

Critical Care Medicine

GOALS AND OBJECTIVES

Rotation Goals

The Critical Care rotation provides residents with progressive exposure to the principles and practice of intensive care medicine.

Early Stage of Training (Year 1): The focus is on introducing residents to the fundamentals of critical care. Under close supervision, residents learn to perform comprehensive assessments, initiate investigations, and develop management plans for patients admitted to the Intensive Care Unit. Residents gain early exposure to airway management, basic procedural skills, and the principles of safe resuscitation within a multidisciplinary team environment. By the end of this rotation, residents will have established foundational skills in responding to medical emergencies and in the initial management of critically ill patients with common presentations.

Core Stage of Training (Year 2): The focus shifts to assuming a more active role in patient care. Residents are expected to function as primary clinicians under the supervision of fellows and attending staff, managing a broad spectrum of critically ill patients with increasing independence. Residents develop competence in leading resuscitations, performing the procedures of critical care, and coordinating complex management plans. By the end of this rotation, residents will be able to provide evidence-informed, patient-centered care for a wide range of critical care presentations, demonstrating the leadership and decision-making expected at the core stage of Internal Medicine training.

Entrustable Professional Activities

TRANSITION TO DISCIPLINE

- D1 Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care
- D2 Identifying and assessing unstable patients, providing initial management, and obtaining help
- D3 Performing the basic procedures of internal medicine

FOUNDATIONS OF DISCIPLINE

- F1 Assessing, diagnosing, and initiating management for patients with common acute medical presentations in acute care settings
- F2 Managing patients admitted to acute care settings with common medical problems and advancing their care plans
- F3 Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan

- F5 Assessing and providing targeted treatment for unstable patients and consulting as needed
- F6 Discussing and establishing patients' goals of care
- F7 Identifying personal learning needs while caring for patients and addressing those needs
- F8 Providing and receiving handover in transitions of care

CORE OF DISCIPLINE

- 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

TRANSITION TO PRACTICE

- P1 Managing an inpatient medical service
- P3 Assessing and managing patients in whom there is uncertainty in diagnosis and/or treatment
- P5 Initiating and facilitating transfers of care through the health care system
- P6 Working with other physicians and healthcare professionals to develop collaborative patient care plans
- P7 Identifying learning needs in clinical practice, and addressing them with a personal learning plan
- P8 Identifying and analyzing system-level safety, quality or resource stewardship concerns in healthcare delivery

Clinical Presentations and Diagnoses

In alignment with the *Royal College Internal Medicine Competencies*, residents are expected to encounter and manage the following Medical Expert topics on this rotation:

Residents will be expected to cover the following [patient presentations and diagnoses](#) during this rotation with the goal of competently assessing and managing the following:

- Acute kidney injury and dialysis
- Cardiac dysrhythmia
- Electrolyte abnormality
- GI bleeding
- Hemodynamic instability/hypotension
- Respiratory failure and mechanical ventilation
- Seizures

- SIRS/sepsis
- Stroke
- Syncope
- Toxidrome/overdose
- Acute kidney injury

Objectives (by Stage of Training)

The specific objectives for this rotation align with the CanMEDS Competencies and Milestones as outlined in the *Royal College 2023 Entrustable Professional Activities for Internal Medicine* document (Version 3.0, 2023) and the *Royal College Internal Medicine Competencies* (Version 1.0, 2018). Objectives are structured to ensure progressive acquisition of competence across stages.

