



# **Pulmonary: View from US**

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# Disclaimer

## Professional Relationships:

Member of the ATS/ERS Task force on COPD

Member of the ATS/IDSA 2001, 2003 and 2007 CAP guidelines Committee

Member of the Executive and Scientific Committee of GOLD

## Advisory board, Consultant, Speaker:

Boehringer Ingelheim, GlaxoSmithKline, Pfizer, Schering Plough, Bayer-Schering Pharma, Dey, Ortho-McNeal.

## Grants:

NHLBI – COPD gene

GSK – Eclipse Study, Horizon, Asthma

Lilly - Sepsis Trial

Pfizer- Linezolid vs Vancomycin VAP study

Pneuma – Surfactant in ARDS

## Stocks:

None



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# Training Requirements

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**Time**

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**Description**

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4 yrs

Pre- Medicine - College

4 yrs ( 5 )

Medical School

3 yrs

Internal Medicine Residency

3 –

Pulmonary/Critical Fellowship

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**Cost: USD 150,000**

**Total : 10 – 12 yrs**

# After Graduation...

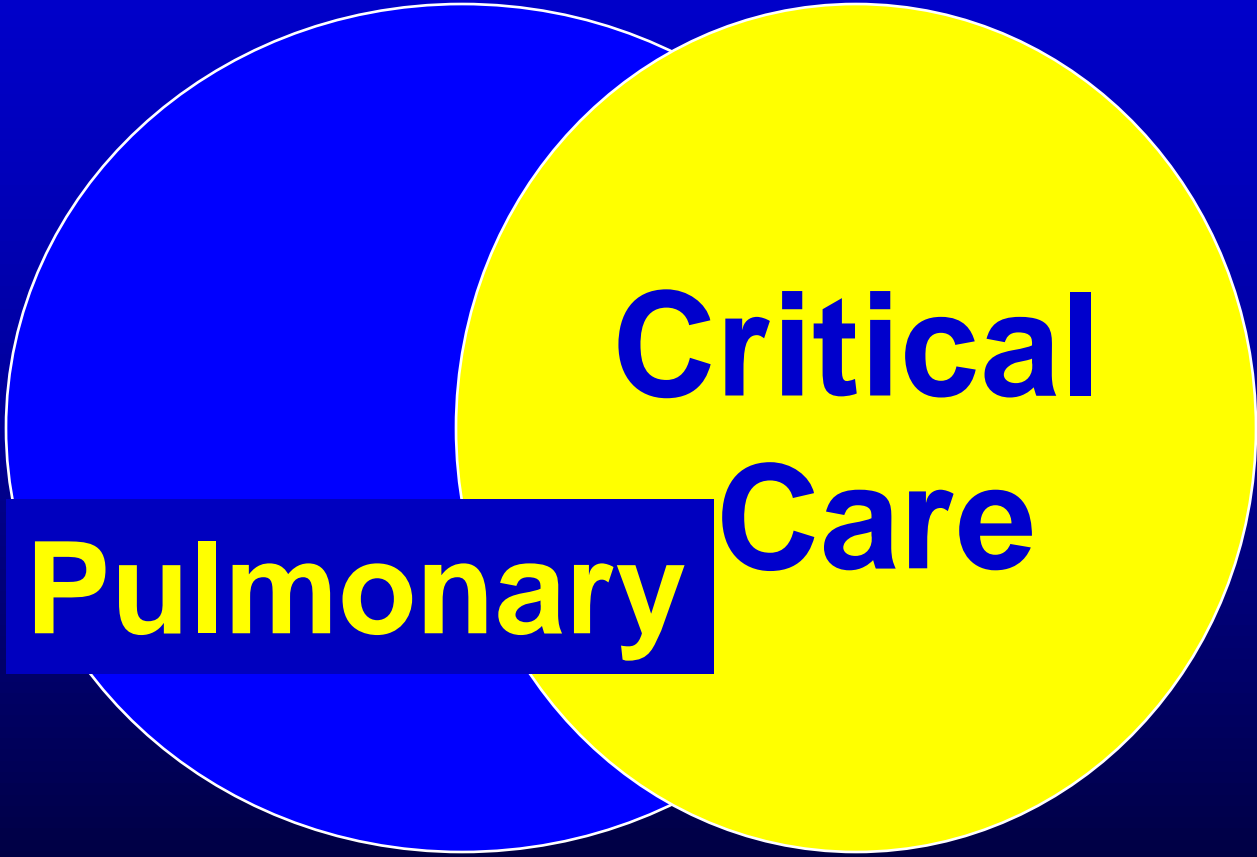
- Obtain practice license – regulations varied per state.
- Certified with federal and state pharmacy regulatory agencies.
- Board exams:
  - Internal Medicine
  - Pulmonary
  - Critical Care
  - Sleep
- Certification renewal - yearly



