

CURRICULUM FOR PULMONARY CONSULT

The pulmonary consult service includes inpatient pulmonary consults from all services within University Hospital. We have full time faculty members who take turns covering the inpatient pulmonary consult service.

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I. EDUCATIONAL PURPOSE – Pulmonary consult service is designed to expose residents to a variety of pulmonary diseases. House staff will see a mix of diseases such as COPD, Asthma, Interstitial lung diseases, sarcoidosis, ventilator management, Cystic fibrosis, neuro muscular disorders (such as GBS, Myasthenia Gravis, etc) OSA, obesity hypoventilation syndrome, lung cancer, pneumonia, pleural effusion and other pulmonary diseases.

II. LEARNING VENUE – Pulmonary consult service is primarily a hospital-based service that includes University Hospital and Crouse Irving Memorial Hospital. Consults are received from medical, psychiatric and surgical services. The average number of patients varies from 5-15 patients.

A. Rotation Description – Pulmonary consult team includes an attending, fellow, residents and sometimes students. Residents are expected to 1) examine inpatient pulmonary consults and present them at daily consult rounds to the team; 2) In addition to pulmonary consults, house-staff observe various procedures such as Bronchoscopy, Fine needle biopsy of suspected lymph nodes and masses, Bronchioalveolar Lavage, Endobronchial Ultrasound Needle Biopsies, Thoracentesis, and other procedures.

Expectations of PGY-1: The intern will complete detailed histories and physicals of referred patients and complete a daily progress note. He or she will follow and average of three patients. The intern will be expected to recognize and treat the basic clinical and laboratory pictures of common pulmonary disorders seen in the hospitalized patients. Interns will also be expected to teach medical students on the service as well as further his/her own learning through the use of reading materials outlined below. Interns are expected to aggressively improve their own knowledge by reading and seeking evidence based solutions for clinical problems encountered. Interns may be asked to present formal topics.

Expectations of the Senior Resident: The senior resident will follow up to 6 patients. The senior resident should master the basic clinical and laboratory interpretation of major diseases and will be expected to teach the intern and medical students. The senior resident will continue to expand his or her knowledge of pulmonary diseases with the aid of the reading materials outlined below. It is expected that residents

will model practice-based learning and exhibit exemplary communications skills as a consultant.

B. **Teaching methods** – the primary teaching method is bedside evaluations of patients during daily rounds. Included in this will be physical exam, learning about the disease pathology, relevant review of diagnostics and teaching on how to formulate a concise consultative note.

1. Unique learning opportunities - Conferences:
Pulmonary/ICU Clinical Conference on Wednesdays 7:30-8:30 am
Scientific Pulmonary/Critical Care Conference on Friday 7:30-8:30 am
Outpatient clinic – residents will have the opportunity to see outpatient pulmonary patients with an attending.
2. Recommended reading list
- Online at www.upstate.edu log into online book STAT!Ref and use the online resources
 - Griffiths 5 minute clinical consult
 - www.thoracic.org/copd/ is an excellent online resource for practice guidelines, treatment algorithms, Pharmacology and consensus statements.
 - www.uptodate.com
 - www.harrisonsonline.com
 - www.cancer.gov (cancer of the lungs and their most uptodate treatment modalities)
 - PIER at www.acponline.org for peer review of topics
 - Murray and Nodel: A textbook of respiratory Medicine
3. Procedures: Thoracentesis
Intubation
PFT's
Cardiopulmonary stress testing

III. Educational Content

Adult respiratory distress syndrome

Airways disease

- Asthma
- Bronchiectasis
- Bronchitis
- Chronic obstructive pulmonary disease
- Upper airway obstruction
- Aspiration pneumonia

Congenital lung disease

- Alpha₁-antitrypsin deficiency
- Cystic fibrosis
- Dysmotile cilia syndrome

Infection (see also Infectious Disease)

- Atypical mycobacterium
- Empyema
- Lung abscess
- Pneumonia
 - Community-acquired
 - Hospital-acquired
 - In immunosuppressed patient
- Pulmonary mycoses
- Tuberculosis

Interstitial disease

- Collagen vascular disease
- Drug-induced
- Eosinophilic pneumonia
- Hypersensitivity pneumonitis

Idiopathic pulmonary fibrosis
Sarcoidosis

Neoplasia (see also Oncology)
Confirmed lung cancer
Mediastinal lymph adenopathy
Solitary nodule

Occupational disease
Asbestos-related
Occupational asthma
Pneumoconiosis
Hypersensitivity pneumonitis and toxic gas exposure

Pleuritis/pleural disease
Neoplastic
Non-neoplastic
Pleural effusion
Pneumothorax

Prevention
Avoidance of respiratory irritants, allergens
Immunization
Pulmonary carcinogens (radon, passive smoking)
Smoking cessation
Pulmonary disease in pregnancy (see also Medical Consultation)
Sleep-disordered breathing

Pulmonary Function
Spirometry
Lung Volumes
Diffusion
6 Minute walk

Vascular lung disease and pulmonary hypertension
Cor pulmonale
Thromboembolism
Vasculitis (Wegener's, pulmonary/renal syndromes)

IV. Evaluations: At the end of the rotation residents are evaluated on six core competencies using E-VALUE. Residents are expected to review the educational goals at the beginning of their rotation and to seek mid rotation verbal feedback on their performance.

V. Rotation specific competencies

- A. Patient care – residents will act as consultants and clearly communicate recommendations to the primary team.
- B. Medical Knowledge
- C. Professionalism
- D. Interpersonal and Communication skills – consultative medicine by nature tests a resident's skill in communication. Residents are expected to do prompt evaluations and communicate the teams recommendations clearly in writing and verbally.
- E. Practice based learning
- F. Systems based practice

Reviewed & Revised by: Birendra Sah
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