Transition to Discipline

Medical Expert

1. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion (ME2.2)
2. Prioritize issues to be addressed in a patient encounter (ME2.1)
3. Determine the most appropriate procedures or therapies (ME3.1)
4. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy (ME3.2)
5. Perform a procedure in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances (ME3.4)
6. Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (ME4.1)

Communicator

1. Communicate using a patient-centered approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion (CM1.1)
2. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (CM3.1)
3. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements (CM5.1)

Collaborator

1. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care (CL3.2)

Foundations of Discipline

Medical Expert

1. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner (ME1.4)
2. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice (ME1.6)
3. Prioritize issues to be addressed in a patient encounter (ME2.1)
4. Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation (ME2.3)
5. Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (ME4.1)

Communicator

1. Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances (CM1.6)
2. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent (CM2.3)
3. Respond to a patient's non-verbal behaviors to enhance communication (CM1.4)
4. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (CM3.1)
5. Use communication skills and strategies that help patients and their families make informed decisions regarding their health (CM4.3)
6. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements (CM5.1)

Collaborator

1. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions (CL1.3)
2. Determine when care should be transferred to another physician or health care professional (CL3.1)
3. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care (CL3.2)

Scholar

1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice (SC1.1)
2. Identify, select, and navigate pre-appraised resources (SC3.2)

Professional

1. Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality (PR1.1)

2. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians (PR2.1)
3. Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice (PR3.1)

Core of Discipline

Medical Expert

1. Perform a patient-centered clinical assessment and establish a management plan (ME2)
2. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice (ME1.6)
3. Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation (ME2.3)
4. Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (ME4.1)
5. Plan and perform procedures and therapies for the purpose of assessment and/or management (ME3)
6. Carry out professional duties in the face of multiple, competing demands (ME1.5)
7. Recognize and respond to harm from health care delivery, including patient safety incidents (ME5.1)
8. Adopt strategies that promote patient safety and address human and system factors (ME5.2)

Communicator

1. Establish professional therapeutic relationships with patients and their families (CM1)
2. Provide a clear structure for and manage the flow of an entire patient encounter (CM2.2)
3. Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly (CM1.3)
4. Manage disagreements and emotionally charged conversations (CM1.5)
5. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (CM3.1)
6. Disclose harmful patient safety incidents to patients and their families accurately and appropriately (CM3.2)
7. Use communication skills and strategies that help patients and their families make informed decisions regarding their health (CM4.3)
8. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements (CM5.1)

Collaborator

1. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care (CL1.2)

2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts (CL2)
3. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care (CL3.2)

Leader

1. Analyze patient safety incidents to enhance systems of care (LD1.3)
2. Engage in the stewardship of health care resources (LD2)
3. Demonstrate leadership skills to enhance health care (LD3.1)

Scholar

1. Integrate evidence into decision-making in their practice (SC3.4)

Professional

1. Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice (PR3.1)

Transition to Practice

Medical Expert

1. Perform a patient-centered clinical assessment and establish a management plan (ME2)
2. Prioritize issues to be addressed in a patient encounter (ME2.1)
3. Carry out professional duties in the face of multiple, competing demands (ME1.5)
4. Plan and perform procedures and therapies for the purpose of assessment and/or management (ME3)
5. Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (ME4.1)
6. Recognize and respond to harm from health care delivery, including patient safety incidents (ME5.1)
7. Adopt strategies that promote patient safety and address human and system factors (ME5.2)

Communicator

1. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (CM3.1)
2. Engage patients and their families in developing plans that reflect the patient's health care needs and goals (CM4)
3. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe (CM4.1)
4. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements (CM5.1)

Collaborator

1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centered collaborative care (CL1.1)

2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care (CL1.2)
3. Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture (CL2.2)
4. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care (CL3.2)

Leader

1. Analyze patient safety incidents to enhance systems of care (LD1.3)
2. Engage in the stewardship of health care resources (LD2)
3. Set priorities and manage time to integrate practice and personal life (LD4.1)
4. Implement processes to ensure personal practice improvement (LD4.3)

Health Advocate

1. Work with patients to address determinants of health that affect them and their access to needed health services or resources (HA1.1)

Scholar

1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice (SC1.1)
2. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them (SC3.1)
3. Integrate evidence into decision-making in their practice (SC3.4)

Professional

1. Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality (PR1.1)
2. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians (PR2.1)
3. Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice (PR3.1)
4. Promote a culture that recognizes, supports, and responds effectively to colleagues in need (PR4.3)