A. PROGRAM DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Name of Host Institution</th>
<th>University of California San Francisco, School of Medicine, Department of Surgery</th>
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<tbody>
<tr>
<td>Program Specialty/Subspecialty</td>
<td>Surgical Critical Care/Trauma Surgery/Emergency Surgery</td>
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<tr>
<td>Program Mailing Address</td>
<td>San Francisco General Hospital Department of Surgery 1001 Potrero Ave, Ward 3A San Francisco, CA 94110</td>
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<tr>
<td>Program Physical Location</td>
<td>San Francisco General Hospital 1001 Potrero Ave San Francisco, CA 94110</td>
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<tr>
<td>Program Phone Number</td>
<td>(415) 206-4627</td>
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<tr>
<td>Program Fax Number</td>
<td>(415) 206-5484</td>
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<tr>
<td>Program Director</td>
<td>Andre R. Campbell, M.D.</td>
</tr>
<tr>
<td>Alternate Program Contact</td>
<td>William P. Schecter, M.D./Robert Mackersie, M.D.</td>
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B. INTRODUCTION

1. History:

A Critical Care fellowship has been in existence at the University of California San Francisco, for over twenty-five years. Surgeons, Anesthesiologists, Internists, have trained in the program over that period of time. In November of 1999 the Department of Surgery at the University of California was granted provisional accreditation of the fellowship in Surgical Critical Care by the RRC/ACGME. A second visit by the RRC took place in August of 2002. Currently the program in Surgical Critical Care is fully accredited and is scheduled for the next RRC visit in 10/2006. This year we added a second year for a Trauma fellowship.

Since the program has been accredited by the RRC we have had three surgeons have completed the program successfully at UCSF. Currently we have a fourth fellow who is scheduled to complete the program in June of 2003. The names of the fellows from the last four years are listed below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Total Months Spent in Program</th>
<th>Date Resident completes Program</th>
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</thead>
<tbody>
<tr>
<td>Florence Mui, MD</td>
<td>12 months</td>
<td>6/2000</td>
</tr>
<tr>
<td>Rochelle Dicker</td>
<td>12 months</td>
<td>6/2001</td>
</tr>
<tr>
<td>Zindaba Kumwenda, MD</td>
<td>12 months</td>
<td>6/2002</td>
</tr>
<tr>
<td>M. Kelley Bullard, MD</td>
<td>12 months</td>
<td>6/2003</td>
</tr>
<tr>
<td>Karim Brohi, BSc, FRCS, FRCA</td>
<td>12 months</td>
<td>6/2004</td>
</tr>
</tbody>
</table>
2. **Duration:**

The program is a two-year combined Surgical Critical Care and Trauma and Emergency General Surgery Program. Our next fellow is scheduled to begin work on July 1, 2004 and the finish June 2006.

3. **Prerequisite Training/Selection Criteria:**

The applicant must have attained skill in the science and practice of surgery. Since receiving RRC accreditation we have accepted only fully trained board eligible/certified surgeons who have successfully completed an ACGME (or equivalent) general surgery residency program. The selection process is a rigorous process of the submission of an application with three letters of recommendation, a full day of applicant interviews with faculty and residents at UCSF, School of Medicine. A selection committee then decides who the best candidate is from our applicant pool.

4. **Goals and Objectives for Training:**

The educational philosophy and program goals for the critical care fellowship are based on a multidisciplinary approach to critical care. In the SICU there are faculty from multiple disciplines including surgery, anesthesia, medicine and neurology that work together closely. All the ICUs function on a “semi-open basis”, that means that the Critical Care Service cares for patients in close collaboration with the primary surgical service. This allows for close interaction and integration with the critical care residents with the parent general surgery residency. The residents will learn the material from didactic lectures and from bedside teaching by the entire faculty.

