



Mission

The Critical Care Fellowship serves seriously ill patients and their families by developing talented internists and emergency physicians into clinically excellent intensivists who deliver compassionate, high-quality treatment at the bedside and who improve the health care system as educators, administrators, or researchers.

Aims

- Recognizing that many programs offer combined pulmonary and critical care training, we recruit highly qualified candidates who are interested in critical care independent of pulmonary medicine.
- We combine clinical experiences and didactic sessions to prepare fellows to provide high-quality, evidence-based treatment to any critically ill patient with a primary diagnosis within internal medicine or general surgery.
- We leverage our relationships with our colleagues in cardiac, surgical, trauma, and neurology critical care to ensure fellows become proficient in treating conditions frequently encountered in these specialty ICUs.
- We combine opportunities in a university-based, tertiary care referral center and a moderate-sized community hospital so that our graduates will be comfortable practicing in any setting.
- We engage fellows in scholarly activities so they graduate capable of improving the care of critically ill patients at a systems level through teaching, quality improvement, and/or research initiatives.

Program Leadership

- Anne Marie Mattingly, MD, MHPE, Associate Professor of Medicine, Program Director of the Critical Care Fellowship
- M. Patricia Rivera, MD, Professor of Medicine, Chief of the Division of Pulmonary and Critical Care Medicine

Core Faculty:

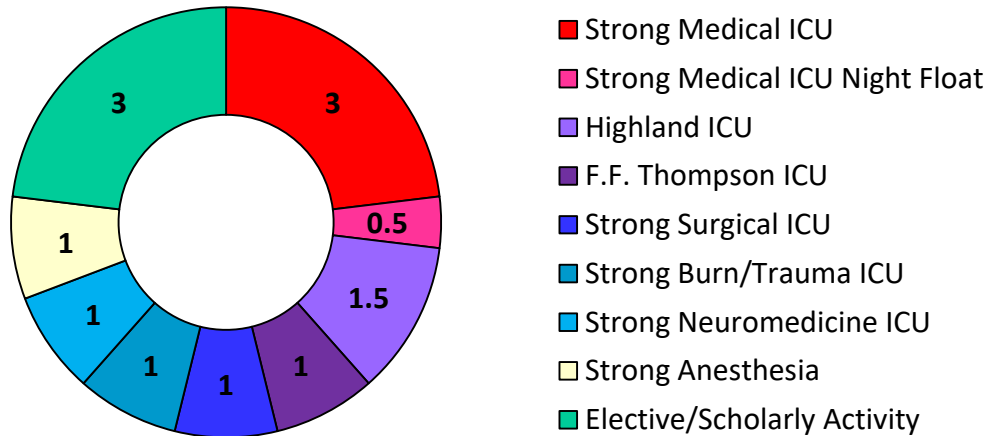
- Mary Anne Morgan, MD, Associate Professor of Medicine, Program Director of the Pulmonary and Critical Care Medicine Fellowship
- Irene Perillo, MD, Professor of Medicine, Director of the Highland Intensive Care Unit
- Anthony Pietropaoli, MD, MPH, Professor of Medicine, Vice-Chief of the Division of Pulmonary and Critical Care Medicine, Director of the Medical Intensive Care Unit
- Paritosh Prasad, MD, Associate Professor of Surgery, Director of the Surgical Intensive Care Unit
- Caroline Quill, MD, MSHP, Associate Professor of Medicine, Associate Program Director of the Pulmonary and Critical Care Fellowship, Associate Director of the Medical Intensive Care Unit

Site Directors:

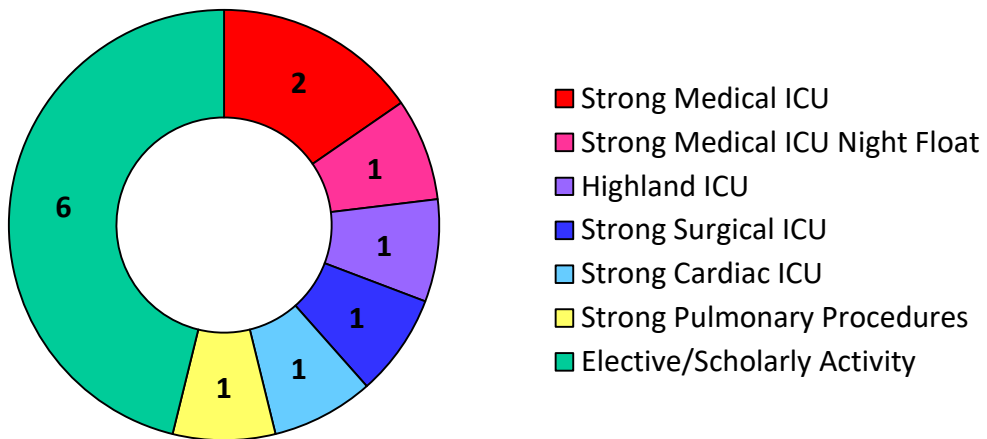
- Irene Perillo, MD, Professor of Medicine, Director of the Highland Intensive Care Unit
- Justin Weis, MD, Associate Professor of Medicine, Director of the FF Thompson Intensive Care Unit

