TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
at El Paso

Surgery ICU

Course Number: 8002

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Approved by the CEPC - May 2026

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SICU Critical Care

Introduction:

Welcome to the SICU selective. This will be a month of growth and hopefully excitement. You will certainly see conditions you did not encounter last year as an MSIII. The main goal of this rotation is to prepare you for internship. We want you to be ready to be on call in an ICU on day one. Even if you are not entering a surgical field, this rotation will be helpful. We have had many students and interns who are not planning on a surgical career sign up for a month in the SICU. We want you to be active and involved in patient care. Some objectives follow, but you will find that reading about your patients will help you understand their course and the interventions in the SICU. Have a great rotation!

Academic Success and Accessibility:

Office of Accessibility Services

TTUHSC EP is committed to providing access to learning opportunities for all students with documented learning disabilities. To ensure access to this course and your program, please contact the Office of Accessibility Services (OAS) by calling 915-215-4398 to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively, so students are encouraged to register with OAS as soon as possible. More information can be found on the OAS website: https://elpaso.ttuhsc.edu/studentservices/accessibility/default.aspx

Counseling Assistance

TTUHSC EP is committed to the well-being of our students. Students may experience a range of academic, social, and personal stressors, which can be overwhelming. If you or someone you know needs comprehensive or crisis mental health support assistance, on-campus mental health services are available Monday- Friday, 9 a.m. – 4 p.m., without an appointment. Appointments may be scheduled by calling **915-215-TALK (8255)** or emailing support.elp@ttuhsc.edu. The offices are located in MSBII, Suite 2C201. Related information can be found at https://elpaso.ttuhsc.edu/studentservices/student-support-center/get-connected/ Additionally, the National Suicide Prevention Lifeline can be reached by calling or texting **988**.

Reporting Student Conduct Issues:

Campus community members who observe or become aware of potential student misconduct can use the Student Incident Report Form to file a report with the Office of Student Services and Student Engagement. Student behaviors that may violate the student code of conduct, student handbook, or other TTUHSCEP policies, regulations, or rules are considered to be student misconduct. This includes, but is not limited to, plagiarism, academic dishonesty, harassment, drug use, or theft.

TTUHSC El Paso Campus CARE Team:
The university CARE Team is here to support students who may be feeling overwhelmed, experiencing significant stress, or facing challenges that could impact their well-being or safety. If your professor notices any signs that you or someone else might need help, they may check in with you personally and will often connect you with the CARE Team. This is not about being "in trouble"—it's about ensuring you have access to trained professionals who can offer support and connect you to helpful resources. Additionally, if you have any concerns about your own well-being or that of a fellow student, please don't hesitate to reach out to let your professor know. You can also make a referral to the CARE Team using CARE Report Form. Your health, safety, and success are our top priorities, and we're here to help.

Locations for rotation:

1. ICU: This is on the second floor of the North Tower of University Medical Center. You can access the ICU by going to the second floor on the North Tower Elevators. (These are near the North Tower entrance) The ICU conference room is used for morning report (Not required to attend). (ICU-CONF)
2. PICU/IMCU: Some patients may be on the Pediatric ICU or Pediatric IMCU, on the 10th or 8th floor of the El Paso Children's Hospital. This is accessed by the staff elevators located in the main lobby.
3. Operating Room/PACU: This is located on the first floor of the North Tower area of University Medical Center of El Paso.
4. Emergency Department: This is located on the First floor of the Thomason Tower of University Medical Center, adjacent to OR.
5. AEC: Administration Building for Texas Tech: This is located on 4800 Alberta Avenue, directly behind the University Medical Center. You should attend Trauma morbidity and mortality conference, trauma grand rounds.
6. Resident Workroom (AKA Batcave) Across hall from ICU rooms 18/19

SAMPLE SCHEDULE:

Week One (1):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0600: student Round on patient	**0600: student Round on patient**	**0600: student Round on patient**	**0600: student Round on patient**	**0600: student Round on patient**	**0600: student Round on patient Students must round one weekend day on two weekends.**	
0630: Morning report (Senior Resident)	0630: Morning report (Senior Resident)	0630: Morning report (Senior Resident only)	0700: Grand Rounds or Other lecture, AEC Auditorium B	0630: Morning report (Senior Resident)	0630: Morning report (Senior Resident)	
0800: SICU rounds	0800: SICU rounds	0800: SICU rounds	0800: SICU rounds	0800: SICU rounds	0800: SICU rounds	
4 PM: sign out rounds	4 PM: sign out rounds	4 PM: sign out rounds	4 PM: sign out rounds	4 PM: sign out rounds	4 PM: sign out rounds	

Week Two (2):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0600: student Round on patient	**0600: student Round on patient**	**0600: student Round on patient**	**0600: student Round on patient**	**0600: student Round on patient**	**0600: student Round on patient Students must round one weekend day on two weekends.**	
0630: Morning report (Senior Resident)	0630: Morning report (Senior Resident)	0630: Morning report (Senior Resident)	0700: Grand Rounds or Other lecture, AEC Auditorium B	0630: Morning report (Senior Resident)	0630: Morning report (Senior Resident)	
0800: SICU rounds	0800: SICU rounds	0800: SICU rounds	0800: SICU rounds	0800: SICU rounds	0800: SICU rounds	
4 PM: sign out rounds	4 PM: sign out rounds	4 PM: sign out rounds	4 PM: sign out rounds	4 PM: sign out rounds	4 PM: sign out rounds	
				Mid-clerkship evaluation. AEC, surgery department. This could also be Thursday.		

