

Methods used to evaluate the resident and the rotation:

- Evaluation of residency performance and professionalism
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

The sponsoring institution supports the rotation by providing the appropriate clinical environment, nursing and ancillary staff to enable clinical care of HIV-infected patients. The attendings have expertise in infectious diseases and the management of patients with HIV infection. There is also close liaison with the Adult HIV Program which runs the HIV clinics.

Conferences or Attending/Patient Care Rounds: (Journal club, division rounds, etc.)

<u>Name</u>	<u>Location</u>	<u>Day</u>	<u>Time</u>
Attending Rounds	UMMC	Daily (7 days/wk)	9:00-11:00 am
Multidisciplinary Rounds	UMMC	Daily	9:00 am

The resident and faculty members of the Postgraduate Education Committee reviewed and edited the content of this curriculum at its meeting on 9/18/07.

COMPREHENSIVE COMPETENCY-BASED OBJECTIVES FOR HIV/AIDS CURRICULUM

Residents must be knowledgeable about the multiple issues related to the care of patients with HIV disease and acquired immunodeficiency syndrome (AIDS) including risk factors, prevention, management, treatment, and counseling the patient and family. It is expected that PGY-1 residents attain competency in most of these areas, with PGY-2 and 3 residents attaining competency in all areas.

Knowledge:

Competency: Discuss the pathophysiology, epidemiology, and clinical manifestations of HIV/AIDS as well as the indications for testing of the disease, the importance of test results and the possible resultant need for counseling.

1. Discusses virology and pathophysiology of HIV including immunodeficiency manifestations and complications
2. Is familiar with the epidemiology of HIV including modes of transmission, sexual intercourse, intravenous drug use, vertical transmission from mother to child (e.g., intrauterine, intrapartum, postpartum, breast feeding), and other exposure to human body fluids (e.g., blood and blood products, needlesticks, etc., including transmission in the health care setting)
3. Distinguishes between the diagnostic categories: HIV positive asymptomatic; HIV positive symptomatic; AIDS
4. Demonstrates knowledge regarding the types of laboratory testing (i.e., Antibody: ELISA (enzyme-linked immunosorbent assay); Confirmatory tests: Western blot, immunofluorescent antibody; CD4 + lymphocyte counts; viral load; and resistance testing)
5. Discusses issues surrounding the indications for testing (i.e., risk assessment and recommendations for voluntary testing, clinical assessment, public health surveillance, mandatory testing regulations)
6. Recognizes the importance and appropriateness of test results and counseling, pre- and post-test counseling, confidentiality issues, public health case reporting, mandatory reporting regulations, and partner notification
7. Is familiar with the common clinical manifestations of HIV infection including:
 - Opportunistic infections: candidiasis; Pneumocystis carinii pneumonia; cryptococcosis (extrapulmonary); cryptosporidiosis; cytomegalovirus infections; herpes simplex and herpes zoster, Mycobacterium avium complex, M. kansasii infections and m. tuberculosis infections; toxoplasmosis
 - Associated malignancies: (eg, Kaposi's sarcoma and lymphoma)
 - Other HIV syndromes: progressive multifocal encephalopathy, HIV encephalopathy, dementia, HIV wasting syndrome
 - Special presentations of children: failure to thrive, abnormal milestones
 - Special presentations of pregnant and nonpregnant women: cervical cancer, cervical and vulvar/vaginal dysplasia, vaginal fungal infections, Hepatitis B and C

Competency: Demonstrate familiarity with treatment protocol and patient-care issues including options regarding patient services and the psychosocial, ethical, and legal issues facing the patient and family

1. Demonstrates familiarity with treatment and patient-care issues (i.e., pharmacologic management, when to initiate antiretroviral therapy, antiretroviral drug categories, first-line regimens, monitoring effectiveness of regimen, assessing side effects, drug-drug interactions, defining treatment failure, selecting alternative regimens, assessing adherence, and pharmaceutical resistance)
2. Has access to knowledge of the range and limitations of services available both in ambulatory and inpatient care
3. Is familiar with the characteristics of rehabilitation, long-term and alternative care, and housing
 - Availability of experimental treatments
 - Collaboration with consultants

- Health care maintenance and immunizations
 - Prophylaxis against common opportunistic infections and when prophylaxis can be discontinued
 - Treatment options during pregnancy
4. Indicates awareness of the psychosocial and ethical issues facing patients and families (i.e., physician responsibility and patient abandonment, death and dying and "Do not resuscitate" (DNR) orders, confidentiality and record keeping, and family impact)
 5. Demonstrates familiarity with the legal issues surrounding HIV infected individuals (i.e., confidentiality of medical records, Occupational Health and Safety Administration (OSHA), Department of Health and Human Services (DHHS) requirements, federal and local requirements, and testing by employers and health insurers)
 6. Has access to information regarding eligibility criteria for Medicare, Medicaid and Social Security
 7. Lists special considerations for health care providers i.e. occupational risks and prevention strategies, specific psychosocial and ethical issues, impairment and work-related disability, and post-exposure prophylactic treatment protocol and recommendations

Patient Care:

Competency: Demonstrate evidence of appropriate evaluation, prevention strategies, counseling and proper management of patients with HIV/AIDS

1. Evaluates the patient by taking sexual and drug histories, assessing risk factors, and performing a comprehensive physical examination
2. Selects appropriate diagnostic procedures and interprets the results of HIV testing
3. Investigates common symptoms (fever, cough, diarrhea)
4. Recognizes life-threatening situations (e.g., severe hypoxia, cytomegalovirus retinitis, drug overdose)
5. Performs or recognizes when to refer for screening (e.g. PPD, cytomegalovirus)
6. Emphasized prevention by providing health education counseling (i.e., prevention counseling regarding risk of virus transmission, consulting with community groups and leading group discussions about risks of transmission, performing prenatal testing and counseling in high-risk groups, compliance with institutional protocols for the protection of employees, etc.)
7. Manages the patient effectively (i.e., formulate a problem list and prioritizes a management plan, provides antiretroviral therapy, utilizes and coordinates multiple consultants and resources, coordinate ambulatory, inpatient and long-term care, counsels patients and significant others appropriately about testing and test results, therapeutic modalities and prognosis, and provides competent terminal care, etc.)

Interpersonal Skills and Communication / Systems Based Practice:

Competency: Develop attitudes that encompass compassion and objectivity regarding the risk factors for contracting HIV/AIDS and recognize the importance of medical as well as social and familial support for the patient and family

1. Examines personal attitudes toward sexuality, intravenous drug abuse, cultural differences, communicable diseases and death
2. Recognizes the importance of quality-of-life issues
3. Demonstrates compassion and objectivity when dealing with patients who have a chronic and potentially life-threatening illness
4. Appreciates the importance of support from family members and others
5. Is aware of community and cultural attitudes toward the illness and the need for confidentiality

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