

Infectious Diseases Elective Curriculum Temple University Internal Medicine Residency Program

- I. Educational Goals
The infectious diseases elective is an inpatient consultative rotation focusing on the pathogenesis, diagnosis and treatment of common inpatient infectious diseases and on the indications for and adverse events of antimicrobial therapy.
- II. Principal Teaching Methods
 - a. The service – The infectious diseases consult service is a busy consultative inpatient service. The breadth of patient experiences includes the common and at times rare infectious problems seen on medical and non-medical services at Temple University Hospital. Patient encounters occur on floor services and in intensive care units.
 - b. Rounds – The primary educational experience on the infectious diseases elective is daily rounds. Rounds are conducted by a faculty member from the section of infectious diseases and include an infectious diseases fellow, one or two medicine residents, and 4th year medical students. Rounds occur at the bedside and start every weekday at 2:00 PM and typically last until 6:00 PM. All new patients are discussed in depth, and follow up cases are reviewed as needed.
 - c. Responsibilities of the residents - Fellows, residents, and students are responsible for evaluating and presenting all new consults and for following the new patients they have presented.
 - d. Conferences – Residents are expected to attend and participate in the following conferences:
 - i. A series of 6 one-hour conferences on antimicrobial therapy
 - ii. Weekly management conference which highlights a diagnostic or treatment issue and explores it via thorough literature review and discussion
 - iii. A weekly pair of didactic lectures prepared by a fellow, resident, or student
 - iv. Weekly follow-up rounds
 - v. All the departmental conferences described in the general internal medicine ward service curriculum
 - e. The textbook Infectious Diseases in 30 Days by FS Southwick is given to each resident on the rotation for the duration of the elective.
- III. Evaluations - Residents are evaluated by the faculty that directly supervises them on the elective utilizing a standard, competency-based, evaluation form supplied by the residency program.
- IV. Tiered Objectives Organized by Competency

Note: Some objectives may address more than one competency. Such instances are identified with the additional competencies noted in italics following the item.

Where tiered objectives are listed, it is expected that residents in each year will have mastered the competencies outlined for the previous levels of training.

a. Patient Care

i. PGY-1 residents will

1. elicit a thorough history emphasizing infectious diseases history, risk factors for infection, epidemiology, immunizations and travel
2. supplement the history obtained from the patient with appropriate information gleaned from medical records, including but not limited to labs, radiologic studies, microbiology, pathology, records of previous inpatient admissions, records from outside institutions, and records from the primary care physician.
3. will perform a systematic, comprehensive physical exam and be able to report the physiologic and anatomic bases of normal and abnormal findings with an emphasis on wounds, rashes, and indwelling catheters. The physical exam will be obtained discretely, with attention to patient comfort and privacy.
4. will record data in the medical record in a thorough, legible, systematic manner and at regular, timely intervals. Such documentation will include not only documentation of the facts, but will also reflect the reasoning underlying the resident's decision making.
5. be able to create a focused, thorough, appropriately prioritized problem list.
6. be able to suggest a diagnostic and therapeutic plan of action based on their problem list that reflects the identified priorities and respects patient preferences.
7. utilize evidence-based strategies or practice guidelines whenever applicable. Cost effective strategies will be emphasized. (*system-based practice*)
8. understand the risks and benefits of the proposed diagnostic studies and therapeutic interventions. Particular attention will be given to communicating to the patient and consulting physician those risks and benefits and ensuring that the patient has a clear understanding of the course of action. (*interpersonal and communication skills*)
9. understand how to evaluate the success of therapeutic interventions, including measurement of the desired response and recognition of complications.

ii. PGY-2 residents will

1. take the history more efficiently without compromising accuracy or thoroughness.
2. anticipate and detect subtle findings on physical examination.

iii. PGY-3 residents will develop plans that are not overly reliant on tests and procedures.

- b. Medical Knowledge
 - i. All residents will
 - 1. identify the epidemiology, pathogenesis, management, and complications for HIV/AIDS, endocarditis, sexually transmitted diseases and tuberculosis
 - 2. recognize the epidemiology, risk factors, bacteriology, differential diagnosis, and therapy for common infections of the oropharynx, respiratory tract, GI tract, including the liver, musculoskeletal system, eyes, ears, nose, throat, and sinuses, the GU tract and the meninges and CNS.
 - 3. Understand the pathogenesis, complications and principles of management of the sepsis syndrome.
 - 4. Recognize the mechanism of action, pharmacokinetics, toxicity and principles for preventing toxicity when using various antimicrobial agents and antiviral therapy.
 - 5. Diagnose and treat infectious diseases emergencies such as meningococemia, bacterial meningitis, brain and epidural abscess, epiglottitis, toxic shock syndrome, and necrotizing fasciitis.
 - 6. Recognize risk factors for nosocomial infection and opportunities to decrease their risk.
- c. Practice based learning
 - i. All residents will
 - 1. recognize opportunities to review their clinical decisions with the infectious disease residents and faculty
 - 2. learn to review the literature in a systematic and formal way with the assistance of the infectious diseases faculty
 - 3. discuss patient care in the formal setting such as follow-up rounds
 - 4. be receptive and responsive to constructive criticism.
- d. Interpersonal and communication skills
 - i. All residents will
 - 1. develop effective and respectful relationships with patients, students, peers, supervisors, and other medical and administrative workers.
 - 2. develop skills to communicate patient treatment plans with referring physicians, nurses and students.
 - 3. manage and direct the students on the elective, with the assistance of the infectious disease fellows, to ensure timely and effective completion of the tasks of patient care
 - 4. provide constructive feedback regarding the infectious diseases elective. (*professionalism, system-based practice*)
- e. Professionalism
 - i. All residents will
 - 1. comply with all locally and nationally accepted standards of behavior for health care professionals, including but not limited to those mandated by law.
 - 2. in all activities demonstrate a commitment to excellence.
 - 3. act as a role model for medical students.

- f. Systems based practice
 - i. All residents will
 - 1. utilize hospital resources to deliver effective, efficient, high quality patient care.
 - 2. remain sensitive to health care costs while providing high quality care.