Curriculum

Year 1 Schedule



Year 2 Schedule



- rotations are 4 weeks in length
- common electives include ICU nephrology, echocardiography, respiratory therapy, and nutrition
- elective time may also be used for additional ICU rotations or scholarly projects
- 20 vacation days can be taken during elective time each year; 3 personal days can be taken from any rotation; 7 professional days for interviewing for fellows in second year
- 20 days are assigned to emergency backup during elective time each year



Rotation Details

MICU – average census 12-16 per team

3 teams, each with

- 1 attending from IM CC or IM pulm/CC
- up to 1 fellow from IM CC, IM pulm/CC, anesthesia CC, neuro CC, or MFM
- up to 3 APPs from MICU group
- up to 1 senior resident from IM or med/peds
- up to 3 interns from IM, med/peds, anesthesia, or EM

SICU – average census 8-12 per team

2 teams, each with

- 1 attending from anesthesia CC, surgery CC, IM CC, or IM pulm/CC
- up to 1 fellow from anesthesia CC, surgery CC, IM CC, or IM pulm/CC
- 1 APP from SICU group
- 1 senior resident from anesthesia or surgery
- up to 2 interns from anesthesia or surgery

NMICU – average census 8-16 patients

2 teams, each with

- 1 attending from neuro CC or anesthesia CC
- 1 fellow from neuro CC, anesthesia CC, IM CC, IM pulm/CC, or surgery CC
- up to 2 APPs from NMICU group
- 1 senior resident from neurology
- up to 2 interns from neurology, neurosurgery, or EM

BTICU – average census 10-16

- 1 attending from surgery CC
- up to 2 fellows from surgery CC, anesthesia CC, IM CC, or neuro CC
- 1 APP from BTICU group
- 1 senior resident from surgery
- up to 3 interns from surgery, anesthesia, or EM

CICU – average census 12-16

2 teams, each with

- 1 attending from anesthesia CC or IM CC
- up to 2 fellows from anesthesia CC, cardiac anesthesiology, cardiology, IM CC, surgery CC
- 2 APPs from CICU group
- 1 senior resident from cardiac surgery



Rotation Details

Highland ICU – average census 8-12

- 1 attending from IM CC or IM pulm/CC
- 1 fellow from IM CC or IM pulm/CC
- up to 3 APPs from HICU group
- up to 1 senior resident from med/peds
- up to 2 interns from family medicine or med/peds

FF Thompson ICU – average census 8-12

- 1 attending from IM CC or IM pulm/CC
- up to 1 fellow from IM CC or IM pulm/CC
- 2 APPs from FFTICU group

Resources

Faculty

- 23 IM pulm/CC
- 8 IM CC
- 7 surgery CC
- 7 anesthesia CC
- 5 neuro CC

Sites

- Strong Memorial Hospital: 886 beds, 121 ICU beds, >39,000 annual discharges
- Highland Hospital: 261 beds, 14 ICU beds, >26,000 annual discharges
- FF Thompson Hospital: 113 beds, 12 ICU beds, > 5,000 annual discharges



Formal Teaching

Orientation

- Fundamentals of Critical Care Support
- skills workshops on airway management, vascular access, bronchoscopy, mock codes, POCUS
- shadowing experience with ICU nurses

Daily

- multi-disciplinary clinical teaching: MICU, SICU, NMICU, BTICU, CICU, ethics, pharmacy

Weekly

- Hyde conference
- fellows' lecture series

Monthly

- fellows' M&M
- journal club

Annually

- Society of Critical Care Medicine Congress (registration and travel costs covered by the program)

Procedure Training

- real-time central lines, arterial lines, lumbar puncture, thoracentesis, paracentesis, intubation, bronchoscopy, pleural catheters
- anesthesia rotation and difficult airway course in year 1
- bronchoscopy rotation in year 2

Hospital Committees

- critical care M&M – reviews quality metrics and adverse events
- critical care quality council – develops shared protocols and leads quality improvement initiatives
- resuscitation council – oversees rapid response, code, and medical emergency response teams

Scholarly Projects

- meet with vice chief of pulm/CC in spring of year 1 to identify a project
- required to publish a scholarly product before the end of fellowship
- opportunity to present at the Society of Critical Care Medicine Congress