



**Inova Fairfax Medical Campus
Lung Transplant Program and Advanced Lung Disease
Programs**

**Fellow & Resident
Survival Manual**

updated 07/13/16

Get Ready Instructions and Directions

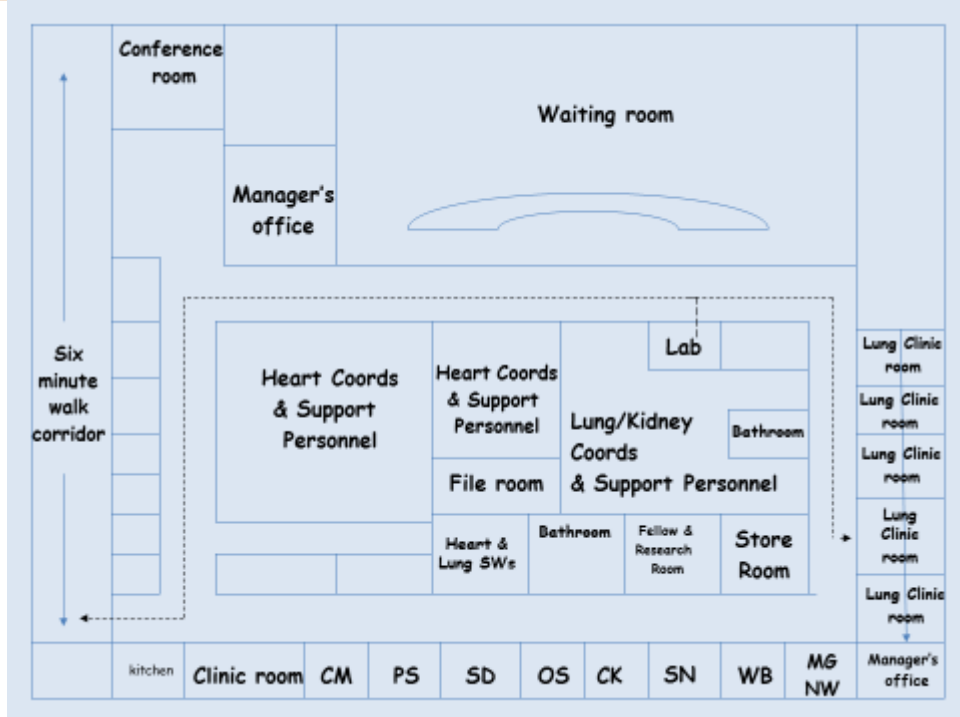
- 1) Credentialing
 - a. Please make sure that you have a copy of your Virginia license or temporary license, or that a copy has been sent to the Inova Fairfax GME office.
 - b. Contact GME office
 - i. Crystal Hall 703-776-4497 to start the credentialing process
 - ii. Lori Speidell (703) 776-3910 with any other questions
 - iii. Maureena Crawford (703) 776-3879 with any other questions

<http://www.inova.org/education/GME/resident-requirements>

Section 1 will need to be completed by you, Section 2 will need to be completed by your Program Director and GME Director. Section 3 will need to be completed by Dr. Shlobin or Dr. Nathan. After Sections 1-3 have been completed, please forward the application to Crystal Hall for review and she will have it signed by Dr. Erario. Once the application has been signed, Crystal will work with your GME office to draft an agreement for the rotation.

- c. GME office will set up EPIC training unless you have rotated through Fairfax previously.
- 2) Please arrive by 8am on your first day and present to the Advanced Lung Disease and Transplant Clinic area, located on the ground floor of the Inova Heart and Vascular Institute (IHVI) (Inova Fairfax Hospital campus @3300 Gallows Road, Falls Church, VA 22042).
 - a. You can best reach the IHVI from Woodburn Road and then turning onto Wellness Boulevard. Continue straight past the Tower building (on the right) and under the pedestrian bridgeway that connects the Tower building to a parking garage on the left. Surgical Center will be on your right, followed by the IHVI building on your right after the stop sign. To get to the parking garage, continue past the access road to the IHVI building to the Grey garage entrance on the right (underneath the building). You will enter the building from the Grey garage on the ground level to immediately find the Advanced Lung Disease Clinic on your right hand side. If you reach the fountain in the main IHVI lobby, you have gone too far.
- 3) Ask the receptionist to contact either Dr. Shlobin, Dr. Nathan, Dr. Brown or Dr. King.
- 4) You will be escorted to the GME office, where you will be registered and further instruction on how to obtain a badge, parking, etc. will be provided
 - ❖ Please make sure to ask the Parking office to give you the access to the **Original building 3rd floor** where the Lung Transplant physician offices are located.
- 5) Please arrive for rotation by 8am every days (except the days when there is a 7:30am conference).

