# 2023-2024 Surgical Critical Care Fellowship

## **Master Schedule**

Week	Topics (Learning Objectives in Goals and Objectives Document)	Readings Asynchronous	Other Learning Modules Asynchronous	Case Live	Thursday Didactics Live	Evaluation	Mapped to Goals and Objectives Document
1	1. Respiratory failure 2. Ventilator modes 3. Initial ventilator settings 4. Hypoxemic and hypercarbic respiratory failure 5. ABG interpretation Noninvasive ventilation and high flow oxygen	VAMKF: Chapter8,62	<ol> <li>Mechanical Ventilation Explained         Clearly - Ventilator Settings &amp; Modes         (Remastered)</li> <li>Ventilator Modes Explained! PEEP,         CPAP, Pressure vs. Volume</li> <li>Mechanical Ventilation Explained         Clearly   3 of 5</li> <li>Mechanical Ventilation Explained         Clearly 4 of 5</li> <li>Mechanical Ventilation Explained         Clearly   5 of 5</li> </ol>	I I Scien	Orientation  Parameters of the content of the conte	Task simulation central lines	Vent 1-3 PCPS  PCPS
2	ARDS ARDsnet protocol PEEP	VAMKF Ch67 ARDSnet article	<ol> <li>Stress Management Video 1</li> <li>Introduction to ARDS in mechanical ventilation</li> <li>Obama Discusses Managing Stress</li> <li>Ventilator Pearls Explained Clearly</li> </ol>	2	First Research meeting, define interests, talk about timeline	LEAF 1 Due	Vent 2,3, 4
3	Minute Ventilation definition		Stress Management Video 2  1. Prone Positioning for Acute Respiratory     Distress Syndrome (ARDS)  2. Avoiding Intubation – Role of NIV and     High-Flow Oxygen Systems	3	Mindfulness: Time to do Ch 1 in workbook	LEAF 2 Due	Vent 2, 3,4

			3. Stressing The Importance of Dealing With Stress				
4	Bilevel Airway Pressure Release High Frequency Oscillatory ventilation	CTSCC Part XIII, pp: 639-643: Advanced Techniques in mechanical ventilation	<ol> <li>The Evolution of Lung Protective         Ventilation in ARDS</li> <li>Remembering Berlin: ARDS moving         forward</li> </ol>	4	Month wrap up Monthly evaluations SICU Journal Club		Vent 2-4
5	Measuring transpulmonary pressure Sedation and neuromuscular blockade	VAMKF Ch3 CTSCC Anesthesia in the critical care Unit e-material AND VAMKF Ch	Ventilator Pearls Explained Clearly   Part 2	5	Fatigue mitigation video Discussion Picking problem for a clinical practice guideline	IRB visit (need to get prior approval) LEAF 3 Due	Vent 3 PBLI
6	ECMO overview AA and VA ECMO	VAMKF Ch 42, p200	Stress Management Video 3  1. Dr Jay Winner Stress Management for Healthcare Professionals  2. What is ECMO? The basics explained.  3. VV vs VA ECMO Explained!  4. Hybrid ECMO Strategies - VVV vs VVA vs VAV	6	Research meeting, discuss ideas, make research question, literature search		
7	Spontaneous Breathing Trial Measuring readiness for liberation from mechanical ventilation Use of adjunctive tests Use of proportional assist ventilation (PAV)	VAMKF 63 p380 MIND Ch 2 MINDW Ch 2	<ol> <li>Weaning mechanical ventilation - Does the Mode Matter?</li> <li>ICU Bootcamp: Arterial Blood Gas (ABG) - Interpretation of Acid / Base Disorders</li> </ol>	7	Mindfulness exercise Ch 2 Professionalis m: Giving a talk.	LEAF 4 Due	Vent 3
8	Barriers to ventilation weaning: airway,	VAMKF Ch 63		8	Monthly wrap- up and evaluation		Vent 3

