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RESIDENT ORIENTATION TO THE VA GENERAL PULMONARY CONSULT SERVICE

Welcome to the VA Pulmonary consult service! The following are some guidelines to help you get the most from your time with us and to help the service run smoothly. If you have an interest in learning more about a career in Pulmonary Medicine or have difficulties or questions about the rotation, please contact Dr. Suil Kim (ext. 55602; suil.kim@va.gov).

Nuts and Bolts for the First Day:

Please meet in the team room located at 4C-101D at 8 AM. You can page the Pulmonary fellow for instructions.

Schedule:

We strongly encourage you to attend the core Internal Medicine conferences to help maximize your educational experience. Please remind your attending and fellow to round at times that allow you to make it to conference. While you're with us we also encourage you to attend our weekly conferences when you are able. When on sub-specialty consult rotations, residents should be freed from clinical responsibilities during the noon hour to attend IM residency educational conferences (core curriculum series and noon report, occurring noon-1pm daily). Attendance at sub-specialty conferences is encouraged. If the timing of a sub-specialty conference conflicts with IM core conferences, then the program requests prioritization be given to attendance at the IM conferences, unless it is deemed by the resident or faculty that there is an individual resident educational goal that would be met by attending the sub-specialty conference. Our weekly conferences are shown in bold below:

Monday	Tuesday	Wednesday	Thursday	Friday
12-1 Medicine Noon Report	12-1 Medicine Noon Conference	12-1 Medicine Noon Report	12-1 Medicine Noon Conference	12-1 Medicine Noon Conference
12-1 Multidisciplinary Lung Cancer Conference	4:30-5 Post-Clinic Pulmonary Case Conference	12-1 OHSU Pulmonary Scholarship Conference	12-1 Pulmonary Fellows Conference	12-1 Pulmonary Grand Rounds
12-1 Pulmonary Case Conference		2-3 Pulmonary Physiology Conference	1-2 OHSU Pulm-Radiology Conference	1:15-2:15 Medicine Intern Report
		2-3 Multidisciplinary ILD Conference (4th Wed of the month)	1:15-2:15 Medicine Resident Report	

Daily Schedule:

We usually start at 8 AM. You will see outpatients in our Complex Diagnostic Unit (CDU) and participate in procedures in the morning. You will see inpatient consult patients in the afternoon. We usually round on inpatients mid-afternoon. You will also perform electronic (E)-consults (imaging-based consults) in the afternoon. In addition, you will see patients in the Tuesday afternoon Pulmonary Outpatient Clinic. We recommend the following workflow in clinic:

- Review consult (under **Consults** tab) in advance, evaluate important data (eg, PFTs and imaging), and plan the clinic visit
- See the patient: perform a focused H+P, staff the patient with the attending (usually General Pulmonary staff on service with you)
- Order clinic f/u and additional consults using “**Non-Surgery Clinic Check Out**” under **Orders** tab. Medications and tests should be ordered by Pulmonary staff because you will not be available to renew medications or to act on test results.
- Start your note (**Pulmonary Consult**, **Pulmonary Resident-New**, or **Pulmonary Resident-Followup**) and fill out the encounter form (attending is always the primary provider) before

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leaving clinic. Link the consult note to an open consult to close the consult (see below).

We expect that you will:

- Review consults and f/u patients in advance and identify salient issues to look up before seeing the patient
- Complete notes on time (for Tuesday clinic, complete and sign your notes by no later than Fri AM, earlier is better)
- Complete encounter forms and ensure clinic f/u (with clinically indicated date), PFTs, imaging, medications, and additional consults are ordered with Pulmonary staff while in clinic. Ask the patient to check out with the schedulers in the front of clinic to make f/u appointments.

Completing notes and encounters at the VA can be challenging. Please ask your fellow and staff for guidance.

Weekend Schedule:

If you are on a two-week rotation and are an R2 or R3, you may be scheduled for inpatient coverage one weekend while you are on service. The format of weekend rounds depends on census and the staff at the VA and OHSU. The weekend fellows and attending should include you in any communication (email or verbal) about weekend plans. You will be the primary MD on call for the weekend and will cover both the VA and OHSU. It will be busy! Get sign out from the OHSU fellow on Friday night. Most likely, you will see and staff OHSU patients with the OHSU attending first before coming over to the VA. You should contact Pulmonary staff at OHSU (and at the VA) on Thurs or Fri to introduce yourself and to ensure expectations for weekend coverage are clear.

Workroom:

You are welcome to use the Fellows Room (4C-101D) as a workspace during this rotation. The room contains four workstations. The phone in the room is ext. 55668. To obtain access to the "Pulmonary Calendar" and the Pulmonary Sharepoint site please contact Juanita Alpuerto ext. 54043 the week prior to your rotation.

