McMaster Otolaryngology-Head and Neck Surgery
Goals and Objectives for the Intensive Care Unit Rotation
Resident Foundation Stage

Overview

During the Foundation Stage, the resident will spend two blocks on the ICU service at the Hamilton General Hospital.

Schedule of the week:
You will be assigned to a team. You will be expected to make rounds with your team in the mornings. You are expected to give handover to the resident on call.

Call:
You will be assigned to be on call on the ICU service. Please note that call is from 17:00 to 08:00 hrs. Call will be set according to PARO guidelines.

Overall Objectives:

It is recognized that the resident may not be exposed to all elements of these objectives; however at the conclusion of the rotation the resident should demonstrate knowledge or competency in the following:

The resident is expected to gain understanding and knowledge of essential issues in Intensive/Critical care, and to have a high degree of “hands on” responsibility, under appropriate supervision. The major areas of concern are the assessment of critically ill patients in a systematic fashion, the monitoring, stabilization, and overall patient management. The critical care units are under the direction of team critical care specialists who coordinate the overall care, with the referring physicians or surgeons involved in varying degrees as determined by patient-specific agreement.

Specific Objectives:

Medical Expert

(1.1) Demonstrate a commitment to high-quality care of their patients

(1.4) Apply knowledge of the clinical and biomedical sciences relevant to critical care patients (SF 2.1.2)
- Airway assessment and management
- Respiratory failure of various causes (SF 2.1.5.2)
- Cardiac disorders, including acute MI, cardiac arrest, arrhythmias, pulmonary edema, pulmonary hypertension, electro-mechanical dissociation, etc. (SF 2.1.5.1)
- Circulatory failure/shock (SF 2.1.2.4.)
- Renal failure, including dialysis (SF 2.1.5.3)
- Fluid, electrolyte and acid/base balance (SF 2.1.2.6)
- Nutritional assessment and management (enteral/parenteral nutrition) (SF 2.1.6)
- Coagulation disorders (SF 2.1.2.5, 2.1.5.6)
- Endocrine disorders (SF 2.1.5.4)
- Neurological disorders (coma, seizures, brain death)
- Pharmacology of critically-ill patients, including antibiotics, inotropes, cardiac medications, anesthetic agents
- Toxicology-related disorders, including overdoses, intoxications and poisonings
- Perioperative management of critically ill patients

(1.4) Perform appropriate consultation including the presentation of well-documented assessments including recommendations that are well documented of patients in the critical care unit

Recognize urgent issues that may need the involvement of more senior colleagues or staff and engage them immediately

(1.5) Seek assistance to prioritize multiple competing task that need to be addressed on the basis of patient centered priorities when appropriate

(2.1) Prioritize issues and/or tasks appropriately under urgent situation and for critically ill patients

(2.2) Elicit a history, perform a physical exam and select appropriate investigations, and interpret the results for the purpose of diagnosis and management, disease prevention, and health promotion (SF 2,3,4)

Longitudinal care of critically ill patients with common problems
- respiratory disease
- cardiovascular disease
- neurological disease
- renal/metabolic disease
- gastrointestinal disease
- hematologic disease

Resuscitation of the critically ill patients
- Perform a focused assessment of a critically ill patient
- Develop a problem list with appropriate differential diagnosis
- Prioritize problems/tasks appropriately under urgent situation
- Recognize, and initiate an appropriate management in patients presenting with:
  - respiratory failure (including impending respiratory failure)
  - shock
  - sepsis
  - altered level of consciousness
- Perform essential technical skills for resuscitation
- Lead the team in the initial resuscitation

(3.4) Perform diagnostic and therapeutic procedures in a skilful and safe manner

- Obtain and maintain an airway by appropriate means
Communicator

(1.1) Communicate using a patient-centered approach that is respectful (SF 1.3)
(1.2) Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety (SF 1.4)
(1.3) Respond to patients nonverbal behaviors to enhance communication (SF 1.6)
(2.1) Use patient-centered interviewing skills to effectively identify and gather relevant biomedical and psychosocial information (SF 1.3)
(2.3) Seek and synthesize relevant information from other sources, including the patient’s family, with the patient’s consent when possible (SF 1.3.2, 2)
(3.1) Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding with regard to the diagnosis, prognosis and treatment plan (SF 3.4, 1.3)
(4.1) Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe (SF 3, 4, 1.7)
(5.1) Document information about patients and their medical conditions by keeping medical records legible, clear, concise and problem-oriented (SF 5)

Collaborator

(1.1) Establish and maintain positive relationships with physicians and other colleagues (nurses, respiratory technicians, dietician, physiotherapist) to support relationship-centered collaborative care (SF 1)
(2.1) Actively listen to and engage in interactions with collaborators in urgent situations and for longitudinal care of critically ill patients (SF 1)
(3.2) Demonstrate safe handover of care, both verbal and written, during a patient transition to a colleague, different healthcare professional, setting, or stage of care

- Summarize well the patient’s issues in the transfer summary, including plans to deal with the ongoing issues

Leader

(1.2) Contribute to a culture that promotes patient safety (SF 4 under health advocate)
(1.4) Use health informatics to improve the quality of patient care and optimize patient safety (SF 3.2)
(3.1) Demonstrate leadership skills by leading the team in the initial resuscitation
Health Advocate

(1.1) Advocate for treatment that is consistent with the patient’s values and wishes, including limiting treatment or withdrawal of life support when appropriate (SF 1)

Scholar

(1.1) Develop successful implementation of a personal continuing education plan (SF 1)
(1.2) Identify, record, prioritize and answer learning needs that arise in daily work, scanning the literature or attending formal or informal education sessions while on ICU (SF 1)
(2.4) Demonstrate basic skills in teaching others, including peers (SF 3.1)
(3.1) Recognize practice uncertainty and knowledge gaps and seek for advice/consultation when needed

Professional

(1.1) Exhibit appropriate professional behaviours and relationships in all aspects of practice (SF 1)
(1.2) Identify common ethical problems encountered in ICU (SF 1.3)
(2.2) Demonstrate a commitment to patient safety and quality improvement through adherence to institutional ICU policies and procedures (SF 2)

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