The UCSF Department of Surgery considers Trauma/Critical Care to be an integral component of General Surgery. The purpose of the postgraduate residency program is to prepare the residents to assure an academic leadership role in the fields of Trauma and Critical Care. The critical care residents will acquire cognitive knowledge and manual skills required to care for a broad range of critical surgical illness. Upon completion of the program, the residents will be expected to achieve competence to function independently in a leadership role in the following areas:

1. Resuscitation, operative management and critical care of blunt and penetrating trauma victims.
2. Evaluation, resuscitation, escharotomy, debridement and split thickness skin graft coverage and critical care management of burn victims.
3. Evaluation and critical care management of the head injury patient
4. The evaluation and critical care management of the injured child.
5. Management of the difficult and obstructed airway including acquisition of the following clinical skills: direct laryngoscopy, fiberoptic bronchoscopy, oral and nasal tracheal intubation, cricothyroidotomy, open and percutaneous tracheostomy and tube thoracostomy.
6. Ventilatory management of patients with acute inhalation injury and patients with the Adult Respiratory Distress Syndrome.
7. The placement and appropriate use of non-invasive and invasive hemodynamic monitors.
8. The use of vasoactive drugs in the management of hemodynamic instability.
9. The post-operative management of adult cardiac surgery patients.
10. The evaluation, intra-operative and critical care management of the patient with abdominal sepsis.
11. The bacteriology and antibiotic therapy of primary, secondary and tertiary peritonitis, nosocomial pneumonia and other infections during critical illness.
12. The use of enteral and parenteral nutrition in the management of critically ill patients.
13. The critical care management of cerebrovascular illness including subarachnoid hemorrhage due to cerebral aneurysms and anteriovenous malformations, cerebrovascular hemorrhage and thrombosis.
14. Critical Care management of patients following solid organ transplantation including liver, kidney, pancreas, heart and lung transplantation.
15. Administration of the Intensive Care Unit including:
   a. leadership of the rotating residents from the anesthesia and general surgery training programs.
   b. liaison with the nursing leadership in the Intensive Care Unit.
   c. organization of the morbidity and mortality conferences.
   d. triage of Intensive Care Unit beds.
   e. liaison with the representatives of the California Organ Division Network.
   f. leadership to help apply HCFA requirements in the ICU setting.
16. Communication with patients and families regarding end of life decisions.
17. Cost effective allocation of critical care resources.
18. Development of research programs that test clinically relevant hypotheses in surgical critical care.
19. Continuous quality improvement in the care of critically ill patients.
20. Development of educational programs in the ICU.
21. Didactic presentation of clinical and basic science information pertinent to the critically ill patient in a logical, cohesive and comprehensive fashion.
22. Evaluation of coagulation disorders.
24. Provide an introduction to the professional community of Surgical Critical Care: The Society for Critical Care Medicine (SCCM), and the American Association for the Surgery of Trauma (AAST).
25. The critical care resident will author or co-author an original article, clinical research project during the twenty-four-month period.
26. Learn how to run a trauma system.
27. Understand the critical care and trauma management of the head injured patient.
28. Understand the theory and practice of interventional radiology and the trauma patient.
29. Develop skills in the care of patients with thoracic, cardiac or vascular injuries.
30. Develop skills in the care of the injured child or infant.

The fellowship in Trauma and Emergency General Surgery at SFGH is a 12-month, non-ACGME, structured clinical experience designed to equip a board-eligible or certified general surgeon with the clinical and administrative skills necessary to assume a leadership role in trauma surgery. The fellow is a member of the active medical staff at SFGH and effectively functions as a junior attending. The fellow has oversight responsibilities for the care of the trauma patients hospitalized on the trauma service at SFGH, augmenting the continuity of care in the setting of decreased house staff work hours and increased frequency of rotation. The fellow also serves as the principal surgical liaison to the trauma multidisciplinary service rounds, and participated in the full range of performance improvement activities of the SFGH Trauma Program. The Department of Surgery at SFGH accepts one (1) fellow each year, generally following completion of the corresponding ACGME approved fellowship in Surgical Critical Care at SFGH.

5. Program certifications:

The UCSF, Department of Surgery program in Surgical Critical Care is fully accredited by the Surgical Residency Review Committee and has pasted two formal site survey’s done by the ACGME/RRC in the past four years. There are no citations against the program.

