Education Goals and Objectives for the Thoracic Surgery Elective Rotation
Pulmonary/Critical Care Medicine Fellowship Program
University of Nebraska Medical Center
Revised: 2/2016

I) Rotation Goals
A) To manage perioperative Thoracic surgical patients in the Intensive Care Unit or on the general wards
B) To become an effective consultant for Thoracic Surgical patients

II) Teaching Methods
A) Clinical experience
   1) Observation of and assist with select thoracic procedures in the operating suite
   2) Evaluate and co-manage thoracic patients in the ICU
   3) Write a daily progress note on selected thoracic patients in the ICU or general floor
   4) Perform those ICU procedures expected of an intensivist, e.g.; chest tube placement, central line and arterial line placement, intubation for mechanical ventilation

B) Clinical Teaching
   1) Present clinical findings to the supervising surgeon daily on rounds
   2) Review ICU patient management daily

C) Performance Feedback
   1) Fellow and supervising staff physician will review these goals and objectives at the beginning of the rotation
   2) Staff physician will provide ad hoc feedback on a regular basis
   3) Fellow and supervising staff physician will meet and provide written and verbal feedback at the completion of the rotation.

D) Didactic Sessions
   1) Attend all daily noon conferences of the PCCM fellowship program.
   2) The fellow will present didactic sessions covering pertinent critical care medicine topics as desired by students and residents who may be on the service.

E) Self-Learning
   1) The fellow is expected to read the primary literature in regards to current thoracic problems
   2) The fellow is expected to complete any readings assigned by the supervising staff physician

III) Responsibilities
A) Fellow
1) A weekly schedule of clinical responsibilities is appended to this document.
   (a) The schedule may be altered by mutual agreement by all parties involved (fellow, thoracic attending)
2) See selected patients on the Thoracic Surgery service daily and document the evaluation and management including mechanical ventilation.
   (a) It is the responsibility of the fellow to communicate and coordinate with the attending to be present on rounds
3) Be available, within five minutes, to respond to ICU staff (nurses and/or respiratory care) regarding care for thoracic Surgical patients
4) Observe select thoracic procedures in the operating suite
5) Coordinate with Drs. Trujillo or Lackner to be available for any endobronchial ultrasound, navigational bronchoscopy or video assisted thoracoscopic surgery.
   (a) Procedures are scheduled by the attending physician and may be coordinated with the fellow to allow him or her to participate.
6) Provide follow-up care for the post-operative patient as appropriate.
7) Provide informal didactic session(s) to students and residents on the thoracic service when appropriate. Much of this discussion will likely involve the staff physician.
8) Complete all reading designated by the staff physician.
9) Complete an evaluation of the Thoracic Surgical attending and one of the rotation.

B) Thoracic Surgical Attending
1) Review these goals and objectives with the fellow at the start of the rotation along with any other expectations
2) Provide adequate supervision for procedures performed by the fellow
3) Provide instruction in the management of Thoracic Surgical patients
4) Complete a written evaluation and provide verbal feedback at the completion of the rotation

C) Service
1) On Call Responsibility
   (a) Be available, in house, to take calls on thoracic patients during regular duty hours, 7am to 4pm. The fellow will be expected to attend all PCCM conferences (M-F at Noon or 1pm)
   (b) Take after hours call as assigned by the Rotation Director (Dr. Trujillo). Call may be altered by mutual agreement with the Thoracic Surgical Attending
   (c) Call should not conflict with the PCCM call and in-house call should not occur more frequently than once in 3 days. The fellow must inform the attending of the PCCM call schedule
2) Continuity Clinic
   (a) The fellow will be expected to attend his or her continuity clinic each week. The fellow will be expected to inform the Thoracic Surgical Attending which afternoon they will be in clinic (Tues or Thurs) and thus unavailable to be present for afternoon activities.
3) Vacation

(a) Vacation time is discouraged during this elective but may be taken with the consent of the thoracic attending in advance of the start of the rotation.
(b) Emergency leave may be requested after discussion with the Program Director or surrogate (Thoracic Surgical attending).

IV) Method of Evaluation

A) Formative

1) The Thoracic Surgical Attending should give feedback throughout the rotation and a formal verbal evaluation should be given at the end of the rotation.