9	mental status, traditional barriers Emergencies on ventilated patients Endotracheal intubation	CTSCC Part III	COVID-19 Ventilator Course: Learn or Review Mechanical Ventilation	9	SICU Journal Club ICU M&M Simulation, airway, class	LEAF 5 Due	Vent 4
	Tracheostomy Cricothyroidotomy Confirmation of airway; COVID19	p57 Surgeon and Airway Mgt.	INCCHANGE VEHERATION				
10	Hemodynamic monitoring Troubleshooting monitors	CTSCC Part XII p607 Cardiac hemodynamics 607-613, pp613-616 SICM Ch 9		10	Research meeting		CV1-3
11	Shock overview, definitions 4 main categories of shock Indications for invasive hemodynamic monitoring Calibration of monitoring systems	VAMKF Ch 6  MIND Ch 3  MINDW Ch 3	icu Bootcamp: Types of Shock  University Health S	3 11 Scier	Mindfulness exercises in Ch 3 MINDW Resiliency lecture	LEAF 6 Due	CV1-3  Paso
12	Fever workup  Sepsis and septic shock  Definitions  Surviving sepsis  bundles.	VAMKF Ch 121, 122 CTSCC 683-689, 689-695	<ol> <li>ICU Bootcamp: Pressor Selection -</li></ol>	12	Monthly evaluation SICU Journal Club	Clinical practice guideline due	CV1,4 PBLI

13	Hypovolemic shock Hemorrhagic shock	CTSCC pp: 24- 27,70-76, 415- 430		13		Review clinical practice guideline LEAF 7 Due	CV1,2,5,7
14	Shock resuscitation Including hemorrhagic shock Transfusion therapy/adjuncts Transfusion reaction	CTSCC24-27, 70-76, 415-430 CTSCC p 665- 677 SICM Ch 35		14	Research meeting		CV4-7
15	Endpoints of resuscitation Monitoring	CTSCC pp123- 126 MIND 4 MINDW Ch 4	What is difference between health and wellness? Eight Dimensions of Wellness Ways to Build Resilience for Healthcare Workers	15	Means of resiliency talk, maintaining wellness MINDW Ch 4	LEAF 8 Due	CV6
16	Neurogenic shock	CTSCC pp 140- 152	Biostatistics Video Sensitivity vs Specificity Explained Neurogenic Shock Neurogenic vs spinal shock	16	SICU Journal Club ICU M&M		CV1-2,7
17	Cardiogenic shock	VAMKF Ch 89, 90, 91	Cardiogenic shock brief overview Cardiogenic Shock and Ventricular assist  devices treatment Impella Device insertion with narration LVAD cardiac assist device animation Cardiogenic shock overview for cardiology fellows Advanced heart failure therapy and LVADs	scier	ices Cei	LEAF 9 Due	l Paso
18	Cardiac arrhythmias ACLS( taken separately)	VAMKF Ch78- 81		18	Research meeting		CA1
19	Cardiac assessment for noncardiac surgery	MINDW Ch 5		19	Wellness curriculum MINDW Ch 5 exercises	LEAF 10 Due	CA2
20	Workup of oliguria Indications for dialysis	CTSCC 644-650	Introducing Precision in AKI prevention in the Surgical ICU	20	Professionalis m and writing:	Implement ation of	RE1-2,4 PBLI,ICS

