Insertion of temporary pacemaker (optional)
- Placement of endotracheal tube (optional)
- Placement of pulmonary artery catheter and its utility (optional)

Recommended Reading

- Marino, P. L. (2013) *The ICU Book, 7th edition*. This book contains useful principles and physiology about ICU related issues.
- Online at www.upstate.edu log into online book STAT!Ref and use the following two online resources
 - o Current Critical Care Diagnosis and Treatment – 3rd Edition
 - o Griffiths 5 minute clinical consult
- www.thoracic.org/criticalcare/ is an excellent online resource for practice guidelines, treatment algorithms, hemodynamic monitoring and the unique ethics of the ICU.

Evaluations

Evaluations are based on the six core competencies. The resident is evaluated by the Attending based on these attributes using an online evaluation system, *E-Value*. All residents should seek clear guidelines and expectations for reporting and learning at the beginning of their rotation. Residents should also seek verbal feedback after their first week.

Rotation-Specific Competencies

- 1) Patient care: At the end of the rotation the resident should be able to appropriately manage and triage sick patients. They should be able to distinguish patients that require an intensive setting vs. one that can be managed on a floor.
- 2) Medical Knowledge: Be familiar with and able to interpret hemodynamic monitoring devices and the initial workup and management of the core topics listed above.
- 3) Professionalism – Be able to carry out professional responsibilities within ethical standards. attend to assigned work and responsibilities in a timely fashion including phone calls and pages. Showing respect and integrity for others. Maintaining patient confidentiality in accordance with HIPPA.
- 4) Interpersonal and communication skills: Be able to communicate and interact with other health care personnel. Fundamental in the ICU is an understanding of end of life care and the legal/ethical implications of care or withdrawal of care. Residents need to be effective and empathetic communicators with patients and their families.
- 5) Practice-based learning: Be able to use the necessary tools to find the most effective and proven management plans for their patients.
- 6) Systems based practice: Be able to utilize high tech services in a cost effective manner. Additionally residents will need to work closely with extended care providers, knowledgeable nursing staff, respiratory therapy and hospital administration.

Reviewed and Revised by: Pratibha Kaul, MD.

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