Week Three (3):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0600: student Round on patient	**0600: student Round on patient**	**0600: student Round on patient**	**0600: student Round on patient**	**0600: student Round on patient**	**0600: student Round on patient Students must round one weekend day on two weekends.**	
0630: Morning report (Senior Resident)	0630: Morning report (Senior Resident)	0630: Morning report (Senior Resident)	0700: Grand Rounds or Other lecture, AEC Auditorium B	0630: Morning report (Senior Resident)	0630: Morning report (Senior Resident)	
0800: SICU rounds	0800: SICU rounds	0800: SICU rounds	0800: SICU rounds	0800: SICU rounds	0800: SICU rounds	
4 PM: sign out rounds	4 PM: sign out rounds	4 PM: sign out rounds	4 PM: sign out rounds	4 PM: sign out rounds	4 PM: sign out rounds	

Week Four (4):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0600: student Round on patient	**0600: student Round on patient**	**0600: student Round on patient**	**0600: student Round on patient**	**0600: student Round on patient**	**0600: student Round on patient Students must round one weekend day on two weekends.**	
0630: Morning report (Senior Resident)	0630: Morning report (Senior Resident)	0630: Morning report (Senior Resident)	0700: Grand Rounds or Other lecture, AEC Auditorium B	0630: Morning report (Senior Resident))	0630: Morning report (Senior Resident)	
0800: SICU rounds	0800: SICU rounds	0800: SICU rounds	0800: SICU rounds	0800: SICU rounds	0800: SICU rounds	
4 PM: sign out rounds	4 PM: sign out rounds	4 PM: sign out rounds	4 PM: sign out rounds	4 PM: sign out rounds	4 PM: sign out rounds	
				Student Powerpoint presentation. This could also be Thursday. This is usually in ICU-CONF		

The following are learning goals and objectives for the SICU rotation. Included are what the goals are, the specific objectives to meet those goals, and how you will be evaluated on meeting those goals. After this, some suggested resources are listed. You are free to use other resources which you may like.

Abbreviations: Medical Education Program Goals and Objectives: MEPGOs (the full set of MEPGOs is available on the PLFSOM website)

Entrustable Professional Activities: EPAs.

Entrustable Professional Activities or EPAs are those activities you are expected to be able to do upon graduation. PLFSOM has selected 3 for sub-internships and SICU rotations:

- EPA 4 – Discuss orders and prescriptions
- EPA 8 – Give or receive a patient handover to transition care responsibility
- EPA 10 – Recognize a patient requiring urgent or emergent care and initiate evaluation and management

For a quick reference on learning objectives, requirements and evaluations, and links to institutional learning objectives, see Summary Table in Appendix 1-3.

GOALS AND OBJECTIVES

MEDICAL KNOWLEDGE

GOALS:

Each medical student will be instructed by Critical Care Faculty on relevant patient care issues requiring medical knowledge and on the application of basic science information to issues frequently encountered in critically ill patients. These include:

- Airway anatomy and its impact on airway management of critically ill patients including mask ventilation, intubation, tracheostomy, and surgical airway management.
- Subsets of shock including cardiogenic, hypovolemic and septic
- Blood gas interpretation
- Identification and management of respiratory compromise/failure
- Ventilator management (to include spontaneous breathing trial (SBT), basic modes of ventilation, and adjustments to basic settings (TV, RR, PS, PEEP, FiO2)
- Fluid and electrolyte management of ICU patients.
- Student must have knowledge of how to diagnose acute myocardial ischemia syndromes and must list patient's cardiac medications on note.
- Trauma: student must understand basic ICU trauma care
- Neurologic Dysfunction and Neurologic support
- Life Threatening Infections/Sepsis
- Special populations: pregnant ICU patients
- Venous thromboembolism

- Nutrition in the critically ill patient
- In addition, students will complete Society of Critical Care Medicine (SCCM) modules assigned.

OBJECTIVES:

Upon completion of the Critical Care rotation, each medical student will demonstrate to a Critical Care faculty member or designated individual that the student understands and is proficient in the goals by:

- The student will assist with surgical airway management at least once. The student will list pre-op qualifications for tracheostomy. (2.1, 1.8)
- Providing a written list or oral presentation of a minimum of 3 criteria that identify each of the subsets of shock (cardiogenic, hypovolemic, obstructive, and distributive or septic shock.) (2.2, 2.3)
- Interpreting and discussing a minimum of 10 blood gas test results of a patient while on rounds with the ICU team (2.1, 2.2, 2.3)
- Providing a plan of fluid and electrolyte management for a minimum of 5 patients to be shared with the ICU team while on rounds (2.1, 2.2, 2.3, 1.3, 1.2)
- Listing the criteria for the definition of Sepsis and Septic Shock as defined in February 2016 Sepsis 3 Definition by the Society of Critical Care Medicine. See SCCM.org for full article. (2.3, 2.6)Student must write a note for ICU rounds on at least one trauma patient. (4.4)
- Student must examine at least one patient with neurologic dysfunction and calculate a Glasgow coma scale correctly at least once. (2.2, 2.3, 1.1, 1.3)
- Student must record culture results on patients with cultures pending. (2.2, 2.3)
- Student may round on one pregnant ICU patient: this is not required but recommended. (1.3)
- Student must list on their note stress ulcer prophylaxis and also Venous Thromboembolism prophylaxis. (2.2, 2.3, 2.6)
- Student must be able to list workup of suspected Deep Venous Thrombosis or Pulmonary Embolus in an ICU patient. (2.3, 1.2)

EVALUATION:

- Evaluation will be on rounds. The student will hand out evaluation cards with a goal of daily Clinical Evaluation Card (CEC), with a minimum of 4 cards by mid-clerkship turned in to the clerkship coordinator and 8 cards by the end of the month, at least 4 of the cards must be filled out by an attending.
- The student will record assisting at one tracheostomy on his/her OPLOG during the rotation.
- Mask ventilation will be assessed at the end of the ventilation demonstration.
- ABG interpretation will occur during rounds; these should be recorded on OPLOG as “respiratory failure” or “mechanical ventilation” patients. **This is one of the EPA’s (10) which need to be completed (Identification of critically ill patient).**
- Criteria for shock will be identified at the end of the shock lecture. **This is one of the EPA’s (10) which must be completed.**
- Sepsis criteria knowledge will be assessed by a quiz following the sepsis lecture.