**Pulmonary**



**Critical  
Care**



**Pulmonary**

**Critical  
Care**

# Practice Alternatives

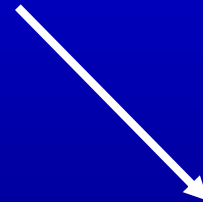
## Pulmonary/Critical Care

30%

Academics

70%

Private  
Practice





# **Academic Institutions**



# Multi-disciplinary team



Out patient clinics

Administrative

In-patient consults

Bronchoscopy

Allergy



**Clinical  
Activities**

Intervention

Sleep

Intensive Care Unit

Pulmonary Rehabilitation



You patients like this....



# ..and these..



# Daily Work Routine



# Every Day is different...

- Clinic
- ICU or consult service rounds
- Phone call from patients
- E-mails
- “Crisis of the day”
- Conferences
- Medical student preceptorship
- Pharmacy and therapeutics committee meeting

# Academic Interest

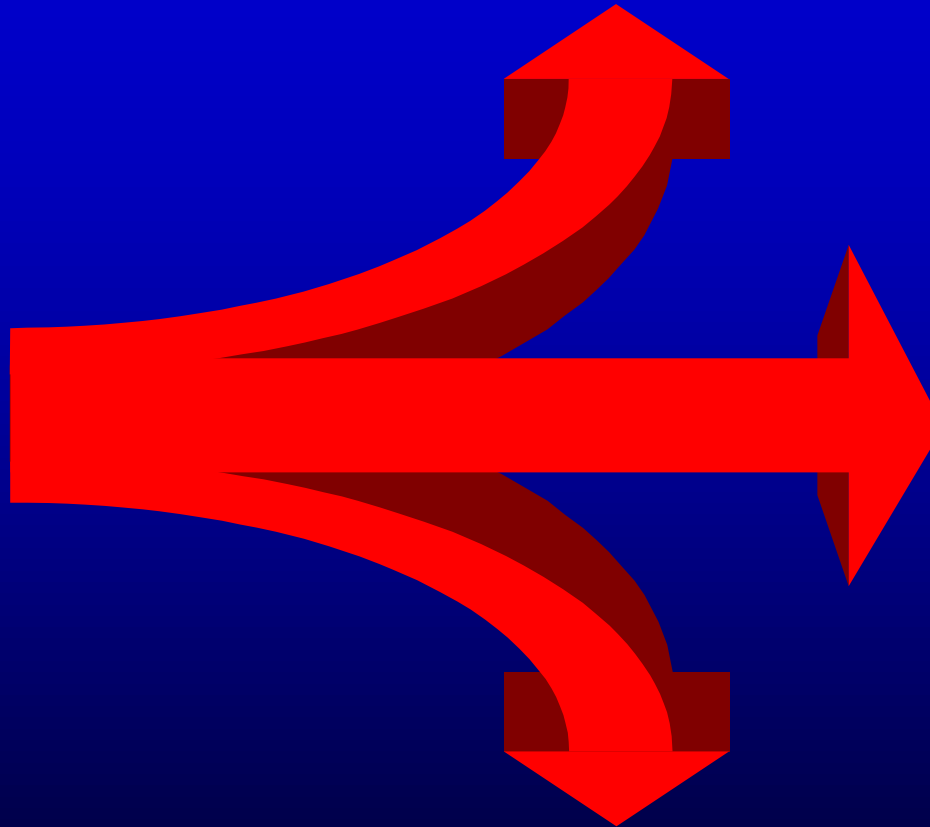
# Pulmonary/Critical Care Medicine: Areas of Interest

- **Critical Care Medicine**
  - Acute Lung injury/ARDS
  - Mechanical Ventilation
  - Sepsis
  - Severe Pneumonia
- **Pulmonary:**
  - COPD and COPD Exacerbations
  - Pneumonia

# More variety in your areas of Interest

- Pharmacotherapy
- Epidemiology

Patient with COPD



- ALI/ARDS
- Mechanical Ventilation

- Exacerbations
- CAP

You are small fish in the water.....



