

Progression of Training and Skills Critical Care

Preamble

Family physicians, particularly those involved in rural care or working in smaller hospitals, need to be able to provide care to the critically ill patient. However, the extent to which each resident will be involved will include the anticipated site of eventual practice and the facilities and support available at that site. Nevertheless, all residents should become adept at the diagnosis and management of the critically ill patient, particularly as regards ascertaining signs and symptoms and interpreting laboratory abnormalities. The comprehensive care of the critically ill patient also involves medical ethics and end-of-life care, and crosses boundaries with the care of the surgical patient.

Residents must have at least 100 hours dedicated to care of the ICU patient

Goals

- An appreciation of the important role of care of the critically ill patient in full spectrum family medicine practice
- Expertise in the pre-crisis recognition of fluid, pressor and ventilatory support in those who may become critically ill
- Understanding of the ethical dilemmas, and the interplay with end-of-life care, in the management of the critically ill patient
- Familiarity with the resources and facilities required in the care of the critically ill patient

Objectives

- Ability to perform a comprehensive critical care assessment and develop acute treatment plans
- Understanding of pathophysiology, diminished homeostasis, altered metabolism and effects of drugs in the critically ill patient
- Knowledge of strategies to prevent deep venous thrombosis and hospital-acquired infections, and to maintain normoglycemia
- Knowledge of IV fluids and uses, and aggressive correction of hypovolemia
- Understanding of indications for, and appropriate use of, ventilatory and circulatory support
- Ability to optimize care using a systematic approach to medical decision-making, combining scientific evidence and clinical judgment
- Ability to communicate effectively with patients, families, and other members of the health care team
- Awareness of personal limitations and timely recognition of need for consultation
- Effective and compassionate communication with patients and families in difficult and/or emotionally charged circumstances

The goals and objectives are achieved through a combination of structured inpatient experience together with didactic instruction.

[Revised and approved at the Faculty Meeting April 3, 2012]

[Revised and approved at the Faculty Retreat June 20, 2014]

Suggested reading:

Please see Wanda for suggested reading material.