

Recommended Curriculum Guidelines for Family Practice Residents

Care of the Critically Ill Adult

This document has been endorsed by the American Academy of Family Physicians, the Association of Departments of Family Medicine, the Association of Family Medicine Residency Directors and the Society of Teachers of Family Medicine.

Family physicians are the most broadly trained specialists in the health care profession. Therefore, critical care continues to be a part of the training and responsibilities of the family physician. There continues to be a need for family physicians providing care to the critically ill adult especially in rural areas and in smaller hospitals. The depth of the critical care experience for each resident will depend upon the expected practice situation of the resident including the practice location, available facilities and accessibility of subspecialist consultants.

The knowledge and skills needed for critical care competency not expanded upon in other curriculum guidelines are expanded upon here. Other related curriculum guidelines are Reprint Nos. 259, Care of the Surgical Patient; 269, End-of-Life Care; 279, Medical Ethics; and 285, Urgent and Emergent Care.

Attitudes

The resident should develop attitudes that encompass:

- A. An ability to balance working quickly and effectively in acute critical care situations as well as maintaining vigilant care oversight of patients needing longer term care in the critical care unit.
- B. Recognition of the importance of appropriate subspecialist physician consultation in the care of the critically ill adult.
- C. The capacity to communicate effectively and work well with all members of the health care team.
- D. Compassionate sensitivity to and appropriate support of the needs of the family members of the critically ill adult while communicating effectively with them.

Knowledge

The resident should develop knowledge of recognition and management of:

- A. Renal failure
- B. Metabolic disorders
 1. Acid-base
 2. Electrolyte abnormalities
- C. Cardiovascular conditions (see Reprint No. 262 – Cardiovascular Medicine)
 1. Myocardial infarction, with and without complication
 2. Dysrhythmias
 3. Hypertensive urgency/emergency
 4. Heart failure
- D. Endocrine conditions
 1. DKA
 2. Thyroid storm
 3. Hyperosmolar nonketotic acidosis
- E. Hematologic
 1. Coagulopathies
 2. Transfusion therapy/reactions
- F. Gastrointestinal
 1. Acute abdomen
 2. Gastrointestinal bleeding
 3. Hepatic failure
 4. Pancreatitis
- G. Pulmonary
 1. Respiratory failure
 2. A R D S
 3. Pulmonary embolism
 4. Pneumonia
- H. Neurological
 1. Meningitis and Encephalitis
 2. Brain and spinal cord trauma and disease
 3. Cerebral vascular accidents
 4. Analgesia and sedation
- I. Multisystem
 1. Sepsis
 2. Shock
 3. Hypothermia and Hyperthermia
 4. Multisystem organ failure

5. Drug overdose
6. Injuries (e.g., burns, near drownings, etc.)

- J. Enteral and parenteral nutrition
- K. Prophylaxis
 1. Against GI bleeding
 2. Deep vein thrombosis prophylaxis
 3. Nosocomial infections
 4. Decubitus ulcers
- L. End of life
 1. Withholding and withdrawal of life support
 2. Pronouncement of death
 3. Organ donation

Skills

- A. ACLS protocol and procedures
- B. A T L S as needed
- C. Cardioversion—electrical and chemical
- D. Ventilator management
- E. Catheter placement
 1. Arterial line
 2. Central venous access via jugular, subclavian, and femoral vein
- F. Diagnostic and therapeutic procedures
 1. Arterial blood gas
 2. Lumbar puncture
 3. Thoracentesis
 4. Arthrocentesis
 5. Paracentesis
- G. Management of patient monitoring information and technology
- H. External temporary pacemaker application
- I. Glasgow Coma Scale assessment
- J. Appropriate communication with patients and family members



Implementation

Core cognitive ability and skill may be obtained in block rotations in intensive care and critical care units, as well as in related rotations such as cardiology, neurology and gastroenterology and surgery. Residents will obtain substantial additional experiences throughout the three years of their experience in the family practice center, on their family practice service and internal medicine rotations. ■

Resources

The ICU Book, Second Edition.
Paul L. Marino, William and Wilkins

Critical Care Medicine; The Essentials,
Second Edition, John J. Marini and Arthur
P. Wheeler, William and Wilkins

Current Clinical Strategies, Critical Care
Medicine, Year 2000, Matthew Brenner,
MD, and Michael Safani, Pharm D

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