

**Ronald Reagan UCLA Medical Center /Olive View-UCLA Medical Center Emergency Medicine Residency**  
**Rotation Curriculum**

**Rotation:** Medicine – Intensive Care Unit (PGY2)

**Site:** Olive View-UCLA Medical Center (OVMC)  
14445 Olive View Drive  
Sylmar, CA 91324

**Contacts:** **Rotation Director**

Soma Wali, MD [swali@dhs.lacounty.gov](mailto:swali@dhs.lacounty.gov)

**Service Chief**

Dennis Cope, MD [dcope@dhs.lacounty.gov](mailto:dcope@dhs.lacounty.gov)

**Program Coordinator**

Mark DeVany [mdevany@dhs.lacounty.gov](mailto:mdevany@dhs.lacounty.gov) (818) 364-3205

**Schedule:** <http://amion.com>

Enter “ov im” for the password. Click on the “My Schedule” icon at the very top of the page (the icon with the little person). Select your name under the “EM R1” or “EM R2” dropdown menu. Select the month(s) you will be rotating and click on the “Create Schedule” button to view your schedule.

**Description of Rotation:**

The Medicine Intensive Care Unit (MICU) rotation is a 4 week rotation. Emergency Medicine (EM) residents gain experience in managing complex, critically ill medical patients. Common critical illnesses encountered in the MICU include diabetic ketoacidosis, sepsis, congestive heart failure, acute myocardial infarction, alcohol withdrawal, and chronic obstructive pulmonary disease. The MICU rotation provides procedural experience including endotracheal intubations, central venous catheter placement, thoracentesis, paracentesis, lumbar puncture and tube thoracostomy, and cardiac pacing. EM residents are provided the same opportunities and have the same responsibilities as PGY2 Internal Medicine (IM) residents assigned to the rotation. Each EM resident serves as a team leader and is responsible for assessment and treatment of patients on his/her service with a team of 1 intern and 1-2 medical students.

**Responsibilities:**

1. Admitting new patients (completion of initial history and physical examination and writing admission orders.
2. Daily rounds on MICU patients with the resident teams, fellows and attending physician.
3. Continued care for MICU patients.
4. Transferring of patients out of the MICU to other inpatient teams.
5. Performing procedures.
6. Coverage of the MICU in rotation with the other residents.

Residents also manage all inpatient code blue patients as code leaders, assisted by residents from general surgery and the IM ward service. EM residents have the opportunity to teach and supervise the intern and medical student on their team. All activities are performed under the supervision of Medicine Critical Care fellows and attending physicians. Residents are required to actively participate in MICU rounds, and attend all

educational conferences offered to Internal Medicine residents including the daily critical care lecture from fellows or attendings.

**Goals and Objectives:**

The measurable competency objectives for the Olive View-UCLA Medical Center Medicine Intensive Care Unit rotation are as follows:

**A. Patient Care.**

1. Perform a resident level MICU history and physical examination with a treatment plan organized by organ systems.
2. Manage a complex resuscitation as team leader with assistance.
3. Perform with supervision critical care procedures including endotracheal intubation, thoracentesis, tube thoracostomy, thoracentesis, lumbar puncture, and ultrasound guided central venous catheter access.
4. Be able to manage ventilator emergencies with assistance.
5. Be able to interpret and treat common acid-base disturbances based on the Arterial Blood Gas(ABG).

**B. Medical Knowledge**

1. Demonstrate an understanding of the management of common problems encountered in the MICU including Diabetic Ketoacidosis, Alcohol Withdrawal, Acute Coronary Syndrome, Chronic Obstructive Pulmonary Disease, Respiratory Failure, Adult Respiratory Distress Syndrome and Sepsis.
2. Understand the role of vasopressor support in the care of the critically ill MICU patient.
3. Understand the enteral and parenteral needs of critically ill patients.
4. Understanding the pathophysiology of common acid-base problems in the ICU setting.
5. Understand the pathophysiology of respiratory failure, the use of machine assisted ventilator.
6. Be able to discuss some controversies in ICU management such as the use of steroids in septic shock, initial vasopressor selection, and the rational use of Total Parenteral Nutrition.

**C. Practice Based Learning**

1. Accesses medical literature to answer clinical questions to support decision-making and shares with team.
2. Apply scientific evidence to decision making.
3. Obtain feedback from supervising faculty.

**D. Professionalism**

1. Responds promptly and appropriately to clinical responsibilities including but not limited to calls and pages.
2. Models appropriate professional behaviors in supervising and teaching medical students and PGY1 residents.
3. Learn communication techniques with patients and families of different cultural backgrounds who possibly speak little English.

**E. Interpersonal and Communication Skills.**

1. Effectively teach and supervise PGY1 residents and medical students assigned to MICU team.
2. Demonstrate communication skills necessary for leading discussions with family members on end-of-life issues including code status.
3. Communicate with respiratory therapists initial ventilator settings based on a patients' pathophysiology and respiratory status.

4. Work effectively as an interdisciplinary team member in the MICU with respiratory therapists, nutritionists, social workers, fellows, medical students, nursing staff and subspecialty consultants.

#### F. Systems Based Practice

1. Appreciate the complex interactions that go on between hospitalists, surgeons and anesthesia, Emergency Medicine in the overall Intensive Care Unit Management of these complex patients.
2. Learn the cost of the drugs, monitoring equipment and procedures involved in a critical care setting.

#### **Assessment:**

Monitoring of the accomplishment of the stated objectives will be performed using the following methods:

1. Global Rating: At the end of the rotation PGY2 EM residents receive a formal written evaluation from attending physicians, and senior medicine ward residents. Medical students, nursing staff, and subspecialty consultant feedback is utilized. Written Evaluations are based on the 6 ACGME Core Competencies. Attendings and senior medicine ward residents are instructed to focus formative feedback on teamwork, communication skills, teaching, and sensitivity to cultural and socioeconomic issues on this rotation. Evaluators are also required to write a narrative evaluation in addition to numerical ratings.
2. PGY2 EM residents receive formative verbal feedback midway through the rotation from both the ward attending physician and pulmonary critical care fellows.