

Elective Outpatient Pulmonary Medicine Rotation

A. Overview/General Information

1. This rotation involves participation in the pulmonary outpatient clinics under the direction of Greg Hicklin, MD, Randall Hanson, MD, Ravidner Gudavalli, MD, Katrina Guest, MD, Angela Collins, MD and Amerlon Enriquez, MD. All six of these physicians are board certified pulmonary disease specialists. The rotation involves the evaluation and care of new and return patients with pulmonary complaints.
2. **Rotation Duration:** This rotation is for 2-4 weeks, as arranged by the resident with the Program Director and division faculty.
3. **First Day Orientation:** The first day of the rotation, the resident should report to the clinic supervisor for the Iowa Lung Center at 1215 Pleasant Street, Suite 200 where they will be oriented to the patient care areas of the clinic and to the details of the rotation.

B. Objectives

1. The primary educational purpose of the pulmonary outpatient rotation is to become familiar with pulmonary diseases that are usually seen in the outpatient setting; such as bronchial asthma, chronic obstructive lung disease, sarcoidosis, chronic cough, shortness of breath, interstitial fibrosis, tuberculosis, fungal lung disease, bronchitis, obstructive sleep apnea, and bronchogenic carcinoma.
2. **Principal Teaching Method:**
 - a. The resident will interview patients and complete a thorough physical examination, discuss findings with the staff, review chest x-rays, sleep studies, pulmonary functions, and histologic material with the staff, come up with a plan of treatment for the individual patient, and see them in follow-up whenever possible.
 - b. During the pulmonary outpatient rotation, the resident will review information from general medicine textbooks, pulmonary medicine textbooks and appropriate journal articles pertinent to problems encountered in clinic patients.
3. **Educational Context:** A wide variety of diseases will be encountered in the pulmonary clinic. The patient mix is varied as well with the extremes including adolescent and younger adults with asthma, mature adults with neoplasms, elderly

adults with degenerative lung disease, and adults of all ages with chronic obstructive lung disease, interstitial lung disease, obstructive sleep apnea and pulmonary infections. Clinical encounters will include both new patient visits (developing a data base and approach to the patient), as well as follow-up patient visits.

4. Procedures that can be expected to be encountered in the pulmonary outpatient rotation include spirometry, complete pulmonary function tests, arterial blood gas analysis, thoracentesis, pleural biopsies and sputum analysis. There will also be exposure to patients needing evaluation prior to bronchoscopies, thoracoscopies, transthoracic needle aspirates, and transtracheal oxygen catheter insertions.

C. Educational Materials

These include, but are not limited to, general medicine textbooks, specialty pulmonary texts, appropriate journal articles, chest x-rays, pulmonary function tests, and sleep studies.

D. Patient Care

1. The resident should expect to see 1-2 new patients and 3-4 return patients per half-day clinic session.
2. The resident will have responsibility for the initial interview and examination of the patient, and will then staff patients with the attending consulting pulmonary physician, who will review findings and guide the approach to the patient, as well as the interpretation of appropriate clinical material.
3. Continuity of Care Clinic: Residents should plan to attend their own weekly continuity clinics while on this rotation.
4. Medical Records: Residents may dictate clinic notes to be reviewed and countersigned by staff physicians, and if procedures are done, they will dictate a procedure note and should receive a copy of it for their records.

E. Mechanics

Pulmonary rotation is a weekday rotation, Monday through Friday, from 8:00 a.m. to 4:30 p.m. The resident should report to the pulmonary clinic at 8:00 a.m. and from there may be able to pursue literature review in the medical library, reading about particular cases to be seen in the afternoon; i.e. sarcoidosis, bronchogenic carcinoma, complicated

asthma, respiratory failure, obstructive sleep apnea, etc. The weekends are free of any clinical responsibilities.

F. Methods of Evaluation

At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an 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 interview and examine patients with a variety of different pulmonary concerns.
2. **Medical Knowledge:** Demonstrate understanding of common pulmonary problems encountered in an outpatient clinic setting.
3. **Practice-Based Learning:** Demonstrate ability to identify gaps in knowledge and skills in the care of patients with common pulmonary concerns and demonstrate real-time strategies to address these gaps.
4. **Interpersonal and Communication Skills:** Demonstrate adequate communication abilities in dealings with patients seen during the rotation. Demonstrate timely and complete medical records.
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:** Collaborate with nursing and other allied health care providers to assure timely, comprehensive care provided and assure proper follow-up is arranged.

G. Strengths and Limitations of the Rotations

As pulmonary medicine heads into the outpatient arena as part of the changing face of medicine, many disease are encountered almost exclusively in the outpatient area; i.e. stable asthma, minor exacerbations of asthma, work-up and treatment of bronchogenic carcinoma, obstructive sleep apnea. These are essential for providing adequate exposure to pulmonary medicine in the 1990's. Limitations of the rotation have to do with the relatively short duration and the availability of follow-up for patients that the residents see.