Role: Attending physician

You are the ICU attending physician. Your unit is full and there are 5 patients boarding in the emergency room waiting for a bed. You are incredibly busy and definitely can't even find time to write a prescription for controlled substances – not that you would know how to. Your DEA profile double-encryption or whatever hasn't been set up yet by your hospital administrator.

You supervise a team of three residents, one of which is a family medicine resident who doesn't have a lot of ICU experience and who is less efficient than the internal medicine residents. One of the family medicine resident's patients is a 56-year-old unvaccinated person of color (POC) admitted with COVID pneumonia. Since last night, the patient has been transitioned to simple nasal cannula running at 2 liters of supplemental oxygen. You believe the patient can be discharge home on supplemental oxygen and asked the resident to arrange the discharge. Unfortunately, your resident ordered another chest x-ray without asking you and now you have to wait for the result. The chest x-ray looks unchanged and you are accompanying the resident to the patient's room to explain the results and convince them to go home. When you get to the patient's room, the patient appears in no apparent respiratory distress or any pain whatsoever.

The exercise begins with the resident going over the chest x-ray results with the patient. Let the resident explain the chest x-ray findings and then try to convince the patient to go home on supplemental oxygen. Once you are done, let the nurse provide discharge instructions.