INDEX

I  Faculty Fellowship Review Committee  Page 2
II General description of program and core competencies  Page 3
III Learning goals in relation to core competencies  Page 5
IV Graded level of responsibility and expectations by year of training  Page 11
V  Reading recommended initially and general expectations  Page 13
VI Detailed goals and objectives  Page 15
VII Responsibilities and rotations by year of training  Page 22
VIII Conferences and educational resources  Page 25
IX Expectations, Goals and Objectives of Didactic Sessions  Page 25
X  Evaluation process  Page 27
XI Fellowship program policies  Page 28
XII Benefits  Page 37
The Fellowship Review Committee (FRC) is composed of program director and associate director, section chief, and several key faculty members. The committee is chaired by the program director. The FRC includes the senior fellows, who have administrative roles, and is open to all other fellows, who are encouraged to participate. Fellow members are present for all components of the meeting with the exception of when fellow performance is reviewed.

The FRC meets quarterly, on the first Thursday of the month, from 4:30 to 5:30 pm, to review the program (at each meeting several rotations are reviewed in depth) and to give recommendations to the program director. The program director and associate director meet periodically with fellows to obtain feedback about the program and suggestions for program improvements to be discussed during the more formal FRC quarterly meetings. A global review of the program takes place during May-June of each year. The section chief makes the final decisions regarding the program.

In addition, the FRC reviews the progress of each fellow at least twice per year. The program director, the associate program director and the rest of the FRC monitor fellows’ emotional and psychological stress to identify potentially impaired trainees.

A. Objectives of the RRC:

1. Identify fellows who require remediation
2. Review each fellow for both good and bad performance in relation to the core competencies.
3. Establish a one-to-one feedback mechanism for both good and bad performance in relation to the core competencies.
4. Design methods of remediation, if necessary, for the following skills:
   a. Medical knowledge
   b. Clinical reasoning and patient care
   c. Physical examination skills
   d. Communication skills
   e. Interpersonal skills
   f. Time management skills
5. Ensure consistent performance and achievement of proficiency in the following core competencies:
   a. Medical knowledge
   b. Patient care skills
   c. Professionalism
   d. Interpersonal and communication skills
   e. Practice-based learning
   f. Systems-based practice
6. Be a resource for fellows who experience difficulties progressing in their fellowship.
7. Ensure compliance with the ABIM and ACGME standards
8. Review and modify, when necessary, the goals and objectives of fellow rotations.

Section Chief:
Joseph A. Lasky, MD
Members:
Francesco Simeone, MD
Jaime Palomino, MD
Nereida Parada, MD
Supat Thammasitboon, MD
Robert Jones, MD
Dean Ellithorpe, MD
Jaime Palomino, MD
Ross Klingsberg, MD
Nathan Nielsen, MD
Daniel Salerno, MD

Meeting Dates: First Thursday of the month, quarterly, 4:00 PM, JBJ Conference Room 230

Agenda:

September: Review Kindred
           Pulmonary Physiology/Rehabilitation
           UH Pulmonary Consultation
           UH MICU

December:  Review Trauma
           SICU
           Tulane Pulmonary Consultation
           VA Pulmonary Consultation
           Semiannual Fellows Written Evaluations

March:     Review Tulane MICU
           VA MICU
           Sleep
           Research
           Clinics

June:      Review of Fellows; Recommendation for Promotion
           Review of Program changes for the coming year
           Semiannual Fellows Written Evaluations

Global review of the program: Evaluation of global effectiveness of rotations in achieving curriculum goals and objectives. Review of in-service examination results, review of weak areas and proposals for improvement. Meeting with graduating fellows to obtain their final feedback on what can be improved in the program. Only Program Director and Section Chief meet to evaluate performance of faculty (teaching abilities, commitment to educational program, clinical knowledge, scholarly activities, faculty evaluations by fellows).

Lecture Schedule: See Appendix

II. GENERAL DESCRIPTION OF PROGRAM AND CORE COMPETENCIES

The Tulane University Health Sciences Center has four divisions: The School of Medicine, the School of Public Health and Tropical Medicine and the Tulane University Hospital and Clinic (TUHC), all in
downtown New Orleans; the Tulane National Primate Research Center in Covington. Ours is a three-year training program with rotations through TUHC, University Hospital (UH), Southeast Louisiana Veterans Health Care System (SLVHCS) and Kindred Hospital (KH), all located in New Orleans. The training program includes rotations on inpatient pulmonary consultation services, outpatient pulmonary service, intensive care units, pulmonary physiology and rehabilitation, sleep medicine, trauma, surgical ICU, LTAC. There are opportunities to participate in basic and/or clinical research. During the fellowship, fellows advance from participation in procedures under very close supervision to almost independent activity when experienced. During the third year a rotation is arranged on the pulmonary transplant service at Ochsner Medical Center.

The diverse clinical experience at Tulane’s participating hospitals and clinics, combined with close faculty supervision and a detailed didactic curriculum, stimulates intellectual curiosity as well as the development of interpersonal and professional skills. Fellows are introduced to diverse and graded clinical responsibilities during the three years of training. Upon completion, they will be ready for a career in private practice or academic medicine, depending upon the track chosen.

The specific goals of the training program are guided by the 6 ACGME core competencies:

**Patient care** that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. This requires competency in data gathering, appropriate use of diagnostic testing, clinical decision-making, appropriate use and performance of procedures, implementation of therapeutic plans, ability to work with others in the delivery of patient care.

**Medical knowledge** about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care

**Practice-based learning and improvement** that involves the investigation and evaluation of care for patients, the appraisal and assimilation of scientific evidence and improvements in patient care. Skills include the ability to analyze practice performance and implement necessary improvements, to locate and apply scientific evidence to the care of patients, to critically appraise scientific literature, to use the computer for learning and patient care, to stimulate the growth of other health care professionals.

**Interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families and other health professionals. Skills include the ability to develop a therapeutic relationship with patients and their families, to use both verbal and nonverbal skills to facilitate communication with patients and their families, to work effectively within teams and as team leaders.

**Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to patients of diverse backgrounds. Facets of professionalism are integrity, honesty, willingness to accept responsibility, acting in the interest of the patient and respecting his/her autonomy, sensitivity toward patient’s ethnicity, age and disabilities.

**Systems-based practice**, as manifested by actions that demonstrate awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Important aspects are provision of cost-effective care, advocacy for quality patient care, working with hospital management and interdisciplinary teams to improve patient care.
III LEARNING GOALS IN RELATION TO CORE COMPETENCIES IN OUR FELLOWSHIP PROGRAM

1. Patient Care

a. Develop bedside skills necessary to establish a trusting relationship with patients and to obtain history and physical.

*Method of instruction:* Fellows are trained in the patient-physician interaction as a part of their ward, ICU and ambulatory rotations. Teaching and management rounds are combined and last 3 to 4 hours per day. Attending physicians use this time to direct patient care and to teach fellows how to obtain and process relevant clinical information.

*Method of Evaluation:* Attending physicians evaluate during round the accuracy of historical data obtained by the fellows and observe each fellow’s interaction with the patient. Attending and fellow evaluations (https://www.e-value.net) are used to evaluate these skills. Feedback on patient care, clinical reasoning, expenses of care, efficiency of care and interpersonal skills is given also based on an Observed Clinical Exams (ABIM miniCEX) performed in a certain number each year to evaluate these skills. During this exercise, a faculty member (preferably the fellow’s mentor) directly observes the fellow’s interaction and care of the patient and gives direct feedback after the encounter. The miniCEX exercise is also used to evaluate more frequently fellows who have a larger margin for improvement in one or more of the core competencies. In these cases more unannounced focused miniCEX may be conducted, followed by feedback sessions.

b. Master performance and interpretation of physical examination maneuvers.

*Method of instruction:* All fellows consolidate their knowledge of physical examination learning from the attending at the bedside and they, in turn, teach residents on their team, and medical students as part of the clinical diagnosis preceptorship.

*Method of Evaluation:* Teaching and management rounds are combined and conducted at the bedside. This allows the attending physician to teach and observe the fellow’s physical examination techniques. Evaluations are through https://www.e-value.net.

c. Develop skills in clinical reasoning.

- Use historical data to generate a differential diagnosis.
- Use subsequent questions to assign pre-test probabilities
- Use previously published data from the medical literature (sensitivity, specificity) to calculate likelihood ratios for physical examination and laboratory tests.
- Focus the physical examination to evaluate the diagnoses being considered
- Use the results of a physical exam test to increase or decrease a diagnosis’ post-test probability
- Use the results of a laboratory test to increase or decrease a diagnosis’ post-test probability
- Use cost-benefit analysis to establish treatment and testing thresholds.

*Method of Instruction:* During morning round, and at the weekly chest conference, clinical reasoning by fellow is encouraged. Kassirer’s *Learning Clinical Reasoning* textbook and *Teaching Clinical Reasoning* article (Kassirer JP.
Teaching clinical reasoning: case-based and coached. Acad Med. 2010 Jul;85(7):1118-24) is recommended to study this topic. Formal lectures address clinical reasoning and Baysian theory.

Method of Evaluation:
Attending physicians provide an end of the month assessment of each fellow’s clinical reasoning abilities.

d. Know how to discern and communicate the relevant features of a case

- Structure the oral presentation to highlight relevant data
- Adapt a presentation to different clinical scenarios
- Structure a consultation or an admission note to highlight relevant data
- Structure a progress note to highlight relevant data

Method of Instruction:
An oral presentation lecture is given at the beginning of the academic year. Some fellows also serve as preceptors for the Clinical Diagnosis class, teaching this skill to second year medical students.

Method of Evaluation:
Fellows are evaluated in their written and oral communication skills as part of their monthly evaluations (https://www.e-value.net) and receive feedback from their attendings.

e. Acquire the skills for diagnosis and management of chronic or terminal disease. Understand the emotional, social and financial implications of chronic disease.

Method of Instruction:
Training in the management of chronic and terminal disease is facilitated as part of daily bedside faculty teaching. This is supplemented with didactic instruction (Thursday lectures) on death and dying and on chronic disease management. As part of the Kindred rotation, fellows also learn finances and management of hospice-based and long-term care systems of health care in their interaction with case managers.

Method of Evaluation:
Attendings evaluate fellows understanding of chronic and terminal disease.

2. Medical Knowledge

a. Develop the knowledge and skills needed for diagnosis and management of acute disease in ambulatory, critical and non-critical inpatient care settings.

Method of Instruction:
Fellows receive instruction as part of the Thursday lectures and through the written curriculum. The curriculum is organized by learning objectives and includes references to selected articles and book chapters. Much of this material is available on our website, when in electronic format, or as paper copies (two copies of articles collected in seven large binders kept one in the fellow’s room and one in the conference room). All articles discussed in our weekly Journal Club are added to our website and can be accessed with a password from any computer. This knowledge is consolidated as part of the daily teaching and management bedside rounds. Morning round and chest conference are used to consolidate and evaluate this learning. Up-to-Date is provided as a service at all hospitals. MD Consult is provided by the Tulane and the Veterans Affairs electronic libraries. Through these electronic libraries, and through MD Consult, fellows have access to several textbooks (including Murray & Nadel’s Textbook of Respiratory Medicine, Harrison’s on line, Cecil Textbook of Medicine, Clinics in Chest Medicine, Sleep Medicine Clinics, Critical Care Clinics).
**Method of Evaluation:**
Medical knowledge is evaluated with yearly in-service examinations, and through other evaluations (self, peers, attendings). Junior fellows sit for the first in-service exam at the beginning of their first year of training.

