General ID Consult Service

This rotation is an elective rotation designed to increase exposure to in-patient infectious disease problems. Generally a four week rotation, the fellow will spend time on the ID consult service which sees a wide range of in-patient infectious diseases on medicine wards as well as the surgical subspecialties, including HIV-infected in-patients.

A. Patient Care Goal: Fellows will provide patient care that is competent, compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

Objectives:
- Gather accurate information about patients, including an appropriate ID-related history and physical examination with particular attention given to travel history, pet or animal exposure, prior infections, immunization, sexual history,; interpret physical findings such as rashes, adenopathy, wound signs of infection, joint swellings, etc.
- Synthesize data into a prioritized problem list and differential diagnosis, then formulate diagnostic and therapeutic plans
- Appropriate monitoring and follow up of patients

B. Medical Knowledge Goal: Fellows will demonstrate knowledge about established and evolving pathophysiological, biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) sciences and the application of this knowledge to patient care.

Objectives:
- Demonstrate an increasing fund of knowledge in the range of common problems encountered in the practice of infectious diseases and utilize this knowledge in clinical reasoning. The fellow will become familiar with the diagnostic and therapeutic approach to patients with common infectious syndromes, including (but not limited to)
  - Septic shock
  - Fever of unknown origin
  - Fever in nosocomial settings and in, immunosuppressed hosts
  - Choice and cost-effective use of major antibiotic groups; incorporating understanding of their indications, contraindications, complications and limitations
  - Use of empirical antibiotic therapy, understand the significance and be able to interpret antibiotic sensitivity testing
  - Understand the etiology, pathogenesis, clinical presentation, natural history, diagnosis and management of the following diseases:
    - Pneumonia, including community-acquired and health-care acquired
    - Tuberculosis and other mycobacterial diseases
• HIV/AIDS
• Meningitis & other common CNS infections
• Urinary tract infections
• Skin, soft tissue infections
• Bone and joint infections
• Bloodstream infections including infective endocarditis and catheter-related infections
• Fungal infections
• Trance – associated infections

• Learn about the diagnosis and management of infections in HIV-infected patients who are hospitalized

C. Practice-based Learning and Improvement Goal: Fellows must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices based on constant self-evaluation and lifelong learning.

Objectives:
• Fellow will utilize an evidence-based approach to patient care when deciding on optimal treatment plans including appropriate and timely access to the medical literature.
• Use information technology including the resources available through the library system online to provide pertinent literature to the ID team and the patient’s requesting team.
• Educate the patient and patient’s family about the diagnosis or the approach to reach the diagnosis, the management plan and the expected clinical outcome in a way that is both culturally appropriate and accessible to the patient and his/her family.
• Teach the students, residents and other health care professionals about the infectious disease issues including isolation procedures and will provide literature to the health care providers and the team regarding infectious disease issues that are relevant to the cases seen.

D. Interpersonal and Communication Skills Goal: Fellows must demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients’ families, and professional associates and trainees.

Objectives:
• Work with the requesting physician to appropriately formulate a focused question for the basis of an infectious disease consult
• Effectively interview the patient, family members and staff to obtain a comprehensive assessment of the important clinical issues to be addressed
• Communicate concisely with team members in formal and informal daily follow-up of the patients
• Update patients on the status of their health and their test results in a compassionate and clear manner that is appropriate to the patient’s level of medical understanding
• Written and verbal communication with the requesting physician and team will include subjective and objective information pertinent to the ID problems being addressed

E. System-Based Practice Goal: Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Objectives:
• Work effectively with others (such as nurses, secretaries, nutritionist, interpreters, technicians) as a member of a health care team
• Advocate for quality patient care and assist patients in dealing with system complexities
• Understand and appreciate the importance of contacting the patient’s primary care provider at the time of admission or soon thereafter
• Residents should develop proficiency in leading the health care team, organizing and managing medical care
• Learn the cost-effective use of diagnostic and therapeutic technology

F. Professionalism Goal: Fellows will demonstrate a commitment to carrying professional responsibilities, adherence to ethical principles, and sensitivity diverse patient population and staff.

Objectives:
• Demonstrate respect, compassion, and integrity
• Demonstrate a commitment to excellence and on-going professional development
• Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and other aspects of clinical care
• Develop an appreciation for the ethical, cultural and socioeconomic dimensions of illness, demonstrating sensitivity and responsiveness to patients’ culture, age, gender and disabilities

G. Teaching Methods
• Progressive, graduated responsibility for the evaluation of patients, formulation of diagnostic and therapeutic plans, writing of order, and performance of procedures, all under that supervision of attending physicians
• Daily Teaching Bedside Rounds
• Weekly conference
• A weekly ID Grand Rounds will expose housestaff to interesting clinical cases, complete with literature review and faculty discussion
• A weekly Core Curriculum lecture will provide didactic teaching on a variety of ID topics
• A weekly HIV Conference will provide didactic teaching on topics specific to the care of HIV positive patients
• A weekly microbiology conference in infectious diseases will lead to adequate exposure to microscopic samples
• A monthly Journal Club will expose the house staff to recent clinical and laboratory investigation
• A reading list of pertinent review articles will be provided on the ID website
• House Staff library of textbooks, available 24 hrs/day
• Washington University (Becker) Library of Medicine