

SECTION 1 - PERSONNEL .....	2
Program Leadership and Staff .....	3
MSU-CHM DEPARTMENT OF MEDICINE CLINICAL FACULTY:.....	4
OTHER CLINICAL TEACHING FACULTY:.....	5
SECTION 2 - PROGRAM OVERVIEW .....	9
Inpatient Consultation Rotation Curriculum .....	10
General Infectious Disease Outpatient Clinic Curriculum .....	15
HIV/Virology Clinic Curriculum.....	19
Pathophysiology Curriculum .....	23
Curriculum on Infection Control .....	28
Curriculum on Bone Marrow Transplantation.....	32
Curriculum on Solid Organ Transplantation.....	36
Curriculum on Pediatric Infectious Diseases.....	40
Curriculum on Clinical Microbiology.....	44
SECTION 3 - FELLOWSHIP POLICIES.....	48
Policy on the Care of Emergent Patients .....	49
Moonlighting.....	49
Order Writing for Infectious Diseases Subspecialty Program.....	49
Supervision Policy – Infectious Diseases Subspecialty Program.....	50
Professionalism.....	51
Electronic Health Record.....	55
Mentoring, Counseling, and Support Services.....	56
Physician Impairment .....	57
Impaired Resident Re-entry Agreement .....	59
Sexual Harassment.....	60
Needle Stick or High Risk Exposure Policy .....	61
SECTION 4 - BENEFITS.....	62
Absences, Vacation, Educational Leave and Illness.....	63
Options for Approved Leave of Absence .....	66
SECTION 5 - LEGAL POLICIES.....	67
DEA Numbers.....	68
Medical Licenses .....	69
Compliance .....	69
Liability.....	70

# **SECTION 1 - PERSONNEL**

Program Leadership and Staff  
Clinical Faculty

## ***Program Leadership and Staff***

### **PROGRAM DIRECTOR**

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## **MSU-CHM DEPARTMENT OF MEDICINE CLINICAL FACULTY:**

<b>Name</b>	<b>Division</b>
Nettleman, Mary	<b>Chair, Department of Medicine;</b> General Internal Medicine and Infectious Diseases
Abela, George	<b>Division Chief and Fellowship Director,</b> Cardiology
Al-Janadi, Anas	Hematology/Oncology
Aldasouqi, Saleh	Endocrinology
Bonham, Vence	Legal Medicine
Bouknight, Reynard	General Internal Medicine
Chick, Davoren	<b>Internal Medicine Residency Program Director;</b> General Internal Medicine
Conley, Barbara	<b>Division Chief,</b> Hematology/Oncology
Dimitrov, Nickolay	Hematology/Oncology (emeritus faculty)
Dwamena, Francesca	General Internal Medicine
Ferenchick, Gary	<b>Division Chief,</b> General Internal Medicine
Gerlach, John	Immunology and Serology
Gossain, Ved	<b>Division Chief and Fellowship Director,</b> Endocrinology
Hassouna, Houria	Thrombosis
Havlichek, Daniel	<b>Division Chief and Fellowship Director,</b> Infectious Diseases
Jones, John (Jack)	Geriatrics (emeritus faculty)
Laird-Fick, Heather	<b>Internal Medicine Residency Associate Program Director;</b> General Internal Medicine
Mohmand, Asad	General Internal Medicine
Olomu, Adesuwa	General Internal Medicine
Penner, John	Hematology/Oncology, Thrombosis
Prieto, Andrew	Cardiology
Rosenman, Kenneth	Occupational Medicine
Schwartz, Kenneth	<b>Fellowship Director,</b> Hematology/Oncology
Shah, Ibrahim	General Internal Medicine
Smith, Robert	General Internal Medicine; Psychosocial Medicine
Sousa, Aron	General Internal Medicine
Stein, Gary	Pharmacology, Infectious Diseases
Tamkus, Deimante	Hemaltogy/Oncology
Wagner, Dianne	General Internal Medicine; Associate Dean for Graduate Medical Education
Watson, Ralph	General Internal Medicine
Vangala, Kalyani	Infectious Diseases
Young, Vincent	Infectious Diseases
Wang, Donna	Vice Chair for Basic Research, Department of Medicine
Zaroukian, Michael	General Internal Medicine

### **OTHER CLINICAL TEACHING FACULTY:**

<b>Name</b>	<b>Department/Division</b>
Abbasi, Arshad	Pulmonary and Critical Care Medicine
Aben, Gerald	Radiology
Ahmad, Iftiker	Gastroenterology
Andary, Michael	Physical Medicine/Rehabilitation
Archambeau, Thomas	Radiology
Archuleta, Richard	Anesthesiology
Armstrong, John	Pulmonary and Critical Care Medicine
Atkinson, Alan	Pulmonary and Critical Care Medicine
Bauer, Kathleen	Emergency Medicine
Berkompas, Duane	Cardiology
Birbeck, Gretchen	Neurology
Blasen, Amy	Emergency Medicine
Boes, David	Women's Health, OB/Gyn
Bozoki, Andrea	Neurology
Bradley, Ronald	Pain Management & Addiction Medicine
Brown, T. Michael	Cardiology
Burton, Steve	Neurology
Bustamante, Joseph	Emergency Medicine
Butler, Paul	Gastroenterology
Castellani, Mark	Cardiology
Chapman, Stephen	Radiology
Choo, Eugene	Cardiology
Clark, Michael	Emergency Medicine
Cohn, Joel	Cardiology
Crone, Timothy	Internal Medicine
D'Haem, Christopher	Cardiology
Debiose, David	Radiation Oncology
D'Mello, Dale	Psychiatry
Dupuis, Steven	Hospice
Eggenberger, Eric	Neurology
Eng, Janet	Emergency Medicine
Ensberg, Mark	Geriatrics and Hospice
Everett, John	Anesthesiology
Fankhauser, Margaret	Physical Medicine & Rehabilitation
Farnum, Chris	Infectious Diseases
Fata, John	Emergency Medicine
Fenske, Kathleen	Emergency Medicine
Ford, Mendel	Anesthesiology
Gera, Mohan	Pulmonary and Critical Care Medicine
Goebel, Eric	Otolaryngology
Gobel, John	Pulmonary/General Medicine

<b>Name</b>	<b>Department/Division</b>
Goudreau, John	Neurology
Grimm, Michael	Cardiology
Guggenheim, Carla	Rheumatology
Harburn, Todd	Office Orthopedics
Harkema, James	Women's Health, breast surgery
Hayes, Oliver	Emergency Medicine
Heckert, William	Dermatology
Helble, Edward	Cardiology
Hennessey, Larry	Allergy/Immunology
Herman, James	Radiation Oncology
Hickox, Todd	Cardiology
Hodge, Timothy	Emergency Medicine
Holden, Anthony	Surgery
Hourani, Michael	Nephrology
Hughes, Mary	Emergency Medicine
Ip, John	Cardiology
James, Michael	Cardiology
Javier, Rafael	Nephrology
Joseph, David	Otolaryngology
Kashyap, Gauresh	Pulmonary and Critical Care Medicine
Kassab, Mounzer	Neurology
Kaufman, David	Neurology
Kavadella, Melpomeni	Psychosocial Medicine
Kelly, Michael	General/Occupational Medicine
Kerschen, Catherine	Gastroenterology
Kleiber, George	Cardiology
Kochan, Joseph	Anesthesiology
Kolstoe, John	Rheumatology
Komara, Frank	Geriatrics
Krogulecki, Michael	Anesthesiology
Krueger, Sara	Women's Health, Ob/Gyn
Layhe, Elizabeth	Hematology/Oncology
Leago, Gary	Radiology
Lebeda, Mark	Otolaryngology
Lein, Catherine	Psychosocial Medicine
Letarte, Shawn	Emergency Medicine
Lilleboe, Patricia	Emergency Medicine
Liu, Kevin	Ophthalmology
Majid, Arshad	Neurology
Markarian, Maria	Cardiology
Martin, Jayne	Neurology
May-Hartle, Theresa	Women's Health, OB/Gyn
Mayle, James	Gastroenterology

