

INFECTIOUS DISEASE

Location: Boise VA Medical Center

FACULTY CONTACT:

Dennis Stevens, M.D., Ph.D.

Professor of Medicine

Address:

Boise VA Medical Center

500 W. Fort Street

Boise, ID 83702

Phone: 208 422-1325

E-mail: dennis.stevens@med.va.gov

OVERALL EDUCATIONAL PURPOSE

Exposure to a broad range of infections and suspected infections including, but not limited to: bacterial/mycobacterial, fungal, and viral infections.

To learn the presenting features of the major infectious syndromes and conditions simulating infections.

To learn the most appropriate and cost-effective means of evaluating suspected infections.

To learn antibiotic efficacy, indications and appropriate use of empiric antibiotic and targeted antibiotic therapy.

To learn infection control in a hospital and nursing home setting.

TEAM STRUCTURE

ID Attending

PharmD

+/- R2

+/- R1

+/- MS4

PRINCIPAL TEACHING METHODS

Case reviews: faculty attending evaluates and discusses each new patient with the resident. There are daily rounds on all inpatients being seen by infectious disease. There is a review of all patients seen by the resident in the ID and HIV clinic. Weekly infectious disease teaching rounds are held with participation of the ID attending, resident and/or student, inpatient pharmacy, and infection control nurse.

EDUCATIONAL CONTENT

Mix of Diseases

The most common entity seen by the resident rotating on the infectious disease service include community acquired pneumonia, nosocomial pneumonia, sepsis syndromes, complicated urinary tract infections, soft tissue infections especially in diabetic lower extremities, chronic viral infections (especially Hepatitis B & C), and infections of intervascular and cardiac prosthetic devices.

Opportunistic infections are seen in iatrogenic immunosuppressed patients and in our small cohort of HIV positive patients.

Patient Characteristics

At the Boise VAMC ninety to ninety five percent of the patients are men. There is a bimodal age distribution reflecting the large number of veterans generated in the World War II and Korea era and the Vietnam era.

Types of Clinical Encounters

Most of the patients are seen as inpatients in consultation. There is an infectious disease clinic and an HIV clinic that meets once weekly.

Procedures

The resident spends time in the laboratory learning microbiology and techniques for specific stains and cultures.

Services

There is a full service microbiologic laboratory staffed 24 hours daily. There is a full time infection control nurse. There are on site support services as necessary including radiology, laboratory, and pharmacy.

ROTATION SPECIFIC SCHEDULE

Two half-days of continuity clinic

One half-day of ID clinic

Formal ID rounds twice a week

PRINCIPAL EDUCATIONAL MATERIALS USED

There is a small library available in the Medical Service conference room as well as the emergency room. Additionally the main library with texts and journal holdings is situated in the Learning Resource Center near the general medicine ward. Residents have access to this area 24 hours a day.

There is a complete medical library at the VA Medical Center, as well as St. Luke's Regional Medical Center, St. Alphonsus Regional Medical Center, with texts, journals and available computer access. Point-of-Contact computer reference is available to UW School of Medicine library resources and VAMC on-line reference materials, such as Up-to-Date, Micromedics, PubMed and others.

There is wide availability of personal computers with a network allowing instant access to

Medline, Stat Reference, Patient Data and other educational sources.

There are maintained teaching files for particularly demonstrative x-rays, pathologic material, electrocardiograms, echocardiograms, clinical vignettes, etc

METHODS USED IN EVALUATING RESIDENT AND PROGRAM PERFORMANCE

At the end of the rotation, the resident is evaluated in writing and their performance reviewed with them verbally by every attending, fellow or supervising resident he or she has interacted with for a significant amount of time. The evaluator rates each resident on a nine-point scale in each component of clinical competence (i.e. clinical judgment, medical knowledge, clinical skills, humanistic qualities, professional attitudes and behaviors, medical care, educational attitudes, leadership and overall clinical competence).

The resident is given the opportunity to evaluate in writing the quality of the curriculum and the extent to which the educational goals and objectives of the rotation have been met. The resident also evaluates the teaching competence of each attending, fellow or supervising resident with whom they have interacted for a significant amount of time.

EXPLICIT LINES OF RESPONSIBILITY FOR THE CARE OF PATIENTS ON THIS SERVICE

Inpatient

The ID attending sees and reviews with the resident each new consultation or primary patient within 24 hours. The attending is available at all times for immediate review of emergency patients. The resident provides ongoing care writing progress notes, recommendations or orders on inpatients. The attending meets with the resident daily to review all patients.

Ambulatory Care

The attending is present in ID clinic and sees and reviews each new patient and documents his participation in the record. The attending is available in the clinic to see returning patients and will review and co-sign the progress notes written by the resident in the records of these patients. The resident writes a complete history and physical or consultation note with assessment and plans or recommendations for each new patient seen and writes progress notes for each revisit.

There is one ID faculty member designated as attending for each monthly rotation who supervises the resident and/or student, is ultimately responsible for all the patients seen by the resident, and organizes the educational activities.