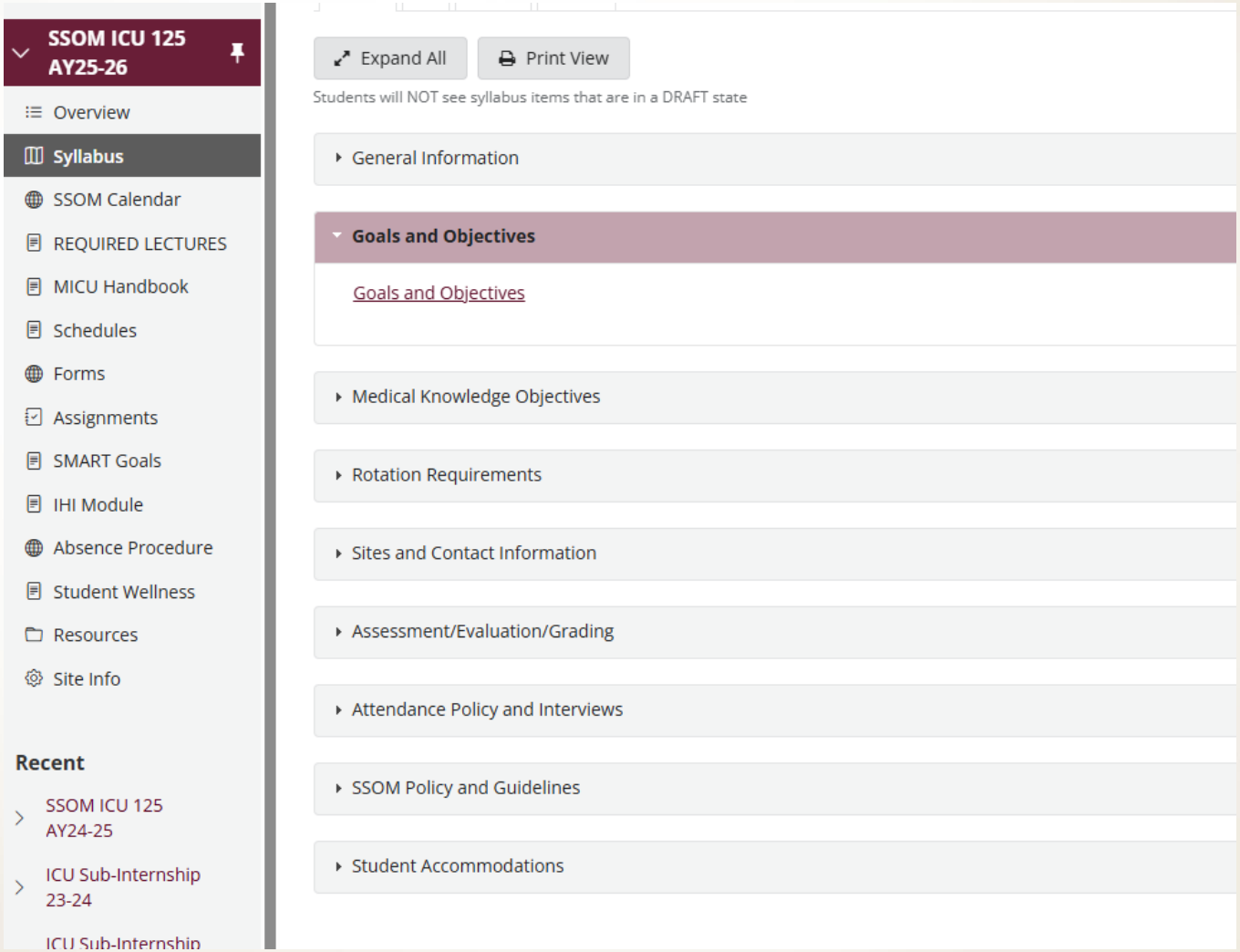
ICU Subinternship

Orientation

Welcome to the ICU

Goals and Objectives



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 and BRING YOUR FINDINGS TO ROUNDS
- YOU ARE THIS PATIENT'S DOCTOR

Studer ew!

