Fellow Responsibilities in the Surgical Intensive Care Unit (SICU)

The SICU provides the critical care fellow with the opportunity to care for a variety of patients in the perioperative time frame, with the majority of management to ensue in the postoperative period. The working environment is dynamic and fast-paced and the patient care is often complex. Specific duties and responsibilities are delineated below:

A. **Patient Care**

The Surgical Critical Care consult team evaluates and manages all patients. Fellows and residents should consider themselves as extensions of the primary service and manage all aspects of the patients care within the SICU. Fellows and residents are expected to know all the details of the patients medical history, treatment and diagnostic plans initiated by the primary service and other consulting services and the results of those studies as they become available. It is not sufficient to only review the data from the studies that the Critical Care service has ordered. Comprehensive critical care is a collaborative process that involves ongoing discussions with the represented services to determine their concerns. It is the intensivist's job to integrate this information into a coherent plan, which has appropriately prioritized the input from the various services. An "in-house" Critical Care Fellow will be available each night to supervise care across the Surgical ICU's. New admissions or deviations from anticipated course must be communicated directly to the fellow in a timely fashion.

B. **Medical Knowledge**

It is expected that fellows rotating in the SICU acquire in-depth knowledge of surgical critical care, including intra-abdominal processes, OB/GYN, vascular, thoracic, endocrine, and ENT, among other topics. The attending intensivist's role is to motivate and assist the ICU trainee to learn about the biomedical, clinical, and cognate aspects of surgical critical care, which are continually evolving.

Teaching

A core aspect of acquiring medical knowledge is employing it to teach others the principles of surgical critical care, thereby improving the knowledge base of both instructor and learner. Education on the SICU service comes in many forms: Socratic education on rounds, one-on-one education from fellows and faculty during delivery of supervised patient care, self directed reading, didactic lecture series and conferences. Joint educational critical care conferences will be scheduled on Tues/Wed/Thurs each week. **The Administrative SCC fellow is responsible for coordinating this lecture series.**

C. **Practice-based Learning and Improvement**

In addition to improving her or his knowledge base, the SICU fellow must continually strive to critically appraise his or her patient care and solicit appraisal from nursing and ancillary staff, advanced practice nurses, as well as surgical and anesthesia staff. The trainee should become familiar with SICU protocols and other safety initiatives.

D. **Interpersonal and Communication Skills**

Communication between services must be maintained at a level that ensures the best care for all critically ill patients. This is in fact, a key to effective critical care in the closed-

collaborative model of the SICU. The primary team should directly communicate with the Critical Care team when new consults are obtained or changes in plans are made for patients. If this does not occur, please let your faculty know in a timely manner.
The Critical Care fellow should communicate with the primary team daily as well as when any significant changes in clinical condition occur. The primary team should communicate directly with either the R1 or the Fellow during their morning rounds. Any changes in an established plan of care will communicated to the primary team. Good communication is central to providing safe and effective patient care. The critical care fellow is responsible for interacting with all members of the critical care staff to coordinate care. Some specific communication roles are as follows:

Patient Check Out
Fellow going "off-call" should check out issues from the previous evening just prior to 6:30 am. Fellows should briefly pre-round in the SICU and be available to discuss issues with the primary teams as they round from 6:30 to 7:30 am. Fellows that are primarily assigned to SICU should ensure that acute issues are resolved and that adequate check-out of patients to the "on-call" fellow is completed before departing for the day. Fellows should communicate any acute issues to faculty as appropriate.

Patient/Family Support
Establishing a warm rapport with patients and their families and integrating them into the critical care team is an essential duty for critical care trainees. Fellows are expected to relay the daily care plan to family members on rounds and answer questions whenever they arise. The fellow will also coordinate and lead family conferences under the supervision of the attending intensivist.

E. **Professionalism**
Fellows in the SICU are expected to perform their duties in professional and timely manner, adhere to ethical principles, communicate with primary teams effectively, and respect the needs of the patient population, which is increasingly diverse. The need for punctuality and proper attire should go without saying. Unexcused absences will be reported to the fellowship director and may be grounds for failure to pass the rotation**.**

F. **Systems-based Practice**
Critical care trainees are expected to demonstrate an awareness of the larger system of healthcare in which they work and be able to call upon system resources to provide optimal patient care.

G. **Procedure-based Learning**
The fellow will supervise the residents and advanced practice nurses as appropriate during procedures at the discretion of the attending intensivist. It is expected that the fellow will supervise all procedures unless she or he has limited or no experience with the task being performed. Following morning rounds the procedure list should be written and prioritized on the white board outside the workroom and the procedure nurse informed of the timeline. Proper sterile technique MUST be used for any procedure unless the time required to do so would compromise patient care (such instances are very rare). Invasive procedures require a

consent form signed by a physician prior to performing procedure. Central lines, PA catheters, and bronchoscopies may have an original consent that documents the need for repeated procedures, i.e., maintenance of that line via changing over a wire or by a fresh access. All invasive procedures require a "brief procedure" StarForm note in the chart and sent for review to the in-house faculty.

Basic SICU procedures include:

- Arterial lines (with and without ultrasound guidance)
- Central venous catheters. (with ultrasound guidance when indicated)
- Pulmonary artery catheters
- Transvenous pacemakers
- Bronchoscopy, therapeutic and diagnostic
- Thoracentesis
- Thoracostomy tube placement
- Endotracheal intubation
- Percutaneous Tracheostomy
- FAST exam

H. **Miscellaneous**

Call

The SICU fellow will take in house call as determined by the monthly schedule. The "on-call" schedule for the month will be created by an administrative fellow for the SICU in consultation with Dr. May and is to be completed no later than one week prior to the start of the month. Final approval of the schedule is given by Dr. May. Changes to the schedule are to be approved by Dr. May**. It is the responsibility of the residents and fellows to ensure that adequate coverage is arranged in the event of their absence for their appropriate level of responsibility.**