



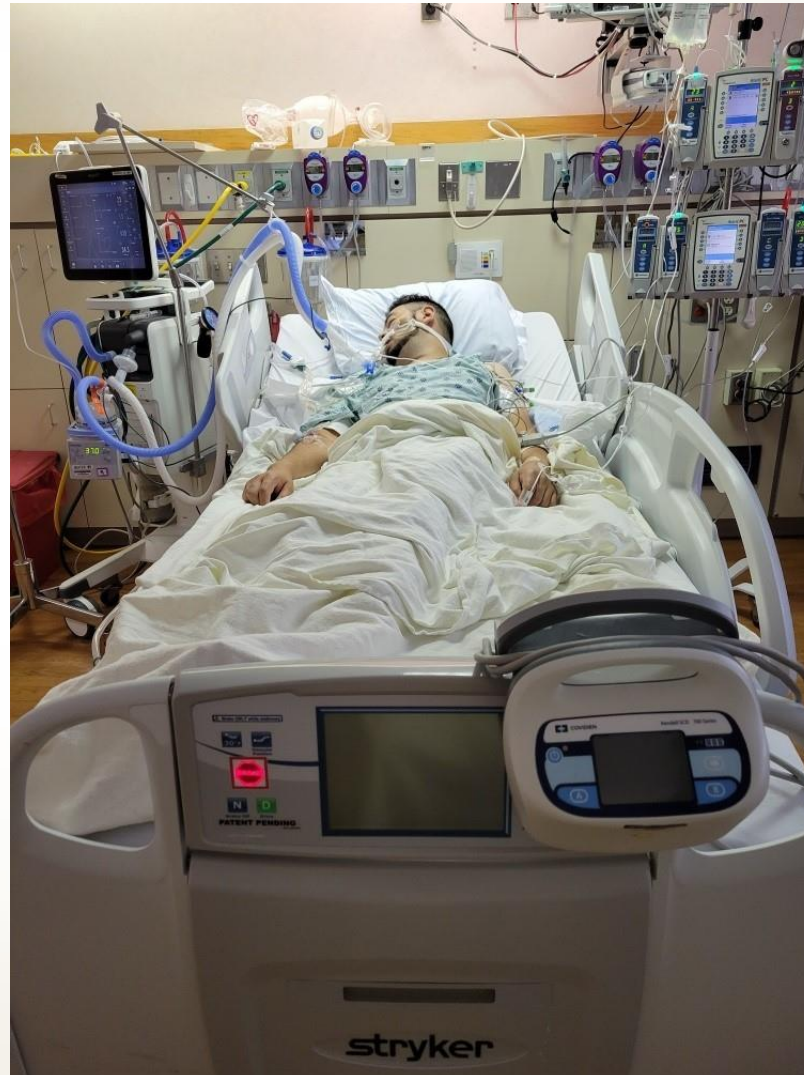
LOYOLA  
UNIVERSITY  
HEALTH SYSTEM

*We also treat the human spirit.®*

# ***ICU Subinternship***

## **Orientation**

# Welcome to the ICU



## Goals and Objectives – see *LUMEN*

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## Course Description

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## Goals and Objectives

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## Course Content

[Course/Clerkship Schedule of ICU](#)  
[Sessions \(Calendar\)](#)  
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## Educational Resources

[Web Sites](#)  
[Unit Case Discussions](#)  
[Reference Book - Marino's The ICU Book \(4th ed.\)](#)

