

## Department of Critical Care *Restricted Registration* Proposal for Call Coverage by Residents in TOH Intensive Care Units

### Background:

In 2004, the CPSO adopted a model for a pilot project to institute limited licensure pending individual university approval.(*appendix A*)

Limited licensure (*Restricted Registration*) (LL-RR) will permit senior residents [*PGY-3 and above*] to provide on-call resident replacement shifts in an Intensive Care Unit (ICU) with Intensivist back-up. These shifts will be outside of the resident's current rotation, and will help to provide appropriate in-house physician coverage for ICU patients when the Intensivists are not able to do so.

### Principles:

Residents performing LL-RR activities must have an appropriate Critical Care Medicine skill set and the on-call coverage must not interfere with or affect their RCPSC or CCFM approved training. These ICU shifts will be done during the resident's free time. Under no circumstances will the resident be allowed to take any time away from core training to provide ICU coverage.

Only those residents deemed to be progressing well by their Program Director, in general and have received above average ICU rotation evaluations [*done by consensus by the Intensivists at both the Civic and General sites*] will be permitted to provide ICU coverage under the LL-RR framework. The approval of their Program Director must be obtained on each occasion.

*Consistent with the collective agreement, residents will be bound by a 1 in 4 call maximum for both residency and extra-rotational shifts. A resident must not schedule an extra-rotational shift such that he/she is post call from this shift on a day in which they have regularly scheduled resident clinical duties, and a post-call day when applicable would come out of his/her vacation time.*

This will not be a full independent practice (general) license as existed with the pre-1993 rotating internship. This is essentially resident replacement coverage to cover gaps in our ICUs with Intensivist back-up.

### Education:

- Residents must have and maintain the knowledge and skills needed for the care of acutely ill patients (*see below*).
- Residents will be able to complement their learning and improve on the diagnostic and management skills necessary for their future as effective consultants. This will occur via discussion of the patient problems managed, particularly, new patients admitted to the ICU during the covered shift with the attending Intensivist(s).
- Residents will always work with and be supervised by an Intensivist or Critical Care Medicine Fellow just as if they were rotating through that ICU in the usual rotation manner.

- Registered in PGY-3 year of training or higher in the following base specialties; Anesthesia, Emergency Medicine, General Surgery and Internal Medicine. Residents from other specialties, who wish to participate, will be evaluated on an individual basis.
- ACLS certification.
- ACES course certification.
- Minimum of two completed ICU rotations with an above average evaluation for *all* of their ICU rotations.

**Required procedural skill set:**

For all procedures, the resident must demonstrate an insight into their limitations and have the judgment to perform the procedure(s) when safe and necessary to do so.

*Airway and breathing:*

1. Application of bag-mask ventilation.
2. Application of endotracheal intubation with backup plan.
3. Application of Non-invasive ventilation.
4. Surgical insertion of chest tubes.
5. Fiberoptic bronchoscopy.

*Cardiovascular:*

1. Central line insertion (Cordis, triple/double/single lumen. Dialysis catheter), internal jugular, subclavian, femoral sites, use of Doppler for identification of veins.
2. Arterial line insertion (radial & femoral).
3. DC cardioversion, defibrillation, transcutaneous pacing.

*Abdominal:*

1. Appropriate placement of nasogastric and transpyloric enteral feeding tubes and interpretation of radiographs for correct position of these tubes.
2. Paracentesis.

*Neurological:*

1. Lumbar puncture.

*Required diagnostic investigational skill set:*

1. Arterial and venous blood gas interpretation.
2. Chest x-ray interpretation.
3. EKG interpretation.
4. SvO<sub>2</sub> interpretation.

**Safety:**

- LL-RR residents will work in the same supervisory framework as any other rotating resident in the ICU, with appropriate supervision and back up, at any time, from the on-call Intensivist.
- They must have Canadian Medical Protective Association (CMPA) coverage.

**Location:**

- Medical-Surgical ICUs and ICU outreach teams [RACE teams] at the Civic and General Campus sites of The Ottawa Hospital.

**How:**

- Program Directors of the base specialties and their eligible residents will be notified by email of dates that need ICU coverage. These dates will also be listed on the call schedules for both ICUs when possible. When capability exists, we will maintain an up-to-date list on the Department of Critical Care Medicine's website. A list of eligible residents will be maintained by the ICU administrative personnel, who will also confirm their eligibility, program director approval, and arrange remuneration (etc.) Hiring of any individual resident will be dependent on the ICU's need.