- 6) Your work area will be the all-purpose room located in our clinic area where 2-3 of our research coordinators are located, as well as our Pulmonary Techs (not there all the time). There are two desk spaces (see pic below) with computers for our Fellows and Residents. Please write your cell phone number on the board.
- 7) Fellows and residents will be expected to take call two of the weeks and two out of the four weekends.
- 8) Lung journal club is held monthly. Fellows and residents will be expected to present 1 article.
- 9) Please wash your hands before and after entering patients' rooms, outside (not inside) of the room.
- 10) We look forward to having you! 😊



Advanced Lung Disease and Transplant Fellowship Rotation Objectives

- 1) To learn the evaluation process of potential lung transplant candidates
- 2) Evaluation of potential lung transplant candidates:
 - types of advanced lung diseases for which transplantation is an option
 - indications for bilateral vs. single vs. heart-lung transplant
 - indications for transplantation
 - contraindications to transplantation
- 3) Evaluation of the potential lung donor with an opportunity to observe organ recovery at a donor hospital if transplant is performed during the time of the rotation
- 4) Observation of lung transplant surgery
- 5) Bronchoscopy of lung transplant recipients
- 6) In-house management of lung transplant recipients in the peri-operative period:
 - Ventilator management of lung recipients
 - Hemodynamic management of lung recipients
 - Infectious disease prophylaxis
 - Diagnosis and management of acute allograft rejection
 - Immunosuppression
- 7) Outpatient management of lung transplant recipients:
 - Outpatient monitoring of the lung allograft, including evaluation for acute cellular and antibody-mediated rejection
 - PFT interpretation in lung recipients
 - Outpatient immunosuppression management
 - Recognition and management of long-term complications including chronic rejection
- 8) Management of patients with pulmonary hypertension:
 - Assessment and work-up of patients with pulmonary hypertension
 - Indications for the various available therapies and appropriate indications and use of the available oral therapies
 - Initiation and ongoing management of patients with continuous intravenous epoprostenol, treprostinil, SQ treprostinil and inhaled iloprost therapies
 - An opportunity to observe a RHC and read PH ECHOs
 - Participation in the monthly PH conference
- 9) Diagnosis and management of patients with interstitial lung disease
 - Participaton in the multidisciplinary pathology conference
 - Assessment and work up of various ILD diseases
 - Initiaion and ongoing management of patients on immunospresive and anti-fibrotic therapy
- 10) Diagnosis and management of patients with cystic fibrosis and non-CF bronchiectasis
 - Indication for genetic therapy
 - Treatment of chronic disease and acute exacerbation

Conference Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
8am Weekend Update	12pm Research Lunch	7:30am PH Conference	4pm Collaborative LTx Meeting	
8am Weekend Update	4pm Quality meeting	12pm Research Lunch	7:30am Pathology/Radiology conference 4pm Collaborative LTx Meeting	
8am Weekend Update	12:30pm Medical Grand Rounds		12pm Journal Club 4pm Collaborative LTx Meeting	12pm Lecture
8am Weekend Update			4pm Collaborative LTx Meeting	12pm WRTC Donor Review

Advance Lung Disease Rotation Overview

Please wash your hands before you enter patients' rooms (not once you are inside) to stay in compliance with Inova handwashing policy.

Inpatient Service

The fellow on call during the weekend will help with the inpatient service with new consults, follow up patients and inpatient bronchs.

One inpatient MD (on call MD for the weekend) rounds for the week

- Rounds on inpatients
- Sees the new inpatient consults
 - New patient consults that arrive after 4pm will be the responsibility of the MD on call that day (to decide to see ASAP or hold till the next morning)
- Does inpatient bronchs

One inpatient/outpatient helper MD

- Rounds on all inpatients in am
- Participate in clinic until 1pm at the earliest
- Helps with new inpatient consults
- Does outpatient bronchs

Clinic Service

There are 1-2 MDs in clinic who will see the new consults and follow ups.

There are several clinics running at the same time and we are always adjusting our clinics flow to meet the need of our patients. So we ask you to be patient. Below is a brief summary of our clinics to help you through this rotation.

Advance Lung Disease clinic incorporates the following:

- Interstitial Lung Disease Clinic. We were approved as an ILD Center of excellence by the Pulmonary Fibrosis Foundation in January 2015.
- Pulmonary Hypertension Clinic. We became one of the first accredited Pulmonary Hypertension Comprehensive Care Center's in the country in September 2014.
- Cystic Fibrosis Clinic is currently undergoing accreditation.
- COPD
- Sarcoidosis
- Other rare lung diseases and diagnostic dilemmas
- Pre-lung transplantation clinic
- Post-transplant clinic

Clinic starts M-Th at 8:30am and runs through 2:30pm with an hour lunch break between 12:00-1:00 pm.

Urgent ALD patients are seen on Fridays at 9 and 11.

There are 3 new consultations Monday - Thursday (9:30am and 1300) and follow up patients are seen every 30 minutes. New consult visits are allotted 1 ½ hours to be seen, presented to the attending and discharged. The fellows will preferentially see the new consults. Please be cognizant of the time spent reviewing the records and with patients. Prolonged patient visits affect clinic flow and other patient visit times.

Residents/fellows are assigned the patients in the morning. It is essential to review the records before hand (prior clinic notes and the media section). Coordinators will give the testing to the fellows/residents when the patients are ready. The ALD Coordinator to be in room for summation and plan. Please do not allow new patient to leave clinic before patient is discharged by the coordinator.

Bronchoscopy

Fellows are to arrive and consent the patient 15 minutes prior to bronchoscopy appointment time. The two consent forms are:

- i. Conscious sedation
- ii. Procedure

Please check the patient history, recent labs and radiographic studies.

Fill out the Pre-procedure form (template).

Attending will put in the orders.

Bronchoscopy note is done in Endoworks.