

NAME OF ROTATION: **Respirology**

FOCUS OF THIS ROTATION

- The goal of this rotation is to provide the Internal Medicine trainee (PGY1s, PGY2s and PGY3s) with the opportunity to develop competencies in the assessment and management of patient's respirology disorders in the emergency department, on the ward, and in the ambulatory clinic setting.
- The objectives listed will be completed, in part, during the subspecialty rotation. Completion of all objectives is expected by the end of the PGY 3 year and will be accomplished through ongoing clinical exposure, participation in the formal academic curriculum and personal learning strategies. Residents are encouraged to prioritize objectives during their initial focused clinical exposure to this discipline.

CBD stage(s) for this rotation:

- TTD
- FOD
- COD

Length of this rotation:

- 1 block

PGY Level(s) for this rotation:

- PGY1
- PGY2
- PGY3

Locations for rotation:

- SHSC
- SMH
- SHS (MSH)
- UHN-TGH
- UHN-TWH
- WCH

Required training experiences included in this rotation:

Required training experiences (TTD Stage):

Clinical training experiences: 1.

1.1. Inpatient Respirology service (SMH, TGH)

1.2. After-hours coverage for inpatients and internal medicine consultation to the emergency department (varies by site)

Required training experiences (Foundations stage):

Clinical training experiences: 1.

1.1. Respirology inpatient service (SMH, TGH)

1.3. Respirology ambulatory care clinic

1.4. Acute care experience with patients presenting to emergency department with Respiratory disorders

1.5. After-hours coverage for a broad spectrum of inpatients and internal medicine consultation to the emergency department (varies by site)

Other training experiences: 2.

2.1. Directed and/or independent learning experience, in topics such as medical ethics, critical appraisal, and wellness (e.g. use of journal clubs, online modules, academic rounds)

Recommended training experiences (Foundations stage):

Clinical training experiences: 3.

3.2. Respirology consultation service

3.3. Care of the elderly

3.4. Palliative care

Other training experiences include: 4.

4.1. Instruction or experience in procedural skills (may use simulation)

Required training experiences (Core stage):

Clinical training experiences: 1.

1.2. Respiriology Ambulatory care: clinic and/or day hospital. This must include experience with a broad spectrum of conditions as well as patients with complex disorders

1.3. Service providing Respiriology consultation to other disciplines or to medical subspecialty inpatient units

1.5. After hours coverage for a broad spectrum of Respiriology inpatients and internal medicine consultation to the emergency department (varies by site)

1.6. Experience with critically ill patients with Respiratory disorders. This must include ICU, CCU, and respiriology consultation to the emergency department (varies by site)

Optional Clinical training experiences: 4.

4.2. Internal Medicine for specific populations

Care for vulnerable/marginalized populations 4.2.1.

4.4. Methods of delivery of internal medicine care

Interprofessional ambulatory care 4.

Blue = TTD PGY1, Blocks 1-4; Green = FOD PGY1, Blocks 5-13, Red = COD, PGY2 and 3

EPAs Mapped to this rotation:	Total # of EPAs
TTD1 Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care	5
TTD2 Identifying and assessing unstable patients, providing initial management, and obtaining help	Do whenever possible
FOD 2B	2
FOD 7	2 (1 if short rotation)
FOD 2C	1
COD 5 Performing the procedures of Internal Medicine	Do whenever possible
FOD 1 Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings	2
FOD 2A Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part A: Patient Assessment and Management	2
FOD 2B Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part B: Communication with Patient/Family	2
FOD 2C Managing patients admitted to acute care settings with common medical problems and advancing their care plan: Part C: Handover	1
FOD 5 Assessing unstable patients, providing targeted treatment and consulting as needed	Do whenever possible
FOD 7 Identifying personal learning needs while caring for patients, and addressing those needs	2 (1 if short rotation)
COD 2A Assessing and managing patients with complex chronic conditions: Part A: Assessment, Diagnosis, and Management	1
COD 5 Performing the procedures of Internal Medicine	Do whenever possible
COD 8 Caring for patients who have experienced a patient safety incident (adverse event)	Do whenever possible
COD 1 Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations	1
COD 2A Assessing and managing patients with complex chronic conditions: Part A: Assessment, Diagnosis, and Management	1
COD 2B Assessing and managing patients with complex chronic conditions: Part B: Patient Education/Communication	0-1 (can do)