<b>Name</b>	<b>Department/Division</b>
Melvin, Daryl	Cardiology
Messenger, Gregory	Dermatology
Miller, Norman	Addiction Medicine
Mohan, Kamal	Allergy/Immunology
Moni, Jenaki	Hematology/Oncology
Morlock, John	Pulmonary and Critical Care Medicine
Nagappan, Ram	Cardiology
Neiberg, Alan	Internal Medicine
Ogle, Karen	Geriatrics
Oliveri, Lisa	Gastroenterology
Olsen, Brian	Hematology/Oncology
Pankhaniya, Rohit	Nephrology
Patel, Narendra	Neurology
Pawsat, David	Emergency Medicine
Petroff, Thomas	Women's Health, OB/Gyn
Plachn, Scott	Gastroenterology
Puretz, Les	Emergency Medicine
Pysh, Joseph	Neurology
Rapson, Carol	Medical Oncology; Hospice Medicine
Rawsthorne, Larry	Pulmonary and Critical Care Medicine
Reddy, Mohan	Geriatrics
Reinoehl, Bruce	Emergency Medicine
Reisdorff, Earl	Emergency Medicine
Rhule, Ronald	Emergency Medicine
Richard, James	Pathology
Roberts, Mont	Emergency Medicine
Rose, Robert	Gastroenterology
Ross, Albert	Gastroenterology
Schafer, James	Cardiology
Scot, Carol	Hospice and Home Care
Searls, Les	Emergency Medicine
Shah, Aajay	Cardiology
Shah, Sid	Emergency Medicine
Shah, Upendra	Women's Health, Ob/Gyn
Siano, John	Internal Medicine, Women's Health
Slomski, Carol	Women's Health, breast cancer and breast surgery
Spencer, Marshall	Cardiology
Strobl, David	Cardiology
Summitt, Joni	Cardiology
Thakur, R.K.	Cardiology
Veenendal, Mark	Cardiology
Venier, James	Emergency Medicine
Voice, Ronald	Cardiology

<b>Name</b>	<b>Department/Division</b>
Walker, Gregory	Emergency Medicine
Walling, John	Gastroenterology
Weatherhead, William	Gastroenterology
Wiedemer, David	Gastroenterology
Wieting, Michael	Physical Medicine & Rehabilitation
Winkelplek, Michael	Orthopedics
Worthington, Ruth	Adolescent Medicine, Women's Health
Wu, Bo	Internal Medicine
Xu, Yuelin	Dermatology
Yehl, David	Internal Medicine
Young, David	Pulmonary and Critical Care Medicine
Yusuf, Siaka	Gastroenterology
Zack, Paul	Cardiology
Zimmerman, Eugenia	Physical Medicine & Rehabilitation

# **SECTION 2 - PROGRAM OVERVIEW**

Rotation Descriptions and Corresponding Competency Objectives

# Inpatient Consultation Rotation Curriculum

## Educational Purpose and Goals

Infectious Diseases physicians are often called on to serve as consultants to diagnose and treat hospitalized patients with a variety of Infectious Diseases. The purpose of this rotation is to allow the fellow to develop an in depth understanding of the pathophysiology of infectious diseases problems in hospitalized patients, skill as a consultant, and to independently diagnose and manage inpatients with a broad range of infectious diseases problems over the course of the program.

At the end of the program all fellows will be able to provide Infectious Diseases related care to patients with fever, upper respiratory, pleuropulmonary, and bronchial infections, urinary tract infections, peritonitis and other intra abdominal infections, cardiovascular infections, central nervous system infections, skin and soft tissue infections, prosthetic device infections, infections related to trauma and bites, gastrointestinal infections, bone and joint infections, infections of the reproductive organs, viral hepatitis, sepsis syndromes, nosocomial infections, HIV related opportunistic infections, infections in immunocompromised or neutropenic patients, infections in patients with leukemia or lymphoma, infections in geriatric patients, and infections in parenteral drug abusers. A key goal is diagnostic accuracy, appropriate utilization of radiographic and laboratory testing, and appropriate cost effective therapy. Additional goals include understanding disease pathophysiology, prevention, epidemiology, pharmacology, and the moral and ethical aspects of medicine as they relate to the infectious diseases inpatients.

## Principal Teaching Methods

Supervised direct patient care: Fellows will be directly supervised by faculty members. Attending faculty members include Drs. Havlichek, Young, and Nettleman (the MSU Division of Infectious Diseases), and Drs. Gulick, Farnum, and Lampen (MSU College of Osteopathic Medicine). Drs. Havlichek, Young, and Nettleman work primarily at Sparrow Hospital and Drs. Gulick, Farnum and Lampen work primarily at Ingham Regional Medical Center. All rotations occur in Lansing Michigan. All physicians work in both hospitals as well as share weekend and holiday coverage. In addition, the MSU Infectious Diseases Division is currently recruiting for 2 junior faculty members.

Patients will be seen and examined by the fellows who will formulate a hypothesis and a treatment plan and present it to the attending. Teaching will be integrated with patient case discussions. Both the fellow and the attending will examine the patient and discuss the patient's care and the resident's assessment. While on this service fellows will participate in all conferences. Teaching will occur as a blend of teaching and management rounds and will take place to at least 4 ½ hours per week beyond patient care time.

The principle textbook for the rotation is Mandell's Principles and Practice of Infectious Diseases.

## Educational Content

**Mix of diseases:** Fellows are exposed to a wide variety of infectious diseases problems on the inpatient rotation. These include, but are not limited to, the febrile patient, upper respiratory, pleuropulmonary, and bronchial infections, urinary tract infections, peritonitis and other intra abdominal infections, cardiovascular infections, central nervous system infections, skin and soft tissue infections, prosthetic device infections, infections related to trauma and bites, gastrointestinal infections, bone and joint infections, infections of the reproductive organs, viral hepatitis, sepsis syndromes, nosocomial infections, HIV related opportunistic infections, infections in immunocompromised or neutropenic patients, infections in patients with leukemia or lymphoma, infections in geriatric patients, and infections in parenteral drug abusers.

**Patient Characteristics:** Patients are referred to the inpatient consultation service from numerous services. These include the MSU Internal Medicine Residency program, other residency programs sponsored or affiliated with MSU, the MSU Health Team, and private physicians. Patients include both gender groups as well as individuals of a broad spectrum of ethnic, racial and socioeconomic backgrounds.

**Learning venues:** All inpatient activity will take place at Edward Sparrow Hospital and Ingham Medical Center in Lansing Michigan. Fellows will learn procedures associated with the practice of Infectious Diseases including proper specimen collection, skin/abscess aspiration, intravenous line removal.

**Conferences:** Fellows will participate in all conferences during this rotation including Journal Club, Core Conference, Pathophysiology Conference, and Clinical Conference.

**Structure of rotation:** Fellows will work under the direct supervision of one of the attending physicians. The attending physician call schedule usually has physicians on call for 1-3 weeks. Fellows will be notified of consultations from the hospital, answering service, or the main office and be responsible for initial patient assessment. Fellows will be on call at night from home for any emergencies approximately every other week. Situations requiring immediate evaluation (thus “coming in”) to date have been less than one every 2 months.

Care for patients will include:

1. A complete work-up with a history and physical examination.
2. Daily patient follow-up including appropriate medical record documentation.
3. Discussion with the attending, all aspects of a patients’ illness as it relates to progress and treatment plans.
4. Attend inpatient rounds with the attending physician on weekdays and assigned weekends (1/4).
5. Present significant patient related events that occur during nighttime hours to ensure information transfer and continuity of care.

### Principal Ancillary Educational Materials

The principle text of the rotation is Mandells' Principles and Practice of Infectious Diseases. Fellows have access to web based resources and other texts and videos through the hospital libraries. Fellows have access to the Rush Infectious Diseases Board Review program.

## **Methods of Evaluation**

**Fellow Performance:** Faculty will complete competency –based resident evaluation forms and provide feedback to the fellow. Evaluations are forwarded to the fellowship office for incorporation into the fellows performance file and are discussed at the semi-annual review. Each 6 months the faculty will perform medical record review of 3 randomly selected patient charts. Charts will be reviewed for quality of history documentation, accuracy of physical examination, quality of differential diagnosis generation, and management plan. Semiannually the fellow will be evaluated by the program director in a formal, written evaluation session. These evaluations will be transcribed and signed by both the residency program director and the fellow.

**Program and Faculty Performance** The fellow will summarize and accurately describe faculty performance, facilities, and experience and return it to the program office. The Fellowship Training and Evaluation Committee will review results annually.

