

Curriculum on Pulmonary Danbury Hospital Internal Medicine Residency Program

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A. Educational Purpose and Goals

The Medical resident is fostered to develop a bedside physiological systematic approach to the evaluation and management of critically ill patients with a wide array of medical & surgical problems patients with a wide array of pulmonary problems. Such an approach entails developing a fund of knowledge in the various subspecialties of Internal Medicine, as well as Surgery, Neurology, and Medical Ethics.

B. Teaching Methods

The rotation includes inpatient and outpatient pulmonary consultations, pulmonary function testing, chest radiograph and chest CT interpretation, cardiopulmonary exercise studies, sleep medicine cases and several teaching conferences. The intern / resident will also gain experience in performing central venous catheterization, arterial catheterization, pulmonary artery line placement, thoracentesis and observation of bronchoscopies. The houseofficers may participate in our pulmonary rehabilitation program. Finally, the medical resident will have the opportunity to review lung biopsies with the attending pulmonologist and pathologist

C. Educational Content

1. **Mix of Diseases, Patient Characteristics and Types of Clinical Encounters**
On any given day, one pulmonologist is assigned to the inpatient pulmonary consult service and at least one other pulmonologist is to see outpatients in the pulmonary office. PFT's are interpreted daily according to a rotating schedule; sleep studies which are conducted in our six-bed sleep center, are read daily by the sleep boarded sleep specialists. Exercise studies are conducted and interpreted by Dr. Chronakos, Dr. Mendez, and Dr. Oelberg. The house staff team on pulmonary elective usually consists of no more than two medical residents or interns, and a medical student. While interns and medical students are usually assigned to the inpatient pulmonary service and residents are encouraged to attend the office practice, the schedule is flexible, based on case mix and interests of the house office / student
2. **Structure of the Rotation**
On any given day, one pulmonologist is assigned to the inpatient pulmonary consult service and at least one other pulmonologist is to see outpatients in the pulmonary office. PFT's are interpreted daily according

to a rotating schedule; sleep studies which are conducted in our six-bed sleep center, are read daily by the sleep boarded sleep specialists. Exercise studies are conducted and interpreted by Dr. Chronakos, Dr. Mendez, and Dr. Oelberg. The house staff team on pulmonary elective usually consists of no more than two medical residents or interns, and a medical student. While interns and medical students are usually assigned to the inpatient pulmonary service and residents are encouraged to attend the office practice, the schedule is flexible, based on case mix and interests of the house office / student

3. Reading lists, other educational resources

- i. *Weinberger. Principles of Pulmonary Medicine.* A basic but concise review of the major topics in pulmonary medicine.
- ii. *Pulmonary Section of MKSAP.*
- iii. *ICU Teaching file.* The pulmonary faculty has an extensive teaching file available for the medical residents, consisting of major review articles and landmark primary research papers. Currently, a two-volume binder set, which is updated periodically, resides in the ICU encompassing key review articles and landmark primary papers on relevant subjects in critical care.
- iv. *Marino. The ICU book, 2nd ED. Lippincott Williams, & Wilkins, 1998.* This soft cover booklet serves as an excellent concise summary of the major topics of ICU medicine.
- v. *Murray & Nadel. Textbook of Respiratory Medicine. 3rd Ed. 2000.* The definitive reference text for pulmonary medicine.
- vi. *Chokroverty. Sleep Disorders Medicine. 2nd Ed. 1999.* A thorough but relatively concise text of sleep medicine.
- vii. *Kryger, Roth, Dement. Principles and Practice of Sleep Medicine. 2nd #d. 1994.* The definitive reference text of sleep medicine.
- viii. *Tobin. Principles and Practice of Mechanical Ventilation. McGraw Hill. 1994.* The best reference text concerning mechanical ventilation.
- ix. *Civetta et al. Critical Care 3rd Ed. Lippincott-Raven. 1997.*

D. Method of Evaluation of Resident and Faculty Competence

The medical resident will be observed closely by the faculty member regarding their competency in all six ACGME required competency categories: patient care, medical knowledge, practice-based learning / improvement, interpersonal and communication skills, professionalism, and system-based learning. The medical resident house office will receive feedback from the faculty members at the end of the rotation. This feedback will be in the form of a

E. Rotation Specific Competency Objectives

Please refer to the Core Curriculum for the expected General Medicine Curriculum core competency objectives. The rotation specific objectives are provided below.

1. Patient Care
2. Medical Knowledge
3. Interpersonal and Communication Skills
4. Professionalism
5. Practice Based Learning
6. Systems Based Practice