

*Effective for residents who enter training on or after July 1, 2025.*

## **DEFINITION**

Critical Care Medicine is the branch of medicine concerned with the study and clinical management of patients with life threatening, single, or multiple organ system failure due to disease or injury. Within both adult and pediatric populations, Critical Care Medicine seeks to provide for the needs of these patients to prevent complications and restore health.

## **CRITICAL CARE MEDICINE PRACTICE**

Critical care medicine specialists, also known as intensivists, provide comprehensive care for patients with acute and chronic life threatening conditions. This includes patients affected by trauma, sepsis, shock, and organ dysfunction of any etiology, as well as patients who are recovering from major surgery.

Critical care medicine specialists provide initial and ongoing resuscitation with hemodynamic and respiratory support. They assess, diagnose, and provide definitive medical management for the presenting condition as well as the patient's other medical conditions. They provide organ support for acute and chronically critically ill patients. They also manage the care of critically ill patients requiring transport to health care settings more appropriate to their needs. Intensivists transition care to other medical or surgical specialists for ongoing treatment and/or rehabilitation. In other situations, intensivists provide end-of-life care and facilitate organ donation, as appropriate. Critical care medicine specialists frequently address complex ethical issues and are in a position to care for the most vulnerable populations.

Critical care medicine specialists consult with medical, surgical, and diagnostic specialists to establish and implement management plans for their patients. The highly specialized care they provide is delivered by working effectively with an interprofessional team of nurses, respiratory therapists, and other health care professionals, as well as patients and their families.

The practice of Critical Care Medicine, together with the complex needs of critically ill patients, delineate the location of intensivists, requiring that they primarily practise in a hospital with advanced imaging services, and life support technologies and therapies. For the adult stream,

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this could be either an academic or larger community based setting, and practice may include work in an intensive care unit, as well as outreach to other areas of the hospital. For the pediatric stream, practice is predominantly in an academic setting both in the intensive care setting, and with outreach to other areas of the hospital as well as hospitals outside the academic institution.

Intensivists are specialists from a variety of primary specialties including anesthesiology, emergency medicine, internal medicine, pediatrics, and surgery. They may focus their critical care medicine practice in patient populations related to their primary specialty, and may develop enhanced expertise in specific aspects of critical illness such as cardiac support, neurocritical care, and post-operative critical care.

## **ELIGIBILITY REQUIREMENTS TO BEGIN TRAINING**

### **Adult Critical Care Medicine**

There are three routes of entry into Adult Critical Care Medicine:

#### **1. Entry from Internal Medicine**

***These eligibility requirements apply to those who began training in Internal Medicine prior to July 1, 2023:***

Royal College certification in Internal Medicine

**OR**

Eligibility for the Royal College examination in Internal Medicine

**OR**

Registration in a Royal College-accredited residency program in Internal Medicine (see requirements for these qualifications)

Three years of Internal Medicine must be completed prior to entry into the Adult Critical Care Medicine program. A maximum of one year of training may be undertaken during concurrent training for certification in Internal Medicine.

***These eligibility requirements apply to those who began training in Internal Medicine on or after July 1, 2023:***

Royal College certification in Internal Medicine

**OR**

Successful completion of the Core stage of training in a Royal College accredited residency program in Internal Medicine (see requirements for these qualifications)

Training in Adult Critical Care Medicine may overlap with completion of requirements for certification in Internal Medicine (see requirements for the Overlap Training and Alternative Pathway to Internal Medicine Certification).

## **2. Entry from Anesthesiology, Cardiac Surgery, Emergency Medicine or General Surgery**

Royal College Certification or exam eligibility in Anesthesiology, Cardiac Surgery, Emergency Medicine, or General Surgery, or enrolment in a Royal College approved training program in one of these areas (see requirements for these qualifications). Three years of one of these primary specialties must be completed prior to entry into the Adult Critical Care Medicine program.

