Goals for Rotation:
1. Increase knowledge in pulmonary and sleep disorders.
2. Understand when to refer for pulmonary specialty care.
3. Practice skills of an effective consultant.

Learning Objectives for Rotation:

- **Patient Care:** *objectives accomplished via consultative and direct care, Grand Rounds, & attending rounds; evaluated by attending and fellow evaluations.*

  PGY 1, 2, & 3 residents will:
  - Perform an accurate and thorough pulmonary history and physical exam, including assessment of sleep and occupational lung disorders.
  - Accurately interpret an ABG.
  - Perform basic interpretation of pulmonary function tests.
  - Understand the rationale for choosing various pulmonary imaging and diagnostic modalities such as HRCT, bronchoscopy, CT guided biopsy, VATS, and mediastinoscopy.
  - Appreciate the role of pulmonary rehabilitation and risk factor modification.
    - **PGY-1 residents will**
      - Develop a prioritized differential diagnosis.
      - Develop an evidence based therapeutic plan.
      - Work to avoid common complications of therapy.
    - **PGY-2 residents, in addition to above, will**
      - Elicit subtle physical findings.
      - Regularly integrate medical facts, clinical data, and patient preference in decision making and management.
    - **PGY-3 residents will demonstrate all the above, and the ability to reason in ambiguous situations.**

- **Medical Knowledge:** *objectives accomplished via consultative and direct patient care, attending rounds, grand rounds, and radiology conferences; evaluated by attending and fellow evaluations.*

  PGY 1, 2, & 3 residents will demonstrate:
  - Understanding of the pathophysiology, natural history, presentation, diagnostic workup, complications, and management of common pulmonary problems.
  - Familiarity with less common, but classic pulmonary problems.
  - Working knowledge of their patients’ diseases, the initial diagnosis and usual course, and preferred treatment strategy.
    - **PGY-2 residents will also accomplish the above, and**
      - Familiarize themselves with applicable practice guidelines, and recognize when to vary from the guidelines.
      - Demonstrate understanding and use of evidence based approach to patient care.
    - **PGY-3 residents will demonstrate all of the above, display knowledge of the most current evidence based recommendations, and integrate this with expert opinion and clinical variables.*
Practice–Based Learning and Improvement: objectives accomplished via direct and consultative patient care, attending rounds, and journal club; evaluated by attending and fellow evaluations.
PGY 1, 2, & 3 residents will:
- Utilize available resources to make timely and appropriate diagnostic and management decisions.
- Emphasize the use of evidence based medicine.
- Learn to target areas for self-improvement, analyze patient care experiences, and implement strategies to improve future quality of care.
  - PGY-2 residents will also:
    - voluntarily discuss or research relevant literature to support decision-making.
  - PGY 3 residents will accomplish all the above, and also display the ability to apply knowledge of study design and statistics to relevant literature.

Interpersonal and Communication Skills: objectives accomplished via attending rounds, direct and consultative patient care, radiology conference, journal club; evaluated by attending and peer evaluations.
PGY 1, 2, & 3 residents will demonstrate ability to:
- Interact with other physicians (including other consultants and the primary team), nursing and clerical staff, and patient and their families in a professional, respectful, and effective manner.
- Keep complete and timely medical records, which reflect the thought process in addition to the SOAP elements.
- Verbally present in an organized fashion to the attending and fellow.
- Staff all consultations by telephone with the fellow or attending at the time of consultation, and discuss all patients seen in any setting.
  - PGY 2 residents will also demonstrate ability to discuss risk and benefits of various therapeutic and diagnostic maneuvers
  - PGY 3 residents will accomplish all of the above, and demonstrate ability to handle the most difficult interpersonal patient and family encounters with minimal supervision.

Professionalism: objectives accomplished in all patient care and educational activities; evaluated by attending and fellow evaluations.
PGY 1, 2, & 3 residents should demonstrate:
- Respect in interactions with patients and families, including sensitivity and responsiveness to their race, gender, age, and other defining characteristics.
- Ability to uphold patient confidentiality and informed consent, and put the patient’s interest ahead of their own.
- Truth telling and trustworthiness. Recognize and notify attending and patients (when appropriate, in conjunction with the attending) when mistakes are made.
  - PGY 3 residents will also be able to teach these concepts to junior members of the team.