**b. Develop proficiency in the procedures commonly performed by an intensivist/pulmonologist**

**Method of Instruction:** Fellows have several sources to learn common procedures in pulmonary and critical care. These include:

- the NEJM Videos in Clinical Medicine website
  (http://content.nejm.org/misc/videos.shtml?ssource=recentVideos) for many simple common procedures;
- the video-library of the Cooks Critical Care Website, for airway management and for all the most common procedures performed in the ICU
  (http://www.cookmedical.com/cc/educationResource.do?id=Educational_Video);
- other material on CD Rom or powerpoint presentations (management of difficult airways) on our website
  (http://www.som.tulane.edu/pulmdis/academic_activities.htm);
- recommended readings (Interventional Pulmonary Procedures Guidelines from the ACCP found at
  http://www.chestjournal.org/cgi/reprint/123/5/1693, and ERAS/ATS Statement on Interventional Pulmonology found at
  http://erj.ersjournals.com/cgi/reprint/19/2/356).

Every year a workshop is organized on airway management as part of the Thursday Conferences. Daily rounds with attending physicians and their supervision during procedures complete the teaching.

**Method of Evaluation:** Attending evaluations are used to assess fellow proficiency in performing procedures. Fellows are certified in each procedure after documented supervision of successful completion of the required number for each of them. Procedure completion forms on https://www.e-value.net document procedure performance. The electronic system also reminds fellows of the number of procedures required and how many are still needed for certification of competency. This information is reviewed by the program director, and feedback is given, during the biannual fellow evaluation.

**c. Acquire the skills necessary to be an effective consultant, and know when to request consultation from other services.**

**Method of Instruction:** Fellows are taught consultative medicine as part of the in-patient pulmonary consult rotation. A written pulmonary consultation curriculum is provided to each Fellow. This includes the objectives of learning interpersonal and communication skills as well as specific pulmonary consultation topics.

**Method of Evaluation:** attending evaluations are used to evaluate the fellows consultation abilities with respect to patient care, medical knowledge and interpersonal and communication skills. The ABIM miniCEX performed each year is also used to evaluate skills as a consultant.

3. **Practice-based learning and improvement**

   **a. Fellows are expected to use the medical literature to make evidence-based decisions while managing their patients. They are expected to learn how to:**
- Interpret measures of association between risk factors and disease (relative risk, odds ratios).
- Interpret measures of disease outcomes (incidence, prevalence).
- Define and interpret null and alternative hypotheses and the role of p-values in statistical analysis.
- Define and compare clinical significance and statistical significance.
- Define sampling variation, compute and interpret standard error and confidence intervals.
- Perform t-test; understand how sample size and standard deviation affect power.
- Know how to calculate and interpret a confidence interval.

Method of Instruction: Fellows attend lectures on critical appraisal of the medical literature, addressing each of the listed learning objectives as part of the Thursday conferences. They also participate in a bi-weekly journal club to consolidate these skills. Two series of articles on statistics for clinicians, mandatory reading, are available on our website (http://www.som.tulane.edu/pulmdis/academic_activities.htm). An Evidence Based Medicine Toolkit is used to appraise each article in Journal Club (available at http://www.med.ualberta.ca/ebm/ebm.htm). This website includes also links to the JAMA Users’ Guide to EBM article series (mandatory reading: articles on Therapy/Prevention, Diagnosis, Prognosis, Harm/Etiology).

Method of Evaluation: As active participants in the journal club, fellow’s skill in critical appraisal of the medical literature is evaluated by attending physicians and by other fellows through a specific JC evaluation form. Journal club discussions are focused on answering the EBM Toolkit questions to ensure that each fellow can answer the key questions.

b. Understand the features of clinical trials

- Know the features of and how to design a descriptive study
- Know the features of and how to design a case-control study
- Know the features of and how to design a cohort study
- Know the features of and how to design a randomized controlled trial

c. Critically appraise the medical literature and use it to make evidence-based clinical decisions.

Method of Instruction:
The written curriculum includes targeted questions to assess the resident’s knowledge of these objectives. The reading assignments provide the necessary learning.

Method of Evaluation:
Fellows are required to critically appraise and present articles in the weekly Journal Club. The studies they select and appraise are added to the fellowship educational website and used both to guide their clinical decision and to teach residents and students.

d. Apply the principles of preventive medicine in managing patients in the pulmonary clinics. Use primary prevention, immunization, early detection of disease, and patient education to reduce the incidence and severity of disease.

Method of Instruction:
The curriculum emphasizes disease prevention and patient education (particularly smoking cessation and use of spirometry for early detection of COPD).

Method of Evaluation:
Fellows are evaluated by their patients in clinic. As part of the Observed Clinical Exam (ABIM miniCEX), fellows are directly observed by faculty with respect to their patient education skills. The in-service examination is also used to assess the resident’s knowledge of preventive medicine.

**e. Accurately document patient care and treatment plans as part of daily inpatient practice of pulmonary and critical care.**

*Method of Instruction:*
Fellows are instructed on accurate chart documentation and medical record acquisition at the beginning of their training.

*Method of Evaluation:*
Attending physicians periodically review charts. The review focuses on areas of potential improvement in chart documentation. Fellows are evaluated on this aspect on [https://www.e-value.net](https://www.e-value.net).

**4. Interpersonal and communication skills**

**a. Develop leadership. Successfully lead a health care team comprised of nurses, respiratory therapists, dieticians, social workers.**

*Method of Instruction:*
Fellows are taught leadership, teamwork and teaching skills. At the beginning of the academic year they attend a lecture on “How to Teach”. Fellows also learn system-issues related to team leadership as part of the Thursday conference. Fellows learn on the field how to become team leaders, particularly while on their multidisciplinary ICU team. Fellows participate in multidisciplinary rounds with nurses, respiratory therapists, social workers and ancillary staff in the ICU. They consolidate this skill during their second and third year, when they are given more autonomy and more opportunities to practice the acquired skills. Their leadership, teamwork and organizational skill is further refined through participation in university and hospital committees as well as quality improvement projects.

*Method of Evaluation:*
Fellows are evaluated as part of their monthly ward rotations by attending physicians (monthly), nurses, respiratory therapists and peers (biannually). (see the [https://www.e-value.net](https://www.e-value.net) evaluation forms).

**b. Develop the fundamentals of medical education.**

*Method of Instruction:*
Each fellow is required to engage in teaching activities each year. Options include preceptor for Clinical Diagnosis or leading pathophysiology case discussions (Problem Based Learning). Fellows also are trained in teaching students on how to present cases and how to educate healthcare professionals on protocol implementation and on other topics of their choice, particularly during the KH rotation.

*Method of Evaluation:*
Fellows are evaluated by the students that they teach during clinical diagnosis and PBL. The forms, that evaluate interpersonal and communication skills, are filed in the resident’s portfolio. Fellows serve as preceptors for the second year medical students mentoring them as they listen to their presentations.

**c. Develop interpersonal skills.**

*Method of Instruction:*

Fellows are taught interpersonal skills through some required reading material available on the website, and by reading Dale Carnegie’s *How to Win Friends and Influence People*.

**Method of Evaluation:**
In addition to attendings monthly, patient, nurse, respiratory therapist and peer evaluations (biannually) assess the fellow’s interpersonal skills. Patient and nurse evaluations are obtained by the fellowship coordinator.

d. **Identify signs of emotional distress and substance abuse in colleagues.**

**Method of Instruction:**
As part of the Thursday curriculum, fellows are trained in the identification of impaired physicians. Fellows also participate in school (Tulane) and hospital (MCLNO) housestaff forums on impaired physicians and on dealing with death and dying. Fellows are requested to go through the LIFE Curriculum, a case-based educational program designated to educate them on how to prevent, identify and manage fatigue and impairment. Fellows have access to confidential counseling and referral for psychiatry support if needed.

**Method of Evaluation:**
Fellows work as supervisors and preceptors of residents and medical students. In this role, they practice these skills.

5. **Professionalism**

a. **Develop habits for life-long self-education and personal growth.**

**Method of Instruction:**
Each year, fellows are taught reading strategies and methods to prevent skill decline as they continue to acquire new knowledge. Readings are recommended that stimulate an inquisitive attitude and critical thinking.

**Method of Evaluation:**
Fellows meet with Program Director at least twice per year to discuss their reading strategies and their personal goals. In this occasion they are given career advice and counseled on strategies for achieving their personal and career goals.

b. **Develop an understanding of the principles of ethical care.**

**Method of Instruction:**
Fellows are given lectures as part of the Thursday series on the ethical practice of medicine. Cases are also discussed in conference, with the occasional participation of members of the ethics committee.

**Method of Evaluation:**
Ethical practice is evaluated as part of the monthly evaluation form. Attending physicians evaluate each fellow. The ethical practice of medicine is also discussed as part of the bi-annual meetings with Program Director.

6. **Systems-based practice**

a. **Understand the systems of medical care. This includes familiarity with medical economics, regulations and types of health care and health delivery.**
b. Understand the principles of medical economics
   - Medicaid regulations, standards of care and billing requirements
   - Medicare regulations, standards of care and billing requirements
   - Uncompensated care provisions
   - Third-party insurance regulations, standards of care and billing requirements

c. Gain proficiency in accurate diagnostic coding and billing.

d. Become familiar with the principles of epidemiology, occupational medicine, and environmental medicine.

Method of Instruction:
Workshops are arranged with personnel from the billing department, and other personnel, to discuss
Medicare/Medicaid
Information Technology
Gifts from Industry
Quality Improvement
Organized Medicine
Finance
Physician Profiling
Patient Scheduling
Compliance, Fraud, Abuse
Reimbursement
Practice Models (club care, online med)
Negotiation
Job Hunting
Essentials of Practice (CME, licensure, certification, membership, credentialing)
Billing and Documentation
Legal Issues (EMTALA, HIPAA, malpractice, job contracts)
ABC’s of Academic Medicine

Method of Evaluation:
Fellows participate every year in Quality Improvement Projects and learn principles of manipulating
systems to improve performance (Plan-Do-Study-Act cycle). They apply this knowledge to the area of
quality improvement they have chosen.

IV GGRADED LEVEL OF RESPONSIBILITY AND EXPECTATIONS BY YEAR OF
TRAINING

1st YEAR FELLOW
1. Demonstrates integrity, respect, compassion, and empathy for patients.
2. Communicates effectively with patients, families, health care professionals, other trainees, faculty and
   referring physicians.
3. Demonstrates ethical behavior while dealing with clinical and non-clinical issues.
4. Develops expertise as a consultant dealing with common pulmonary problems.
5. Develops expertise in managing adult patients with severe pulmonary illnesses and other serious
   illnesses requiring ICU treatment.
6. Demonstrates knowledge in the technical aspects and competency in the interpretations of pulmonary
   function testing.
7. Demonstrates knowledge and competency in performing flexible bronchoscopy and related procedures.
8. Demonstrates knowledge and competency in performing thoracentesis.
9. Demonstrates knowledge and competency in performing arterial puncture.

