

**University of Washington  
Internal Medicine Residency**

***Infectious Diseases Curriculum***

**Educational Goals: IM Residents will rotate through ID rotations to:**

- Evaluate and manage patients with suspected infectious diseases and provide effective consultation
- Familiarize them with the mechanisms, clinical manifestations, and diagnostic strategies for patients with acute and chronic infectious diseases, including HIV
- Development of familiarity with the spectrum of activity, toxicities, and appropriate use of common antimicrobials
- Learn to interpret stained smears and culture and sensitivity results, with an emphasis on understanding the appropriate utilization of the clinical microbiology laboratory.
- Introduction to principles of modern infection control.
- Implement preventive strategies for immunocompetent and immunocompromised hosts and to refer patients to subspecialists at the appropriate time in their disease.

This chart details the minimum curricular goals for each year of residency.

**Patient Care: History Taking** **Resident Competency Evaluation Form, Mini-CEX**

<b>PGY-1</b>	Demonstrates the ability to obtain and document an accurate and complete history from patient and/or caretaker. Specific focus on: <ul style="list-style-type: none"> <li>• Exposures relevant to infectious diseases including residences, travel, social history and habits, pet/animal</li> <li>• Extracts necessary information from microbiology lab and past records</li> <li>• Obtains and interprets outside records, microbiology, &amp; microbial drug sensitivities.</li> </ul> Achieves these objectives with moderate faculty input
<b>PGY-2</b>	Achieves these objectives with occasional input from faculty.
<b>PGY-3</b>	Achieves these objectives independently.

**Patient Care: Physical Exam** **Resident Competency Evaluation Form, Mini-CEX**

<b>PGY-1</b>	With moderate faculty input, can describe and document major abnormalities in the physical exam, including the presence of: <ul style="list-style-type: none"> <li>• fever pattern, VS abnormalities</li> <li>• pathologic lymph nodes &amp; organomegaly</li> <li>• murmurs</li> <li>• peripheral stigmata of endocarditis</li> <li>• rash &amp; jaundice</li> <li>• foot ulcers and soft tissue infections</li> <li>• joint effusions</li> <li>• meningeal &amp; neurological signs</li> <li>• indwelling devices or hardware</li> </ul>
<b>PGY-2</b>	Achieves these objectives with occasional input from faculty.
<b>PGY-3</b>	Accurately describes and documents the objectives with rare faculty input. Teaches about the important aspects of the physical exam in infectious disease.

**Patient Care: Medical Decisions** **Resident Competency Evaluation Form, Chart Review/documentation**

<b>PGY-1</b>	Reliably recognizes evidence of clinical decompensation and appropriately communicates to primary care team expediently. Understands when to initiate antibiotics/antivirals/antifungals/antiparasitics Writes progress notes that identify important data and demonstrate thoughtful <b>problem based</b> assessment and plan. These objectives are met with moderate faculty input.
<b>PGY-2</b>	Reliably recognizes critical illness and communicates with primary care team expediently Recognizes clinical evidence of suboptimal response to the planned therapy. Can independently initiate management strategies. Identifies duration of antibiotics for acute infections. These objectives are met with moderate faculty input.
<b>PGY-3</b>	Reliably recognizes evidence of suboptimal clinical response and communicates with primary care team expediently Identifies causes of failure to respond to appropriate antimicrobial therapy and communicates them effectively. Independently communicates emergent and ongoing management strategies expediently. Identifies duration of antibiotics for chronic infections. These objectives are met with little faculty input.

