

11-17-17

## Infectious diseases Continuity Clinic Experience in General ID and HIV/AIDS medicine

### A. Overview:

The infectious disease ambulatory clinic rotation is geared towards acquiring expertise in the ambulatory practice of general infectious diseases and HIV/AIDS medicine. HIV/AIDS patients represent approximately 70% of the ambulatory ID clinic patient population. The general ID patient population includes out patient follow-up of patients seen in hospital consultation for such diverse diseases as eg., endocarditis, meningitis, osteomyelitis and septic arthritis, bacteremia and fungemias, skin and soft tissue infections; and patients seen by referral for out-patient infectious diseases consultation. Effective continuity of care is emphasized. Learning what can be done and what the limitations are in an outpatient setting for the diagnosis and treatment of diseases considered as belonging to the subspecialty will prepare the fellows for the 30% to 40% of their activities as infectious disease specialist. Many diseases initially appear like an infectious disease but are not;. The differential diagnosis of these entities is taught as those diseases present.

The first year fellow attends the ambulatory clinic for one half-day each week where he/she will get acquainted with new patients and follows his/her established patients. The second year fellow attends the ambulatory clinic for two half-days to gain a greater experience and greater competence in the outpatient management of general infectious diseases and HIV/AIDS. At least two ID faculty members are present in the clinic. Additionally present and available for help during the clinic hours are nurses, social workers, physician assistants, research and medication adherence/compliance personnel.

During their clinic sessions the fellows are also expected to demonstrate competence in delivering appropriate general internal medicine, preventive medicine and urgent care.

### B. Goals and Objectives:

About one third of an infectious disease specialist's activities is ambulatory care and follow-up of discharged patients. Therefore, the fellow should learn to become a competent outpatient clinician and to be proficient in common office-based microbiology and other procedures.

## **GOALS**

To teach Infectious Diseases subspecialty residents to become competent and effective outpatient clinicians.

To teach Infectious Diseases subspecialty residents to provide preventive health care to adults.

To teach Infectious Diseases subspecialty residents proficiency in office based microscopy and microbiology.

## **OBJECTIVES**

### **ALL RESIDENTS:**

#### **Patient Care**

- Demonstrate the interview and examination of ambulatory patients in an effective, efficient and sensitive manner;
- Provide acute care to patients followed by another physician in the practice;
- Maintain focus in the evaluation and management of both acute and chronic patient
- Perform a complete history on a new patient, including social, sexual and epidemiologic histories
- Interview and /counsel patients regarding alcohol and drug use, safe and safer sexual practices and STI transmission prevention
- Review health maintenance recommendation including immunization updates with all patients seen in the practice
- Demonstrate proficiency in interpreting wet preps and KOH smears and gram stains performed in the outpatient setting.

#### **Medical Knowledge**

- Demonstrate knowledge of the basic and clinical sciences underlying ambulatory patient care.
- Access and critically evaluate current medical information and scientific evidence relevant to ambulatory patient care.
- Demonstrate knowledge in preventive care.
- Demonstrate knowledge in the evaluation and management of common and unusual acute and chronic infectious diseases
- Review clinical practice guidelines as pertains to selected outpatient infectious diseases and practices.

#### **Practice-Based Learning and Improvement**

- Identify deficiencies in one's knowledge, skills and attitudes in the care of ambulatory infectious diseases patients.
- Develop strategies for correcting deficiencies in one's knowledge, skills and attitudes in the care of ambulatory patients;

## **Interpersonal Skills and Communication**

- Communicate in a sensitive and effective manner, with patients and families from diverse ethnic and socioeconomic backgrounds;
- Address the patient's chief complaint;
- Ensure that all the patient's questions have been satisfactorily answered;
- Complete and maintain current problem and medication lists; and
- Document completely and legibly each interaction with or for the patient (office visits, phone calls, pharmacy refills, home care services, etc.).

## **Professionalism**

- Demonstrate professionalism in all interactions with patients, families, colleagues and all members of the health care team;
- Ensure patient understanding of their medical illnesses and consent to treatment plans;
- Demonstrate respect for alternative, but appropriate treatment plans recommended by one's resident and faculty colleagues; and
- Discuss concerns about alternative and inappropriate treatment plans recommended by one's resident and faculty colleagues in a professional manner.

## **Systems-Based Practice**

- Discuss and coordinate the provision of multidisciplinary resources for the optimal care of ambulatory patients;
- Assist the patients in dealing with complexities in their care (formularies, authorizations, non-covered services etc.);
- Discuss practice guidelines and managed care strategies; and
- Demonstrate patient advocacy.

## **PGY-5 (In addition to the above goals and objectives)**

### **Patient Care**

- Practice efficient patient care with higher volume patient schedules
- Effectively and safely handle issues and patient concerns for team members' patients
- Coordinate patient care among all members of the health care team
- Formulate therapeutic and diagnostic plans independently

### **Medical Knowledge**

- Discuss common screening tests as they apply to the practice's patient population, and to the individual patient;
- Discuss alternative medicine techniques/treatments, and their potential risks/benefits.
- Discuss the side effects of commonly prescribed medications.
- Develop the skills of reading and interpreting medical literature.

