

**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 -	0630-0730: Cardiothoracic Surgery ICU 0730-0830: Surgical rounds and ICU didactics
Tues, Thurs, Fri	0700-0730: Didactic and Surgical Rounds
Wednesdays	0700-0730: Surgical M & M, Grand Rounds
Saturday, Sunday and Holidays	0730-0830

2. Afternoon rounds: Per attending

Rounds: Rounds include presentation and discussion of all existing patients currently admitted to the ICU during the previous twenty-four hours.

Daily surgical critical rounds are run by a Staff Critical Care Surgeon or Staff Anesthesia Critical Care physician and include discussion and case presentation.

Learning Objectives: The student will learn the technique of oral presentations of complicated critically ill surgical patients, interpretation of pertinent laboratory data, and the rationale for surgical 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 may be expected to prepare a short presentation on a pertinent topic to the SICU 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 medical ICU rotation. 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. Surgical Conference: Monday - Friday 1200-1300

Subjects: A curriculum identified by the Surgery Department as being relevant to student/resident/staff learning. Topics are identified by residents and staff as appropriate for discussion.

Learning Objectives: Although these lectures are well done and provide critical analysis of the literature on various topics, it is anticipated that the student's responsibilities in the ICU will prevent attendance on call days. In the event that the ICU census is low and the student has no direct patient responsibility, they will be encouraged to attend conferences after first obtaining permission from the CCM resident or staff.

5. Patient Responsibilities:

The student will be assigned to one of the three CCM teams, consisting of two interns and one resident, and will be on call every third night beginning with rounds at 0700 and ending after completion of the next morning rounds. 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 that 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 homodynamic 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 homodynamic 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.