## **Infectious Disease Elective**

### Legend for Educational Activities

FR – Faculty Rounds RR – Radiology Rounds

DSP – Directly Supervised Procedures EBM - Evidence Based Medicine FS – Faculty Supervision M&M-Morbidity & Mortality

MR – Morning Report

DL- Didactic Lectures

DPC – Direct Patient Care

BRL --Board Review Lectures

GR – Grand Rounds

JC – Journal Club

MJ – Medical Jeopardy PC–Professionalism Curriculum

### Legend for Evaluations

FE - Faculty Evaluations

DSP - Directly Supervised Procedures

ITE – In-Training Exam

PDR-Program Director's Review (twice annually)

PR – Peer Review

The rotation is offered as a 4 week elective offering both inpatient and sub-specialty clinic experience. The educational goals for this rotation are indicated for each of the six ACGME competencies.

### A. Patient Care

	Educational Goals	Educational Activities	Evaluation Tools
1.	Ability to take a complete medical history and perform a careful and accurate physical examination with a focus on Infectious disease.	DPC, FR	FE
2.	Ability to write concise, accurate and informative	DPC, FR	FE

	histories, physical examinations and progress notes with a focus on Infectious disease.		
3.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management.	DPC, FR	FE, ITE
4.	Ability to write concise, accurate, informative and helpful consultation notes, clearly outlining the recommendations and explaining their rationale.	DPC, FR	FE

## B. Medical Knowledge

		Educational	Evaluation
	Educational Goals	Activities	Tools
1.	Understanding the pathophysiology, clinical manifestations, diagnosis and management of infections and disorders of host defense commonly seen by a specialist.	DPC, FR, DL	FE, ITE
2.	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.	DPC, FR, DL	FE, ITE
3.	Familiarity with the indications for and complications of various immunizations and antibiotic therapy.	DPC, FR, DL	FE, ITE

# C. Interpersonal Skills and Communication

	Educational Goals	Educational Activities	Evaluation Tools
1.	Communicate sensitively and effectively with patients with Infectious disease problems and with their families.	DPC, FR, DL	FE
2.	Communicate effectively with colleagues, staff and other services regarding Infectious disease patients.	DPC, FR, DL	FE

# D. <u>Professionalism</u>

	Educational Goals	Educational	Evaluation
	Educational Goals	Activities	Tools
1.	Interact professionally toward patients, families, colleagues, and all members of the health care team.	DPC, FR, DL	FE
2.	Appreciation of the social context of illness.	DPC, FR, DL	FE

## E. Practice-Based Learning and Improvement

		Educational	Evaluation
	Educational Goals	Activities	Tools
1.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, FR, DL, JC,	FE, ITE

# F. Systems-Based Practice

		Educational	Evaluation
	Educational Goals	Activities	Tools
1.	Work with the service requesting the consultation to assure that care for the patient's medical needs is properly coordinated with care being delivered by the primary service.	DPC, FR, DL	FE
2.	Knowing when to consult or refer a patient to a infectious disease	DPC, FR	FE
3.	Willingness and ability to help the requesting physician in a consultative or co-management capacity, according to the needs of the situation.	DPC, FR, DL	FE
4.	Learning by participation in ward rounds, teaching conferences and other educational activities.	DPC, FR, DL	FE
5.	Willingness and ability to teach medical students.	DPC, FR, DL	FE
6.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, FR, DL	FE

PG1 Detailed Objectives:		
<b>Common Clinical Presentations – it is</b>	expected that the resident learns the differential	
diagnosis and the ability to perform	n a cost-effective work-up of these conditions.	
	Extensive understanding of full differential.	
	Knowledge of the full w/u and ability to	
	carry out a prioritized, cost	
	effective w/u.	
Cough/pneumonia		
Headache, stiffneck		
Dysuria		
Vaginal discharge		
Sore throat, painful swallowing		
Penile discharge		
Diarrhea		
Painful eyes/red eye		
Dental abscesses		
Facial or ear pain/sinus pain		
Cellulitis		

