

CRITICAL CARE CARE ROTATION OBJECTIVES

Please note that these objectives supplement the RCPSC objectives

General objectives: During the intensive care rotation the resident will acquire the knowledge required to manage shock and respiratory failure. They will learn the procedural skills of acute bronchoscopy, and line placement skills required for assessment and treatment of the acutely unwell patient, in particular those with acute respiratory emergencies.

MEDICAL EXPERT

1. Given a patient in shock or respiratory failure the resident will be able to intubate the patient.
2. The resident will demonstrate proficiency in acute airway management, including upper airway obstruction.
3. The resident will demonstrate knowledge of the assessment and management of massive hemoptysis.
4. The resident will know the indications and contraindications of invasive and noninvasive ventilation in acute respiratory failure.
5. The resident will be able to manage the ventilator parameters of a broad range of patients requiring mechanical ventilation. This includes patients with restrictive and obstructive lung disease. The resident will be able to explain the pulmonary physiology principles that are used to set the ventilator parameters.
6. Given an intubated patient that requires bronchoscopy, the resident will perform this procedure. The resident will correctly obtain a BAL for the purpose of quantitative cultures. The resident will be able to list the indications, contraindications and complications of bronchoscopy in a ventilated patient.
7. Given a patient on mechanical ventilation, the resident will assess the patient for suitability of withdrawal of mechanical ventilation (weaning). The resident will withdraw mechanical ventilation in a safe manner.
8. The resident will demonstrate knowledge of the effects of mechanical ventilation on the circulatory system, heart-lung interactions, and oxygen utilization and extraction. They will be familiar with central venous oximetry.
9. The resident will demonstrate proficiency in chest tube insertion (percutaneous) and thoracentesis.
10. The resident will understand the management principles related to ARDS.
11. The resident will demonstrate proficiency in the management of patients with pneumonia and pulmonary infectious diseases.

COMMUNICATOR

12. The resident will effectively communicate information to families, other physicians and allied health care professionals.
13. The resident will be able to discuss with families, the withdrawal of life-sustaining therapies and interventions, in a clear, caring and compassionate manner. They will be able to lead the family meeting.

COLLABORATOR

14. The resident will demonstrate the ability to both lead and to work as a member of a multidisciplinary team in the critical care setting. They will learn to lead the inter-professional critical care multi-disciplinary team.

MANAGER

15. The resident will demonstrate effective patient triage and resource allocation in the critical care setting.

16. The resident will make efficient use of their time to optimize professional performance.

HEALTH ADVOCATE

17. The resident will be proactive in advocating for patients and families, and will demonstrate proficiency on how and when to appropriately institute, maintain, or discontinue life-sustaining treatments.

SCHOLAR

16. The resident will demonstrate critical appraisal of the literature and integrate this into clinical practice.

17. The resident will teach junior members of the healthcare team

PROFESSIONAL

18. The resident will strive to incorporate the highest levels of attitudes, ethics and values in their management of patients.

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