



**SAN ANTONIO
REGIONAL HOSPITAL**

OPTI-West San Antonio Regional Hospital Internal Medicine Residency Program

Critical Care Curriculum with Goals & Objectives

SARH ICU — Teams A & B — Internal Medicine Residency

Goals & Objectives Stratified by Level of Training (PGY-1 / PGY-2 / PGY-3)

Effective: July 1, 2025 (updated July 2026 for ACGME site visit) | PEC Approval: September 2025

Organization and Lines of Responsibility

Organization / Site: SARH ICU (Teams A & B)

The Internal Medicine resident functions as a key member of a multidisciplinary team led by a Critical Care specialist, whose primary objective is to provide compassionate, evidence-based care for patients with critical illness. Critical care is the care given to patients requiring immediate, urgent assessment and treatment for a condition that places them at substantial risk of rapid deterioration, prolonged disability, and/or death. It requires the proximate presence of a provider and is best delivered within multidisciplinary teams in a dedicated unit. Well-trained internal medicine physicians must be able to provide the initial care that stabilizes and improves critically ill patients. Repeated rotational experiences throughout residency foster the development, attainment, and refinement of the skills required to manage critically ill patients.

General Goals and Educational Objectives

General Goal: During the Critical Care rotation, the resident is responsible for the care of critically ill teaching-service patients.

Overarching objectives:

- Practice evidence-based, cost-effective medicine.
- Develop competency in diagnosing and managing complex medical conditions in acutely ill adults.
- Improve skills in clinical reasoning, evidence-based medicine, and cost-effective care.
- Effectively coordinate multidisciplinary care, including transitions of care.
- Enhance communication with patients, families, and healthcare teams.
- Recognize the psychosocial aspects of critical care and advocate for patient-centered care.
- Serve patients of all genders, ethnic, and socioeconomic groups and understand their unique needs.
- Evolve as teachers of students, co-residents, nurses, patients, families, and the community.
- Assume responsibility in a graded fashion, progressing toward independent practice by the end of three years of training.

Rotation-level goals:

- Employ an organ-system-based method for the assessment and management of critically ill patients.
- Devise, implement, and manage support strategies for the respiratory system, including high-flow supplemental oxygen, non-invasive mask ventilation, and mechanical ventilation.

- Independently develop and modify, with indirect supervision, the diagnostic and therapeutic plans for critically ill patients.
- Perform procedures while optimizing patient safety and comfort.
- Lead difficult discussions with patients, families, and surrogate decision makers, including palliation, DNR, limitation of care, poor prognosis, and unfavorable diagnoses.
- Lead interprofessional teams that prioritize patient care, shared decision-making, transitions of care, and communication.

Levels of Supervision

Residents are supervised by an attending intensivist for all patients. Levels of supervision include:

- Direct Supervision — the supervising physician is physically present with the resident and patient (required for all PGY-1 procedures).
- Indirect Supervision, with direct supervision immediately available — the supervising physician is within the unit/hospital and immediately available.
- Indirect Supervision, with direct supervision available — the supervising physician is immediately available by phone or electronic means.

Once approved by the program, PGY-2 and PGY-3 residents may perform procedures with indirect or direct supervision at the attending's discretion. Senior residents may assist juniors with procedures but are not to serve as the supervisor.

Assessment Scale — Entrustment

The basic evaluation unit is entrustment. Attendings determine the level at which they trust the resident to perform each skill:

- 1 — Cannot perform the skill even with assistance (critical deficiency).
- 2 — Can perform the skill under proactive, full supervision.
- 3 — Can perform the skill with reactive supervision (readily available upon request).
- 4 — Can perform the skill independently.
- 5 — Can act as a supervisor and instructor for the skill.

The Six ACGME Core Competencies — Objectives by Level of Training

Objectives are stratified for PGY-1, PGY-2, and PGY-3 residents. Senior objectives are cumulative — PGY-2 residents also meet PGY-1 objectives, and PGY-3 residents meet all PGY-1 and PGY-2 objectives. Parenthetical codes reference ACGME Internal Medicine milestones (PC = Patient Care, MK = Medical Knowledge, PBLI = Practice-Based Learning and Improvement, ICS = Interpersonal and Communication Skills, PROF = Professionalism, SBP = Systems-Based Practice).

1. Patient Care

Residents will provide patient care that is compassionate, appropriate, and effective for the treatment of critical illness and the promotion of health.