## **3. Entrance from other specialties may occur but must follow completion of the primary specialty training, which must have included a minimum of**

- Three months in a general medical/surgical intensive care unit (ICU)
- Fifteen months of clinical rotations in Internal Medicine and/or General Surgery

## **Pediatric Critical Care Medicine**

There are three routes of entry into Pediatric Critical Care Medicine:

### **1. Entry from Anesthesiology, Cardiac Surgery, Emergency Medicine, or General Surgery**

Royal College certification in Anesthesiology, Cardiac Surgery, Emergency Medicine, or General Surgery, or enrolment in a Royal College approved training program in one of these areas (see requirements for these qualifications). Three years of one of these primary specialties must be completed prior to entry into the Pediatric Critical Care Medicine training.

### **2. Entry from Pediatrics**

Royal College certification in Pediatrics

**OR**

Successful completion of the Transition to Practice stage of training in a Royal College accredited residency program in Pediatrics<sup>1</sup>

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<sup>1</sup> Some programs in Quebec may permit eligible trainees to begin subspecialty training before completion of the Pediatrics Transition to Practice stage. However, as with all jurisdictions, trainees in Quebec must achieve all generalist competencies of the Pediatrics specialty prior to certification in Pediatrics. To learn more about the entrance requirements for a specific Pediatric Critical Care Medicine program, speak to the relevant postgraduate medical education office.

**3. Entrance from other specialties may occur but must follow completion of the primary specialty training, which must have included a minimum of**

- Three months in a general medical/surgical intensive care unit (ICU)
- Three months of pediatric clinical rotations

**ELIGIBILITY REQUIREMENTS FOR EXAMINATION<sup>2</sup>**

All candidates must be Royal College certified in their primary specialty in order to be eligible to write the Royal College examination in Critical Care Medicine.

**CRITICAL CARE MEDICINE COMPETENCIES**

At the completion of training, the resident will have acquired the following competencies and will function effectively as a:

**Medical Expert**

***Definition:***

*As Medical Experts*, subspecialists in Critical Care Medicine integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

***Key and Enabling Competencies: subspecialists in Critical Care Medicine are able to...***

**1. Practise medicine within their defined scope of practice and expertise**

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Critical Care Medicine
- 1.3. Apply knowledge of the clinical and biomedical sciences relevant to Critical Care Medicine
  - 1.3.1. Normal and abnormal anatomy, including the appearance with diagnostic imaging
  - 1.3.2. Pathophysiology of:
    - 1.3.2.1. Organ dysfunction
    - 1.3.2.2. Sepsis

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<sup>2</sup> These eligibility requirements are not applicable to Subspecialty Examination Affiliate Program (SEAP) candidates. Please contact the Royal College for information about SEAP.

- 1.3.2.3. Blunt and penetrating trauma
- 1.3.2.4. Environmental injuries
- 1.3.3. Physiology in critically ill women who are pregnant (Adult only)
- 1.3.4. Developmental physiology and pharmacology in infants, children, and adolescents (Pediatrics only)
- 1.3.5. Psychosocial needs of pediatric patients and their families<sup>3</sup> (Pediatrics only)
- 1.3.6. Pharmacology
  - 1.3.6.1. Agents used for neuromuscular blockade
  - 1.3.6.2. Antimicrobial therapies
  - 1.3.6.3. Common intoxicants and poisons, and specific antidotes or supportive therapies
  - 1.3.6.4. Sedatives and analgesics
  - 1.3.6.5. Vasoactive agents
- 1.3.7. Principles and practice of resuscitation
- 1.3.8. Principles and practices of assisted mechanical ventilation and other methods of respiratory support
- 1.3.9. Principles and methods of invasive and/or non-invasive monitoring
  - 1.3.9.1. Respiratory status
  - 1.3.9.2. Hemodynamic status
  - 1.3.9.3. Neurologic status
  - 1.3.9.4. Nutritional status
- 1.3.10. Principles of the determination of neurological death
- 1.3.11. Principles of medical transport
  - 1.3.11.1. Physiology during transport, including air transport
  - 1.3.11.2. Modes of transportation, patient care equipment, and monitoring methods
  - 1.3.11.3. Role of paramedical personnel
- 1.3.12. Principles for the coordination and triage of services for mass casualty management

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<sup>3</sup> Throughout this document, phrases such as “patients and their families” are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient’s circumstances, family members, partners, caregivers, legal guardian, and substitute decision-makers.

