

PULMONARY SELECTIVE

The overall goal of a month long pulmonary selective is to acquire an in-depth knowledge and experience with commonly encountered pulmonary problems of infants and children. Without the service and "on-call" constraints, this selective should include adequate time to pursue directed readings that focus on pathophysiology of disease processes. With this information as a background, a better understanding of the management and long-term outcomes of common respiratory disorders in children should be obtained.

The Pulmonary Medicine Selective is available for all level residents in 2 or 4 week time blocks, and the goals and objectives are the same for all level residents.

Residents are required to attend and be active participants in all required clinics.

When instructed, residents are required to complete consultations on hospitalized patients thoroughly so that they are prepared to present and discuss the patients on rounds with the attending. This includes locating pertinent chest X-rays in radiology and pulling pertinent literature from the library. Residents are required to follow the consult patients and communicate recommendations to the inpatient team.

Residents on the pulmonary selective should communicate with the inpatient PL-3s to schedule "subspecialty teaching rounds" with the inpatient team, and should act as a liaison to the ward service residents and hospitalist.

During the rotation, the resident will continue to maintain his/her continuity clinic responsibilities.

Clinics:

Currently there are pulmonary clinics at U of C DCAM and at 2 off-site clinics.
(Clinic times are subject to change)

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|-------------|--------------------------------|-------------------------------|------------------|
| Monday | 8:30 to 12:00 12:30 to 5:00 | CF/ Pulmonary CF/Pulmonary | Dowell Lester |
| Wednesday | 12:30 to 5:00 | Pulmonary | Lester |
| 1st Tuesday | 8:30 to 5:00 | Merrillville | Lester. |
| 2nd Tuesday | 8:30 to 5:00 | Palos Heights | Lester |

The resident should plan to attend all of these clinics, unless there is a time conflict with their own continuity clinic, or an urgent consult (attendance at off-site clinics not required)

Conferences:

Unless there are urgent consults, residents should attend all departmental conferences and lectures. CF Team conference is held each Monday at 9 am (1st, 2nd, and 3rd Monday) and. Adult CF Team conference is held once a month 4th Wednesday in DCAM conference room 5th floor 11 am.

Before the rotation begins, please obtain the Pulmonary Syllabus (notebook) from Dr Lester or pulmonary secretary at the start of the rotation. Other references and guidance for reading can be obtained from service attending (or any of us you can find) at any time. Gaining facility with various internet search devices (Pub-Med, OMIM and others) is strongly recommended.

Goals, Objectives and Resident Responsibilities of the Pulmonary Selective:

Patient Care: Residents are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life, and

- Pre-round daily to find and examine all pulmonary in-patients and on-going consults. This should include reviewing pertinent chest x-rays and labs
- Make formal walk- rounds with attending, at time designated, followed by rounds with general service team covering pulmonary patients
- Communicate daily with general service teams, in person and by note in chart of changes in plan of care, discharge plans, etc. for pulmonary patients
- Communicate with the ward team PL-3's about scheduling "sub-specialty teaching rounds" with the entire team
- See all consults first, review x-rays, make appropriate notes, and present to attending. Pertinent references should be found, and if helpful included as part of the consult.

Medical Knowledge: Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care. Residents will apply an open-minded, analytical approach to acquiring new knowledge, access and critically evaluate current medical information and scientific evidence and apply this knowledge to clinical problem-solving, clinical decision-making, and critical thinking. The resident will

- Develop an understanding of diagnostic strategies and basic management of patients referred for evaluation of the following: bronchopulmonary dysplasia, cystic fibrosis, obstructive sleep apnea, asthma, acute and chronic ventilatory support, muscular dystrophies, apparent life threatening events, apnea of prematurity, congenital central hypoventilation syndrome
- Be provided with an understanding of pediatric pulmonary function testing to include indications, limitations, risks and costs
- Be provided with an understanding of the Respiratory Physiology (Sleep) Laboratory to include indications, limitations, risks, costs. In addition, how the laboratory can be used in conjunction with other evaluations such as pH probe studies, fluoroscopy, and EEG monitoring
- Become familiar with the following topics during their time on the Selective through experience, didactic sessions or reading:

Pulmonary Major topics:

Cystic fibrosis

BPD

Asthma

Pneumonia (recurrent)

Lung growth and development

Interstitial lung disease
Pulmonary function testing and interpretation
Respiratory failure (acid base, blood gas interpretation)

Pulmonary Related topics:

SIDS

Evaluation and management of apparent life threatening events, including interpretation of polysomnographic studies.

Congenital Central Hypoventilation Syndrome (CCHS) and related control of breathing problems, apnea, alveolar hypoventilation)

Obstructive sleep apnea

Hypersensitivity pneumonitis (ABPA, etc.)

AIDS related pulmonary complications

Tuberculosis

Neuromuscular disorders

Congenital anomalies of lung and tracheobronchial tree

Immunologic lung diseases

Upper airway problems- congenital and acquired

Pulmonary problems in bone marrow and other transplant recipients

Practice-Based Learning and Improvement: Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices, and

- Perform Respiratory Physiology and Pulmonary Function Testing
- Arrange with service attending to read and review PFT's as they become available for interpretation. Typically this is done at least once a week
- Arrange to tour the PFT lab and watch a patient have a full study performed, if unfamiliar with techniques and tests
- Arrange two informal "seminars" with attending, for resident presentation on in-depth review of pertinent topic, either from something of interest that has come up on clinical or consult service, or from the suggested reading list

Interpersonal and Communication Skills: Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams, and

- Provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues
- Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families
- Interact with referring physicians in a respectful, appropriate manner
- Maintain comprehensive, timely, and legible medical records
- Complete evaluations of the attending, staff and rotation
- Learn to give age-appropriate anticipatory guidance including discussions of health promotion and disease control and prevention

Professionalism: Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession and society, and

- Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues
- Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues
- Adhere to principles of confidentiality, scientific/academic integrity, and informed consent

Systems-Based Practice: Residents are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care, and

- Be provided with an understanding of different options for home monitoring and home ventilation (invasive and non-invasive)
- Be provided with the multidisciplinary approach to the child and young adult with cystic fibrosis in conjunction with CF program