

VUMC Multidisciplinary Surgical Critical Care

MDSCC Faculty Responsibilities

General:

ICU attending coverage for the SICU will be ensured on a continuous basis. The specific call schedule will be created under the direction of Dr. May with input from both the division of Trauma & Surgical Critical Care and Division of Critical Care Anesthesia. In addition to the responsibilities of the SICU service delineated above, the SICU attending will have the following responsibilities:

- Daily work and teaching rounds
- Bedside availability for significant changes in patient status that present an immediate threat to life or limb
- Documentation of attending involvement in patient care
- Supervision of procedures in the intensive care units
- Decisions regarding timing of elective operative procedures (e.g. timing of fracture fixation or tracheostomy)
- Decisions regarding appropriateness of patient enrollment into clinical trials
- Maintain patient flow into and out of critical care beds and identification of patients ready for ICU discharge

It is expected that the ICU attending will document their involvement in patient care by means of regular notations in the chart. There must be a resident note daily or in the case of a medical student, a co-signature of that note by either a resident or the attending intensivist.

MDSCC Participation:

All faculty that participate in the MDSCC are expected to play a positive role in the systematic delivery of patient care, process improvement, quality assurance and educational initiatives. Faculty is expected to attend 75% of MDSCC organizational meetings and should obtain excused absences when out of town, etc. Faculty participation in the MDSCC is subject to the Director's evaluation of their individual participation.

Conflicting clinical responsibilities: Elective operating by the ICU attending is discouraged so that he/she may be available for crises in the intensive care unit. Where conflicts arise, it is the responsibility of the ICU attending to organize alternative attending coverage for the duration of their unavailability. The fellow may be appropriate coverage in many circumstances and as long as they are readily available, may provide care on behalf of the alternate attending. However, there must always be an attending available to the fellow should crises arise that exceed their abilities.

ICU attending call schedule: There will be an ICU attending call schedule that will be combined with and distributed with the Trauma/Emergency General Surgery schedule. In all cases, the ICU attending is responsible for the patients and must be available if difficulties arise that exceed the abilities of the fellows. Similarly, either the attending or fellow will review the service each weekend day in the form of work rounds.

SICU Attending Of The Week Responsibilities:

- Each attending is expected to undertake an appropriate check out of their patients critical care issues to the on-coming attending of the week.
- The attending of the week is expected to communicate directly to the primary attending faculty (or their designate) to discuss issues where the two teams are not in agreement (**harmony is**

critical to the long term goals of the service). While the primary team maintains final responsibility for the patients the critical care team should primarily determine the therapeutic approach to the

1. diagnosis and antibiotic treatment of nosocomial infections
2. ventilator management
3. fluid and inotropic support
4. prophylactic therapy
5. nutrition and glucose control
6. evaluation and work-up of endocrine insufficiencies
7. others

The Critical Care Team should move forward with plans that they know to be in the best interest of the patient. However, the primary team should be in agreement with the critical care team's plan of care. Every effort to resolve conflicts between the services should be undertaken prospectively. Please have the Critical Care Team communicate daily and ad nauseam to the primary team presenting the plan that the team will implement. If concern regarding that plan is expressed, the fellow or faculty must discuss these concerns with the primary attending or chief (choice of personnel at your discretion). Please ask the primary team to have their attending page the Critical Care attending at his/her earliest convenience. As the Critical Care Attending should be available to answer pages promptly, this works much more efficiently than orienting the communication the other direction. **Conflict resolution with the service is an extremely important issue. Each negative interaction has significant long term implications. Those issues that remain contentious should be communicated to the Medical Director immediately.**

- Provide some personal observations and evaluation of each resident's performance during their week in the SICU to the on-coming attending as well as to the fellow in the SICU for the month. The Medical Director will be responsible for integrating feedback regarding resident performance and providing it to the resident at the midway point and upon completion of their rotation. Serious concerns regarding performance should be communicated directly to the Medical Director.
- The attending of the week will serve as **triage officer** with the Medical Director as arbitrator of any conflicts between services. Please see "Reservation and Triage Policy". Please round with the charge nurse either before or after MDSCC service rounds to
 1. identify patients appropriate for discharge to step-down or to triage to another ICU bed
 2. establish a plan for known admissions to the SICU
 3. establish triage plan of patients to other ICU as needed**If conflicts arise regarding triage issues or if you are not appropriately notified of patients that require an SICU bed, please notify the Medical Director immediately.** The Medical Director is responsible for conflict resolution regarding triage.
- The attending of the week must have the critical care attending beeper (835-9637) rolled over to their beeper when they are responsible for the unit.

