Welcome to the UWMC MICU! You will learn critical care for a broad patient population ranging from the “simply” critically ill to the critically-ill organ transplant patient. Experience on this rotation includes management of mechanical ventilation, hemodynamic support and monitoring, procedural skills, as well as advanced communication in care planning, goals of care discussions, and practice in safe transitions of care.

Team Room & Facilities
Team room is located on 6SA (Montlake Tower), room SA6010.

Scrubs and sleep rooms are available in the “Crow’s Nest” (room #: B650, door code: 325, aka “House staff Quarters” on the 6th floor mezzanine level of B wing). Directions: from the 5th floor of the main hospital walk towards the Health Sciences Building and eventually turn left at the B wing (you will pass through 5E the surgical ICU, then the Pulmonary Function Lab on the right, then the IM residency program offices on your left – and keep going!), enter the B1 stairs which will be almost immediately on your left, and go up 1 floor. Note: the “Crow’s Nest” is also the location of showers, medical student sleep rooms, and miscellaneous exercise equipment that you are welcome to use.

Team Structure
1 Critical Care Attending
1 Critical Care Fellow (IM, EM, or Anesthesia-trained)
2 Senior Residents (IM R2 or EM R3)
4 Interns (FM, EM, Anesthesia, or Prelim) – daily role assignments: Night, Day Admit, Day Helper, or Off
1 Advanced Practice Provider (M-F only)
Ancillary staff, including a dedicated ICU pharmacist and social worker

Daily Schedule
6:30am: Day interns arrive, get overnight sign-out, and pre-round
7:00am: Day Admit intern begins admitting, with supervision from senior and fellow
7:30am: Teaching/X-ray rounds
8:00am: Rounds begin, starting with overnight admissions
9:30am: Night intern leaves (except on the morning after their last night)
4:30pm: Day Float intern may sign out to Day Admit intern (if work of day is done)
8:00pm: Night intern arrives, gets sign-out, performs bedside rounds with nocturnist, and begins admitting

Intern Rotation Information
Interns typically have 4-day stretches of day shifts, alternating between admitting and non-admit/helper days, as well as 4-day stretches of night shifts. Please refer to Amion for your individual schedule details, and if you have any questions, contact the inpatient chief resident (see top of page 1 for contact information).

Workflow description by roles:
- **Day Admit Intern** (6:30 am - 8:00 pm):
  - Pre-round on assigned patients (up to ~5), write notes, and present on rounds
  - Prepare for rounds by discussing the plan with the senior resident after pre-rounding/before rounds
- Take all daytime (7:00 am – 8:00 pm) admissions
- Perform procedures as needed
- Accept signout from the “Helper” intern when his/her work of the day is complete and as is reasonable in the context of the overall service workflow/patient stability (no earlier than 4:30 pm)

**Day Float Intern (aka “Helper”)** (6:30 am – 8:00 pm or when work of day is done):
- Pre-round on assigned patients (up to ~5), write notes, and present on rounds
- Prepare for rounds by discussing the plan with the senior resident after pre-rounding/before rounds
- Carry the “hot pager” and provide cross-cover for service patients, assisted by senior resident and APP
- Perform procedures as needed
- Signout to the “Admit” intern when work of the day is complete and as is reasonable in the context of the overall service workflow/patient stability (no earlier than 4:30 pm)

**Night Intern** (8:00 pm – 9:30 am):
- Receive sign out from Senior Resident and Nocturnist
- Round with Nocturnist at the bedside after sign out from Senior Resident
- Take all nighttime (8:00 pm – 7:00 am) admissions
- Provide cross-cover on all MICU patients
- Present overnight admissions on morning rounds. Overnight patients should be rounded on first to facilitate the Night intern leaving on time.

**Additional notes about intern workflow and expectations:**
- **Coordinate signout during intern transitions**: Before the start of the rotation, it is critical that you obtain signout on the patients who will be handed off during the intern transition. You may determine the prior interns on Amion, but if you have any questions about how to contact the prior interns or otherwise facilitate effective signout please discuss with the MICU attending, fellow, or contact the inpatient chief resident (see top of page 1 for contact information). Furthermore, you should develop a system for ensuring adequate patient handoff between interns as you switch roles during the rotation. Finally, when the end of rotation approaches, please also reach out to the incoming MICU interns if you have not yet heard from them to coordinate signout.
- **Rounding format**: The UW MICU does collaborative bedside rounding with the nursing staff, who will present a complete exam and some of the lab data on rounds. The intern is expected to introduce the patient, fill in any additional relevant objective information not covered by the bedside nurse, and lead the discussion of the daily assessment and plan.
- **The census is flexible in the MICU in ways that it is not on other services.** This means that you will be familiar with all the patients on the service and not just have ownership over a portion of them. Please talk more with the fellow or attending to understand the patient and work flow.