LOYOLA MEDICINE

ICU SUBINTERNSHIP CLERKSHIP EXPECTATIONS

This template is meant to help set clear expectations for all students on day 1 with a new ICU team.

As a 4th year medical student on your service, I am expected to:

1. be the ***primary*** **person responsible** for the care of 2-3 ICU patients per day at a similar level to a PGY-1.
2. **present my patients on rounds**, come up with a **differential diagnosis** of the patients' problem(s) and suggest a proposed plan **based on evidence** that I have reviewed in the literature.
3. **write daily progress notes** on my assigned patients in epic
4. **write four ICU admission notes** over the 4-week clerkship
5. **enter orders** (to be reviewed and cosigned by a resident) on my assigned patients
6. be the primary health care provider in **communicating** with my assigned patients, their families as well as other health care staff and consultants
7. be present to **obtain signout** on my patients from the night team in the morning
8. be present to **give signout** on my patients in the afternoon (*at the discretion of service)*

Students on surgical ICU rotations are welcome to but not expected to go to the OR

SMART GOAL:

_____

_____

Expectations for the Student on the ICU subinternship Clerkship were discussed.

_____	_____	_____
Resident/Attending Name	Signature	Date
_____	_____	_____
Student Name	Signature	Date

Rules

- Attire
  - Scrubs are OK
  - Long coat to be worn over scrubs
- Duty Hours
  - PGY-1 rules apply
  - Please email me if you find you are working more than 80 hours per week (on average)

Attendance

- Clinical Skills Day and Final exam day are REQUIRED
  - Even if scheduled for an away rotation
- < 4 week rotation
  - Only 19-20 actual days in the ICU
- 4 days off
  - 1 day off per week PLUS day prior to exam OFF
- University Holidays are an extra day off:

• **July 4th** • **Fall Break** • **St. Luke's Day** **** at the discretion of hospital/service** • **Veterans' Day** **** VA only - at the discretion of the service**	• **Thurs/Fri of Thanksgiving** • **Winter Break** • **Martin Luther King, Jr. Day** • **Match Day and the following weekend** • **Spring Break** • **Good Friday**

Typical Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Clinical Skills Day					
Day off						
Day off						
Day off				Day off	Exam	off
off						

PICU Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Clinical Skills Day	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	6a-11a (5 hours)
OFF	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	6a-11a (5 hours)
OFF	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	**OFF**
6a-11a (5 hours)	6a-6p (12 hours)	6a-6p (12 hours)	6a-6p (12 hours)	**OFF (study day)**	**EXAM**	**OFF**

Illness

- 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 student affairs and Vivian Ortiz with the reason for your absence
- Students are allowed 2 days for illness.
  - If more than 2 days are needed, students will need to make up the missed days.

ICU Sub-I Core Curriculum

Prior to Day 1, review all lectures on Sakai

- Shock (*Dr. Emily Gilbert*)
- Respiratory failure and mechanical ventilation (*Dr. Kevin Simpson)*
- Cardiology lecture (*Dr. Subir Shah*)
- Nutrition case *(Tamara Kinn, RD, LDN, CNSC)*
- Acid Base (*Dr. Emily Gilbert*)

In preparation for Clinical Skills Day:

