

November 2018

Goals and Objectives for the ICU Rotation

Training will be primarily based out of the Health Sciences Center ICUs, under the supervision of the Adult Intensivists. Critical Care exposure at the SCMH site might also be arranged.

Intensivists and members of the ICU team will provide instruction by role modeling, review of patient care encounters and provision of constructive feedback. Patient care rounds, didactic and interactive teaching rounds and clinical conferences will supplement patient encounters. Ultrasound guided central line course is mandatory and offered bi-monthly for all residents rotating through the ICU.

Over the 2 to 3 month training period, it is expected that trainees will demonstrate ongoing development in each of the CanMEDS roles such that the depth, sophistication, efficiency and proficiency of their performance increases with experience. A graded level of responsibility will be given to the resident as (s)he gains more Critical Care experience. On completion of residency training, the resident should have achieved proficiency in the recognition and initial management of problems commonly encountered in the intensive care unit. For less common problems, the trainee should gain a knowledge base that allows them to formulate a differential diagnosis, initiate a management plan, and request appropriate consultations.

Review of rotation objectives will be done in conjunction with creation of a learning contract at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. This will be documented using a critical care specific in-training evaluation report (ITER) midway through, and at the end of the rotation. Field notes will also be used to document performance and provide feedback. In accordance with CBD principles, all residents are required to submit EPA assessments with documented narrative coaching via the MUNCAT app per week to evaluate and guide their progress. This will also be documented using an end of rotation in-training evaluation report (ITER) or longitudinal rotational assessment, depending on the applicable resident curriculum.

In addition to the rotational objectives and key competencies described below, the following EPAs may be covered during the ICU rotation. These will depend on the learner's stage of training, progress and individual learning needs. The learning contract and rotational goals created at the beginning of the rotation can help specify which EPAs the learner may want to focus on throughout their rotation.

Transition to Discipline:

TD1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

Foundations:

F7. Identify personal learning needs while caring for patients and addressing those needs

Core:

C1: Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations

C4: Assessing, resuscitating, and managing unstable and critically ill patients

C5: Performing the procedures of Internal Medicine

C6: Assessing capacity for medical decision-making

C7: Discussing serious and/or complex aspects of care with patients, families, and caregivers

C8: Caring for patients who have experienced a patient safety incident (adverse event)

C9: Caring for patients at the end of life

MEDICAL EXPERT

1. Identify when a patient requires treatment best delivered in an ICU under the direction of a qualified intensivist.
2. Elicit a history and focused physical examination that is relevant, concise, and accurate in a deteriorating patient.
3. Diagnose and stabilize patients with impending organ failure (respiratory, cardiac, neurologic, hepatic, gastrointestinal, hematologic, renal, etc.).
4. Identify the need for and initiate cardiopulmonary resuscitation.
5. Diagnose and prevent hemodynamic instability and/or initiate treatment for cardiogenic, traumatic, hypovolemic, and distributive shock.
6. Apply basic infection control techniques.
7. Describe basic nutrition support principles.
8. Apply basic sedation, analgesia and delirium management principles.
9. Seek consultation appropriately, with supervisors, and specialty physicians in managing complex ICU problems.
10. Identify and initiate treatment for life-threatening electrolyte and acid-base disturbances.
11. Suspect and initiate treatment for common poisonings.
12. Use data from appropriate invasive and noninvasive monitoring devices to titrate therapy in an ICU.
13. Initiate invasive and non-invasive ventilation appropriately
14. Gain proficiency in procedures commonly carried out in a critical care unit, commensurate with the level of training

COMMUNICATOR

1. Communicate effectively with families and all members of the healthcare team about ICU capabilities and patient-specific issues, including goals of care.
2. Communicate with and support patients, their families, and all members of the healthcare team through the physical and psychological complexities of critical illness.
3. Provide clear and concise oral and written reports, including handover.

COLLABORATOR

1. Recognize, use, and help integrate the unique skills of ICU nurses, ancillary personnel and external consultants in caring for critically ill patients into the multiple-professional team model.
2. Share in team workload.

LEADER

1. Prioritize and allocate health care resources that are evidenced based and tailored to the patient.
2. Contribute to initiatives to improve care and safety of critically ill patients.

HEALTH ADVOCATE

1. Advocate on behalf of ICU patients, family members and the medical team.
2. Champion infection control best-practices and antimicrobial stewardship.

SCHOLAR

1. Critically appraise ICU related literature as it relates to individual patients
2. Contributes to ICU patient rounds and other educational activities

PROFESSIONAL

1. Consider ethical issues and patients' wishes in making treatment decisions.
2. Answers pages promptly and displays punctuality
3. Demonstrates self-awareness and insight in their own abilities (strengths and areas for improvement)
4. Maintain good relationships with other healthcare providers.

Learner-Specific Goals/Learning Contract

- Each learner should identify three specific goals for their ICU rotation, one of which must be non-Medical Expert