**Senior Resident Rotation Information**

The 2 senior residents will alternate on a 5 on/5 off + clinic schedule. In general, expected hours for senior residents are 7am-8:30pm. There are no overnight shifts for seniors on MICU. The senior resident role is somewhat adaptable, and the balance of responsibilities include: providing a critical layer of patient continuity between the day team and the night team, leading evening signout with the nocturnist, supervising/helping to teach interns, performing and/or supervising procedures as needed, and helping the interns with routine work of the day as needed.

**Additional notes about senior workflow and expectations:**
- You should be familiar with and invested in all the patients on the service. **When the census is high and the interns are carrying 5-6 patients each, the senior resident is expected to pre-round, present, and write notes on additional patients.**
Because the senior resident role is somewhat adaptable, you should have an explicit discussion with your fellow and attending to understand your mutual expectations.

ICU Handoffs
There is now a standardized medicine floor to MICU handoff process, which includes a bedside handoff between the two teams in the MICU. Please recognize that the resident present from the medicine ward team may be cross-covering (e.g., Day Medicine or Night Medicine) and may not be familiar with every detail on the patient.

1. CORES floor intern will be paged to patient bedside on 6SA after patient is moved to ICU
2. CORES intern + senior/attending should arrive at that room within 10 minutes to meet the MICU team
3. Medicine floor team will give a short presentation on patient to MICU Team (similar to rounds: 1-2 liner, recent problems, key events from past day)
4. ICU intern/resident will bring an ICU handoff packet and checklist (from the MICU team room), which will be completed at the time of bedside handoff

Code Blue
MICU residents do not have a role on the hospital-wide Code Blue team. The long-call medicine wards senior is the code team leader. The MICU fellow carries a code pager and functions as a “code whisperer,” guiding the wards senior resident if necessary.

Learning Resources
Amazing learning resource from UWMC MICU! Check out: https://canvas.uw.edu/courses/1011848#
Access with your UW NetID.

Conference/Teaching
- **Morning Report**: Every Mon, Wed, and Fri at 10:00 am in RR-110. Coffee and pastries provided.
- **Core Teaching Conference**: Mondays at 12:30-1:30pm in RR-110. Core Internal Medicine topics that are presented at all three hospitals during the month. Lunch provided.
- **Chief of Medicine**: Tuesdays from noon-1pm in D-209. Conferences rotate among Inpatient cases, Outpatient cases, Autopsy conference, and M&M. Lunch provided.
- **UWMC Teaching Conference**: Wednesdays at 12:30-1:30 pm in RR-110. Guest lectures from attendings and other educators, with emphasis on topics that are more specific to the UWMC patient. Lunch provided.
- **Grand Rounds**: Every Thursday at 8am in T-625, except during the first 8 weeks of summer. Light snacks and coffee provided.
- **Intern report**: Every Thursday from 11:30am-12:30pm in RR-110, except during the first 8 weeks of summer (due to Intern Teaching Conference). **Required for ALL inpatient interns. Seniors hold intern pagers.**
- **Attending/Fellow Rounds**: Structured teaching by ICU attending and/or fellow. Scheduled by the MICU team and should occur multiple times weekly. Please check with the fellow about when these will occur. Usually held in MICU or SICU team rooms.
- **ICU Education Conference**: Fridays at 1-2 pm in 6-SA 6434
## UWMC Weekly Conference Schedule

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<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
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<td>7:00-8:00</td>
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<td>8:00-9:00</td>
<td>Radiology Rounds (8:20-8:50) Chest Radiology Reading Room</td>
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<td>Grand Rounds (8:00-9:00) T-625</td>
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<td>10:00-11:00</td>
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<td>Intern Report (11:30-12:30)* RR-110</td>
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<td>12:00-1:00</td>
<td>Core Teaching Conference (12:30-1:30) RR-110</td>
<td>Chief of Medicine (12:00-1:00) D-209</td>
<td>UWMC Teaching Conference (12:30-1:30) RR-110</td>
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<td>ICU Education Conference (1:00-2:00) 6-SA 6434</td>
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* Approximately once per month, Intern Core Conference will take place from 11:00-11:45 a.m. in place of the regularly scheduled Intern Report. The Chief Resident will remind you of this time change earlier in the week when this occurs.