III. Procedure Skills	Perform
Blood culture	
Genital cultures	
PG2 Detailed Objectives:	
3	
Common Clinical Presentations – it is expe	cted that the resident learns the differential
	ost-effective work-up of these conditions.
	Extensive understanding of full differential.
	Knowledge of the full w/u and ability to
	carry out a prioritized, cost
	effective w/u.
Fever unknown origin	
Abdominal or pelvic pain	
Jaundice	
Skin abscesses	
Joint effusion	
Lymphadenopathy	
	resident develops competency in these specific
physical exam skills.	
Exanthem/enanthem	
III. Procedure Skills	Perform
Skin testing placement	
I & D superficial abscesses	
Procedural Skills – it is expected that the re	sident develops competency in these
specific procedures.	WOX
	KOH
	Wet mount
Gram stain	
Acid fast stain	
Joint fluid	
	s expected that the resident learns the indications
generally require the assistance of a su	s; however, specific test interpretation would
Serologic identification	b-specialist.
Scrologic Identification	Syphilis
	Viral hepatitis
	HIV (Ab)
	Lyme
	Histoplasmosis
	Coccidioidomycosis
	Cryptococcosis
	Mononucleosis/EBV
	CMV
	C. difficile EIA/cytotoxin
	Legionella
	Influenza

F	PG3 De	etailed Objectives:		

	Category	Subcategory	Subcategory	
Physical	Diagnosis — it is expected that the r	esident develops competency in these specific		
•	ysical exam skills.	esident develops competency in these specific	,	
pny				
	Lumbar puncture			
	Bone marrow Bx			
	ral Skills – it is expected that the res	sident develops competency in these		
spec	cific procedures.			
	RUA examination			
	Cervical/vaginal/urethral/prostatic			
	secretions			
	Skin test interpretation			
Ordering	g and Understanding of Tests – it is	expected that the resident learns the indicati	ons	
		; however, specific test interpretation would		
	erally require the assistance of a sub			
8	Culture requirements			
	Curtare requirements	Aerobic, anaerobic specimen types		
	Antibiotic sensitivity	rerosie, unaerosie specimen types		
	PCR, DNA and direct antigen			
	T CIX, DIVIT and direct antigen			
CI · I		11 41 6 11 141 11 641 1141		
		resident be familiar with all of the conditions		
	ted. These conditions are divided int			
		is expected to develop competence in		
	e diagnosis and management of witho			
		is expected to develop a basic understanding		
of	the diagnosis and management to ena	ble him/her to co-manage with a		
su	bspecialty consultant.			
C -	- these are conditions that the resident	is expected to recognize and formulate a		
		would almost always be carried out by a		
	b-specialist.			
	Central nervous system			
	Central nervous system	Brain abscess		С
		Meningitis		В
		Encephalitis		C
		Myelitis		C
	Endocarditis	Wigenitis		
	Endocarditis	Diagnostic studies & blood culture		
		requirement		٨
		Treatment prophylaxis		A A
	C	Treatment prophyraxis		А
	Systemic inflamatory response			
	syndrome, sepsis syndrome,			_
	sepsis			В
	Gastrointestinal			
		Dental abscesses		C
		Infectious diarrhea (bacterial, viral,		
		parasitic)		A
		Travel-related diarrhea		A
		Biliary tract infection		В