- 1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
- 1.5. Carry out professional duties in the face of multiple, competing demands
- 1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in Critical Care Medicine practice

**2. Perform a patient-centred clinical assessment and establish a management plan**

- 2.1. Prioritize issues to be addressed in a patient encounter
  - 2.1.1. Recognize, resuscitate, and stabilize patients sustaining, or at risk of, cardiopulmonary arrest or other life-threatening conditions
- 2.2. 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
  - 2.2.1. Interpret results of invasive and non-invasive monitoring
    - 2.2.1.1. Hemodynamic
    - 2.2.1.2. Neurologic
    - 2.2.1.3. Respiratory
  - 2.2.2. Interpret diagnostic imaging examinations, including general radiography, computerized tomography (CT), and point of care ultrasound
- 2.3. 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
  - 2.3.1. Recognize and respond to changes in patient's clinical status that indicate a need to reassess goals of care
  - 2.3.2. Recognize when ongoing resuscitation efforts are no longer effective and should be discontinued
- 2.4. Establish a patient-centred management plan, for the following
  - 2.4.1. Shock: distributive; hypovolemic; cardiogenic; obstructive
  - 2.4.2. Acute critical illness of any etiology
    - 2.4.2.1. Single or multiple organ dysfunction
    - 2.4.2.2. Oncologic emergencies
    - 2.4.2.3. Trauma and environmental injuries
    - 2.4.2.4. Sepsis

