

## **Curriculum on Infectious Disease Danbury Hospital Internal Medicine Residency Program**

Faculty Representative: Gary Schleiter MD  
Faculty Editor: Dino Messina MD PhD  
Resident Representative: A. Lungulescu, J. Periyapperuma  
Revision Date: August 2007

### **A. Educational Purpose and Goals**

Infectious diseases affect all organ systems, and cross multiple disciplines of medicine. Diagnosis and management of infectious conditions requires integration into the total internal medicine management of a diverse patient population.

This rotation concentrates on the pathogens involved in human infections, the microbiologic characteristics of these organism, the pathophysiology of diseases, the diagnostic modalities employed, the transmission (and prevention) of these pathogens, and the rational application of these anti-infective agents. The issues of community acquired infection as well as nosocomial/health care acquired infections will also be discussed. Management of the HIV infected individual is included. Experience will be obtained with hospitalized patients, as well as outpatients and emergency department patients.

### **B. Teaching Method**

Attending teaching rounds  
Patient management discussions  
Conferences specific to the rotation  
Individual instruction on procedures  
Bedside clinical rounds  
Review of diagnostic studies, radiology and microbiology

### **C. Educational Content**

An expanded version of the competencies is listed under Core Competencies In Internal Medicine. Those listed here are specific to this rotation and pertain to residents at all levels of training.

The resident will be an active member of the consultation service. This includes:

- 1) performing initial consultations on hospitalized patients at Danbury Hospital. The resident will gather data on the patients, examine the patients, and then synthesize the data to be presented to the infectious diseases attending. Consultations tend to run from one to eight per day. Consultations will be done on inpatients and emergency department patients.
- 2) Follow-up of the previous consulted patients, weekdays.
- 3) Daily rounds with the ID attending physician and other residents and medical students.

The resident is encouraged to attend all noon conferences, grand rounds, and M+M conferences while on the ID rotation, in addition to any specialty conferences.

The resident is also afforded the opportunity to attend the DH Immunodeficiency Clinic at least once during the rotation, to learn about the outpatient management of HIV

### Mix of Diseases/Patients/Clinical Encounters/Procedure

The inpatient ID consult service includes patients across a wide range of services including medicine, surgery, neurosurgery, Ob-Gyn, Urology, and pediatrics/young adults. Patients with a wide variety of severity of illness are included, e.g. intensive care patients. Common problems include endocarditis, postoperative infections, fever of unknown origin, diabetic lower extremity infection, osteomyelitis, pneumonia, skin and soft tissue infection, bacteremia, central nervous system infection, and urinary tract infection. Emphasis will be made on efficiently and accurately developing a database on individual patients, including history, physical examination, radiological studies, nuclear medicine studies and microbiologic studies (gram stains, sensitivity studies). These data will be used to formulate further diagnostic study and treatment plans.

#### 1. Reading lists, other educational resources

ID Noon conferences	Danbury Hospital	2-4 times per month
HIV Clinic	Adult Health Center	½ day per week, Thursdays
Grand Rounds	Danbury Hospital	8AM Wednesday
Microbiology Rounds	Danbury Hospital, Lab	Varies, based on clinical need

### D.Method of Evaluation of Faculty and Resident Competence

#### 2. Resident Performance

Evaluation of residency performance and professionalism

Evaluation of attending teaching skills and other attributes

Rotation assessment by resident

Observation of resident's clinical competency

Observation of resident's teaching skills (when more than one resident or student is on rotation)

Review of the resident's history, physical exam, and consultation note

Resident attendance of rounds and conferences

After each block rotation faculty provide a review of the resident's competency based performance on Evalue. In turn the resident evaluates the faculty's performance as well as the rotational experience. These evaluations are reviewed during our biannual House staff evaluation committee meetings.

- Evaluation of residency performance and professionalism
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart

- Resident's attendance of rounds and conferences monitored

**E. Rotation Specific Competency Objectives**

Please refer to the Core Curriculum for the expected General Medicine Curriculum core competency objectives and graded responsibilities.

1. Patient Care
  - Be exposed to a wide variety of inpatient infectious disease diagnostic and management problems.
  - Read and interpret gram stains, AFB smears, fungal stains, and understand the general principles of obtaining and interpreting microbiologic cultures and sensitivity reports.
  -
2. Medical Knowledge
  - Understand the major classes of antibiotics, their, appropriate use, and important side effects.
  -
3. Interpersonal and Communication Skills
  - See core curriculum
4. Professionalism
  - See core curriculum
5. Practice Based Learning
  - Perform literature searches, read textbooks and journal articles pertinent to the infectious disease related problems in the clinical material.
6. Systems Based Practice
  - See core curriculum