## **Practice-Based Learning and Improvement**

- Perform chart review and auditing of both one's own, and one's colleagues charts;
- Demonstrate the use of information technology to answer clinical questions.
- Evaluate the pre-mortem care of the practice's deceased patients.
- Evaluate patient satisfaction with the office visit, and the physician care.
- Analyze their own practice for needed improvement

## **Interpersonal Skills and Communication**

- Create and sustain a therapeutic relationship with patients
- Demonstrate the skills necessary to present topics informally and formally to a group.
- Communicate with subspecialists regarding the reason you are requesting their services as consultants;
- Communicate effectively with other members of the health care team to ensure that the plan of care is understood;
- Provide the necessary information to the inpatient physician caring for one's clinic patient.

## **Professionalism**

- Establish a sense of responsibility for the patient population
- Manage and direct a health care team
- Develop conflict management skills
- Demonstrate the ability to work with consultants and other health care teams

## **Systems-Based Practice**

- Educate members of the multidisciplinary health care team in effort to assure comprehensive and quality care of ambulatory patients;
- Use evidence-based , cost conscious strategies in the care of ambulatory patients;
- Become familiar with different types of insurance (HMO, PPO, IPA, MEDICARE etc);
- Discuss how different insurance types affect one's practice finances;
- Discuss the benefits and disadvantages inherent in various practice types/job opportunities

## KNOWLEDGE TO BE ASSESSED

To be effective in the management of ambulatory infectious disease patients, by the completion of their subspecialty residency training, the infectious diseases subspecialty resident should have knowledge and understanding of the following medical illnesses/condition/topics (though not exclusively) as they may present either primarily or in follow-up in the outpatient setting

Practical approach to infectious disease consultation	Infections in transplant recipients
Community-acquired pneumonia	Neutropenic fever
Nosocomial pneumonia	Epidemiology and infection control
Tuberculosis	Hospital acquired infections
Sepsis and septic shock	Line-associated infections
Endocarditis	Post-partum infections
Fever of unknown origin	Candidiasis
Evaluation of patient with fever and rash	Endemic fungal infections
Meningitis and encephalitis	HIV/AIDS
Intraabdominal infections	Opportunistic infections in AIDS
Urinary tract infections	Sexually transmitted infections
Osteomyelitis	Travel and tropical medicine
Septic joint and prosthetic joint infections	Principals of microbiological diagnosis
Skin and soft tissue infections	Principals of antimicrobial therapy

In addition to the other topics listed above, all should have knowledge regarding:

- Immunizations: risks, benefits, and current recommendations for immunizing adults against hepatitis B, influenza, pneumococcal, tetanus/diphtheria, measles/mumps/rubella and rabies.
- Health maintenance screening for Breast, Colorectal, Prostate, Cervical, Cancers: efficacy of screening modalities, impact of early treatment on outcome, and current screening recommendations.
- Smoking Cessation and prudent diets: impact of physician counseling and impact on cardiovascular and cancer risk.
- Risk reduction and secondary prevention of transmission of STIs: impact of physician counseling on the patient's implementation of safer societal practices.

## **METHODS OF ACHIEVING OBJECTIVES**

- Direct Patient Care under the supervision of an infectious diseases Clinic Faculty Preceptor,
- ID division Conference Series
- Electronic databases and computerized resources (i.e., UF databases, UpToDate, Blackboard)
- Critical review of relevant journal and text publications (i.e., Guide to Clinical Preventive Services: Report of the US Preventive Services Task Force; IDSA Practice Guidelines, Mandell, Douglas and Bennett's Principles and Practice of Infectious Diseases)

## **ASSESSMENT TOOLS**

- Continuity Clinic Faculty Preceptor will directly observe Resident's history and physical examination of random patients
- Continuity Clinic Faculty Preceptor monitoring of Resident's interaction with patients and other health care team members
- Continuity Clinic Faculty Preceptor critique of Resident's assessment and plan regarding patient's acute and chronic complaints/illnesses
- Continuity Clinic Faculty Preceptor monitoring of Resident's self-directed learning efforts
- Continuity Clinic Faculty Preceptor determination of whether Resident has met the objectives detailed above

## **EVALUATION PROCESS**

- Faculty and resident review the goals and objectives at the beginning of the year. The Resident will sign an attestation statement verifying review of the goals and objectives.
- Formal evaluation document completed and signed by the Continuity Clinic Faculty Preceptor at the conclusion of the rotation and then reviewed with the Resident.
- Resident signs attestation statement verifying review of evaluation.
- Continuity Clinic Faculty Preceptor will provide feedback throughout and when completing the required evaluations.
- Continuity Clinic Faculty evaluation is included in the subspecialty resident's semi-annual and annual performance evaluation.