- Ethics *(Dr. Paul Hutchison)*
- POCUS videos

ICU Sub-I Core Curriculum

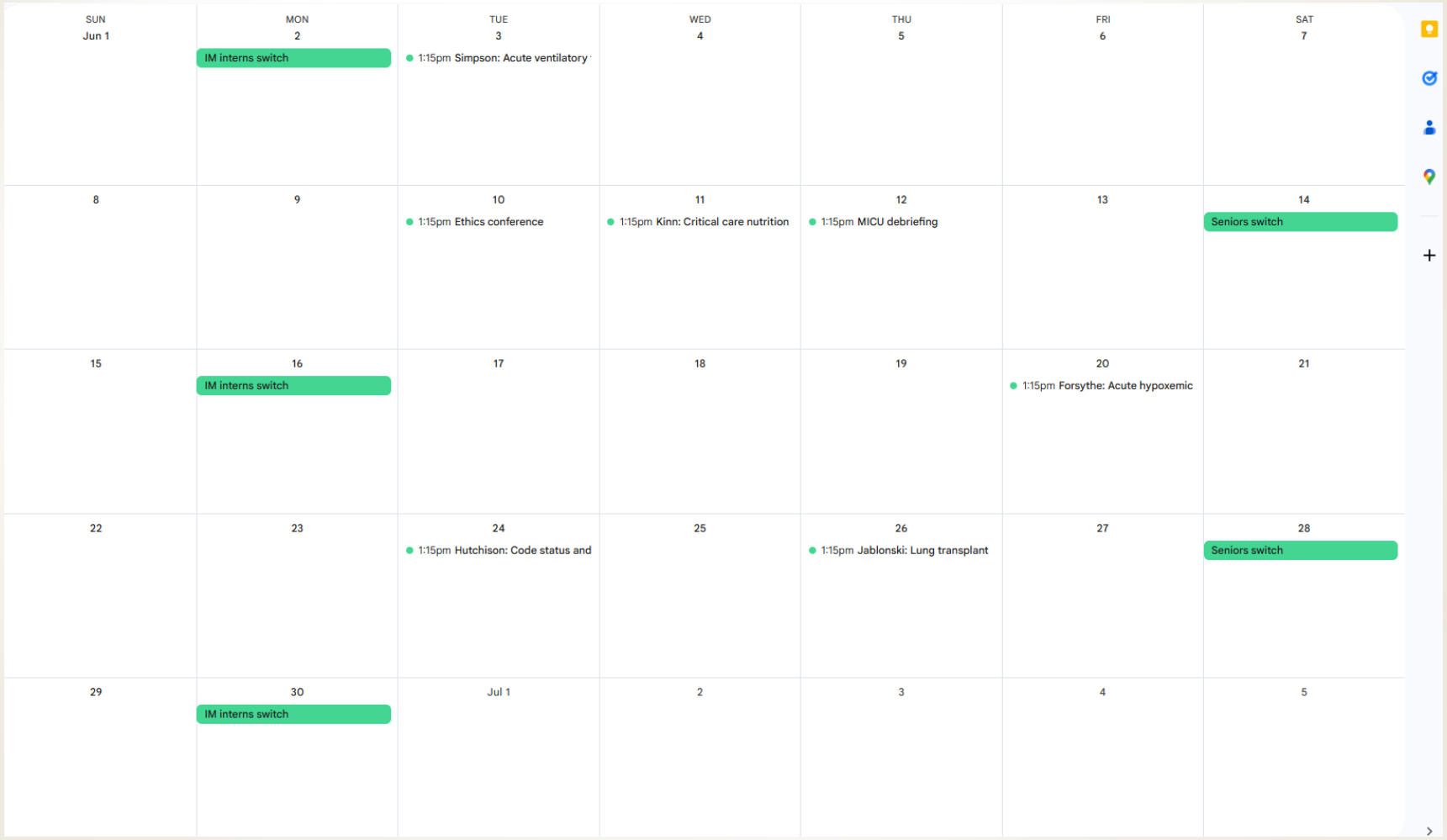
Clinical Skills Day – 1st day of clerkship

- *In person lectures:*
  - Orientation lecture
  - Death and Dying lecture
  - Ethics role play/small group session
    - students role play a simulated sequence of family discussions related to the care of a decompensating patient

- *Simulation Sessions:*
  - Hands on critical care ultrasound session
  - Simulation session: care of a critically ill patient
  - Hands on ventilator session with 3 different cases

