

POH MEDICAL CENTER

PULMONARY DISEASES/CRITICAL CARE MEDICINE

FELLOWSHIP PROGRAM DESCRIPTION

**Daniel L. Maxwell, D.O.
Program Director**

Pontiac Osteopathic Hospital
POH Medical Center
And
Affiliated Hospitals

Pulmonary and Critical Care Medicine
Fellowship Program

The Pulmonary and Critical Care Medicine Fellowship program based at Pontiac Osteopathic Hospital has three track options:

- a) Combined Pulmonary and Critical Care Medicine, this track consists of an integrated three years leading to eligibility to challenge the American Osteopathic Board of Internal Medicine (AOBIM) examinations for certification in Pulmonary Diseases (Medical Diseases of the Chest) and a Certificate of Special Qualifications in Critical Care Medicine.
- b) Pulmonary Diseases, this track consists of two years intensive training leading to eligibility to challenge the AOBIM examination in Pulmonary Diseases (Medical Diseases of the Chest). Although significant time is spent in the Critical Care Unit, the trainee will not meet the requirements for the examination leading to a Certificate of Special Qualifications in Critical Care Medicine.
- c) Critical Care Medicine, this track consists of intensive exposure to the broad multidisciplinary specialty of Critical Care Medicine. The duration of training is dependent on the prior experience and training of the candidate. Trainees having already completed training in one or more critical care related Internal Medicine subspecialties (e.g. Cardiology, Infectious Diseases, Nephrology, etc.) must complete an additional one year. Candidates beginning training immediately after an Internal Medicine residency will complete two years.

The Fellowship program seeks to provide candidates with the opportunity to become consultant level subspecialists, qualified to function as independent resources for the communities in which they practice. The Fellowship program provides an intensive clinical exposure, an extensive didactic program, in which the Fellow is expected to actively participate, both as a student and a trainer, and an introduction to clinical research. While opportunities to participate in active research projects are available, this is not a research based fellowship program and candidates anticipating careers as physician-researchers are encouraged to seek training in programs more closely suited to their chosen career paths. Although significant exposure to Sleep Disorders may be expected, an additional six to twelve months of dedicated training is required to obtain eligibility for the current certification examinations in Sleep Medicine.

A thorough understanding of normal pulmonary anatomy and physiology form the basis from which to study the broad spectrum of clinical pulmonary disorders, including obstructive and restrictive lung diseases, interstitial and infiltrative lung diseases,

pulmonary vasculitis, primary and metastatic malignancies, and pulmonary infections, including tuberculosis, nontuberculous mycobacterial infections, pneumonias, and opportunistic infections seen in clinical practice. An appreciation of the pathology and pathophysiology of the disorders leads to an awareness of the clinical manifestations to be expected and the possible therapies. The program emphasizes clinical assessment, judicious use of laboratory and imaging studies, and invasive diagnostic procedures.

Critical Care Medicine is a broad, multidisciplinary specialty, encompassing the comprehensive care of critically ill and injured patients. A thorough understanding of normal physiology and variations, which may have beneficial or harmful effects, the interdependency of all organ systems and the patient as a whole person, interacting with their environment and family, are the basis from which to learn the appropriate use of pharmacology, invasive and noninvasive diagnostic and therapeutic interventions with an emphasis on medical ethics, including end-of-life decisions and support of patients and their families in times of extreme stress.

Internal Medicine sub specialties have, as their base, excellence in Internal Medicine. The Fellowship Program seeks to build on previously established knowledge and skills. The successful candidate will demonstrate competence in the broad field of Internal Medicine. Excessive exposure to Pulmonary Diseases or Critical Care Medicine during an Internal Medicine Residency, thus limiting training in the other aspects of Internal Medicine does not optimally prepare a physician to specialize in these fields. The well-rounded candidate, demonstrating mastery of the primary specialty, will ultimately become a better consultant and physician. During the course of the Fellowship program the trainee will spend a considerable amount of time on services other than Pulmonary Diseases or Intensive Care. These rotations are expected to broaden the knowledge and experience of the Fellow in such areas (i.e. Radiology, Pathology, Surgery, Infectious Diseases) which impact directly on patients with Lung Diseases or Critical Illness.

This Fellowship program reflects the unique Osteopathic philosophy. As such, structure-function relationships, the integration of all body systems and Osteopathic Manipulative Therapy are integrated throughout the training program.

The program emphasizes graduated responsibility with the Fellow gradually assuming responsibility under the supervision of both the rotation supervisor and the Program Director. It is expected that the trainee will interact closely with attending physicians and other consultants. The Fellow serves as an educator, mentor and supervisor for junior housestaff. The Fellow is also expected to serve as a resource and aid to the Nursing Staff of the Hospital. The Fellow will be assigned to medical staff committees in a nonvoting status with responsibilities commensurate with level of training and skill. Administrative responsibilities are assigned under the supervision of the Program Director. In order to function effectively in the medical environment the Fellow must become aware of costs, cost containment efforts, and the medical-legal implications of clinical decisions.

The Fellowship program, in conjunction with affiliated facilities provides the Fellow with unique opportunities in longitudinal care of patients with Pulmonary Diseases and/or

Critical Illness. On certain clinical rotations (Pulmonary Consultation Service) the Fellow will participate in the care of patients confined to Long-Term Acute Care Hospitals and Extended Care Facilities. These patients often, but not always, require ongoing mechanical ventilation. The unique requirements of care, including mechanical ventilation, in less intense settings necessitate a different, more holistic and clinical approach than typical in the acute care hospital.