## **Institutional Resources: Strengths and Limitations**

**Strengths:** A commitment to high quality inpatient care and education.

**Limitations:** The fellows will rotate off site for experiences in Bone Marrow Transplantation and Solid Organ Transplantation.

## **Rotation Specific Competency Objectives**

### *Patient Care*

F-1 fellows are expected to precisely and logically obtain patient histories, efficiently perform accurate physical exams approaching the level of a sub-specialist, demonstrate sound clinical reasoning in ambiguous situations, possess knowledge of common ID syndromes/diseases sufficient to establish a differential diagnosis, establish patient monitoring procedures to determine need for changes in therapeutic programs, observe patients for adverse side effects, and apply public health policies to patient care.

Fellows will be responsible for medical record documentation, as appropriate, under the supervision of the medical attending.

In addition to the F-1 expectations, F-2 fellows are expected to appropriately manage common and uncommon ID syndromes/diseases sufficient to establish a subspecialty focused differential diagnosis, establish an appropriate management plan to determine need for changes in diagnostic and therapeutic interventions, observe patients for adverse side effects, and apply public health policies to patient care.

By the F-2 year, the Infectious Diseases Fellow will be able to perform infectious diseases-related procedures.

### ***Medical Knowledge***

F-1 fellows will possess knowledge of and demonstrate growing understanding of basic and clinical sciences, knowledge of urgent and non-urgent Infectious Disease conditions, lead teaching of residents and students. Fellows will display self-initiative to stay current with new medical literature, and demonstrate knowledge on the impact of study design on validity or applicability to practice. Fellows will read appropriate texts and articles and be prepared to discuss key literature.

In addition to F-1 expectations, F-2 fellows are expected to demonstrate sufficient knowledge to sit for the ABIM certification examination, and lead teaching of residents, students and the F-1 fellow.

### ***Interpersonal and Communication Skills***

F-1 fellows will engage in shared decision making, conduct family meetings as appropriate, successfully negotiate nearly all difficult patient encounters unaided, function as a team leader with minimal reliance upon attending physicians, thoroughly educate patients and their families using education as a form of intervention and partnering, effectively communicate with referring physicians. Fellows will be able to demonstrate appropriate consultative principles of communication with other physicians and responsiveness to professional consultative requests.

In addition to F-1 requirements, the F-2 fellow will demonstrate the ability to sensitively communicate in a patient centered manner issues concerning end-of-life care.

### ***Professionalism***

F-1 fellows are expected to exhibit honesty and trustworthiness, reliability in their clinical duties, as well as demonstrate integrity, compassion, and respect in their interactions with patients and colleagues from the same or different cultures/ages/sexes. Fellows will be responsible for prompt completion of medical records and proper documentation in the medical record.

In addition to F-1 requirements, the F-2 fellow will demonstrate professional service to Infectious Diseases community through participation on appropriate committees, conference participation, and outside service.

### ***Practice Based Learning and Improvement***

F-1 fellows will use consulting services to improve patient care and self knowledge, appraise and assimilate scientific literature, integrate evidence based medicine, expert opinion and professional judgment, suggest and utilize data driven protocols, respond to the questions of the consulting physician, demonstrate self-initiative in the use of information technology available via the hospital library, the MSU electronic library, or the internet to access and retrieve materials for performance improvement. Fellows are expected to show progressive self-learning throughout the rotation, with emphasis on learning from any cognitive or procedural errors.

In addition to F-1 requirements, the F-2 fellow is expected to work with and/or lead teams that generate a constructive learning and practice environment.

*Systems Based Practice*

The F-1 fellow will demonstrate leadership in management of complex patients as appropriate, partner with case managers and other health providers to identify and act on improvement opportunities in the health care system, practice within external regulations and expectations, contain cost and conserve resources while preserving high quality care, ensure effective communication between providers.

In addition to F-1 requirements, the F-2 fellow will demonstrate facility with cooperative management of patients needing outpatient antibiotic therapy, home health care support, and specialized wound services.

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# General Infectious Disease Outpatient Clinic Curriculum

## Educational Purpose and Goals

Infectious Diseases physicians are often called on to serve as consultants to diagnose and treat ambulatory patients with a variety of Infectious Diseases. The purpose of this rotation is to allow the fellow to develop an in depth understanding of the basic and clinical science aspects of ambulatory infectious diseases, therapeutics, prevention, epidemiology, humanistic, moral and ethical aspects of medicine as they relate to the infectious diseases outpatient, skill as a consultant, and to independently diagnose and manage inpatients with a broad range of ambulatory infectious diseases problems over the course of the program.

## Principal Teaching Methods

Supervised direct patient care: Fellows will be directly supervised by Dr Havlichek and/or Dr. Nettleman. In addition the Division is currently recruiting for 2 junior faculty members to participate in this activity. Fellows train in the Outpatient Clinic ½ day every other week. As appropriate, fellows are required to evaluate patients and do literature reviews for the problems present. Teaching will occur in association with management activity.

This is an ongoing rotation through the 2 years of the program. Other teaching will occur through independent study and review of the Rush Infectious Diseases Board Review Course. The principle textbook for the rotation is Mandell's Principles and Practice of Infectious Diseases.

While on this rotation fellows will participate in all conferences.

## Educational Content

Mix of diseases: Fellows are exposed to a wide variety of infectious diseases problems on the outpatient rotation. These include, but are not limited to, the febrile patient, upper respiratory, pleuropulmonary, and bronchial infections, urinary tract infections, cardiovascular infections, central nervous system infections, skin and soft tissue infections, prosthetic device infections, infections related to trauma and bites, gastrointestinal infections, bone and joint infections, infections of the reproductive organs, viral hepatitis, HIV related opportunistic infections, infections in immunocompromised or neutropenic patients, infections in patients with leukemia or lymphoma, infections in geriatric patients, infections in travelers, use and management of antimicrobial agents in the outpatient setting, and infections in parenteral drug abusers.

Patient characteristics: A diverse patient population is served in Lansing and MSU. Patients include both gender groups as well as individuals of a broad spectrum of ethnic, racial and socioeconomic backgrounds. Fellows will also have contact with some of the international students that are present on the MSU campus. Fellows will be exposed to the unique social, family, behavioral, and economic issues faced by outpatients and participate in patient counseling and community education, as appropriate. Patients are referred to the outpatient clinic service from

numerous sources. These include the MSU Internal Medicine Residency program, other residency programs sponsored or affiliated with MSU, the MSU Health Team, and private physicians.

Learning venues: Fellows will see patients in the MSU Infectious Diseases outpatient clinic located in the MSU Clinical Center. Fellows will see outpatients ½ day every other week for the entire 2 years of the program when they are not on away rotations.

### **Principal Ancillary Educational Materials**

The principle text of the rotation is Mandell's Principles and Practice of Infectious Diseases. Fellows have access to web based resources and other texts and videos through the hospital libraries. Fellows have access to the Rush Infectious Diseases Board Review program.

### **Methods of Evaluation**

Fellow Performance: Faculty will complete competency-based resident evaluation forms and provide feedback to the fellow. Evaluations are forwarded to the fellowship office for incorporation into the fellows performance file and are discussed at the semi-annual review. Each 6 months the faculty will perform medical record review of 3 randomly selected patient charts. Charts will be reviewed for quality of history documentation, accuracy of physical examination, quality of differential diagnosis generation, and management plan. Semiannually the fellow will be evaluated by the program director in a formal, written evaluation session. These evaluations will be transcribed and signed by both the residency program director and the fellow.

Program and Faculty Performance The fellow will summarize and accurately describe faculty performance, facilities, and experience and return it to the program office. The Fellowship Training and Evaluation Committee will review results annually.

### **Institutional Resources: Strengths and Limitations**

Strengths: A commitment to high quality outpatient care and education.

Limitations: The MSU Infectious Diseases Division is recruiting faculty to join the division in 2008.

### **Rotation Specific Competency Objectives**

#### ***Patient Care***

F-1 fellows are expected to collect data precisely, logically, and efficiently, perform focused physical exams approaching the level of a sub specialist, demonstrate clinical reasoning in ambiguous situations, establish monitoring procedures to assess needs for changes in therapeutic programs or adverse side effects, apply public health policies to patient care and possess knowledge of common ID syndromes/diseases sufficient to appropriately manage common

Infectious Disease syndromes/diseases. Fellows will be responsible for medical record documentation, as appropriate, under the supervision of the medical attending.

