

## Adult Respiriology Training Program, University of Calgary Program Description

The Adult Respiriology Program at the University of Calgary is a two-year Program offered to Residents who have completed their core Internal Medicine training and designed to qualify them for subspecialty certification in Respiriology.

The Division of Respiriology staffs the 4 acute care sites (Foothills Medical Center, Peter Lougheed Center, Rockyview General Hospital, South Health Campus). We have a strong cohesive group with regular inter-hospital rounds. Residents will have regular rotations at all four main sites.

In addition to providing a broad exposure to general respiriology, special strengths of the Program include dedicated rotations in Sleep Medicine, Pulmonary Hypertension and Lung Transplantation, and the Interventional Pulmonary Medicine Program. A wide variety of subspecialty clinics are available as well (see Clinics page).

Below is a brief overview of the two year Fellowship Program.

### 1. Rotation Schedule

The Royal College subspecialty minimum requirements are outlined at <http://rcpsc.medical.org/information> . Over the two year Fellowship, consisting of 26 blocks, our Program has mandated the following rotations:

7 blocks	Respirology Service Rotations (minimum 2 each at FMC, PLC and RGH, and 1 at SHC.)
2 blocks	Critical Care Medicine (1 at PLC, 1 at RGH)
2 blocks	Sleep Medicine
2 blocks	Pulmonary Function Testing
1 block	Rehabilitation (a common block to all Fellows, alternates yearly)
1 block	Thoracic Surgery
4 blocks	Ambulatory Clinics (wide variety of subspecialty clinics across sites)
1 block	Combined Pulmonary Hypertension and Lung Transplants (at PLC)
1 block	Interventional Pulmonary Medicine
1 - 2 blocks	Research (minimum 1, encourage 2 blocks)

Remaining blocks (3 – 4 blocks) are available for elective rotations (respirology at community or academic centers, research, other subspecialty areas). These would be selected to achieve the career goals of the trainee.

In the first year, we typically schedule 3 respirology blocks, 1 CCM, 2 PFT, 1 Thoracics, 1 PH/Lung Transplants, 1 Sleep, and 2 ambulatory clinics. There is the option to select more sleep or clinics blocks, or to add in a research block. We typically schedule 'lighter' rotations in the Spring, when

the Internal Medicine exams take place for the PGY- 4s. The PFT blocks are 'common' to all first year Fellows in that they all participate in the rotation at the same time.

In the second year, the schedule typically consists of 4 respiratory blocks, 1 CCM, 1 Sleep, 2 ambulatory clinics, 1 IPM (usually in the last 2 or 3 blocks of the year) and additional elective rotations. The Rehabilitation is a block held once every two years, in which all Fellows in the Program participate at the same time.

These are guidelines only, and schedules can be modified to suit the needs of the trainee.

An example of a two year schedule might look like this:

1	2	3	4	5	6	7	8	9	10	11	12	13
RESP FMC	RESP RGH	PFT	ICU PLC	Rehab	THOR	RESP PLC	RES	Clinic	PFT	Clinic	Sleep	PH/TX
Clinic	RESP LETH	RES	RESP FMC	Sleep	RESP SHC	ELECT	RESP RGH	ICU RGH	Clinic	IPM	RESP PLC	ELECT

RESP = Respiriology

RES = Research

IPM = Interventional Pulmonary Medicine

PH/TX = Pulmonary Hypertension/Lung Transplants

ELECT = Elective

THOR = Thoracics

## 2. Longitudinal Fellows Clinic

Residents will be paired with a single preceptor and be set up with a weekly outpatient respiratory clinic which runs longitudinally throughout their two year Fellowship (except during vacation, ICU or if they are away on elective). Over this two-year period increased responsibility and independence is given to the Resident, allowing them to function as a consultant by the end of their training. The Resident 'runs' the clinic, arranging diagnostic tests, following up on results, performing procedures, dictates letters and arranges follow-up visits as in actual practice, but always with the opportunity to review management plans with their preceptor.

## 3. Procedural Training

One of the major strengths of our Program is procedural training, particularly bronchoscopy given the close affiliation with the Interventional Pulmonary Medicine (IPM) Program. There are currently FIVE dedicated 'Interventionalists' who deal with specialized bronchoscopy, chest catheters of all sorts, and other procedures.

A number of formal educational strategies are offered:

- a. Bronchoscopy Simulation – 2 hours in July/August for each Resident
- b. Introduction to Bronchoscopy/Procedural Bootcamp – full 2 day course in the Summer
- c. Seminars in IPM – given during the Academic Half Day (TBBX, Pleural Biopsy etc)
- d. Animal Lab – annual session, given after the IPM seminars, with hands-on practice of various procedures
- e. EBUS simulation – takes place in the 2<sup>nd</sup> year.
- f. IPM block – a formal block held in one of the last 3 blocks of the second year, giving exposure to endobronchial ultrasound, and other specialized procedures.

#### 4. Research

It is the goal of the Program to foster both a strong clinical and academic education. It is an expectation of the Program that Residents engage in a scholarly research project over the two years, and would publish or present this project. There is a Research Subcommittee which will meet with each Resident regularly to assist them in completing this project. There is a minimum of 1 block of research, but up to 5 blocks may be taken if desired.

#### 5. Call Requirements

We have a 'light Call' Program. The call expectation is 1:4 home call during Respiriology, ICU and Thoracics rotations. Residents do not take call during ambulatory clinic blocks, PFT blocks and research blocks. Elective blocks may require call, depending on the type of rotation. Residents do NOT participate in cross-cover call for medicine during their Fellowship.

#### 6. Academic Half Day

A structured weekly academic half-day occurs on Thursday afternoons, and this is protected time for the Resident. A broad range of topics is covered including major clinical entities, radiology, pathology, sleep physiology, exercise testing, and various CanMeds sessions.

In the summer, July and August, the Academic Half Day comprises of Imaging review sessions.

#### 7. Case of the Week (COW)

This is an important educational activity of the Program and serves to expose the Resident to a wide range of imaging, clinical problems, and pathophysiology. It also functions as an exam preparation and as a self assessment tool. Cases, including relevant imaging (CXR, CTs), are sent out weekly via email to the Residents in the Program, and answers are expected the following week. Feedback is given.

#### 8. Funding

There is an annual funding allotment given to each Resident, in order to encourage attendance and participation at the major respiratory conferences (ATS, ERS, ACCP). The exact amount varies as per the annual PGME budget. In 2015-2016, the allotment given was \$2000.00.

#### 9. Rounds

There are a multitude of weekly rounds that Residents are expected to attend.

Friday 0700 – 0800	City Wide Clinical and Imaging rounds – cases are presented and Residents give their interpretation and management plans.
Friday 0800 – 0900	Clinical Academic Rounds – a variety of topics presented
Rotation Specific Rounds	These include noon Journal Clubs, Clinico-radiologic-pathologic Conferences, Sleep rounds specific to each site and rotation.

Residents are expected to present once/year at the Friday Clinical Academic Rounds (two presentations over the two year training Program).

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