# RESIDENT LEVELS OF CARE

## DEPARTMENT OF MEDICINE

### SECTION OF PULMONARY, CRITICAL CARE, AND SLEEP MEDICINE

**Resident Level:** FPGY-2

<table>
<thead>
<tr>
<th>Core Competencies [Insert #'s of core competencies evaluated with each learning objective.]</th>
<th>1) Medical Knowledge</th>
<th>2) Patient Care Skills</th>
<th>3) Practice-based learning</th>
<th>4) Interpersonal and communication skills</th>
<th>5) Systems-based practice</th>
<th>6) Professionalism</th>
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## Direct Supervision:
- The supervising physician is physically present with the resident and patient.
- (*) A faculty physician, other than another resident, is physically present during the key portions of the procedure or is immediately available.

## Indirect Supervision:
- With direct supervision immediately available—the supervision physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
- With direct supervision available—the supervision physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

## Oversight:
- The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

## The Residents at this Level Should:

### Direct Supervision:
- Perform Pulmonary Artery Catheterization
- Perform Therapeutic Flexible Fiberoptic Bronchoscopy
- Perform Diagnostic Flexible Fiberoptic Bronchoscopy with Transbronchial Biopsy
- Perform Endobronchial Stent Placement
- Perform Endobronchial Cryotherapy
- Perform Endobronchial Electrocautery
- Perform Endobronchial Brachytherapy Catheter Placement
- Perform Medical Thoracoscopy
- Perform Placement of Pleur-X Catheters
- Perform Monitored Conscious Sedation for Invasive Procedures
- Perform Tube Thoracostomy
- Perform Elective Cardioversion

### Indirect Supervision:
- Perform and Document Histories and Physical Exams [1,2,3,4,6]
- Order & Interpret Findings of Diagnostic Tests (Radiology, Electrocardiographic, and Laboratory) [1,2,3,4,5]
- Formulate Appropriate Differential Diagnoses
- Obtain & Document Informed Consent [1,2,3,4,6]
- Request and Review Consultations [1,2,3,4,5,6]
- Understand the Role of the Pulmonary & Critical Care Physician as a Consultant to Other Physicians
- Perform Management of Complex Fluid and Electrolyte Disorders [1,2,3,4,5]
- Monitor Vital Signs and Intake /

### Oversight:
- Document Patient Status by Clear and Legible Notes [1,2,3,4,5]
- Dictate Discharge Summaries [1,2,3,4,5,6]
- Dictate Operative Notes [1,2,3,4,5,6]
- Learn & Apply Appropriate ICD / CPT Codes & Understand Documentation Needed [1,2,3,4,5,6]
- Collect Specimens (Sputum, Biopsy Specimens, etc.) for Submission to Laboratory or Pathology for Examination [1,2,5]
- Maintain Correct & Complete Medical Record [1,2,4,5,6]
- Use & Understand the Nursing Notes & Patient Data [1,2,4,5]
- Utilize the Institutional Resources & Case Management Services for Discharge Planning & Follow-Up [4,5,6]
- Perform Whole Lung Lavage
- Order Continuous Renal Replacement Therapy
- Insert Temporary Transvenous Pacemakers