**2nd YEAR FELLOW:**
1. Demonstrates integrity, respect, compassion, and empathy for patients.
2. Communicates effectively with patients, families, health care professionals, other trainees, faculty and referring physicians.
3. Demonstrates ethical behavior while dealing with clinical and non-clinical issues.
4. Maintains and enhances expertise as a consultant dealing with common and uncommon pulmonary diseases.
5. Maintains and enhances expertise in managing adult patients with severe pulmonary illnesses and a variety of other serious illnesses as well as trauma and surgery requiring ICU treatment.
6. Demonstrates knowledge in the technical aspects and competency in the interpretation of PFTs, exercise tests and sleep studies.
7. Maintains competency in procedural skills learned during the first year and develops knowledge and competency in:
   - Endotracheal intubation, including difficult airway, and airway maintenance
   - Advanced Ventilator management
   - Percutaneous pleural biopsy
   - Arterial and pulmonary artery catheters and central venous catheters placement
   - Calibration and operation of hemodynamic recording systems
   - Insertion and management of chest tubes.

8. Work with mentor on research project.

**3rd YEAR FELLOW:**
1. Demonstrates integrity, respect, compassion, and empathy for patients.
2. Communicates effectively with patients, families, health care professionals, other trainees, faculty and referring physicians.
3. Demonstrates ethical behavior while dealing with clinical and non-clinical issues.
4. Maintains and enhances expertise as a consultant dealing with common and uncommon pulmonary diseases.
5. Maintains and enhances expertise in managing adult patients with severe pulmonary illnesses and a variety of other serious illnesses as well as trauma and surgery requiring ICU treatment.
6. Demonstrates knowledge in the technical aspects and competency in the interpretations of PFTs, exercise tests and sleep studies.
7. Maintains competency in procedural skills learned during the first year and develops knowledge and competency in:
   - Endotracheal intubation, including difficult airway, and airway maintenance
   - Advanced Ventilator management
   - Percutaneous pleural biopsy
   - Arterial and pulmonary artery catheters and central venous catheters placement
   - Calibration and operation of hemodynamic recording systems
   - Insertion and management of chest tubes.
   - Percutaneous tracheostomies
   - CT or fluoroscopy guided guided lung biopsies

8. Once research project is completed, write a manuscript and publish results on a peer-reviewed journal.
9. Learn the basics of Pulmonary Transplant and who to refer during the rotation on the Pulmonary Transplant Service at Ochsner.

The following will also be mastered in a progressive fashion:
**Teaching**
During the first year fellows participate in teaching rounds and didactic sessions, including critical appraisal of literature and presentation of articles in Journal Club. During the second year fellows will continue to present articles in Journal Club and give at least one conference to attendings and colleagues. During the third year fellows will present articles in Journal Club, give at least one conference to attendings and colleagues, and will help organizing the calendar of lectures for the fellowship curriculum. During the three years fellows will teach a core curriculum of topics to residents and students during the MICU rotation. Second and third year fellows contribute to educate healthcare professionals at some of our sites, like Kindred Hospital and Tulane Health Sciences Center, by giving periodic lectures, mainly in the ICU.

**Patient Care**
Fellows will learn invasive procedures initially performed under direct supervision of attendings and senior colleagues. Subsequently, when proficient, they will perform some of the procedures independently and help teaching junior colleagues. During the first year, fellows will work in the ICU closely supervised by a faculty member. During the second and third year, while having more autonomy, they will refine leadership and teaching skills.

**Management**
Fellows will participate, particularly during their 3rd year, in some of the Quality Assurance meetings, Critical Care Advisory Committee meetings and other hospital committee meetings. They will help managing areas of the pulmonary section that are pertinent to their training (i.e. rotations and call schedules, lectures schedule). Third year fellows will manage Call Schedules/Thursday Conference and Journal Club Schedules. Second year fellows will focus on Quality Assurance Projects. First year fellows will be responsible for presentations of cases at CPC, Tumor Board, Chest Conference, M&M.

**Research and scholarly activities**
First year fellows will present and discuss a case at the Annual Tri-state Thoracic Society Case Conference. Second and third year fellow will be assigned a mentor and a research project based on their interests. They are expected to submit the results of their research efforts to a peer-reviewed journal for publication, or at least in abstract form for presentation at a national meeting.

**Readings recommended initially:**
The training program focuses on the growth of fellows as professionals and experienced sub-specialists. Recommended readings – not limited to the field of pulmonary/critical care – stimulate critical thinking and a lifelong disposition to inquiry and scholarship.

Suggested readings include classics of philosophy such as Gorgias, by Plato, where the worldly success of Gorgias, achieved through rhetoric (the art of persuasion), is contrasted with the inquisitive attitude of Socrates. A Socratic attitude, and understanding through critical thinking, is encouraged.

Recommended books on critical thinking and on communication, chosen for their conciseness and clarity, are:

2) Being Logical, by McInerney;
3) A rulebook for Arguments, by Weston;
4) The Elements of Style, by Strunk and White;
5) Communicating in Science: Writing a Scientific Paper and Speaking at Scientific Meetings, by Booth.
6) On Writing Well, by William K. Zinsser

Fellows must become competent in: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. We emphasize the importance of mastering all 6 core competencies during training and for the rest of their professional life.

**General Expectations:**

**Patient care**
Arrive at work between 7 and 8 AM, depending on the rotation and workload for the day. Pre-round on previous consultations/admissions, begin your evaluation of new consultations/admissions, coordinate, supervise and teach residents and/or students on the team.

**Interpersonal communication skills**
Develop or refine bedside skills required for optimal care of patients, for efficient and complete history taking/physical examinations. Communicate effectively with family members of critically ill patients, using tact, while discussing prognosis and/or end-of-life issues. Avoid any type of personality clash with any colleague or healthcare professional, particularly ER physicians and surgeons. You are instead expected to master the skill of conflict resolution.

**Professionalism**
Coordinate your team activities, provide timely updates for the attending. Establish leadership when attending is absent (act as the attending surrogate). Be polite and make yourself available as a consultant to other physicians who ask your help or advice, regardless of the type and level of complexity of the consultation requested, regardless of the time of the day or day of the week. Write well-organized, logical notes. Your handwritten notes must be legible. When applicable (Tulane ICU/wards and MCLNO pulmonary clinic), dictate your clinic notes, pulmonary consultations, history and physicals, discharge summaries, in a timely fashion. Timely completion of medical records is essential. Dress in a professional manner: men in a shirt and tie, women appropriately. Wear clean white coats when seeing patients. Scrubs are to be used in the operating room, during procedures, and are otherwise acceptable only in the evening and night when on call, or after rounds on the weekend. Blue Jeans, sneakers, shorts, mini-skirts, tee-shirts too short that leave the belly exposed, sandals, are not allowed.

**Practice-based learning**
Attend Journal Clubs, conferences on critical appraisal of medical literature, on evidence-based medicine. Study the recommended introductory articles to statistics. Learn how to dissect and appraise the methods section of a study, how to assess level of evidence and grade of recommendation. Assist the attending in teaching residents, using the material previously appraised in JC and made available to you on our educational website. Provide the team with updated, valid articles, pertinent to the cases you are managing. You are expected to search, read and share literature on the cases you manage.

**Systems-based learning**
Attend some of the Quality Assurance meetings and the M & M conference (organized by both Pulmonary Section and Department of Medicine). Meet with case managers or other health care professionals to evaluate outpatient resources available to your patients when discharged (home O2, home BiPAP/CPAP, pulmonary rehabilitation, smoking cessation). Participate in the yearly quality improvement project (participate both in design and implementation).
VI KNOWLEDGE AREA, DETAILED GOALS AND OBJECTIVES

(An online version of these general goals and objectives – found at http://www.som.tulane.edu/pulmdis/academic_activities.htm - is also available that includes recommended readings and useful links)

GOAL ONE
Demonstrate knowledge of physiology, pathophysiology, diagnosis, and therapy of pulmonary and critical care medicine problems.

Objective 1: (pulmonary medicine knowledge areas)
A. Learn pathophysiology and how to diagnose and manage patients with obstructive lung diseases, including:
   - Asthma
   - Emphysema
   - Chronic bronchitis
   - Bronchiectasis
   - Cystic fibrosis

B. Learn pathophysiology and how to diagnose and manage patients with interstitial and inflammatory lung diseases, including:
   - Sarcoidosis
   - Idiopathic pulmonary fibrosis
   - Pneumoconiosis, including:
     - Asbestosis
     - Silicosis
   - Pulmonary hemorrhagic disorders, including:
     - Wegener's granulomatosis and other vasculitides
     - Goodpasture's Syndrome
   - Collagen-vascular diseases
   - Bronchiolitis obliterans organizing pneumonia (BOOP/COP)
   - Eosinophilic granuloma
   - Allergic bronchopulmonary aspergillosis (ABPA)
   - Hypersensitivity pneumonitis
   - Drug-induced lung disease
   - Alveolar proteinosis

C. Learn pathophysiology and how to diagnose and manage patients with occupational and environmental lung diseases.

D. Learn pathophysiology and how to diagnose and manage patients with pulmonary vascular diseases, including:
   - Deep venous thrombosis (DVT)
   - Acute pulmonary embolism
   - Recurrent pulmonary embolism
   - Chronic thromboembolic disease
   - Primary pulmonary hypertension
   - Secondary pulmonary hypertension

E. Learn pathophysiology and how to diagnose and manage patients with lung infections, including:
   - Community-acquired pneumonia
- Nosocomial pneumonia
- Lung abscess
- Aspiration pneumonitis
- Tuberculosis, including latent infection and active tuberculosis
- Nontuberculous mycobacterial infections
- Fungal infections of the lung

F. Learn pathophysiology and how to diagnose and manage patients with pulmonary manifestations of Acquired Immune Deficiency Syndrome (AIDS) and other immunodeficiency diseases.

