

**Allergy and Pulmonary Division.
Resident Rotation Syllabus**

A one-month (4 weeks) Allergy and Pulmonary rotation is required for PGY2 and PGY3 categorical residents during each year. During this rotation and depending on the day of the week, the residents will be supervised by one of four providers (Peter Konig, MD, Zarah Ner, MD, Melissa Kouba, MD, Benjamin Francisco, APRN, PhD, or Jesus R. Guajardo, MD.). This specialty clinic provides out-patient care to large group of patients with different allergy and pulmonary conditions, such as allergic rhinitis, asthma, bronchopulmonary dysplasia, cystic fibrosis, sleep disorders, eczema, and food allergies to include a few. Most of the patients are scheduled days or weeks in advance and the vast majority represents patients for follow up of chronic conditions or referred by primary care providers for initial evaluation. Most of the patients are younger than 18 years of age, but approximately one third of the patients with cystic fibrosis and a few other patients are adults. It is expected that the residents will see the patients on their own and then “present” their findings and plan, after which both the supervising provider and the resident will see the patient again and finalize a plan. Education during this rotation will ensue from the verbal interactions between resident and supervisor by discussing a case and by modeling after witnessing supervisor’s interactions with patients. On occasions the residents will be asked to read upon a topic so they can be prepared to discuss it during a subsequent clinic.

Clinic Schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Jesus R. Guajardo 800	Ben Francisco 800 Zarah Ner 800	Jesus R. Guajardo 800 Melissa Kouba 800 Zarah Ner 800	Peter Konig 800	Ben Francisco 800 Zarah Ner 800
Peter Konig 1300	Peter Konig 1300	Peter Konig 800	Ben Francisco 1300 Jesus R. Guajardo 1300	Ben Francisco 1300

PGY2 education is focused on

1. evaluation and management of asthma and its co-morbid conditions (gastroesophageal reflux, chronic rhinitis, sinusitis, obesity, etc)
2. evaluation and management of cystic fibrosis
3. Interpretation of pulmonary function tests as well as chest and upper air way imaging

Residents on this level of training are expected to see 3 to 4 patients during a half-day clinic and be able to correctly “present” them to the supervisor. It is understood that their approach to management will not be excellent but satisfactory on average.

PGY3 education is focused on

1. continuing increasing their knowledge and skill on evaluation and management of asthma and its co-morbid conditions (gastroesophageal reflux, chronic rhinitis, sinusitis, obesity, etc)
2. continuing increasing their knowledge and skill on evaluation and management of cystic fibrosis
3. improving on the interpretation of pulmonary function tests as well as chest and upper air way imaging
4. more exposure to other medical conditions

Residents on this level of training are expected to see at least 4 patients during a half-day clinic and be able to show a high degree of independence by providing a pertinent history and physical exam as well as an appropriate plan.

Goals and Objectives

Patient Care:

GOALS: Residents are to provide patient care that is respectful, compassionate, comprehensive, and effective for the treatment of disease, promotion of health, and prevention of illness. The residents will be able to effectively evaluate, diagnose, and treat a variety of medical conditions seen in the allergy and pulmonary clinic.

OBJECTIVES

- At the end of the rotation, the residents should be able to correctly
1. Obtain an appropriate and accurate history, with focus on the respiratory, immunologic, and dermatologic systems, through
 - a. Review of records,
 - b. Direct communication with other health providers,
 - c. Interview of patient's parents, and, or
 - d. Interview of patient
 2. Perform a physical examination with focus on the respiratory system
 - a. Demonstration of the pneumatoscopy as one of the techniques to evaluate the middle ear dynamics
 - b. Observation of chest wall movements in patients with suspected respiratory disorders
 - c. Proper auscultation of the chest, neck, and face using a stethoscope
 - d. Proper percussion and palpation of chest
 - e. Identification of stridor, wheeze, ronchi, and crackles
 - f. Forced expiration on infants as a method to detect wheezing
 - g. Utilization of a pulsoximeter to evaluate the concentration of oxygenated hemoglobin in blood.
 3. Succinctly present a well organized history and physical exam to the supervising provider
 4. Delineate a management plan based on all the pertinent information available
 5. Interpret pulmonary function testing, specifically spirometry

6. Evaluate chest x-rays and sinus films for the presence of opacifications that may indicate disease
7. Demonstrate the use of devices to evaluate inspiratory (in-check dial) and expiratory flows (peak flowmeter, portable spirometer, and Piko)
8. Interpret blood and skin allergy tests
9. Counsel patients and family regarding
 - a. Use of sinus rinses
 - b. Avoidance of allergens
 - c. Smoking cessation
10. Perform required skin tests (percutaneous allergen tests, dermatographism, cold and hot tube tests)
11. →
12. →