In addition to the F-1 expectations, F-2 fellows are expected to appropriately manage common and uncommon ID syndromes/diseases sufficient to establish a subspecialty focused differential diagnosis, establish an appropriate management plan to determine need for changes in diagnostic and therapeutic interventions, observe patients for adverse side effects, and apply public health policies to patient care.

By the F-2 year, the Infectious Diseases Fellow will be able to perform infectious diseases-related procedures.

By the conclusion of the rotation, the Infectious Diseases Fellow will be able to appropriately follow ambulatory patients monitoring response to therapy, side effects of medications, and need to reassess management plans over time.

### ***Medical Knowledge***

F-1 fellows will possess knowledge of and demonstrate growing understanding of basic and clinical sciences, knowledge of urgent and non-urgent Infectious Disease ambulatory conditions, lead teaching of residents and students. Fellows will display self-initiative to stay current with new medical literature, and demonstrate knowledge on the impact of study design on validity or applicability to practice. Fellows will read appropriate texts and articles and be prepared to discuss key literature.

In addition to F-1 expectations, F-2 fellows are expected to demonstrate sufficient knowledge to sit for the ABIM certification examination, and lead teaching of residents, students and the F-1 fellow in the ambulatory setting.

### ***Interpersonal and Communication Skills***

F-1 fellows will engage in shared decision making, conduct family meetings as appropriate, successfully negotiate nearly all difficult outpatient encounters unaided, function as a team leader with minimal reliance upon attending physicians, thoroughly educate patients and their families using education as a form of intervention and partnering, effectively communicate with referring physicians.

Fellows will be able to demonstrate appropriate consultative principles of communication with other physicians and responsiveness to professional consultative requests.

In addition to F-1 requirements, the F-2 fellow will demonstrate the ability to sensitively communicate in a patient centered manner issues concerning end-of-life care.

### ***Professionalism***

F-1 fellows are expected to exhibit honesty and trustworthiness, reliability in their clinical duties, as well as demonstrate integrity, compassion, and respect in their interactions with patients and colleagues from the same or different cultures/ages/sexes.

Fellows will be responsible for prompt completion of medical records and proper documentation in the medical record.

In addition to F-1 requirements, the F-2 fellow will demonstrate professional service to Infectious Diseases community through participation on appropriate committees, conference participation, and outside service.

### *Practice Based Learning and Improvement*

F-1 fellows will use consulting services to improve outpatient care and self knowledge, appraise and assimilate scientific literature, integrate evidence based medicine, expert opinion and professional judgment, suggest and utilize data driven protocols, respond to the questions of the consulting physician, demonstrate self-initiative in the use of information technology available via the hospital library, the MSU electronic library, or the internet to access and retrieve materials for performance improvement. Fellows are expected to show progressive self-learning throughout the rotation, with emphasis on learning from any cognitive or procedural errors.

In addition to F-1 requirements, the F-2 fellow is expected to work with and/or lead teams that generate a constructive learning and ambulatory practice environment

### *Systems Based Practice*

The F-1 fellow will demonstrate leadership in management of complex ambulatory patients as appropriate, partner with case managers and other health care providers to identify and act on improvement opportunities in the health care system, practice within external regulations and expectations, contain cost and conserve resources while preserving high quality care, ensure effective communication between providers.

In addition to F-1 requirements, the F-2 fellow will demonstrate facility with cooperative management of patients needing outpatient antibiotic therapy, home health care support, and specialized wound services.

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# HIV/Virology Clinic Curriculum

## Educational Purpose and Goals

Infectious Diseases physicians are often called on to serve as consultants or primary care providers to persons living with HIV or chronic hepatitis infection. The purpose of this rotation is to allow the fellow to develop an in depth understanding of the basic and clinical science aspects of HIV disease and chronic hepatitis, and understand appropriate therapeutics, prevention, epidemiology, humanistic, moral and ethical aspects of these diseases.

## Principal Teaching Methods

Supervised direct patient care: Fellows will be supervised by Dr. Peter Gulick. Fellows will also see some HIV positive and chronic hepatitis patients in the General Infectious Diseases Clinic at MSU. Fellows train in the HIV/Virology Clinic ½ day every other week. As appropriate, fellows are required to evaluate patients and do literature reviews for the problems present. Teaching will occur in association with management activity.

While on this service fellows will participate in all conferences. This is an ongoing rotation through the 2 years of the program.

Other teaching will occur through independent study and review of the Rush Infectious Diseases Board Review Course.

The principle textbook for the rotation is Mandell's Principles and Practice of Infectious Diseases.

## Educational Content

Mix of diseases: Fellows will see a minimum of 20 patients with HIV infection persons in various stages of disease. Most patients in the HIV/Virology clinic receive their primary care in this clinic. In this setting fellows will assume progressive primary care for persons living with HIV.

Patient characteristics: A diverse patient population is served in Lansing and MSU. Patients include both gender groups as well as individuals of a broad spectrum of ethnic, racial and socioeconomic backgrounds. Fellows will also have contact with some of the international students that are present on the MSU campus who may have HIV or chronic hepatitis. Fellows will be exposed to the unique social, family, behavioral, and economic issues faced by these outpatients and participate in patient counseling and community education, as appropriate. Patients are referred to the HIV/Virology clinic service from numerous places. These include the MSU Internal Medicine Residency program, other residency programs sponsored or affiliated with MSU, the MSU Health Team, and private physicians.

Learning venues: The clinic is housed at the Pennsylvania campus of Ingham Regional Medical Center. The clinic is in close proximity to the hospitals and MSU and is equipped with diagnostic laboratory and radiology services.

Structure of rotation: Fellows will work in the HIV/Virology clinic ½ day every other week when not on away rotations and occurs for the 2 years of the program.

### **Principal Ancillary Educational Materials**

The principle text of the rotation is Mandell's Principles and Practice of Infectious Diseases. Fellows have access to web based resources and other texts and videos through the hospital libraries. Fellows have access to the Rush Infectious Diseases Board Review program. Additional readings may be provided from clinic attendings.

### **Methods of Evaluation**

**Fellow Performance:** Faculty will complete competency-based resident evaluation forms and provide feedback to the fellow. Evaluations are forwarded to the fellowship office for incorporation into the fellows performance file and are discussed at the semi-annual review.

Each 6 months the faculty will perform medical record review of 3 randomly selected patient charts. Charts will be reviewed for quality of history documentation, accuracy of physical examination, quality of differential diagnosis generation, and management plan.

Semiannually the fellow will be evaluated by the program director in a formal, written evaluation session. These evaluations will be transcribed and signed by both the residency program director and the fellow.

**Program and Faculty Performance** The fellow will summarize and accurately describe faculty performance, facilities, and experience and return it to the program office. The Fellowship Training and Evaluation Committee will review results annually.

### **Institutional Resources: Strengths and Limitations**

**Strengths:** A commitment to high quality patient care and education.

**Limitations:** None

### **Rotation Specific Competency Objectives**

#### ***Patient Care***

F-1 fellows are expected to collect data precisely, logically, and efficiently, perform focused physical exams approaching the level of a sub-specialist, demonstrate clinical reasoning in ambiguous situations, establish monitoring procedures to assess needs for changes in therapeutic programs or adverse side effects, apply public health policies to patient care and possess knowledge of common HIV and chronic hepatitis syndromes/diseases sufficient to appropriately manage common HIV and chronic hepatitis syndromes/diseases. Fellows will be responsible for medical record documentation, as appropriate, under the supervision of the medical attending.

In addition to the F-1 expectations, F-2 fellows are expected to appropriately manage common and uncommon HIV and chronic hepatitis syndromes/diseases sufficient to establish a subspecialty

focused differential diagnosis, establish an appropriate management plan to determine need for changes in diagnostic and therapeutic interventions, observe patients for adverse side effects, and apply public health policies to patient care.

By the F-2 year, the Infectious Diseases Fellow will be able to perform any infectious diseases-related procedures.

By the conclusion of the rotation, the Infectious Diseases Fellow will be able to appropriately follow HIV and chronic hepatitis ambulatory patients monitoring response to therapy, side effects of medications, and need to reassess management plans over time.