2.4.2.5. Intoxication

2.4.2.6. Perioperative care

2.4.3. Chronic critical illness

2.4.4. Pain and symptom control

2.4.5. End of life, including withholding and/or withdrawing life-sustaining therapies

2.4.6. Organ and tissue donation

2.4.7. Critical illness in pregnancy

2.4.8. Perioperative risk optimization

### **3. Plan and perform procedures and therapies for the purpose of assessment and/or management**

3.1. Determine the most appropriate procedures or therapies

3.1.1. Blood component therapy, and alternatives

3.1.2. End of life care

3.1.3. Hemodynamic support

3.1.4. Invasive and non-invasive ventilation

3.1.5. Medical equipment and monitoring device application

3.1.6. Nutritional therapy: enteral and parenteral

3.1.7. Pharmacotherapy

3.1.8. Renal replacement therapy

3.1.9. Supportive care

3.1.10. Surgical intervention

3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy

3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources

3.4. Perform diagnostic and therapeutic procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstance

3.4.1. Diagnostic and monitoring procedures

3.4.1.1. Use, zero, and calibrate transducers

3.4.1.2. Use monitoring equipment

3.4.1.2.1. Cardiac output (Adult only)

3.4.1.2.2. Intra-abdominal pressure

- 3.4.1.2.3. Intracranial pressure (ICP)
- 3.4.1.2.4. Peripheral nerve stimulation for neuromuscular blockade
- 3.4.2. Use point-of-care ultrasound (POCUS) assessment for
  - 3.4.2.1. Ascites
  - 3.4.2.2. Cardiac ventricular size and function
  - 3.4.2.3. Identification of a pneumothorax
  - 3.4.2.4. Pericardial effusion
  - 3.4.2.5. Pleural effusion
  - 3.4.2.6. Vascular access, including central venous access
  - 3.4.2.7. Intravascular volume status
- 3.4.3. Techniques to treat hypothermia and hyperthermia and induce hypothermia
- 3.4.4. Airway
  - 3.4.4.1. Airway maintenance
  - 3.4.4.2. Endotracheal intubation
  - 3.4.4.3. Management of the difficult and failed airway
  - 3.4.4.4. Replacement of an existing tracheostomy tube
- 3.4.5. Breathing
  - 3.4.5.1. Ventilation by bag and mask
  - 3.4.5.2. Initiation of and weaning from assisted ventilation
  - 3.4.5.3. Maintenance of long term assisted ventilation
  - 3.4.5.4. Thoracostomy tube insertion
  - 3.4.5.5. Thoracentesis
  - 3.4.5.6. Fiberoptic bronchoscopy in the intubated patient (Adult only)
- 3.4.6. Circulation
  - 3.4.6.1. Cardiopulmonary resuscitation
  - 3.4.6.2. Insertion of arterial catheters
  - 3.4.6.3. Insertion of central venous catheters
  - 3.4.6.4. Intraosseous vascular access
  - 3.4.6.5. Insertion of a pulmonary artery catheter (Adult only)
  - 3.4.6.6. Umbilical arterial and venous catheterization (Pediatrics only)
  - 3.4.6.7. Defibrillation



- 3.4.6.8. Elective cardioversion
- 3.4.6.9. Transcutaneous pacing
- 3.4.6.10. Insertion and management of a transvenous pacemaker (Adult only)
- 3.4.6.11. Temporary epicardial pacing (Pediatrics only)
- 3.4.7. Renal
  - 3.4.7.1. Insertion of a temporary hemodialysis catheter
- 3.4.8. Gastrointestinal
  - 3.4.8.1. Paracentesis
- 3.4.9. Nervous system
  - 3.4.9.1. Lumbar puncture

**4. Establish plans for ongoing care and, when appropriate, timely consultation**

- 4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation

**5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety**

- 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents
- 5.2. Adopt strategies that promote patient safety and address human and system factors
  - 5.2.1. Apply the principles and techniques of infection prevention and control, including those for the protection of health care workers

**Communicator**

***Definition:***

As *Communicators*, subspecialists in Critical Care Medicine form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

***Key and Enabling Competencies: subspecialists in Critical Care Medicine are able to...***

**1. Establish professional therapeutic relationships with patients and their families**

- 1.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
  - 1.1.1. Address the impact of the unique and stressful environment of the critical care unit for patients and their families
- 1.2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 1.3. Recognize when the perspectives, values, or biases 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
- 1.4. Respond to a patient's non-verbal behaviours to enhance communication
- 1.5. Manage disagreements and emotionally charged conversations
- 1.6. Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances

**2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families**

- 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
  - 2.1.1. Gather information about the patient's and family's perspectives and values for end-of-life care
- 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
- 2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent

**3. Share health care information and plans with patients and their families**

- 3.1. Share information and explanations that are clear, accurate, and timely, while assessing for patient and family understanding
  - 3.1.1. Use language and terminology that facilitates understanding and decision making
- 3.2. Disclose harmful patient safety incidents to patients and their families accurately and appropriately

**4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals**

- 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
  - 4.1.1. Explain life-sustaining therapies, in clear language, and describe the expected outcome of such therapies

- 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
- 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health

**5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy**

- 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 5.3. Share information with patients and others in a manner that enhances understanding and that respects patient privacy and confidentiality

**Collaborator**

**Definition:**

As *Collaborators*, subspecialists in Critical Care Medicine work effectively with other health care professionals to provide safe, high-quality patient-centred care.

