

Rotation Name: DHMC ID Consultation

Department Name: MEDICINE-INFECTIOUS DISEASES

Location: Denver Health Medical Center

This paragraph only applies if you are rotating at the University of Colorado Hospital. Please review the rest of the curriculum below.

Specialty Residents must complete the Web-based Training for Touchworks for this rotation. To complete the training, please follow the instructions below and then notify the Ambulatory Training team via email at UCH-AmbulatoryServicesTraining@uch.edu that the training is complete. They will send you a login via email.

1. Type www.uch.edu in the address field of your web browser.
2. Click the **For Employees** option in the upper-right corner of the page.
3. Under the **Other Helpful Links** section, select the Ambulatory Services Training link.
4. Under the **Web Based Training** section, select to complete each section: Lesson1, Lesson 2, Lesson 3 links under title **TouchWorks for Specialty Residents**.

Course Directors: Connie Price, M.D.

Course Coordinator: Ms. Sandra Wigginton

Time commitment		Percentage of time expected	
Regular hours (Monday - Friday)	8:00 a.m. – 6:00 p.m. (actual times vary per work activities)	Inpatient consultations	80%
Night call	No	Outpatient clinic (IM continuity clinic, HIV clinic)	20%
Weekends	usu. 2/mo-per call schedule	Laboratory	0%
Number of weeks	4 weeks	Conferences	5%
Restrictions	PGY2-3; PGY1 with permission of IM pgm Director		

Statement of Goals

- To gain practical experience in the practice of Infectious Diseases

- Develop a differential diagnosis of various infectious diseases
- Electively utilize various drugs used in the treatment of infectious diseases

Learning Activities

- Fellows will perform daily Inpatient Consultations and follow patients through the course of the infection
- A wide variety of issues (infectious and noninfectious) will be addressed.
- Course objectives will be met by review of patient management plans with the Attending physician
- Clinical-pathologic correlation is facilitated by the close liaison that exists between the laboratory, the Infectious Diseases physicians, Infection Control, Denver Public Health, and consulting physicians.
- Multidisciplinary ICU Rounds weekly
- Self-directed learning through reading
- The recommended text is Mandell, et. al. *Principles and Practice of Infectious Diseases*, 5th Ed ; however residents will also access current literature through internet, journals, meeting abstracts, etc. A syllabus containing relevant articles is given on the 1st day of the rotation.

Educational Goals

1. Understand and demonstrate skill in performance of consultation, including history and physical examination, integration of objective data, and judgement in developing a patient management plan
2. Progressively demonstrate skill in interacting with the laboratory, including interpretation of laboratory tests and specialized studies by request.
3. Gain knowledge of antimicrobial agents and acquire experience in interpretation of susceptibility results and good antimicrobial agent stewardship
4. Demonstrate humanistic qualities in interactions with patients and their families, understand the needs of largely underserved and ethnically diverse hospital population
5. Develop new skills in interactions with consulting physicians and other members of the health care team.
6. Understand the infectious diseases needs of Level I trauma center patients
7. Understand the infectious diseases needs of a public hospital/ public health clinic population
8. Learn the fundamental principles of scholarship and apply to patient care.

Evaluation Methods

- You are evaluated through observation of your performance
- Areas evaluated are: your ability to interact with staff, other health care workers and patients; your performance on history and physical evaluations; your reliability; and how detailed you are in performing patient care

- Academic performance is evaluated by discussions with you on the patients evaluated

When and Where to Report on the First Day of Service

You should contact the DHMC Fellow at least 24 hr. before the rotation switch for sign-out. Ms. Fitzpatrick distributes the monthly call-schedule via email at least 2 wks before the rotation changes.

DPH Clinic is directed by Bill Burman, M.D. It meets on Tuesday 1-5 pm at Denver Public Health 5th floor ID/AIDS clinic. Contact clinic at 303.436.7240 for your schedule.

Rotation Name: UH/VA ID Consultation

Department Name: MEDICINE-INFECTIOUS DISEASES

Location: University of Colorado Hospital; Denver VA Medical Center

Course Director: Nancy Madinger, M.D.

Course Coordinator: Sandra Wigginton

Time commitment		Percentage of time expected	
Regular hours (Monday - Friday)	8:00 a.m. – 6:00 p.m. (actual times vary per work activities)	Inpatient consultations	100%
Night call	no	Outpatient clinic (IM continuity clinic)	10%
Weekends	no	Laboratory	0%
Number of weeks	4 weeks	Conferences	5 %
Restrictions	PGY2-3; PGY1 with permission of IM pgm Director		

Statement of Goals

- To obtain practical experience in the practice on Infectious Diseases
- Develop a differential diagnosis of various infectious diseases
- Understand the correlation of cultures and stains with the clinical situation
- Electively utilize various drugs used in the treatment of infectious diseases

Learning Activities

- Residents will perform daily Inpatient Consultations and follow patients through the course of the infection
- A wide variety of issues (infectious and noninfectious) will be addressed.
- Course objectives will be met by review of patient management plans with the Attending physician

- Clinical-pathologic correlation is facilitated by the close liaison that exists between the laboratory, the Infectious Diseases physicians, Infection Control, Antimicrobial Pharmacy Team, and Pathology
- Multidisciplinary Microbiology Rounds, three times/week
- Self-directed learning through reading
- The recommended text is Mandell, et. al. *Principles and Practice of Infectious Diseases*, 5th Ed ; however residents will also access current literature through internet, journals, meeting abstracts, etc. A syllabus containing relevant articles is given on the 1st day of the rotation.