PATIENT CARE

GOALS:

Medical students will be introduced to complex medical patients with critical illnesses requiring extensive monitoring and dynamic management. The goal is for each student to:

- Be responsible for understanding his or her patients' medical conditions throughout the student's rotation
- Be responsible for daily notes on his/her patients
- Provide appropriate treatment and examination studies of his or her patients in conjunction with the ICU team
- Have exposure to invasive monitoring techniques including central venous access and arterial lines and participate in these procedures.
- Student must understand cardiac defibrillation, pericardiocentesis.
- Develop an appreciation for the intensive, around-the-clock patient care needs
- Experience and participate in end-of-life ethical issues
- Identifying sepsis or septic shock when present in a patient, or in a patient simulation.
- The student will understand specialized wound care in the surgical patient (also a systems'-based practice objective.)

OBJECTIVES:

To achieve the goals, each student will:

- Be responsible for a minimum of 3 patients throughout their rotation; prepare daily ICU notes and present during daily rounds. (1.1, 1.3, 1.2, 4.4, 4.2)
- Be responsible for providing a minimum of 1 extensive treatment plan for a newly admitted ICU patient, including examination studies. (1.3, 1.2)
- Be expected to follow up on all ordered laboratory values and examination studies as they pertain to the student's patients. (1.3, 1.4, 5.7)
- Have an opportunity to observe the insertion of at least 1 CVP and 1 A-line in a patient. (1.8)
- Insert 1 CVP and 1 A-line in a mannequin or patient. (1.8)
- Read and be able to list steps and anatomical landmarks for pericardiocentesis. (1.8, 2.1, 2.2)
- List steps in cardiac defibrillation. (1.2, 1.5, 2.3)
- Student must observe or perform wound care with wound care team on at least 2 occasions. (1.8, 7.3)
- Participate in lecture-format didactic sessions addressing end of life issues, including organ procurement (presented by Southwest Organ Transplant) OR round on and write notes on at least 1 patient being considered for organ donation. (1.6, 5.4)

EVALUATION:

Patient notes will be examined daily by the ICU attending.

- Follow-up will be assessed during sign out rounds.

- The student will give evening sign out "Hand off" procedure during his/her rotation. **This is one of the EPA's (8)** which **need to be completed (handoff of critically ill patient).**
- The student will write the ICU transfer summary (under supervision of senior resident) on at least 5 patients during the rotation. This is also a handoff procedure. **This is one of the EPA's (8) which need to be completed.**
- Participation in CVP and art line will be assessed by examining the OPLOG and also the CEC's, which should be handed to the participants after the student participates during a procedure.
- Student must read assigned readings in Marino on cardiac resuscitation.
- Document wound care on OPLOG and/or using CEC's

INTERPERSONAL AND COMMUNICATIONS SKILLS

GOALS:

Management of critically ill patients requires a team approach involving multiple levels of communication. Medical students will:

- Learn the appropriate format for presenting patient information on rounds. Practice communicating treatment plans with critical care patients. Initiate communication with family members of patients regarding treatment plans and outcomes
- Learn to verbally transfer care daily.

OBJECTIVES:

- During daily rounds, medical students will present their patients in the expected and accepted format. This will be assessed by the rounding Critical Care faculty. (4.2)
- Students will be expected to communicate treatment plans with a minimum of 3 patients in the ICU while under direct observation of the ICU faculty member. (4.1, 4.2, 4.3)
- Critical Care faculty will evaluate and provide feedback for at least 1 verbal or written transfer of care by a medical student to the on call team. (4.2)
- Each medical student will participate in a meeting with family members as an observer. (4.1, 4.3)

EVALUATIONS:

- Student will PARTICIPATE IN DAILY ROUNDS ON A MINIMUM OF 1 PATIENTS AND A MAXIMUM OF 3 PATIENTS.
- Student will be observed to communicate treatment plans to team daily. Assessment will be by observation and by CEC's
- Student will be observed communicating to a patient or family the day's treatment plan at least twice. This evaluation will be recorded on CEC. An example would be: Suppose the treatment plan includes placing a chest tube. The student would communicate to his/her patient this plan and reasons for the tube. The student would not be expected to communicate a complicated plan. Or the student could communicate to a family for example, that a family member on a ventilator will undergo an SBT and if he/she passes,

would then be extubated and liberated from mechanical ventilation. The student would be expected to know what is passing for an SBT.

- Patient handoffs are an EPA: see above. This communication skill will be assessed.

PROFESSIONALISM

GOALS:

- Medical students will be expected to arrive on time for all weekday rounding activities in the ICU.
- Adequate preparation of patient information prior to rounds.
- ICU rounds are often long and extensive, appropriate behavior and attentiveness is expected throughout the experience on a daily basis.

OBJECTIVES:

- Medical students will be present and prepared a minimum of 10 minutes prior to rounds on each day. (5.3, 5.7)
- All relevant laboratory data, X-ray, CT and MRI results must be presented by the student to the ICU team for patients being followed. (5.2, 5.3, 5.7)

EVALUATION:

Evaluation will be by direct observation and recorded on a CEC.

PRACTICE BASED LEARNING AND IMPROVEMENT

GOALS:

- While on their Critical Care rotation, each medical student will be instructed as to the use of the relevant ICU checklist while on service.
- The student will understand Joint Commission "Core Measures" and their applicability to ICU patients.

OBJECTIVES:

- Students will be expected to apply the ICU checklist to their patients while on service. (3.4, 3.5)
- Students will fill out the core measures section of the SICU note daily, including exceptions to the application of core measures. (3.2, 3.5)
- Students will be expected to be able to order appropriate Deep Venous Thrombosis Prophylaxis and to note when this must be omitted. (3.2, 3.5)

EVALUATIONS:

- The student note will be assessed for adherence to filling out the core measures section.
- The student PowerPoint presentation will be assessed as an example of the student's ability to research a topic, which is essential to Practice-Based Learning and Improvement. The PowerPoint will also be assessed for use of resources.

