

HOSPITAL CONSULTATION/INPATIENT ROTATION

Please note that these objectives supplement the RCPSC objectives.

General Objective: The resident will gain experience in the assessment, investigation and treatment of inpatient pulmonary pathology. This will include the assessment of pulmonary patients presenting to the emergency department where a decision is required regarding admission or discharge back into the community. They will gain experience in communicating with other members of the health care team and understand the importance of collaboration with these members. The resident will develop skill in time management which is integral to management of a busy inpatient service. This will include inclusion in their working day of patient care and scholarly activity which includes teaching of clinical clerks and residents in addition to other members of the health care team.

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| MEDICAL
EXPERT | 1 | Given a patient complaining of dyspnea, wheeze, cough, hemoptysis, purulent sputum, orthopnea, PND, chest pain, and/or an abnormal laboratory test or chest radiograph, the resident will take an appropriate history, perform an appropriate physical examination, and develop a working diagnosis (and differential diagnosis). |
| | 2 | The resident will order appropriate investigations in order to establish the diagnosis and assess severity of physiologic impairment. The resident will be aware of the positive predictive value, and negative predictive values of common investigations. The resident will be able to discuss the natural history of the disease that they have diagnosed with and without treatment. |
| | 3 | The resident will be able to manage the pharmacological and non-pharmacological aspects of treatment. |
| | 4 | Given a patient with known chronic lung disease the resident will manage acute exacerbations and complications arising from the underlying disorder in addition to gaining knowledge of preventative measures (e.g. vaccination) and rehabilitation available to that patient. |
| | 5 | The resident will manage patients requiring O ₂ , nebulized therapy, CPAP, BIPAP. They will take into account the indications, contraindications and complications of these therapies. The resident will be able to explain the physiological effects that these therapies have on normal and abnormal pulmonary physiology. |
| | 6 | Given a patient with known or suspected HIV, the resident will demonstrate knowledge of the pulmonary complications/processes that may occur with this infection and be able to diagnose and manage these problems. |
| | 7 | Skills that must be mastered include: fiberoptic bronchoscopy, transbronchial biopsies, BAL, transbronchial needle aspirates, thoracentesis, pleurodesis, chest tube insertion, pleural biopsies, pneumothorax aspiration and ABG/radial arterial line insertion. The fellow will demonstrate knowledge of the indications, contraindications and management of complications of these procedures (e.g. bleeding after biopsy). |
| COMMUNICATOR | 8 | The resident will communicate his/her clinical impression in a clear and concise fashion in both the written and oral forms to the referring physician and to other medical personnel. |
| | 9 | The resident will be able to communicate his/her clinical impression to the patient and his/her family in a clear and compassionate way that takes into account the patient's cultural values and education. |
| COLLABORATOR | 10 | The resident will liaise with related health care professionals in order to ensure optimal |

		patient care as an inpatient and efficient and safe discharges to the community.
MANAGER	11	The resident will demonstrate the ability to prioritize multiple tasks presenting concern at any one time or multiple problems in a given patient.
	12	The resident will demonstrate knowledge of the cost of investigations performed and the limitation of available resources. The resident will gain experience in allocation of finite health care resources.
HEALTH ADVOCATE	13	They will recognize the importance of smoking cessation on an individual, community and at a national level. The resident will give stage matched advise to smokers.
	14	The resident will understand the importance of advocacy in the area of pulmonary rehabilitation and the management of chronic lung disease in the community.
SCHOLAR	15	The resident will incorporate evidence based medicine, ethical and legal principles in their investigations and therapeutic plans.
	16	The resident will teach clinical clerks, residents, attending physicians as well as other related health care professional.
PROFESSIONAL	17	The resident will, at all times, demonstrate appropriate professional and personal behaviour.

By the end of the rotation the resident will be in charge of the respiratory service as a junior consultant.