

Description of IMMC R1 Pulmonary Inpatient Service

I. General Information

A. Length of Rotation: Four Weeks

B. Teaching Faculty

Division Director: Greg Hicklin, MD

Faculty: Katrina Guest, MD
Angela Collins, MD
Amerlon Enriquez, MD
Ryan Brimeyer, DO
Jason Mohr, DO
Matt Trump, DO

II. Logistics of Rotation

The resident will report to Younker 7 resident conference room on the first day of rotation. The rotation will be four weeks in duration. Following sign-out, the resident will go to the Younker 8 resident room where a list of assigned patients can be found on the board, and contact his or her attending physician. The resident will be expected to be available on the ward to the nurses and staff physicians from 6:30 a.m. to 5:30 p.m. each weekday. Residents will complete any necessary patient care and sign their patients out to the night medicine resident before leaving.

III. Description of Rotation

- A. The purpose of the rotation is to expose the resident to general internal medicine and pulmonary disease patients. The resident will learn to take care of patients assigned to this service through participation in the supervised care of these patients, discussion during teaching rounds, and case-based learning as well as attending conferences and lectures.
- B. The principal teaching methods will be bedside teaching accompanied by mini-lectures, independent reading and literature review.
- C. The resident specifically is expected to become well versed in the epidemiology, pathophysiology, diagnosis, and treatment of the following disorders: acute and chronic asthma, pneumonia, cancer of the lung, interstitial pulmonary fibrosis, pulmonary embolism, pleural effusion, pulmonary function studies, acute and chronic respiratory failure, and the use of oxygen. The resident is expected to become proficient in procedures encountered during the rotation include thoracentesis, oxygen management and chest tube placement.

- D. A variety of ancillary educational materials will be used including reading in general medical and pulmonary disease texts, and online resources such as UpToDate, www.chestnet.org, www.sccm.org, and www.thoracic.org.

IV. Competency-Specific Goals and Objectives

Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Residents are expected to:

- Perform complete and accurate H&Ps on patients including a travel and occupational history.
- Be able to generate a relevant but limited differential diagnosis for a patient with undifferentiated pulmonary disease
- Be able to direct the diagnostic evaluation and treatment of patients with common pulmonary disorders
- Perform any indicated procedures with maximum safety and comfort for the patient.

Medical Knowledge

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and epidemiological sciences and the application of this knowledge to patient care. Residents are expected to:

- Understand common pulmonary and medical problems encountered on this service.
- Know how to interpret commonly used lab tests, chest radiographs and PFTs.
- Understand the risks, benefits, and contraindications of commonly performed procedures on this service.

Practice-Based Learning & Improvement

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- Listen to suggestions from non-physician members of health care team.
- Be able to identify gaps in knowledge related to pulmonary disease and demonstrate real-time strategies to overcome those deficiencies.
- Know how to access the nationally recognized guidelines related to DVT prophylaxis and the evaluation and management of COPD and asthma.

Interpersonal and Communication Skills

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange with patients, families and professional associates. Residents are expected to:

- Effectively communicate and respectfully with patients, families and other caregivers.
- Communicate effectively and respectfully nurses, RT, other staff, and attending physicians.
- Be able to properly obtain informed consent when considering a procedure.
- Demonstrate the ability to discuss advanced directives.

Professionalism

Residents must demonstrate a commitment to carry out professional responsibilities, adhere to ethical principles, and demonstrate sensitivity in caring for a diverse patient population. Residents are expected to:

- Be respectful to members of the health care team.
- Be respectful of patients' decisions.
- Discuss prognosis honestly and accurately with patients and families.

Systems-Based Practice

Residents must demonstrate an awareness of, and responsiveness to, the larger context and system of health care and the ability to effectively call on system resources to provide optimal care of patients. Residents are expected to:

- Serve as an advocate for the patient in an increasingly complex health care delivery system.
- Know how to obtain access to ancillary services to assist in the care of the patient.
- Become familiar with the role of the social worker.
- Recognize a cost effective approach to patient care while continuing to provide the highest quality care possible.

V. Patient Care

The maximum number of patients the resident will follow will be 10. The maximum number of admissions per admitting day will be 5 (in addition to up to two transfers from the ICU). The resident will evaluate patients on admission and will communicate directly with the attending staff regarding their findings, plans for evaluation and treatment. The resident will be responsible for one 12 hour shift of medicine coverage each weekend, and coordinate that with his or her attending physician. The resident will not be expected to attend continuity of care clinics each week.

VI. Documentation Responsibilities

The resident will be responsible for maintaining appropriate and adequate records of the patient's initial evaluation, history and physical, daily progress notes and discharge summary. The resident will perform written and dictated documentation of procedures. Chest tubes and thoracentesis procedures must be supervised by staff or a designated senior resident who is qualified and has authorization from the attending physician. All documentation must be completed in a timely fashion and in accordance with hospital and program policy.

VII. Evaluation

At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an on-line evaluation form will be completed and returned to the residency office. The evaluation form will be reviewed and signed by the resident.

The resident will be evaluated by faculty in each of the required six general competency areas as follows:

1. **Patient Care:** Demonstrate ability to effectively evaluate and manage patients with pulmonary conditions and demonstrate competence with required procedures encountered during the rotation, especially thoracentesis and chest tube procedures which will likely be performed under supervision during the rotation.
2. **Medical Knowledge:** Demonstrate ability to access and critically evaluate current medical information relevant to pulmonary medicine and demonstrate understanding of all assigned reading materials.
3. **Practice-Based Learning:** Demonstrate ability to identify gaps in knowledge and skills in the care of patients with pulmonary conditions and demonstrate real-time strategies to address these gaps. Demonstrate ability to teach subinterns if one is assigned to the service.
4. **Interpersonal and Communication Skills:** Demonstrate adequate communication abilities in dealings with patients and families. Demonstrate timely and complete medical records, both admission and consult notes, all daily progress notes and discharge summaries.
5. **Professionalism:** Demonstrate respectful behavior towards patients and families, colleagues, nurses and other allied health personnel. Always protect patient confidentiality and provide informed consent.
6. **Systems-Based Practice:** Demonstrate an evidence-based, cost-conscious approach to patient care. Collaborate with nursing, social services and other

allied health care providers to assure timely, comprehensive care provided and appropriate follow-up care arranged.

VIII. Strengths of Rotation

The strength of this rotation is the hands-on exposure to multiple medical and pulmonary problems. The learner must be self-motivated to get the most benefit from the rotation.

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