## Schedules and Assignments

## Policies and Instructions

GOAL	LINK to SSOM competency
<b>Medical Knowledge</b> Students doing unit rotations will be able to: <ul style="list-style-type: none"> <li>Describe the principal underlying causes, mechanisms and processes involved in the etiology of common conditions encountered in an ICU setting including: respiratory failure, shock</li> <li>Describe literature based management and treatment options (pharmacological and non-pharmacological) for respiratory failure and shock</li> <li>Understand the management of ethical dilemmas and nutritional issues</li> <li>Describe palliative strategies for end-of-life care and observe family care discussions</li> <li>Demonstrate an understanding of economic, psychological, social and cultural factors that impact patient health</li> <li>Demonstrate an ability to identify and objectively critique the evidence in the literature and incorporate evidence based medicine into management decisions</li> </ul>	   1.2   1.3  1.3 1.3  1.5  1.7, 3, 6, 4, 5
<b>Patient Care</b> Students doing unit rotations will be able to: <ul style="list-style-type: none"> <li>Demonstrate the ability to take an accurate and thorough history accompanied by a physical exam focused on the chief complaint</li> <li>Choose appropriate diagnostic testing and be able to interpret these results</li> <li>Apply clinical reasoning skills in developing a prioritized differential diagnosis</li> <li>Construct appropriate management strategies for patients using evidence based medicine</li> <li>Demonstrate competence (performed on patient or in simulation) in core procedural skills such as sampling of arterial blood gas, NGT placement, IV catheter insertion, venipuncture, foley insertion and suture laceration</li> <li>Take primary responsibility for the patient: Educate the patient and their families that on the disease process and encourage them to participate in decision making</li> <li>Utilize the health record to assist in care of patients, including chart review, documentation and request of medical records</li> <li>Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications</li> <li>Recognize a patient who needs urgent or emergent care</li> </ul>	     2.1 2.1 2.2 2.3  2.4  2.5  2.7  2.1, 2.3 2.3
<b>Interpersonal and Communication Skills</b> Students doing unit rotations will be able to: <ul style="list-style-type: none"> <li>Demonstrate ability to orally present an accurate and well organized presentation of an ICU patient during rounds</li> <li>Demonstrate an understanding of how cultural beliefs and spirituality can affect healthcare decisions (including end of life decisions) and obtain a cultural history when appropriate</li> <li>Communicate effectively with all healthcare professionals</li> </ul>	   3.1  3.2  3.3

# Goals and Objectives – *also on Sakai*

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- REQUIRED LECTURES
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- Resources
- Site Info
- Tests & Quizzes
- Help

## GOALS & OBJECTIVES

[Syllabus](#) [Bulk Add](#) [Edit](#) [Redirect](#)

[+ Add Item](#) [↗ Expand All](#) [🖨 Print View](#)

To reorder, drag and drop list items or use the keyboard to focus on the item then use U or D keys. Changes will take effect automatically.


- + Medical Knowledge**
- + Patient Care
- + Interpersonal and Communication Skills
- + Practice-Based Learning and Improvement
- + Professionalism
- + Systems Based Practice
- + Interprofessional Collaboration
- + Personal and Professional Development

# Goals and Objectives

## ✚ Medical Knowledge

### A. Respiratory Failure and Mechanical Ventilation (Resp failure lecture orientation day - Simpson)

Some review cases: <https://courses.washington.edu/med610/mechanicalventilation/cases.html>

- 
1. Understand indications and benefits of Noninvasive ventilation
    - a. Understand the difference between CPAP and BiPAP
  2. Understand ventilator settings
    - a. What should be set in each mode
    - b. "Typical vent settings"
    - c. Understand the different ventilator modes and what needs to be monitored on each mode
      - i. AC/VC vs AC/PC
        1. Monitor Peak pressure and plateau pressure on VC and monitor Vt on PC
      - ii. SIMV
      - iii. PS
  3. Understand how to adjust the ventilator based on the ABG
    - a. Adjust FiO2/PEEP for low pO2
    - b. Adjust RR and VT for high pCO2/low pH
  4. Understand ventilator mechanics
    - a. Compliance
      - i. Understand how to calculate compliance
      - ii. Ddx of poor compliance
      - iii. Management of acute change in compliance
    - b. Resistance
      - i. Calculate resistance
      - ii. Ddx of high resistance
      - iii. Management of acute change in resistance
  5. ARDS
    - a. Definition
    - b. Physiology (shunt)
    - c. Management (strategies for improving hypoxemia)
      - i. Paralytics
      - ii. Proning
  6. Understand which types of sedation to use when a patient is on mechanical ventilation and how to monitor a patient's level of agitation and pain
    - a. RASS
    - b. CPOT
  7. Weaning from the ventilator
    - a. RSBI, NIF
    - b. Requirements for attempting SBT
      - i. Reason for intubation has been fixed
      - ii. HD stable on min to no pressors
      - iii. Normal acid base status
      - iv. Awake and following commands
    - c. SBT options:
      - i. PS, tpiece, SIMV

### B. Shock (Shock lecture orientation day - Gilbert)

# Goals and Objectives

- Show up
- Be honest and professional
- Recognize a sick patient
- Know your limitations and ask for help
- Understand the ddx of respiratory failure and shock and know how to treat it
  - Review the literature
- **YOU ARE THIS PATIENT'S DOCTOR:**
  - Present during rounds, write updated notes, put in orders, call consults, update signout, update families, participate in family discussions