PGY-1 — Initiate and perform under supervision

- Complete and organize a needs-prioritized history and physical in critically ill patients of mild to moderate complexity. (PC1, PC2)

- Devise and implement evidence-based diagnostic and therapeutic plans for patients of mild to moderate complexity, using EHR order sets when appropriate. (PC3, PC4, PC6)
- Modify plans of care in an ongoing, evidence-based manner, incorporating new diagnostic and consultative input. (PC3, PC4, PC6)
- Employ and adjust ventilator weaning plans. (PC4)
- Obtain informed consent from patients or surrogate decision makers for procedures. (PC3, PC4, ICS1)
- Perform indicated invasive procedures with direct attending supervision and minimal input, optimizing patient safety and comfort. (PC3, PC4, SBP1)

PGY-2 — Manage moderate-to-severe complexity (in addition to PGY-1)

- Complete a needs-prioritized history and physical in patients of moderate to severe complexity. (PC1, PC2)
- Devise and implement evidence-based plans for patients of moderate to severe complexity. (PC3, PC4, PC6)
- Employ and adjust ventilator initiation and weaning plans. (PC4)
- Perform indicated invasive procedures independently (with direct or indirect supervision as approved), and evaluate for procedure-related complications. (PC3, PC4, SBP1)

PGY-3 — Lead, model, and manage complications (in addition to PGY-1 and PGY-2)

- Complete a needs-prioritized history and physical in patients of moderate to severe complexity with unclear diagnoses and/or multiple comorbidities that impact presentation. (PC1, PC2)
- Employ, troubleshoot, and adjust ventilator initiation, maintenance, and weaning plans. (PC4)
- Perform and model indicated invasive procedures independently; manage and ameliorate procedure-related complications. (PC3, PC4, SBP1)
- Coordinate care transitions and initial strategies for advanced life-support therapies, including ECMO and CRRT pathways. (PC3, SBP1)

Instructional / Training Methods: Multidisciplinary/bedside rounds, direct patient care, supervised procedures, point-of-care ultrasound, simulation.

Evaluation Methods: Direct observation, bedside Mini-CEX, procedure logs and attestation, faculty entrustment ratings.

2. Medical Knowledge

Residents will demonstrate knowledge of established and evolving biomedical, clinical, and cognate sciences and apply it to the care of the critically ill.

PGY-1 — Initiate and perform under supervision

- Apply an organ-system-based framework and EHR protocols to the assessment and management of critical illness. (MK2, MK3)
- Support, based on best evidence, the diagnostic and therapeutic decisions made in the care of critically ill patients with the conditions listed in the Clinical Topics section below. (MK1, MK2, PBLI1)

PGY-2 — Manage moderate-to-severe complexity (in addition to PGY-1)

- Justify, based on best evidence, the diagnostic and therapeutic decisions made in the care of patients of moderate to severe complexity with the conditions listed in the Clinical Topics section below. (MK1, MK2, PBLI1)

PGY-3 — Lead, model, and manage complications (in addition to PGY-1 and PGY-2)

- Defend, based on best evidence, the diagnostic and therapeutic decisions made in the care of complex and undifferentiated critically ill patients, and teach the underlying evidence to the team. (MK1, MK2, PBLI1)

Instructional / Training Methods: Case-based learning with nightly reading based on patients seen, didactics, journal club, guideline review (Surviving Sepsis, ARDS management, PADIS).

Evaluation Methods: Case-based questioning on rounds, in-training examination, focused literature searches and presentations.

3. Practice-Based Learning and Improvement

Residents will investigate and evaluate their patient-care practices, appraise and assimilate scientific evidence, and improve their practices.

PGY-1 — Initiate and perform under supervision

- Integrate best evidence into diagnostic and therapeutic decisions. (PBLI1)
- Improve performance based upon external feedback. (PBLI2)
- Perform focused literature searches to answer clinical questions.

PGY-2 — Manage moderate-to-severe complexity (in addition to PGY-1)

- Improve performance based upon external feedback and self-reflection. (PBLI2)
- Appraise study quality and apply evidence to complex critical-illness questions.

PGY-3 — Lead, model, and manage complications (in addition to PGY-1 and PGY-2)

- Model self-directed, lifelong learning and facilitate the learning of junior residents, students, and other health professionals.
- Lead literature reviews or presentations for the team.

Instructional / Training Methods: Feedback on rounds, focused literature searches and presentations, morbidity and mortality conference.

Evaluation Methods: Self-assessment and reflection, Mini-CEX, teaching evaluations.

4. Interpersonal and Communication Skills

Residents will demonstrate communication skills that result in effective information exchange and collaboration with patients, families, and the interprofessional team.