21	Evaluating renal function Need for dialysis  Common and uncommon fluid and	VAMKF: Ch 13, 14, 15, 16, 18,		21	writing a short abstract and submitting SICU Journal Club	clinical practice guideline LEAF 11 Due	RE3
	electrolyte disorders and treatment	19					
22	Altered mental status workup ICU delirium and prevention PADIS guidelines	MIND Ch 6 MINDW Ch 6	Why a stay in the ICU can leave patients worse  off  A new frontier in Critical Care: Saving the Injured Brain-J Wesley Ely CAM-ICU Demo	22	Research meeting MINDW Ch 6		NE1
23	Neurologic trauma Identification Early treatment Indications for ventilation	VAMKF Ch 51,54	A New Frontier in Critical Care: Saving the Injured Brain	23	Neuro ICS: simulation meet with family who needs trach	LEAF 12 Due	NE2,3, 4 SBP activity Professionalism
	· · · · · · · · · · · · · · · · · · ·	cas Tech	university Health S		of life care meeting	nter E	l Paso
24	Nutrition evaluation in critical care Early enteral nutrition Indications for parenteral nutrition Management of fistulas in SICU	MIND Ch 7 MINDW Ch 7	Nutrition Risk Scores in the Critically III Current Trends in Critical Care Nutrition 2021.  Article: Journal of Parenteral and Enteral Nutrition. Volume 40 (2): 159-211. February 2016. DOI: 10.1177/0148607115621063	24	Wellness curriculum MINDW Ch 7 SICU Journal Club ICU M&M	From here on, The SICU fellow will give at least one grand rounds	GI 1,3 ICS, PBLI
25	Feeding tubes, types and indications GI bleeding		Post-intensive care syndrome? What is it?     How can we help?	25	Research meeting	LEAF 13 Due	GI2-3

			2. <u>Update on Sedation: Focus on Prevention</u>		Preparing short slide show		
26	Nutrition prescription		of PICS	26	Meeting with		GI3
	Modification of				registered		
	nutrition for special				dietician		
	populations (liver				regarding		
	failure, fistula, AKI,				formulas/TPN		
	hypoxemic respiratory				Write at least		
	failure, sepsis, burns)				one TPN order		
27	Common SICU	CTSCC 709-715		27	Wellness	LEAF 14	ID 1-2
	infections	VAMKF Ch 114,			curriculum	Due	
	Pneumonia	115,			MINDW Ch 8		
	VAP bundle	,116,117,123					
	Urinary tract infection	MIND Ch 8					
20	and CAUTI's	MINDW Ch 8		20	NA 12 21b		ID4
28	Necrotizing soft tissue infections	CTSCC 582-592 VAMKF 125		28	Meeting with		ID1
	infections	VAIVIKE 125			bed specialist SICU Journal		
					Club		
29	Bacterial infections	VAMKF		29	Research	LEAF 15	ID1
	Bacterial infections	116,117,118			meeting	Due	
30	Fungal infections	VAMKF Ch 129		30	MINDW Ch 9	200	ID1
		MIND Ch 9					
		MINDW Ch9					
31	Viral infections/COVID-	VAMKF	1. Covid 19 and Surgery.	31	Wellness		ID1
	19	912,919,947			curriculum		
32	Appropriate PPE for		<ol> <li>PPE for different precautions.</li> </ol>	32	MINDW Ch 10	LEAF 16	ID1
	differing occasions	MIND Ch 10	2. <u>droplet vs airborne precautions</u> .		SICU Journal	Due	
	Immune system issues	MINDW Ch 10	3. PPE for nerve agents.		Club		
	Antibiotic prophylaxis		4. Antibiotic prophylaxis for surgery.		ICU M&M		
	Antibiograms		5. How to read and interpret an				
22	Fadania anama di	CTCCC CEO CCE	<u>antibiogram</u> .	22	Danasanah		EN 4.4
33	Endocrine emergencies Adrenal insufficiency	CTSCC 658-665		33	Research meeting		EN 1-4
	Diabetes				Adrenal lecture		
	טומטפופא				Aurenariecture		