G. Learn physiology, pathophysiology, and how to manage patients who have undergone lung transplantation.

H. Learn pathophysiology and how to diagnose and manage patients with pulmonary neoplasms, including:
- Benign neoplasms of lung
- Small cell cancer of lung
- Non-small cell cancer of lung
- Paraneoplastic syndromes of lung cancer
- Malignancies metastatic to lung

I. Learn pathophysiology and how to diagnose and manage patients with disorders of the pleura, including:
- Pleuritis
- Pleural effusion
- Empyema
- Fibrothorax
- Mesothelioma

J. Learn pathophysiology and how to diagnose and manage patients with disorders of the mediastinum, including:
- Mediastinitis
- Mediastinal tumor

K. Learn pathophysiology and how to diagnose and manage patients with chest trauma, including:
- Rib fracture
- Flail chest
- Pneumothorax, simple and tension
- Pulmonary contusion
- Foreign body aspiration

L. Learn pathophysiology and how to diagnose and manage patients with acute lung injury due to inhalation and radiation, including:
- Chemical pneumonitis
- Radiation pneumonitis

M. Learn pathophysiology and how to diagnose and manage patients with developmental abnormalities and congenital disorders, including:
- Azygous fissure
- Pulmonary sequestration
P. Learn pathophysiology and how to diagnose and manage patients with genetic disorders, including:
- Cystic fibrosis
- Alpha-1-antitrypsin inhibitor deficiency

Q. Learn pathophysiology and how to diagnose and manage patients with respiratory failure, including:
- Acute respiratory distress syndrome (ARDS)
- Acute and chronic respiratory failure in obstructive or restrictive lung disease
- Neuromuscular disorders

R. Learn pathophysiology and how to diagnose and manage patients with hypsomnia and sleep disorders, including:
- Sleep disordered breathing
- Obstructive sleep apnea syndrome
- Nocturnal hypoxemia secondary to COPD
- Nocturnal hypoxemia secondary to CHF
- Periodic leg movement syndrome (PLMS)
- Narcolepsy
- Insomnia

Objective 2: (critical care medicine knowledge areas)
A. Learn pathophysiology and how to diagnose and manage patients with disorders which can cause critical illness:
- Cardiovascular disorders
- Respiratory disorders
- Renal disorders
- Gastrointestinal disorders
- Genitourinary disorders
- Neurologic disorders
- Endocrine disorders
- Hematologic disorders
- Musculoskeletal disorders
- Disorders of the immune system
- Infectious diseases
- Obstetric and gynecological disorders
- Anaphylaxis and acute allergic reactions
- Trauma

B. Learn pathophysiology and how to diagnose and manage patients with disorders secondary to critical illness, including:
- Electrolyte and acid-base disorders
- Metabolic, nutritional, and endocrine effects of critical illnesses
- Hematologic and coagulation disorders secondary to critical illness
- Pharmacokinetics, pharmacodynamics, drug metabolism, and drug excretion during critical illness

C. Learn pharmacology and clinical use of paralytic agents.

GOAL TWO:
Demonstrate practice skills necessary to diagnose and manage pulmonary and critical care medicine problems.
Objective 1: (pulmonary medicine practice skills)
A. Learn how to obtain a thorough history relevant to pulmonary problems, including:
   - Dyspnea, on exertion and at rest
   - Cough and expectoration
   - Wheezing and stridor
   - Hemoptysis
   - Chest pain
   - History of known pulmonary diseases
   - Occupational history and history of exposure to dusts
   - History TB skin tests
   - History of past chest roentgenograms
   - History of previous surgical procedures

B. Learn how to perform a thorough, systematic physical examination relevant to pulmonary problems.
   Learn to recognize and understand the significance of pulmonary and extrapulmonary signs of pulmonary diseases, including:
   - Abnormal patterns of breathing, including:
     - Kussmaul breathing
     - Cheyne-Stokes breathing
     - Thoracic-diaphragmatic dyscoordination
   - Abnormal chest and diaphragm movement
   - Use of accessory respiratory muscles
   - Chest wall abnormalities, including:
     - Kyphosis
     - Scoliosis
     - Pectus excavatum
     - Pectus carinatum
     - Straight back
     - Barrel chest
     - Ankylosis
     - Adventitious lung sounds

C. Learn how to interpret laboratory data relevant to pulmonary problems, including:
   - Sputum cultures and microscopic examination for bacteria, mycobacteria, fungi, and Legionella
   - Sputum cytology
   - Oxygen saturation (by pulse oximeter)
   - Arterial blood gas (ABG)
   - TB skin test
   - Skin test for delayed hypersensitivity
   - Sweat chloride test
   - Pleural fluid analysis, including cytology, chemistry, Gram’s stain, and culture for bacteria, fungi, and mycobacteria
   - Transthoracic needle aspirate (fluoro- or CT-guided) and biopsy
   - Lung biopsy

D. Learn how to interpret physiologic data relevant to pulmonary problems, including:
   - Pulmonary function tests
   - Simple spirometry
   - Spirometry before and after bronchodilator
   - Inhalation challenge studies
   - Lung volumes
- Diffusing capacity
- Exercise tests
- Sleep studies

E. Learn how to interpret radiologic imaging studies relevant to pulmonary problems including:
- Chest roentgenogram
- Fluoroscopy of the chest
- Bronchogram
- Computerized axial tomography (CT) of chest
- Radionuclide lung (V/Q) scan
- Non-invasive leg studies
- Compression ultrasonography
- Impedance plethysmography (IPG)
- Pulmonary arteriogram
- Positronic Emission Tomogram
- Bedside Critical Care Ultrasonography

**Objective 2:** (critical care medicine practice skills)
- Learn how to obtain a thorough history on critically ill patients in an efficient manner.
- Learn how to perform and thorough physical examination on critically ill patients in an efficient manner.
- Learn how to interpret laboratory data relevant to critically ill patients.
- Learn how to interpret radiologic data relevant to critically ill patients.

**GOAL THREE**
Demonstrate technical skill using specialized equipment and performing specialized procedures to diagnose and manage problems pertinent to pulmonary and critical care medicine.

**Objective 1:** (Technical skills with specialized equipment)
A. Learn indications, contraindications, complications, and proper use of specialized equipment for managing patients with pulmonary and critical care problems, including:
- Management of airway
- Conscious Sedation
- Establishment of airway
- Maintenance of open airway in nonintubated, unconscious, paralyzed patients
- Oral and nasotracheal intubation
- Management of breathing and ventilation
- Ventilation by bag or mask
- Mechanical ventilation using pressure-cycled, volume-cycled, and negative pressure mechanical ventilators
- Use of reservoir masks and CPAP masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
- Weaning from mechanical ventilation
- Respiratory care techniques
- Management of pneumothorax
- Maintenance of circulation
- Oxygen saturation by pulse oximeter
- Arterial blood gas analysis
- Basic and advanced cardiopulmonary resuscitation
- Cardioversion
- Pulmonary function tests
- Simple spirometry
- Spirometry before and after bronchodilators
- Inhalation challenge studies
- Lung volumes
- Diffusing capacity
- Exercise tests
- Calibration and operation of hemodynamic monitoring and recording systems, including utilization, zeroing, and calibration of transducers, and use of amplifiers and recorders.
- Parenteral nutrition

**B. Learn to analyze specialized data pertaining to pulmonary and critical care problems, including:**
- Cardiac output determinations by thermodilution and/or other techniques
- Evaluation of oliguria
- Management of massive transfusions
- Management of hemostatic defects
- Interpretation of antibiotic levels and sensitivities
- Monitoring and assessment of metabolism and nutrition
- Calculation of oxygen content, intrapulmonary shunt, and alveolar-arterial gradients
- Pharmacokinetics

**Objective 2: (Technical skills performing specialized procedures)**

**A. Learn indications, contraindications, complications, and proper technique for performing procedures relevant to pulmonary and critical care problems, including:**
- Sputum induction
- Sputum Gram’s stain
- TB skin tests
- Skin tests for delayed hypersensitivity
- Arterial puncture for arterial blood gas (ABG)
- Insertion of arterial catheter
- Insertion of central venous catheter
- Insertion of pulmonary artery balloon floatation catheter
- Thoracentesis
- Pleural biopsy
- Endotracheal intubation
- Flexible fiberoptic bronchoscopy, including:
  - Bronchial washing
  - Bronchial brushing
- Collection of samples with protected bronchial brush
- Bronchoalveolar lavage
- Endobronchial biopsy
- Wang needle aspirate and biopsy of pre-carinal lymphnodes
- Transbronchial biopsy
- Transbronchial needle aspiration
- Insertion of thoracostomy (chest) tube
- Fluoro- or CT-guided transthoracic needle aspirate/biopsy of lung nodules/masses
- Pleurodesis
- Percutaneous tracheostomy

**B. Learn indications, contraindications, and complications of - and may gain practical experience in performing - other procedures relevant to pulmonary and critical care problems, including:**
- Pericardiocentesis
- Transvenous pacemaker insertion
- Peritoneal dialysis
- Peritoneal lavage
- Aspiration of major joints
- Percutaneous needle aspiration and/or cutting lung biopsy
- Endobronchial laser therapy
- Intracranial pressure monitoring

**GOAL FOUR:**
Demonstrate ability to apply knowledge, practice skills, and technical skills to diagnose and manage patients with problems pertinent to pulmonary and critical care medicine.

**Objectives** (Clinical application of knowledge and skill)
A. Learn how to diagnose and manage patients with symptoms and signs of pulmonary disease, including:
   - Dyspnea
   - Cough
   - Hemoptysis
   - Solitary pulmonary nodule
   - Lung mass
   - Localized pulmonary opacity
   - Diffuse pulmonary opacities
   - Atelectasis
   - Pleural effusion
   - Pneumothorax

**GOAL FIVE:**
Demonstrate ability to provide cognitive and technical advice and expertise as a consulting pulmonary and critical care physician.

**Objectives** (providing consultation, use of consultation)
A. Learn the referral-consultant relationship for managing or co-managing patients with pulmonary problems or critically ill patients.

   B. Learn when to refer patients for procedures to be performed by a thoracic surgeon or other specialist, including:
      - Thoracoscopy
      - Open lung biopsy
      - Scalene node biopsy
      - Mediastinoscopy
      - Mediastinotomy
      - Lung resection
      - Lung transplant
      - Pleural decortication
      - Rib resection and open pleural drainage
      - Tracheostomy
      - Radiation therapy of lung

**GOAL SIX:**
Demonstrate knowledge of how the care of problems pertinent to pulmonary and critical care medicine fit into patients' overall health plan.

**Objectives** (attitudes, values, and habits about long-term care)
A. Learn the importance of preventive medicine in the long-term management of patients with pulmonary problems, including:
- Smoking cessation
- Influenza vaccine
- Pneumococcal vaccine

B. Learn the long-term impact of treating patients who are severely and critically ill.

GOAL SEVEN:
Demonstrate attitudes, values, and habits of a dedicated sub-specialist in pulmonary and critical care medicine.

Objectives: (Life-long attitudes, values, habits and contributions)
A. Teaching: learn to take an active role in teaching common problems pertinent to pulmonary and critical care medicine to medical students, residents, and practicing physicians in CME programs.
B. Management of resources and services. Learn to monitor and supervise special services relevant to pulmonary and critical care medicine, including:
- Pulmonary function laboratories
- Respiratory care services
- Respiratory physical therapy and rehabilitation services
- Intensive Care Units
C. Societal considerations. Learn the impact of pulmonary and critical care illnesses on society, including:
- The ethical, economic, and legal aspects of pulmonary and critical illnesses
Smoking
Asthma
Chronic obstructive pulmonary disease (COPD)
Occupational lung diseases
Sleep disorders
Occupational Safety and Health Administration (OSHA) regulations and universal precautions for protection of health care workers.
Personal impact of pulmonary and critical illnesses on patients and patients' families.

D. Coping skills: learn constructive coping skills for physicians and other health care professionals who care for chronically ill pulmonary patients and for critically ill patients.

