

PULMONARY AND CRITICAL CARE MEDICINE

Location: Boise VA Medical Center

FACULTY CONTACT:

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OVERALL EDUCATIONAL PURPOSE

To learn to recognize and treat the major clinical syndromes and diseases encountered in pulmonary and critical care medicine including, but not limited to: COPD, asthma, bronchitis, pneumonia, interstitial lung disease, congenital lung disease and ARDS.

To learn the appropriate use, interpretation, and troubleshooting of the invasive monitoring equipment used in the critical care unit.

To learn the appropriate indication for intubation and use of mechanical and non-mechanical ventilatory support.

To learn the interpretation of pulmonary function testing, chest x-rays, and CT examinations of the thorax.

To learn the appropriate indications for bronchoscopy and other invasive diagnostic procedures.

To learn common diagnostic and therapeutic procedures such as diagnostic thoracentesis and chest tube placement.

TEAM STRUCTURE

Pulmonary/Critical Care Medicine Attending
Pulmonary/Critical Care Medicine Fellow
+/- R2
+/- R1
+/- MS4

PRINCIPAL TEACHING METHODS

The pulmonary/critical care medicine fellow and faculty attending reviews and discusses with the resident each case.

ICU Rounds: case discussion of all patients in the intensive care occur daily

Weekly pulmonary conferences including departmental chest conference and post-clinic conference, during which chest x-rays, CT scans, and difficult cases are reviewed.

Resident interpretations of pulmonary function tests are reviewed individually by the attending.

Each resident is expected to prepare a teaching session during her rotation on pulmonary/critical care medicine.

EDUCATIONAL CONTENT

Mix of Diseases

Most patients present with:

- COPD-related exacerbations or respiratory failure
- Reactive airway disease
- Pulmonary malignancies
- Infectious pulmonary disease
- Sleep disordered breathing
- Disease of the pleura
- Interstitial/restrictive lung disease

Major categories of patients seen in the intensive care unit include:

- Respiratory failure due to COPD
- Adult respiratory distress syndrome
- Sepsis syndromes
- Acute renal failure
- Shock
- Post-surgical patients
- Acute myocardial infarction.

Patient Characteristics

Patients are primarily men. They are generally middle aged and elderly. There is frequently a heavy smoking or occupational exposure history. Most are Caucasian.

Types of Clinical Encounters

The majority of patients seen in this rotation are inpatient and the resident attends pulmonary clinic in the ambulatory setting. The resident rotating on pulmonary/critical care medicine will consult on every patient in the intensive care unit requiring a consult note and daily progress note.

Procedures

The resident will learn endotracheal intubation with the pulmonary and anesthesia faculty. The resident will learn the appropriate indications and placement of pulmonary artery catheters and chest tubes. The resident will learn invasive and non-invasive mechanical ventilation techniques.

Services

A full range of services for the practice of pulmonary/critical care medicine is available.

Pulmonary service performs bronchoscopy with broncho alveolar lavage and transbronchial lung biopsies. There is a full polysomnography laboratory. There is a full pulmonary function lab. Surgical service support with ability to perform thoracoscopy, thoracoscopic pleural and pulmonary surgery, and thoracotomy for lung resection is available.

There is active basic science and clinical research by the Pulmonary/Critical Care Medicine faculty.

ROTATION SPECIFIC SCHEDULE

Rotation Specific Schedule

Monday

Morning Report at 7:30 a.m.
ICU Rounds at 8:15 a.m.
Attending Rounds at 10:30 a.m. (three times weekly)
Noon Conference

Tuesday

Morning Report at 7:30 a.m.
ICU Rounds at 8:15 a.m.
Attending Rounds at 10:30 a.m. (three times weekly)
Noon Conference

Wednesday

Morning Report at 7:30 a.m.
ICU Rounds at 8:15 a.m.
Attending Rounds at 10:30 a.m. (three times weekly)
Noon Conference

Thursday

Grand Rounds at 8:00 a.m.
ICU Rounds at 9:15 a.m.
Attending Rounds at 10:30 a.m. (three times weekly)
Renal Conference (once monthly)

Friday

Morning Report at 7:30 a.m.
ICU Rounds at 8:15 a.m.
Attending Rounds at 10:30 a.m. (three times weekly)
Interns' Report/Ambulatory Conference

Two half-days of continuity clinic
One half-day of pulmonary clinic

Call/Weekend Responsibilities

No in-house call

Two Saturdays in Emergency Room

PRINCIPAL EDUCATIONAL MATERIALS USED

There is a small library available in the Medical Service conference room as well as the emergency room. Additionally the main library with texts and journal holdings is situated in the Learning Resource Center near the general medicine ward. Residents have access to this area 24 hours a day.

There is a complete medical library at the VA Medical Center, as well as St. Luke's Regional Medical Center, St. Alphonsus Regional Medical Center, with texts, journals and available computer access. Point-of-Contact computer reference is available to UW School of Medicine library resources and VAMC on-line reference materials, such as Up-to-Date, Micromedics, PubMed and others.

There is wide availability of personal computers with a network allowing instant access to Medline, Stat Reference, Patient Data and other educational sources.

There is a library of major pulmonary texts and journals available in the pulmonary section. There is a teaching file for x-rays and CTs. There is a teaching file for pulmonary pathologic material.

METHODS USED IN EVALUATING RESIDENT AND PROGRAM PERFORMANCE

At the end of the rotation, the resident is evaluated in writing and their performance reviewed with them verbally by every attending, fellow or supervising resident he or she has interacted with for a significant amount of time. The evaluator rates each resident on a nine-point scale in each component of clinical competence (i.e. clinical judgment, medical knowledge, clinical skills, humanistic qualities, professional attitudes and behaviors, medical care, educational attitudes, leadership and overall clinical competence).

The resident is given the opportunity to evaluate in writing the quality of the curriculum and the extent to which the educational goals and objectives of the rotation have been met. The resident also evaluates the teaching competence of each attending, fellow or supervising resident with whom they have interacted for a significant amount of time.

EXPLICIT LINES OF RESPONSIBILITY FOR THE CARE OF PATIENTS ON THIS SERVICE

Each outpatient seen in pulmonary clinic is the responsibility of the attending staff physician. That faculty physician sees, examines, and discusses all new patients with the resident. Outpatients on return visits to the pulmonary clinic may be seen by more senior residents with a subsequent discussion with the attending.

The attending faculty member is responsible for every inpatient seen by the resident on pulmonary/critical care medicine. That faculty person will interview, examine and discuss with the resident every new patient. Ongoing care will be provided by the resident with discussion with the attending. All major changes in status will have documented involvement by the attending faculty member.

The resident is expected to write all notes and orders.