**CanMEDS Goals and Objectives of Limited Licensure ICU:**

**1) Professional**

- Deliver the highest quality care with integrity, honesty and compassion.
- Exhibit appropriate personal and interpersonal professional behaviour.
- Always works with patients, families and allied health care personnel for the best interest of patient.

**2) Health Care Advocate**

- Identify the important determinants of the critical illness affecting ICU patients.
- Identify and prevent risk factors for critical illness and injury.
- Contribute effectively to improve the care of critically ill patients.
- Advocate for patients in their time of need.

**3) Scholar**

- Develop, implement and monitor a personal continuing education strategy for the care of the critically ill patient. Consult with the Intensivists to help develop this strategy.
- Critically appraise sources of necessary medical information.
- Review all cases admitted to the ICU with the on-call Intensivist at the appropriate time for learning and feedback

**4) Medical Expert**

- Demonstrate diagnostic and therapeutic skills for ethical safe and effective care of the critically ill patient.
- Access and apply relevant information to the care of the critically ill patient.

*Skills that will be maintained and improved:*

- Airway – manage acute airways, intubations, non-invasive ventilation.
- Breathing – ventilator management.
- Circulation - lines, choice of pressors and inotropes.
- Single and multi-system failure.
- Post-surgical management of patients.
- Infections:
  - sepsis - causes and treatment
  - appropriate selection of antibiotics

- outbreak scenarios
- Trauma care.

### **5) Manager**

- Utilize resources effectively to balance patient care, learning needs and outside activities.
- Allocate ICU health care resources intelligently.
- Work effectively and efficiently within the larger ICU multi-disciplinary team organization.
- Utilize information technology to optimize patient care and learning.

### **6) Communicator**

- Communicate effectively with:
  - Patients and families – establish rapport and trust.
  - Staff - other allied health-care professionals and medical colleagues.
  - On-call Intensivist.
- Obtain/synthesize relevant history from patients/families and other sources.
- Listen effectively.
- Discuss appropriate information with patients/families and the health care team.
- Ensure and protect appropriate patient confidentiality within the doctor-patient relationship.

### **7) Collaborator**

- Consult effectively with other physicians and allied health-care professionals.
- Contribute effectively to the learning of other interdisciplinary team members.
- Be able to work effectively with other members of the interdisciplinary team in a collaborative, professional manner, including, but not limited to; nursing, pharmacy, physiotherapy, occupational therapy, social work, respiratory therapists, dieticians, ethicists.

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## **CPSO PILOT PROJECT**

### **ALLOWING FOR WORK FOR RESIDENTS OUTSIDE OF EDUCATIONAL REQUIREMENTS (Approved by Council November, 2004)**

#### **PURPOSE**

This policy for exemption to the registration regulation of the CPSO, outlines the College's proposal for a two-year pilot project <sup>1</sup> allowing residents in limited circumstances to work additional hours, for pay, outside of their training requirements.<sup>2</sup> This pilot project is part of a broader College initiative to address physician resources.

#### **PRINCIPLES**

1. The College affirms that neither patient safety nor the well-being of residents be compromised for the purpose of meeting the administrative/staffing needs of hospitals or the personal financial concerns of residents.
2. The College recognizes that Ontario residents are a valuable human resource for providing health care, whose full potential has not yet been realized.
3. As residents progress through their education and training, the College accepts that they are able to practice medicine, within their area of training, in an increasingly independent manner.

#### **POLICY**

A resident on an educational certificate may apply for a restricted certificate of registration under certain prescribed conditions.

To apply for a restricted certificate of registration to permit him or her to take paid call, the resident must first ensure that the Dean of his or her medical school (or the Dean's designate) has approved the institution's participation in the two-year pilot project. Only residents at participating medical schools will be eligible to apply for this opportunity.

Medical residents applying for the restricted certificate of registration are also required to:

- (i) have completed a minimum of one year of residency training;
- (ii) receive approval from the Dean of their medical school or his/her designate;
- (iii) arrange additional work only in existing rotations already successfully completed as a trainee;
- (iv) be in the same supervisory relationship with the Most Responsible Physician (MRP) taking responsibility for the care of the patient;
- (v) ensure that the work for pay does not interfere with the work requirements of the work hours of the residency program and that any additional hours worked not be done in a fashion which would contravene the collective agreement.

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<sup>1</sup> This policy will expire at the end of 2006 unless after an evaluation of its effectiveness, it is decided otherwise.

<sup>2</sup> Working additional hours for pay was previously known as 'moonlighting'.