

GOALS AND OBJECTIVES
UNIVERSITY OF FLORIDA
DEPARTMENT OF MEDICINE
INTERNAL MEDICINE RESIDENCY TRAINING PROGRAM

Name of Rotation: INFECTIOUS DISEASE ELECTIVES

Rotation Description: The Infectious Disease Elective is scheduled in two-week blocks. Residents may opt for a one month ID Elective and choose any two of the three ID Elective Rotations. The Residents may choose from the following three clinical rotations; ID Transplant Service, General ID Service, and the ID Outpatient Clinic Service. The General ID service is run by a Shands ID consult attending, the ID Transplant Service is run by Dr. Denise Schain, and the ID Outpatient Clinical Service is run by Dr. Southwick. Residents participate in infectious disease consults on inpatients at Shands and in the ambulatory clinics.

Shands General ID Rotation: Residents will see one to two new consults per day. The resident will have autonomy to see the patient, perform the history and physical exam, and then perform a literature search on the topic. Then the resident will present the patient on rounds. The consult team will see the patient at the bedside and have bedside teaching. Then the team, including the resident, can decide on treatment options. Residents will attend the Shands Infectious Disease clinic on Wednesday mornings with Drs. Schain.

Shands Transplant ID Rotation: Residents may choose to spend two of their four weeks with Dr. Denise Schain on the Transplant ID consult service. Residents will see patients with Dr. Schain. Residents will see new consults and follow already established patients everyday. The resident will have autonomy to see patients, perform the history and physical exam, and then present the patient on rounds. They will also attend clinic with Dr. Schain.

ID Outpatient Clinical Rotation: Residents will see patients in the ambulatory setting. The resident will rotate through a variety of Infectious Disease clinics (See schedule below). The resident will have autonomy to see the patient, perform the history and physical exam, and present the patient to the attending. The attending will see the patient with the Residents. Then the attending and the resident can decide on treatment options. Residents will also rotate on the General ID Service while on this rotation (primarily on Fridays).

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	VA ID Clinic	General ID Service	Shands ID Clinic	VA ID Clinic	General ID Service
PM	General ID Service	HIV Clinic ACHD	General ID Service	STD Clinic Alachua County Health Department	General ID Service

VA Infectious Disease Rotation: Residents will see inpatients at the VA. They will rotate in the VA Infectious Disease clinic. The resident will have autonomy to see the patient, perform the history and physical exam, and present the patient to the attending. The attending will see the patient with the Residents. Then the attending and the resident can decide on treatment options. Residents are still required to attending their continuity clinic, housestaff noon conference and department conferences during each rotation.

Required Conferences:

1. Management Case Conference, Tuesdays 8:30am, ARB R2-133
2. ID Didactic Session, Fridays 8:30am, ARB R2-133
 - a. Rotating sessions including journal club, didactic sessions, and epidemiology discussions
3. Tutorial sessions, Monday 9-10:30am,
 - a. Led by Dr. Bender, a question and answer session reviewing chapters from the textbook

Required reading:

Infectious Diseases in 30 Days, Frederick S. Southwick

Supervisor: Shands consult attending. Contact Sony (392-4058) prior to start of rotation. Evaluation to be complete by Shands ID consult attending, Dr. Denise Schain, or Dr. Pamela Cox.

Legend for Learning Activities		
AR – Attending Rounds	GR – Grand Rounds	MCC – Management Case Conference
DPC – Direct Patient Care	TS – Tutorial Sessions	MR – Morning Report
DSP – Directly Supervised Procedures	DS – ID Didactic Sessions	NC – Noon Conferences
	JC – Journal Club	TR – Teaching Rounds

Legend for Evaluation Methods for Residents	
AE – Attending Evaluations	PDR – Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal.

PGY-1/2/3 (Goals are for all levels unless indicated)

A. Patient care

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	PGY 1 - Ability to take a complete medical history and perform a careful and accurate physical examination with an infectious disease focus. PGY 2/3 – Develop and demonstrate proficiency in the above with more complex cases	DPC, AR, FS, TR, NC	AE
2.	PGY 1 - Ability to write or dictate concise, accurate and informative histories, physical examinations and progress notes with an infectious disease focus. PGY 2/3 – Develop and demonstrate proficiency in the above with more complex cases	DPC, AR, FS, NC, TR	AE
3.	PGY 1 - Define and prioritize patients’ medical problems and generate appropriate differential diagnoses. PGY 2/3 – Develop and demonstrate proficiency in the above.	DPC, AR FS, NC, TR	AE, IE
4.	PGY 1 - Develop rational, evidence-based management strategies. PGY 2/3 – Develop and demonstrate proficiency in the above.	DPC, AR, FS, NC, TR	AE, IE
5.	PGY 1 - Ability to write concise, accurate, informative and helpful consultation notes, clearly outlining the recommendations and explaining their rationale. PGY 2/3 – Develop and demonstrate proficiency in the above with more complex cases	DPC, AR, FS, NC, TR	AE, PR