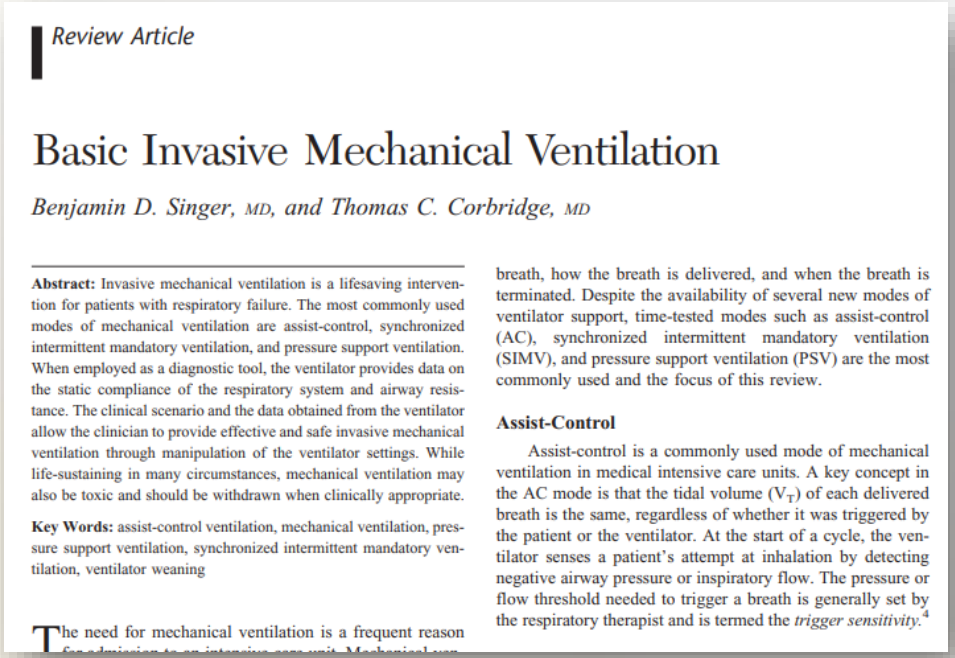
Website/Resources

- Loyola MICU lecture series
  - Schedule found in MICU


SUN
Jun 1
MON
2
IM interns switch
TUE
3
1:15pm Simpson: Acute ventilatory
WED
4
THU
5
FRI
6
SAT
7
8
9
10
1:15pm Ethics conference
11
1:15pm Kinn: Critical care nutrition
12
1:15pm MICU debriefing
13
14
Seniors switch
15
16
IM interns switch
17
18
19
20
1:15pm Forsythe: Acute hypoxemic
21
22
23
24
1:15pm Hutchison: Code status and
25
26
1:15pm Jablonski: Lung transplant
27
28
Seniors switch
29
30
IM interns switch
Jul 1
2
3
4
5

Additional Resources

- Sakai
- LUMEN
  - The ICU Book
  - Ventilator Basics



Review Article

Basic Invasive Mechanical Ventilation

Benjamin D. Singer, MD, and Thomas C. Corbridge, MD

Abstract: Invasive mechanical ventilation is a lifesaving intervention for patients with respiratory failure. The most commonly used modes of mechanical ventilation are assist-control, synchronized intermittent mandatory ventilation, and pressure support ventilation. When employed as a diagnostic tool, the ventilator provides data on the static compliance of the respiratory system and airway resistance. The clinical scenario and the data obtained from the ventilator allow the clinician to provide effective and safe invasive mechanical ventilation through manipulation of the ventilator settings. While life-sustaining in many circumstances, mechanical ventilation may also be toxic and should be withdrawn when clinically appropriate.

