

Western University
Rotation Specific Goals and Objectives
Critical Care Western Rotation - Junior* Residents

*In this context, “Junior” resident is used to include any residents of any level who does a rotation in Critical Care as part of his primary training program. The term “Senior” residents will be reserved specifically for residents in the Critical Care subspecialty training program and a few other residents doing a “senior” rotation as part of their subspecialty training (ex: Respiriology).

Preamble:

Critical Care Medicine is a multidisciplinary field concerned with patients who have sustained, or are at risk of sustaining life threatening, single or multiple organ system failure due to disease or injury. Critical Care Medicine seeks to provide for the needs of these patients through immediate and continuous observation and intervention so as to restore health and prevent complications.

Program Organization:

Training will be *primarily* based on encounters with patients presenting with a variety of medical and surgical illnesses to the two multidisciplinary intensive care units of the London Health Sciences Centre (LHSC), under the supervision of faculty and senior residents/fellows. Faculty and senior resident s/f fellows will provide teaching by role modeling, bedside teaching and provision of constructive feedback. Patient care rounds, teaching rounds and clinical conferences will supplement patient encounters.

Expectations:

The Critical Care rotation is offered to residents of many different home programs and level of residency. In all cases, the goal of this limited experience is to provide an overview of the assessment and management of critically ill patients, and to promote the acquisition of the basic knowledge, skills and attitude related to Critical Care.

Over the 1 to 3 block training period, it is expected that residents will demonstrate ongoing development in each of the CanMEDS roles (as outlined below). The objectives are generic and will apply to all junior residents, from any home program (surgery, medicine, anesthesia, etc.) rotating in one of the two multidisciplinary intensive care units of the LHSC.

The acquisition of competencies will be documented using a Critical Care specific in-training evaluation report (ITER) at the end of rotation. Feedback from faculty, senior residents/fellows, nursing and allied health (multisource feedback) will be considered in the final rotation evaluation.

Rotation Specific Goal:

By the end of the rotation the resident will have acquired some **basic** knowledge, skills and attitudes necessary to initiate the assessment and management of a patient presenting with a critical illness, and understood the importance of multidisciplinary contribution in the optimal management of the critically ill.

Rotation Specific Objectives:

Medical Expert

Medical Expert (Specific to Procedural / Technical Skills)

By the end of the rotation, the resident will have:

1. Demonstrated an understanding of the indications, risks and different steps involved in the performance of the procedures mentioned below.
2. Demonstrated appropriate skills in the preparation (gathering equipment, assistance, etc.) and performance of the named procedures, particularly relating to infection control and use of protective equipment.
3. Demonstrated the technical skills necessary to perform the following procedure(s):
 - Central access - internal jugular central catheter insertion (or femoral-subclavian access when appropriate)
 - Arterial catheter insertion
 - Intubation
4. Acquired consistency in properly documenting the procedures performed (successful or not).

Medical Expert

By the end of the rotation, the resident will have:

1. Demonstrated the ability to perform a complete and thorough history and physical examination of the critically ill patient, allowing for a proper differential diagnosis and management.
2. Demonstrated an appropriate level of knowledge allowing for the clinical assessment, diagnosis and initial management of a critically ill patient with the following conditions:
 - Hemodynamic instability
 - Respiratory failure
 - Hemorrhage (including massive transfusion)
 - Altered level of consciousness
 - Delirium
 - Nutritional support needs
 - End-of-life issues
3. Demonstrated proper skills in initiating **promptly** a plan for the appropriate management of the above conditions.
4. Developed skills for a timely response and organized approach to **emergencies situations** in Critical Care:
 - Remaining calm
 - Prioritizing appropriately
 - Displaying leadership
5. Understood the basics of continuous monitoring (invasive BP monitoring, CVP, ICP, outputs, etc.) and its importance in the close follow-up and management of the critically ill patient.

Communicator

By the end of the rotation, the resident will have demonstrated:

1. The ability to provide a concise prioritized patient presentation during rounds.
2. The ability to provide patients and their families with information that is clear and encourages discussion / participation in decision-making.
3. The ability to listen and communicate clearly with the ICU team (nurses, allied health, senior residents and consultants) and other services, regarding patient status and management plan.
4. The ability to write or dictate clear, concise and up-to-date daily progress notes, discharge summaries and consultation notes.

Collaborator

During the rotation, the resident will have demonstrated:

1. Recognition and respect of the roles of the ICU team members (residents, nurses, respiratory therapists, allied health, etc.) AND of the other consulting services in the ICU.
2. The ability to deal effectively and constructively with differences in opinion and conflict situations arising in the interdisciplinary ICU environment.

Manager

During the rotation, the resident will have demonstrated:

1. Effective organizational and time management skills.
2. Leadership skills within the team.

Health Advocate

On completion of the rotation, the resident will have:

1. Identified opportunities for advocacy and disease prevention, and prevention of complications in individual patients.
2. Practiced preventative care including, for example, use of protective equipment when indicated and sterile technique for catheter insertion.

Scholar

By the end of the rotation, the resident will have:

1. Attended and participated in scheduled seminars and journal clubs.
2. Demonstrated initiative in learning about their assigned patient's illnesses, even if not directly relevant to their specialty.
3. Show initiative in teaching members of the ICU team (nurses, other residents, etc.) through discussions or presentation.

Professional

During the rotation, the resident will have:

1. Demonstrated integrity, honesty and compassion.
2. Demonstrated respect for privacy and confidentiality.
3. Displayed reliability and conscientiousness in monitoring and follow-up of patients issues.
4. Demonstrated good insight into own performance (aware of own limitations), seek advice appropriately, and take feedback graciously.
5. The ability to be prompt and on time for scheduled rounds and seminar.

Approved June 2013