# Rules and Expectations

- Scrubs are OK

- Long coat to be worn over scrubs

- PGY-1 rules apply

- Please email me if you find you are working more than 80 hours per week (on average)



# Rules and Expectations - *Attendance*

- Orientation and Final exam day are **REQUIRED**
  - Even if scheduled for an away rotation
- **< 4 week rotation**
  - Only 20 actual days in the ICU
- **1 day off per week PLUS day prior to exam OFF**
  - Interviews count as days off
- **University Holidays are an extra day off:**
  - July 4<sup>th</sup>, Labor Day, MLK, Match Day, Good Friday
- **Unexpected absence or not feeling well?**
  - **If sick: Contact the Wellness Center** immediately to set up an appointment to be excused. You need to provide documentation that you are ill. A follow up appointment is needed to document clearance to return to work.
  - Alert your site and your team that you will be absent
  - Send an E-mail to Dr. Gilbert and copy the office of students affairs and Vivian Ortiz with the reason for your absence



# Typical Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Orientation					
Day off						
Day off						
Day off				Day off	Exam	off
off						

# PICU Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<b>Orientation</b>	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	6a-11a (5 hours)
<b>OFF</b>	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	6a-11a (5 hours)
<b>OFF</b>	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	<b>OFF</b>
6a-11a (5 hours)	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	<b>OFF</b> (study day)	<b>EXAM</b>	<b>OFF</b>

# ICU Sub-I Core Curriculum

- Prior to Day 1, review the follow lectures on Sakai
  - Shock
  - Respiratory failure and mechanical ventilation
  - Ethics
  - POCUS videos
- Day 1 – Simulation Sessions
  - Ethics role play/small group session
  - Hands on critical care ultrasound session
  - Simulation session: care of a critically ill patient
  - Hands on ventilator session with 3 different cases

# ICU Sub-I Core Curriculum

- To be reviewed prior to exam (Sakai):
  - Cardiology lecture (*Dr. Subir Shah*)
  - Nutrition case (*Tamara Kinn, RD, LDN, CNSC*)
    - *New powerpoint presentation for reference*
  - Acid Base (*Dr. Emily Gilbert*)

ICU Cases				
Date	Time	Topic	Faculty	Room
Online – to be reviewed prior to orientation day		Orientation	Dr. Emily Gilbert (author)	Orientation
Online – to be reviewed prior to orientation day		Shock	Dr. Emily Gilbert (author)	Shock
Online – to be reviewed prior to orientation day		Respiratory Failure	Dr. Kevin Simpson	Respiratory Failure
Orientation Day	10:15am – 11:00am	Death and Dying in the ICU	Loyola Chaplain	SSOM 360
Orientation Day	11:00am – 12:00pm	Advanced Topics in Critical Care Ethics	Dr. Paul Hutchison	SSOM 360
LUNCH BREAK				
Orientation Day	1:15pm – 3:15pm	Clinical Skills Exercise	IM Chiefs	SON 3532
Online – to be reviewed prior to the final exam		Cardiac Issues	Dr. Subir Shah (author)	<a href="#">Cardiac Issues</a>
Online – to be reviewed prior to the final exam		Nutrition in the Critically Ill Patient	Dr. Emily Gilbert (author)	<a href="#">Nutrition in the Critically Ill Patient</a>
Online – to be reviewed prior to the final exam		Acid Base	Dr. Emily Gilbert (author)	<a href="#">Acid Base</a>

# End of life, death and dying

- Chaplain talk on Orientation day
- MICU debriefing every month
  - Psychiatry comes to address the stress associated with caring for sick patients in the ICU
  - Discuss students' and residents' different coping mechanisms.
- Attending or fellow

# ICU Sub-I Core Curriculum

- To be completed prior to end of rotation:
  - SMART goal
    - A learning point that you would like to accomplish during your ICU clerkship.
    - Created and submitted by THIS Friday
      - If the goal is not submitted or is submitted late, this will be considered a concern for professionalism and practice-based learning clerkship competencies.



