

WJ 11-17-17

Pediatric Infectious Diseases Consultative Service for Hospitalized Patients at Wolfson Childrens Hospital – Jacksonville

A. Overview:

The Wolfson's Children's Hospital, Jacksonville is both a primary and tertiary care hospital serving the inner-city Jacksonville communities primary pediatric care needs and as a major pediatric referral hospital for north-east Florida and South Georgia. This provides the pediatric infectious diseases consulting subspecialty resident experience seeing a broad variety of infections among hospitalized patients.

Consultations are the "bread and butter" for the infectious disease (ID) specialist. Therefore, the subspecialty resident is taught how to perform high quality consultations. This is a necessity for a program focusing on training clinical infectious diseases practitioners. Most consultations are completed and communicated within 8 hours of the consultative request (sooner if they are urgent) and all are completed within 24 hours of the request. The ID fellow performs the new consultations initially on his own, the consultation is then presented to the attending pediatric ID physician for discussion and review of the clinical and supportive findings. Following this thorough discussion and review, impressions and recommendations are formulated for the completed consultation. Continuing follow-up of consulted patients is accomplished through daily infectious disease rounds, which are geared not only towards patient care, but also towards teaching of pediatric infectious diseases.

B. Goals and Objectives for effective consultation

The goal is to teach the fellows to become competent and effective infectious disease consultants. To that end the following objectives should be attained.

1. being able to obtain a clear reason for the consultation request;
2. being able to establish the urgency of the consultation;
3. being able to introduce oneself to the patient and explain the consult diplomatically;
4. being able to review the history pertinent to pediatric infectious diseases;
5. being able to examine the patient thoughtfully with emphasis on the infected or potentially infected parts of the body;
6. being able to obtain or help to obtain the necessary microbiological studies;
7. being able to be brief, yet specific;
8. being able to formulate clear recommendations and contingency plans in anticipation of complications;

9. being able to explain to the patient, patient's family and physician what the thinking is, and if necessary the need for follow-up;
10. being able to teach the requesting team tactfully.

C. Competency based objectives

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Patient Care

- Communicate with patients and their families in an effective, appropriate and compassionate manner.
- Gather essential and accurate information about the patient, including travel history, history of exposure to infections, and history of allergic reactions to antibiotics.
- Perform thorough physical examination of the patient, including all areas appropriate to the patient's presentation.
- Obtain all necessary medical information by chart review, discussion with the requesting service and contact with the patient's primary care provider.
- Identify symptoms and signs consistent with an infectious process.
- Perform procedures correctly to obtain infectious material for staining and culture.
- Provide patient education about the treatment and prevention of infection.
- Establish outpatient clinic follow-up appointments as indicated.
- Demonstrate familiarity with the diagnosis and treatment of common and uncommon pediatric infections
- Discuss application of the syndrome approach to the diagnosis of pediatric infectious diseases.

Medical Knowledge

- Demonstrate clinical knowledge of the basic and clinical sciences underlying pediatric infectious diseases and microbiology;
- Identify and critically evaluate current medical information and scientific evidence relevant to patients' illnesses;
- Demonstrate familiarity with the syndrome approach to pediatric infectious diseases diagnosis;
- Discuss the use of antigen detection, serology, and molecular methods in the diagnosis of infectious diseases;
- Discuss the indications for radiological imaging in the diagnosis of infectious diseases;
- Describe basic principles of infectious diseases epidemiology; immunology and inflammation;
- Demonstrate familiarity with the presentations of pediatric infectious diseases in surgical, and critical-care patients; and
- Discuss the spectrum of activity and dosing of antimicrobial agents as applied to a pediatric population.

Practice-Based Learning and Improvement

- Develop an organized approach to the evaluation and treatment of pediatric infectious diseases.
- Apply information technology to assist in education and information management.
- Locate, evaluate and incorporate evidence from scientific databases, guidelines and studies related to infectious disease problems.
- Identify deficiencies in one's knowledge, skill and attitudes in the care of the patient with an infectious disease.
- Develop strategies for correcting deficiencies in one's knowledge, skills and attitudes in the care of the patient with an infectious disease.
- Review outcomes of patients cared for by the Pediatric Infectious Diseases service.
- Participate in the learning of students and other health care professionals.