C. RESOURCES

1. Teaching Staff:

<table>
<thead>
<tr>
<th>Faculty members</th>
<th>Site:</th>
<th>Supervisory responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andre Campbell, M.D.</td>
<td>San Francisco General Hospital</td>
<td>Director of Surgical Critical Care at SFGH and Co-director of the ICU. Involved daily in ICU and trauma training. Director of Surgical Critical Care Fellowship. Involved with curriculum development, clinical and didactic teaching.</td>
</tr>
<tr>
<td>David Bonovich, M.D.</td>
<td>San Francisco General Hospital</td>
<td>Full-time faculty involved in clinical and didactic teaching.</td>
</tr>
<tr>
<td>Sue Carlisle, M.D., Ph.D.</td>
<td>San Francisco General Hospital</td>
<td>Full-time faculty involved in clinical and didactic teaching of medical students, residents and fellows.</td>
</tr>
<tr>
<td>J. Claude Hemphill, M.D.</td>
<td>San Francisco General Hospital</td>
<td>Full-time faculty involved in clinical and didactic teaching. Involved with organization of the conference curriculum.</td>
</tr>
<tr>
<td>Arthur Hill, M.D.</td>
<td>San Francisco General Hospital</td>
<td>Full-time faculty involved in clinical and didactic teaching. Involved with organization of the conference curriculum.</td>
</tr>
<tr>
<td>Jan Horn, M.D.</td>
<td>San Francisco General Hospital</td>
<td>Full-time faculty involved in the clinical and didactic teaching. Involved in clinical and basic science research.</td>
</tr>
<tr>
<td>John Luce, M.D.</td>
<td>San Francisco General Hospital</td>
<td>Full-time faculty involved in clinical and didactic teaching. Involved in the organization of conference curriculum.</td>
</tr>
<tr>
<td>Robert Mackersie, M.D.</td>
<td>San Francisco General Hospital</td>
<td>Full-faculty involved in clinical and didactic teaching of surgical critical care. Directs Trauma Video-tape conference (resuscitative critical care). Director of Trauma SFGH. Involved with clinical research and curriculum development.</td>
</tr>
<tr>
<td>Jean-Francois Pittet, M.D.</td>
<td>San Francisco General Hospital</td>
<td>Full-time faculty involved in clinical and didactic teaching. Involved in clinical and basic research.</td>
</tr>
<tr>
<td>William Schecter, M.D.</td>
<td>San Francisco General Hospital</td>
<td>Full-time faculty involved in clinical and didactic teaching.</td>
</tr>
</tbody>
</table>
2. Facilities:

GENERAL INFORMATION

1. Parent Institution:
   Name: San Francisco General Hospital
   Address: 1001 Potrero Avenue, Ward 3A
   San Francisco, California 94110

   Length of Rotation in Months: 6 months ICU, 1 month anesthesia, and 2 months Trauma Service for year 1, Year 2-9 months Trauma Service, 1 month neurosurgery, 1 month-interventional radiology, 1 month-Noncardiac thoracic surgery, pediatric trauma surgery (elective)

   Medical School Affiliation, if any: University of California, San Francisco

2. Institution #2:
   Name: UCSF/Moffitt-Long Hospital
   Address: 513 Parnassus Avenue
   San Francisco, California 94143

   Length of Rotation in Months: 2 months

D. EDUCATIONAL PROGRAM - BASIC CURRICULUM

1. Clinical and Research Components:

   The Critical Care fellow will rotate to two hospitals that are part of the University of California, San Francisco, School of Medicine integrated hospital system. The parent general surgery training program is based at the UCSF/Moffitt-Long Hospital and rotates general surgery residents to both hospitals (# 4400521052). San Francisco General Hospital is a fully integrated teaching hospital in the UCSF, School of Medicine Hospital System.

   The postgraduate residency program in surgical critical care provides 6 months in the Intensive Care Unit of the San Francisco General Hospital, 2 months in at the UCSF/Moffitt-Long Hospital. The resident spends one additional month at SPGH rotating on the anesthesia service in the operating room. The resident has on average three weeks of vacation during the year. The resident rotates in the ICU for eight months of the twelve-month period. The resident spends two months on the trauma service at San Francisco General Hospital. The resident receives experience in the Intensive Care of blunt and penetrating trauma victims, the head injured patient, the injured child, burns and inhalation injuries, necrotizing soft tissue infection, post operative thoracic and vascular surgery, and complex abdominal surgery at San Francisco General Hospital. The resident also receives experience in the intensive care of solid organ transplantation, patients following major oncological surgery, including liver resection, Whipple procedures, and major surgical complications referred for care by outside institutions at the UCSF/ Moffitt-Long Hospital.
The primary (operative) surgical team (or service) consists of the admitting attending surgeon, the chief surgical resident, junior surgical residents, surgical interns and medical students who are assigned to the patients when they are admitted. This team will care for the patient throughout their entire hospitalization. The critical care service consists of consulting ICU attendings, the surgical critical care fellows, surgery and anesthesia residents and medical students in the ICU.

Currently, the critical care service consists of nine faculty members that rotate through the ICU on a weekly basis throughout the year at SFGH. At UCSF/Moffitt-Long there are eleven faculty members that rotate on a weekly basis.