# ICU Sub-I Core Curriculum

- To be completed prior to end of rotation:
  - SMART goal
    - A learning point that you would like to accomplish during your ICU clerkship.
    - Created and submitted by THIS Friday
      - If the goal is not submitted or is submitted late, this will be considered a concern for professionalism and practice-based learning clerkship competencies.
  - Directly observed interpretation of a critical care CXR.
    - Filled out by your fellow or attending

# CXR interpretation

Student name: _____		Evaluator: _____		Date: _____
<b>ICU SUB-I Direct Observation - Reading CXRs</b>				
Confirmed correct patient name and date	YES	NO	n/a	
Assessed adequacy of penetration and inspiratory effort.	YES	NO	n/a	
Able to identify any central lines and determine if they are in the correct location	YES	NO	n/a	
Able to assess location of endotracheal tube and determine if it is too high or too low	YES	NO	n/a	
Able to identify the dobhoff or nasogastric tube and determine if it is in the correct location	YES	NO	n/a	
Follows trachea down to carina and main bronchi.	YES	NO	n/a	
Evaluates bones and soft tissues for fractures and subcutaneous emphysema	YES	NO	n/a	
Evaluates mediastinal and cardiac contours	YES	NO	n/a	
Assesses diaphragms and costophrenic angles for effusions, hyperinflation, atelectasis and basilar consolidation	YES	NO	n/a	
Assesses lung parenchyma for interstitial markings, consolidation and comments on lack of evidence of pneumothorax	YES	NO	n/a	
Assesses visible abomen to rule out free air under diaphragm	YES	NO	n/a	
<b>Comments?</b>				

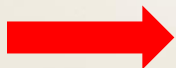
Needs to be filled out by ICU attending or fellow

# ICU Sub-I Core Curriculum

- To be completed prior to end of rotation:
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    - Created and submitted by **THIS Friday**
      - If the goal is not submitted or is submitted late, this will be considered a concern for professionalism and practice-based learning clerkship competencies.
  - Directly observed interpretation of a critical care CXR.
    - Filled out by your fellow or attending
  - Patient Data Log
    - Due by the end of the third week of the rotation

# Student log

~ SUBINTERNSHIP ICU ~		
NAME _____ PERIOD _____		
SITE _____		
<p><b>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.</b></p>		
REQUIRED CONDITION	YES	NO
Patient centered goals of care conversation		
Nutritional Issues		
Respiratory Failure		
Shock		
PROCEDURES (not required)	PERFORMED	OBSERVED
Venipuncture		
Insert IV Catheter		
Arterial Puncture		
Lumbar Puncture		
Insert NG Tube		
Insert Foley		
Suture Laceration		
IHI Module and QIPS Activity (required)	<i>"I attest that completed the PS-104 IHI module and paired activity"</i>	
<b>Module:</b> PS 104- Teamwork and Communication	<input type="checkbox"/>	
<b>Multidisciplinary Rounding and Communication</b> <i>(attend WIND rounds, discuss patient care with SW, nutritionist, PT/OT, etc)</i>	<input type="checkbox"/>	



# IHI Module and QIPS Activity Overview

## ICU Sub-I

- Go to [education.ihl.org](http://education.ihl.org) and log in.
  - If you are not registered, you will need to set up an account using a “.edu” email account
- **Required Module:** PS 104- Teamwork and Communication
  - Recommend completing the module **early in the clerkship** and prior to the paired patient centered activity to get the most educational benefit
  - Attest that you have completed this activity on the patient data log
- **Paired Activity:** Multidisciplinary Rounding and Communication
  - Attest that you have completed this activity on the patient data log

# Student log

~ SUBINTERNSHIP ICU ~		
NAME _____ PERIOD _____		
SITE _____		
<p><b>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.</b></p>		
REQUIRED CONDITION	YES	NO
Patient centered goals of care conversation		
Nutritional Issues		
Respiratory Failure		
Shock		
PROCEDURES (not required)	PERFORMED	OBSERVED
Venipuncture		
Insert IV Catheter		
Arterial Puncture		
Lumbar Puncture		
Insert NG Tube		
Insert Foley		
Suture Laceration		
IHI Module and QIPS Activity (required)	"I attest that completed the PS-104 IHI module and paired activity"	
<b>Module:</b> PS 104- Teamwork and Communication	<input type="checkbox"/>	
<b>Multidisciplinary Rounding and Communication</b> (attend WIND rounds, discuss patient care with SW, nutritionist, PT/OT, etc)	<input type="checkbox"/>	



# ICU Sub-I Core Curriculum

- To be completed prior to end of rotation:
  - SMART goal
    - A learning point that you would like to accomplish during your ICU clerkship.
    - Created and submitted by **THIS Friday**
      - If the goal is not submitted or is submitted late, this will be considered a concern for professionalism and practice-based learning clerkship competencies.
  - Directly observed interpretation of a critical care CXR.
    - Filled out by your fellow or attending
  - Patient Data Log
    - Due by the end of the third week of the rotation
  - IHI module and paired activity
  - Mid-Clerkship Feedback and Self Assessment Form



