



Elective Pulmonary Curriculum

NGMC- Family Medicine Residency Program
Gainesville, Ga

PGY: 2-3

Description of Rotation:

This is a four-week block experience with direct supervision by Pulmonologists. Supplemental longitudinal learning in the FMP supervised by Family Physician Faculty is also expected. Residents will see patients with acute and chronic respiratory conditions in the outpatient setting.

Overall Goals of Pulmonary Rotation:

Residents will learn to provide evidence-based, compassionate, comprehensive care for patients with both acute and chronic respiratory conditions. They will develop technical skills necessary to diagnose and treat the respiratory problems most commonly seen by Family Physicians and will be skilled in identifying conditions which require assistance from specialists for management.

Rotation Location: NGMC – Gainesville Pulmonary and Sleep Specialist of Northeast Georgia
743 Spring St NE 2075 Hamilton Creek Pkwy
Gainesville, GA 30501 Dacula, GA 30019

Rotation Preceptors: Dr. Rami Arfoosh Dr. Rachel Nisbet Dr. Kimtuyen Nguyen

Sample PGY3 Rotation Schedule

M	T	W	TH	F	Sat	Sun
Pulmonary Office	Pulmonary Office	FM Clinic	FM Clinic	Pulmonary Office		
Pulmonary Office	Pulmonary Office	Didactic Half Day	FM Clinic	Pulmonary Office		

Patient Care:	
PGY level	By the end of the rotation the resident should:
2-3	Obtain a detailed history and perform a thorough physical exam appropriate for the history. (PC-1-1)
2-3	Demonstrate ability to diagnose and manage patients with acute and chronic respiratory diseases, including asthma and COPD. (PC-2-2)
2-3	Develop competence in the selection, performance and interpretation of diagnostic and therapeutic procedures used in the care of respiratory diseases. (PC-2-3)
2-3	Appropriately and safely use current technological equipment for monitoring or diagnostic testing in the clinical care setting. Residents may observe or be supervised in the use of pulmonary function testing; polysomnography; flexible bronchoscopy; thoracentesis; exercise testing. (PC-5-2,3)
2-3	Interpret (with assistance of a consultant if necessary) results of diagnostic studies: pulmonary function studies; bronchoscopy studies; sleep studies; radiographic studies; laboratory studies, including sputum, bronchopulmonary secretions <i>analysis</i> , and pleural fluid <i>analysis</i> ; ventilation perfusion studies; pathology services. (PC-1,2)
2-3	Provide educations, anticipatory guidance, counseling & psychological support to families about possible or actual complications, medical, surgical, or pharmacologic therapeutic regimes, less than optimal outcomes, or end of life care. (PC-3-3,4)



Medical Knowledge Objectives and Competencies	
PGY level	By the end of the rotation the resident will:
2-3	1. Develop knowledge and skills in the following areas: basic lung mechanics, particularly with respect to normal states, COPD, and restrictive lung disease; differential diagnosis of, and approach to, and treatment of respiratory failure. (MK-1-4)
2-3	2. Develop knowledge and skills in: respiratory tract development; anatomy and physiology of the respiratory system; pathophysiology of respiratory diseases; ARDS; anomalies of the respiratory system; aspiration syndromes; asthma and allergic disorders; bronchiectasis; bronchitis; COPD; cystic fibrosis; disorders of the pleura and mediastinum; emphysema; genetic and developmental disorders; interstitial lung disease; lower respiratory tract infections; pulmonary hypertension; pulmonary infections, including those in immunocompromised patients; pulmonary malignancies; occupational and environmental lung disease; pulmonary manifestations of systemic disease; pulmonary embolism; sleep disorders; health educations and preventive measures for pulmonary disease; epidemiology of respiratory diseases. (MK-2-3)

Interpersonal and Communication Skills	
PGY level	By the end of the rotation:
2-3	Develop rapport and builds therapeutic relationships with patients (C-1)
2-3	Communicate effectively with patients and families. (C-2)
2-3	Communicate effectively with physician colleagues at all levels (C-3)
2-3	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients. (C-3)

Systems Based Practice Objectives and Competencies	
PGY level	By the end of the rotation:
2-3	Understand and utilize the multidisciplinary resources necessary to care optimally for patients. (SBP-1)
2-3	Use evidence based and cost-effective diagnostic and treatment strategies. (SBP-1)
2-3	Use evidence-based, cost-conscious strategies in the care of ambulatory patients. (SBP-1)
2-3	Describe when to ask for help and advice from senior residents and attending physicians. (SBP-2)
2-3	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, social workers, case managers, and providers of home health services to advocate for patients (SBP-3)
2-3	Knowing when and how to refer patients to specialists, and how best to utilize the advice provided. (SBP-4) SBP-1: Provides cost-conscious medical care SBP-2: Emphasizes patient safety SBP-3: Advocates for individual and community health SBP-4: Coordinates team-based care

Practice Based Learning and Improvement Objectives and Competencies	
PGY level	By the end of the rotation:
2-3	Commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information considering principles of evidence-based medicine (PBLI-1)
2-3	Identify and acknowledge gaps in personal knowledge/skills in the care of ambulatory patients. (PBLI-2)
2-3	Willingness and ability to incorporate faculty feedback into clinical/academic performance and participate in system change (PBLI-3)



2-3	Locates, appraises, and assimilates evidence from scientific studies related to the patients' health problems (PBLI-1)
2-3	Demonstrates self-directed learning (PBLI-2)
2-3	Improves systems in which the physician provides care (PGLI-3)

Professionalism Objectives and Competencies	
PGY level	By the end of the rotation:
2-3	Acceptance of professional responsibility as the primary care physician for patients under his/her care (PROF-1)
2-3	Willingness to acknowledge errors when committed and perform self-analysis to avoid future similar mistakes (PROF-2)
2-3	Behaves with humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions with similar and differing cultures (PROF-3);
2-3	Understand ethical concepts of confidentiality, consent, autonomy and justice. (PROF-3)
2-3	Display professionalism through integrity, altruism and resolving conflict of interest. (PROF-4) 1. Demonstrate respect and sensitivity to patients and their families. Accept constructive feedback and provide constructive feedback to others.