Each critical care fellow is typically on call one to two times a week. The surgical critical care resident takes call in turn with the other residents. Currently, each month there are two anesthesia residents, one general surgical resident, and one critical care resident. We also have residents from the obstetrical and gynecology service rotating and the medical service in the ICU. The medical students are on call with the residents and are supervised by the surgical critical care resident. Each week the surgical critical care resident gets one day off from their ICU responsibilities.

During the second (trauma surgery) fellowship year, the fellow will take regular in-house call as previously described and be available when not out of town, for major trauma surgical cases. The fellowship is designed to not interfere with the ACGME accredited program in general surgery. The fellow will rotate through various subspecialty services including neurosurgery (6 weeks), thoracic/vascular surgery (4-6 weeks), interventional radiology (2-3 weeks), and pediatric surgery.

Research Component:

The UCSF Surgical Research Laboratory at San Francisco General Hospital provides ample opportunity to perform translational research.

The faculty at the UCSF Hospitals in the ICU is actively involved in research related to critical care. In addition, opportunity exists for the resident to pursue basic science research interests in the UCSF Department of Surgery Research Laboratory at SFGH. This state of the art laboratory is focused on the study of the response to Stress and Sepsis after injury.

The second year is flexible with opportunities to study trauma system development, the trauma registry or pursue clinical or basic science investigation. A second year concentrating on trauma has been added.

The intensive care unit at SFGH is a modern facility that has a totally computerized database that can be used for clinical study. The following studies in Intensive care are in progress or have recently been submitted for presentation and/or publication:

- Patients in the ICU at UCSF/Moffitt-Long and SFGH have been enrolled in the NIH sponsored Acute Respiratory Distress Syndrome Network Trial (ARDS NET) of low pressure and low tidal volume ventilation, rescue steroids, ketoconazole, and Lisofylline therapy. There are 10 centers involved in this multi-center trial of therapies for patients with ARDS.
- The Traumatic Lung Injury Group at SFGH has been involved with the study of the epidemiology and mechanisms of acute lung injury and ARDS after major trauma.
- A study of the effect of fluid resuscitation and oxygen administration on tissue oxygen after major trauma was recently completed.
- A study was recently completed examining the effect of pressure control and volume control modes of ventilation on patients with Acute Lung Injury and ARDS.
- The role of heat shock proteins in acute lung injury.
- Activated protein C in the treatment of sepsis.
- Dexmedetomidine for the treatment of stress related failure to attain unassisted breathing.
- Effects of artificial breathing patterns on the work of breathing.
- Ventilation abnormalities in patients with ARDS.
- Magnetic resonance imaging of traumatic brain injury.
- National acute brain injury study: Hypothermia II (NABSH II)
- NIH ARDS Network Trial of fluid management and catheter use in patients with ALI
- NIH ARDS Network trial of high dose corticosteroids vs placebo in patients with late phase ARDS.
- Assessment of leukotrienes in pulmonary edema fluid.
- Review of patients with ARDS receiving aerosolized vasodilator therapy for refractory hypotension.
- Effect of tidal volume demand upon work of breathing during simulated lung protected ventilation.

The San Francisco Injury Center is based at San Francisco General Hospital and provides opportunities for clinical and laboratory investigation. The Injury Center is funded by the Centers for Disease Control and The Principal Investigator is M. Margaret Knudson, M.D., surgeon with the ABS Certificate of Added Qualification in Surgical Critical Care who is on faculty at SFGH.
As part of the developing academic leadership a fellowship involving violence prevention has been offered for five years at SFGH affiliated with The Pacific Center for Violence Prevention. The Principal Investigator for the training grant is Robert C. Mackersie, M.D. This grant is geared to expose fellows to the health policy, community, and legal aspects of violence prevention in conjunction with the Trauma Foundation at SFGH.

2. Participant's supervisory and patient responsibilities
Each post-graduate critical care fellow has defined responsibilities under the supervision of an attending intensivist in the following areas.

a. direct patient care including examination of the patient, evaluation of clinical data, direct responsibility for ventilatory management, hemodynamic monitoring and provision of analgesia and sedation.

b. direct responsibility for liaison with the surgical service

c. liaison with subspecialty services

d. supervision of rotating intensive care unit resident staff from the anesthesiology and surgical services as well as medical students.

e. supervision and placement of invasive lines.

f. The year the fellow will be in-charge of supervising the trauma team and working closely with the residents.

g. The fellow will work on the neurosurgical service under the supervision of the faculty neurosurgical staff.

h. The fellow will work on the interventional radiology service with the faculty radiologist.