Outpatient experience occurs in the private practice offices of faculty members. Fellows in Pulmonary programs (Tracks A and B) are assigned two half days each week. One must be with the Program Director, the other with a faculty member of the trainee's choice, with the concurrence of the supervisor and the Program Director.

The Fellow is expected to prepare and present four didactic lectures during each year of training. Two are to be educational lectures given to the housestaff. The remaining two are to be given to the faculty and should demonstrate mastery of the subject and pertinent literature.

The Fellow is expected to attend conferences at the hospital while on rotation. These conferences would include Chest Conferences, Tumor Board, Morning Report, and other meetings as assigned by the Program Director or Rotation Supervisor.

The Fellow is expected to prepare an annual scientific paper upon a subject acceptable to the Program Director. The paper is to be suitable for publication, and, following approval by the Program Director, should be considered for submission for publication to an appropriate peer-reviewed journal. The paper may take the form of an independent research project, a case report and review of the literature, or such other form as the Program Director may approve.

It is anticipated that the Fellow will maintain membership in the American College of Osteopathic Internists, the American Thoracic Society, the American College of Chest Physicians, and the Society of Critical Care Medicine. During the course of the Fellowship program the Fellow is expected to attend at least one of the annual meetings of these organizations each year. The choice of meetings is subject to the approval of the Program Director. The goal is for the Fellow to gain exposure to the professional societies they will interact with for the remainder of their career.

Required, selective and elective rotations are summarized in Appendix A (Curriculum Grid).

The Fellow is expected to gain competence in the clinical and ancillary evaluation of patients presenting with symptoms potentially arising from pulmonary disease and/or critical illness. Appendix B lists procedural skills which should be acquired by the trainee during the course of the program. The Program Director, advised by the faculty members, serves as the final arbiter of competence and satisfactory completion of the goals and objectives of the training program.

Appendix A
Curriculum Grid

	Track A	Track B	Track C
Pulmonary Consultations	10	9	1 – 2
Intensive Care (MICU/SICU/CCU)	7	4	3 – 7
Post Cardiac Surgery	2		2 – 2
University MICU/SICU*	2		2 – 2
Trauma ICU*	1		1
Anesthesia	1	1	**
Medical Subspecialty (Cardiology, ID, Nephrology, etc)	2		0 – 2
Pulmonary Pathology*	1	1	
Electives (suggestions)	9	8	3 - 6
Pulmonary Physiology Laboratory			
Burn ICU			
Transplant Service			
Interventional Bronchoscopy			
Radiology			
Research			
Interstitial Lung Diseases Clinic			
ECMO			

* “Selective” rotations – required but not offered at POH Medical Center.

** A one year Critical Care Fellow must demonstrate mastery of airway management and anesthetic agent pharmacology to the satisfaction of the Program Director and the Chairman of the Department of Anesthesiology, or designee, or complete a one month rotation in Anesthesia. It is expected that all graduates of the Fellowship program will meet privileging requirements for airway management and conscious sedation.

Elective rotations allow the Fellow, with the guidance of the Program Director, to tailor the program to their particular areas of interest and skill. The suggestions are not inclusive. As most elective rotations will occur outside of the parent institution choices must be made as soon as possible in order for appropriate arrangements to be completed. Additional core rotations may be substituted for electives as requested.

The annual schedule for each Fellow will be determined by the Program Director taking into consideration the needs of the parent institution and the trainee.

Appendix B
Procedural Expectations

The Fellow should develop competence in the performance of each of the following listed skills. (Appropriate tracks)

Pulmonary Physiology Testing (A, B)
Interpretation, Indications, Performance

Cardio-Pulmonary Stress Testing (A, B)

Medical Imaging Techniques (A, B, C)
Interpretation, Indications

Bronchoscopy (A, B, C)
Biopsy techniques (A, B)
Needle Aspiration (A, B)
BronchoAlveolar Lavage (A, B, C)

Arterial and Central Venous Catheterization (A, B, C)

Pulmonary Artery Catheterization and
Right Heart Catheterization (A, B, C)

Intra Aortic Balloon Counterpulsation (A, C)

Airway Management (A, B, C)

Mechanical Ventilation (A, B, C)

Management of Intracranial Hypertension (A, C)

Fine Needle Aspiration (A, B)

Conscious Sedation (A, B, C)

NeuroMuscular Blockade (A, B, C)

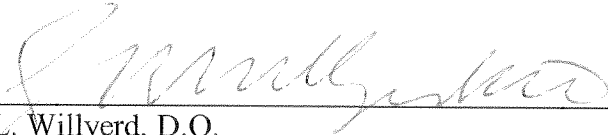
ICU Management, including protocol development, cost containment, etc. (A, C)

Thoracentesis

Pleural Biopsy

Chest Tube Placement and Pleurodesis

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Fellowship Program Description**



Gary L. Willyerd, D.O.
Director of Medical Education

12/9/04

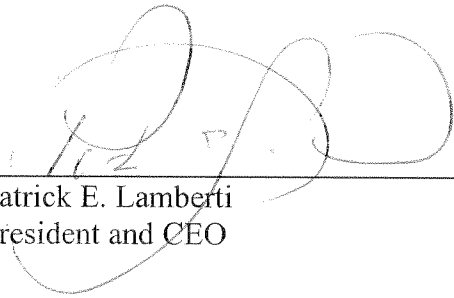
Date



Daniel L. Maxwell, D.O.
Program Director

9 DEC 2004

Date



Patrick E. Lamberti
President and CEO

12/09/04

Date