Additional Osteopathic Objectives and Competencies:	
By the end of the rotation/residency:	
<ul style="list-style-type: none"> • Perform an accurate and complete structural and physical exam including somatic dysfunction (PC1) • Be able to independently apply direct and indirect OMT to the clinical scenario that is presented (PC2) 	
<ul style="list-style-type: none"> • Integrate knowledge of anatomy, physiology, and pharmacology with osteopathic assessment models (biomechanical, neurology, behavioral, etc) (MK1) 	
<ul style="list-style-type: none"> • Apply the Tenets of Osteopathic Medicine in the development of patient treatment plan and patient presentations that emphasizes: <ul style="list-style-type: none"> ○ 1. The body is a unit; the person is a unit of body, mind, and spirit. ○ 2. The body is capable of self-regulation, self-healing, and health maintenance. ○ 3. Structure and function are reciprocally interrelated. ○ 4. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function." (MK2) 	
<ul style="list-style-type: none"> • Document and apply appropriate billing and coding to their patient encounters according to level of complexity and modifiers for procedures such as OMT and injections. (SBP3) 	
<ul style="list-style-type: none"> • Utilize OMM continuity clinic to foster continuity of care and the development of meaningful patient relationships. (ISC1) 	

Teaching Methods	
Clinical Teaching	Faculty Role Modeling
Case Based Teaching	Supervised Clinical Management
Didactic	Guided Research
Research Scholarly requirement: (refer to scholarly activity or discuss and we will add)	
Patient Oriented Point of Care Research	Critical Appraisal Topic



Procedures/Skills Taught (PC5)	
Pulmonary Function Tests interpretation	Reading Chest Xray/ CT
Bipap/CPAP management	

Supervision/Evaluation:
Resident will work one-on-one and be supervised by board certified physicians. While the resident will interact with several health care providers, supervision of patient care, behavior and diagnostic interpretations will be provided by the preceptor. The faculty preceptor will directly observe patient care and the performance of all procedures.

Assessment Methods	
Direct Observation	Procedure evaluation
End of Rotation Evaluation	Chart Review
Evaluation of Journal Club	Procedure Log
Case Log	

EPA's		
2	Care for patients and families in multiple settings	PC 1, 2, 3, 4
6	Evaluate and manage undifferentiated symptoms and complex conditions	MK 1, 2
7	Diagnose and manage chronic medical conditions and multiple co-morbidities.	SBP 1, 2, 4
9	Diagnose and manage acute illness and injury	PBLI 1, 3
		Prof 1, 3, 4
		Comm 1, 2, 3, 4

Resources: Required Reading
Pulmonary Function Testing
Asthma
Bronchiectasis (Non-Cystic Fibrosis)
Sleep Medicine: OSA, insomnia and common parasomnia disorders
Chest Imaging
COPD
Cough
Cystic Fibrosis
Drug-Induced Lung Disease
Smoking Cessation
Pleural Disease
Pneumonia
Interstitial Lung Disease
Lung Cancer & Lung Cancer Screening /Solitary Pulmonary Nodule



Additional Osteopathic Curricular Elements	
Osteopathic Considerations in the Pulmonary Care	SDOFM 2nd edition <ul style="list-style-type: none">○ Chapter 24 – Upper Respiratory Infections<ul style="list-style-type: none">▪ Read pages 258-273▪ View 17 linked videos▪ View PowerPoint on Upper Respiratory Infections○ Chapter 25 – Lower respiratory Infections<ul style="list-style-type: none">▪ Read pages 274-299▪ View 7 linked videos▪ View PowerPoint on Lower Respiratory Infections
Asthma	<ul style="list-style-type: none">• ACOFM OMTeaching Video Library<ul style="list-style-type: none">○ View videos under <i>Asthma</i>
COPD	<ul style="list-style-type: none">• ACOFM OMTeaching Video Library<ul style="list-style-type: none">○ View videos under <i>COPD</i>
Pneumonia	<ul style="list-style-type: none">• ACOFM OMTeaching Video Library<ul style="list-style-type: none">○ View videos under Pneumonia
Osteopathic Foundations in Pulmonary Care	Foundations of Osteopathic Medicine fourth edition <ul style="list-style-type: none">○ Read pgs. 195-220 (Anatomy, Mechanics and Physiology of Pulmonary Respiration)○ Read pgs. 239, 243-244 (Review pgs. 221-231- Autonomics)○ Read pgs. 763-782 (Viscero-somatic reflexes, SS reflexes, Jones Tenderpoints Trigger points and Chapman’s points)○ Read pgs. 1245-1257 (Considerations in Pulmonology)