

Fellow Responsibilities in the VA Surgical Intensive Care Unit (VASICU)

The VASICU provides the critical care fellow with the opportunity to provide critical care for veterans, who often have complex medical conditions and multiple co-morbidities. The VASICU patient mix includes general surgery patients, cardiac surgery patients, as well as patients under the care of other surgical sub-specialists. The patient care is often complex and challenging. Specific fellow duties and responsibilities are delineated below:

A. Patient Care

The fellow assigned to the VASICU will coordinate and manage the patient flow of the unit under the auspices of the attending intensivist. Most patients will be admitted to the VASICU post-operatively and it is expected that the fellow will be present for all handoffs from the surgical and anesthesia teams. The fellow will also manage all aspects of the post-operative care until the patient is discharged to another care unit. This includes ventilator weaning and extubation, management of invasive monitors, and titration of vasoactive infusions, among other duties. The fellow will assume a leadership role that is functionally at the attending level. Furthermore, the VASICU fellow will ensure that the patient care delivered is compassionate, appropriate, effective, and timely. Patients will be managed according to evidence-based guidelines and protocols to the extent practical and/or possible. The fellow will also work closely with the advanced practice nurse for the cardiothoracic surgery service, who is an integral member of care team. It is also the fellow's responsibility to coordinate care between all teams, including the primary service, consultation services, and ancillary services.

B. Medical Knowledge

It is expected that fellows rotating in the VASICU acquire knowledge of post-operative surgical care in a patient population with multiple medical co-morbidities. The attending intensivist's role is to motivate and assist the ICU trainee to learn about the biomedical, clinical, and cognate aspects of post-operative care in, with emphasis on geriatric care, substance use disorders, and social challenges, among others.

Didactic Teaching

A core aspect of acquiring medical knowledge is employing it to teach others the principles of cardiac critical care, thereby improving the knowledge base of both instructor and learner. A suggested teaching curriculum for VASICU fellows has been compiled by the Critical Care faculty and covers sentinel articles and topics in ICU medicine. The curriculum will be completed on a monthly basis and continually updated.

The fellow will conduct bedside teaching for medical students, interns, and residents assigned to the VASICU rotation. Topics should be germane to the cases in the ICU and other basic topics on ICU care.

C. Practice-based Learning and Improvement

In addition to improving her or his knowledge base, the VASICU fellow must continually strive to critically appraise her or his patient care and solicit appraisal from nursing staff, advanced practice nurse, respiratory care, as well as surgical and anesthesia staff. The trainee should become familiar with VASICU protocols and other safety initiatives; this is especially important since the VA system has become a national leader in patient safety.

D. Interpersonal and Communication Skills

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 Rounds

The fellow determines the time for morning and afternoon rounds and conducts them in lieu of the attending when feasible. However, the expectation is that the attending be immediately available and will be able to mentor the fellow when needed.

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 meet with patients' family members to discuss the daily care plan 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 VASICU are expected to perform their duties in a professional and timely manner, adhere to ethical principles, and respect the needs of the patient population, which is increasingly diverse. Punctuality and proper attire 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. Such resources include nutrition, physical and occupational therapy, and respiratory care.

G. Procedure-based Learning

The fellow will supervise medical students, interns and residents 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. If possible, the fellow should perform the procedures that are time-sensitive in nature, those that must be done emergently, and those that may increase the risk to the patient if not performed smoothly. **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).

Basic VASICU procedures include:

- Arterial lines
- Central venous catheters. Ultrasound guidance should be used whenever possible.
- Pulmonary artery catheters
- Bronchoscopy, therapeutic and diagnostic
- Thoracentesis
- Thoracostomy tube placement
- Endotracheal intubation

H. Miscellaneous

Call

The VASICU fellow will share home telephone/pager call with the attending intensivist and senior anesthesiology resident (when scheduled), usually on a rotating basis (i.e. q2 or q3). Furthermore, when on call, the fellow is expected to remain in the hospital until all post-operative patients have been admitted and must be prepared to return to the hospital on short should patient care needs demand it.

Selected Reference Texts

The texts listed below are excellent sources of concise information on all aspects of neurological and neurosurgical care, as well as general critical care.