

**Virginia Mason Pulmonary Rotation for University of Washington  
Pulmonary/Critical Care Fellows**

**Goals**

1. Fellows will learn to interact with attending physicians, housestaff, and ancillary staff in the inpatient and outpatient settings in a highly collegial, non-university teaching hospital.
2. Fellows will learn to evaluate a variety of pulmonary illnesses commonly seen in a general pulmonary clinic including dyspnea, chronic cough, pulmonary nodules, hemoptysis, pulmonary hypertension, sarcoidosis and other interstitial lung diseases, asthma, lung cancer, COPD, etc.
3. Fellows will function as part of a multi-disciplinary team involved in the care of lung cancer patients. This will include diagnosis, staging, and follow-up of lung cancer patients, exposure to interventional bronchoscopy procedures, familiarity with the risks and benefits of screening for lung cancer with low-dose chest CT, use of PET and CT-PET, and participation in a weekly multi-disciplinary thoracic oncology care conference.
4. Fellows will learn to teach internal medicine and surgical housestaff through interaction with housestaff assigned to the pulmonary clinic and inpatient teams.
5. Fellows will have the opportunity to become acquainted with the practice of hyperbaric medicine if they elect to spend time in the Center for Hyperbaric Medicine.

**Expectations**

1. We strive to provide state-of-the-art medical care, and to deliver it in a compassionate, respectful way that makes it clear that patients are our highest priority. All those training and practicing at Virginia Mason should hold themselves to this standard.
2. Fellows should inform pulmonary section member Tony Gerbino, M.D. as soon as possible of planned absences from clinic. Four-week notice is ideal so that patients do not need to be rescheduled.
3. Fellows are expected to see patients during clinic hours (generally 9-12 and 1-4). Fellows will ideally see 3-4 new patients in clinic per day. They are expected to see patients in follow-up that they have previously evaluated. They are encouraged to see follow-up patients not previously evaluated who have diagnoses or clinical courses of particular interest.

4. Fellows are expected to carry the inpatient pulmonary consult pager (to which new pulmonary consults will be called) during daytime hours when they are on site, and to leave the pager with one of the office assistants when they leave early. New inpatient consults average <1 per day. Consults regarding patient in or transferring to the ICU should be referred to the CCU attending. Virginia Mason housestaff assigned to the pulmonary clinic should be given first priority to see new inpatient consults and will greatly appreciate your guidance and instruction. All cases must be discussed with the Virginia Mason pulmonary attending.
5. Fellows do not have responsibilities in the critical care unit, but may request to round with the CCU team (housestaff, critical care attending, ancillary staff) prior to clinic hours and may follow patients with specialty diagnoses (s/p laser/stent treatment, interstitial lung disease, pulmonary hypertension) when in the ICU along with the appropriate pulmonary clinic attending.
6. Fellows are expected to provide informal teaching to housestaff assigned to the pulmonary rotation. These will most often take the form of informal discussion of cases during “down-time” in clinic, including discussion of inpatient consults. Review of pulmonary function tests with housestaff is encouraged and we will try to schedule these reviews on a once weekly basis.
7. Fellows are expected to attend the weekly multi-disciplinary thoracic oncology conference (Wednesdays, 4-5 PM) and weekly pulmonary/critical care case conference (Thursdays, 7:30-8:30).
8. Scheduled absences from the rotation must be approved by the fellowship program director (Mark Tonelli, M.D.). The VMMC UW fellowship coordinator (currently Tony Gerbino, M.D.) should be informed of scheduled absences at least 4 weeks in advance.