



Critical Care Medicine Program Core Sites

Terms of Reference

A critical care medicine core site is identified as a hospital site in which UBC CCM residents are required to complete rotations in intensive care as part of the core ICU blocks mandated by the Royal College over a two-year period during training. The Critical Care Medicine Residency Program Core Sites will adhere to all the standards described below to maintain designation of a Program Core Site with the University of British Columbia Adult Critical Care Medicine Residency Program.

Environment:

A Core Site will:

- a) Consist of a closed intensive care unit with > 10 allocated ventilated beds and the attending intensive care physician designated as the most responsible physician.
- b) Be staffed critical care medicine fellowship trained intensivists with active registration as an “intensivist” as per the British Columbia College of Physicians and Surgeons and a clinical or academic appointment with the University of British Columbia in concordance with the Royal College of Physicians and Surgeons.
- c) Conduct daily multidisciplinary rounds on each patient in the ICU.
- d) Ensure the ICU attending physicians is available for clinical consultation over the phone within 10 minutes of being called. The on-call ICU attending physician must be available to provide bedside clinical care in accordance with the local health authority policy.

Clinical Experiences for CCM Residents

A Core Site will:

- a) Schedule the ICU fellow for a maximum frequency of 1 in 3 home call. The decision to stay in house to provide clinical care is at the individual fellow’s discretion and should not be dictated by the core site’s requirement for on call coverage.
- b) Facilitate the development of key consultancy skills by having the on call ICU resident and / or fellow be first call for consults from the wards and emergency room.
- c) Have Code Blue activations covered by the ICU team to enhance the ICU fellow’s learning in crisis management / communication and acute resuscitation skills.



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- d) The attending physicians should be readily available to discuss consults, admissions and acute clinical scenarios with the CCM Resident while on call.
- e) Provide the ICU fellow the opportunity to conduct and lead daily ICU multidisciplinary clinical rounds with the appropriate level of supervision/independence based on the CCM resident's stage of training and demonstrated level of competence.
- f) Excuse ICU fellows from clinical duties to allow participation in the weekly academic half-day and other required learning experiences that have been approved by the program. Consideration for necessary travel time must be factored into the time of excusing the ICU fellow from clinical duties.
- g) Provide the ICU fellow with the opportunity to be excused from clinical duties the morning after an on-call shift. The ICU fellow should leave no later than 10:00 if he/she has worked more than one hour in hospital, or otherwise providing patient care between midnight and 0600hrs.
- h) Ensure ICU fellows are treated professionally and respectfully during their rotation.
- i) Enforce a zero tolerance policy for verbal, physical or mental abuse of the ICU fellow by any ICU attending physician staff or the members of the multidisciplinary team. If any such issues should arise, the Program Director and residency training committee will address them immediately.

Contribution to the Program:

A Core Site will:

- a) Contribute an annual financial stipend to the program. The respective core sites must make this payment on time in concordance with deadline set by the program director.
- b) Appoint one of their attending physicians to serve as the Site CCM Resident Educational Coordinator. This individual is expected to serve on the residency training committee meeting, must attend the quarterly residency training committee meetings, serve as a liaison between the CCM program and serve as a point of first contact to the CCM resident during their core rotation at the respective site to answer questions and concerns from CCM resident. This individual must also provide the CCM resident with in person feedback at the end of their rotation after collating the feedback from the core site's intensivists and multidisciplinary team.
- c) Ensure their representatives attend the quarterly residency training committee meetings either in person or via tele conference. Members from each core site include the educational director and the ICU medical director. If members are not able to attend, notification to the Program Administrator at least 24 hours in advance of the meeting unless in the setting of extenuating / emergency



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- circumstances must be made. A replacement representative must be allocated in such a scenario from the respective core site.
- d) Have faculty members contribute actively to the academic half-days as per the request of the program director. This may include provision of didactic lectures or mentorship of journal clubs, interesting cases, case based presentations or other educational activities.
 - e) Ensure at least one representative from their site participates in the annual CaRMS sub-specialty match interviews.
 - f) Each core site must contribute to the program by designating members to actively participate with competence-by-design (CBD) by completing EPA's, serving as academic advisors and serving on the competency committee.

Educational Infrastructure for Fellows:

A Core Site will:

- a) Schedule at least one weekly, dedicated one-on-one bedside or didactic teaching session on a critical care medicine related topic for the CCM Resident to be conducted by one of the core site's attending physicians.
- b) Invite the fellow to participate in educational rounds for residents who are on their ICU rotation.
- c) Provide the CCM Resident with regular, timely, meaningful, in-person feedback on their performance, including:
 - i) Ongoing informal formative feedback from the attending physician(s) with whom they are working each week.
 - ii) A formal mid-rotation and end-of-rotation assessment of their performance that contains input from members of the healthcare team. End-of-rotation assessments must be submitted through the One45 system within 7 days of the block ending.

Assessment of Performance:

On an annual basis, or more frequently if deemed necessary, each core site's overall performance and adherence to the aforementioned standards will be reviewed. Relevant information will be obtained through:

- a) A site visit by the Program Director and Program Administrator.
- b) Review of ICU fellow rotation evaluations.

The Program Director will present a summary of each site's performance to the RTC on an annual basis.



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Procedures for improvement:

Should the Program Director and the Residency Training Committee identify a Core Site as having not met the aforementioned standards, the CCM Residency Education Director for that site will receive a written description of the concerns that have been raised. They will then have 6 months to adequately address the concerns.

Consequences of failure to meet Core Site Standards:

If the respective core site does not adequately address the concerns, as determined by the training program committee and program director, the designation of being a core site will be terminated. A subsequent application to the fellowship training committee may be made in the future to request reassessment of being identified as a core site.

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