SYSTEMS-BASED PRACTICE

GOALS:

Medical students will learn:

- Importance of discharge planning for ICU patients and local resources available
- Criteria requiring ICU admission
- Challenges of discharge planning for the medically underserved patient.

OBJECTIVES:

- Each student will be expected to provide a written transfer summary (under supervision of senior resident) for at least five patients. (6.4)
- Students will be given sample cases of patients who might need ICU admission. Students would be expected to incorporate admission to ICU as part of plan. (1.5, 6.3, 1.2)
- Students will attend at least 2 SICU discharge planning meetings with a social worker. An alternative would be to discuss discharge planning of their patients on at least 3 patients during rounds. An example of discharge planning would be if physical therapy has determined that the patient should have inpatient rehabilitation, then the student would bring that up during the daily presentation. (6.4, 6.1, 6.2)
- Student must also interact with wound care team as in Patient Care above. (6.4)
- Student must observe 1 speech pathology evaluation. (6.4, 7.1)

EVALUATIONS:

- The student will be observed for meeting the learning objectives and recorded on the CEC. Either the faculty or the ICU social worker or Case Manager or both may comment on the CEC regarding Systems Based Practice.

INTERPROFESSIONAL COLLABORATION

GOALS:

Medical students will learn: collaboration with multiple other disciples in medicine and also other disciplines, such as nursing, social work, physical therapy, speech and language pathology.

OBJECTIVES:

- Students will call at least two consults during the month for their medical disciplines (4.2, 7.2)
- Students will interact with nursing, social work, and physical therapy during the course of the day (7.1, 7.2)

EVALUATIONS:

- The student will be observed for meeting the learning objectives. The faculty and residents will comment on the student's inter-professional collaboration.

PERSONAL AND PROFESSIONAL DEVELOPMENT

GOALS:

Medical students will learn how to develop themselves further in the medical profession. This includes self-directed learning and learning the professional skills of researching and creating a presentation.

OBJECTIVES:

- Students will select a topic and research, create and present a PowerPoint presentation on a short topic of their choice (3.1, 3.4)

EVALUATIONS:

- Student PowerPoint presentations will be evaluated by the course director for completeness, correctness, and neatness of presentation

PATIENT CONDITIONS – REQUIRED OP LOG ENTRIES

CONDITION	EXPECTED ROLE	QUANTITY	COMMENTS
RESPIRATORY FAILURE	ASSIST OR MANAGE	10	PATIENTS WILL BE ON A VENTILATOR
SHOCK	ASSIST OR MANAGE	1	ANY SHOCK
TRAUMA, MULTISYSTEM	ASSIST OR MANAGE	5	
TRAUMA, TRAUMATIC BRAIN INJURY	ASSIST OR MANGE	2	ANY TRAUMATIC BRAIN INJURY
PNEUMONIA	ASSIST OR MANGE	1	MUST BE DIAGNOSED WITH CULTURES OR CXR
INFECTION	ASSIST OR MANAGE	3	ANY INFECTION OTHER THAN PNEUMONIA
ALTERED MENTAL STATUS	ASSIST OR MANGE	4	ANY ALTERED MENTAL STATUS: COULD BE WITHDRAWAL, DEMENTIA, ICU DELIRIUM, INTOXICATION

PROCEDURES THE MSIV WILL BE EXPECTED TO EITHER OBSERVE, ASSIST, OR PERFORM:

Procedure	Expected role	Quantity	Initials
ABG interpretation	P	5	
Ventilator management, change settings in response to ABG	P	5	
Arterial blood gas	3O, 1P	3O, 1P	
Central line insertion	O	2	
Arterial line insertion	O	3	
Chest PT	O	1	
Endotracheal suctioning	O	2	
Extubation	O	1	
Tube thoracostomy	O	3	
Wound care	O,P	2	
Speech Pathology Evaluation	O	1	

Note: for central line insertion: if a student observes 5 and has performed well in other aspects of the course, the student may perform a central line insertion under supervision. The same is true for arterial line insertion and tube thoracostomy.

ASSESSMENT OVERVIEW

You may wonder how you will be assessed during the rotation. We want you to be successful in meeting all learning objectives. You will be assessed as follows:

1. Participation in rounds: the student will be expected to be up to date on patients. Knowledge may also be assessed during rounds, and also systems-based practice, as ICU patients have multiple issues along the continuum of care.
2. Participation in procedures: Students are not expected to perform the procedures, but will be expected to know about the procedure, the indications and the pertinent anatomy. If a student shows that he/she is prepared, he/she may be allowed to perform a procedure. Procedures include bedside as well as Operating Room procedures. Knowledge about anatomy, indications, and complications may be assessed. Professionalism and teamwork are often assessed during procedures.
3. Participation in history and physical exams: this is less frequent in ICU, as most patients already have the history and physical performed, but a student may be asked to perform or assist with history and physical exams or tertiary trauma exams.

4. PowerPoint Presentation. The student will prepare a short (20 slides or less) PowerPoint presentation on a topic of his/her choice related to ICU. The student will give this presentation during the last week of ICU.

Students are assessed by Faculty, residents and nurse practitioners. In order to capture evaluations during the multiple activities which occur during the ICU rotation, Clinical Evaluation Cards are used. These are 8 cards which you will receive and print prior to the start of the rotation. You must receive 2 evaluations per week, one from an attending and another from fellow/senior resident specifically for rounds. This would have a total of 8 evaluations completed at the end of the rotation, 4 from attending's and 4 from fellow/senior resident. On the front is an area for your name and date. The activity and setting are options to circle at the top. The main competencies (e.g., knowledge, verbal presentation, written presentation…) are listed on the left hand side and the evaluation is listed to the right. You may receive "below MS-IV", "Average MS-IV" or "Above MS-IV", numerically graded 1-3. At the bottom of the list is a professionalism grade. An evaluation may circle "NA". On the back of the card is room for comments, these are mandatory. Faculty and residents are familiar with the CEC's; these have been used since October 2014 on this rotation. Your mid-clerkship evaluation and end of rotation evaluation which use the information on these cards will be online, the same as your other MS-IV rotations.