# Mid-Clerkship Feedback

- Students are expected to fill out a self-assessment form and receive mid clerkship feedback
- Use this time to discuss your clerkship SMART goal
- Both forms should be handed into Vivian by the end of the second week of the rotation

Student Name:

### SUB-INTERNSHIP SELF ASSESSMENT FORM

*For each EPA, please choose whether you think you're ready for residency (entrustable) or not yet ready for residency (pre-entrustable)*

	<b>Pre-Entrustable</b> (not yet ready for residency)	<b>Entrustable</b> (Ready for residency)
<b>EPA 1: Gather a history and perform a physical examination</b> Day 1 residents should be able to perform an accurate complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient. The history and physical examination should be tailored to the clinical situation and specific patient encounter.		
<b>EPA 2: Prioritize a differential diagnosis following a clinical encounter</b> To be prepared for the first day of residency, all physicians need to be able to integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to selection of a working diagnosis.		
<b>EPA 3: Recommend and interpret common diagnostic and screening tests</b> This EPA describes the essential ability of the day 1 resident to select and interpret common diagnostic and screening tests using evidence-based and cost-effective principles as one approaches a patient in any setting		
<b>EPA 4: Enter and discuss orders and prescriptions</b> Writing safe and indicated orders is fundamental to the physician's ability to prescribe therapies or interventions beneficial to patients. It is expected that physicians will be able to do this without direct supervision when they matriculate to residency.		
<b>EPA 5: Document a clinical encounter in the patient record</b> Entering residents should be able to provide accurate, focused, and context-specific documentation of a clinical encounter in either written or electronic formats.		
<b>EPA 6: Provide an oral presentation of a clinical encounter</b> Entering residents should be able to accurately present a summary of a patient's clinical course to the health care team as well as patients and their families so that everyone understands the patient's current condition.		
<b>EPA 7: Form clinical questions and retrieve evidence to advance patient care</b> Entering residents should be able to identify key clinical questions in caring for patients, identify information resources and retrieve information and evidence that will be used to address those questions. Day 1 residents should have a basic knowledge of how to critique the quality of evidence and assess the applicability to their patients and the clinical context.		
<b>EPA 8: Give or receive a patient handover to transition care responsibility</b> An entering resident should be able to give handoff to another inpatient provider (ICU team to floor team or vice versa), to an outpatient provider (from inpatient team to PCP) or to a family member who will be caring for the patient at home.		
<b>EPA 9: Collaborate as a member of an interprofessional team</b> Entering residents should be able to work and communicate well with all members of the healthcare team (including other physicians, social work and nursing).		
<b>EPA 10: Recognize a sick patient and initiate eval and management</b> This EPA calls for the day 1 residents to be able to recognize a patient who requires urgent or emergent care, initiate evaluation and call for assistance from senior team members		

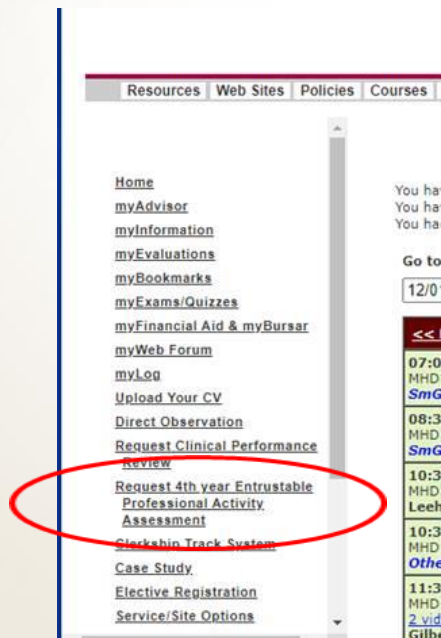
# Due Dates

Activity	Due date
SMART goal	End of 1 <sup>st</sup> week
Mid-Clerkship Feedback and Self-Assessment	End of 2 <sup>nd</sup> week
Patient Data Log ( <i>including attestation of completion of IHI module and associated activity</i> )	End of 3 <sup>rd</sup> week
Directly Observed Interpretation of CXR	On last day of clerkship

# Clinical Performance Evaluation – **MUST** be filled out by an Attending

- EPA-based

- Log into myLUMEN and selecting “Request 4<sup>th</sup> year Entrustable Professional Activity Assessment”



## ICU SUB-INTERNSHIP EVALUATION FORM

Only attendings who have worked with the student for at least **FOUR days** may fill out an evaluation.

