

Pulmonary Consultation Service

Location: UWMC

FACULTY CONTACT:

Mark R. Tonelli, MD
Associate Professor of Medicine
Pulmonary and Critical Care Medicine

Address:

*1959 Pacific St
Box 356522
UWMC
Seattle WA 98195*

Phone: 206 543 3166

Email: tonelli@u.washington.edu

OVERALL EDUCATIONAL PURPOSE

1. To learn to recognize and to treat the major clinical syndromes and disease encountered in pulmonary medicine including, but not limited to:
COPD
Asthma
Lung transplantation
Pulmonary hypertension
Interstitial lung disease
Cystic Fibrosis
Neuromuscular disease
Hemoptysis
Pulmonary nodules
Pneumonia
2. To learn to interpret chest x-rays and CT scans of the thorax.
3. To learn to interpret pulmonary function tests.
4. To learn the appropriate indications for bronchoscopy and other invasive pulmonary procedures.
5. To begin to develop competence in performing some pulmonary procedures, including thoracentesis.

TEAM STRUCTURE

Pulmonary attending
1 Pulmonary/CCM fellow
1 Internal medicine R3
± 1-2 Fourth-year medical student(s)

PRINCIPAL TEACHING METHODS

Case discussion and review

The Pulmonary attending will discuss and review all cases with the resident.

Rounds

Last Revised _____ by _____

Bedside rounds: Case discussion of all patients. These rounds include review of all data including x-ray interpretation.

Attending teaching: Core topics are presented in a didactic fashion as well as at the bedside. A particular emphasis is placed on clinical aspects of pulmonary physiology, including the performance and interpretation of pulmonary function tests.

Didactics

Weekly pulmonary conferences including Departmental Chest Conference and the UW post-clinic conference during which chest x-rays and chest CT scans and difficult cases are reviewed. There are monthly clinical-surgical-pathology conferences of interesting cases in which pathology and x-rays are reviewed.

Practice in test interpretation

Residents are encouraged to read x-rays and interpret clinical data prior to presenting to the attending.

Residents will read and interpret pulmonary function tests which are then reviewed and discussed by attending.

Observation

The resident will have the opportunity to observe bronchoscopies, pulmonary function testing and cardio-pulmonary exercise testing.

EDUCATIONAL CONTENT

Mix of Diseases

COPD

Asthma

Lung transplantation

Pneumonia

Infections in the immunocompromised host

Sleep disordered breathing

Pleural diseases

Interstitial lung disease

Pulmonary hypertension

Cystic fibrosis

Neuromuscular diseases

Adult respiratory distress syndrome

Patient Characteristics

Both genders

Often young and middle aged

Often immunocompromised in treatment of chronic diseases or post transplant

Represent the racial mix of the community

Types of Clinical Encounters

The majority of patients encountered by residents on this service are in-patients. Ambulatory patients are encountered if they present for bronchoscopy or pulmonary function testing and during Wednesday afternoon clinic.

Procedures

The resident may have the opportunity to learn and practice the following procedures: thoracentesis, arterial line placement. In addition, they will also observe bronchoscopies, and endotracheal intubation.

The resident will learn principles of invasive and non-invasive mechanical ventilation.

Services

The Pulmonary service performs bronchoscopy with BAL and transbronchial biopsies. There is a full pulmonary function laboratory with spirometry, diffusion capacity, body plethysmography, arterial blood gas measurement, dead space measurement, methacholine challenge testing, sputum induction, and cardio-pulmonary exercise testing. Surgical service supports this with the ability to perform thoracoscopy, thoacosopic pleural and pulmonary surgery and lung biopsy.

Rotation Specific Schedule

Monday

8:00-9:30 Pre-Rounding, seeing new consults
9:30-10:30 Residents Report
10:30 Attending rounds
12:30-1:30 Lunch conference
1:30-5:00 New consults, teaching rounds
5-6pm Med-Surg-Path conference (Qmonth)

Tuesday

8:00-9:30 Pre-Rounding, seeing new consults
9:30-10:30 Residents Report
10:30 Attending rounds
12:00-1:00pm Chief of Medicine Rounds
1:00-5:00 New consults, teaching rounds

Wednesday

8:00-9:30 Pre-Rounding, seeing new consults
9:30-10:30 Residents Report
10:30 Attending rounds
12:30 Lunch conference
1:30-5:00 Pulmonary Clinic

Thursday

8:00 –9:00 Medical Grand Rounds
9:15-10:30 Residents Teaching Conference
10:30 Attending rounds
12:15-1:15 Chest Conference (HMC)
1:30-2:30 Respiratory/Critical Care Grand Rounds (HMC)
1:30-5:00 New consults, teaching rounds

Friday

8:00-9:30 Pre-Rounding, seeing new consults
9:30-10:30 Residents Report
10:30 Attending rounds
12:30-1:30 Lunch conference
1:30-5:00 New consults, teaching rounds

Call and Weekend Responsibilities

The Pulmonary R3 provides night float coverage (8PM-8AM) for the MICU and Cardiology Services a total of four weekend nights a month. The Pulmonary fellow takes all call during the week and on the weekends for the Pulmonary Service. If the resident covers on Sunday night, they are relieved of all duties on Monday as of 8am. The attending is present daily and is on call 24 hours per day.

Principle Educational Materials Used

Recommended Readings

The attendings present daily attending rounds supplemented with both original articles and with tailor written articles pertinent to the care of patients on this service i.e. lung transplant. In addition, residents have ready access to computers to access national libraries. In addition, the main medical library of the UW is situated on the same floor as the pulmonary function lab where the resident is housed.

Pathologic materials

Residents are encourage to view the pathology of the patients who have undergone open lung biopsy, transbronchial biopsies or post lung transplant patients. In addition, pathology samples are included in their lunch time conferences, medical chief's rounds and the pulmonary radiology pathology conference on Monday pm.

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 and fellow he or she has interacted with for a significant amount of time. The evaluator rates the resident on a nine-point scale in each component of clinical competence (i.e. patient care, medical knowledge, practice based learning improvement, interpersonal and communication skills, professionalism, system based learning, educational attitudes, leadership, 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 and fellow with whom s/he has interacted for a significant amount of time.

EXPLICIT LINES OF RESPONSIBILITY FOR CARE OF PATIENTS ON THIS SERVICE

Each out patient seen in the pulmonary clinic is the responsibility of the attending staff physician. That faculty physician sees, examines and discusses all new patients with the resident.

The attending faculty member is responsible for every in-patient seen by the resident on pulmonary medicine. That faculty physician reviews the case, examines the patients, reviews the laboratory data and discusses all aspects of their care with the resident. The attending physician will document in writing their daily involvement and care of the patients.