EPAs Mapped to this rotation:	Total # of EPAs
COD 3A Providing internal medicine consultation to other clinical services: Part A: Patient Assessment and Decision-Making	2
COD 3B Providing internal medicine consultation to other clinical services: Part B: Written Communication:	2
COD 3C Providing internal medicine consultation to other clinical services: Part C: Oral Communication	1
COD 4A Assessing, resuscitating, and managing unstable and critically ill patients: Part A: Patient Care	Do whenever possible
COD 5 Performing the procedures of Internal Medicine	Do whenever possible
COD 6 Assessing capacity for medical decision-making	0-1 (can do)
COD 7 Discussing serious and/or complex aspects of care with patients, families, and caregivers	0-1 (can do)
COD 8 Caring for patients who have experienced a patient safety incident (adverse event)	Do whenever possible
COD 9B Caring for patients at the end of life: Part B: Discussion about transition away from disease modifying treatment	0-1 (can do)
COD 10 Implementing health promotion strategies in patients with or at risk for disease	1

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER

	Key Objectives for this Rotation:	CanMEDS Role(s):
1.	Perform an accurate and detailed history and physical examination to elicit details of common respiratory disorders.	Medical Expert
2.	Correlate relevant pathophysiology to the ordering and interpretation of laboratory and imaging investigations commonly used in the assessment of respiratory disorders, including arterial blood gases, CXR , oximetry and pulmonary function testing.	Medical Expert
3.	Demonstrate a cost-effective, patient-centred approach to and evidence-informed rationale for the management of common chronic respiratory disorders.	Medical Expert Leader
4.	Effectively manage acute respiratory disorders.	Medical Expert
5.	Plan and effectively perform thoracentesis.	Medical Expert
6.	Demonstrate the ability to convey important determinants of health affecting patients with respiratory disorders, including primary preventative measures and appropriate lifestyle modification (e.g., smoking cessation, allergen avoidance.	Health Advocate
7.	Effectively collaborate with the interprofessional health team and medical staff to coordinate the patient's care.	Collaborator

PRESENTATIONS:

Royal College Internal Medicine Competencies emphasized on the Respiriology rotation.

Numbers refer to items identified in the Royal College Competencies document.

Symptoms

Identify the causes and be able to use history, physical exam and investigations to arrive at a differential and provisional diagnosis for each of the following:

- Acute and chronic dyspnea 1.4.3.1.1.
- Cough 1.4.3.1.2.
- Hemoptysis 1.4.3.1.3.
- Wheeze 1.4.3.1.4.

Investigations

Be able to order and interpret the following:

- Pulmonary function testing 1.4.3.2.1.

Be able to perform and interpret the results of:

- Diagnostic and therapeutic thoracentesis 3.4.2.6.

Disorders

Using results of history, physical examination and investigations, be able to confirm the diagnosis of each of the following, and propose a management plan. The plan may include further investigations and treatment, taking into account the underlying cause and any complications. Must be able to manage respiratory emergencies.*

- Bronchial asthma* 1.4.3.3.1.
- Bronchiectasis
- Chronic obstructive lung disease 1.4.3.3.2.
- Interstitial lung disease 1.4.3.3.3.
- Mediastinal mass
- Pleural effusion 1.4.3.3.4.
- Pneumonia* 1.4.3.3.5.
- Pneumothorax* 1.4.3.3.6.
- Pulmonary embolism* 1.4.3.3.7.
- Sarcoidosis 1.4.3.3.8.
- Sleep apnea
- Lung neoplasms: primary and metastatic 1.4.3.3.9

Therapies:

Integrate knowledge of the indications/contraindications, side-effects and pharmacokinetics of the following therapies in the care of patients with respiratory disorders:

- Bronchodilators, anti-inflammatory agents, antibiotics, and oxygen therapy
- Empiric antibiotic therapy for likely pathogens based on history, chest radiographic findings and epidemiologic risk factors