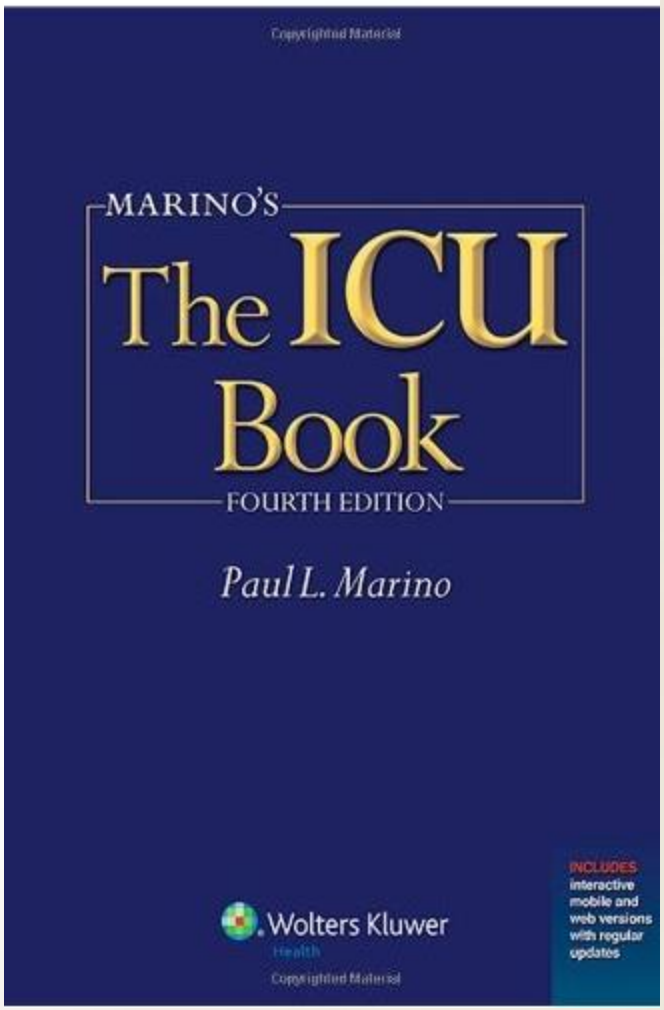
Key Words: assist-control ventilation, mechanical ventilation, pressure support ventilation, synchronized intermittent mandatory ventilation, ventilator weaning

The need for mechanical ventilation is a frequent reason

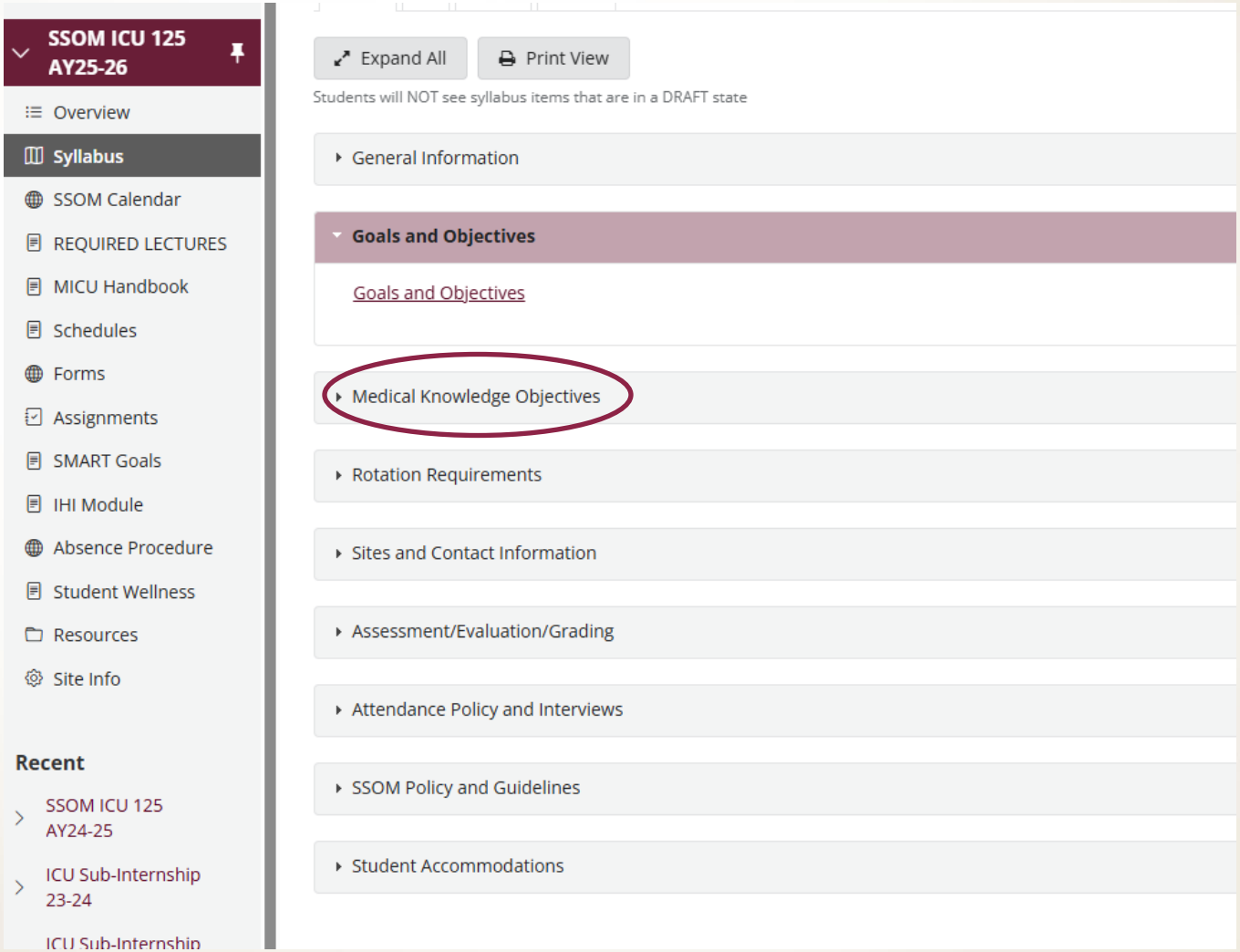
breath, how the breath is delivered, and when the breath is terminated. Despite the availability of several new modes of ventilator support, time-tested modes such as assist-control (AC), synchronized intermittent mandatory ventilation (SIMV), and pressure support ventilation (PSV) are the most commonly used and the focus of this review.

