



Infectious Disease Outpatient (IDOP) Service

The Infectious Disease outpatient service provides evaluation and consultative management of those patients with various infectious diseases on an outpatient basis. This includes experiences at Infectious Disease Associates (IDA) and Inclusive Health Services (IHS).

Faculty:

Elizabeth Asiago-Reddy, MD, MS: Chief, Infectious Disease Associates, Director of Inclusive Health Services

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I. Educational Purpose

The resident in internal medicine should:

- Be competent to evaluate and treat those patients with an infectious disease process as well as understand when a referral to an infectious disease specialist is appropriate.
- Be well-trained in the choice of antimicrobial agents as well as the techniques of infectious disease prevention (i.e. handwashing).
- Be well versed in the various causes of infectious disease (bacteria, fungi, viruses, and protozoa) and the bodily manifestations that result.
 - o Examples of the latter include meningitis/encephalitis, pneumonia/empyema, tuberculosis, infectious endocarditis, infectious colitis, urinary infections, bacteremia/septicemia, cellulitis, abscesses, soft-tissue infections, osteomyelitis, and sexually transmitted diseases.
- Receive training in:
 - o care of patients with HIV/AIDS.
 - o evaluation and management of fever of unknown origin.
 - o harm reduction, disease prevention techniques, and immunization schedules.
 - o antimicrobial decision-making including cost and pharmacodynamics / pharmacokinetics.
 - o immunology and its importance in infectious disease.

II. Learning Venue

- A. Rotation description** - The Infectious Diseases outpatient service provides care to the community through HIS and IDA, where housestaff treat adult patients of diverse socioeconomic, ethnic, cultural, and gender identity groups. The service sees patients for routine and urgent outpatient visits. The team may consist of the attending, a fellow, a senior resident, junior learners, advanced practice practitioners, pharmacists, social workers, nursing staff, and others.

**** Please check in with Danielle Scott at scotdani@upstate.edu in Crouse POB Suite 311, no later than 8:15 am on the Friday prior to your clinic rotation. Clinic locations will be determined and assigned on the Friday prior to your rotation.** You will be seeing patients both at the Infectious Disease Associates Practice (Crouse/Upstate Physician's Office Building) as well as at the Inclusive Health Services Practice in Nappi 3C.**

Current Conference Schedule*

DAY	TIME	LOCATION	ACTIVITY	NOTE
Wednesday	11:00am-11:30am	CPOB Suite 311 or virtual	ID Journal Club	Optional
	11:30am-12:00noon	CPOB Suite 311 or virtual	ID Case Conference	Optional
	12pm-1pm	CPOB Suite 311 or virtual	ID Grand Rounds	Optional

***Please note** the conference series runs from 9/1 - 6/30 and is ad-hoc during the summer (approximately 7/1-8/31). Journal Club and Case Conference are not every week but are most weeks. The 4th week of the month is faculty meeting during the noon hour, which learners would not be expected to attend.

CPOB: Crouse Physicians Office Building, directly across from Crouse Hospital.

IHS (Inclusive Health Services) Nappi Building, 3rd Floor

IDA (Infectious Disease Associates) Clinic Suite 314, CPOB

Resident Learner Expectations:

- 1) Review patients assigned to the attending in advance of clinic.
- 2) Complete detailed history and physicals on all patients and be prepared to write notes for each office visit.
- 3) Interpret basic laboratory and radiographic tests including gram stains and cultures.
- 4) Demonstrate intellectual curiosity and seek to implement evidence-based approaches to patient care.
- 5) Demonstrate professionalism and good communication skills with all members of the healthcare team, including nurses, social workers, pharmacists, patients, and families.
- 6) Endeavor to work efficiently with nursing, social work, and case managers to provide quality and timely patient care.

PGY 3 Expectations (in addition to the above)

- 7) Model leadership and professionalism in all interpersonal communications with the healthcare team.
- 8) Serve as a resource for team-based learning with junior learners and healthcare team members.
- 9) Continue to expand their knowledge of Infectious Diseases with advanced reading, discussion, and implementation of evidence-based best practices.