### ***Medical Knowledge***

F-1 fellows will possess knowledge of and demonstrate growing understanding of basic and clinical sciences regarding HIV and chronic hepatitis, knowledge of urgent and non-urgent Infectious Disease HIV and chronic hepatitis conditions, and lead teaching of residents and students. Fellows will display self-initiative to stay current with new medical literature, and demonstrate knowledge on the impact of study design on validity or applicability to practice. Fellows will read appropriate texts and articles and be prepared to discuss key literature.

In addition to F-1 expectations, F-2 fellows are expected to demonstrate sufficient knowledge of HIV and chronic hepatitis conditions to sit for the ABIM certification examination, and lead teaching of residents, students and the F-1 fellow in the ambulatory setting.

### ***Interpersonal and Communication Skills***

F-1 fellows will engage in shared decision making, conduct family meetings as appropriate, successfully negotiate nearly all difficult outpatient encounters unaided, function as a team leader with minimal reliance upon attending physicians, thoroughly educate patients and their families regarding HIV and chronic hepatitis using education as a form of intervention and partnering, and effectively communicate with referring physicians.

Fellows will be able to demonstrate appropriate consultative principles of communication with other physicians and responsiveness to professional consultative requests.

In addition to F-1 requirements, the F-2 fellow will demonstrate the ability to sensitively communicate in a patient centered manner issues concerning drug use and end-of-life care.

### ***Professionalism***

F-1 fellows are expected to exhibit honesty and trustworthiness, reliability in their clinical duties, as well as demonstrate integrity, compassion, and respect in their interactions with patients and colleagues from the same or different cultures/ages/sexes.

Fellows will be responsible for prompt completion of medical records and proper documentation in the medical record.

In addition to F-1 requirements, the F-2 fellow will demonstrate professional service to Infectious Diseases community through participation on appropriate committees, conference participation, and outside service.

### ***Practice Based Learning and Improvement***

F-1 fellows will use consulting services to improve care of persons with HIV and chronic hepatitis, fellow self knowledge, appraise and assimilate scientific literature, integrate evidence based medicine, expert opinion and professional judgment, suggest and utilize data driven protocols, respond to the questions of the consulting physician, demonstrate self-initiative in the use of information technology available via the hospital library, the MSU electronic library, or the internet to access and retrieve materials for performance improvement. Fellows are expected to show progressive self-learning throughout the rotation, with emphasis on learning from any cognitive or procedural errors.

In addition to F-1 requirements, the F-2 fellow is expected to work with and/or lead teams that generate a constructive learning and ambulatory practice environment for the person with HIV or chronic hepatitis.

### ***Systems Based Practice***

The F-1 fellow will demonstrate leadership in management of complex ambulatory HIV or chronic hepatitis patients as appropriate, partner with case managers and other health care providers to identify and act on improvement opportunities in the health care system, practice within external regulations and expectations, contain cost and conserve resources while preserving high quality care, ensure effective communication between providers.

In addition to F-1 requirements, the F-2 fellow will demonstrate facility with cooperative management of HIV or chronic hepatitis patients needing outpatient therapy, home health care support, and specialized services.

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# Pathophysiology Curriculum

## Educational Purpose and Goals

It is crucial for practicing Infectious Disease physicians to stay abreast of new developments in the field. Understanding how to critically read literature and perform pathophysiology studies properly is necessary for optimal patient care. Additionally, fellows are required to participate in scholarly activity. As part of the pathophysiology rotation, fellows will learn about proper evaluation of the medical literature and study design, will perform basic and/or clinical investigations, will understand importance of patient informed consent procedures and patient selection in clinical pathophysiology protocols, learn to collect results in an organized and manageable fashion, learn to analyze data utilizing valid statistical methods, understand the basic techniques of pathophysiology laboratory procedures, learn the proper way to write the results for presentation and publication, and understand the issues of authorship, plagiarism, and research integrity. Fellows will be assisted in preparing grant applications for specific pathophysiology projects, as appropriate. Commitment to this process allows the fellow to develop a more critical review process to published literature.

## Principal Teaching Methods

Vincent Young MD, PhD, is the Director of Research for the Infectious Disease Fellowship program. Other participating faculty members include Drs. Havlichek, Nettleman, Gulick, Farnum and Dr. Gary Stein (PharmD.). There are ongoing basic and clinical projects at Michigan State University and Sparrow hospital that the fellow may join. Fellows may also choose pathophysiology rotations with any of MSU's basic scientists after submission of an acceptable plan to Dr. Young and Dr. Havlichek. Fellows will learn via independent literature review, performance of experiments, recruitment of patients into clinical trials, and writing of abstracts and articles. The director will also provide important articles and texts for review. Fellows will be directly supervised in patient care activities by the attending physician staff.

## Educational Content

Mix of diseases: Fellows are exposed to a wide variety of infectious diseases problems on the pathophysiology rotation. These include, but are not limited to, the febrile patient, upper respiratory, pleuropulmonary, and bronchial infections, urinary tract infections, cardiovascular infections, central nervous system infections, skin and soft tissue infections, prosthetic device infections, infections related to trauma and bites, gastrointestinal infections, bone and joint infections, infections of the reproductive organs, viral hepatitis, HIV related opportunistic infections, infections in immunocompromised or neutropenic patients, infections in patients with leukemia or lymphoma, infections in geriatric patients, infections in travelers, use and management of antimicrobial agents in the outpatient setting, and infections in parenteral drug abusers.

Patient characteristics. A diverse patient population is served in Lansing and MSU. Patients include both gender groups as well as individuals of a broad spectrum of ethnic, racial and socioeconomic backgrounds. Fellows will also have contact with some of the international students that are present on the MSU campus. Fellows will be exposed to the unique social, family, behavioral, and economic issues faced by outpatients and participate in patient counseling and community education, as appropriate

Learning venues: Patient encounters will occur at the MSU Clinical Center, the HIV/Virology clinic, and Sparrow Hospital. Clinical pathophysiology assessments may take place at Sparrow Hospital or via computer assisted data base evaluations. Basic science pathophysiology assessments may take place at Sparrow Hospital, the Food Safety and Toxicology Bldg, or the General Infectious Diseases Laboratory.

The General Infectious Diseases Research Laboratory is located in the Life Sciences Building on the MSU campus (1500 sq feet). Additionally, Dr. Young's Laboratory is located in the Food Safety and Toxicology Building on the MSU campus (1000 sq feet). Both labs have up to date equipment and capacity for fellow training. There are currently ongoing basic science projects evaluating the intestinal microbiota in health and disease, pharmacokinetics and pharmacodynamics of antimicrobial agents. Clinical Infectious Disease trials are ongoing at Sparrow Hospital. Other basic science and clinical pathophysiology opportunities exist in the Department of Microbiology, College of Veterinary Medicine, and the Department of Epidemiology at Michigan State University. Financial support is incorporated in the budget for each fellow.

Structure of rotation: In their first year of the program, fellows will be exposed to a variety of ongoing pathophysiology programs available. By the end of the first year, the fellow will choose at least one project to complete in the second year. The fellow will be responsible for developing a project, with an assigned mentor, that will result in presentation at a national meeting and a submission to a peer reviewed journal. While on the pathophysiology rotation fellows will continue to have outpatient clinic responsibilities in both the HIV clinic and General ID clinic (See Schedules). They will also attend all conferences, round on appropriate weekends (1/4). They are expected to read and be prepared to discuss key literature.

### **Principal Ancillary Educational Materials**

There is no principle text for this rotation. Fellows have access to web based resources and other texts and videos through the hospital and University libraries. The fellow is expected to generate appropriate literature to review concerning their project. The project director will also provide important articles and texts for review.

### **Methods of Evaluation**

Fellow Performance: At the end of the first year, Dr. Young will summarize and accurately describe the fellow's performance, discuss this evaluation with the fellow and return the form to the residency director.

In the second year of the fellowship, a quarterly evaluation by Dr. Young, in consultation with any other mentors, will occur. The evaluation is competency-based, fully assessing

core competency performance. The evaluation will be part of the fellow file and will be incorporated into the semiannual performance review for directed fellow feedback

Semiannually the fellow will be evaluated by the program director in a formal, written evaluation session. These evaluations will be transcribed and signed by both the residency program director and the fellow.

**Program and Faculty Performance:** The fellow will summarize and accurately describe faculty performance, facilities, and experience at the end of the first year and return it to the program office for inclusion in a computer-generated report to insure fellow anonymity. The Fellowship Training and Evaluation Committee will review results annually.