Interpersonal Skills and Communication

- Communicate with patients and their families in a sensitive and effective manner;
- Communicate effectively with the consultant or consulting service to establish the reason for the consultation and the level of management desired;
- Communicate with the patient's primary care provider early and as often as necessary;
- Complete a legible and concise consultation note with clear recommendations;
- Demonstrate that all questions asked by the consultant or consulting team have been answered satisfactorily;
- Communicate the plan of care with the nursing staff and other members of the health care team; and
- Participate in the education of student and resident colleagues.

Professionalism

- Demonstrate respect, compassion, and integrity in all interactions with patients, families, colleagues and members of the health care team;
- Discuss ethical principles of care;
- Demonstrate patient understanding of their disease and consent to their treatment plans;
- Maintain confidentiality of patient information; and
- Describe ways to be sensitive and respectful when discussing differences of opinion among the members of the health care team.

Systems-Based Practice

- assist the consultant or consulting service in the coordination of the patient's care;
- practice cost-effective health care and resource allocation that does not compromise quality of care;
- Discuss the relationships among the various elements of the health care system;
- Assist the patient in dealing with the complexities of the health care system;
- Establish outpatient infectious diseases clinic follow-up for patients as indicated; and
- Discuss the requirements and mechanisms of epidemiologic reporting of an infectious disease to the appropriate agency.

Knowledge to be assessed

The resident should have knowledge and understanding of the following medical illnesses, conditions, and principles (though not exclusively):

Practical approach to pediatric infectious disease consultation	Infections in transplant recipients
Community-acquired pneumonia	Infections in the neonate
Nosocomial pneumonia	Neutropenic fever
Tuberculosis	Epidemiology and infection control
Sepsis and septic shock	Hospital acquired infections
Endocarditis	Line-associated infections
Fever of unknown origin	Infections in the PICU
Evaluation of patient with fever and rash	Candidiasis
Meningitis and encephalitis	Principals of microbiological diagnosis
Intraabdominal infections	Principals of antimicrobial therapy as they apply to a pediatric population
Urinary tract infections	
Osteomyelitis	
Septic joint and prosthetic joint infections	
Skin and soft tissue infections	
Necrotizing fasciitis	

Methods of achieving objectives

- Direct inpatient consultation
- Teaching rounds with the attending physician on the pediatric ID service
- Presentation of new patient consultation, assessment and plan to the attending physician on the pediatric ID service
- Attendance and discussion at didactic core lectures (the ID "core curriculum")
- Attendance and discussion at microbiology rounds (three mornings per week)
- Attendance and participation at division conferences including but not limited to: case conferences, board review conferences, journal clubs, Med-Peds conferences, HIV topical reviews, TB conferences, Research conferences, travel and tropical medicine conferences and transplant ID conferences.
- Reading in recommended texts and journals (Harrison's Principles and Practice of Internal Medicine; Mandell, Douglas and Bennett's Principles and Practice of Infectious Diseases, Clinical Infectious Diseases Journal)
- Electronic databases and computerized resources (UF databases, Up To Date, ID resource CD set)

Assessment tools

- Attending physician will monitor the quality of patient consultative evaluation.
- Attending physician will assess the quality of case presentations.
- Attending physician will critique the subspecialty resident's assessment and plan.
- Attending physician will observe the resident's interactions with patients and staff.
- Attending physician will determine evidence of the resident's self-directed learning and reading (during rounds, microbiology rounds, case presentations and division conferences, didactic sessions, or MKSAP question reviews.)

Evaluation process

- Goals and Objectives will be reviewed with the subspecialty resident at the beginning of each rotation.
- The subspecialty resident will sign the attestation statement verifying receipt of goals and objectives.
- The attending physician will provide verbal feedback to the subspecialty resident throughout the rotation period.
- The attending physician will provide verbal feedback to the subspecialty resident at the completion of the rotation.
- The attending physician will complete the subspecialty resident evaluation form and review the form with the subspecialty resident at the conclusion of the rotation.
- The subspecialty resident will sign the attestation statement verifying review of the evaluation form.
- The evaluation will be submitted to the Administrative Office for review by the PD and monthly review of progress at the 3d Tuesday monthly PD-subspecialty resident mentoring session.