

Intensive Care Unit

PGY 1 and PGY II – III

CanMEDS roles and responsibilities

DEFINITION

PGY I

In the first year of Orthopedic Surgery Post-graduate education, a learner may request a one month elective rotation in ICU. During this time they will be under the direct supervision of the Intensivist on service. There will not be an expectation for overnight in house ICU call. Normally this rotation would be in Intensive Care Unit at St. Clare's. The goals and objectives will differ from that of a more senior learner rotation and will be stated separately in this document.

PGY I

General Objectives

To further develop clinical skills, ability to analyze, and make treatment plans through an exposure to a wide variety of patients in a Critical Care setting. This will be accomplished under the supervision of the Intensivist on service

Specific Objectives

1. MEDICAL EXPERT/CLINICAL DECISION MAKER

1. To accurately assess patients presenting to the Critical Care setting under the guidance and supervision of the attending intensivist.
2. To gain technical experience under the supervision of the attending Intensivist on service, of procedures such as arterial blood gas sampling, arterial line placement, and insertion of central venous lines.
3. To become involved in the pre-critical care work-up for patients admitted electively, post major surgical procedures to the Critical Care Unit.
4. To become proficient in the management of the acutely compromised patient.
5. To be able to prioritize problems after the initial assessment and to outline a plan of action with the attending intensivist.
6. To be involved in the decision-making process of withdrawal of care.

II. COMMUNICATOR

1. To obtain an appropriate history from the patient, family, or other medical personnel.
2. To perform a problem orientated physical examination.
3. To accurately and succinctly record, in writing, the history and physical.
4. To present cases at rounds in a succinct fashion in a program-orientated manner.

III. COLLABORATOR

1. To work closely with the attending intensivist in the patient's initial work up and ongoing management.
2. To understand, work with and foster respect for the roles of other healthcare providers including intensivists, surgeons, nursing, respiratory therapists, medical pharmacist and other members of the Critical Care team.

IV. LEADER

1. To gain experience in formulating a list of appropriate and cost effective investigations and treatment for patients admitted to Critical Care under the guidance of the attending Intensivist.

V. HEALTH ADVOCATE

1. To become familiar with the use of appropriate diagnostic methods in Critical Care, including radiological procedures and microbiological studies, by following up on the results of interpretation of tests done on assigned patients.
2. To identify and use appropriate interventions that are evidence-based.
3. To prevent morbidity and mortality of patients admitted to the Critical Care setting.

VI. SCHOLAR

1. Critical appraisal of research information on specific critical care problems.

VII. PROFESSIONAL

1. To work in a professional manner, to render critical care coverage to patients with members of the Critical Care team.
2. To recognize the role of biomedical ethics in a critical care setting in such issues as advance directives, living wills, and resuscitation.
3. To embrace attitudes conducive to effective doctor/patient and doctor/allied healthcare worker relationships.

PGY II-III

This is a mandatory three month rotation at the Health Sciences Centre in the Medical/Surgical Unit and Cardiac Surgery Unit. This is a structured rotation with educational activities. The expectation is for provision of in-house call. These trainees have an important role in the provision of care to the critically ill.

General Objectives

1. To obtain a working knowledge of Critical Care Medicine by actively participating in the management of critically ill patients.
2. To gain an understanding of the integrative nature of disease in the critically ill patient and the interdisciplinary approach to the management of such patients
3. To describe the pathophysiology of commonly seen diseases in the critically ill patients.
4. To become familiar and proficient with the principles of airway management and ventilator care.

5. To be able to identify the patient at risk, perform an appropriate physical examination, formulate a problem list and institute a course of therapy (commensurate with the learner's level of training) under the direction of senior personnel.
6. To gain proficiency in procedures commonly carried out in a Critical Care Unit, commensurate with the level of training.
7. To become proficient in the management of a cardiac arrest and the acutely compromised patient.

Specific Objectives

I. MEDICAL EXPERT/CLINICAL DECISION MAKER

1. Initial assessment of the critically ill or multi-traumatized patient
 - (a) Obtain an appropriate history from the patient, family or other medical personnel.
 - (b) Perform a problem oriented physical examination
 - (c) Formulate a problem list from the information gathered in the above, identifying the problem in order of priority.
 - (d) Outline a plan of action, in conjunction with on call intensivist.
 - (e) Institute appropriate investigations and treatment under the supervision of an on call Intensivist.
2. Appropriate use of the laboratory in the management of critically ill patients.
 - (a) Indications for and timing of radiological procedures for specific critical illness.
 - (b) Indications for choice and timing of microbiologic studies in critically ill patient.
 - (c) Indications for choice and timing of common laboratory studies.
3. Skills
 - (a) Establishment and maintenance of the airway
 - (b) Interpretation of hemodynamic data
 - (c) Techniques of vascular access
 - (d) Insertion of venous flow directed catheters
 - (e) Techniques of advanced cardiac and trauma life support
 - (f) Tube thoracostomy
 - (g) Peritoneal tap
 - (h) Lumbar puncture
 - (i) Physiologic monitoring
 - (j) Other ie. Foley catheter insertion, nasogastric tube insertion, silastic feeding tube insertion
4. Appropriate Use of Common Therapeutic Agents
 - (a) Indications for dose requirements, duration of therapy, drug interactions and monitoring of therapeutics agents (includes goals of therapy, end points, and drug levels.)
 - i. cardiovascular supportive agents
 - ii. antibiotics
 - iii. sedatives/narcotics
 - iv. neuromuscular blockers

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Learner Responsibilities

Specific Duties

On call learner:

1. is responsible for patient care within the ICU for 24 hours and should be readily available to the ICU throughout that time (even if patients assigned to another learner)

2. does invasive procedures on assigned patients and all ICU patients after hours
3. admits all new patients and sees potential emergency admissions
4. writes progress notes (summary of problems and events for 24 hr period) on all patients followed in the ICU. This includes an overnight update on patients followed by the other learners. (See Policy: Physician Notes)
5. writes transfer notes and orders, before am rounds, on patients to be discharged that day. (See Policy: Physician Notes)
6. gives a brief clinical description of patients during x-rays.

Second on call: (day prior to call day)

1. shares responsibility for patients in the ICU during the day with the on call learner
2. cares for assigned patients in the unit and at days end writes a progress note on patients followed that day
3. makes rounds with the team at days end to update the on call learner and ICU staff physician on the patients progress during the day
4. sees any patient for whom ICU admission is requested for their day on call
5. accompanies patients to other departments for investigations
6. sees special patients being followed post ICU discharge

Other learner:

1. cares for assigned patients in the unit and writes a progress note patient at days end
2. makes rounds with the team at days end to update the on call learner and ICU staff physician on the patient's progress during the day
3. if quiet clinically, the other learners can spend time pursuing other educational activities (studying, research) as long as assigned patients have been assessed, a note is written at days end, and pm rounds are attended.
4. Prior arrangement must be made with the ICU attending. The nursing supervisor and on call learner should be notified.