# Academic Practice Model

- Group Practice
- Divide responsibilities both clinical and academic:
  - Monthly rotations – clinical services
- Sharing administrative positions
- Income related mainly to seniority
- Limitations in having other sources of income

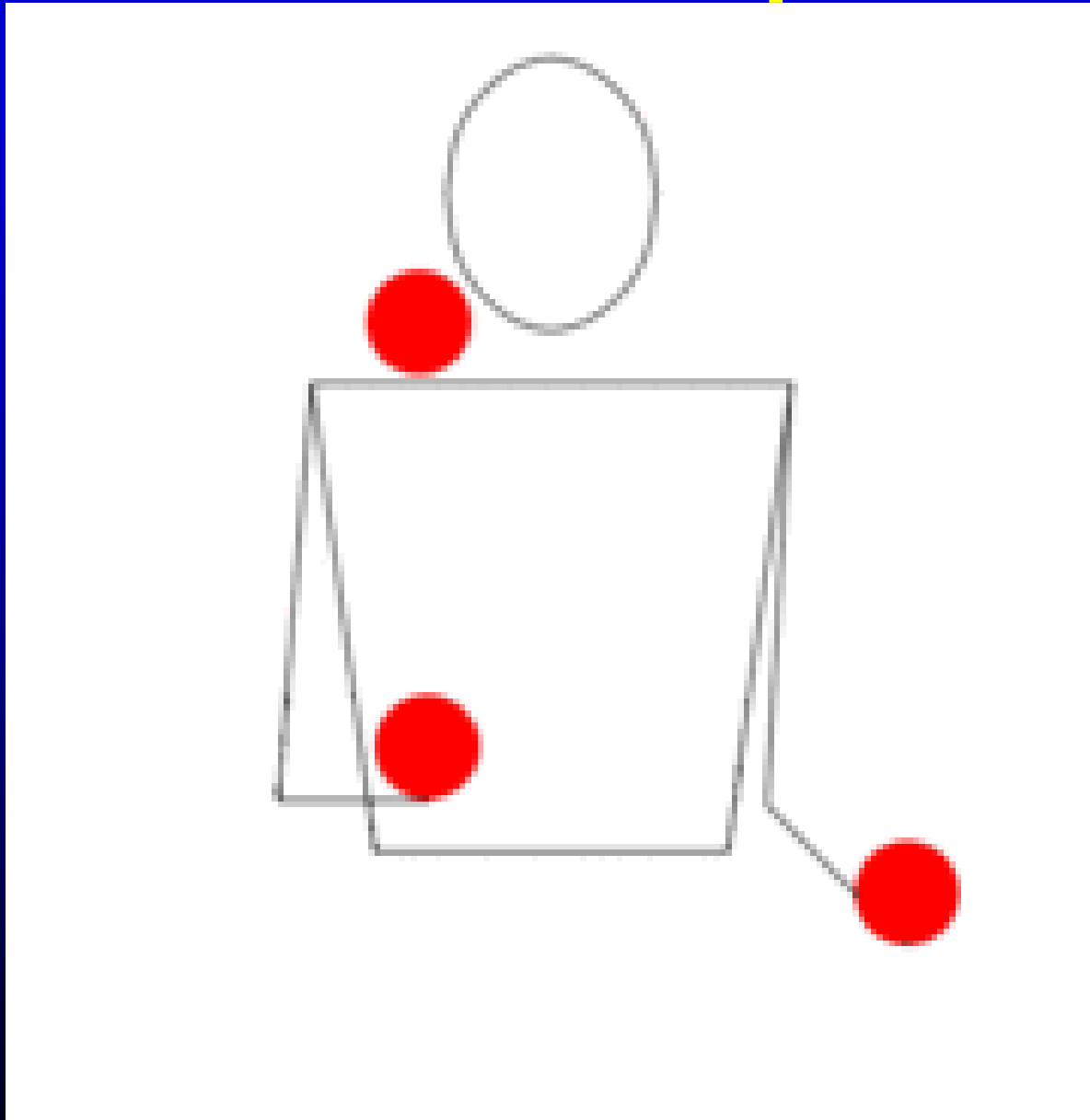
# Private Practice

# Private practice model...

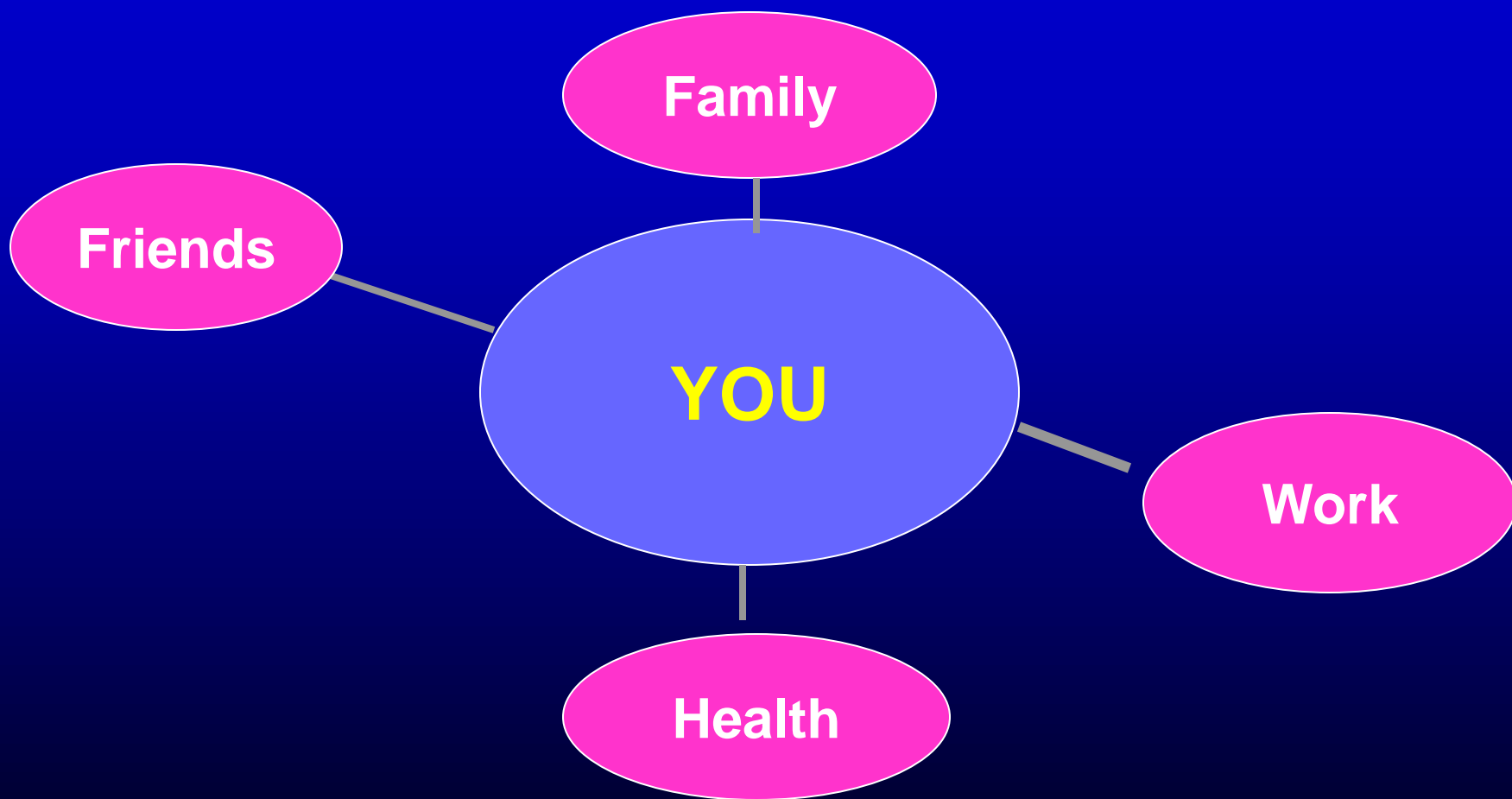
- Work as “*solo practitioner*” or group
- Group model – similar to academics
- Better practice efficiency: ancillary support
- Higher in-come – no limit
- Ownership of ancillary sources of income:
  - Sleep lab
  - Research facilities



**Yes, you will learn, be patient....**



# Balancing Act: A complete picture



# You will get older....

Take care of yourself –spiritually,  
physically and mentally





**Get hand and advice from your family....**



# Pulmonary/Critical Care

## *Pro*

- Broad fund knowledge
- Able to manage acute conditions
- Able to perform pulmonary procedures in ICU patients i.e. Bronchoscopy
- Multi-disciplinary

## *Con*

- Not focus in either areas
- Poor quality of life

Enjoy the *Journey*  
not the destination



T.S. Eliot





On/Off

Control

Menu

STOP AND LATCH FOR TAKE-OFF AND LANDING

This is the way we are.....



# Gràcies