VII RESPONSIBILITIES AND ROTATIONS BY YEAR OF TRAINING

First Year Fellows: are assigned to the MICU at Tulane Medical Center and SLVHCS, to the In-patient Pulmonary Consultation Service at Tulane Medical Center, UH and SLVHCS, to Out-patient Pulmonary Clinics at various locations (Tulane CF Clinic; Tulane TB Clinic; VA Lung Nodule Clinic). The goal is to acquire diagnostic, therapeutic and prognostic skills through direct patient care in supervised inpatient and outpatient settings. A typical year includes:

1. Three months in the Tulane Medical Center MICU;
2. Three Months in the Tulane Medical Center In-patient Pulmonary Consultation Service;
3. Two to three months in the VA Pulmonary Consultation Service;
4. Two to three months in the VA MICU Service;
5. One month at Kindred Hospital (LTAC)
Night call is for an average of one every five nights for the entire year, is taken from home and mainly involves supervising and backing up the in-house on call resident team at Tulane Medical Center.

Second Year Fellows: have successfully completed 12 months of training under closer supervision in a variety of in-patient and out-patient settings. At this point they take more responsibilities including supervision and teaching of junior colleagues (particularly during procedures), and for a variety of other experiences like post-ICU care, pulmonary rehabilitation, cardio-pulmonary exercise tests, sleep medicine, research, SICU and Trauma. The second and third year fellows are assigned to the MICU at University Hospital (MCLNO), Pulmonary Consultation at University Hospital (MCLNO), post-ICU care/pulmonary rehabilitation at Kindred Hospital (includes management of long term mechanical ventilation and weaning), Pulmonary Physiology and Pulmonary Rehabilitation, Research (either basic or clinical).

The rotation schedule for the second year fellows is adjusted to individual preference when possible. Based on their career choice (either academic or private practice) and scholarly productivity they will be given the opportunity of spending from 3 to 5 month on a rotation that leaves enough time to conduct research. They typically consolidate and expand the diagnostic and clinical skills learned during their first year. Ambulatory continuity and inpatient ward skills are enhanced. They refine their interpersonal and educational skills. They have more autonomy in their leadership role while rotating in the ICU and supervising the resident teams or their junior colleagues.

A typical second year fellow schedule is as follows:

1. Two months of MICU at University Hospital
2. One month of SICU at Tulane Medical Center
3. One month of Trauma Unit at University Hospital
4. One month of post-ICU care at Kindred Hospital
5. One month of Sleep Medicine
6. One month of Pulmonary Consultation at University Hospital
7. Three to Five months of pulmonary rehabilitation/pulmonary physiology/research
8. One month elective (Cardiology, Solid organ Transplant, ID encouraged)

Night call from home is every night while on the University Hospital MICU rotation (with back up available to strictly observe the time limits), with usually not more than one week-end per month. There is no night call for all other rotations, but these fellows participate in the coverage of the Tulane MICU and are available for back up if necessary.

Third Year Fellows: take more responsibility in the supervision and teaching of junior colleagues (particularly during procedures), and for a variety of other experiences that include post-ICU care, pulmonary rehabilitation, cardio-pulmonary exercise tests, sleep medicine, research, SICU and Trauma Unit rotations. They do more advanced procedures like percutaneous tracheostomies and CT or Fluoro-guided lung biopsies. The third year fellows are assigned to the MICU at University Hospital (MCLNO), post-ICU care/pulmonary rehabilitation at Kindred Hospital (includes management of long term mechanical ventilation), Research rotation (either basic or clinical). An elective rotation in pulmonary transplantation is arranged at Ochsner Clinic. Other possibilities for electives are in Cardiology, Infectious Diseases, Anesthesiology, Solid Organ Transplant Unit.

The rotation schedule for the third year fellows is adjusted to individual preference when possible. Based on their career choice (either academic or private practice) and scholarly productivity, they may be given the opportunity to spend 3 to 5 month on a rotation that has enough protected time to conduct research. They typically consolidate and expand the diagnostic and clinical skills learned during their first two years. Ambulatory continuity and inpatient ward skills are enhanced. They refine their interpersonal and educational
skills. They are given more autonomy in their leadership role while rotating in the ICU and supervising the resident teams or their junior colleagues.

A typical third year fellow schedule is as follows:

- Two months of MICU at University Hospital
- One month of post-ICU care at Kindred Hospital
- One month of Pulmonary Transplant at Ochsner
- One month of Sleep Medicine
- Five months of Pulmonary Physiology/Pulmonary Rehabilitation/Research
- One month of Trauma Unit
- One month elective

Night call from home is every night while on the University Hospital MICU rotation (with back up available to strictly observe the time limits), with usually not more than one week-end per month. There is no night call for all other rotations, but these fellows participate in the coverage of the Tulane MICU and are available for back up if necessary.

Summary of Educational Resources Available

**Outpatient Education**

1. Pulmonary Clinic New Orleans VA
2. Pulmonary Clinic University Hospital (MCLNO)
3. Tulane ILD Clinic (upon request)
4. Tulane Asthma and Allergy/Immunology Clinic (upon request)
5. Tulane Cystic Fibrosis Clinic
6. TB (Wetmore) Clinic
7. Tulane and SLVHCS Pulmonary Rehabilitation Program
8. Tulane Sleep Disorders Clinic
9. Tulane Pulmonary Physiology and Pulmonary Function Testing
10. New Orleans VA Pulmonary Function Testing

**Inpatient Education**

1. Pulmonary Medicine Consultation Service Tulane Hospital
2. Pulmonary Medicine Consultation Service University Hospital
3. Medical Intensive Care Unit Tulane Hospital
4. Medical Intensive Care Unit University Hospital
5. Surgical Intensive Care Unit Tulane Hospital
6. Trauma Unit MCLNO
7. Solid Organ Transplant Unit Tulane Hospital
8. Pulmonary Transplant Ochsner Clinic
9. Kindred Hospital, long term mechanical ventilation and in-patient rehabilitation

**Teaching Conferences**

1. Pulmonary Teaching Conferences
2. Critical Care Teaching Conferences
3. Multidisciplinary Tumor Board Conference
4. Pulmonary and Critical Care Journal Club
5. Clinico-Pathological Conference
6. Morbidity and Mortality Conference
VIII     CONFERENCES AND EDUCATIONAL RESOURCES

All fellows must attend a minimum of 75% of scheduled mandatory lectures in order to graduate from the program. Lecture attendance is documented by the program coordinator.

The conferences are organized weekly as follows:

**Monday:**
12:00-13:00 Research Conference (mandatory attendance at least once per month)
12:00-13:00 VA Tumor Board (all newly diagnosed lung cancer cases must be presented for discussion)

**Wednesday:**
12:00-13:00 pm Grand Round Dept of Medicine (mandatory for selected GR, including all M&M organized by the Dept of Medicine)
12:00-13:00 Tulane Tumor Board (all newly diagnosed lung cancer cases must be presented for discussion)

**Thursday:**
12:00-13:00 Chest Conference (mandatory)
13:00-14:00 Core Curriculum lecture or Journal Club (mandatory)
15:00-16:00 Core Curriculum Lecture – critical care and pulmonary topics (mandatory)

**Tuesday 12:00-13:00**
Sleep Conference (mandatory)
Or
Sleep Journal Club (mandatory)

IX     EXPECTATIONS, GOALS AND OBJECTIVES OF DIDACTIC SESSIONS

Didactic sessions including Chest Conference, Core Curriculum Conference, Journal Club are held every Thursday afternoon either at Tulane or at LSU (this curriculum of lectures is provided by a collaboration between the two Pulmonary and Critical Care fellowship programs). Research Conference is on Monday from 12 noon to 1 pm. For two of the Thursday pm series of lectures every month, lectures are combined Tulane/LSU (first Thu of the month at LSU, last at Tulane). Sleep Core Curriculum Conference or Sleep Journal Clubs are held every other Tuesday. Clinico-Pathological Conference is held on an average once per month. Tumor Board is held every week on Monday from 12 to 1 pm at the VA and on Wed from 12 to 1 at Tulane. Two of the senior administrative fellows are expected to actively participate in the preparation of the yearly curriculum, in the choice and evaluation of the speakers, in the choice of the Journal Club articles and in the organization/coordination of the conferences.

**Chest Conference:** All fellows are expected to bring to the weekly Chest Conference films and data relative to the most challenging cases and/or the best teaching cases managed during the previous week. Junior fellows will be called to interpret the films, elaborate a differential diagnosis, a diagnostic and therapeutic plan, with the input of a chest radiologist, Dr Jones – our master pulmonologist - and the rest of the faculty. Extensive reading done ahead of time by the fellow presenting the case is expected.
Once per quarter a Quality Assurance Conference (M&M) is held, either in the pulmonary section or as part of the Grand Round in the dept of Medicine. When indicated, initiatives are taken - working with hospital management and interdisciplinary teams - to improve patient care.

**Journal Club:** One article is presented and critically appraised by a fellow. The article chosen for Journal Club should obtain the approval of the fellow’s mentor, should be ideally chosen from a journal with a high impact factor and should be e-mailed to the Program Coordinator at least one week in advance to allow time for dissemination and appraisal of the study. All fellows are expected to read and critically appraise the article independently during the week preceding Journal Club. During Journal Club the methods section is dissected and the validity of the study assessed with the EBM Toolkit ([http://www.med.ualberta.ca/ebm.htm](http://www.med.ualberta.ca/ebm.htm)). The results are discussed and the input of faculty obtained. The conclusions should include an answer to the question “Will the results help me in caring for my patients? A level of evidence and grade of recommendation is finally assigned by consensus, according to current guidelines (Oxford-Centre for EBM, [http://www.cebm.net/levels_of_evidence.asp](http://www.cebm.net/levels_of_evidence.asp)). Finally the PDF format of the article appraised is added to our educational website ([http://www.som.tulane.edu/pulmdis/academic_activities.htm](http://www.som.tulane.edu/pulmdis/academic_activities.htm)) by our Program Coordinator. The application of the best evidence available to the care of patients is strongly encouraged. The pulmonary and critical care fellow is expected to educate internal medicine residents rotating on our services, and all other health care professionals. The articles accessed and printed from any computer terminal during rounds, can be used for educational purposes and to improve the quality of patient care.

**Clinico-pathological Conference:** The two senior administrative fellows responsible for the preparation/coordination of the yearly curriculum of lectures select a case to be discussed. The fellow who managed the patient presents the case and is expected to bring all the relevant clinical and laboratory data regarding the patient, including radiographs (CXR and CT of chest). A power point presentation of the case is encouraged. The case is discussed with the input of the faculty involved in the care of the patient (expected to attend) and of an experienced pulmonary pathologist (usually Dr. Phil Daroca).

**Tulane Multidisciplinary Tumor Board Conference:** All cases of lung cancer diagnosed at TUHSC and UH must be presented at this conference by the fellow managing the case. The multidisciplinary board (including Thoracic Surgery, Oncology, Pulmonology and Interventional Pulmonology, Radiation Oncology, Thoracic Radiology, Pathology), after reviewing the case, recommends a diagnostic or therapeutic plan. The Tumor Board Secretary, at the Tulane Cancer Center (Tel. 988 6077), should be called much in advance to schedule the discussion of your case. Films and pathology slides are obtained for review ahead of time by the thoracic radiologist and by the pathologist.

**VA Multidisciplinary Tumor Board Conference:** all cases of lung cancer diagnosed in the VA system must be presented at this conference that is held on Monday at 12 noon on the 10th floor of the Clinics Building. The fellow managing the case and the one who has performed the diagnostic bronchoscopy is expected to attend.

