

## RESPIROLOGY ROTATION INFORMATION

### INTRODUCTION

Welcome to the Respiriology rotation at St. Michael's Hospital. The Respiriology rotation consists of an inpatient ward, active consultation service, and busy outpatient clinics. There will be opportunities to participate in many different pulmonary procedures. Emphasis will also be on investigations and management of the different diseases in Respiratory Medicine.

The **inpatient ward** is a 15-bed unit that admits patients with unique respiratory problems for intensive investigation and management. A wide variety of respiratory problems ranging from obstructive, restrictive, infectious, inflammatory, malignant, occupational, sleep-disordered breathing, cystic fibrosis and other problems are admitted. It is expected that a good portion of the beds will be occupied by the cystic fibrosis patients admitted for exacerbations.

The **consultation service** will be a very busy service complimenting the inpatient ward. Consults will be received from many different areas in the hospital, such as ICU and medical wards. These consults will cover both acute and chronic issues in all different areas of Respiratory Medicine.

The **outpatient clinics** will consist of general Respiriology and many subspecialty clinics with different staff respirologists. A rotating schedule will allow each trainee to have protected time to be in clinics one week per month.

Pulmonary procedures such as thoracenteses, closed pleural biopsies and bronchoscopies, and pulmonary investigations such as methacholine challenge test, pulmonary function test, exercise test, and overnight sleep study are done frequently. This will allow trainees to develop proficiency with the procedures and understanding and familiarity with the investigations.

Residents are expected to report to the ward on the first day of the rotation at 9am for orientation. The ward is located on 6 Bond wing.

## STAFF INFORMATION

There are nine staff respirologists (Drs. Batt, Dr. Binnie, Faughnan, Leung, Hoffstein, Hyland, Tullis, Ward and Yang) and four clinical associates (Drs. Li, Naraine, Hall, and Stephenson). Each of the different respirologists will have variable contact with the residents. Each respirologist has specific areas of interest:

RESPIROLOGIST	INTEREST
Dr. Tullis <b>DIVISION HEAD</b>	Cystic Fibrosis, bronchiectasis
Dr. Faughnan	Hereditary hemorrhagic telangiectasia (HHT), pulmonary AVMs
Dr. Hoffstein	Snoring and obstructive sleep apnea
Dr. Hyland	Asthma, bronchiectasis, pulmonary infections, pulmonary fibrosis
Dr. Leung	Sleep and Cardio-vascular Disorders
Dr. Ward *ICU and Research focused	Critical Care Medicine and Vascular Biology Research
Dr. Yang <b>EDUCATION COORDINATOR</b> (416) 864-6056	TB, Medical Education
Dr. Batt	TB, Microarray research
Dr. Binnie	IPF, Basic research

## RESPIROLOGY CLINIC SCHEDULE

DAY	CLINIC	HOURS	# OF ROOMS
<b>MONDAY</b>	TB - Dr. Yang and Team	9:00 - 12:00	10
	Sleep/Chest - Dr. Hoffstein	9:00 - 5:00	1
	Chest - Dr. Gupta	1:00 - 4:00	1
	CF and Bronchiectasis (every other week)	1:00 - 5:00	6
<b>TUESDAY</b>	Cystic Fibrosis - Dr. Tullis and Team (C-negative)	9:00 - 5:00	10
	Sleep/Chest - Dr. Hoffstein	9:00 - 5:00	2
	Sleep – Dr. Leung	9:00 - 12:00	2
	General Chest - Dr. Hyland	1:00 - 5:00	2
<b>WEDNESDAY</b>	Cystic Fibrosis - Dr. Tullis and Team (Cepacia-positive)	9:00 - 5:00	7
	Sleep/Chest - Dr. Hoffstein	9:00 - 5:00	2
	Chest - Dr. Yang	9:00 - 12:00	2
	Sleep - Dr. Li	9:00 - 5:00	2
<b>THURSDAY</b>	Sleep/Chest - Dr. Hoffstein	9:00 - 5:00	2
	Sleep – Dr. Leung	9:00 - 12:00	2
	Chest – Dr. Yang	9:00 – 12:00	2
	General Chest - Dr. Faughnan	9:00 - 12:00	2
	HHT - Dr. Faughnan	1:00 - 5:00	1
	General Chest - Dr. Hyland	1:00 - 5:00	2
<b>FRIDAY</b>	TB - Dr. Yang and Team	9:00 - 1:00	8
	General Chest - Dr. Hoffstein	9:00 - 5:00	1
	Sleep – Dr. Li	9:00 - 5:00	2
	HHT - Dr. Faughnan	1:00 - 5:00	1
	HPS – Dr. Gupta/Dr. Faughnan	1:00 – 5:00	1
	Sleep - Dr. Naraine	1:00 - 4:00	1
	CF and GI (1/month)	1:00 – 5:00	1

## TEACHING ROUNDS SCHEDULE

Mondays:	12-1 pm	TB rounds, CXR rounds, interesting cases
Tuesdays:	12-1 pm	Resident-led rounds
Wednesdays:	8-9 am	PFT Interpretation rounds
Thursdays:	8-9 am	RT Rounds
Thursdays:	12-1 pm	Cystic Fibrosis rounds every other week
Fridays:	8-9 am	Sleep rounds
Fridays:	12-1 pm	Combined Respiriology/Radiology rounds

## RESEARCH OPPORTUNITIES

The pulmonary staff are involved in a number of different research projects in which housestaff are welcome to become involved. This may involve a case report on an interesting patient, review paper, or an ongoing project. Please feel free to inquire from any of the attending staff if you are interested. A selected list of projects is available upon request.