Assist-Control

Assist-control is a commonly used mode of mechanical ventilation in medical intensive care units. A key concept in the AC mode is that the tidal volume (V_T) of each delivered breath is the same, regardless of whether it was triggered by the patient or the ventilator. At the start of a cycle, the ventilator senses a patient's attempt at inhalation by detecting negative airway pressure or inspiratory flow. The pressure or flow threshold needed to trigger a breath is generally set by the respiratory therapist and is termed the *trigger sensitivity*.[4]



Medical Objectives



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)

Practice Exam questions

- Coming soon

Clinical Skills Day

Date	Time	Topic	Faculty	Room / Link
ONLINE CASES				
Online – review prior to orientation day		Hemodynamic Monitoring and Shock *	Dr. Emily Gilbert (author)	Shock
Online – review prior to orientation day		Respiratory Failure and Mechanical Ventilation *	Dr. Kevin Simpson (author)	Respiratory Failure
Online – review prior to orientation day		Cardiac Issues*	Dr. Subir Shah (author)	Cardiac Issues
Online – review prior to orientation day		Nutrition in the Critically Ill Patient *	Tamara Kinn, RD	Nutrition in the Critically Ill Patient
Online – review prior to orientation day		Acid Base *	Dr. Emily Gilbert (author)	Acid Base
IN PERSON LECTURES				
Clinical Skills Day	9:30am - 10:00am	Orientation lecture	Dr. Emily Gilbert	
Clinical Skills Day	10:00am – 11:00am	Death and Dying in the ICU	Chaplains	
Clinical Skills Day	11:00am – 12:00pm	Advanced Topics in Critical Care Ethics*	Dr. Paul Hutchison	
LUNCH BREAK				
Clinical Skills Day	1:15pm – 3:15pm	Clinical Skills Exercise*	IM Chiefs, fellows	SON 3511

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

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  - Directly observed interpretation of a critical care CXR.
    - Filled out by your fellow or attending

CXR interpretation

Student name: _____ **Evaluator:** _____ **Date:** _____

ICU SUB-I Direct Observation - Reading CXRs

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
Total # of YES	_____/ 11		

Comments (not required)

