Rotation Name: Rogers Pulmonary
Rotation Site Leader: Joao de Andrade
Updated by: Blake Funke 4/25/2021
Updated: 7/18/2021 - (bf)

Goals:

The purposes of this educational unit are to:

- provide broad clinical exposure on the diagnosis and inpatient management of pulmonary disorders.
- provide clinical experience in certain organizational aspects as well as procedural skills related to pulmonary medicine.
- provide exposure to working with a complex patient population that often requires the input of an interdisciplinary team .

Objectives:

By the end of this educational block, learners in this rotation will be able to:

Patient Care

- identify core pulmonary/respiratory problems via history and physical examination (PC) while demonstrating sensitivity and responsiveness to a diverse patient population, including but not limited to diversity on gender, age, culture, race, religion, disabilities and sexual orientation (PROF).
- direct respiratory therapy techniques, including (but not limited to) different oxygen delivery systems and airway clearance (PC)
- recognize the indications and limitations of non-invasive mechanical ventilation (NIV) and to implement NIV with faculty/fellow supervision in collaboration with Respiratory Therapy (PC, ICS)
- risk stratify, evaluate and treat a patient with community acquired pneumonia (PC, MK)
- risk stratify, evaluate and treat a patient with venous thromboembolic disease (DVT and/or PTE) (PC, MK)
- evaluate a patient with a new lung mass (PC, MK)
- recognize the indications for (US-guided) thoracentesis, to perform the procedure under direct supervision, and to interpret the analysis of the pleural fluid (PC)

Medical Knowledge

- recognize the indications and limitations of the different chest imaging techniques, the main anatomic landmarks, and common patterns seen in pulmonary disease (PC, MK, SBP).
- recognize and treat exacerbations of common respiratory diseases such as COPD, asthma, pulmonary hypertension, cystic fibrosis and ILD (PC, MK)
- describe the WHO classification of pulmonary hypertension while recognizing the treatment options for each group (PC, MK)

Interpersonal and Communication skills

Professionalism

- demonstrate respect for the privacy and autonomy of patients and families during procedures, daily updates and discussions regarding goals of care (PROF).

Systems-Based Practice

- recognize the indications for long-term oxygen therapy and NIV (MK) and to advise the patient and case-managers on most appropriate equipment to be ordered (SBP).

Practice-based Learning and Improvement

- locate, appraise and share evidence from at least one scientific study or review article (with assistance from faculty and/or fellow) related to pulmonary medicine and relevant to a patient on the service (PC, MK, PBLI)

Educational Strategies:

Educational Strategy	Skills (taught and/or assessed)
Bedside rounds	Clinical Reasoning Presentation skills Cardiac and pulmonary auscultation Delivering plan of care to patients and families
Didactic lecture Chalk talk	Interpreting PFTs Approach to hypoxia Differential diagnosis of interstitial lung disease Evaluation and management of obstructive lung disease Evaluation and management of pulmonary hypertension
Imaging review	Interpreting chest xrays Interpreting chest CTs

Required Reading:
(references)

Suggested Reading and/or Resources:
(references, books, website, etc)

Evaluation:

Assessment Form

1. Please list 3 skills you observed the resident do well (text box)

2. Please list 3 skills the resident could improve, and how they should do them differently (text box)

(items 3 to 12 are evaluated in a 1-5 [or 'not observed'] scale)
1= cannot do this skill
2 = can do this with direct supervision
3 = can do this skill with indirect supervision
4 = can do this skill unsupervised
5 = has mastered this skill, can teach others this skill

3. Obtains history pertinent to the patient's pulmonary/respiratory problems and performs a complete physical examination of the thorax. PC-1, PC-2

4. Direct appropriate respiratory therapy techniques, including oxygen therapy, airway clearance, and non-invasive ventilation in both acute care and transitions of care settings. PC-4,MK-2, SBP-2 and 3, ICS2

5. Utilizes appropriate imaging techniques, interprets studies with an organized approach, and recognizes common abnormal patterns. PC-4, MK-3

6. Recognizes and treats exacerbations of common respiratory diseases such as COPD, asthma, pulmonary hypertension, cystic fibrosis and ILD. PC-4, MK-2

7. Evaluates a patient with a pleural effusion. PC-4, MK-1 and 3

8. Evaluates, risk stratifies, and treats a patient with community acquired pneumonia. PC-4, MK-2

9. Evaluates, risk stratifies, and treats a patient with VTE (DVT/PTE). PC-4, MK-2

10. Evaluates a patient with a new lung nodule or lung mass. PC-3 and 4, MK-2 and 3

11. Appraises one article (original research or a review paper pertinent to pulmonary medicine) and incorporate knowledge into patient care. PC -4, MK-2 and 3, PBLI-1

12. Demonstrates sensitivity and respect for the privacy, autonomy, and diversity (including but not limited to diversity on gender, age, culture, race, religion, disabilities and sexual orientation) of patients and families during procedures, daily updates and discussions regarding goals of care. PROF 1 and 2, ICS- 2