**NOT every Stritch student is above average.** A student at expected level (2<sup>nd</sup> column) will still receive a Passing grade on the Clinical Performance Evaluation (not the only measure upon which they are graded) and therefore can still do very well in this rotation.

If you feel that the student requires **remediation** (any of the first column boxes are chosen), please email the clerkship director at [emgilbert@lumc.edu](mailto:emgilbert@lumc.edu) to discuss

	1. <b>Needs remediation</b> before starting internship	2. A good student. <b>AT expected level</b> for a 4 <sup>th</sup> year <b>Stritch</b> student	3. <b>ABOVE expected level</b> for a 4 <sup>th</sup> year <b>Stritch</b> student	4. <b>EXTRAORDINARY.</b> Top 3% of the class. *If this box is checked you will be required to give a written example of behavior
EPA 2: Prioritize a differential diagnosis following a clinical encounter	Unable to come up with a differential for key diagnoses (respiratory failure or shock)	Proposes a reasonable differential diagnosis but misses some less common diagnoses	Thorough and complete differential diagnosis.	Very broad differential, including diagnoses that one would expect only a senior resident to know.
EPA 3 and 4: Recommend and Interpret Common Diagnostic and Screening Tests  Enter and Discuss Orders and Prescriptions	Unable to recognize an abnormal (critical) result  Lacks basic knowledge needed to guide ordering medications or tests  <i>Example: when reporting labs, doesn't comment on or notice an elevated K+</i>	Able to distinguish insignificant abnormalities from clinically important findings.  Sometimes needs help deciding how to respond to an abnormal lab or test.  Able to articulate the rationale behind orders	Recognizes urgent test results and responds appropriately  <i>Example: recognizes an elevated potassium level and orders appropriate workup and treatment</i>	Takes into account the patient condition when ordering tests. Can explain how orders and results will influence clinical decision making.  Recommends workup and testing at the level of a senior resident  <i>Example: Recommends a factor VIII level to distinguish between DIC vs liver failure</i>
EPA 5: Document a Clinical Encounter in the Patient Record	Notes disorganized, inaccurate, not updated	Notes are largely accurate and updated but miss some key points	Notes are organized and complete with a clear plan	Outstanding progress notes. Complete yet concise, very well-organized with comprehensive plan.
EPA 6: Provide an Oral Presentation of a Clinical Encounter	Presents in a disorganized and incoherent fashion. Fabricates information when unable to respond to questions	Presentations are usually well-organized but occasionally misses details and/or includes unnecessary information.	Concise, well-organized presentation	Outstanding presentations at the level of a senior resident. Does not use notes when presenting. Cites literature while presenting. Incorporates new data to update the plan.
EPA 7: Form Clinical Questions and Retrieve Evidence to Advance Patient Care	Does not reconsider approach to a problem, ask for help, or seek new information  Unable to recognize limitations	Needs help going to literature to find answers to clinical questions  Accepts findings from clinical studies without critical appraisal.	Occasionally brings papers to rounds  With prompting, can cite data from the literature and assess evidence quality	Consistently brings papers to rounds and presents data to answer clinical questions related to patient care.  Able to recognize high quality verses low quality evidence without prompting
EPA 9: Collaborate as a Member of an <b>Interprofessional Team</b>	Has disrespectful interactions with team, nurses or consultants.	Quiet on rounds, a more passive member of the team.  Communicates with consultants but sometimes does not clearly convey or understand information.	Listens actively and elicits ideas and opinions from other team members.  Updates the nurse after rounds	Nurses, social worker, dietician or respiratory therapists go out of their way to let you know about the extraordinary behavior of the student.

<b>EPA 10: Recognize a Patient Requiring Urgent or Emergent Care and Initiate Evaluation and Management</b>	Fails to recognize deteriorating vital signs in a decompensating patient	Occasionally misses abnormalities in patient's clinical status, cannot always anticipate next steps.	Recognizes change of patient's vital signs or a change in status and alerts team members immediately	Recognizes a decompensating patient and alerts team members. Comes up with a differential diagnosis for the decompensation and recommends next steps in workup and management.
<b>Patient Communication Skills</b>	Has difficult interactions with patients and families.	Updates families and patients but resident or attending will guide rounds and/or difficult conversations	Largely responsible for communication with the patient and the family. Usually accompanied by a resident or attending for more sensitive conversations.	Actively manages communication with the patient and family members. Trusted to engage in difficult conversations about sensitive subjects without significant input from other providers.