Needs to be filled out by ICU attending or fellow

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  - Directly observed interpretation of a critical care CXR.
    - Filled out by your fellow or attending
  - Directly observed POCUS activity.
    - Filled out by your fellow or attending

POCUS exam

Student name: _____ **Evaluator:** _____ **Date:** _____

ICU SUB-I Direct Observation - POCUS

Radial Artery correctly identified	YES	NO	n/a
Right Internal Jugular Vein correctly identified	YES	NO	n/a
Right carotid artery correctly identified	YES	NO	n/a
** Correct probe chosen for vascular structures	YES	NO	n/a
** Correct exam setting chosen on machine for vascular structures	YES	NO	n/a
Lung sliding identified	YES	NO	n/a
** Correct probe chosen for lung sliding	YES	NO	n/a
** Correct exam setting chosen on machine for lung sliding	YES	NO	n/a
Able to identify diaphragm and lung (+/- pleural effusion) at costophrenic angle	YES	NO	n/a
** Correct probe chosen for lung/pleural effusion	YES	NO	n/a
** Correct exam setting chosen on machine for lung/pleural effusion	YES	NO	n/a
Able to identify cardiac activity (any windown is acceptable)	YES	NO	n/a
** Correct probe chosen for heart	YES	NO	n/a
** Correct exam setting chosen on machine for heart	YES	NO	n/a

Total # of YES _____ / 14

Comments (not required)

Needs to be filled out by ICU attending or fellow

ICU Sub-I Core Curriculum

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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
  - Directly observed POCUS activity.
    - Filled out by your fellow or attending
  - Required Clinical Conditions Log
    - Due by the end of the third week of the rotation

~ SUBINTERNSHIP ICU ~
Required Clinical Conditions Log

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	☐	
Multidisciplinary Rounding and Communication *(attend WIND rounds, discuss patient care with SW, nutritionist, PT/OT, etc)*	☐	

IHI Module and QIPS Activity Overview ICU Sub-I

- Go to education.ihi.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

ICU Sub-I Core Curriculum

- To be completed prior to end of rotation:
  - SMART goal
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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
  - Directly observed POCUS activity.
    - Filled out by your fellow or attending
  - Required Clinical Conditions 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:

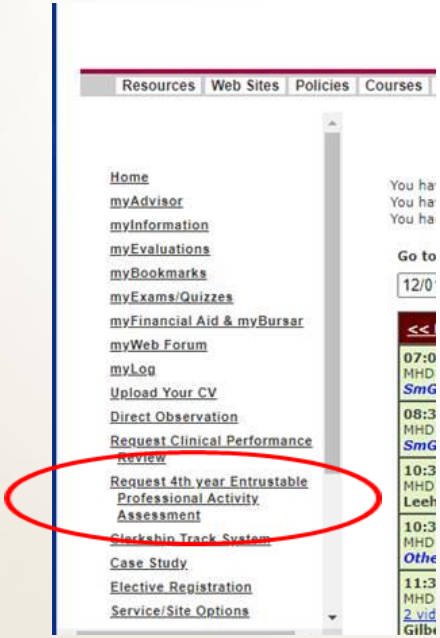
SUB-INTERNSHIP SELF ASSESSMENT FORM

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

	Pre-Entrustable (not yet ready for residency)	**Entrustable** (Ready for residency)
EPA 1: Gather a history and perform a physical examination 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.		
EPA 2: Prioritize a differential diagnosis following a clinical encounter 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.		
EPA 3: Recommend and interpret common diagnostic and screening tests 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		
EPA 4: Enter and discuss orders and prescriptions 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.		
EPA 5: Document a clinical encounter in the patient record Entering residents should be able to provide accurate, focused, and context-specific documentation of a clinical encounter in either written or electronic formats.		
EPA 6: Provide an oral presentation of a clinical encounter 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.		
EPA 7: Form clinical questions and retrieve evidence to advance patient care 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.		
EPA 8: Give or receive a patient handover to transition care responsibility 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.		
EPA 9: Collaborate as a member of an interprofessional team Entering residents should be able to work and communicate well with all members of the healthcare team (including other physicians, social work and nursing).		
EPA 10: Recognize a sick patient and initiate eval and management 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		

