

RESPIROLOGY INPATIENT/CONSULTS ROTATION OBJECTIVES YEAR TWO

Please note that these objectives supplement the RCPSC objectives.

General Objective: The resident will consolidate their skills in the assessment, investigation and management of patients presenting to the acute care environment with pulmonary disease, and **will transition to the junior consultant role** in respiratory medicine.

MEDICAL EXPERT

1. The resident will demonstrate **evidence-based approaches**, including the **assessment and a comprehensive complete short and long term care plan**, for a wide variety of acute respiratory presentations. They will be able to **provide the rationale for this plan, including the pros and cons of other alternative strategies**.
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 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. They will demonstrate skills necessary to **optimize the long-term health of patients with chronic lung disease in order to reduce future health care utilization**.
5. The resident will manage patients requiring oxygen, nebulized therapy, CPAP, BIPAP, **including the recurrent or long-term use of these modalities, particularly NIPPV in severe lung disease**. They will take into account the indications, contraindications, complications and patient preferences 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 **and transition to performing/teaching these procedures independently**. 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 **at the level of a junior consultant**.
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. They will be able to **independently lead family discussions/meetings** regarding health issues, prognosis and goals of care. They will effectively manage difficult communication challenges including delivering bad news, addressing an angry or hostile patient or family, or issues related to different cultural backgrounds through available resources.

COLLABORATOR

10. The resident will demonstrate the ability to **independently lead a multidisciplinary team** in the management of patients with respiratory disease. They will provide leadership to the various junior learners when liaising with allied health professionals.

MANAGER

11. The resident **will take on the junior consultant role of managing an inpatient service, including the comprehensive inpatient/discharge plans, patient triage (inpatients, new admissions, consultations), delegation of duties of the members of the health care team.**

12. The resident will make efficient use of their time to optimize professional performance **at the level of a consultant.**

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). The resident will be proactive in advocating for patients and families, and will demonstrate health promotion strategies.

14. The resident will **independently and appropriately initiate referrals** including social work, psychological services, spiritual care and other resources to promote best care of their patients. They will complete the necessary paperwork as required.

SCHOLAR

15. The resident will incorporate evidence based medicine, ethical and legal principles in their investigations and therapeutic plans. They will **understand the limitations of the literature/evidence** and be able to discuss alternative strategies based on available evidence.

16. The resident will teach clinical clerks, residents, and other related health care professionals. They will be able to **provide the evidence of various practices during teaching rounds**, and will **independently arrive at clinical decisions** for areas in which there is controversy (via best literature reviews/searches).

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. **They will function as a junior consultant** in respiratory medicine.

By the end of the two year fellowship, the resident will demonstrate the skills necessary to function as a respiratory specialist consultant.

Updated Apr 2016