2. Procedural Requirements:
The fellow will learn all the procedures associated with working in a Surgical Intensive Care Unit the first year including placement of an arterial line, central venous line, pulmonary artery catheter, chest tube, nasotracheal intubation, endotracheal intubation, tracheostomy placement both open and percutaneous techniques. The resident will rotate on the trauma surgery service for 2-3 months and work with the trauma team as an integrated member of the team. Please see the above objective for a more detailed list.

The second year the fellow will further develop their operative skills in the management of severely traumatized patients, as well as emergency and elective general surgery. Operative experience will also be developed on the thoracic surgery service, neurosurgery, the interventional radiology service and the pediatric trauma service.

4. Didactic Requirements
A. A one-hour didactic lecture by the ICU attending or surgical critical care resident is given four times per week. The outline of the didactic teaching curriculum is listed below:

I. Outline of didactic teaching program by system:

A. Hemodynamic monitoring

1. Indications
   a. Assessment
   b. Therapy

2. Available Technologies
   a. Data required
   b. Data measured directly
   c. Derived data

3. Technical Aspects
   a. Site selection
   b. Methodology

4. Complications
   a. Diagnosis
   b. Treatment

B. Adequacy of cardiac output

1. Evaluation of perfusion
   a. Clinical
      1. Heart rate
      2. Blood pressure
      3. Urine output
      4. Mentation
   b. Physiologic
      1. C (a-v) O₂ difference
      2. SvO₂
      3. pH, base deficit, lactate, pHi
4. Pv02

2. Categories of Low Flow States
   a. Hypovolemia
   b. Cardiogenic
   c. Obstructive
   d. Septic shock/SIRS

6. Oxygen supply/demand balance and flow dependency
7. Endpoints of resuscitation
8. Myocardial oxygen supply demand balance

C. Treatment of Low Flow States
   1. Maximizing preload
   2. Afterload reduction
   3. Augmentation of contractility
   4. Control of heart rate

D. Miscellaneous Cardiovascular Topics
   1. Treatment of hypertension
      a. Indications of treatment
      b. Modes of therapy
   2. Preoperative cardiovascular assessment
      a. Basilar function
      b. Augmented function
   3. Treatment of Arrhythmia’s with the following medication:
      a. Digoxin
      b. Lidocaine
      c. Procainamide
      d. Propranolol
      e. Other drugs
      f. Cardioversion
   4. Adrenergic nervous system receptors
   5. Inotropes, vasopressors, vasodilators

II. Pulmonary
A. Perioperative Respiratory Physiology
   1. Pulmonary function after major surgery
   2. Prevention of postoperative pulmonary complications
B. Interpretation of Arterial Blood Gas Measurements
   1. Oxygenation
   2. Ventilation
   3. Acid Based Balance
   4. Derived Parameters
C. Airway Management
   1. Indications for airway control
   2. Complications of artificial airways
   3. Surgical versus nonsurgical approaches
   4. Long term airway control
D. Oxygenation Insufficiency
   1. Etiology/Pathophysiology
   2. Oxygen delivery systems
   3. PEEP/CPAP
   4. Complications of oxygen support
E. Ventilation Insufficiency
   1. Etiology/Pathophysiology
   2. Mechanical ventilation therapy, SMV, CIMV, pressure support ventilation, pressure control ventilation, APRV
   3. Non-invasive modes of ventilation
   4. Complications of mechanical ventilation
   5. High Frequency Ventilation
F. Thoracic Trauma
   1. Myocardial contusion
   2. Pneumothorax, hemothorax
   3. Pulmonary contusion
   4. Flail chest
5. Major vascular injury

III. Renal
   A. Evaluation of oliguria
      1. Prerenal causes
      2. Renal intrinsic causes
      3. Postrenal causes
   B. Acute Renal Failure
      1. Etiology/Pathophysiology
      2. Differential Diagnosis
      3. Therapy
         a. nutritional therapy
         b. fluid electrolyte changes
         c. medication changes
         d. dialysis and ultrafiltration
         e. CAVH, CAVHD
         f. Prophylaxis
   B. Miscellaneous Renal Topics
      1. Interpretation of urine electrolytes
      2. Chronic renal failure
      3. Uses and abuses of diuretics

