Loyola Internal Medicine Residency Training Program
Loyola/Hines Infectious Disease Consult Curriculum
R1/R2/R3 Goals and Objectives

Revision Date: June 2014
Rotation Director: Gail Reid, MD (Loyola)
Subspecialty Education Coordinator: Gail Reid, MD

Staffing:
1. Attending
2. Fellow
2. Housestaff (PGY 1/2/3/4) at Loyola
1. Housestaff (PGY 1/2/3/4) at Hines

Rotation Specific Conferences (location)
Thursdays @ 11:00a (Fahey Rm 108) - Infectious Disease Interest Rounds
Tuesday @ 8:00a – Infectious Diseases Fellows’ didactic

Competencies

Competency 1: Patient Care
Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.
1. Use a logical and appropriate clinical approach to the care of patients presenting with infectious problems, applying principles of evidence-based decision-making when selecting appropriate antimicrobial therapy including Infectious Diseases Society of America guidelines for anti-infectives.
2. Describe general indications for subspecialty procedures and interpret results of laboratory and imaging findings for patients and families.

Competency 2: Medical Knowledge
Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a physician with regards to infectious diagnoses and demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.
1. Acquire, interpret and apply the knowledge appropriate for the generalist regarding the core content of infectious disease including the prevention, diagnosis, and management of bacterial, fungal, viral, parasitic and mycobacterial infectious.
2. Understand the approach taken to the management of the febrile hospitalized patient including appropriate lab and imaging work ups and appropriate empiric antibiotic treatment for common infectious etiologies including but not limited to pneumonia, UTI, meningitis, cellulitis, abcess, peritonitis, cholangitis, etc.
3. Critically evaluate current medical information and scientific evidence related to ID and modify your knowledge base accordingly.
4. Proficiency in the performance of a complete ID-focused examination and application of those findings to localize the site of dysfunction and develop a differential diagnosis.
5. Developing a proficiency in the accurate interpretation of imaging studies.
6. Demonstrate knowledge of appropriate use of isolation procedures and effective hospital infection control
7. Understand the mechanisms of action and adverse reactions to antimicrobial agents.
8. Be familiar with the immunization recommendations for hospitalized adults

Competency 3: Interpersonal Skills and Communication
Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates
1. Provide effective patient education, including reassurance, for a condition(s) common to ID not only for ID conditions, but also with relating this information to patients, families, and caregivers.
2. Communicate effectively with primary care and other physicians, other health professionals (e.g. physical, speech, and occupational therapists, social workers, and health-related agencies) to create and sustain information exchange and teamwork for patient care.
3. Maintain accurate, legible, timely and legally appropriate medical records, including referral forms and letters, for subspecialty patients in the outpatient and inpatient setting.
Competency 4: Practice-based Learning and Improvement
Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.
1. Identify standardized guidelines for diagnosis and treatment of conditions common to ID and adapt them to the individual needs of specific patients.
2. Identify personal learning needs related to this subspecialty; systematically organize relevant information resources for future reference; and plan for continuing acquisition of knowledge and skills.

Competency 5: Professionalism
Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.
1. Demonstrate personal accountability to the well-being of patients (e.g., following up on lab, imaging, and biopsy results, writing comprehensive notes, and seeking answers to patient care questions).
2. Demonstrate a commitment to carrying out professional responsibilities.
3. Adhere to ethical and legal principles, and be sensitive to diversity.

Competency 6: Systems-based Practice
Understand how to practice high-quality health care and advocate for patients within the context of the health care system.
1. Identify key aspects of health care systems as they apply to ID, including the referral process, and differentiate between consultation and referral.
2. Demonstrate sensitivity to the costs of clinical care in the ID setting, and take steps to minimize costs without compromising quality.
3. Recognize and advocate for families who need assistance to deal with systems complexities, such as the referral process, lack of insurance, multiple medication refills, multiple appointments with long transport times, or inconvenient hours of service.
4. Recognize one's limits and those of the system; take steps to avoid medical errors and facilitate patient's navigation through the system.

Reading List
General:
Infectious Diseases Clinical Practice Guidelines can be found at www.idsociety.org under "practice guidelines"

Endocarditis:

Fever of Unknown Origin:

HIV:
www.aidsinfo.nih.gov Guidelines for the Use of Antiretroviral Agents in Adults with HIV.

Meningitis:
Computed Tomography of the Head Before Lumbar Puncture in Adults with Suspected Meningitis. NEJM, 2001; 345:1727-33.
Dexamethasone in Adults with Bacterial Meningitis. NEJM, 2002; 347:1549-56
Practice Guidelines for the Management of Bacterial Meningitis. Clinical Infectious Diseases 2004;39:1267-84
**Neutropenic Fevers:**


**Nosocomial Infections:**
Hospital-Acquired Infections Due to Gram-Negative Bacteria. NEJM, 2010; 362:1804-13

**Osteomyelitis:**
Does this patient with diabetes have osteomyelitis of the lower extremity? JAMA, 2008; 299:806.


**Pneumonia:**


**Prosthetic Joint Infection:**


**Skin and Soft Tissue Infections:**
Practice Guidelines for the Diagnosis and Management of Skin and Soft-Tissue Infections. Clinical Infectious Diseases 2005; 41:1373–406

Diagnosis and Treatment of Diabetic foot infections. CID 2012;54:e132-173.