## RECOMMENDED READINGS

### **Asthma**

Boulet L, Becker A, Berube D, Beveridge R, Ernst P. Summary of recommendations from the Canadian Asthma Consensus Report 1999. *CMAJ* 1999;161(11 Suppl):S1-14

### **Atypical Mycobacterium**

American Thoracic Society. Diagnosis and treatment of disease caused by nontuberculous mycobacteria. *Am J Respir Crit Care Med* 1997; 156: S1-S25

### **Chronic Cough**

Irwin RS, Boulet L, Cloutier M, et al. Managing cough as a defense mechanism and as a symptom. *Chest* 1998 suppl; 114: 165S-171S

### **COPD**

Barnes PJ. Chronic obstructive Pulmonary Disease *NEJM* 2000; 343(4): 269-80

Burrows B, Earle RH. Course and prognosis of chronic obstructive lung disease. *NEJM* 1969; 280(8); 397-404

## **Cystic Fibrosis**

Davis PB, Drumm M, Konstan MW. Cystic Fibrosis. Am J Respr Crit Care Med 1996; 154: 1229-56

## **Geriatric Respiratory Medicine**

Chan Ed, Welsh CH. Geriatric Respiratory Medicine. Chest 1998; 114: 1704-33

## **HIV**

Miller R HIV-associated lung disease. Lancet 1996;348:307-12

## **Immunocompromised Patient**

Shelhamer JH, Toews GB, Masur H, et al. Respiratory Disease in the Immunosuppressed Patient. Annals of Internal Medicine 1992; 117: 415-31

## **Interstitial Lung Disease**

Reynolds HY. Diagnostic and management strategies for diffuse interstitial lung disease. Chest 1998; 113: 192-202

## **Lung Transplant**

Arcasoy SM, Kotloff RM. Lung Transplantation. NEJM 1999, 340: 1081-91

## **Oxygen Therapy**

Nocturnal Oxygen Therapy Trial Group. Continuous of Nocturnal Oxygen Therapy in Hypoxemic Chronic Obstructive Lung Disease: a clinical trial. Annals of Internal Medicine 1980; 93: 391-98

Medical Research Council Working Party. Long term domiciliary oxygen therapy in chronic hypoxic cor pulmonale complicating chronic bronchitis and emphysema. Lancet 1981; 681-85

Tarpy SP, Celli BR. Long-term oxygen therapy. NEJM 1995; 333(11): 710-14

## **Physical Examination**

Holleman DR, Simel DL. Does the clinical Examination predict airflow limitation? JAMA 1995; 273(4): 313-19

## **Pleural Disease**

Bartter T, Akers, SM, Pratter MR. The Evaluation of Pleural Effusion. Chest 1994; 106 (4): 1209-14

## **Pneumonia**

Mandell LA, Marrie TJ, Grossman RF, et al. Canadian Guidelines for the initial management of community acquired pneumonia: an evidence-based update by the Canadian Infectious Diseases Society and the Canadian Thoracic Society. Clin Infect Dis 2000, 31: 383-421.

## **Pre-Operative Assessment**

Smetana G. Preoperative Pulmonary Evaluation. NEJM 1999; 340: 937-44

## **Pulmonary Embolism**



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ST. MICHAEL'S HOSPITAL  
A teaching hospital affiliated with the University of Toronto

American Thoracic Society. The diagnostic approach to acute venous thromboembolism. Clinical practice guideline. Am J Resp Crit Care Med 1999; 160: 1043-66

### **Pulmonary Function Testing**

Grapo, RO. Pulmonary-function testing. NEJM 1994; 331(1) 25-30

### **Pulmonary Hemorrhage**

Gossage JR, Kanj G. Pulmonary arteriovenous malformations. Am J Respir Crit Care Med 1998;158:643-61

### **Pulmonary Hypertension**

Peacock AJ, Primary pulmonary hypertension Thorax 1999;54:1107-18

### **Respiratory Rehabilitation**

Lacasse Y, Wong E, Guyatt GH, King D, Cook DJ, Goldstein RS. Meta-analysis of respiratory rehabilitation in chronic obstructive pulmonary disease. Lancet 1996; 348: 1115-19

### **Sarcoidosis**

American Thoracic Society. Statement on Sarcoidosis. Am J. Respir Crit Care Med 1999; 160: 736-55

### **Sleep Apnea**

Strollo PJ, Rogers RM. Obstructive Sleep Apnea NEJM 1996;334:99-104

Bradley TD, Phillipson E. Central Sleep Apnea. Clinics in Chest Medicine 1992;13:493-505

### **Smoking Cessation**

Hughes JR, Goldstein MG, Hurt RD, Shiffman S. Recent advances in the pharmacotherapy of smoking. JAMA 1999; 281(1): 72-76

### **Solitary Pulmonary Nodule**

Midhun DE, Swensen SJ, Jett JR. Clinical strategies for solitary pulmonary nodule. Ann Rev Med 1992;43:195-208

### **Tuberculosis**

ATS/CDC/IDSA Statement: Treatment of Tuberculosis. Am J Respir Crit Care Med 2003; 167: 603-662

American Thoracic Society. Targeted tuberculin testing and treatment of latent tuberculosis infection. Am J Respir Crit Care Med 2000; 161: S221-47

Canadian Tuberculosis Standards, 5<sup>th</sup> Ed. 2000.