

**NAVAL MEDICAL CENTER  
SAN DIEGO, CALIFORNIA**

**DESCRIPTION OF CLINICAL CLERKSHIP**

**INTENSIVE CARE MEDICINE**

**LOCATION:** The clinical clerkship is located on the 4th floor in the medical/surgical Intensive Care Unit (MICU/SICU) of the Critical Care Department, Naval Medical Center, San Diego, California.

**LENGTH OF ROTATION:** Four weeks

**The Clerkship comprises:**

**1. Morning rounds:**

Monday - Friday 0730-1100: Medicine rounds and didactics  
Tuesday and Thursday 0700-0730: Surgical Rounds  
Saturday, Sunday and Holidays 0730-1100

**2. Afternoon rounds:**

Monday - Friday 1600-1700

**Rounds:** Rounds include presentation and discussion of all existing patients currently in the MICU and those admitted to the ICU during the previous twenty-four hours. A daily didactic session immediately follows x-ray rounds after presentations. Surgical rounds are run by a Staff Surgeon and include discussion and case presentation.

**Learning Objectives for Rounds:** The student will learn the technique of oral presentations of complicated medical problems, the formation of medical differentials, interpretation of pertinent laboratory data, and the rationale for medical decision-making in the institution of appropriate management therapies for the critically-ill patient.

**3. Tasks:** The student will be expected to interview and examine all assigned patients. An attempt will be made to assign patients who have clinical problems and/or physical findings that are most beneficial to the student.

The student will be expected to prepare a short presentation on a pertinent topic to the CCM team at the end of their rotation.

The student will be expected to participate in discussions at morning rounds and to have reviewed the pertinent pathophysiology of the disease process affecting the patient. The student should anticipate being asked pertinent basic science, therapeutic and clinical questions relevant to the case.

The student will attend daily 30-45 minute presentations given by CCM staff and fellow during the didactic portion of morning report. These discussions are related to particular patient problems that are seen in the ICU and will include topics pertinent to the management of the critically-ill patient.

The student will be expected to research a specific topic and give a 15-20 minute dissertation at the termination of the rotation to the CCM team.

#### 4. Conferences

Daily Critical Care Didactics: Everyday, including weekends and holidays from 1100-1200.

Medical students are responsible for reading the assigned articles prior to lecture provided by the ICU Fellow and/or Attendings.

General Medicine: Thursday 1200-1300

Medical students are required to attend all Thursday Noon Conferences which range from Morbidity and Mortality (M&M) Conferences to didactic lectures on pertinent internal medicine topics.

Resident/Intern Lectures: Last week of rotation.

Medical students will attend the ICU resident monthly M&M Conference on the last Thursday of the block from 0730-0830.

**5. Patient Responsibilities**: The student will assume the duties of an intern, being the primary physician for 2-3 patients in the Medical ICU each day. This will include rounding on the patients, presenting the patients at Morning Rounds, writing daily Progress Notes and Discharge Summaries.

A staff physician will be the administrative and clinical team leader. All fourth-year student chart entries on patients and orders must be countersigned by the staff fellow or team resident. No verbal orders will be accepted by the nursing staff.

The student will be provided the opportunity to:

- a. Improve and reinforce comprehensive physical examination skills, while learning how to modify and direct the examination as dictated by the type of problem, patient's clinical status or physical disability.
- b. Develop the ability to generate adequate initial differential diagnoses and list them in order of priority.
- c. Identify an appropriate management plan cognizant of the risk/benefit ratio.
- d. Review clinical studies such as urinalysis, sputum smears, peripheral blood slides, bone marrows, nuclear scans, ultrasound and radiographs. All ECG's will have the interpretation entered clearly on it and will be co-signed by the resident/staff.
- e. Develop the ability to retrieve the results of all studies ordered and record said results in the patient's lab flow sheet. Results should be available by 0730 rounds.
- f. Identify problems requiring urgent attention and develop awareness of potential nosocomial problems in the critically-ill patient.

- g. Develop comprehensive therapeutic plans which include nutrition, appropriate nursing orders and required medications. The student will be expected to demonstrate knowledge of the indications and side effects for all medications ordered.
- h. Become involved in all ICU cardiopulmonary resuscitation attempts and know the indications for the various drugs commonly used during such resuscitation.
- i. Develop the ability to communicate effectively with all members of the health care team.
- j. Develop the ability to solicit appropriate consultation while maintaining independent decision-making.
- k. Learn what constitutes hemodynamic stability and when a patient can be safely transferred from the ICU.
- l. Learn the value and necessity of pertinent and comprehensive outpatient and inpatient medical records.
- m. Learn how to communicate effectively with patient families.
- n. Be involved in the difficult problem of medical decision making in regards to withdrawal of medical care in a critically-ill patient. Develop a philosophy regarding the same.
- o. Develop the ability to determine the need for invasive hemodynamic monitoring and learn the significance of the data generated from such monitoring. The student will be given the opportunity to place central venous lines and arterial lines under the direct supervision of resident/staff.
- p. Become comfortable in the provision of care to the critically-ill patient while developing appropriate compassion and empathy.
- q. If at all possible, attend all autopsies performed on ICU patients.
- r. Become aware of the decision process whereby a patient is accepted for care in the ICU.