Grading Criteria:

A. Honors Grade:

1. To receive "Honors" you must have at least 4 CEC's turned in which show greater than 3 "Above MSIV" in the list of evaluations.
2. To receive "Honors" you must have your OPLOG updated at Mid-clerkship and by Wednesday of the last week of the rotation
3. You must meet all objectives.
4. You must receive Honors or "Above MS-IV" on the PowerPoint presentation.
5. An Honors student will be up to date on patients, likely round on 3 patients when patients are available, be up to date on culture results, diagnostic imaging results, or other tests. The Honors student will be able to answer basic questions about his/her patient's disease because the student will read about his/her patients after rounds or during evenings.

B. Passing Grade:

1. You must have at least 5 cards which have a predominance of "Average MS-IV" on 4 of the list of evaluations.
2. You must have your OPLOG updated by Wednesday of the last week of the rotation.
3. You must meet all objectives.
4. You must receive Pass on the PowerPoint presentation on at least one CEC.

5. The MS-IV who passes this rotation should be able to meet all the objectives. He/she may need help with understanding the diseases and may not answer all questions correctly but should show evidence of having looked up the patient diseases during his/her study time.

C. Failing Grade:

1. Receiving "Below MS-IV" on 6 CEC's on 4 of the list of evaluations.
2. Failing to meet objectives. For example: not having completed notes by rounds. Not coming to rounds. Not participating even as helper or observer on procedures on your patients.
3. Excessive absences. Please see absence policy on the TTUHSC Common Clerkship Requirements.

Mid Clerkship Feedback:

You will have a mid-clerkship evaluation in order to assist you with progress in Surgery ICU; requirements, expectations, and possible methods of remediation will be discussed at that time. This will take place after at least two weeks in the surgical ICU. The exact date will be given to you by the Clerkship Coordinator. You must have at least 4 Clinical Evaluation Cards filled out prior to this meeting.

The formative feedback is based on:

- Clinical evaluation Cards and Professionalism evaluations -forms filled out by attending and resident
- Review of Op-log encounter entries to date
- Review of Procedure log

Grading:

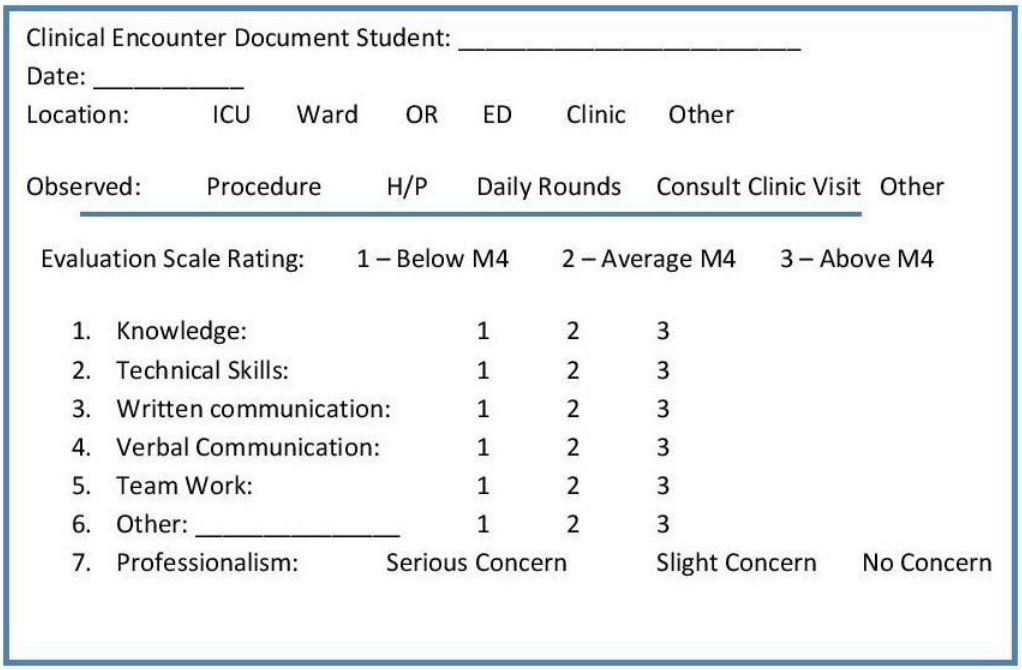
Honors/Pass/Fail and follow the PLF SOM grading system. Both ICU attending's and residents will participate in grading. Please also see Evaluations Overview.

Remediation:

The clerkship director will meet with students needing remediation and discuss a remediation strategy specific for objectives which are deficient. For example, if the notes are incomplete, the clerkship director can meet with the student about the note.

Pictures of Evaluation Cards:

Front:



