

HIV/Virology Clinic Curriculum

Educational Purpose and Goals

Infectious Diseases physicians are often called on to serve as consultants or primary care providers to persons living with HIV or chronic hepatitis infection. The purpose of this rotation is to allow the fellow to develop an in depth understanding of the basic and clinical science aspects of HIV disease and chronic hepatitis, and understand appropriate therapeutics, prevention, epidemiology, humanistic, moral and ethical aspects of these diseases.

Principal Teaching Methods

Supervised direct patient care: Fellows will be supervised by Dr. Peter Gulick. Fellows will also see some HIV positive and chronic hepatitis patients in the General Infectious Diseases Clinic at MSU. Fellows train in the HIV/Virology Clinic ½ day every other week. As appropriate, fellows are required to evaluate patients and do literature reviews for the problems present. Teaching will occur in association with management activity.

While on this service fellows will participate in all conferences. This is an ongoing rotation through the 2 years of the program.

Other teaching will occur through independent study and review of the Rush Infectious Diseases Board Review Course.

The principle textbook for the rotation is Mandells' Principles and Practice of Infectious Diseases.

Educational Content

Mix of diseases: Fellows will see a minimum of 20 patients with HIV infection persons in various stages of disease. Most patients in the HIV/Virology clinic receive their primary care in this clinic. In this setting fellows will assume progressive primary care for persons living with HIV.

Patient characteristics: A diverse patient population is served in Lansing and MSU. Patients include both gender groups as well as individuals of a broad spectrum of ethnic, racial and socioeconomic backgrounds. Fellows will also have contact with some of the international students that are present on the MSU campus who may have HIV or chronic hepatitis. Fellows will be exposed to the unique social, family, behavioral, and economic issues faced by these outpatients and participate in patient counseling and community education, as appropriate. Patients are referred to the HIV/Virology clinic service from numerous places. These include the MSU

Internal Medicine Residency program, other residency programs sponsored or affiliated with MSU, the MSU Health Team, and private physicians.

Learning venues: The clinic is housed at the Pennsylvania campus of Ingham Regional Medical Center. The clinic is in close proximity to the hospitals and MSU and is equipped with diagnostic laboratory and radiology services.

Structure of rotation: Fellows will work in the HIV/Virology clinic ½ day every other week when not on away rotations and occurs for the 2 years of the program.

Principal Ancillary Educational Materials

The principle text of the rotation is Mandells' Principles and Practice of Infectious Diseases. Fellows have access to web based resources and other texts and videos through the hospital libraries. Fellows have access to the Rush Infectious Diseases Board Review program. Additional readings may be provided form clinic attendings.

Methods of Evaluation

Fellow Performance: Faculty will complete competency-based resident evaluation forms and provide feedback to the fellow. Evaluations are forwarded to the fellowship office for incorporation into the fellows performance file and are discussed at the semi-annual review.

Each 6 months the faculty will perform medical record review of 3 randomly selected patient charts. Charts will be reviewed for quality of history documentation, accuracy of physical examination, quality of differential diagnosis generation, and management plan.

Semiannually the fellow will be evaluated by the program director in a formal, written evaluation session. These evaluations will be transcribed and signed by both the residency program director and the fellow.

Program and Faculty Performance The fellow will summarize and accurately describe faculty performance, facilities, and experience and return it to the program office. The Fellowship Training and Evaluation Committee will review results annually.

Institutional Resources: Strengths and Limitations

Strengths: A commitment to high quality patient care and education.

Limitations: None

Rotation Specific Competency Objectives

Patient Care

F-1 fellows are expected to collect data precisely, logically, and efficiently, perform focused physical exams approaching the level of a sub-specialist, demonstrate clinical reasoning in ambiguous situations, establish monitoring procedures to assess needs for changes in therapeutic programs or adverse side effects, apply public health policies to patient care and possess knowledge of common HIV and chronic hepatitis syndromes/diseases sufficient to appropriately manage common HIV and chronic hepatitis syndromes/diseases. Fellows will be responsible for medical record documentation, as appropriate, under the supervision of the medical attending.