### **Institutional Resources: Strengths and Limitations**

**Strengths:** A commitment to pathophysiology with funds budgeted for this. A University that is skilled in both basic and clinical science.

**Limitations:** None

### **Rotation Specific Competency Objectives**

#### ***Patient Care***

This rotation is not primarily a patient care rotation. F-1 fellows are expected to collect data precisely, logically, and efficiently, perform focused physical exams approaching the level of a sub specialist, demonstrate clinical reasoning in ambiguous situations, establish monitoring procedures to assess needs for changes in therapeutic programs or adverse side effects, apply public health policies to patient care and possess knowledge of common ID syndromes/diseases sufficient to appropriately manage common Infectious Disease syndromes/diseases. Fellows will be responsible for medical record documentation, as appropriate, under the supervision of the medical attending.

In addition to the F-1 expectations, F-2 fellows are expected to appropriately manage common and uncommon ID syndromes/diseases sufficient to establish a subspecialty focused differential diagnosis, establish an appropriate management plan to determine need for changes in diagnostic and therapeutic interventions, observe patients for adverse side effects, and apply public health policies to patient care.

If the fellows' pathophysiology project involves human subjects, the fellow will demonstrate the ability to evaluate subjects for:

- Protocol inclusion and exclusion criteria
- Adherence to the protocol
- Side effects of therapy
- Appropriate completion of records

### ***Medical Knowledge***

F-1 fellows will possess knowledge of and demonstrate growing understanding of their pathophysiology project, lead teaching of residents and students regarding the project. Fellows will display self-initiative to stay current with new medical literature, and demonstrate knowledge of this literature on the impact of their study design and validity or applicability to the project. Fellows will read appropriate texts and articles and be prepared to discuss key literature.

In addition to F-1 expectations, F-2 fellows are expected to demonstrate sufficient knowledge to sit for the ABIM certification examination, and demonstrate expanded knowledge to lead teaching of residents, students and the F-1 fellow.

### ***Interpersonal and Communication Skills***

F-1 fellows will engage in shared decision making, conduct meetings as appropriate, successfully negotiate nearly all difficult encounters unaided, function as a team member with minimal reliance upon attending physicians, and effectively communicate with co-workers.

Fellows will be able to demonstrate appropriate consultative principles of communication with co-workers and responsiveness to professional requests.

In addition to F-1 requirements, the F-2 fellow will engage in constructive leadership activities for the F-1 fellow.

### ***Professionalism***

F-1 fellows are expected to exhibit honesty and trustworthiness, reliability in their duties, as well as demonstrate integrity, compassion, and respect in their interactions with colleagues from the same or different cultures/ages/sexes.

Fellows will be responsible for complete and prompt data collection and proper legible documentation.

In addition to F-1 requirements, the F-2 fellow will demonstrate professional service to Infectious Diseases community through participation on appropriate committees, conference participation, and outside service.

### ***Practice Based Learning and Improvement***

F-1 fellows will appraise and assimilate scientific literature, integrate evidence based medicine, expert opinion and professional judgment, suggest and utilize data driven protocols, respond to the questions of co-workers, demonstrate self-initiative in the use of information technology available via the hospital library, the MSU electronic library, or the internet to access and retrieve materials for performance improvement. Fellows are expected to show progressive self-learning throughout the rotation, with emphasis on learning from any cognitive or procedural errors.

In addition to F-1 requirements, the F-2 fellow is expected to work with and/or lead teams that generate a constructive learning.

*Systems Based Practice*

The F-1 fellow will demonstrate understanding of complexity of interactions between multiple agencies, as appropriate, partner with other organizations to identify and act on improvement opportunities in the health care system, practice within external regulations and expectations, conserve resources while performing high quality work.

In addition to F-1 requirements, the F-2 fellow will demonstrate leadership and cooperative management in pathophysiology projects.

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# Curriculum on Infection Control

## Educational Purpose and Goals

The Infection Control rotation is designed to give the sub-specialty fellow experience and expertise in the techniques and appropriate uses of Infection Control procedures and techniques in a hospital system. All fellows should understand principles and practice of Infection Control, be able to determine appropriate infection control measures in inpatient and outpatient situations, understand hospital and patient benefits of an effective Infection Control program, the principles of isolation, outbreak investigation, use of statistics in determining outbreaks, epidemiology, clinical course, and manifestations of major infections, quality assurance and cost containment, OSHA regulations, risk management, health care policy, use and management of antimicrobial agents in a variety of settings, and administrative responsibility of the Infection Control committee.

## Principal Teaching Methods

Robin Roach RN, the director of the Infection Control program at Sparrow Hospital, supervises this rotation. Other participating Infection Control faculty who will be available on a consulting basis will include Drs. Nettleman and Farnum (the current Director of Infection Control at Ingham Medical Center) and Dr. Havlichek (the Director of Infection Control at St. Lawrence Hospital from 1986 to 1994). The Infection Control office at Sparrow hospital contains 2 additional full time RN's and secretarial support

## Educational Content

Mix of diseases: Fellows are exposed to a wide variety of infectious diseases problems on the Infection Control rotation. These include, but are not limited to, the febrile patient, upper respiratory, pleuropulmonary, and bronchial infections, urinary tract infections, cardiovascular infections, central nervous system infections, skin and soft tissue infections, prosthetic device infections, infections related to trauma and bites, gastrointestinal infections, bone and joint infections, infections of the reproductive organs, viral hepatitis, HIV related opportunistic infections, infections in immunocompromised or neutropenic patients, infections in patients with leukemia or lymphoma, infections in geriatric patients, infections in travelers, use and management of antimicrobial agents in the outpatient setting, and infections in parenteral drug abusers.

Patient characteristics. A diverse patient population is served in Lansing and MSU. Patients include both gender groups as well as individuals of a broad spectrum of ethnic, racial and socioeconomic backgrounds. Fellows will also have contact with some of the international students that are present on the MSU campus. Fellows will be exposed to the unique social, family, behavioral, and economic issues faced by outpatients and participate in patient counseling and community education, as appropriate

**Learning venues:** The Infection Control rotation will take place at Sparrow Hospital. Patient encounters will occur at the MSU Clinical Center, the HIV/Virology clinic, and Sparrow Hospital.

**Structure of rotation:** This rotation occurs in the first year of the program. Fellows work half days in the infection control office for 2 consecutive months resulting in approximately 40 half day experiences. During this time fellows will be involved in hospital surveillance, outbreak investigation, committee meetings, disaster preparedness programs, educational programs for health care providers and interface with the clinical laboratory. While on the Infection Control rotation fellows will continue to have outpatient clinic responsibilities in both the HIV clinic and General ID clinic and round on appropriate weekends (1/4). They will attend all conferences and are expected to read and be prepared to discuss key literature.

### **Principal Ancillary Educational Materials**

Mandell's Principles and Practice of Infectious Diseases, and Mayhalls' Hospital Epidemiology and Infection Control will be used as base texts for fellow education. Fellows have access to web based resources and other texts and videos through the hospital libraries.

### **Methods of Evaluation**

**Fellow Performance:** At the conclusion of the rotation, faculty will summarize and accurately describe the fellow's performance on the provided form, discuss this evaluation with the fellow and return the form to the residency director. The evaluation is competency-based, fully assessing core competency performance. The evaluation will be part of the fellow file and will be incorporated into the semiannual performance review for directed fellow feedback

Semiannually the fellow will be evaluated by the program director in a formal, written evaluation session. These evaluations will be transcribed and signed by both the residency program director and the fellow.

**Program and Faculty Performance:** The fellow will summarize and accurately describe faculty performance, facilities, and experience and return it to the program office for inclusion in a computer-generated report to insure fellow anonymity. The Fellowship Training and Evaluation Committee will review results annually.

### **Institutional Resources: Strengths and Limitations**

**Strengths:** A commitment to the Infection Control program and education.

**Limitations:** None

### **Rotation Specific Competency Objectives**

#### ***Patient Care***

This rotation is not primarily a patient care rotation. While on this rotation fellows will continue to regularly provide patient care. F-1 fellows are expected to collect data

precisely, logically, and efficiently, perform focused physical exams approaching the level of a sub specialist, demonstrate clinical reasoning in ambiguous situations, establish monitoring procedures to assess needs for changes in therapeutic programs or adverse side effects, apply public health policies to patient care and possess knowledge of common ID syndromes/diseases sufficient to appropriately manage common Infectious Disease syndromes/diseases. Fellows will be responsible for medical record documentation, as appropriate, under the supervision of the medical attending. In addition to the F-1 expectations, F-2 fellows are expected to appropriately manage common and uncommon ID syndromes/diseases sufficient to establish a subspecialty focused differential diagnosis, establish an appropriate management plan to determine need for changes in diagnostic and therapeutic interventions, observe patients for adverse side effects, and apply public health policies to patient care.