34	ATLS Initial Resuscitation	ATLS student handbook		34	Meeting with nursing regarding monitors/calibr ation	LEAF 17 Due	TR1
35	Hypotensive trauma patient Distributive shock Obstructive Shock	VAMKF CH 88,89,90 MIND Ch 11	Wellness curriculum MINDW Ch 11	35			TR2-3
36	Hemorrhagic shock ABC protocol for massive transfusions Adjuncts to resuscitation Lethal Triad/Diamond Traumatic coagulopathy and avoidance Coagulopathies			36	Research meeting Meeting with blood bank director regarding coagulopathies , rotational thromboelasto graphy SICU Journal Club	LEAF 18 Due	TR2-3
37	Abdominal trauma and ICU Abdominal compartment syndrome and temporary abdominal closure Hepatic trauma/IR Damage control surgery	CTSCC 430-446 CTSCC 358-372 MIND CH 12 MINDW CH 12	1 University Health S	Scarer	Wellness: 1 MINDW Ch 12	iter E.	P TR4
38	Spine trauma and spinal cord injury Traumatic Brain Injury	CTSCC pp140- 152 CTSCC 127-140		38		LEAF 19 Due	TR5
39	Burn Care	CTSCC 571-582	Stress Ulcer Prophylaxis Fluid Resuscitation Pediatric Burn Injuries. Adult Acute Burn Resuscitation Overview.	39			TR6

			Adult Initial Burn Management.				
40	Chest wall injury Pulmonary contusion Thoracic trauma— pulmonary/cardiac	CTSCC 205- 260,274-281	Bones of the thoracic wall  Esophagus Injury and repair  Echocardiogram of cardiac tamponade.	40	Research meeting SICU Journal Club ICU M&M		TR7
41	Multiple and massive Casualty Incidents (MCI) Triage of critically ill Surge capacity Severity of Illness Scores Surgical Risk Scores and predicting outcomes	CTSCC 27-32  CTSCC Trauma Scoring, online chapter p 6. MIND CH 13 MINDW CH 13		41	Wellness curriculum/pro fessional development MINDW CH 13	LEAF 20 Due	SS3 ICU-M
42	VTE/DVT Prophylaxis: for DVT, GI	CTSCC 742-750		42	Talk on medical billing		ST1
43	Postop care of vascular surgery/bariatrics Oncologic issues	MIND CH 14 MINDW CH 14		43	Mindfulness CH 14 MINDW CH 14	LEAF 21 Due	ST5
44	Geriatric considerations	CTSCC 567-571		44	Research meeting SICU Journal Club		ST5
45	Measuring sensitivity/specificity/P PV/NPV Types of studies Levels of evidence	Video: Sensitivity and Specificity Explained Clearly, Roger Seheult MD.		45	Wellness curriculum/pro fessional development	LEAF 22 Due	ST6
46	Ethics in SICU End of Life issues, decreasing level of support Special Consent Issues Organ Donation	CTSCC 755 ( special e- material chapter		46	End of life discussion simulation Meet with organ donation organization		Soc/System 1-2 ST2

47	Heat Syndromes:	CTSCC 750-755		47	Professionalis	LEAF 23	ST3
	malignant	VAMKF Ch 41			m:	Due	
	hyperthermia,	MIND CH 15			Mindfulness		
	neuroleptic malignant	(optional)			MINDW CH 15-		
	syndrome, heat injury	MIND CH 16			16		
	syndromes	MINDW CH 16-					
	Cold Syndromes:	19					
	frostbite, severe						
	hypothermia						
	Targeted temperature						
	therapy						
48	Post ICU Care		Post-intensive care syndrome? What is it?	48	Research		Soc/System
	Post-ICU Syndrome	CTSCC p 757	How can we help?		meeting		1-3
	Enhancing				SICU Journal		ST 4
	Rehabilitation				Club		
	Outcomes				ICU M&M		
	Medical billing						
	introduction						
49	Pediatric Surgical	CTSCC 556-561		49	Final	LEAF 24	ST_PE5
	Conditions and PICU	CTSCC 561-567			evaluations	Due	

Educational goals are medical knowledge (MK) are described in the table Goals and Objectives for SICU Rotations for SICU Fellowship.

