

~ SUBINTERNSHIP ICU ~

NAME _____ PERIOD _____

SITE _____

Did you have exposure to these clinical conditions during your Sub-I ICU month? If not, please notify Vivian Ortiz and you will be assigned an alternative experience.

REQUIRED CONDITION	YES	NO
Patient centered goals of care conversation		
Nutritional Issues		
Respiratory Failure		
Shock		

IHI Module and QIPS Activity (required)

"I attest that completed the PS-104 IHI module and paired activity"

Module: PS 104- Teamwork and Communication

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Multidisciplinary Rounding and Communication

(attend WIND rounds, discuss patient care with SW, nutritionist, PT/OT, etc)

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