	Helicobacter pylori		Α
	Viral hepatitis		В
	Peritonitis		В
	Diverticulitis		A
	Oropharyngeal infection		
	1 7 0	Candidiasis	A
		3.6	D
		Mucositis	В
Genitourinary			
	Vaginitis		Α
	Cervicitis		A
	PID		В
	Epididymitis		A
	Prostatitis (acute/chronic)		A
	Cystitis		A
	Urinary tract infection		A
	ormary duct intoction	Catheter-associated	A
		UTI	11
		Long-term	A
		catheterizations	A
		Asymptomatic	A
		bacteriuria	A
	Pyelonephritis	bacteriuria	A
Sexually transmitted disease	ryeionepiirus		A
Sexually transmitted disease			
 J	D.1 '. '. Cl 1'		D
,	Pelvic inflammatory disease	T 1 / 1	В
		Tubo/ovarian abscess	В
	Gonorrhea	Tubo/ovarian abscess	B A
	Gonorrhea Syphilis	Tubo/ovarian abscess	B A A
	Gonorrhea Syphilis Chlamydia	Tubo/ovarian abscess	B A A A
	Gonorrhea Syphilis Chlamydia Trichomonas	Tubo/ovarian abscess	B A A A A
	Gonorrhea Syphilis Chlamydia	Tubo/ovarian abscess	B A A A
	Gonorrhea Syphilis Chlamydia Trichomonas	Tubo/ovarian abscess	B A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex	Tubo/ovarian abscess	B A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers	Tubo/ovarian abscess	B A A A A A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts		B A A A A A A A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers	Scabies	B A A A A A A A A A A A A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers		B A A A A A A A A A A
Respiratory	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers Arthropod infestation	Scabies	B A A A A A A A A A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers Arthropod infestation  Upper respiratory tract infection	Scabies	B A A A A A A A A A A A A A A A A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers Arthropod infestation  Upper respiratory tract infection Otitis externa/media	Scabies	B A A A A A A A A A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers Arthropod infestation  Upper respiratory tract infection	Scabies Pediculosis pubis	B A A A A A A A A A A A A A A A A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers Arthropod infestation  Upper respiratory tract infection Otitis externa/media Sinusitis	Scabies	B A A A A A A A A A A A A A A A A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers Arthropod infestation  Upper respiratory tract infection Otitis externa/media Sinusitis  Pharyngitis	Scabies Pediculosis pubis	B A A A A A A A A A A A A A A A A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers Arthropod infestation  Upper respiratory tract infection Otitis externa/media Sinusitis  Pharyngitis Bronchitis	Scabies Pediculosis pubis	A A A A A A A A A A A A A A A A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers Arthropod infestation  Upper respiratory tract infection Otitis externa/media Sinusitis  Pharyngitis Bronchitis Empyema	Scabies Pediculosis pubis	B A A A A A A A A A A A A A A A A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers Arthropod infestation  Upper respiratory tract infection Otitis externa/media Sinusitis  Pharyngitis Bronchitis	Scabies Pediculosis pubis	A A A A A A A A A A A A A A A A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers Arthropod infestation  Upper respiratory tract infection Otitis externa/media Sinusitis  Pharyngitis Bronchitis Empyema	Scabies Pediculosis pubis  Acute/chronic	A A A A A A A A A A A A A A A A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers Arthropod infestation  Upper respiratory tract infection Otitis externa/media Sinusitis  Pharyngitis Bronchitis Empyema	Scabies Pediculosis pubis  Acute/chronic  Community acquired	B A A A A A A A A A A A A A A A A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers Arthropod infestation  Upper respiratory tract infection Otitis externa/media Sinusitis  Pharyngitis Bronchitis Empyema	Scabies Pediculosis pubis  Acute/chronic  Community acquired pneumonia	B A A A A A A A A A A A A A A A A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers Arthropod infestation  Upper respiratory tract infection Otitis externa/media Sinusitis  Pharyngitis Bronchitis Empyema	Scabies Pediculosis pubis  Acute/chronic  Community acquired pneumonia Nosocomial pneumonia	A A A A A A A A A A A A A A A A A A A
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers Arthropod infestation  Upper respiratory tract infection Otitis externa/media Sinusitis  Pharyngitis Bronchitis Empyema	Scabies Pediculosis pubis  Acute/chronic  Community acquired pneumonia Nosocomial pneumonia Fungal pneumonia	A A A A A A A A B B
	Gonorrhea Syphilis Chlamydia Trichomonas Herpes simplex Genital warts Genital ulcers Arthropod infestation  Upper respiratory tract infection Otitis externa/media Sinusitis  Pharyngitis Bronchitis Empyema	Scabies Pediculosis pubis  Acute/chronic  Community acquired pneumonia Nosocomial pneumonia	A A A A A A A A A A A A A A A A A A A

Tuberculosis			
	Pulmonary & extrapulmonary disease		В
	Atypical mycobacteria		В
Non-HIV viral disease			
	Respiratory and influenza		A
	Enteroviral		A
	Dermatologic		A
	Mononucleosis		A
	Hepatitis		A
	Herpes simplex and varicella-zoster		
	infection		A
	Viral infections in the		
	immunocompromised patient		В
Infection in the			
immunocompromised non-HIV			
patient			
patient	Solid organ recipients		В
_	Bone marrow transplants		C
_	Chronically immunosuppressed patients		C
01.7	Chromicany miniunosuppressed patients		
Skin	0.9.10.		
	Cellulitis		A
	Soft-tissue infections		A
	Dermatological manifestations of		
	systemic infectious disorders		
		Mycotic	В
		Bacterial	A
		Viral	A
		Toxigenic	В
Rheumatologic/musculoskeletal		10	
Micumutologic/ mascares	Osteomyelitis		A
	Septic arthritis		B
	Infection of protheses, joints		В
Systemic mycoses			
	Aspergillosis		В
	Candidiasis		В
	Blastomycosis		В
	Coccidioidomycosis		В
	Crypococcosis		В
-	Histoplasmosis		В
Lyme disease	T		
	Diagnosis		A
	Management	+	A
Parasitic diseases	Ivianagement		11
Parastuc diseases	N. f. 1 ;		D
	Malaria		В
	Toxoplasmosis		В
	Babesiosis		В
	Giardia		A
	Helminths		В
	Microsporidia		В
+	Cryptosporidia, sospora		В
	Ameba		A
Emerging pathogens	Timou		*-
Lineiging puniogeno	Viruses		A