B) Summative

1) The responsible attending physician must prepare a written evaluation of the fellow at the conclusion of the rotation (New Innovations, contact Sheryl Latenser slatense@unmc.edu if login is needed).
   a) The fellow, in the presence of the attending physician, should review the assessment personally.
   b) At the conclusion of the fellow’s service period, he/she should complete an evaluation assessing the quality of the rotation;
   c) The fellow should also complete an evaluation of the attending surgeon, specifically addressing the teaching undertaken by them.

V) General Fellowship Educational Objectives

A) Patient Care

1) Demonstrate effective communication through the informed consent process for procedures
2) Demonstrate caring and respectful behaviors when interacting with patients
3) Gather essential and accurate information from patients
4) Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgment
5) Develop and carry out patient management plans in association with the supervising physician
6) Counsel and educate patients and their families
7) Use information technology to support patient care decisions and patient education
8) Demonstrate competency in all medical and invasive procedures performed on this rotation
9) Demonstrate an ability to work with a variety of health care professionals to provide patient-focused care

B) Medical Knowledge
1) Demonstrate an investigatory and analytic thinking approach to clinical situations by applying an evidence-based medicine principles

2) Demonstrate a fundamental knowledge of the care of thoracic patients

C) Practice-based Learning and Improvement
   1) Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
   2) Use information technology to manage information, access on-line medical information and support their own education
   3) Demonstrate teaching of students and other health care professionals

D) Interpersonal & Communication Skills
   1) Create and sustain a therapeutic and ethically sound relationship with patients
   2) Demonstrate effective listening skills
   3) Elicit and provide information using effective nonverbal, explanatory, questioning and writing skills
   4) Work effectively with others as a member or leader of a health care team

E) Professionalism
   1) Demonstrate respect, compassion, and integrity
   2) Demonstrate a responsiveness to the needs of patients and society that supercedes self-interest
   3) Demonstrate accountability to patients, society and the profession
   4) Demonstrates a commitment to excellence and on-going professional development
   5) Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent
   6) Demonstrate sensitivity and responsiveness to patients’ culture, age gender and disabilities

F) System-based Practice
   1) Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society
   2) Practice cost-effective health care and resource allocation that does not compromise quality of care
   3) Advocate for quality patient care and assist patients in dealing with system complexities
### Weekly Schedule for Fellows on Thoracic Rotation

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<thead>
<tr>
<th>Time</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<td><strong>AM</strong></td>
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<td>7:00 AM – 8:00 AM</td>
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<td>CT Conference Grissom</td>
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<td>AM</td>
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<tr>
<td>Rudy Lackner, MD OR</td>
<td>Thoracic Clinic</td>
<td>Rudy Lackner, MD OR</td>
<td>Karin Trujillo, MD OR</td>
<td>Rudy Lackner, MD Cancer Center Clinic</td>
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<td></td>
<td>Rounds between cases</td>
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<td>Karin Trujillo, MD OR</td>
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<td><strong>PM</strong></td>
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<td>12:00 PM – 1:00 PM</td>
<td></td>
<td>Tumor Board</td>
<td>PCCS&amp;A Fellows Didactics</td>
<td>GI Tumor Board</td>
<td>Grand Rounds</td>
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<td>1:00 PM – 1:00 PM</td>
<td>PCCS&amp;A Fellows Didactics</td>
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<td>Rudy Lackner, MD OR</td>
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<td>Rudy Lackner, MD VA Clinic</td>
<td>Rudy Lackner, MD OR</td>
<td>Karin Trujillo, MD OR</td>
<td>Karin Trujillo, MD OR</td>
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<td>PCCM Fellow Clinic</td>
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<td>PCCM Fellow Clinic</td>
<td>Rudy Lackner, MD Cancer Center Clinic</td>
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<td>4:30 PM – 5:30 PM</td>
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<td>Melanoma Sarcoma Tumor Board</td>
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Fellows must attend Mid morning or early afternoon rounds with Dr. Rudy Lackner or Dr. Karin Trujillo

Desired Mix of procedures requiring a log
Categories for Procedures
  1. Pleural
  2. Mediastinal
  3. Pulmonary
Mediastinal cases (thymectomy)
VATS, metastectomy, airway neoplasm, diaphragm plication, EBUS