PGY-1 — Initiate and perform under supervision

- Communicate daily, in a supportive manner, with patients, families, and surrogate decision makers regarding plan of care, prognosis, and patient-safety issues or complications. (ICS1, SBP1)
- Document effectively, in accessible language, conveying clear knowledge of the principal problem and plan of care. (ICS2, ICS3, PC1, PC2)
- Communicate effectively within the interprofessional team. (ICS2)
- Initiate and utilize consultative services efficiently. (PC3, PC4, ICS2)

PGY-2 — Manage moderate-to-severe complexity (in addition to PGY-1)

- Analyze and integrate consultative input into the plan of care. (ICS2)
- Lead patient and family discussions with attending support.

PGY-3 — Lead, model, and manage complications (in addition to PGY-1 and PGY-2)

- Lead difficult discussions with patients, families, and surrogates, including palliation, DNR, limitation of care, and poor prognosis.
- Initiate, utilize, and analyze consultative services efficiently. (PC3, PC4, ICS2)
- Model effective interprofessional communication and lead the care team. (ICS2)

Instructional / Training Methods: Multidisciplinary rounds, family meetings, direct observation, role modeling.

Evaluation Methods: Direct observation, multisource feedback (nurses, families), bedside Mini-CEX.

5. Professionalism

Residents will demonstrate a commitment to professional responsibilities, ethical principles, and sensitivity to a diverse patient population.

PGY-1 — Initiate and perform under supervision

- Demonstrate compassion, integrity, respect, reliability, and adherence to HIPAA and confidentiality.
- Obtain informed consent in an ethical, patient-centered manner. (ICS1)
- Adhere to strategies to mitigate fatigue and promote self-well-being. (PROF4)

PGY-2 — Manage moderate-to-severe complexity (in addition to PGY-1)

- Model professional behavior for students and interns.
- Manage competing responsibilities and maintain professionalism under the stress of the ICU.

PGY-3 — Lead, model, and manage complications (in addition to PGY-1 and PGY-2)

- Serve as a professional role model and address lapses constructively within the team.
- Adhere to and model strategies to mitigate fatigue and promote self-well-being. (PROF4)
- Lead ethically complex end-of-life and goals-of-care discussions and advocate for patients within the system.

Instructional / Training Methods: Role modeling by attendings, ethics didactics, well-being curriculum.

Evaluation Methods: Multisource feedback (nurses, peers, patients, staff), faculty ratings, self-reflection.

6. Systems-Based Practice

Residents will demonstrate awareness of and responsiveness to the larger health-care system and call effectively on system resources to provide optimal-value care.

PGY-1 — Initiate and perform under supervision

- Arrange safe, efficient transitions of care, including changes in level of care, hospital transfers, and end-of-shift handoffs. (SBP2, ICS2)
- Determine the appropriate level of care for patients of mild to moderate complexity. (SBP3)
- Optimize patient safety during procedures. (SBP1)

PGY-2 — Manage moderate-to-severe complexity (in addition to PGY-1)

- Determine the appropriate level of care for patients of moderate to severe complexity. (SBP3)
- Evaluate for and respond to procedure-related complications to protect patient safety. (SBP1)

PGY-3 — Lead, model, and manage complications (in addition to PGY-1 and PGY-2)

- Determine and defend the appropriate level of care for patients of moderate to severe complexity. (SBP3)
- Lead resuscitation efforts and manage post-resuscitation care; manage procedure-related complications. (SBP1)
- Lead interprofessional teams that prioritize patient care, shared decision-making, and transitions of care.

Instructional / Training Methods: Multidisciplinary rounds, resuscitation leadership, systems and patient-safety didactics.

Evaluation Methods: Direct observation, participation in quality-improvement and patient-safety activities, faculty ratings.

Clinical Topics and Experiences

The critical-illness conditions below are the focus of the Medical Knowledge objectives above: PGY-1 residents support, PGY-2 residents justify, and PGY-3 residents defend the evidence-based diagnostic and therapeutic decisions in their care. Responsibility is graded by complexity and training level (MK1, MK2, PBL1).

