

Adult Community Hospital ICU St. Mary's Hospital

Introduction

C.F.P.C.(EM) Residents spend a total of 2 months in an adult ICU setting-St. Mary's Hospital Center (a 7-bed ICU, 7-bed step down care Unit, and, a 5-bed Coronary Monitoring Unit).

The objectives set out for these two months coincide with the overall objectives of the C.F.P.C.(EM) Program. Residents will become more proficient caring for critically ill patients and all facets of their care an experience readily pertinent to the Emergency Physician. More specifically, residents will gain knowledge in the use of important pharmacologic agents during both the resuscitative and post-resuscitative phases. This will enable residents an opportunity to monitor responses to such agents over relatively long periods of time an experience often not possible in the Emergency Department due to time constraints. In addition, residents will become more adept in certain procedures eg. intubations, peripheral arterial line insertions, and central line insertions. Lastly, because the C.F.P.C.(EM) Residents are the most senior amongst the ICU housestaff at St. Mary's Hospital Center, the

Residents benefit by having two "staff" physicians rounding weekly and overall during a month being exposed to eight staff physicians and eight different styles of practice.

Teaching

Rounds are based on this "two tier" system:

- Work Rounds 08:00-09:30: The Family Physician leads housestaff in making appropriate decisions regarding patient care eg. tests needed during day, etc...
- Bedside Rounds 09:30-12:00 noon: Led by the intensivist on a daily basis who incorporates a didactic approach to overall patient management.
- Didactic Teaching Rounds afternoons (3 times per week): Given by either an attending staff physician or housestaff presenting various topics of pertinence.
- Morbidity and Mortality Rounds once per month: Include involvement of other groups in the Hospital eg. Emergency Physicians, Internists, Cardiologists, Pathologists and Surgeons.

During their month rotation, C.F.P.C.(EM) Residents ~~are~~ supervised and guided during procedures. C.F.P.C.(EM) Residents, on average, do approximately 4 arterial lines, 2 intubations, and 2 central line insertions per week.

Call

C.F.P.C.(EM) Residents are on call usually one in four and are responsible for the care of the ICU patients, step down care Unit (ie Intermediate Unit or IU) and Coronary Monitoring Unit in addition to responding to consults in the Emergency Department of all potential ICU or CMU candidates. They are expected to be involved ~~by~~ during resuscitative manoeuvres in the Emergency Department. Because the C.F.P.C.(EM) Residents are most senior, they are encouraged to assess themselves in decision - making, especially while on call. However, they are given ample opportunity to confer with or receive assistance from 1st or 2nd call Attending Staff (or both). This differs from the rotation in the adult tertiary care centre ICU where the residents are not necessarily the most senior housestaff and often are given less autonomy.