Charting:

For inpatients, you will write notes with the following titles:

- Inpat – Pulmonary – Resident Initial
- Inpat – Pulmonary – Resident Follow Up
- Procedure – Thoracentesis

Before starting an inpatient note, remember to change the patient's location to INPATIENT-

PULMONARY - Enter note, adding attending as cosigner - Complete the encounter form, with level of service, service connection yes/no, providers (enter your attending as primary, then yourself), and the appropriate diagnoses. If appropriate, add Czarina Clark, RN as a co-signer to facilitate care in the hospital or after discharge.

For outpatients in the CDU or in Pulmonary Clinic on Tuesday afternoon, you will write notes with the following titles:

- Pulmonary – Consult (use this title if there is an open consult to which you can link your note)
- Pulmonary – Resident Initial (use this title if there is no open consult)
- Pulmonary – Resident Follow Up
- Procedure – Thoracentesis

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It is very important that you add Czarina Clark, RN as a co-signer on all your CDU notes in order to facilitate care after the visit.

SICK CALLS AND TIME OFF

Residents who will be absent from work due to illness, injury, or for needed health appointments scheduled must adhere to the following protocol:

- a) PLANNED absences with more than 72-hour notice:
 - Notify Jessica Tilford at deatley@ohsu.edu **and** the Chief Residents for absence from inpatient or consult rotations.
 - Notify Lynn Washington at sanjuanj@ohsu.edu **and** the Chief Residents for absence from ambulatory rotations (+1, CIM, etc.).

- b) UNPLANNED absences with less than 72-hour notice on ANY rotation, including Kaiser:
 - **Notify On-Call Chief Medicine Resident via pager.** Chief Resident will notify proper rotation personnel and all pertinent Education Office staff.
 - **DO NOT SEND E-MAIL or LEAVE A VOICE MAIL** for these short-notice unplanned absences.

Learning Objectives:

Please discuss the learning objectives with your fellow and attending and seek out relevant learning opportunities. Interns rotating on the pulmonary consult service early in the academic year will likely need to focus on the first four items below. However, residents later in their training will be expected to have knowledge/experience in these items from prior clinical rotations:

1. Evaluating common respiratory-related symptoms (i.e., dyspnea, cough, wheeze), obtaining environmental/occupational history, and eliciting physical examination signs (e.g., rhonchi, crackles, wheezes, dullness to percussion, clubbing, signs of right heart failure)
2. Interpreting chest imaging and pulmonary function testing
3. Interpreting oximetry and arterial blood gas results and evaluating hypoxemic and ventilatory respiratory failure
4. Recommending evidence-based treatments for conditions including asthma, COPD, venous thromboembolism, and community-acquired pneumonia

An important objective is to learn how to evaluate common and more complex respiratory-related symptoms, signs, conditions; and recommend, interpret, and explain common screening and diagnostic tests.

1. Interpret chest imaging in a systematic fashion
2. Identify key chest imaging findings (e.g., nodules, consolidations, ground glass opacities, reticulations, pleural effusions, bronchiectasis, adenopathy)
3. Interpret pulmonary function tests in a systematic fashion
4. Evaluate and make recommendations for obstructive disorders
5. Evaluate and make recommendations for restrictive disorders
6. Evaluate and make recommendations for suspected lung cancer
7. Identify appropriate indications for thoracentesis
8. Recommend appropriate diagnostic tests for pleural effusions
9. Interpret pleural effusion laboratory results to differentiate transudate vs. exudate
10. Identify appropriate indications for chest tube

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11. Identify appropriate indications for bronchoscopy
12. Recommend appropriate diagnostic tests for chronic pulmonary infections (eg, TB, NTM)
13. Recommend evidence-based treatments for difficult to control acute and/or chronic conditions including asthma, COPD, bronchiectasis, pleural effusion, chronic pulmonary infections
14. Evaluate pre-operative pulmonary risk assessment and recommend strategies to reduce risk

Educational Resources: You will learn most from your patients. Please look up relevant articles and share them with the team. In addition, Murray & Nadel's Textbook of Respiratory Medicine, the OHSU IM Residency Program Educational website (www.imrespdx.com), the Drug-Induced Respiratory Disease website (www.pneumotox.com), and American Thoracic Society guidelines (www.thoracic.org/statements) will be useful.

Feel free to contact us:

- Czarina Clark, RN, CDU and Inpatient Facilitator ext. 51101
- Juanita Alpuerto, Pulmonary Clinic Facilitator ext. 54043
- Mary Clites, RN, Pulmonary Clinic Nurse ext. 57755
- Suil Kim, MD, PhD, Pulmonary Staff ext. 55602