IV. Gastrointestinal Hepatobiliary Pancreatic
   A. Acute Gastrointestinal Hemorrhage
      1. Differential Diagnosis
      2. Prophylaxis in High Risk Patients
         a. antacids
         b. H2 blocking agents
         c. other
      3. Medical management
      4. Surgical treatment
   B. Miscellaneous GI Topics
      1. Portocaval shunts
      2. Gastroesophageal resection
      3. Pancreatic resection
      4. Major abdominal trauma
   C. Hepatobiliary
      1. Interpretation of liver function tests
      2. Hepatic dysfunctional and sepsis
      3. Obstructive biliary disease
      4. Hepatic dysfunction with TPN
      5. Acalculus cholecystitis
   D. Acute Pancreatic Disease
      1. Acute pancreatitis
      2. Pancreatic abscess
      3. Postoperative pancreatic problems
      4. Multisystem organ failure and pancreatitis

V. Central Nervous System
   A. Acute CNS Injury
      1. CNS trauma
      2. Hypoxic brain injury
      3. Intracranial Pressure Monitoring/Therapy
      4. Long term complications of injuries
   B. Miscellaneous CNS Topics
      1. Encephalopathies
      2. Acute Spinal Injuries
      3. Diabetes Incipidus
      4. Neurologic Examination
      5. Determination of Brain Disease
VI. Infectious Disease
   A. Evaluation of the Septic Patient
      1. Radiographic imaging
      2. Occult signs of sepsis
      3. Use of the laboratory system in sepsis
      4. Line/Catheter sepsis and colonization
   B. Therapy of the Septic Patient
      1. Drainage and debridement of surgical infections
      2. Antibiotic therapy
      3. Opportunistic infections in immunosuppressed patients

VII. Miscellaneous Critical Care Subjects
   A. Fluid and Electrolyte Management
      1. Assessment of intravascular volume
      2. Selection of volume expanders
         a. crystalloid
         b. colloid
         c. blood
         d. hypertonic saline
      B. Use of Blood Products
         1. Packed Red Blood Cells and Whole Blood
         2. Fresh Frozen Plasma
         3. Platelets/other factors
         4. Adverse effects of transfusion therapy
      C. Metabolic and Endocrine Response to Stress
         1. Glucose metabolism
         2. Adrenal/catecholamine response
      D. Nutrition
         1. Assessment of nutritional status
         2. Parenteral nutritional support
         3. Enteral nutrition support
         4. Complications of nutritional support
         5. Nutritional substrate allocation
         6. Metabolic monitoring
      E. Medical Ethics in the ICU
         1. Allocation of scarce economic resources
         2. Laboratory utilization
         3. Management of conflict and stress among the staff, patients and family.
         4. End of life decisions
      F. Other Coagulation Disorders
         1. Presentation and treatment of hematologic problems in the ICU
      G. Analgesics/Sedative/Hypnotics
      H. Miscellaneous Pharmacology.

5. If the program is more than twelve months in duration, the progression of responsibilities by PGY level:

During the first year of the program the fellow will develop all the skills associated with working as team leader in the ICU setting the is multidisciplinary and integrated. The first year fellow typically spends 1 elective month on the trauma service, taking call and supervising senior surgical residents and being supervised by in-house full time attending surgical staff. During the second year the trauma fellow will have increased responsibilities and work as team leader on the trauma service closely with the faculty members on the trauma team. Trauma call during the second year will be initially supervised by in-house attending staff leading to independent in-house trauma call with attending back up later in the year. The second year will involve a generally higher level of responsibility as a more senior member of the team. During the second half of the year the fellow will begin to assume primary responsibility for the trauma a emergency service, will lesser degree or direct attending call and supervision.

E. Evaluation

The Surgical Critical Care fellow is evaluated by the faculty who teach in the Intensive Care Unit during the first year. At the end of the rotation the faculty meets with the fellow and discusses the evaluation in detail. All critical care fellows will participate in the Society for Critical Medicine’s In-service Examination and the results will be reviewed with the program director.
The trainee is evaluated on clinical and diagnostic skills, technical skills, didactic knowledge, and problem solving ability, consultation skills, and interpersonal skills in caring for the critically ill patient. All residents will receive a written evaluation of their performance.

During the second year the trainee will be evaluated on a monthly basis by the program director and all the faculty who work with the fellow each month. The fellow will be given feedback on a regular basis.