

Critical care education is oft overlooked in undergraduate medical education as the curricula offered by medical schools is variable and there is no formal consensus on what courses should be included. This systematic review looks into the literature surrounding this topic, identifying what the requirements are, what schools are doing for critical care education, what is desired by experts in the field, and whether or not there is data to support performance differences at the intern or resident level as a result of the presence or absence of this coursework. There is found to be a large body of experts from a wide range of disciplines that recognize the importance of critical care education, including its ability to help learners manage unstable patients and critical conditions like STEMI, learn critical thinking skills, improve communication, and reduce the intensity of intern year and the burnout risk associated with it. In addition, there is found to be a relatively small (~40%) amount of schools that require critical care experience, and little consensus on how to implement this curriculum. There is also found to be difficulty in how to measure the impact of this and other curriculum changes, though EPAs are viewed as a promising candidate. Finally, further directions of this research are discussed including potential surveys for intern and/or resident classes from a variety of specialties and tracking of metrics like EPAs for more objective information.