B. Medical Knowledge

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	PGY 1 - Understand the indications, contraindications, limitations and cost analysis factors of a variety of tests to include but not limited to diagnostic tests for HIV, other infectious processes, and appropriate use of the microbiological laboratory, appropriate use of the virology laboratory, and blood cultures. PGY 2/3 – Develop and demonstrate in-depth knowledge of the above.	DPC, AR, NC, TR	AE, IE

2.	PGY 1 - Understand the indications, limitations and cost analysis factors of monitoring and interpretation of CD4 counts, viral load and HIV sensitivities as well as use of HAART. PGY 2/3 – Develop and demonstrate in-depth knowledge of the above.	DPC, AR, NC, TR	AE, IE
3.	PGY 1 - Familiarity with the indications for, principles, complications, and interpretation of specialized tests, including histopathology, microbiologic cultures and sensitivities and serologic tests for infection and immune competence. PGY 2/3 – Develop and demonstrate in-depth knowledge of the above.	DPC, AR, MR, TR	AE, IE
4.	PGY 1 - Familiarity with the indications for antibiotic therapy PGY 2/3 – Develop and demonstrate proficiency in the use of antibiotics.	DPC, AR, NC, TR	AE, IE
5.	PGY 1 - Critical thinking and analysis of pathophysiology of various infections related to major organs and organ systems. PGY 2/3 – Develop and demonstrate in-depth knowledge of the above.	DPC, AR, NC, TR	AE
6.	PGY 1 - Ability to generate a differential diagnosis and formulate a logical diagnostic and therapeutic plans. PGY 2/3 – Develop and demonstrate proficiency in the above.	DPC, AR, NC, TR	AE

C. Interpersonal Skills and Communication

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	PGY-1 – Communicate effectively with patients and their families. PGY 2/3 – Develop and demonstrate proficiency in the above	DPC, AR	AE
2.	Communicate effectively with physician colleagues at all levels.	DPC, AR	AE, PR
3.	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of hospitalized patients.	DPC, AR	AE
4.	PGY-1 – Present information on patients concisely and clearly both verbally and in writing PGY 2/3 – Develop and demonstrate proficiency in the above with more complex cases	DPC, AR, TR	AE, PR

5.	PGY-1 – Communicate and express empathy with patients and their families PGY 2/3 – Role model excellent communication skills to interns and students	DPC, AR,TR	AE
6.	Understand the role of a consultant.	DPC, AR, TR	AE

D. Professionalism

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	PGY-1 – Interact professionally toward patients, families, colleagues, and all members of the health care team. Role model for students PGY 2/3 – As above and role model excellent professionalism to interns and students	DPC, AR	AE
2.	Acceptance of professional responsibility as the primary care physician or consultative physician for patients under his/her care.	DPC, AR	AE
3.	Appreciation of the social context of illness.	DPC, AR, NC	AE
4.	Knowing when and how to request ethics consultation, and how best to utilize the advice provided.	DPC, AR, EC, NC	AE
5.	Understand ethical concepts of confidentiality, consent, autonomy and justice.	DPC, AR, EC, NC	AE
6.	Understand professionalism concepts of integrity, altruism and conflict of interest.	DPC, AR, NC	AE, PDR

E. Practice-Based Learning and Improvement

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of cancer patients.	DPC, AR, IS	AE, IE
2.	Develop and implement strategies for filling gaps in knowledge and skills	DPC, AR, IS	AE, IE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphasis on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, AR, JC, IS, HOGR	AE

F. Systems-Based Practice

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	Understand and utilize the multidisciplinary resources	DPC, TR, AR	AE

	necessary to care optimally for hospitalized patients.		
2.	Collaborate with other members of the health care team to assure comprehensive patient care.	DPC, TR, AR	AE
3.	Understanding when to ask for help and advice from fellows and attending physicians.	DPC, TR, AR	AE
4.	Effective professional collaboration with residents, fellows and faculty consultants from other disciplines such as Radiology and Surgery.	DPC, TR, AR	AE
5.	PGY-1 – Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, and clinical pharmacists. PGY 2/3 – Develop and demonstrate proficiency in the above with more complex cases and interactions	DPC, TR, AR	AE
6.	Knowing when to consult an infectious disease specialist.	DPC, TR, AR, NC	AE
7.	PGY-1 – Consideration of the cost-effectiveness of diagnostic and treatment strategies. PGY 2/3 – Develop and demonstrate proficiency in the above	DPC, TR, AR, NC	AE
8.	Willingness and ability to teach medical students and more junior residents.	DPC, TR, AR, NC	AE
9.	Willingness and ability to help the requesting physician in a consultative or co-management capacity, according to the needs of the situation.	DPC, TR, AR, NC	AE
10.	PGY-1 – Understand the role of a consultant. Be able to write a concise and helpful consult. PGY 2/3 – Develop and demonstrate proficiency in the above with more complex cases and interactions. Role model for students and interns	DPC, AR, TR	AE