Comments (this is required):

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If you checked the 1<sup>st</sup> or 4<sup>th</sup> column, please give specific examples. If you do not add a specific comment for the 4<sup>th</sup> column, student's grade will be defaulted to a 3.

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Student Signature

Faculty Signature

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# Clinical Performance Evaluation

- EPA-based
- Only 4 columns
- If ANY box is checked within the 1<sup>st</sup> column, this means the student will require remediation
  - Dr. Gilbert or Dr. Hutchison will speak with evaluator
- The 4<sup>th</sup> column should only be checked if the student is showing extraordinary behavior
  - An example will need to be provided or we will default to column 3
- Boxes checked in column 2 or column 3 is still a very good student



# Due Dates

Activity	Due date
SMART goal	End of 1 <sup>st</sup> week
Mid-Clerkship Feedback and Self-Assessment	End of 2 <sup>nd</sup> week
Patient Data Log ( <i>including attestation of completion of IHI module and associated activity</i> )	End of 3 <sup>rd</sup> week
Directly Observed Interpretation of CXR	On last day of clerkship
Final CPE	On last day of clerkship
Clerkship evaluation	Within 2 weeks of completing clerkship

Please upload all forms as PDF to Sakai Dropbox in this format:

Your Last Name\_First Initial\_Name of Document

- example 1: Smith\_J\_Mid Eval

# Grading

Component	Weight
Exam	50%
Clinical Performance Evaluation	40%
Clinical Skills Exercise POLST	7%
Directly observed: CXR interpretation	3%

# Grading

Component	Weight
Exam	50%
Clinical Performance Evaluation	40%
Clinical Skills Exercise POLST	7%
Directly observed: CXR interpretation	3%

## Cumulative Score:

- HONORS: 87% - 100%
- HIGH PASS: 81% - 86.9%
- PASS: 60.0% - 80.9%

**You must pass all components to pass the clerkship**

# Professionalism is part of your grade!

Please rate the student below for each

Competency	Expectations / Concerns
Medical Knowledge	Meets
Patient Care	Meets
Interpersonal and Communication Skills	Meets
Practice Based Learning and Improvement	Meets
Professionalism	Meets with concerns
Systems Based Practice	Meets

- Unprofessional behavior includes:
  - Not telling your team or the clerkship director about excused absences (interviews)
  - Taking more than the allowed number of days off
  - Not showing interest in rounds
  - Consistently arriving late
  - Not turning in forms
  - Not filling out clerkship evaluation
  - Not completing SMART goal
- If there are professionalism concerns, remediation will be required



LUMEN

Search ...



RETURN TO CAMPUS

REPORT A PROFESSIONALISM OR MISTREATMENT CONCERN

HSD CARE REFERRAL

REPORT A TECHNOLOGY ISSUE

HOME

ACADEMIC CALENDARS

EDUCATIONAL RESOURCES

ADMINISTRATIVE RESOURCES

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+ Policies and Instructions

## Required Subinternship Selective ICU



**Course Director**  
Emily Gilbert, M.D.  
[emgilbert@lumc.edu](mailto:emgilbert@lumc.edu)



**Assistant Course Director**  
Paul Hutchison, M.D., M.A.  
[paul.hutchison@lumc.edu](mailto:paul.hutchison@lumc.edu)

**Medical Education Coordinator:** Vivian Ortiz ([vortiz4@luc.edu](mailto:vortiz4@luc.edu))

### Upcoming Events, Tests & Due Dates

[ [View All](#) | [View Next 30 Days](#) ]

# Reporting a Professionalism Concern

Loyola University Chicago Stritch School of Medicine is committed to maintaining a learning environment characterized by respect and professionalism. If you have either been the recipient of or witnessed unprofessional behavior from a faculty member, resident or other healthcare provider, then it should be reported.