- 10) Model systems-based practice competencies by working efficiently with nursing, social work, and case managers in providing quality and timely patient care.

B. Teaching Methods:

1. **Clinical teaching through outpatient appointments.** The resident will see assigned patients and present each case to the attending, including patient problems and relevant data, with a proposed management plan. The resident is expected to know each patient well, to have collected all relevant information, and to present their thoughts in a concise, logical format.

2. **Recommended Reading and Resources:**

- **Infectious Diseases Society of America (IDSA) Practice Guidelines** for evidence-based reviews of common infectious diseases topics.
www.idsociety.org/practice-guideline/practice-guidelines
- **ClinicalInfo.HIV.gov**, a resource managed by the US Department of Health and Human Services providing federally approved guidelines for the management of HIV/AIDS.
<https://clinicalinfo.hiv.gov/en>
- **Centers for Disease Control and Prevention** for investigation of specific health topics, particularly exposure-associated illnesses, such as travel, arthropod bites, and food-borne illnesses, as well as preventative care initiatives, such as immunization schedules and risk reduction techniques. www.cdc.gov
- **Clinical Infectious Diseases (CID)**, a leading journal in ID and the official publication of IDSA. <https://academic.oup.com/cid>
- **Sanford or Johns Hopkins Antimicrobial Guides**, available in hardcopy, mobile app, or online www.hopkinsguides.com/hopkins/index/Johns_Hopkins_ABX_Guide/Antibiotics
- **AIDS Education and Training Center (AETC) Program** provides regional support and education for HIV/AIDS practitioners. www.necaaetc.org
- **Textbook recommendations**
 - Mandell, Douglas, Bennett; Principles and Practices of Infectious Diseases
 - Bailey & Scott's Diagnostic Microbiology
 - Keceas, Crowe, Grayson, Hoy; The Use of Antibiotics
 - Sande and Volberding; The Medical Management of AIDS
 - Mayo Clinic Proceeding Review of Antimicrobial Agents
 - MKSAP for Infectious Diseases and AIDS
 - Armstrong and Cohen; Infectious Diseases
 - Goodman & Gilman's; The Pharmacological Basis of Therapeutics
 - Yu, Merigan, Barriers; Antimicrobial Therapy and Vaccines
 - Dolin, Masur, Saas; AIDS Therapy

3. **Infectious Diseases Division Conferences:**

Wednesday 11:30am: ID topic review or case conference OR Fellows' Core Competency Talks

Wednesday 12:00pm:

- ID Grand Rounds – in-depth didactic session addressing a topic in Infectious Diseases

D. Method of Evaluation

Evaluations are based on the six core competencies. All team members are expected to complete formal evaluations at the end of each rotation using the web based MedHub evaluation software. Mid rotation verbal feedback should be sought by residents. Residents at all levels of training are evaluated by their attending, peers, and students.

E. Rotation-specific core competency-based learning objectives – for more detail, please see the ACGME Guidebook at <https://www.acgme.org/globalassets/milestonesguidebook.pdf>

1. **Patient care / Medical knowledge** – This rotation offers concentrated learning in infectious disease topics, including HIV, by allowing residents to care for patients in the outpatient setting at IHS and IDA.
2. **Professionalism** – Residents will work in an interprofessional team with a vulnerable patient population, which requires professional and respectful interactions with all individuals.
3. **Interpersonal and communication skills** – This rotation requires tactful interaction with patients to investigate sexually transmitted diseases. Residents will conduct themselves professionally and learn to respectfully elicit a comprehensive sexual history.
4. **Practice based learning** – Residents will be evaluated throughout the rotation, with emphasis on effective history taking, data synthesis, and plan formulation. Residents will be expected to practice self-reflection and consider steps for advancement of these skills.
5. **Systems based practice** – Residents will learn about coordinating long term care for HIV patients as well as the use of OPAT (outpatient antibiotic therapy), with emphasis on indwelling catheters and their complications.

Reviewed and revised:

4/2/2019 Kristopher Paolino, MD

7/15/2023 Courtney Myers, MD & Elizabeth Asiago-Reddy, MD