

**Rotation Name: Rogers ID**  
**Rotation Site Leader: Cody Chastain**  
**Updated by: Chastain**  
**Date: 8/4/2021**

**Goal:**

The purpose of this educational unit is for internal medicine residents to perform the initial evaluation and management of patients with infectious diseases that require hospitalization under the supervision and direction of the infectious disease faculty and fellows.

**Objectives:**

By the end of this educational block, learners in this rotation will be able to:

**Patient Care**

1. Obtain and document a complex social history (including sexual history, exposure history, travel history, etc. when appropriate). (PC-1)
2. Manage HIV antiretroviral therapy in an inpatient setting (e.g., holding for acute kidney injury when appropriate, recognizing an incomplete antiretroviral regimen, being familiar with common significant drug-drug interactions). (PC-4, MK-2)
3. Formulate an appropriate differential diagnosis for a fever in specific types of patients: returned traveler, immunocompromised patient, person who injects drugs. (PC-3)
4. Manage meningitis, based on history, exposures, profile of CNS fluid. (PC-4, MK-1, MK-2)
5. Manage pneumonia in a patient with advanced HIV infection (AIDS). (PC-4, MK-2)
6. Prescribe opportunistic infection prophylaxis (and define when prophylaxis is indicated) for a patient with advanced HIV infection (AIDS). (PC-4, MK-2)

**Medical Knowledge**

1. Manage HIV antiretroviral therapy in an inpatient setting (e.g., holding for acute kidney injury when appropriate, recognizing an incomplete antiretroviral regimen, being familiar with common significant drug-drug interactions). (PC-4, MK-2)
2. Manage meningitis, based on history, exposures, profile of CNS fluid. (PC-4, MK-1, MK-2)
3. Manage pneumonia in a patient with advanced HIV infection (AIDS). (PC-4, MK-2)
4. Prescribe opportunistic infection prophylaxis (and define when prophylaxis is indicated) for a patient with advanced HIV infection (AIDS). (PC-4, MK-2)

**Interpersonal and Communication Skills**

1. Communicate with patients and health professionals effectively and professionally (ICS? and PR?)

**Professionalism**

1. Demonstrate professional behavior in caring for patients and engaging with staff regardless of race, ethnicity, gender identify, sexual orientation, socioeconomic status, or medical diagnosis (PR?)

**Systems based practice**

1. Facilitate a successful transition for inpatient to outpatient setting (utilizing a multi-disciplinary team, including follow up appts, med rec, and discharge recommendations). (ICS-2, ISC-3, SBP-2)

**Practice-based learning and improvement**

1. Apply primary literature and published guidelines on the best practices in infectious diseases and HIV. (PBLI-1)

**Commented [CCA1]:** Changed from "Access" to "Apply", so this may change the PBLI competency linkage

**Educational Strategies:**

Educational Strategy	Skills (taught and/or assessed)
Bedside and team rounds	Medical knowledge Clinical reasoning Communication skills Transitions of care between inpatient, outpatient, and community resources
Team chalk talks by fellows	Medical knowledge (i.e., HIV, antibiotic management, infectious disease syndromes)

**Suggested Reading:**

Feinberg J, et al. [Management of Newly Diagnosed HIV Infection](https://www.acpjournals.org/doi/10.7326/AITC201707040). Ann Intern Med. 2017. PMID: 28672393.  
<https://www.acpjournals.org/doi/10.7326/AITC201707040>

**Additional Resources:**

HIV Clinical Guidelines (<https://clinicalinfo.hiv.gov/en/guidelines>)  
IDSA Guidelines (<https://www.idsociety.org/practice-guideline/practice-guidelines/>)  
International Antiviral Society-USA (<https://www.iasusa.org/>)  
National HIV Curriculum (<https://www.hiv.uw.edu/>)

## Evaluation:

### Assessment Form:

1. Please identify 3 skills you observed the resident do well? (Text Box)
2. Please identify 3 skills the resident needs to improve or should do differently. How should they do it differently? (Text Box)

For the remaining items, please rate 1-5 (or did not observe):

1 = cannot do this skill

2 = can do this skill only with direct supervision (some needs to be there to supervise)

3 = can do this skill with indirect supervision (an attending or fellow is close by or available by phone)

4 = can do this skill unsupervised (they are ready to graduate for this skill)

5 = has achieved mastery of this skill (They can teach others how to do this skill well)

3. Obtain and document a complex social history (including sexual history, exposure history, travel history, etc. when appropriate). (PC-1)
4. Facilitate a successful transition for inpatient to outpatient setting (e.g., utilizing a multi-disciplinary team, coordinating appointments, medication reconciliation, discharge recommendations). (ICS-2, ISC-3, SBP-2)
5. Manage HIV antiretroviral therapy in an inpatient setting (e.g., holding for acute kidney injury when appropriate, recognizing an incomplete antiretroviral regimen, being familiar with common significant drug-drug interactions). (PC-4, MK-2)
6. Formulate an appropriate differential diagnosis for a fever in specific types of patients: returned traveler, immunocompromised patient, person who injects drugs. (PC-3)
7. Manage meningitis, based on history, exposures, profile of CNS fluid. (PC-4, MK-1, MK-2)
8. Manage pneumonia in a patient with advanced HIV infection (AIDS). (PC-4, MK-2)
9. Prescribe opportunistic infection prophylaxis (and define when prophylaxis is indicated) for a patient with advanced HIV infection (AIDS). (PC-4, MK-2)
10. Apply primary literature and published guidelines on the best practices in infectious diseases and HIV. (PBLI-1)
11. Communicate with patients and health professionals effectively and professionally (ICS? and PR?)
12. Demonstrate professional behavior in caring for patients and engaging with staff regardless of race, ethnicity, gender identify, sexual orientation, socioeconomic status, or medical diagnosis (PR?)

**Commented [CCA2]:** Changed from "Access" to "Apply", so this may change the PBLI competency linkage