**Research Conference:** During the monthly research conference, fellows and/or faculty present information on their research projects.

**Special Topics:** Throughout the year, invited speakers will address the fellows on special topics related to the broader field of medicine; e.g., discussion of end of life issues.

**Attendance**
Attendance to all curriculum conferences is mandatory. If you have a valid excuse for an absence please e-mail the Fellowship Program Coordinator. 75% of non-exempted conferences must be attended. Failure to comply with this requirement will result in the inability to receive credit for the year of fellowship.
Set up
Fellows prepare the setting for all conferences. The fellows assigned to the organization of the lectures should find out, at least one day in advance, the equipment to be used by the speaker. The assigned fellows will prepare audiovisual equipment, complete sign-in sheets with the help of the program coordinator, pick up sign-in sheets and return them to the fellowship coordinator at the end of the conference. Finally they will return audiovisual equipment to its place. Conference sign-in sheets will be provided by the program coordinator. Fellows are evaluated with a form at the end of each presentation.

Presentations
Fellows present informally at Chest Conference, more formally at Journal Club, Research Conferences, M&M, and Curriculum Lecture Series. A calendar with assigned dates for Journal Club is available for at least 6 months in advance. Fellows are reminded a week before of their lectures or JC. By that time they should have the article chosen available to be distributed through e-mail by the program coordinator.

Workshops

*Methods in Clinical Research Core Curriculum*
A conference series on this topic is conducted by the General Clinical Research Center. All fellows must attend this eight session conference series at least once during their fellowship (information can be found at [http://www.gcrc.Tulane.edu](http://www.gcrc.Tulane.edu)).

*BLS/ACLS*
All fellows entering the program must be ACLS and BLS certified. Courses are available online at [www.som.tulane.edu/lifesupport](http://www.som.tulane.edu/lifesupport).

X EVALUATION PROCESS

The goals and objectives of each one of the rotations are designed to meet the 6 ACGME Competencies, and are evaluated with the following tools, most of them already in use, some being developed:

**Patient Care**
- Standard monthly evaluation form ([https://www.e-value.net](https://www.e-value.net))
- Patient Satisfaction Surveys (clinic)
- Procedure logs ([https://www.e-value.net](https://www.e-value.net))
- Bronchoscopy evaluation forms ([https://www.e-value.net](https://www.e-value.net))
- 360 degrees evaluations (self, peers, attending, head nurse - [https://www.e-value.net](https://www.e-value.net))
- Chart review

**Medical Knowledge**
- Standard monthly evaluation form ([https://www.e-value.net](https://www.e-value.net))
- APCCMPD/ACCP/ATS In-service Pulmonary and Critical Care Exam
- SCCM in-service Critical Care exam
- Chart review

**Interpersonal & Communication Skills**
- Standard monthly evaluation form ([https://www.e-value.net](https://www.e-value.net))
- Patient Satisfaction Surveys (clinic)
- 360 degrees evaluations (head nurse, respiratory therapist, case manager, [https://www.e-value.net](https://www.e-value.net))
- Observed clinical exam (mini-CEX)
**Professionalism**
- Standard monthly evaluation form
- 360 degrees evaluations (self, peers, attending, head nurse)
- Observed clinical exam (mini-CEX)

**Practice-Based Learning**
- Standard monthly evaluation form
- Observed clinical exam (mini-CEX)
- Conference presentations
- Record reviews: application of evidence-based protocols in the ICU, asthma guidelines in the outpatient clinics
- Performance improvement project
- Journal club

**System-Based Practice**
- Standard monthly evaluation form ([https://www.e-value.net](https://www.e-value.net))
- 360 degrees evaluations (self, peers, attending, head nurse - [https://www.e-value.net](https://www.e-value.net))
- Chart audits

These tools will be used to assess the six competencies, some during each rotation, other annually or semiannually. The standard monthly evaluation form, self and peer evaluation form, head nurse evaluation form is available for review on-line ([https://www.e-value.net](https://www.e-value.net)). Other forms are in appendix.

**Quality Assessment and Improvement projects.**

Fellows will choose a Quality Improvement Project during their fellowship, will be taught how to manipulate systems (with the PDSA cycle) to improve performance and will apply this knowledge to an area of quality improvement they have chosen in our system.

**SEE APPENDIX FOR GOALS AND OBJECTIVES SPECIFIC FOR EACH ROTATION**

**XI FELLOWSHIP PROGRAM POLICIES**

See also Tulane Resident Handbook available online at [http://tulane.edu/som/gme/resources-for-directors-coordinators.cfm](http://tulane.edu/som/gme/resources-for-directors-coordinators.cfm)

**POLICIES FOR SELECTION, PROMOTION, EVALUATION, DISMISSAL, AND SUPERVISION OF GRADUATE MEDICAL TRAINEES**

Selection: The School of Medicine has as its policy to consider all candidates for graduate medical education regardless of race, sex, creed, nationality, or sexual orientation. Performance in medical school, personal letters of recommendation, official letters of recommendation, achievements, humanistic qualities, and qualities thought important to the desired specialty will be used in the selection process.

Promotion: Trainees are eligible for promotion from one year of training to the next based upon satisfactory completion of the learning objectives, technical achievement, professional behavior, teaching skills, clinical practice and judgment. Fellows must meet expected milestones as part of the six core competencies. The Faculty Fellowship Review Committee meets periodically. Each resident’s performance in the core competencies is reviewed at least twice per year. At the second of these two
meetings, the committee decides which fellows are suitable for promotion to the next level of the program or graduation from the program. The program director meets twice per year to discuss the results of this evaluation with the fellows and develop remediation if necessary.

Evaluation: Fellows are evaluated monthly by their attending physician, and bi-annually by self, other fellows, nurses, and patients. Most of the evaluations are done through https://www.e-value.net. See Appendix for the rotation descriptions, and https://www.e-value.net for samples of evaluations. Fellows meet with the program director twice yearly, or more frequently, to review performance. The evaluation considers performance in the six core competencies.

Dismissal: The basis for dismissal may be failure to achieve the learning objectives of the program, unprofessional behavior, substandard clinical practice and judgment, failure to develop sufficient technical skills, failure to develop sufficient teaching skills, unprofessional behavior, sub standard performance. Attempts at remedial action must have been made and been unsuccessful. Dismissal from a training program must be at the recommendation of the program director, departmental chairman, and the program's educational committee. A trainee may be dismissed at any time, without remedial action, if the event is of such magnitude that in the opinion of the departmental chairman, program director, and the program's resident evaluation committee such action is warranted. (For specific details refer to Section XIV. Policy on Remediation, Suspension, Termination and Grievance in the Tulane University School of Medicine Resident & Fellow Policies & Procedures Manual)

Supervision: Faculty is ultimately responsible for the clinical care given to patients. Supervision of trainees may be provided by a combination of upper level residents, fellows, and faculty. The pulmonary/critical care section identifies supervisory faculty for given periods. In cases in which a certain faculty member is not reachable for support, residents should contact the senior fellows (Dr. Raziuddin Ahmed, Dr. Andres Endara or Dr. Guillermo Arias), Dr. Simeone, Dr. Lasky, the Chief of Service of the hospital or the Department Chairman.

FELLOW RESPONSIBILITIES
See previous description.

ATTENDING RESPONSIBILITIES
The attending is responsible for all the clinical care delivered by the team. It is the attending’s responsibility to be intimately involved in the care of their patient provided by the team and to provide the appropriate level of supervision for the fellows, house staff and students. Attendings are expected to round daily during week days and when they cover week-ends. They are expected to be in contact by phone or beeper with their team and to be always available to discuss emergencies or problems that may arise in the care of their patients. All patients admitted to the attending should be discussed for an appropriate length of time commensurate to the complexity of the case at or around the time of admission.

Attending Teaching and Management Rounds: All fellows must be free for Thursday pm conferences. Rounds timing may have to be adjusted to guarantee fellow, resident and student lecture attendance as much as possible. Rounds should be devoted to student or resident presentations of new cases and discussion of the differential diagnosis, plans for workup and patient management. Attendings should evaluate all their new patients at the bedside, review note written by resident and dictated by fellow, write appropriate addendums for new patients and follow-ups. Patient management and transfer/discharge planning should be discussed.

Teaching: The attending should discuss with his/her team at the beginning of the rotation how teaching will be done on their service and the respective roles of the attending, fellow, resident and intern.
The attending must evaluate and discuss his/her evaluation of fellow, house staff and students at mid-rotation and at the end of the rotation. In addition to the evaluation of student workups, the attending needs to review daily chart notes of students as well as the chart recordings of the fellow and house staff and provide appropriate feedback.

While it is essential that teaching be directed at the traditional topics of diagnosis and treatment of common medical problems, it is also important that attendings teach fellows, residents and students about other topics related to patient care, including how to obtain informed consent, how to tell a patient that they have a terminal disease, how to approach discussion on DNR status.

Other: Fellows, house staff and students look forward to work with their attending and view them not only as teachers but also as role models. Attendings should also realize that they have a strong role in the career decision-making process of their fellows, students and residents and are encouraged to actively participate in this role by providing counseling. All attendings are required to provide evaluations for all fellows, residents and student informally at the mid-rotation and formally at the end of each month. The attending at the end of each rotation must complete the https://www.e-value.net forms in a timely manner. This evaluation should be discussed with fellows and house staff.

CHIEF FELLOWS
The senior fellows will equally share administrative responsibilities (i.e. preparation of calendar of lectures, on-call schedule, supervision and back-up of first and second year fellows).

MENTORSHIP PROGRAM
It is the goal of our fellowship to provide the necessary mentorship and guidance to maximize personal development and to facilitate the career decision-making process. Each fellow chooses or is assigned to one of the faculty. The faculty will meet with the fellow at least twice per year to give advice. Junior fellows are assigned an initial junior faculty mentor who will orient them to the system and remain available for support anytime this is needed.

DRESS CODE
Professionals should be clean and well groomed at all times. Clothing must be neat, clean and appropriate for the work required and moderate in style. Scrubs are NOT to be worn during daytime hours (8:00 am – 5:00 pm), with the exception of MICU rotations. White coats and shoes should be clean. Tee shirts and sneakers should be avoided. Good personal hygiene is extremely important to patient care as well as to the comfort of co-workers. This is an important aspect of professionalism.

DUTY HOURS
No fellow will be required to work over eighty hours per week regardless of the rotation. Fellows are not to work more than 24 hours in a row, with an additional 6 hours to finish patient care for those patients already admitted. Jeopardy coverage is available to relieve fellows after their 24 hour + 6 hour shift. Jeopardy coverage is also available, if needed, to relieve fellows who are risk of exceeding the work hour requirements or are excessively fatigued-stressed regardless of the number of hours worked. Fellows are strongly encouraged first to report to the program director excessive fatigue and to use jeopardy coverage anytime this is needed. Fellows are expected to fill duty hours logging on https://www.e-value.net in a timely manner. This allows the program to monitor compliance with duty hours limits.