Clinical Encounter Document Student: _____

Date: _____

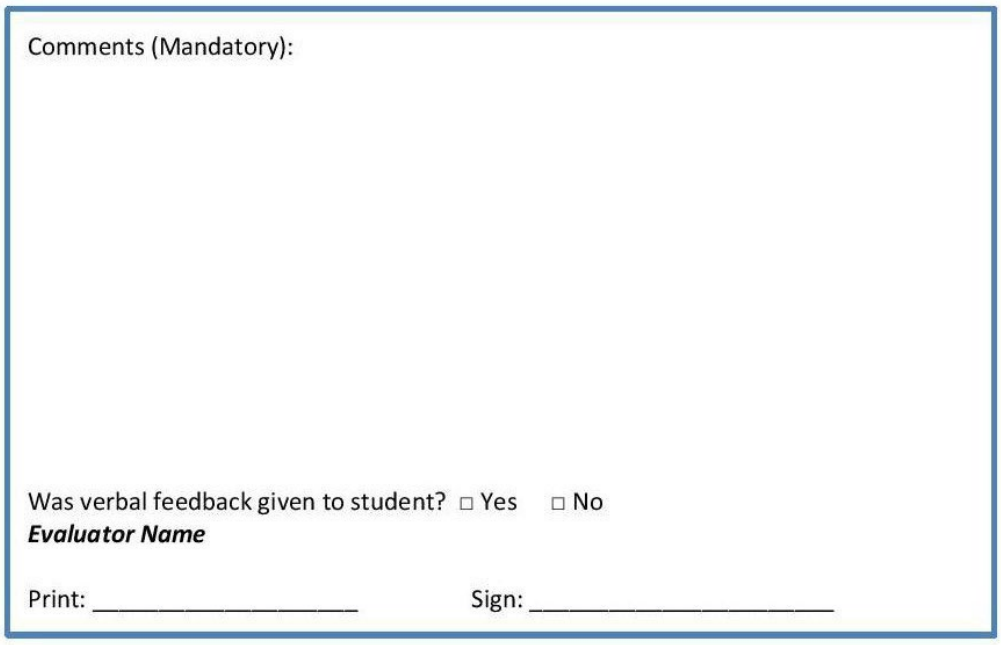
Location: ICU Ward OR ED Clinic Other

Observed: Procedure H/P Daily Rounds Consult Clinic Visit Other

Evaluation Scale Rating: 1 – Below M4 2 – Average M4 3 – Above M4

1. Knowledge: 1 2 3
2. Technical Skills: 1 2 3
3. Written communication: 1 2 3
4. Verbal Communication: 1 2 3
5. Team Work: 1 2 3
6. Other: _____ 1 2 3
7. Professionalism: Serious Concern Slight Concern No Concern

Back:



Comments (Mandatory):

Was verbal feedback given to student? □ Yes □ No

Evaluator Name

Print: _____ Sign: _____

SICU Daily schedule and expectations:

The SICU daily schedule starts with the student rounding on his/her assigned patients. Student will be assigned up to 3 patients, the student must work with the senior resident/fellow for patient selection and must choose at least 1 ventilated patient (when available). The student must arrive early enough to round on his/her patient and fill out the daily note. This note is on a template arranged by system. The student is no longer required to attend morning report in the ICU conference room at 6:30 a.m., only the senior resident attends. The student will round with the team following morning report. Once team rounds end, the student will either attend a didactic session or help with completing work. This work may also complete the student's goals and objectives. For example, the student may write a transfer summary as part of the daily work. Every weekday there is a 1400 multidisciplinary meeting that the student should attend. This will expose them to the collaborative work between; nursing, therapy, respiratory, and social work.

The student will report to the SICU senior resident during the day. The student will be scheduled as if an intern, that is one day per week will be completely off. The student will work no more than 12 hours per day. During the day, the student will be expected to follow up on test results, either x-rays, laboratory tests or other, including consults. Since the student may not give orders, if there is a need for his/her patient, the student will report to the senior resident, or on days the resident is off, the designated resident.

Didactics schedule:

Didactics will need to be completed online through the SCCM modules.

Society for Critical Care Medicine Modules

Students will be given access to SCCM adult learning modules. Modules must be completed as assigned.

Reading Assignments:

The recommended textbook is "The ICU Book" by Paul Marino. This book is available online at Amazon.com. IN addition, the student should read the following "Guidelines" on http://sccm.org: http://www.sccm.org/Research/Guidelines/Pages/Guidelines.aspx. This page has all the guidelines.

1. Guidelines for national support: http://sccmmedia.sccm.org/documents/LearnICU/Guidelines/NutritionSCCM-ASPEN.pdf.
2. Surviving Sepsis guidelines: http://www.sccm.org/Documents/SSC-Guidelines.pdf.
3. Corticosteroid use: http://www.learnicu.org/Docs/Guidelines/CoricosteroidInsufficiencyAdult.pdf.
4. Guidelines for insulin infusion: http://www.learnicu.org/SiteCollectionDocuments/Glycemic_Control.pdf. (recommended but not required.)
5. Red Blood Cell transfusion: http://www.learnicu.org/Docs/Guidelines/RedBloodCell.pdf. (Recommended but not required.)
6. Workup of fever: http://www.learnicu.org/Docs/Guidelines/NewFeverAdult.pdf.

Please also see the overall evaluation section at the beginning of the syllabus.

Communication:

It is important that you check your email and maintain contact with our department. **Please check your email,** and respond to communications from the Director, residents or coordinator. Email is the primary mode of communication between the clerkship unit coordinators and students. You will receive important reminders from the clerkship unit coordinator or Director. We also encourage you to email us with questions or concerns. If you encounter any problems or conflicts that interfere with learning, you can discuss them with the senior resident or attending surgeon on the service to which you are assigned, Dr. Swinney, SICU Associate Director will also be happy to discuss problems with you. Other problems or concerns can be discussed with the Clerkship Coordinator.

ADDITIONAL INFORMATION

Absence policy:

The SICU elective will follow the PLF SOM Policy If more than 3 days are needed off, then the student must notify the clerkship director for scheduling of remediation:

Please see the PLFSOM Common Clerkship Requirements. This rotation will adhere to the common policies.
All absences must be excused by the Clerkship Director. Please notify the Clerkship Director and your team if you must be absent. For interviews occurring during the rotation, notify the Clerkship Director in advance of the expected missed dates. The Clerkship Director will assess the impact of the missed dates and assign makeup dates if necessary.

Excessive absences, tardiness or unexcused absences can have a negative impact on the student's final grade or professionalism evaluations and may necessitate remediation of the rotation. Each rotation syllabus will have the contact information for a student when they are absent.

Preparation for Teaching

Attending faculty and residents will be oriented to the experience by the SICU Clerkship Director or their designee, and provided copies of the syllabus and forms that they will use to assess student performance.

Residents will be required, as part of their training and orientation, to function as teachers. All residents are required to participate in a "Residents as Teachers" program that is administered by the Office of Graduate

Medical Education. In addition, each resident will be provided copies of the Medical Student syllabus with particular emphasis on goals, objectives, and assessment methods and criteria.