### Appendix:

A. Competency abbreviations are listed below.

Key for Competencies					
Professionalism	PROF				
Patient Care and Procedural Skills	PCPS				
Medical Knowledge	MK				
Practice Based Learning and Improvement	PBLI				
Interpersonal and Communication Skills	ICS				
Systems-Based Practice	SBP				
Learning Enhancement Assessment Formative	LEAF				

B. Matching Learning Objectives in the document Goals and Objectives for SICU Rotations for SICU Fellowship.

Key					
Ventilator & Respiratory	Vent				
Cardiovascular	CV				
Gastrointestinal & Nutrition	GI				
Neurological including neurosurgical	Neuro				
Endocrine	EN				
Infectious Disease	ID				
Trauma	TR				
ICU Management	ICU-M				
Renal	RE				

Special Topics ST\_OB=Obstetric and gynecological critical care
Special Topics: ST\_BIO=Biostatistics and experimental design
Special Topics ST\_PE=pediatric surgical conditions
Special Topics\_ST\_ET=Ethics and legal considerations

#### **RESOURCES**

#### Textbooks:

- 1. Marino: Marino's The ICU Book Forth Edition. Paul L. Marino, editor. Wolters Kluwer/Lippincott, Williams & Wilkins. Philadelphia, 2014. To be used as quick reference.
- 2. SICM: O'Donnell John M., Nacul Flavio E, Surgical Intensive Care Medicine. Third Edition. Springer International Publishing Switzerland 2016.
- 3. CTSCC: Asensio, Juan A and Trunkey Donald D., eds. Current Therapy of Trauma and Surgical Critical Care, second edition, Elsevier. Philadelphia, PA. 2016
- 4. VAMKF: Vincent JL, Abraham E, Moore FA, Kochanek PM, Fink MP. Eds. Textbook of Critical Care, 7<sup>th</sup> edition. Elsevier, Philadelphia PA, 2017.
- 5. MIND: Alidina, Shamash. Mindfulness for Dummies. Second Edition, John Wiley and Sons, Chichester, West Sussex, United Kingdome. 2015.
- 6. MINDW: Shamash, Alidina and Marshall, Joelle Jane. Mindfulness Workbook for Dummies. John Wiley and Sons. Chichester, West Sussex, United Kingdom, 2013.

# **Surgical Critical Care Fellowship**

# **Rotation Goals and Objectives**

Learning Objective		Learning Objective	Competency	<b>Evaluation Method</b>
Category				
Circulatory	1.	The fellow will identify shock, list	MK	Direct observation
		the 4 main categories of shock		Meeting
		with sub-categories.		Case conferences
				LEAF
	2.	The fellow will learn the	MK, PCPS	Direct observation
		indications for invasive		Case conferences
		hemodynamic monitoring		Rounds
	3.	The fellow will perform insertion	MK, PCPS	Direct observation
		of arterial lines, central lines, and		
		pulmonary artery catheters as		17/
		per current guidelines		
	4.	The fellow will list the important	MK, PCPS, SBP	Direct observation
		aspects of surviving sepsis		LEAF
		guidelines and sepsis bundles		
lexas lec	5.	The fellow will list steps and	MK, PCPS	Direct observation
		perform calibration and		
		troubleshooting of monitoring		
		systems		
	6.	•	MK, PCPS	Direct observation
		resuscitation of shock patients		
	7.	The fellow will list and describe	MK, PCPS	Direct Observation
		usage and use vasoactive agents		LEAF
		to manage hypotension and		
		shock.		
Endocrine	1.	The fellow will list common	MK	Direct observation
		endocrine emergencies in SICU		LEAF
	2.	The fellow will list steps in	MK	Direct observation
		diagnosing adrenal insufficiency		LEAF
		in SICU patient		