	Parvoviruses		
	1 di voviruses	Viral hepatitis	A
		Human papillomavirus	A
		Human herpes virus type	B
		6	D.
		Human herpes virus type	В
		7	-
		Hantavirus infection	В
		Tunta in an in a constant	
		Progressive multifocal	
		leukoencephalopathy	С
		agents	C
		Human T-cell	
		Lymphotropic	
		Virus type I	В
		Virus type II	B
	Chlamydia pneumoniae (formerly TWAR)	Vitus type ii	
	Chamytha pheumomae (formerly 1 11/11)	Clinical manifestations,	
			D
		diagnosis, therapy	В
	Ehrlichia species	+	В
	Rochalimaea infections		
		Cat-scratch disease	В
		Bacillary angiomatosis	
		and	В
		peliosis hepatis	
	Bacteria		
		Group A streptococcus	A
		Haemophilus influenzae	
		biogroup aegyptius	В
		Borrelia species	В
Eye infections			-
	Conjuctivitis		A
	Keratitis		В
	Endophthalmitis		C
	Periocular infections		В
Immunizations	1 OHOOMAI IIII OHOOMA		
IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Childhood immunizations	+	A
	Adult immunizations	+	A
	Recommendations for vaccines	+	A
Infectious disease issues in	Recommendations for vaccines	+	
occupational health		+	
	Rabies The Health Core Worker	+	В
	The Health Care Worker		A
Travel-related issues			
	Information resources		A
	Pre-travel counseling		A
	Risk assessment and education for		_
	travelers		A
-	Preventive measures		A
	The returning traveler		A
Resistance to antibacterial agents		+	
100150000000000000000000000000000000000	MRSA, MRSE		A
	Enterococcus, VRE		A

	Aerobic gram negative organisms		A
	Cost-effective approaches to outpatient		
	antibiotic use		A
Empiric antibiotic therapy for			
outpatient/inpatient bacterial			
infections			A
Infections of implanted foreign			
bodies and devices			В
HIV			
	Associated malignancies		С
		Differences between	
		men	A
		and women	
	Diarrhea		В
	Fever		В
	Headache		В
	Hepatitis		В
	Memory loss, dementia		В
	Oral disease		В
	Seizure		В
	Skin disorders		В
	Tuberculosis		В
	Visual disorders		В
	Weight loss		В
	Cytomegalovirus retinitis		
		Treatment	В
	Mycobacterium avium complex infection		В
	Pneumocystis carinii pneumonia		
		Uncomplicated	A
		With respiratory failure	В

Infectious Disease Additional Objectives:			
Diagnose babesiosis.			
Diagnose Giardia lamblia infection.			
Diagnose nonmenstrual toxic shock syndrome.			
Diagnose Plasmodium falciparum malaria.			
Diagnose the cause of malignant external otitis.			
Diagnose the cause of thrombotic thrombocytopenic purpura–hemolytic uremic			
syndrome.			
Diagnose West Nile virus encephalitis.			
Follow isolation precautions to prevent transmission of infectious agents in health care settings.			
Give HIV-infected patients the appropriate immunizations.			
Manage a brain mass in a patient with HIV.			
Manage a Jarisch-Herxheimer reaction.**			
Manage asymptomatic bacteriuria.**			
Manage latent tuberculosis.			
Treat a cat bite.			
Treat acute bacterial rhinosinusitis.			
Treat an HIV-infected patient with cryptococcal meningitis.			
Treat cervicofacial actinomycosis.			

Treat Clostridium difficile-associated colitis.	
Treat ehrlichiosis.	
Treat group A streptococcal pharyngitis.	
Treat health care-associated pneumonia.	
Treat latent tuberculosis.	
Treat pyelonephritis.	
Treat septic arthritis.	
Treat Streptococcus pneumoniae meningitis.	
Treat Trichomonas vaginalis infection.	
Treat urethritis.	