Needlestick Policy

Please see the Exposure Matrix Policy posted on Canvas.

Appendix 1: Summary table of Learning objectives, requirements.

SICU MS-IV clerkship Learning objectives, evaluations, requirements

Subject	Learning Objectives (Institutional and competencies)	Evaluation	Requirement	Mechanism	Institutional learning objective
Respiratory Failure	Includes: A. Airway Management B. Diagnosis/ Management of Acute Respiratory Failure C. Mechanical Ventilation I D. Mechanical Ventilation II	Direct observation during presentations and written notes.	Student must discuss and recommend ventilator setting changes for at least 2 arterial blood gases on 2 different patients	Rounds on patients on ventilators. Lecture on ventilators. Readings in book and ICU syllabus. Assessment on Rounds with CEC's filled out.	Knowledge 2.1-2.4 Patient care 1.11.8
Shock and Alteration in Vital signs	E. Basic Hemodynamic Monitoring F. Diagnosis/ Management of Shock	Direct observation during presentations and written notes	Student must Discuss types of shock and arrive at differential diagnosis for patient in shock. Student must have patient vital signs and hemodynamic signs in notes and be able with assistance to make an assessment	Rounds on patients in shock Resuscitations Which may occur at times other than rounds Readings in syllabus in book Student must read the current "surviving sepsis guidelines" on SCCM website SCCM.org Evaluation form on CEC's	Knowledge 2.1-2.5 Patient care 1.2-1.8

Cardiac Dysfunction	G. Myocardial Ischemia and Infarction	Direct observation of presentations on rounds	Student must list patient's cardiac medications and information in the CV part of note and include a plan.	Rounds, patient notes, reading in book and ICU syllabus	Knowledge 2.1-2.5 Patient care 1.2-1.8
Neurologic dysfunction	H. Neurologic support	Direct observation during presentations and written notes.	Student must examine a patient with neurologic dysfunction, and calculate a Glasgow Coma Scale score at least once.	Rounds, patient notes, reading in book and ICU syllabus	Knowledge 2.1-2.5 Patient care 1.2-1.8
Trauma and Burns	I. Burn and Trauma management	Direct observation during presentations and written notes. Discussions during new trauma admissions	Student must write a note for ICU rounds on at least one trauma patient and include and assessment and plan.	Rounds on trauma patients, attendance at daytime trauma admissions, readings in syllabus and book.	Knowledge 2.1-2.5 Patient care 1.2-1.8
ICU infections	J. Life Threatening infections	Direct observation during presentations and written notes.	Student must record culture results and antibiotics in the patient note. Students must check culture results.	Rounds, discussions after rounds, patient notes review	Knowledge 2.1-2.5 Patient care 1.2-1.8
Special Populations	M. Special consideration in Selected populations N. Critical care in pregnancy	Direct observation during presentations and written notes.	Student must record prophylaxis against Stress ulcer prophylaxis and thromboembolic disease in the note	Rounds, evaluation of patient notes	Knowledge 2.1-2.5 Patient care 1.2-1.8 Systems based practice

Fluid and electrolytes	K. Electrolyte and metabolic disturbances	Direct observation during presentations and written notes.	Student must record electrolytes and discuss ways of correction in note and on rounds at least twice.	Rounds, evaluation of patient notes. CEC's	Knowledge 2.1-2.5 Patient care 1.2-1.8
Special Skills	Special skills vascular access, defibrillation, pericardiocentesis	Direct observation and discussion	Student must observe or perform a Seldinger technique wire change. Student must observe or could perform a central line insertion. Student must observe or perform an arterial line insertion. Student must observe or perform a tube thoracostomy	Rounds, direct observation. Student recording in OPLOG. Student does not have to perform any invasive procedure, but must observe and understand the technique. CEC	Knowledge 2.1-2.5 Patient care 1.2-1.8
The patient in Society	The student must participate with the social worker assigned to his/her patient during rounds and report on Social work interventions such as rehab placement. The student must list barriers to progression along the rehabilitation spectrum.	Direct observation.	Student must interact with a Social worker at least 2 times during the rotation.	Rounds, meetings with social work. CEC's must be filled out.	nowledge 2.1-2 5 Patient care 1.2-1.8 Systems Based Practice 6.1-6.6 I erprofessional Collaboration 7.1-7.3
Adjuncts to ICU care	List which patients require specialized wound care List which patients are at risk for post-ventilator swallowing dysfunction	Direct observation	Observe or perform wound care with wound care team on at least 3 patients. Observe one speech pathology consult.	Rounds, readings in book	Knowledge 2.1-2.5 Patient care 1.2-1.8 Systems Based Practice 6.1-6 Interprofessional Collaboration 7.1-7.3

Professionalism	See list under Learning objectives. Students must be on time and attentive on rounds. Students must work with other health care professionals in a collaborative fashion.	Direct observation	Students must attend at least 2 discharge planning meetings. Students must be on time and ready for rounds.	Clinical Evaluation Cards on rounds	Professionalism 5.1-5.7
Practiced Based Learning and Improvement	Students should be aware of the TPOAT ICU checklist. Student will be able to list core measures applied to ICU patients. Student must attend one Trauma Morbidity and Mortality Conference Student must make a PowerPoint presentation on a topic of their choice.	Observation of written notes and discussion	Student must fill out the portion of ICU note pertaining to core measures	Clinical Evaluation cards	Practiced Based Learning and Improvement: 3.1-3.5 Powerpoint: e. 3.6, 3.7 Knowledge for Practice 2.4, 2.7
Interpersonal and communication skills	Student must be able to present patient status on rounds. Students will be able to discuss a care plan with a family or patient	Direct observation	Student must present a minimum of 3 patients on rounds. Students must be able to give at least one patient or family a care plan so that the patient or family could understand.	Clinical Evaluation cards.	Interpersonal and Communication Skills 4.1-4.5
Patient Care	Please refer to list on Patient care under learning objectives.	Direct observation of behavior and notes.	Students must write notes, participate in handoffs, transfer care.	Clinical Evaluation Cards	1.1-1.8