	<ul> <li>3. The fellow will perform appropriate tests for endocrine abnormalities in SICU and interpret those tests</li> <li>4. The fellow will manage diabetic patients in ICU, including the newly diagnosed diabetic</li> </ul>	MK, PCPS MK, PCPS, SBP	Direct observation  Direct observation
Gastrointestinal	The fellow will manage stomas, GI	MK, PCPS, SBP	Direct observation
And Nutrition	fistulas and gastrointestinal drains	, 1 6. 3, 32.	Direct observation
	2. The fellow will know how to and insert a variety of enteral feeding tubes including PEG and surgically placed tubes	MK, PCPS	Direct observation LEAF
	3. the fellow will estimate nutritional needs and prescribe supplementation in concert with the registered dietician	MK, PCPS, SBP, ICS	Direct observation
Renal	<ol> <li>The fellow will list the steps in workup of oliguria</li> </ol>	MK, PCPS,	Direct observation LEAF
TT	The fellow will list steps in evaluation of renal function	MK, PCPS	Direct observation LEAF
	<ol> <li>The fellow will manage common and uncommon fluid and electrolyte abnormalities such as hyper or hypokalemia, hypo or hypernatremia, mixed electrolyte abnormalities, metabolic acidosis and alkalosis.</li> </ol>	MK, PCPS, SBP,	Direct observation LEAF
	<ol> <li>The patient will identify patients in need of renal replacement therapies including dialysis</li> </ol>	MK, PCPS, SBP	Direct observation
Respiratory/ Ventilator Management	The fellow will list criteria and recognize acute respiratory failure	MK, PCPS	Direct observation LEAF
	The fellow will discriminate     between hypercarbic and     hypoxemic respiratory failure	MK	Direct observation LEAF



	3.	The fellow will order initial and	MK, PCPS	Direct observation	
		subsequent ventilator settings	,		
		based on type of respiratory			
		failure, clinical indicators and			
		arterial blood gas results			
	4.	The fellow will list steps in airway	MK, PCPS	Direct observation	
		management and perform airway		LEAF,SIMPL	
		management including			
		tracheostomy			
	5.	Ventilator management: the	MK, PCPS	Direct observation	
		fellow will perform ventilator		on rounds	
		management			
<b>Neurological Critical</b>	1.	The resident will list steps in	MK, PCPS	Direct observation	
Care		assessment of altered mental		LEAF	
		status due to trauma and also			
		acquired states such as ICU			
		delirium, agitation,			
		encephalopathy			1.71 /
	2.	The resident will identify	MK, PCPS	Direct observation	700
		neurological trauma on imaging		LEAF	
	3.	The resident will list steps in	MK, PCPS	Direct observation	El D
		assessment of neurosurgical		LEAF	ter El Paso
		patients and neurotrauma			
		patients			
	4.	The resident will provide daily	MK, PCPS	Direct Observation	
		care of neurological critical care			
		patients, including assessment of			
		intracranial pressure, treatment			
	_	of intracranial hypertension	NAV. DODG	B:	
Neurological Critical	5.	The resident will attend family	MK, PCPS	Direct observation	
Care and Ethical and		conferences with respect to end-			
End-of-Life Issues		of-life issues, especially patients			
Infactions Disease	1	declared brain dead.	MK DCDC	Direct observation	
Infectious Disease	1.	The fellow will identify common	MK, PCPS	Direct observation	
		SICU infections including		LEAF	
		pneumonia, urinary tract			