**Key and Enabling Competencies: subspecialists in Critical Care Medicine are able to...**

**1. Work effectively with physicians and other colleagues in the health care professions**

- 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
  - 1.1.1. Contribute to productive communication and cooperation among colleagues recognizing the multidisciplinary nature of the specialty
- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
  - 1.2.1. Demonstrate respect and understanding for the roles of other team members in communicating and facilitating decision-making with critically ill patients and their families
- 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
  - 1.3.1. Share expertise when acting in the consultant role, using referral as an opportunity to improve quality of care

**2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts**

- 2.1. Show respect toward collaborators
- 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture

**3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care**

- 3.1. Determine when care should be transferred to another physician or health care professional
- 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care

**Leader**

***Definition:***

As *Leaders*, subspecialists in Critical Care Medicine engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

***Key and Enabling Competencies: subspecialists in Critical Care Medicine are able to...***

**1. Contribute to the improvement of health care delivery in teams, organizations, and systems**

- 1.1. Apply the science of quality improvement to contribute to improving systems of patient care
  - 1.1.1. Identify environmental hazards and promote safety for patients and staff
  - 1.1.2. Identify, analyze, and minimize risk of critical incidents, adverse events, and complications of critical illness
  - 1.1.3. Implement quality improvement activities, including evidence-based practice, best practice guidelines and benchmarking, and change management
  - 1.1.4. Participate in the processes of clinical audit and peer review
- 1.2. Contribute to a culture that promotes patient safety
- 1.3. Analyze patient safety incidents to enhance systems of care
- 1.4. Use health informatics to improve the quality of patient care and optimize patient

safety

**2. Engage in the stewardship of health care resources**

- 2.1. Allocate health care resources for optimal patient care
- 2.2. Apply evidence and management processes to achieve cost-appropriate care

**3. Demonstrate leadership in health care systems**

- 3.1. Demonstrate leadership skills to enhance health care
  - 3.1.1. Apply knowledge of the function and operation of a critical care unit
    - 3.1.1.1. Physical requirements of ICU design
    - 3.1.1.2. Administrative organization required to operate an ICU
    - 3.1.1.3. Unit staffing requirements, skills, education, and organization
    - 3.1.1.4. Critical care unit equipment requirements
  - 3.1.2. Manage the clinical, academic, and administrative affairs of an intensive care unit
    - 3.1.2.1. Facilitate the clinical care of critically ill patients
      - 3.1.2.1.1. Triage and prioritize patients for admission
      - 3.1.2.1.2. Manage safe and timely admission to and discharge from ICU
      - 3.1.2.1.3. Supervise and delegate to other health care professionals according to competence and role
      - 3.1.2.1.4. Facilitate effective multidisciplinary and interprofessional team cooperation
    - 3.1.2.2. Manage unit resources by applying knowledge of the following:
      - 3.1.2.2.1. Criteria for admission to, and discharge from ICU
      - 3.1.2.2.2. Common risk factors for post-ICU mortality or re-admission
      - 3.1.2.2.3. Commonly used scoring systems for assessment of severity of illness, case mix, and workload
      - 3.1.2.2.4. Published standards of care at local, national and international level including consensus statements and care bundles
      - 3.1.2.2.5. Principles of national/local health care legislation applicable to Critical Care Medicine
    - 3.1.2.3. Facilitate the unit's participation in scholarly work

3.2. Facilitate change in health care to enhance services and outcomes

**4. Manage career planning, finances, and health human resources in personal practice(s)**

4.1. Set priorities and manage time to integrate practice and personal life

4.2. Manage personal professional practice(s) and career

4.3. Implement processes to ensure personal practice improvement

4.3.1. Implement a clinical audit including mortality reviews and complication rates

**Health Advocate**

***Definition:***

As *Health Advocates*, subspecialists in Critical Care Medicine contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

***Key and Enabling Competencies: subspecialists in Critical Care Medicine are able to...***

**1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment**

1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources

1.1.1. Identify religious, cultural, and socioeconomic issues related to the care of the patient

1.1.2. Advocate for critically ill patients from vulnerable populations

1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours

1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients

**2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner**

2.1. Work with a community or population to identify the determinants of health that affect them

2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities

2.3. Contribute to a process to improve health in the community or population they serve

2.3.1. Promote activities that impact upon the maintenance and improvement of health in the general population, such as injury prevention

## **Scholar**

### ***Definition:***

As *Scholars*, subspecialists in Critical Care Medicine demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