We take reports seriously and work to protect confidentiality as possible given the nature of the event. SSOM is committed to a policy that supports the timely disclosure of these concerns and prohibits retaliation against any student who reports such concerns. If you have concerns regarding confidentiality in reporting, please contact Associate Dean, James Mendez at 708-216-8140 or by email at [jamendez@luc.edu](mailto:jamendez@luc.edu)

## Reporting Gender-based, Sexist/Sexual, and Ethnic-based Unprofessional Behavior

Reporting Online: If the behavior you witnessed or experienced involved unwanted sexual advances, offensive sexist, racist, ethnic, or gender based remarks then these need to be acted upon as soon as possible. These behaviors fall under Gender-Based Misconduct and Title IX of the Educational Amendments Act and can be reported using [Ethics Reporting Hotline Web Site](#).

Reporting by phone: These reports can also be filed by telephone via the University's Ethicsline at (855) 603-6988.

## Reporting Other Unprofessional Behavior

If the behavior you witnessed or experienced involved, for example, public embarrassment, harassment, humiliation or other behaviors contributing to an unsafe learning environment, they can be reported using the [Professionalism Concern Reporting Form](#).

## Other Channels for Reporting Unprofessional Behavior

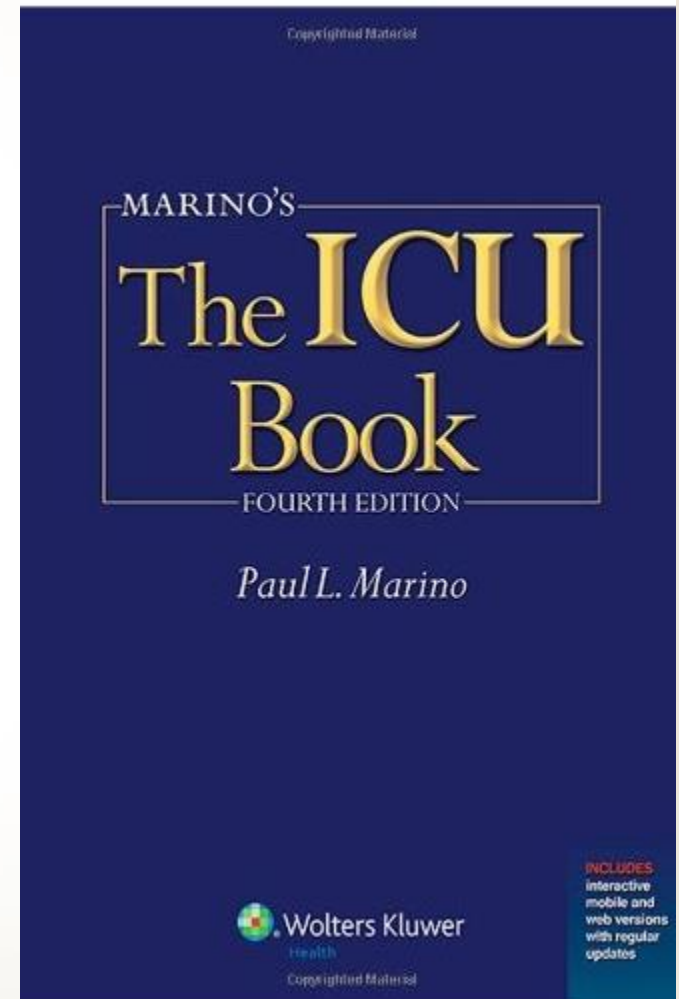
The Office of Student Affairs is well positioned to receive reports of unprofessional behavior. Contact information for three deans is below.

- Associate Dean, James Mendez, PhD ([jamendez@luc.edu](mailto:jamendez@luc.edu) or at 708/216-8140).
- Assistant Dean, Viviana Martinez, MEd ([vimartinez@luc.edu](mailto:vimartinez@luc.edu) or at 708/216-8140)
- Assistant Dean, Darrell Nabers, MSc ([dnabers@luc.edu](mailto:dnabers@luc.edu) or at 708/216-5326)

In addition, you can informally discuss your concerns with HSD Ministry, your course clerkship director, immediate faculty supervisor, Pastoral Care chaplains, or personal counseling services. You may seek confidential consultation through the Confidential Loyola Sexual Assault Advocates: Available during certain hours via the Advocacy Line at (773) 494-3810; visit <https://tinyurl.com/loyolaadvocacy> for more information.

# Website/Resources

- Loyola MICU lecture series
  - Under schedules on Sakai
- Sakai
- LUMEN
  - The ICU Book





Page your residents or stop by the ICU after orientation and find out where/what time you need to be there on the first day

# Questions? Comments?

[emgilbert@lumc.edu](mailto:emgilbert@lumc.edu)