Medical Knowledge:

GOALS: The residents will demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.
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OBJECTIVES:

At the end of the rotation, the residents should be able to correctly understand and describe:

1. the definition, epidemiology, pathogenesis, and pathophysiology of asthma as well as co-morbid conditions (rhinitis, sinusitis, gastroesophageal reflux, others).
2. the evaluation and diagnosis of asthma
3. the classification of asthma based on symptoms and other measures such as past medical history and pulmonary function testing
4. the treatment modalities to control asthma during its chronic stage and the management of an acute asthma exacerbation
5. the goals and importance of patient and family education
6. the differential diagnosis for wheezing
7. The classification, diagnosis, and treatment of rhinitis
8. the definition, epidemiology, pathogenesis, and pathophysiology of cystic fibrosis
9. appropriate differential diagnosis for cystic fibrosis
10. the management and health maintenance of patients with stable cystic fibrosis
11. the definition, epidemiology, pathogenesis, and pathophysiology, diagnosis, and management of eczema, and urticaria and angioedema.
12. the definition, epidemiology, pathogenesis, and pathophysiology, diagnosis, and management of food allergy
13. the definition, epidemiology, pathogenesis, and pathophysiology, diagnosis, and management of primary immunodeficiencies

Practice-Based Learning and Improvement:

GOALS: In an evolving manner the residents will demonstrate their abilities to acquire and access new knowledge and apply their own critical thinking. The residents will access the available resources (electronic, textbooks, and experts) to demonstrate the ability to improve in their knowledge by showing effective “lifelong learning skills” that will be applied to the medical care of patients. The development of metacognition in order for residents to be able to identify their own strengths, deficiencies and limits in knowledge and expertise.

OBJECTIVES:

At the end of the rotation, the residents should be able to

1. Consistently review the allergy and pulmonary medicine literature using printed and electronic sources.
2. Demonstrate the appropriate skills to perform a literature search to answer a clinical question.
3. Consistently evaluate individual performance, identify gaps in knowledge, and target learning to fill these gaps.
4. Consistently demonstrate learning from error.
5. Work well with other learners to enhance the common knowledge.
6. Provide, request, and accept feedback about performance.
7. Facilitate the learning of students, other residents, and other health care professionals

Interpersonal and Communication Skills:

GOALS: Residents are expected to consistently demonstrate interpersonal and communication (verbal and written) skills that result in effective information exchange and collaboration with colleagues, patients, and their parents. Evidence of this goal should be demonstrated in the maintenance of comprehensive, timely, and legible medical records.

OBJECTIVES:

At the end of the rotation, the residents should be able to

1. Demonstrate empathy and understanding during encounters with patients and health providers.
2. Use effective listening skills (nonverbal, explanatory, and questioning) to elicit and provide information during patient’s interview.
3. Show understanding of the need of maintaining comprehensive, timely, and legible medical records.
4. Provide appropriate follow up to patients about laboratory and radiologic studies.

5. Demonstrate appropriate communication skills and participation with other members of the pulmonary team.

Professionalism:

GOALS: Residents are expected to understand and demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

OBJECTIVES:

At the end of the rotation, the residents should be able to

1. Consistently act in the best interest of patients.
2. Consistently demonstrate a caring and respectful demeanor when interacting with patients and families.
3. Maintain patient/family confidentiality.
4. Demonstrate sensitivity to and respect for differences in race, ethnicity, culture, socioeconomic status, educational attainment, age, gender, sexual preference, and disability.
5. Apply fundamental bioethical principles to the provision of care.
6. be punctual, reliable, and dressed in an appropriate and professional manner.
7. Follow hospital procedures for acknowledging, reporting, and correcting errors.
8. Discuss errors honestly with families, when appropriate.

Systems-Based Practice:

GOALS: Residents should be able to work effectively with a multi-disciplinary team of providers to aid in the best outcomes possible by being aware of the larger context and system of health care.

OBJECTIVES:

At the end of the rotation, the residents should be able to

1. Demonstrate appropriate communication and collaboration with subspecialty consultants and ancillary staff.
2. Consistently advocate for patients and families by coordinating their care within the health care system relevant to the allergy and pulmonary specialty.
3. Describe billing and coding procedures and their supporting documentation.
4. Provide an approximated cost of the medical care that he or she is providing.
5. Appropriately refer and follow-up patients when necessary.
6. Participate in identifying system errors and implementing potential systems solutions.