In addition to the F-1 expectations, F-2 fellows are expected to appropriately manage common and uncommon HIV and chronic hepatitis syndromes/diseases sufficient to establish a subspecialty focused differential diagnosis, establish an appropriate management plan to determine need for changes in diagnostic and therapeutic interventions, observe patients for adverse side effects, and apply public health policies to patient care.

By the F-2 year, the Infectious Diseases Fellow will be able to perform any infectious diseases-related procedures.

By the conclusion of the rotation, the Infectious Diseases Fellow will be able to appropriately follow HIV and chronic hepatitis ambulatory patients monitoring response to therapy, side effects of medications, and need to reassess management plans over time.

Medical Knowledge

F-1 fellows will possess knowledge of and demonstrate growing understanding of basic and clinical sciences regarding HIV and chronic hepatitis, knowledge of urgent and non-urgent Infectious Disease HIV and chronic hepatitis conditions, and lead teaching of residents and students. Fellows will display self-initiative to stay current with new medical literature, and demonstrate knowledge on the impact of study design on validity or applicability to practice. Fellows will read appropriate texts and articles and be prepared to discuss key literature.

In addition to F-1 expectations, F-2 fellows are expected to demonstrate sufficient knowledge of HIV and chronic hepatitis conditions to sit for the ABIM certification examination, and lead teaching of residents, students and the F-1 fellow in the ambulatory setting.

Interpersonal and Communication Skills

F-1 fellows will engage in shared decision making, conduct family meetings as appropriate, successfully negotiate nearly all difficult outpatient encounters unaided,

function as a team leader with minimal reliance upon attending physicians, thoroughly educate patients and their families regarding HIV and chronic hepatitis using education as a form of intervention and partnering, and effectively communicate with referring physicians.

Fellows will be able to demonstrate appropriate consultative principles of communication with other physicians and responsiveness to professional consultative requests.

In addition to F-1 requirements, the F-2 fellow will demonstrate the ability to sensitively communicate in a patient centered manner issues concerning drug use and end-of-life care.

Professionalism

F-1 fellows are expected to exhibit honesty and trustworthiness, reliability in their clinical duties, as well as demonstrate integrity, compassion, and respect in their interactions with patients and colleagues from the same or different cultures/ages/sexes.

Fellows will be responsible for prompt completion of medical records and proper documentation in the medical record.

In addition to F-1 requirements, the F-2 fellow will demonstrate professional service to Infectious Diseases community through participation on appropriate committees, conference participation, and outside service.

Practice Based Learning and Improvement

F-1 fellows will use consulting services to improve care of persons with HIV and chronic hepatitis, fellow self knowledge, appraise and assimilate scientific literature, integrate evidence based medicine, expert opinion and professional judgment, suggest and utilize data driven protocols, respond to the questions of the consulting physician, demonstrate self-initiative in the use of information technology available via the hospital library, the MSU electronic library, or the internet to access and retrieve materials for performance improvement. Fellows are expected to show progressive self-learning throughout the rotation, with emphasis on learning from any cognitive or procedural errors.

In addition to F-1 requirements, the F-2 fellow is expected to work with and/or lead teams that generate a constructive learning and ambulatory practice environment for the person with HIV or chronic hepatitis.

Systems Based Practice

The F-1 fellow will demonstrate leadership in management of complex ambulatory HIV or chronic hepatitis patients as appropriate, partner with case managers and

other health care providers to identify and act on improvement opportunities in the health care system, practice within external regulations and expectations, contain cost and conserve resources while preserving high quality care, ensure effective communication between providers.

In addition to F-1 requirements, the F-2 fellow will demonstrate facility with cooperative management of HIV or chronic hepatitis patients needing outpatient therapy, home health care support, and specialized services.