Educational Goals

9. Understand and demonstrate skill in performance of consultation, including history and physical examination, integration of objective data, and judgement in developing a patient management plan
10. Progressively demonstrate skill in interacting with the laboratory, including use of laboratory tests, stain interpretation, and specialized studies by request.
11. Gain knowledge of antimicrobial agents, methodologies for testing susceptibility, and acquire experience in interpretive reading of susceptibility results and application to patient care
12. Demonstrate humanistic qualities in interactions with patients and their families.
13. Develop new skills in interactions with consulting physicians and other members of the health care team.
14. Learn the fundamental principles of scholarship and apply to patient care.

Evaluation Methods

- You are evaluated through observation of your performance
- Areas evaluated are: your ability to interact with staff, other health care workers and patients; your performance on history and physical evaluations; your reliability; and how detailed you are in performing patient care
- Academic performance is evaluated by discussions with you on the patients evaluated
- *please see the evaluation form for specific areas of evaluation*

When and Where to Report on the First Day of Service

You should contact the UH/VA Fellow at least 24 hr. before the rotation switch . Ms. Fitzpatrick mails details about the rotation to the resident's home address approx 2 weeks prior to the rotation.

Rotation Specific Competency Objectives for UCH/VA/DH

a. Patient Care

- i. By the end of the rotation, the resident must be able to complete a comprehensive history and physical with particular focus paid to history of

immunizations, previous infections, travel/sexual history and history of pet/animal exposure.

ii. By the end of the rotation, the resident must demonstrate ability to complete a detailed physical examination and recognize and interpret physical findings seen in infectious diseases including

1. Skin rashes, cellulitis, lymphangitis, wound infections signs
2. Animal bites
3. Retinal/ocular abnormalities, conjunctivitis
4. Lymphadenopathy
5. Pharyngitis and mucosal abnormalities
6. Neck stiffness and neurologic abnormalities
7. Adventitious pulmonary sounds
8. New or changing heart murmurs or rub
9. Abdominal or flank tenderness, organomegaly
10. Joint or limb swelling, tenderness
11. Urethral or vaginal/cervical discharge

iii. The resident will demonstrate skills in clinical documentation in the medical record [interviewing, history taking, physical Dx, charting, procedures, medical decision making, clinical judgment, management plans, patient counseling, using technology to support decisions, procedures, prevention, patient-focused care]

iv. The resident will be able to interpret Gram stains, fungal stains, acid-fast stains, KOH preps, serologic antigen and antibody testing for viral, bacterial and fungal diseases, antibiotic sensitivity testing, anaerobic and aerobic culture results and their relevance in the appropriate clinical setting.

b. Medical Knowledge

i. By completion of the rotation, the resident must be able to demonstrate understanding of standard evaluation and management of common infections including Community Acquired and Nosocomial Pneumonia, Urinary Tract Infections, Meningitis, Cellulitis, Intra-abdominal infections Endocarditis, osteomyelitis and other bone and joint infections, sepsis syndromes, Tuberculosis and sexually transmitted diseases. They should understand methods of recognition of HIV diseases, initial evaluation and management of HIV diseases, symptoms/signs of common opportunistic events, and management of opportunistic events.

ii. Residents will reflect satisfactory understanding of the use of antimicrobial agents including commonly used antibiotics and antifungal medications. Residents will reflect understanding of the spectrum of antimicrobial drugs, their clinical indications, and their side effects.

c. Interpersonal and Communication Skills

i. Residents will productively and cooperatively participate in Multidisciplinary Treatment Planning.

ii. Residents will actively work with the ID support staff and microbiology technicians, and demonstrate the ability to work well in a team setting.

- iii. The resident will create and sustain a therapeutic and ethically sound relationship with patients and their families.
- iv. The resident will demonstrate ability to communicate effectively and demonstrate caring, compassionate, and respectful behavior in all patient encounters including those with individuals of different sexual orientations.

d. Professionalism

- i. The resident will demonstrate respect, compassion, and integrity. S/he will be committed to excellence and continuous professional development.
- ii. The resident will demonstrate professional behaviors consistent with the MSU IM residency core competency curriculum.

e. Practice Based Learning and Improvement

- i. The resident will be able to locate, critically appraise, and assimilate evidence from scientific studies and apply this to his/her own patients' health problems.
- ii. They will be able to use information technology to manage information, access on-line medical resources, and support self-education, patient care decisions and patient education.
- iii. The residents will be able to apply to their clinical practice the principles of antimicrobial chemotherapy learned from this rotation.
- iv. The residents will be able to recognize costs of nosocomial infections in terms of mortality and morbidity and will take steps to improve patient safety by better infection control to minimize hospital acquired infections.

f. Systems Based Practice

- i. The resident will be able to recognize costs of antimicrobial therapy and be able to use the most cost-effective therapy on an individual basis.
- ii. The resident will be able to recognize the role and utility of outpatient intravenous antibiotic therapy in the current healthcare setting.
- iii. The resident will learn about the utility and impact of personal HIV case managers in improving care of these individuals, and the role of Government funded HIV drug programs in providing HIV care.