

Malawi Outpatient HIV Clinic Curriculum

I. Description of Rotation

Site: Dr. Mina Hosseinipour is a Board Certified Internal Medicine and Infectious Diseases Associate Professor living full-time in Lilongwe, Malawi. UNC Project Malawi has more than 250 employees in Lilongwe and more than 40,000 square feet of space including a state of the art College of American Pathologists (CAP) laboratory capable of all standard tests including hematology, chemistries, serology, PCR, and microbiology. There is also a “telepathology” microscope so that specimens can be reviewed in Chapel Hill as well as a digital CXR machine so that films can be read in Chapel Hill. Fellows may elect to spend up to 6 months in Lilongwe conducting research and participating in a ½ day per week HIV continuity clinic supervised by Dr. Hosseinipour. To date no ID fellow has taken advantage of this opportunity. On an average clinic day, the ID Fellows will see 2 new patients and several return patients. They will see at least 20 individual HIV infected patients during this 6 month rotation (50% female).

Clinic Day: ID Fellows initially see the patients by themselves, review their medical record, obtain new history, perform a focused physical exam, formulate a diagnostic or treatment plan and present this information to their attending. The attending then sees the patient to confirm details of the history and physical exam and teaches the fellow. A translator is present during the interview and exam.

Evaluation: For this outpatient clinic, there is informal and formal assessment of the fellows' skills. Informal assessment consists of ongoing feedback from the attending on skills including collection of history of present illness, relevant past medical history, physical examination performance, collection and organization of relevant clinical data, creating a differential diagnosis list, formulating a diagnostic plan, formulating a treatment plan, and creating and implementing a follow-up care plan. Since this is a primary HIV clinic, the attending also reviews the fellows management of chronic health maintenance issues (e.g. blood pressure, vaccines) for the HIV patients. The supervising attending communicates this feedback in real time in clinic. Attendings also review, edit, and sign all outpatient initial and follow-up notes of the ID Fellows. The attending formally communicates feedback at the end of the 6 month block to communicate strengths and areas for improvement in all six competencies. These evaluations are reviewed with the PD and discussed with the fellows individually as well as real time with the faculty member doing the evaluations.

II. Goals of the Rotation

The fellows should be able to:

- a. Manage continuous care of more than 20 HIV patients over 6 months and become familiar with antiretroviral therapy (ART), resistance mutations, complications of ART, metabolic complications of HIV, prophylaxis of opportunistic infections, and health maintenance of HIV infected patients
- b. Learn WHO guidelines management of patients and apply them

III. Core Competencies

- a. *Patient Care Fellows* will:
 - a) Gather essential, accurate, comprehensive diagnostic information and carry out patient management plans
 - b) Use an evidence-based decision-making process when selecting appropriate antimicrobial therapy including WHO guidelines
 - c) Use information technology to support patient care decisions and patient education
 - d) Use evidence-based guidelines when incorporating elements of prevention into management plans
 - e) Provide patient-focused care when working with all health care professionals, including those from other disciplines
 - f) Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
 - g) Provide health care services aimed at preventing health problems or maintaining health

- b. *Medical Knowledge Fellows* will:
 - a) Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.
 - b) Demonstrate the scientific method of problem solving and evidence-based decision making,
 - c) Be proficient in the prevention, diagnosis, and management of the following infectious disease areas:
 - (1) bacterial infections
 - (2) fungal infections
 - (3) viral infections, including HIV and hepatitis
 - (4) parasitic infections
 - (5) mycobacterial infections
 - d) Demonstrate the method infectious diseases clinicians take in their approach to the following groups of patients (diagnosis, prevention, management):
 - (1) The febrile outpatient, including FUO
 - (2) Febrile patients with prominent cutaneous manifestations
 - (3) Skin and soft tissue infections, including cellulitis and necrotizing fasciitis
 - (4) Immunization recommendations for outpatients
 - (5) Bone and joint infections including septic arthritis (native and prosthetic joints) and osteomyelitis
 - (6) Management of upper and lower respiratory infections including pleuropulmonary infections
 - (7) Diagnosis and treatment of gastrointestinal and intraabdominal infections
 - (8) Management of urinary tract infections
 - (9) Diagnosis and management of sexually transmitted infections in outpatients, including patient counseling
 - (10) Infections and other complications in patients with HIV/AIDS
 - (11) Infections related to trauma
 - (12) infections of reproductive organs
 - e) Demonstrate knowledge of:
 - (1) Management of Infectious Disease emergencies (e.g. sepsis)

- (2) Management of vector-borne illnesses and zoonoses
- (3) Mechanisms of action and adverse reactions to antimicrobial agents; antimicrobial and antiviral resistance; drug-drug interactions between antimicrobial agents and other compounds; the appropriate use and management of antimicrobial agents in the clinic
- (4) Appropriate procedures for specimen collection relevant to infectious disease, including but not limited to bronchoscopy, thoracentesis, arthrocentesis, lumbar puncture, and aspiration of abscess cavities;
- (5) principles of prophylaxis and immunoprophylaxis to enhance resistance to infection
- (6) characteristics, use, and complications of antiretroviral agents, mechanisms and clinical significance of viral resistance to antiretroviral agents, and recognition and management of opportunistic infections in patients with HIV/AIDS;
- (7) fundamentals of host defense and mechanisms of microbial pathogenesis
- (8) Appropriate infection control measures when patients have suspected or proven infections that can be readily transmitted to others such as tuberculosis

f) Demonstrate the ability to:

- (1) Manage health maintenance on long term patients with HIV infection including management of comorbidities (hepatitis, diabetes, hypertension, hyperlipidemia), prophylaxis of opportunistic infections
- (2) Recognize easily communicable diseases such as tuberculosis, STIs, influenza, VZV, meningococcal meningitis, MRSA, C diff infection and understand how to implement methods to prevent transmission as well as how to treat them
- (3) Diagnose and manage tuberculosis as well as recommending prophylaxis to family members and other exposed people

c. . *Practice-Based Learning and Improvement* Fellows will

- a.) demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- b.) Systematically analyze practice, using quality improvement methods and implement changes with the goal of practice improvement
- c.) Incorporate formative evaluation feedback into daily practice
- d.) Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems and apply new information to the management and care of their patients
- e.) Use information technology to optimize learning including accessing databases of relevance to the care and management of individuals with infectious diseases
- f.) Assess the clinical efficacy of current and novel antimicrobial therapies and their appropriate utilization in different patients and clinical settings
- g.) Evaluate adherence of HIV infected patients to their therapies and propose methods to improve

d. *Interpersonal and Communication Skills* Fellows will:

- a.) Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

- b.) Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
 - c.) Communicate effectively with physicians, other health professionals, and health related agencies
 - d.) Work effectively as a member or leader of a health care team or other professional group
 - e.) Act in a consultative role to other physicians and health professionals
 - f.) Maintain comprehensive, timely, and clear medical records
 - g.) Inform patients about their diagnoses and outline a proposed treatment strategy
 - h.) Respond in a knowledgeable fashion when other health professionals request information about antimicrobial use and direct them to appropriate web sites to gather additional information as needed
 - i.) Document interventions in the medical record and keep an accurate immunization record
 - j.) Counsel and educate patients and their families
 - k.) Participate in the education of patients, families, students, fellows and other health professionals
 - l.) Educate immunocompromised patients about environmental risks
- e. *Professionalism Fellows* will:
- a.) demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including
 - (1) Compassion, integrity, and respect for others
 - (2) Responsiveness to patient needs that supersedes self-interest
 - (3) Respect for patient privacy and autonomy
 - (4) Accountability to patients, society, and the profession
 - (5) Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
 - (6) High standards of ethical behavior which includes maintaining appropriate professional boundaries, including relationships with other physicians and conflicts of interest
 - (7) Informing patients about stigmatizing diagnoses without being judgmental or pejorative
 - (8) Willingness to evaluate patients with illnesses such as tuberculosis or SARS that may pose some element of risk to the provider
- f. *Systems-Based Practice Fellows* will:
- a. Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
 - b.) Work effectively in various health care delivery settings and systems relevant to infectious diseases
 - c.) Coordinate patient care within the health care system relevant to clinical management of infectious diseases
 - d.) Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate
 - e.) Advocate for quality patient care and optimal patient care systems

- f.) Work in interdisciplinary teams to enhance patient safety and improve patient care quality
- g.) Participate in identifying system errors and implementing potential systems solutions
- h.) Understand and participate in the development of appropriate antibiotic utilizations and restriction policies

IV. Teaching Methods

- a. Individual interactions with attending
 - All fellows will be working one-on-one with a board certified ID Attending in the ID Clinic and presenting patients with their assessment and plans to him/her.
 - Given the nature of the interaction, the opportunity for directed, patient-centered teaching is immediately available.
- b. Required reading
 - Fellows will be provided with a textbook reference and with access to a web-based travel information site (see below) and encouraged to perform reading on core topics throughout the course of the 2 years and prior to each clinic
- c. Independent reading
 - It is expected that fellows will perform focused, independent reading following clinic on topics and problems encountered that day in clinic

V. Assessment Method (Fellows)

- a. Semiannual evaluations completed by their clinic supervisors using the standard EValue
- b. 360° evaluations completed by the nursing staff, the social worker, their patients and the clinic secretary

VI. Assessment Method (Program)

- a. Annual (anonymous) evaluations completed by the fellows and attendings
- b. Performance of the fellows on the In Service Training Examination
- c. Performance of the fellows on the ABIM Infectious Diseases Board Examination

VII. Level of Supervision

- a. Fellows will be directly supervised in clinic by their attending who will be onsite and will evaluate patients after they have been seen by the fellow.
- b. All individual patient assessments and plans will be discussed personally with the supervising attending, who will modify plans as needed.

VIII. Educational Resources

- a. *Principles and Practice of Infectious Diseases* (Mandell, et al, eds.)
- b. PubMed
- c. Inf Dis Society of America Guidelines www.idsociety.org
- d. US Public Health Service Guidelines www.cdc.gov
- e. HIV Treatment Guidelines www.aidsinfo.nih.gov
- f. WHO HIV Treatment Guidelines www.who.int