**Patient Care: Procedural skills (generally no procedures performed by ID Team) Resident Competency Evaluation Form**

<b>PGY-1</b>	Masters the cognitive skills for: <ul style="list-style-type: none"> <li>• lumbar puncture,</li> <li>• Blood cultures</li> </ul> Interprets results of: <ul style="list-style-type: none"> <li>• WBC and differential</li> <li>• CXR for evidence of pneumonia</li> <li>• Spinal fluid for evidence of meningitis</li> <li>• Pleural fluid for evidence of empyema</li> <li>• Urinalysis and cultures for evidence of infection</li> <li>• Sputum cultures for adequacy of specimen</li> </ul> Understands the indications for Transcutaneous biopsy/drainage for abscesses
<b>PGY-2</b>	Masters the cognitive skills for Thoracentesis. Describes Echo criteria for endocarditis Interprets report findings: <ul style="list-style-type: none"> <li>• CT of Abdomen, Chest, Head for localized infections</li> <li>• Serologic Studies for Hepatitis</li> <li>• Virologic studies for HIV , Hepatitis C</li> <li>• T cells for HIV</li> <li>• Blood Cultures and Sensitivities (C&amp;S)</li> <li>• Bronchoscopy for pneumonia/pneumonitis</li> <li>• Gram Stain and C&amp;S characteristics of common pathogens</li> </ul> Understands the indications for Chest Tube use in complicated pleural effusions
<b>PGY-3</b>	Interprets: <ul style="list-style-type: none"> <li>• MRI for osteomyelitis and epidural abscess</li> <li>• CT for osteomyelitis and epidural abscess</li> <li>• Stains, C&amp;S, molecular reports of atypical organisms</li> <li>• Malaria smears</li> <li>• Stool O&amp;P results</li> </ul> Understands the indications for <ul style="list-style-type: none"> <li>• Serial LP or VP drains for cryptococcal meningitis</li> </ul> Teaches capably about other procedural skills.

**Patient Care: Consultation Process Resident Competency Evaluation Form**

<b>PGY-1</b>	Thorough data gathering in providing consultation. Clarifies consult questions, gives expedient verbal consultation advice and provides clear consultation note after input from attending physician.
<b>PGY-2</b>	Is an effective consultant. Develops strategy for managing patient referrals and follow-up.
<b>PGY-3</b>	Consultation provided with evidence-based literature review.

**Medical Knowledge Resident Competency Evaluation Form, Attdg Review of Written Documentation**

<b>PGY-1</b>	Applies relevant clinical and basic science knowledge in the following common medical conditions: <ul style="list-style-type: none"> <li>• Acute pneumonia</li> <li>• Chronic pneumonias</li> <li>• Fungal infections</li> <li>• Skin and soft tissue infections</li> <li>• Bone and joint infections</li> <li>• Fever without a source</li> <li>• Acute diarrhea</li> <li>• Genitourinary infections</li> <li>• AIDS related infections</li> </ul>
<b>PGY-2</b>	Demonstrates a progression in content knowledge and analytical thinking with well formulated differential diagnoses and management plans.
<b>PGY-3</b>	Understanding and application of medical literature in an evidence-based (EB) manner to common ID conditions.

**Interpersonal Skills and Communication****Resident Competency Evaluation Form, Mini-CEX**

<b>PGY-1</b>	Effectively establishes rapport with patients and families. Communicates well with primary referring team and other consultants. Presents on rounds in an organized and articulate fashion. Functions as an effective consult team member. Provides timely and thorough electronic documentation of patient care.
<b>PGY-2</b>	Effectively carries out difficult discussions, such as sensitive topic discussions with moderate faculty input. Provides teaching and feedback to more junior team members on their communication styles. Functions as an effective team leader.
<b>PGY-3</b>	Able to deal with the most challenging patients and families with minimal direction. Coordinates team communication to optimize patient care. Functions as an effective team leader with decreasing reliance on attending. Functions as a consultant.

**Professionalism****Resident Competency Evaluation Form, Conference Attendance**

<b>PGY-1</b>	Strives for patient care and knowledge excellence. Reliably accomplishes assigned tasks Demonstrates integrity, respect for others, honesty and compassion. Demonstrates timely completion of admin tasks and documentation, attendance of rounds and conferences.
<b>PGY-2</b>	Strives for patient care and knowledge excellence. Reliably identifies and accomplishes necessary tasks. Sets a tone of respect and collegiality for the team.
<b>PGY-3</b>	Acts as role model for patient care and professional behavior.

**Practice Based Learning and Improvement****Resident Competency Evaluation Form**

<b>PGY-1</b>	Seeks and accepts feedback from team about patient care, organization and presentations. Learns basic EB principles, and article review. Understands limits of own knowledge, and seeks help.
<b>PGY-2</b>	Understands EB medicine/ID principles, and begins to utilize relevant research to support decision-making and teaching of junior team members. Identifies knowledge deficiencies and seeks to correct them.
<b>PGY-3</b>	Appropriately integrates EB information with expert opinions and professional judgment. Able to utilize and suggest data-driven modifications to protocols. Able to systematically compare personal practice patterns to larger populations and seek to improve care. Able to accurately self-assess skills and performance.