Systems Based Practice: objectives accomplished via direct and consultative patient care and attending rounds; evaluated via attending and fellow evaluations.
PGY 1, 2, & 3 residents should:
- Access and utilize necessary resources within the system and community to provide optimal patient care, including the application of evidence based medicine, cost-conscious strategies, and communication with the outpatient provider and primary team.
- Advocate for quality patient care and assist patients in dealing with the health care system, if needed.
  - PGY-2 should also demonstrate the ability to coordinate a multidisciplinary approach to patient management with other health professionals when needed.
• PGY-3 residents should strive to contain costs and conserve limited resources while preserving a high quality of care, and recognize opportunities to improve the health care system.

Required reading:

- MKSAP Pulmonary Medicine

In addition, rotating house officers will be expected to have read the following articles, and to have read independently on conditions they encounter in their clinical work:

**Asthma:**


**BOOP:**


**COPD:**


**Interstitial Lung Disease:**


Sarcoidosis:


Tuberculosis:


Pulmonary Embolism:


Lung Nodule:


Pneumonia:


Obesity Hypoventilation Syndrome:


Obstructive Sleep Apnea:


Pulmonary Rehabilitation:


**Smoking Cessation:**


**PFT Interpretation:**


**Areas of Controversy:**


**Suggested reading:**

- Site for acid base tutorials & cases, blood gas cases and fluid and electrolyte cases is [http://www.anesthesiamcq.com](http://www.anesthesiamcq.com). Click on tutorials to get to these.
- Lung sounds and exam demonstrations can be reviewed at: [http://depts.washington.edu/physdx/index.html](http://depts.washington.edu/physdx/index.html) or [http://www.med.ucla.edu/wilkes/lungintro.htm](http://www.med.ucla.edu/wilkes/lungintro.htm)

**Expectations:**

- Attendance, punctuality, and completion of above objectives and reading. **SEE SCHEDULE BELOW FOR DELINEATION OF SPECIFIC CLINICAL RESPONSIBILITIES**
- Notify appropriate Chief Resident (CMR) ASAP in the event of acute illness or personal/family emergency requiring absence or tardiness so that coverage can be arranged.
- Notify pulmonary fellow of all consultations. He/she should see the consultation and document that with a note during the daytime.
- Attending, fellow, and resident will evaluate each other via www.new-innov.com. Attending should meet with resident individually mid-month to give them necessary feedback and suggestions for improvement.
- Resident, fellow, and attending should discuss expectations and curriculum at the beginning of the month. Residents are required to have 1 day off in every 7 during the rotation.
# Pulmonary Consult Elective Resident Schedule

## Two Week Rotation

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td><strong>AM</strong></td>
<td>VA Hospital, University Hospital, Jewish Hospital Pulmonary Consult</td>
<td>VA Hospital, University Hospital, Jewish Hospital Pulmonary Consult</td>
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<tr>
<td><strong>PM</strong></td>
<td>12 noon – 1 PM Sleep Medicine Clinical Case Conference</td>
<td>12 noon – 1 PM Pulmonary Care Curriculum Conference</td>
<td>Internal Medicine Didactic Sessions</td>
<td>12 noon – 1 PM Pulmonary/Critical Care Case Conference</td>
<td>12 noon – 1 PM Pulmonary Grand Rounds, Journal Club, or Research Topic</td>
</tr>
<tr>
<td></td>
<td>+VA Hospital**, University Hospital, Jewish Hospital Pulmonary Consult</td>
<td>+Pulmonary Hypertension Clinic with Dr. Smith</td>
<td></td>
<td>*Sleep Medicine Clinic Dr. Hestand or Dr. Copley</td>
<td>+ILD Clinic (Interstitial Lung Disease) with Dr. Rafael Perez</td>
</tr>
</tbody>
</table>

*Before start of rotation resident will be assigned Pulmonary Consult at either VA Hospital, University Hospital or Jewish Hospital

**Before start of rotation, Resident will choose 2 of the three outpatient clinics each week of rotation. Afternoons not spent in clinic will continue with the morning rotation assignment.

**If assigned to VA Hospital, Resident will spend Monday afternoons (PM) in VA Sleep Clinic.

* Resident will have an assigned ½ day per week in the AIM clinic.

Contact Norma Thieman at 852-5842 with questions or concerns about the rotation.