- Acid-base disorders in critically ill adults.
- Marked electrolyte disorders in critically ill adults.
- Acute organ failure (adrenal, kidney, liver, respiratory).
- Severe altered mental status, brain death, and coma.
- Severe stroke, intracranial hemorrhage (ICH), and subarachnoid hemorrhage (SAH).
- Sepsis and septic shock.
- Acute respiratory distress syndrome (ARDS) and indications for mechanical ventilation.
- Severe community-acquired and hospital-acquired pneumonia.
- Status asthmaticus and COPD exacerbation.
- Massive pulmonary embolism.
- Diabetic ketoacidosis (DKA), hyperglycemic hyperosmolar state (HHS), and hyperglycemic coma.
- Cardiac arrest, sudden cardiac death, and return of spontaneous circulation (ROSC).
- Myocardial infarction and arrhythmias.
- Congestive heart failure exacerbation.
- Shock — cardiogenic, hypovolemic, distributive, and obstructive.
- Pleural effusions (transudative and exudative).
- Hypertensive emergency.
- Massive gastrointestinal bleeding.
- Status epilepticus.
- Meningitis and encephalitis.
- Hypothermia and hyperthermia.
- Severe acute pancreatitis.
- Nutritional risk and nutrition support in critical illness.
- Severe toxidromes (intoxication/overdose) and withdrawal syndromes.
- Thyroid storm and myxedema coma.
- Disseminated intravascular coagulation (DIC).
- Heparin-induced thrombocytopenia and thrombosis (HIT/HITT).

Rotation Structure

Residents complete a total of three blocks of critical care as part of their core training.

- Residents should contact the lead intensivist one week prior to the block to confirm start time and location, and notify the attending promptly if they cannot be available at their assigned time.
- Residents spend the majority of their time in the critical care unit, except for required conferences or patient-related time elsewhere in the hospital.
- Residents participate in patient presentation, generation of a differential diagnosis, development of a treatment plan, and daily follow-up.

- Case-based learning is emphasized; nightly reading and study should be based on patients seen during the day.
- When performing consults, residents should understand the question asked and provide a concise answer.
- Residents may be asked to perform focused literature searches or presentations during the rotation.
- Call and weekend responsibilities are determined by the attending. Hours must comply with ACGME requirements and are subject to approval by the Program Director.
- PGY-1 residents have noon conferences and Friday afternoon specialty-specific didactics and should be excused in a timely fashion to attend.

Procedures

Informed Consent

Residents are expected to obtain informed consent from the patient or surrogate decision maker, outlining the risks, benefits, and alternatives for the procedure to be performed.

Performance

- Arterial line
- Central venous catheter placement
- Endotracheal intubation
- Paracentesis
- Thoracentesis
- Others, including lumbar puncture and arthrocentesis
- Point-of-care ultrasound (POCUS) for volume assessment, DVT evaluation, and pleuropulmonary and cardiovascular assessment.

Supervision

- Direct attending supervision is required for all procedures performed by PGY-1 residents.
- Once approved by the program, PGY-2 and PGY-3 residents may perform procedures with indirect or direct supervision at the attending's discretion.
- PGY-2 and PGY-3 residents may assist other residents with procedures as needed but are not to serve in the supervisor role.

Multidisciplinary Rounds, Ultrasound, and Resuscitation

- Multidisciplinary rounds: patient care as part of an interprofessional team that may include physicians, advanced practice providers, pharmacists, chaplains, therapists, and nurses.
- Ultrasound: used for procedure guidance, volume assessment, DVT assessment, and pleuropulmonary and cardiovascular evaluation, as additive information in the overall assessment of the critically ill patient.
- Resuscitation: residents are expected to lead resuscitation efforts on their patients and manage post-resuscitation care.

Evaluation Methods

- Formative assessment through direct observation and feedback, with case logs, procedure logs, and bedside Mini-CEX to help learners identify areas for improvement.
- Mid-cycle verbal individual feedback to guide skills and behaviors for the remainder of the rotation.
- End-of-rotation written summative evaluation, completed by one or all attending physicians on the rotation.

- Procedural attestation: residents log procedures in New Innovations and document performance in the electronic health record.
- Anonymous feedback about faculty, filtered through the program before delivery.
- Rotational evaluation: residents provide anonymous feedback about the rotation and its effectiveness.

Online and Educational Resources

- American Thoracic Society (ATS) Adult Reading List.
- ATS RBC Transfusion Guideline (2024).
- ATS Updated ARDS Management Guidelines (2024); Evidence-Based Mechanical Ventilatory Strategies in ARDS; A Primer on Mechanical Ventilation.
- Vasopressors and Inotropic Support in Shock (Journal of Emergency Medicine and Critical Care review).
- Pain management and addiction: HHS "How to Respond to an Opioid Overdose" and SAMHSA Overdose Prevention and Response Kit.
- Clinical Practice Guidelines for the Prevention and Management of Pain, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption in Adult ICU Patients (PADIS).
- Surviving Sepsis Campaign Guidelines.
- Critical Care Ultrasound.
- UpToDate, MKSAP, and Harrison's Principles of Internal Medicine.