

## **RESPIROLOGY INPATIENT/CONSULTS ROTATION OBJECTIVES YEAR ONE**

Please note that these objectives supplement the RCPSC objectives.

**General Objective:** The resident will **build foundations** in the assessment, investigation and management of patients presenting to the acute care environment with pulmonary disease.

### **MEDICAL EXPERT**

1. The resident will demonstrate **evidence-based approaches**, including the **assessment and initial management plan**, for a wide variety of acute respiratory presentations. Components include the history and physical exam, diagnostic investigations, differential diagnosis and problem lists.
2. The resident will order appropriate **initial 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 pharmacologic and non-pharmacologic aspects of treatment of respiratory disease.
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 oxygen, 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. The resident will master procedural skills which 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 resident 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 to patients and families, in a clear and compassionate way that takes into account the patient's cultural values and education.

### **COLLABORATOR**

10. The resident will demonstrate the ability to work with a multidisciplinary team in the management of patients with respiratory disease. They will develop leadership skills in a team-based environment.

## **MANAGER**

11. The resident will demonstrate effective patient triage and resource allocation in the inpatient setting.
12. The resident will make efficient use of their time to optimize professional performance.

## **HEALTH ADVOCATE**

13. The resident will recognize the importance of smoking cessation on an individual, community and at a national level. They will recognize other important areas for health care promotion (vaccinations, exercise etc).
14. The resident will be proactive in advocating for patients and families, and will demonstrate health promotion strategies.

## **SCHOLAR**

15. The resident will incorporate evidence based medicine, ethical and legal principles in their investigations and therapeutic plans.
16. The resident will initiate and lead the teaching of clinical clerks, residents, and other related health care professionals.

## **PROFESSIONAL**

17. The resident will incorporate the highest levels of attitudes, ethics and values in their management of patients. The resident will display both professional and personal behaviour appropriate to a consultant.

**By the end of the first year , the resident will have mastered the core skills in respiratory and begin to transition to the junior consultant role.**

*Updated Apr 2016*