

Junior Residents on CCM Rotations

Junior residents are trainees, usually at the PGY-2 level or above, from various specialty training programs at Queen's and beyond, who are undertaking a required or elective rotation in Critical Care Medicine in the ICU. Their rotations are usually two or three blocks long.

The ICU Junior Residents, under the close supervision of the attending intensivists and CCM residents/fellows or senior residents, will:

1. Demonstrate a collaborative approach to the care of critically ill patients that respects and utilizes the expertise of all caregivers, and demonstrate professional attitudes and behaviours at all times.
2. Be immediately available to attend ICU patients, assist with consults or new admissions to the ICU from 07:00 – 17:30 daily when providing daytime coverage; as well as from 17:00 – 08:00 when on-call weeknights, and from 08:00 – 08:00 when on-call Saturday/Sunday. Clinical patient care responsibilities shall finish at 08:00 when post-call.
3. Be primarily responsible for the assessment and daily management of a variable number of ICU inpatients on one of the clinical teams each day. As part of this responsibility, the resident will:
 - i. Perform an initial assessment and familiarize him/herself with the patients, their diagnoses and hospital course, and their ongoing/new issues prior to morning handover;
 - ii. Formulate and present on rounds a daily plan of care for each of their assigned patients, with the assistance/advice of the attending intensivist and CCM resident/fellow or senior resident, which utilizes a systems-based approach and addresses active patient issues and overall course;
 - iii. Act as the primary physician liaison to the nursing and allied health staff participating in the care of their patients;
 - iv. Perform a thorough physical examination on each of their assigned patients each day;
 - v. Document their physical assessments and the plan of care decided on rounds, as well as a summary of active issues, in a thorough, legible and thoughtful patient progress note;
 - vi. Perform necessary technical procedures with the assistance/supervision of the CCM resident/fellow or senior resident and the attending intensivist, as appropriate to the trainee's knowledge and ability, and the stability of the

patient and urgency of the procedure, as well as required documentation of the procedure;

- vii. Follow-up outstanding lab and imaging test results and liaise with any consultant services;
 - viii. Perform regular daily reassessments of their assigned patients to ensure that the plan of care is implemented, and to monitor for changes in patient condition that require adaptation or change of the care plan, suggesting modifications to the care plan as required, and documenting these in the medical record;
 - ix. Ensure that the CCM resident/fellow or senior resident, as well as the attending intensivist, is immediately notified of new patient issues and changes in patients' condition;
 - x. Act as a patient safety champion on their clinical team;
 - xi. Provide bedside updates to patients and their family members, and participate in formal family meetings;
 - xii. Communicate information about their assigned patients' active issues and anticipated concerns to the on-call team at evening signover.
4. Perform admission assessments on new patients admitted to the ICU, with the assistance of the CCM resident/fellow or senior resident and supervised by the attending intensivist. Such assessments shall include a full history, physical examination, completion of an admission note and admission order set, and participation in any necessary procedures as described in 3(vi.) above.
 5. Assess Critical Care Consults in conjunction with the CCM resident/fellow or senior resident and the attending intensivist.
 6. Facilitate the discharge of suitable patients from the ICU by writing transfer notes and appropriate transfer orders for patients transferred elsewhere in the hospital; or, dictating discharge summaries and completing required documentation and prescriptions for patients discharged home from the ICU.
 7. Completing required documentation, including death certificates and final discharge summaries, for any patient who dies in the ICU.
 8. During the 24 hour period when on call, respond immediately to *Code Blue* calls as the resident Code Team Leader for the hospital cardiac arrest team, under the supervision of the RACE Team attending physician, and actively lead the resuscitation of patients who suffer in-hospital cardiac arrest.

9. Attend all regularly-scheduled teaching sessions for housestaff, including morning seminars and simulation sessions (including on post-call days), and Critical Care Grand Rounds.
10. Be open to receive constructive feedback on his/her performance, including knowledge, skills, and attitudes, from attending physicians, senior residents, CCM residents/fellows, and nurses, and endeavor to address areas of weakness or concern.
11. Provide a thoughtful and constructive end-of-rotation evaluation of the ICU rotation, as well as the individual attending physicians and the CCM residents/fellows with whom he/she worked during the rotation.