CALL SCHEDULE
The call schedule is prepared by one of the senior administrative fellows, this year Dr. Fayez Kheir. It is the responsibility of the fellows, when requesting a schedule change, to notify Dr. Kheir and the Program Coordinator in a timely manner in writing (e-mail acceptable).
1. Fellows in the TUHC MICU are responsible for night and weekend call duty on a rotational basis as assigned by the Program Director and/or his/her designee.
2. Call will be from home, as a resident team will cover in-house calls.
3. One fellow on call will be responsible for night and weekend coverage of TUHC, another for UH.
4. A call room with heating, cooling, an open phone line and annexed restroom facility is provided for the fellow on call at TUHC if he/she wishes to spend the rest of the night in-house when called as back-up for difficult cases, otherwise calls can be taken from home. See Program Coordinator for exact location of call room.
5. Although the fellow on duty is expected to take calls from home, he/she must be in the hospital within 30 minutes from the initial phone contact, when needed in the hospital.
6. The 80 hours/week and 30 (24 + 6) consecutive hours on-call rules are strictly enforced. Visit also the ACGME web-page at www.acgme.org for a full listing of duty hour rules. In brief: no trainee shall work more than a total of 80 hours in a week, inclusive of in-house moonlighting. In our program there is no in-house moonlighting. Moonlighting at KH, if you opt to work there during your off-duty hours, is not considered in-house moonlighting. If you choose to work at that facility during your off-duty hours, please arrange your schedule responsibly, keeping these rules in mind, obtain written permission from Program Director and notify in writing the Program Director on a monthly basis about your schedule. No trainee shall work for more than 30 consecutive hours when taking night call duty. Call from home with no contact with the hospital is not counted as part of the 30-hour maximum call duration. Since this program allows call from home, the reporting of the total number of hours worked is honor based. The current call starts at 5pm and ends at 7am the following morning (14 hours). Based on our prior monitoring of working hours, it is uncommon to have to leave before 5 pm on the post-call day, but back-up coverage is available should that be the case. If a fellow chooses to spend the night in the call room for his/her convenience but does not participate in any clinical activity during that call, the hours spent in house are not be counted toward the total amount of 30 consecutive hours.

During weekdays the fellows assigned to the TUHC MICU and UH MICU will be on primary call. Another fellow will be on back-up call.

During week-end and holidays there will be a schedule with one fellow on primary call for TUHC MICU and one for UH MICU/KH. There is also during week-ends one fellow on back-up call.

KH does not require night call (5pm-7am) coverage by the fellowship program, as the hospital administration provides that coverage independently.

**PRIMARY CALL RESPONSIBILITIES:**
1. Weekday calls start at 5pm and ends at 7am the following day.
2. Weekend calls start at 5pm Friday and ends at 7am Monday.
3. All holiday calls are from 7pm to 7am (24 hours).
4. Obtain proper sign out from fellows on service prior to starting call.
5. Give proper sign out to the fellows on service the following morning.
6. Respond to all pages in a timely manner (within 5 minutes).
7. Learn to prioritize the evaluation of patients depending upon patient status and time constraints.
8. Avoid any confrontation with consulting fellows and staff, and any claim that consults are inappropriate. Always use respect and professionalism. All consultations must be accepted promptly and expedited in an efficient and courteous manner regardless of the reason for consultation, the time of the day and the day of the week.
9. Do not expect to sleep always, while on call.
10. See all consults during call hours on the same day and do not leave consults for the next day.
11. Evaluate all critically ill patients without any delay.
15. It may be useful to maintain a log of all calls and conversations. This may protect you in cases conflicts arise after the call.
16. When in doubt, call staff for advice.
17. If the primary fellow is involved with a sick patient and is unable to attend to an emergency, the backup call fellow must be called without hesitation to help.
18. The primary call fellow will resume responsibility as soon as possible.
19. Any issues of contention arising during call will be addressed by the Program Director after proper evaluation.
20. Patients admitted to the TUHSC MICU, with the help of the medicine residents on call, are admitted to the Pulmonary/Critical Care Service according to a closed ICU model. Some patient may overflow to the SICU and for these patients we are still the primary care providers. Medical patients admitted to the 4th floor ICU at Tulane should also be considered MICU patients according to a closed ICU model. Neurology patients admitted to the 4th floor ICU at Tulane belong to the Neuro-ICU service. Please be available to provide consultations or assist the Neuro-ICU service with prompt performance of procedures on these patients when asked to do so.
21. All patients admitted to our services and all consultations must be discussed in a timely manner with attending on call after your initial evaluation.
22. Patients admitted to the ICU but waiting in the ER for an ICU bed belong to the Critical Care Service (your attending is responsible and accountable for their care).
23. Learn effective time management while on call.

BACK UP CALL FELLOW:
1. Will advise primary fellow on appropriate course of action in any situation.
2. Will participate in all emergency cases if help is needed.
3. Will assist in performing procedures in emergency situations, if needed, until the primary fellow is proficient.
4. Will assist with consults/admissions only if the primary fellow on call is occupied with an emergency and cannot attend to the patient in a timely manner.
5. Will assist with coverage if the primary fellow goes over the working hour time limit or regardless of this limit in case of fatigue.

Jeopardy Coverage
If a fellow during any rotation should become ill or suddenly impeded to perform properly, he/she should notify the Program Director’s office immediately of his/her inability to attend to his/her duty. A fellow from another service where more than one trainee is currently present will cover the unexpected absence of the ill/impeded fellow. If no service has more than one fellow that can cover the unexpected absentee, the fellow covering the following rotations may be called upon to help:

Sleep Medicine
Pulmonary Rehabilitation
Pulmonary Physiology
Research
UH Pulmonary Consult
KH
Electives

In no case should the fellow covering TUHSC MICU be called to cover unexpected absences of other fellows.

POLICY ON EXTRAMURAL PROFESSIONAL ACTIVITIES (MOONLIGHTING)
Graduate medical education is a demanding experience. Fellows should avoid significant diversions from their primary training responsibilities. Extramural professional activities (moonlighting) by a fellow can represent a significant diversion from the educational goals of the fellowship.

A. **Moonlighting is not permitted during the first year of training.** The training demands on fellow’s time and energies during the first year of fellowship preclude any type of diversion during this busy year. Furthermore, the first year fellow’s limited clinical experience is not sufficient to provide independent Pulmonary/Critical Care consultations.

B. Moonlighting is not permitted during any part of a fellowship rotation that requires overnight call (including home calls) or during back up calls.

C. All fellows who wish to moonlight must first obtain written permission from the Program Director. The Program Director will discuss with the fellows the nature of the moonlighting activity and whether this is appropriate or not. Fellows are not allowed to moonlight outside of their area of expertise. The appropriateness of the moonlighting task will be evaluated based on:
   - The fellow’s ability to fulfill educational objectives.
   - The fellow’s procedure log.
   - The nature of the work opportunity, including its educational value.
   - The needs of the community.

D. At the discretion of the Program Director, fellows judged incapable of performing both their moonlighting and fellowship tasks will not be allowed to moonlight. If the fellow disagrees with the Program Director’s decision, he/she may appeal the decision to the Section Chief, which will be final.

E. If the Program Director or Fellowship Review Committee feels that a fellow’s professional performance is impaired, moonlighting permission will be suspended until the Program Director judges the fellow’s performance to be satisfactory.

F. All moonlighting activities must be reported each month to the fellowship office. Written permission must be obtained for each new moonlighting task.

G. According to the ABIM guidelines, work-weeks must not exceed 80 hours. These 80 hours include fellowship-related and moonlighting activities. If the fellow’s total work-week exceeds 80 hours due to excessive moonlighting hours, his/her moonlighting activity will be restricted.

H. The Program Director will discuss with fellows their ethical responsibilities in independent practice; their medical liability and the lack of insurance coverage from the fellowship program (outside of fellowship duties); the social and legal responsibilities in the independent prescription of drugs, especially controlled substances.

I. The Program Director will monitor compliance with this policy, as well as fellow’s fatigue level, ability to provide safe and effective patient care and to fully participate in all educational activities of the fellowship program. Moonlighting should in no way interfere with ability to achieve the educational goals and objectives of the fellowship program. Any adverse effect of moonlighting on any of the fellowship activities will lead to withdrawal of permission to moonlight.

L. Moonlighting will never be required by the program.

Fellows are encouraged to review also the Tulane GME written policy on moonlighting (found on page 8 of the Tulane Resident Policies Manual, available on-line at...
JEOPARDY CALL
Each fellow will be assigned jeopardy call while on rotations that do not require night call coverage. Jeopardy call covers vacancies in the event of illness, emergencies, excessive hours on duty, excessive stress or fatigue. The jeopardy call schedule is included in the monthly schedule. When assigned to jeopardy, the fellow may not consume alcohol or leave the city. The fellow must be available for duty within one hour of the call. It is mandatory that the jeopardy call fellow be available by beeper or telephone during his/her call period.

CALL ROOMS at Tulane
The call rooms that are available to all of the Medicine Sub-Specialities are located in the Deming Pavilion, adjacent to Tulane Hospital. To access the rooms if need arises:
The rooms are designated as “swing rooms”. Fellows can call the house supervisor at 988-4830 or 988-5993 to get the key.

Holidays
The University holiday schedule for the academic year 2011-2012 is outlined below. This schedule lists the dates on which the University is closed for business.

<table>
<thead>
<tr>
<th>Holiday</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence Day</td>
<td>July 4, 2012</td>
</tr>
<tr>
<td>Labor Day</td>
<td>September 3, 2012</td>
</tr>
<tr>
<td>Thanksgiving Holidays</td>
<td>November 22, 2012</td>
</tr>
<tr>
<td></td>
<td>November 23, 2012</td>
</tr>
<tr>
<td>Christmas Holidays</td>
<td>December 24, 2012</td>
</tr>
<tr>
<td></td>
<td>December 25, 2012</td>
</tr>
<tr>
<td>New Years Holiday Thursday</td>
<td>December 31, 2012</td>
</tr>
<tr>
<td></td>
<td>January 1, 2013</td>
</tr>
<tr>
<td>Martin Luther King’s Birthday</td>
<td>January 21, 2013</td>
</tr>
<tr>
<td>Lundi Gras/Staff Appreciation Day</td>
<td>February 11, 2013</td>
</tr>
<tr>
<td>Mardi Gras Day</td>
<td>February 12, 2013</td>
</tr>
<tr>
<td>Good Friday</td>
<td>March 29, 2013</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>May 27, 2013</td>
</tr>
</tbody>
</table>

There will be no Floating Day this year. Instead, the university will close on Wednesday, December 26, Thursday, December 27 and Friday December 29 for Winter Recess.

POLICY ON NOTE AND ORDER WRITING

Each patient must have a physician’s note each day. Student notes do not count as a physician’s note, and the attending physician cannot link to them for billing purposes. Interns are expected to write a progress note on each patient assigned to them each day. If there is a student note, the intern/resident/fellow can validate this note with an addendum on the correctness of the history and physical (subjective and objective data for progress notes), with corrections/additions. The intern/resident/fellow must add a detailed assessment and plan in addition to the corrections and additions.

At TUHSC, fellows are responsible for dictating admission notes on new patients admitted to the MICU, in addition to the intern/resident admission note. At UH, the fellow may refer to the intern/resident’s admission note, but must make corrections and additions or write a supplement where indicated.