### *Medical Knowledge*

F-1 fellows will possess knowledge of and demonstrate growing understanding of expertise in the techniques and appropriate implementation of Infection Control procedures, situations where appropriate infection control measures improve safety of patients and personnel, gain medical knowledge in the basic principles of pathogen transmission and host-pathogen interaction, gain knowledge of appropriate statistical analysis of nosocomial infection rates and identification of outbreaks, understand baseline nosocomial infection rates and how to determine if an outbreak exists and management of such an outbreak, understand the importance of infection control in a bioterrorism setting participate and lead educational programs for the Infection Control Department, as appropriate, read and be prepared to discuss key literature.

In addition to the F-1 expectations, F-2 fellows will participate in the ongoing committee activity of the Infection Control Committee in the hospital.

### *Interpersonal and Communication Skills*

F-1 fellows will engage in shared decision making, conduct meetings as appropriate, successfully negotiate nearly all difficult encounters unaided, function as a team member with minimal reliance upon attending physicians, effectively communicate with the Infection Control team, hospital administrators, attending physicians, and co-workers.

Fellows will be able to demonstrate appropriate principles of communication with co-workers and responsiveness to professional requests.

In addition to F-1 requirements, the F-2 fellow will engage in constructive leadership activities for the F-1 fellow.

### *Professionalism*

F-1 fellows are expected to exhibit honesty and trustworthiness, reliability in their duties, as well as demonstrate integrity, compassion, and respect in their interactions with colleagues from the same or different cultures/ages/sexes.

Fellows will be responsible for complete and prompt data collection and proper legible documentation and completion of assigned tasks.

In addition to F-1 requirements, the F-2 fellow will demonstrate professional service to Infectious Diseases community through participation on appropriate committees, conference participation, and outside service.

### *Practice Based Learning and Improvement*

F-1 fellows will appraise and assimilate scientific literature, integrate evidence based medicine, expert opinion and professional judgment, suggest and utilize data driven protocols, respond to the questions of co-workers, demonstrate self-initiative in the use of information technology available via the hospital library, the MSU electronic library, or the internet to access and retrieve materials for performance improvement in the Infection Control department. Fellows are expected to show progressive self-learning throughout the rotation, with emphasis on learning from any cognitive or procedural errors.

In addition to F-1 requirements, the F-2 fellow is expected to work with and/or lead teams that generate a constructive learning environment.

### *Systems Based Practice*

The F-1 fellow will demonstrate understanding of complexity of interactions between multiple agencies, as appropriate, partner with other organizations to identify and act on improvement opportunities in the health care system, practice within external regulations (including OSHA and MIOSHA) and expectations, conserve resources while rotating in the Infection Control Department.

In addition to F-1 requirements, the F-2 fellow will demonstrate leadership and cooperative management in Infection Control projects.

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# Curriculum on Bone Marrow Transplantation

## Educational Purpose and Goals

Infectious Diseases physicians are often called on to serve as consultants to patients with bone marrow transplantation problems. The purpose of this rotation is to allow the fellow to develop an in depth understanding of the basic and clinical science aspects of bone marrow transplant, understand appropriate treatment and prevention of disease, understand criteria for patients that need to be referred to a tertiary center and those that can be personally managed, the epidemiology, humanistic, moral and ethical aspects of these diseases. Fellows will gain knowledge regarding the diagnostic difficulties when working with bone marrow transplant patients with infection and appropriate utilization of prophylaxis.

## Principal Teaching Methods

This rotation will occur at Wayne State University under the direction of Dr. Chandrasekar. Dr. Chandrasekar is the ID residency program director at Wayne State University and supervises subspecialty fellows from Henry Ford Hospital and William Beaumont Hospital as they rotate through Wayne State for their bone marrow transplantation experience. This will be primarily an inpatient consultation service with some outpatient clinic activity.

Reading lists and important articles beyond the base text will be provided through the coordinator of the rotation.

## Educational Content

Mix of diseases Fellows are exposed to a wide variety of infectious diseases problems on the bone marrow transplant rotation. These include, but are not limited to, the febrile patient, upper respiratory, pleuropulmonary, and bronchial infections, urinary tract infections, peritonitis and other intra abdominal infections, cardiovascular infections, central nervous system infections, skin and soft tissue infections, prosthetic device infections, infections related to trauma, gastrointestinal infections, bone and joint infections, infections of the reproductive organs, viral hepatitis, sepsis syndromes, nosocomial infections, infections in immunocompromised or neutropenic patients, infections in patients with leukemia or lymphoma, infections in geriatric patients, and infections in parenteral drug abusers. A diverse patient population is served at the Detroit Medical Center.

Patient characteristics: Patients are ethnically, and socioeconomically diverse. Patients are referred to the Wayne State University bone marrow transplant program from throughout the mid-west.

Learning venues: All inpatient activity will take place at the Detroit Medical Center. Inpatients will be evaluated with direct attending supervision and fellow will be expected to follow assigned patients as appropriate.

Structure of rotation: Inpatients will be evaluated with direct attending supervision. Fellows will be responsible for consultations on the bone marrow transplant rotation. This includes a complete work-up with a history and physical examination, be responsible for daily patient follow-up including appropriate medical record documentation, be prepared to discuss all aspects of a patients' illness as it relates to progress and treatment plans, attend inpatient rounds with the attending physician on weekdays and assigned weekends, present significant patient related events that occur during nighttime hours to ensure information transfer and continuity of care, prepare case presentations for infectious disease bone marrow transplant conferences, as appropriate, learn by assisting and performing (with supervision) infectious diseases-related procedures, read and be prepared to discuss key literature, attend all required educational conferences offered by the hosting institution. Direct teaching will be a blending of teaching and management rounds and will occur at least 4 ½ hours per week. This is a one month rotation. When on this rotation, fellows will attend only the host institutions conferences and will not have outpatient clinics.

### **Principal Ancillary Educational Materials**

The principle text of the rotation is Mandell's Principles and Practice of Infectious Diseases. Fellows have access to web based resources and other texts and videos through the hospital libraries. The rotation director will provide other resources as appropriate.

### **Methods of Evaluation**

Fellow Performance: At the conclusion of the rotation, faculty members will summarize and accurately describe the fellow's performance on the provided form, discuss this evaluation with the fellow and return the form to the residency director. The evaluation is competency-based, fully assessing core competency performance. The evaluation will be part of the fellow file and will be incorporated into the semiannual performance review for directed fellow feedback

Semiannually the fellow will be evaluated by the program director in a formal, written evaluation session. This evaluation will be transcribed and signed by both the residency program director and the fellow.

Program and Faculty Performance: The fellow will summarize and accurately describe faculty performance, facilities, and experience and return it to the program office for inclusion in a computer-generated report to insure fellow anonymity. The Fellowship Training and Evaluation Committee will review results annually.

### **Institutional Resources: Strengths and Limitations**

Strengths: A commitment to high quality patient care and education. MSU has a national reputation in the field of bone marrow transplantation and mycology.

Limitations: Distance. Loss of clinic continuity

### **Rotation Specific Competency Objectives**

### ***Patient Care***

Fellows are expected to precisely and logically obtain patient histories, efficiently perform accurate physical exams approaching the level of a sub-specialist, demonstrate sound clinical reasoning in ambiguous situations, possess knowledge of common bone marrow transplant syndromes/diseases sufficient to establish a differential diagnosis, establish patient monitoring procedures to determine need for changes in therapeutic programs, observe patients for adverse side effects, and apply public health policies to patient care.

Fellows will be responsible for medical record documentation, as appropriate, under the supervision of the medical attending.

### ***Medical Knowledge***

F-1 fellows will possess knowledge of and demonstrate growing understanding of basic and clinical sciences regarding bone marrow transplantation, knowledge of urgent and non-urgent bone marrow transplant conditions, lead teaching of residents and students. Fellows will display self-initiative to stay current with new medical literature, and demonstrate knowledge on the impact of study design on validity or applicability to practice. Fellows will read appropriate texts and articles and be prepared to discuss key literature. Fellows will attend all conferences at the hosting institution relevant to their bone marrow transplantation experience.