Appendix 2: Surgical ICU clerkship assessment

Competency	Components	Source
Patient Care and Procedural Skills	• Completes an appropriate history • Exam is appropriate in scope • Able to describe the steps and indications for common ICU procedures • Able to perform POCUS exams	Clinical evaluations, bedside education rounds, CEC and procedures
Knowledge for Practice	• Able to interpret blood gas results • Able to assess volume status of the critically ill patient • Able to identify various shock conditions	Clinical evaluations, CEC, and bedside education rounds
Interpersonal and Communication Skills	• Communicates effectively with patients, family, and entire ICU team • Able to coherently present patient in a systems-based manner	Clinical evaluations, bedside education rounds, CEC, and daily multidisciplinary meeting
Practice-Based Learning and Improvement	• Takes initiative in increasing clinical knowledge and skills • Accepts and incorporates feedback into practice	Clinical evaluations, bedside education rounds, end of rotation presentation
Systems-based Practice	• Demonstrates understanding and ability to perform patient handoffs and maintain continuity of care • Ability to incorporate entirety of patient status in developing plans of care	Clinical evaluations, CEC, and bedside education rounds
Professionalism	• Is reliable and dependable • Acknowledges mistakes • Displays respect and compassion for all • Demonstrates honesty • Protects patient confidentiality	Clinical evaluations, CEC, and bedside education rounds

Interprofessional Collaboration	• Works professionally with all healthcare personnel in ICU • Acts as intern and is an important and contributing member of team	Clinical evaluations, bedside education rounds, CEC< and daily multidisciplinary meeting
Personal and Professional Development	• Recognizes when to seek assistance • Able to adjust to rapid change of critically ill patients and situations	Clinical evaluations, CEC, and bedside education rounds

Appendix 3: Surgical ICU clerkship competency grading rubric

Competency	Honor	Pass	Needs Improvement
Patient Care and Procedural Skills	MS **exceeds** in the ability to: • Perform tertiary exams • Perform POCUS exams without guidance	MS has the ability to: • Perform tertiary exams • Perform POCUS exams with assistance	MS has difficulties in: • Performing tertiary exams • Performing POCUS exams
Knowledge for Practice	MS exceeds in the ability to: • Interpret Blood gas results • Assess volume status • Implement ICU liberation bundle • Identify shock conditions and differentiate the types	MS has the ability to: • Identify abnormal Blood gas results • Assess volume status • To discuss ICU liberation bundle • Identify shock without differentiation	MS has difficulties in: • Identifying abnormal Blood gas results • Assessing volume status • Discussing ICU liberation bundle • Identifying shock state
Interpersonal and Communication Skills	MS exceeds in the ability to: • Present patient in ICU systems-based method • Communicate with patients and family	MS has the ability to: • Present patient in in a coherent fashion • Communicate with patients and family	MS has difficulties in: • Presenting patient in in a coherent fashion • Communicating with patients and family
Practice-Based Learning and Improvement	MS exceeds in the ability to: • Participate in self-directed learning • Develop presentation appropriate in scope and content	MS has the ability to: • Participate in self-directed learning • Develop presentation in professional manner	MS has difficulties in: • Self-directed learning • Developing a presentation in professional manner
Systems-based Practice	MS exceeds in the ability to: • Independently perform patient handoff at sign-out	MS has the ability to: • Perform patient handoff with assistance at sign-out	MS has difficulties in: • Performing patient handoff at sign-out

	• Develop appropriate systems-based plans for patient care	• Develop appropriate systems-based plans for patient care	• Developing appropriate systems-based plans for patient care
Professionalism	MS exceeds in the ability to: • Have appropriate communication and body language • Reliable • Take initiative in patient care	MS has the ability to: • Have appropriate communication and body language • Be punctual • Participate in patient care with guidance	MS has difficulties in: • Communication • Punctuality • Participating in patient care • Reliability
Interprofessional Collaboration	MS exceeds in the ability to: • Interact with the entire ICU team • Understand and predict the discharge or downgrade needs of the patient	MS has the ability to: • Interact with the physician ICU team • Understand the discharge or downgrade needs of the patient	MS has difficulties in: • Interacting with the physician ICU team • Understanding the discharge or downgrade needs of the patient
Personal and Professional Development	MS exceeds in the ability to: • Adapt to the rapidly changing ICU environment • Recognize when assistance is needed and when to elevate situations to senior/fellow/attending	MS has the ability to: • Adapt to the rapidly changing ICU environment • Recognize when assistance is needed	MS has difficulties in: • Adapting to the rapidly changing ICU environment • Recognizing when assistance is needed

AI Statement

TTUHSC EP may utilize institution-approved artificial intelligence (AI)-assisted tools to support teaching, learning, and grading processes. AI tools are used to enhance efficiency and consistency; however, they do not replace faculty expertise, professional judgment, or final decision-making authority. Examples of permitted AI-supported functions may include, but are not limited to: assignment completion support where explicitly allowed, verification of submission completeness, preliminary rubric-aligned feedback, similarity checks, scoring assistance, and workflow efficiency improvements. Faculty are responsible for reviewing and verifying AI-generated outputs prior to assigning grades or providing final feedback.

Student use of AI tools (including generative AI platforms) is governed by course-specific guidelines. In some assignments, AI use may be permitted; in others, it may be limited or prohibited. Students are responsible for understanding and adhering to these expectations. Any AI-generated or AI-assisted content must be appropriately disclosed and cited in accordance with course instructions to maintain academic integrity. Failure to follow course AI guidelines may constitute academic misconduct.

Students should be aware that AI-generated content may contain inaccuracies, incomplete information, or embedded bias. Students remain responsible for the accuracy, originality, and integrity of all submitted work.

Faculty retain full responsibility for final evaluation of student performance. Students may request clarification regarding grading processes or feedback and may appeal decisions through established institutional procedures.