	infection, central line associated infection and list risk factors			
	2. The fellow will be aware of reporting requirements for central line infections, catheter related blood-stream infections and urinary catheter associated infections	MK, PCPS, SBP, ICS	Direct observation	
Social and Systems based learning	The fellow will assist the social workers and case managers in appropriate disposition of ICU patients	MK, SBP, PROF, ICS	Direct observation	
	<ol><li>The fellow will list factors which impede disposition</li></ol>	MK, SBP,	Direct observation	
	The fellow will list and review plans to increase surge capacity of ICU for critical and intermediate beds	MK, SBP, ICS, PCPS	Direct observation Weekly meeting	SO
Cardiac	The fellow will identify common cardiac arrhythmias in SICU and treat	MK, SBP, PCPS	Direct observation, Learning enhancement assessment formative (LEAF) exercise	ter El Paso
	<ol> <li>The fellow will evaluate patient's cardiac status and list risk factors for noncardiac surgeries.</li> </ol>	MK, SBP, PCPS	Direct observation Case LEAF	
Trauma	1. The fellow will outline steps in initial resuscitation of trauma patients and perform those steps	MK, PCPS	Direct observation LEAF CASE	
	2. The fellow will list causes of hypotension in an	MK, PCPS	Direct observation LEAF Case	



	acute trauma patient and treat those causes	NAV DODG GDD	LEAS Division	
	<ol> <li>The fellow will list and perform steps in resuscitation of trauma patients in shock</li> </ol>	MK, PCPS, SBP	LEAF, Direct Observation	
	4. The fellow will list items in making diagnosis of abdominal compartment syndrome. The fellow will list indications for damage control surgery in trauma The fellow will delineate differing methods of temporary abdominal closure	MK, PCPS	LEAF	
	<ol> <li>The fellow will list and perform special items in spine trauma and spinal cord injury</li> </ol>	MK, PCPS	LEAF	ASO
	<ol> <li>The fellow will list special items in burn care and resuscitation of acute burn injury</li> </ol>	MK, PCPS	LEAF, Direct Observation	ter El Paso
	<ol> <li>The fellow will list special items in supportive, ventilator and surgical care of thoracic injury</li> </ol>	MK, PCPS	LEAF	
ICU Management	<ol> <li>The fellow will describe situations in which ICU management includes triage and discuss triage mechanisms,</li> </ol>	MK, PCPS, SBP	LEAF	
	2. The ICU fellow will list and use scoring systems for evaluation of severity of Illness, preoperative risk stratification and prediction and use these systems during ICU care of preop and severely ill patients	MK, PCPS, SBP	LEAF	



Special Topics	1	The fellow will list risk factors for	MK, PCPS, SBP	LEAF	1
including	1.	DVT/PE(VTE) disease, list	IVIK, PCP3, 3BP	LEAF	
Biostatistics, Ethics,		methods to prophylaxis and treat			
and Special		VTE			
Populations					
	2.	The fellow will list major ethical	MK, PCPS, SBP	Direct Observation,	
		principles in SICU, participate in at least one ethical discussion		LEAF	
		and family conference regarding			
		level of support.			
	3.	Temperature: The fellow will	MK, PCPS	LEAF	
		describe heat and cold related	,		
		illness.			
		The fellow will list methods and			
		indications for targeted			
		temperature management.			
	4.	The fellow will describe Post-ICU	MK, PCPS, SBP	LEAF	
		Syndrome and Also methods of			
		prevention. The fellow will			
		discuss enhancing rehabilitation outcomes			
	5	The fellow will describe,	MK, PCPS	LEAF	ter F1 D
	]	delineate special considerations	1411, 1 61 3		CI LII (
		for special populations of			
		pediatric surgical, obstetrical,			
		oncologic, and geriatric			
		populations			
	6.	The fellow will identify, given a	MK, PCPS,	LEAF	
		medical literature study, what	PBLI		
		type of study it is and what is the			
		level of evidence. The fellow will			
		apply levels of evidence in			
		evaluating articles which apply to ICU problems			
		ico probicitis			1



Key for Competencies			
Professionalism	PROF		
Patient Care and Procedural Skills	PCPS		
Medical Knowledge	MK		
Practice Based Learning and Improvement	PBLI		
Interpersonal and Communication Skills	ICS		
Systems-Based Practice	SBP		
Learning Enhancement Assessment	LEAF		
Formative (exercise)			



# TTUHSC EL PASO

Texas Tech University Health Sciences Center El Paso