The fellow should always write addendums to daily house staff progress notes when needed. The fellow will write or dictate complete history and physicals, consultation reports and progress notes when no
house staff is assigned to his/her service. It is the fellow’s responsibility to make sure that all discharge summaries are dictated by house staff. Occasionally discharge summaries that are not dictated, by causing temporary suspension of admitting privileges, may affect the ability of the attending to admit patients.

Attending physicians and fellows should not write orders without notifying the resident responsible for the patient’s care. This strategy keeps the resident involved in the decisions regarding the patient’s care. Consulting services should not write orders for a patient’s care without the approval of the primary team. Exceptions are orders that the primary team is not credentialed to write: i.e., chemotherapy, dialysis and pre-procedure orders.

POLICY ON NON-TEACHING SERVICES
There are no non-teaching services at Tulane. Fellows are not to provide service to any patient who is not on a Tulane service unless it is a medical emergency.

VACATION
Each fellow is afforded four calendar weeks of vacation per year. Vacation begins at 5 PM on Friday and continues until 7AM Monday of the following week. Fellows are expected to be at work at 7 AM on Monday following their vacation week. These periods of vacation can be taken in one or two week blocks at the fellow’s discretion, with no more than two weeks taken on any given month. Fellows must take at least one vacation week in each semester. Vacation weeks cannot be carried over to the following year. Vacation weeks can only be taken while on the following rotations: Pulmonary Rehabilitation/Physiology, Research, Sleep Medicine. Vacation can also be taken while on Tulane Pulmonary Consultation, VA Pulmonary Consultation and UH Pulmonary Consultation, provided that arrangements can be made for coverage of the service by another fellow. These arrangements must be coordinated by the program coordinator with the approval of the program director. The coverage is arranged by asking in order of preference the fellow on the following rotations to cover two services, with the support of back up fellow and attendings on those services: Research; Pulmonary Rehabilitation/Physiology; Sleep Medicine; UH Pulmonary Consult, VA Pulmonary Consult, Tulane Pulmonary Consult, KH. Vacation assignments must be approved by the Program Director at least 3 months ahead of time. No more than four (4) weeks per year are allowed without make-up time. Fellows will be asked at the beginning of the year their desired periods of vacation and an effort will be made to honor the requests made in a timely manner.

NO VACATION WILL BE GRANTED DURING THE FIRST TWO WEEKS OF JULY, OR THE LAST TWO WEEKS OF JUNE EXCEPT FOR SPECIAL SITUATIONS TO BE DISCUSSED WITH THE PROGRAM DIRECTOR AND PROGRAM COORDINATOR THAT WILL BE HANDLED ON AN INDIVIDUAL BASIS.

Requests for special or emergency vacation time will be handled on an individual basis. Such request must be made in writing, discussed with and approved by the program director. Every attempt will be made to grant vacation at the requested times; however, a request is not a guarantee if reasonable arrangements cannot be made to cover clinical services.

LEAVE
Sick Leave: A period of two weeks of sick leave with pay is allowed per fellow per year. There is no carry over of sick leave from one year to the next. If a sick leave is requested for more than two weeks, the Program Director’s approval will be necessary for a re-integration into the training program and reorganization of rotations to meet training requirements. A doctor's certificate verifying the physical condition of the fellow may be needed. In those cases where make-up time is spent working to fulfill board requirements, fellows will be paid for all hours worked.
**Educational Leave:** Educational leave may be granted to attend appropriate scientific meetings during training. The Program Director must approve requests for educational leave.

**Maternity Leave:** Maternity leave will be granted upon request to all pregnant fellows. Maternity leave will be leave with pay for a period of up to six weeks. This time is considered vacation and sick leave. All or a portion of the six weeks may be requested. Maternity leave greater than six weeks duration, except in cases of illness of mother or infant, will require approval by the Section Chief and is not funded. Benefits will be provided during the six weeks of maternity leave. Benefits may continue beyond six weeks at the fellow’s expense. Funding for maternity leave will be prorated by the hospitals to which the particular fellow rotates during the same training year, and will be reported to the Office of Graduate Education by the Program Director. The Fellow must notify the Program Director giving him/her a four-month notice that she is pregnant, a plan to begin maternity leave and notice of when she plans to return to work. Duration of leave should not exceed that period of time defined by the fellow’s specialty board as leave of absence for which time need not be made up. Upon return to work, the fellow will be reinstated without loss of training status, provided that her return is on the date previously approved by her Section Chief. If leave is requested for more than six weeks due to medical reasons, approval for return to the training program will be at the discretion of the section chief. A doctor’s certificate verifying the condition of the fellow may be requested. In those cases where a fellow must make up time missed due to medical reasons in order to fulfill board requirements, the fellow will be paid for all hours worked and the institution will continue benefit coverage during that time. All schedule changes shall be made, with the section chief’s approval, with reference to the needs of both the fellow and also the section (including other fellows so that the requirements of training as stipulated by the specialty board may be met).

**Adoption Leave:** If a female resident requests leave in order to adopt a child, she is entitled to paid leave similar to that of the maternity leave just described. The fellow must discuss the impending adoption with the section chief in as much advance as possible and the program should make every effort to allow the fellow the same leave time as provided in maternity leave, should the fellow request it.

**Paternity Leave:** Paternity leave of up to one month will be granted to any father during the first month after delivery or adoption of a child. Such leave should also be requested in as much advance as possible. Paternity leave will be paid and must be made up of vacation and/or sick leave time; additional leave would have to be made up by extending fellowship training. The institution would pay salary and benefits for any extension of training if indeed the father's extra leave was considered necessary (i.e., illness of newborn or spouse). The program will also attempt to allow any father to have minimal call around the time of delivery of his child.

**Other Leave:** There will be no absences taken without prior approval of the program coordinator and program director. If a fellow has to take an emergency leave, it will be without pay and that fellow must find coverage.

A MAXIMUM OF FOUR (4) WEEKS PER YEAR LEAVE IS ALLOWED. ADDITIONAL LEAVE REQUIRES MAKE UP TIME.

**THE ROLE OF PHARMACEUTICAL REPRESENTATIVES**
Pharmaceutical representatives are not allowed in the conference rooms at any time. They are also not allowed in any area of patient care.

**POLICY ON ACADEMIC REMEDIATION AND FAIR HEARING**
CERTIFICATION/LICENSURE
All first year fellows must register with the Louisiana State Board of Medical Examiners to obtain a permit to practice medicine in the State of Louisiana. This permit only lasts one year, and all fellows must be licensed to practice medicine prior to beginning their second year of training. The application form and information may be obtained in the Fellowship Program Office. Licensure must be renewed each year on the month of fellow’s birthday. Failure to pass appropriate certification tests will compromise continuation of fellowship program. Fellows who do not have an active, valid license will be removed from clinical duties without pay and without benefits. Proof of licensure must be presented to the Fellowship Program Office when the contract is signed for the year. It is the responsibility of each fellow to update this annually to provide proof of eligibility for promotion to the next level of training. All fellows must be BLS/ACLS certified.

XII PROGRAM BENEFITS

DAY CARE
Day care for children of fellows is available on a first-come, first-serve basis. This is not a free service. However, the fee is competitive with that of other good day care centers.

DISCOUNTS
Bookstore: Fellows are granted a 10% discount on most items purchased from the Tulane University bookstores.
Pharmacy: Fellows may purchase prescribed drugs for themselves and their dependents at the Tulane Medical Center Pharmacy at rates below those charged to non-employees.
Concerts, Theater, etc.: Numerous musical recitals, band and orchestra concerts, plays, feature films, forums and lectures of interest are offered by Tulane University free or at reduced rates.
Sports Events: Season tickets for Tulane football and basketball games may be purchased by fellows at one half the regular price, based on availability. Admission to baseball games is free upon presentation of Tulane ID.

INSURANCE
Disability: Disability benefits begin the first day of the month after three months of continuous total disability. Benefits continue until the end of disability or to age 65. A copy of the policy is on file in the Fellowship Program Office for review/information.
Health Insurance: Health insurance is provided free to all fellows. Coverage for spouse and/or dependent children is provided at nominal rates. Information about the fellow’s health insurance is made available at orientation.
Life Insurance: $25,000 life insurance is provided free to fellows.
Professional Liability Insurance: Professional liability coverage is provided while rendering service in any of the affiliated hospitals during fellowship duties.

LAB COATS
Each fellow will receive two lab coats. Fellows are responsible for having them cleaned on a regular basis. The Linen Service, located on the first floor of the Medical School Building, is used for this purpose.

MEETINGS
The section provides reimbursement for attendance to one national meeting per year, when an abstract is submitted. Support for meeting attendance may be provided in other cases based on availability of grants or other funds.

**PARKING**
Free parking is available to fellows.

**FELLOW YEARLY SALARIES**
- PGY IV: $49,029
- PGY V: $50,720
- PGY VI: $52,938


**PHOTOCOPYING**
Photocopy service is available free of charge to fellows. The copy machine is located nearby the Fellowship Program Office.

**LIBRARY**
Fellows have access to the Rudolph Matas Medical Library located on the second floor of the medical school. Fellows also have access to the library at the Veteran's Affairs Medical Center on a 24-hour basis. Fellows have access to Up-To-Date, MD Consult and other electronic databases at all three hospitals (Tulane or the two Tulane affiliated Hospitals).

**Additional Information**
The web address listed below contains the Graduate Medical Education Policies & Procedures for Residents & Fellows Handbook (GME Handbook) for Tulane University School of Medicine. Fellows also receive a copy of the GME Handbook at the beginning of the year. If more explanation is needed, the following website can be used for more information:

A mandatory course on Bloodborne pathogens by Office of Environmental Health Safety, aimed at preventing needlestick accidents must be taken at the beginning of the fellowship at [http://www2.som.Tulane.edu/oehs/protected.htm](http://www2.som.Tulane.edu/oehs/protected.htm).

The Tulane University Health Sciences Center, Office of Educational Research and Services is devoted to improve the teaching effectiveness of the entire faculty. Regular interactive programs, lectures, and source materials – both written and web based – are provided to faculty and fellows. Faculty and fellows can directly access the office for questions. The website: OERS@tulane.edu; telephone number: 988-6600. In addition, the Office of Information Technology at the Medical School provides other resources to improve the use of electronic resources for teaching purposes.

**Recommended Books**
- Gorgias, by Plato
- Critical Thinking: Asking the Right Question, a Guide to Critical Thinking, by Browne and Keeley (visit also [www.prenhall.com/browne](http://www.prenhall.com/browne)).
- Being Logical, by McInerny; A rulebook for Arguments, by Weston;

**Communication:**
The Elements of Style, by Strunk and White; Communicating in Science: Writing a Scientific Paper and Speaking at Scientific Meetings, by Booth. On Writing Well, by William K. Zinsser

**Leadership/interpersonal skills:**
How to Win Friends & Influence People, by Carnegie

**Pulmonary/Critical Care/Sleep Medicine:**
Murray and Nadel, Textbook of Respiratory Medicine
Pulmonary/Critical Care books: see detailed curriculum.

Updated July 2011