

Stanford University General Surgery Residency Program
Surgical ICU goals and objectives for residents: R-2
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Description

The Surgical ICU rotation at Stanford Hospital offers a broad experience in the care of critically ill patients with surgical diseases and processes (trauma, general surgery, vascular, transplant, urology and plastics).

Goals

The goal of the Stanford Surgery ICU rotation is to help the R2 residents:

- Develop knowledge and experience in the evaluation and management of critically ill surgical patients.
- Refine procedural skills commonly required in the care of these patients.

Objectives

The rotation has the following objectives:

- The R-2 resident functions as a trusted consultant, assuming direct patient care responsibility on SICU patients from the trauma, general surgery, vascular, transplant, plastics and urologic services and coordinating care with these services.
- The resident gains knowledge of surgical critical care through discussion on rounds with the attending physician and fellow and also by independent reading.

R2 residents can expect daily teaching from members of the team, primarily at the bedside. A formal didactic session is held every Friday and informal sessions may be added. The resident team is paired with an attending for an entire week; thus feedback and teaching is individualized to the needs of the residents. R-2 residents will take an average of 1 week of night call/month and are expected to manage the patients with consultation from the in-house chief resident and on-call fellow and attending.

Residents are evaluated in the 6 core competencies (Medical Knowledge, Patient Care, Interpersonal Communication Skills, Professionalism, Practiced Based Learning and Systems Based Practice) using specific web-based evaluation forms. These are done as a group evaluation by the SICU attendings and fellows so that progress and incorporation of feedback over the course of the rotation can be assessed. An outline of core competencies with rotation objectives, instructional activities, and evaluations is below.

Specific goals and objectives for R-2 residents

GOALS Core Competencies	R-2 OBJECTIVES	INSTRUCTIONAL ACTIVITIES	EVALUATION
<p>Knowledge: To acquire and apply knowledge of established and evolving basic and applied clinical sciences that relate to the practice of adult critical care</p>	<p>Knows and applies the basic and clinical sciences appropriate to the practice of Critical Care such as physiology, pharmacology, and disease processes. Demonstrates an investigatory and analytic approach to patients with critical illnesses. Prioritizes patient's disease related states, issues and designs a care plan accordingly, anticipates potential complications and prevention.</p>	<p>Teaching by attending faculty and fellow</p> <p>Independent reading</p>	<p>Weekly feedback by attending, fellow and senior resident (R-3). Rotation evaluation by ICU attendings (https://stanford.medhub.com).</p>
<p>Patient Care: To provide compassionate, appropriate, and effective critical care of adults.</p>	<p>Adequate assessment of critically ill surgical patients including:</p> <ul style="list-style-type: none"> • Physical exam and history • Evaluation of appropriate laboratory data <p>Learn hemodynamic and ventilator management. Understand ventilator weaning and extubation. Treat arrhythmias. Manage physiologic derangements such as shock, acute lung injury, sepsis, renal insufficiency and multiple organ failure. Lead resuscitation efforts of ICU patient. Learn common ICU procedures (central line, A-line, thoracentesis, chest tube, etc).</p>	<p>Multiple daily rounds with ICU attending and fellows</p>	<p>Weekly feedback by attending, fellow and senior resident (R-3). Rotation evaluation by ICU attendings (https://stanford.medhub.com).</p>

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<p>Effective Interpersonal and Communication skills: Residents must communicate in a way that leads to effective information exchange of a critical care plan to patients, their families, and professional associates.</p>	<p>Provide family members an update of patient's condition in SICU. Discusses appropriate concerns with perioperative team including SICU team & consultants. Works effectively with ICU nurses to communicate care plan.</p>	<p>Daily instruction by fellow and attending.</p>	<p>Weekly feedback by attending, fellow and senior resident (R-3). Rotation evaluation by ICU attendings (https://stanford.medhub.com). Feedback from ICU nurses</p>
<p>Practice based learning and improvement: In order to improve patient care practices, residents must be able to critically evaluate their own performance as well as appraise and incorporate clinical scientific evidence.</p>	<p>Identify impact of complications on recovery of the critically ill patient. Use information technology to assimilate current medical literature as it relates to the SICU. Learns attention to detail in critically ill patients.</p>	<p>Teaching in the ICU by attending faculty and fellows.</p>	<p>Weekly feedback by attending, fellow and senior resident (R-3). Rotation evaluation by ICU attendings (https://stanford.medhub.com)</p>
<p>Professionalism: Residents must show a commitment to professional responsibilities, adherence to ethical principles, and sensitivity to diversity.</p>	<p>Displays appropriate demeanor, even in adverse situations. Acts with sensitivity and responsiveness to patient's culture, age, gender, and disabilities. Maintains accountability to patients, medical profession, and society. Obtains proper consent and confirm advanced directives, if present. Becomes life long learner.</p>	<p>Daily discussions with attendings.</p>	<p>Weekly feedback by attending, fellow and senior resident (R-3). Rotation evaluation by ICU attendings (https://stanford.medhub.com). Feedback from ICU nurses</p>

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<p>Systems-based Practice: A resident must be able to demonstrate an awareness of and responsiveness to the system of health care and the ability to effectively call on system resources to provide optimal care.</p>	<p>Use ICU protocols to improve quality of care. Act as an organizational problem solver for patients. Understands how care for patients in the ICU enables the hospital to deliver a wide range of patient care. Understands how ICU practice affects staffing and health care costs.</p>	<p>Modeling in ICU by attending faculty and fellow.</p>	<p>Weekly feedback by attending, fellow and senior resident (R-3). Rotation evaluation by ICU attendings (https://stanford.medhub.com)</p>