Output [1,2,3,4,5]
- Interpret Hemodynamic Parameters in Critically Ill Patients
- Order Transfusions of Blood & Blood Products [1,2,3,4,5]
- Order Appropriate Pharmacologic Therapy for Management of Circulatory Shock and Related Disorders
- Order Pain Management Therapy [1,2,3,4,5]
- Order Medications and Monitor for their Effects and for Possible Adverse Reactions [1,2,3,4,5]
- Order Continuous Sedation and Analgesia in the Critically Ill
- Order Parenteral Nutrition During Critical Illness
- Order Intravenous Thrombolytic Therapy
- Perform Intravenous Anesthetic Induction for Intubation
- Understand and Practice Sterile Technique and Scrub, Gown, Glove, and Drape Properly [1,2]
- Manage Chest Tubes and Drains [1,2]
- Understand and Practice Universal Infection Control / Safety Precautions [1,2]
- Understand / Utilize Principles of Mechanical Ventilation [1,2,5]
- Understand the Basic Principles of Anesthesia [1,2,4,5]
- Assess Preoperative Risks and Assign ASA Classification [1,2]
- Interpret Normal & Common Abnormal Findings on X-Rays of Chest, CT Scans of the Chest, MRI of the Chest, and Ventilation/Perfusion Scans [1,2,5]
- Interpret Therapeutic Drug Levels for Antibiotics and Other Drugs
- Interpret Pulmonary Function Testing, Including Spirometry, Lung Volumes, Diffusion Capacity, and Response to Bronchodilators
- Interpret Methacholine Testing
- Interpret Cardiopulmonary Exercise Testing
- Understand the Basic Fundamentals of Polysomnography Interpretation

- Understand the Methods of Outcomes Assessment [3]
- Be Aware of the Principles of Peer Review & Cooperate with the GMEC & CQI Processes & Activities [3,5]
- Understand the Concept of Risk Management & the Needed Documentation in the Medical Record [3,5]
- Understand the Principles of Clinical Research & Clinical Trials, & be Able to Perform Basic Statistical Analysis of Data & Interpretation of Published Results [1,4,5]
- Develop Computer Skills & Use Available Resources [4,5]
- Obtain Basic & Advanced CPR (BCLS & ACLS / ATLS) Certification [1,2,5]

Additionally, Residents at this Level:

Should Begin to Acquire Knowledge of the Six Core Clinical Competencies and the Evaluation Process Used to Monitor Their Progress Toward Achieving Success in the Following Domains:

- **Patient Care** - Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. [1]

- **Medical Knowledge** - residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to perform at, or above the National Average of Peers on the Annual AUA-sponsored In-Service Examination. [2]

- **Practice-based Learning and Improvement** - residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and
- Perform Arterial Catheterization [2]
- Perform Orotracheal Intubation
- Perform Basic and Advanced Cardiac Life Support
- Perform Emergency Pericardiocentesis
- Perform Thoracentesis
- Perform Pleural Biopsy
- Perform Pleurodesis
- Manage Mechanical Ventilation in Acute and Chronic Respiratory Failure
- Perform Transcutaneous Cardiac Pacing
- Perform Oral / Nasal – Gastric Intubation [2]

...to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals: [3]
- identify strengths, deficiencies, and limits in one’s knowledge and expertise; [3]
- set learning and improvement goals; [3]
- identify and perform appropriate learning activities; [3]
- systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; [3]
- incorporate formative evaluation feedback into daily practice (including SECURE’s Observed Patient Encounters and Operative Performance Rating Forms); [3]
- locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems; [3,5]
- use information technology to optimize learning; and,[3,5]
- participate in the education of patients, families, students, residents and other health professionals. [3,4]

- **Interpersonal and Communication Skills** - Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, & health professionals. [4] Residents are expected to:
  - communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; [4]
  - communicate effectively with physicians, other health professionals, and health related agencies; [4]
• **Systems-based Practice** - Residents must demonstrate an 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. Residents are expected to:
  - work effectively in various health care delivery settings and systems relevant to their clinical specialty; [5]
  - coordinate patient care within the health care system relevant to their clinical specialty; [5]
  - incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]
  - advocate for quality patient care and optimal patient care systems; [5]
  - work in inter-professional teams to enhance patient safety and improve patient care quality; [5] and
  - participate in identifying system errors and implementing potential systems solutions. [5]

• **Professionalism** - Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
  - compassion, integrity, and respect for others; [6]
  - responsiveness to patient needs that supersede self-interest; [6]
  - respect for patient privacy and autonomy; [6]
- accountability to patients, society and the profession;[6] and,
- sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.[6]