***Key and Enabling Competencies: subspecialists in Critical Care Medicine are able to...***

### **1. Engage in the continuous enhancement of their professional activities through ongoing learning**

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

### **2. Teach students, residents, the public, and other health care professionals**

- 2.1. Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners
- 2.2. Promote a safe and respectful learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
  - 2.3.1. Supervise learners to ensure they work within their limits
  - 2.3.2. Balance supervision and graduated responsibility, maintaining patient safety while providing learners the opportunity for autonomy and professional development
- 2.4. Plan and deliver learning activities
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

### **3. Integrate best available evidence into practice**

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
  - 3.3.1. Apply the principles of levels of evidence
  - 3.3.2. Apply evidence for and against specific therapeutic interventions or treatments
  - 3.3.3. Apply integrative literature, including meta-analyses, practice guidelines, decision analyses, and economic analyses
- 3.4. Integrate evidence into decision-making in their practice

### **4. Contribute to the creation and dissemination of knowledge and practices applicable to health**

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and vulnerable populations
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
  - 4.4.1. Conduct scholarly work
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

## **Professional**

### ***Definition:***

*As Professionals*, subspecialists in Critical Care Medicine are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.



**Key and Enabling Competencies: subspecialists in Critical Care Medicine are able to...**

**1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards**

- 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
  - 1.1.1. Recognize circumstances where personal prejudices or biases may affect behaviour, including cultural, financial and academic aspects, and respond appropriately
- 1.2. Demonstrate a commitment to excellence in all aspects of practice
  - 1.2.1. Develop and demonstrate use of a framework for implementing published standards of care
  - 1.2.2. Demonstrate responsibility for safe patient care, including effective transfer and continuity of care
  - 1.2.3. Demonstrate an understanding of the role and responsibilities of the critical care physician at the local, regional, and national levels
- 1.3. Recognize and respond to ethical issues encountered in practice
  - 1.3.1. Demonstrate an awareness and understanding of moral and ethical issues as they impact on patients and their families, and critical care providers
  - 1.3.2. Develop and demonstrate use of a framework for recognizing and dealing with ethical issues in clinical and/or research practice including truth-telling, consent, conflict of interest, resource allocation, and end-of-life-care
- 1.4. Recognize and manage conflicts of interest
- 1.5. Exhibit professional behaviours in the use of technology-enabled communication

**2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care**

- 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
- 2.2. Demonstrate a commitment to patient safety and quality improvement

**3. Demonstrate a commitment to the profession by adhering to standards and participating in profession-led regulation**

- 3.1. Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice
  - 3.1.1. Utilize the medical, legal, and ethical frameworks for organ donation and transplantation
  - 3.1.2. Incorporate medico-legal considerations in the care of critically ill patients
  - 3.1.3. Utilize legal and ethical frameworks to determine the capacity of patients to give informed consent
    - 3.1.3.1. Substitute decision-maker identification
- 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
- 3.3. Participate in peer assessment and standard-setting

**4. Demonstrate a commitment to physician health and well-being to foster optimal patient care**

- 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
  - 4.1.1. Develop effective strategies to monitor fatigue, burnout, and psychological distress, and mitigate effects on clinical performance
  - 4.1.2. Maintain capacity for professional clinical performance in challenging situations
  - 4.1.3. Apply strategies to mitigate the personal impact of patient safety incidents and adverse outcomes
- 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
- 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need
  - 4.3.1. Recognize and respond appropriately to impaired performance in self and colleagues

*This document is to be reviewed by the Specialty Committee in Critical Care Medicine by December 2027.*

**APPROVED** – Specialty Standards Review Committee – July 2018

**EDITORIAL REVISION** – June 2019

**REVISED (eligibility criteria updates)** – Specialty Committee in Critical Care Medicine and the Office of Standards and Assessment – July 2024

**APPROVED** – Office of Standards and Assessment (as delegated by the Specialty Standards Review Committee) – December 2024