Clinical Performance Evaluation – MUST be filled out by an Attending

- EPA-based
  - Log into myLUMEN and selecting “Request 4th 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 (2nd 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 to discuss

	1. Needs remediation before starting internship	2. A good student. AT expected level for a 4th year Stritch student	3. ABOVE expected level for a 4th year Stritch student	4. EXTRAORDINARY. 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 *Example: when reporting labs, doesn't comment on or notice an elevated K+*	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 *Example: recognizes an elevated potassium level and orders appropriate workup and treatment*	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 *Example: Recommends a factor VIII level to distinguish between DIC vs liver failure*
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 Interprofessional Team	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.

EPA 10: Recognize a Patient Requiring Urgent or Emergent Care and Initiate Evaluation and Management	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.
Patient Communication Skills	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):

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

_____

_____

_____

Student Signature

_____

Faculty Signature

_____

Clinical Performance Evaluation

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

Due Dates

Form	Due
Student Expectations form	No due date
SMART Goals form	end of 1st week
Mid evaluation form	end of 2nd week
Self-assessment form	end of 2nd week
Required Clinical Conditions Log (online)	end of 3rd week
IHI Module/attestation (online)	end of 3rd week
Clinical Performance evaluation (online)	end of rotation
Direct Observation CXR	end of rotation
Directly Observed POCUS activity	end of rotation
Online course evaluations	closes 2 weeks after end of rotation

All forms need to be uploaded under the Assignments Tab on Sakai

Grading

Component	Weight
Clinical Performance Evaluation	40%
Exam	30%
Clinical Skills Exercise: POLST	10%
Directly observed: CXR interpretation	10%
Directly observed: POCUS activity	10%

Grading

Component	Weight
Clinical Performance Evaluation	40%
Exam	30%
Clinical Skills Exercise: POLST	10%
Directly observed: CXR interpretation	10%
Directly observed: POCUS activity	10%

Cumulative Score:

- **HONORS: 89% - 100%**
- **HIGH PASS: 84% - 88.9%**
- **PASS: 60% - 83.9%**

You must pass all components to pass the clerkship

Professionalism is part of your grade!

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
  - Arriving late to lectures or rounds
  - Not turning in forms
  - Not filling out clerkship evaluation
  - Not completing SMART goal

If there are any professionalism concerns, the student will receive either a "meets with concerns" (for minor professionalism concerns) or a "does not meet" (for multiple episodes or a severe example of unprofessional behavior) under the professionalism competency.

If the student does not meet the professionalism competency, remediation will be required.

LOYOLA UNIVERSITY CHICAGO

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Required Subinternship Selective ICU

Course Director
Emily Gilbert, M.D.
emgilbert@lumc.edu

Assistant Course Director
Paul Hutchison, M.D.,M.A.
paul.hutchison@lumc.edu

Medical Education Coordinator: Vivian Ortiz (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

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 or at 708/216-8140).
- Assistant Dean, Darrell Nabers, MSc (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.

PROFESSIONALISM CONCERN REPORTING FORM

Do not fill out this form if you are reporting Gender-based, Sexist/Sexual, and Ethnic-based Unprofessional Behavior. They should be reported using the Ethics Reporting Web Site.

IF YOU WOULD LIKE TO DISCUSS THE ISSUE BUT DO NOT WISH TO FILL OUT THIS FORM, PLEASE CALL STUDENT AFFAIRS AT (708) 216-8140

SELECT COURSE/CLERKSHIP

Select name

FIRST NAME OF PERSON BEING REPORTED

LAST NAME OF PERSON BEING REPORTED

DATE OF OCCURRENCE (MM/DD/YYYY)

04/29/2025

STATUS OF PERSON BEING REPORTED ○ FACULTY ○ RESIDENT/FELLOW ○ STAFF ○ STUDENT

ISSUES

Select Issue

SPECIFICS ABOUT THE ISSUE

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