### ***Interpersonal and Communication Skills***

Fellows will engage in shared decision making, conduct family meetings, as appropriate, successfully negotiate nearly all difficult patient encounters unaided, function as a team leader with minimal reliance upon attending physicians, thoroughly educate patients and their families using education as a form of intervention and partnering, effectively communicate with referring physicians. Fellows will be able to demonstrate appropriate consultative principles of communication with other physicians and responsiveness to professional consultative requests.

### ***Professionalism***

Fellows are expected to exhibit honesty and trustworthiness, reliability in their clinical duties, as well as demonstrate integrity, compassion, and respect in their interactions with patients and colleagues from the same or different cultures/ages/sexes. Fellows will be responsible for prompt completion of medical records and proper documentation in the medical record.

### ***Practice Based Learning and Improvement***

Fellows will use consulting services to improve patient care and self knowledge, appraise and assimilate scientific literature, integrate evidence based medicine, expert opinion and professional judgment, suggest and utilize data driven protocols, respond to the questions of the consulting physician, demonstrate self-initiative in the use of information technology available via the hospital library, the MSU electronic library, or the internet to access and retrieve materials for performance improvement. Fellows are expected to show progressive

self-learning throughout the rotation, with emphasis on learning from any cognitive or procedural errors.

*Systems Based Practice*

Fellows will demonstrate leadership in management of complex patients, as appropriate, partner with case managers and other health providers to identify and act on improvement opportunities in the health care system, practice within external regulations and expectations, contain cost and conserve resources while preserving high quality care, ensure effective communication between providers.

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# Curriculum on Solid Organ Transplantation

## Educational Purpose and Goals

Infectious Diseases physicians are often called on to serve as consultants to patients with solid organ transplantation problems. The purpose of this rotation is to allow the fellow to develop an in depth understanding of the basic and clinical science aspects of solid organ transplants, understand appropriate treatment and prevention of disease, understand criteria for patients that need to be referred to a tertiary center and those that can be personally managed, the epidemiology, humanistic, moral and ethical aspects of these diseases. Fellows will gain knowledge regarding the diagnostic difficulties when working with solid organ transplant patients with infection and appropriate utilization of prophylaxis.

## Principal Teaching Methods

This rotation will occur at Henry Ford Hospital under the direction of Dr. Brara. Dr. Brara is the ID residency program director and supervises ID fellows from the Wayne State University program who rotate at Henry Ford for their solid organ transplant experience. Faculty are members of the Henry Ford Hospital Infectious Diseases Division.

Reading lists and important articles beyond the base text will be provided through the coordinator of the rotation.

## Educational Content

**Mix of diseases:** Fellows are exposed to a wide variety of infectious diseases problems on the solid organ transplant rotation. These include, but are not limited to, the febrile patient, upper respiratory, pleuropulmonary, and bronchial infections, urinary tract infections, peritonitis and other intra abdominal infections, cardiovascular infections, central nervous system infections, skin and soft tissue infections, prosthetic device infections, infections related to trauma, gastrointestinal infections, bone and joint infections, infections of the reproductive organs, viral hepatitis, sepsis syndromes, nosocomial infections, infections in immunocompromised or neutropenic patients, infections in patients with leukemia or lymphoma, infections in geriatric patients, and infections in parenteral drug abusers. A diverse patient population is served at Henry Ford Hospital.

**Patient characteristics:** Patients are ethnically, and socioeconomically diverse. Patients are referred to the Henry Ford Hospital solid organ transplant program from throughout the mid-west.

**Learning venues:** All inpatient activity will take place at the Henry Ford Hospital. Inpatients will be evaluated with direct attending supervision and fellow will be expected to follow assigned patients as appropriate.

Structure of rotation: Inpatients will be evaluated with direct attending supervision. Fellows will be responsible for consultations on the solid organ transplant rotation. This includes a complete work-up with a history and physical examination, be responsible for daily patient follow-up including appropriate medical record documentation, be prepared to discuss all aspects of a patients' illness as it relates to progress and treatment plans, attend inpatient rounds with the attending physician on weekdays and assigned weekends, present significant patient related events that occur during nighttime hours to ensure information transfer and continuity of care, prepare case presentations for infectious disease solid organ transplant conferences, as appropriate, learn by assisting and performing (with supervision) infectious diseases-related procedures, read and be prepared to discuss key literature, attend all required educational conferences offered by the hosting institution. Direct teaching will be a blending of teaching and management rounds and will occur at least 4 ½ hours per week. This is a one month rotation. When on this rotation, fellows will attend only the host institutions conferences and will not have outpatient clinics.

### **Principal Ancillary Educational Materials**

The principle text of the rotation is Mandells' Principles and Practice of Infectious Diseases. Fellows have access to web based resources and other texts and videos through the hospital libraries. The rotation director will provide other resources as appropriate.

### **Methods of Evaluation**

Fellow Performance: At the conclusion of the rotation, faculty members will summarize and accurately describe the fellow's performance on the provided form, discuss this evaluation with the fellow and return the form to the residency director. The evaluation is competency-based, fully assessing core competency performance. The evaluation will be part of the fellow file and will be incorporated into the semiannual performance review for directed fellow feedback.

Semiannually the fellow will be evaluated by the program director in a formal, written evaluation session. This evaluation will be transcribed and signed by both the residency program director and the fellow.

Program and Faculty Performance The fellow will summarize and accurately describe faculty performance, facilities, and experience and return it to the program office for inclusion in a computer-generated report to insure fellow anonymity. The Fellowship Training and Evaluation Committee will review results annually.

### **Institutional Resources: Strengths and Limitations**

Strengths: A commitment to high quality patient care and education. MSU has a national reputation in the field of solid organ transplantation.

Limitations: Distance. Loss of clinic continuity

### **Rotation Specific Competency Objectives**

### ***Patient Care***

Fellows are expected to precisely and logically obtain patient histories, efficiently perform accurate physical exams approaching the level of a sub-specialist, demonstrate sound clinical reasoning in ambiguous situations, possess knowledge of common solid organ transplant syndromes/diseases sufficient to establish a differential diagnosis, establish patient monitoring procedures to determine need for changes in therapeutic programs, observe patients for adverse side effects, and apply public health policies to patient care.

Fellows will be responsible for medical record documentation, as appropriate, under the supervision of the medical attending.

### ***Medical Knowledge***

Fellows will possess knowledge of and demonstrate growing understanding of basic and clinical sciences regarding solid organ transplantation, knowledge of urgent and non-urgent solid organ transplant conditions, lead teaching of residents and students. Fellows will display self-initiative to stay current with new medical literature, and demonstrate knowledge on the impact of study design on validity or applicability to practice. Fellows will read appropriate texts and articles and be prepared to discuss key literature. Fellows will attend all conferences at the hosting institution relevant to their solid organ transplantation experience.

### ***Interpersonal and Communication Skills***

Fellows will engage in shared decision making, conduct family meetings, as appropriate, successfully negotiate nearly all difficult patient encounters unaided, function as a team leader with minimal reliance upon attending physicians, thoroughly educate patients and their families using education as a form of intervention and partnering, effectively communicate with referring physicians. Fellows will be able to demonstrate appropriate consultative principles of communication with other physicians and responsiveness to professional consultative requests.

### ***Professionalism***

Fellows are expected to exhibit honesty and trustworthiness, reliability in their clinical duties, as well as demonstrate integrity, compassion, and respect in their interactions with patients and colleagues from the same or different cultures/ages/sexes. Fellows will be responsible for prompt completion of medical records and proper documentation in the medical record.

### ***Practice Based Learning and Improvement***

Fellows will use consulting services to improve patient care and self knowledge, appraise and assimilate scientific literature, integrate evidence based medicine, expert opinion and professional judgment, suggest and utilize data driven protocols, respond to the questions of the consulting physician, demonstrate self-initiative in the use of information technology available via the hospital library, the MSU electronic library, or the internet to access and retrieve materials for performance improvement. Fellows are expected to show progressive

self-learning throughout the rotation, with emphasis on learning from any cognitive or procedural errors.

*Systems Based Practice*

Fellows will demonstrate leadership in management of complex patients, as appropriate, partner with case managers and other health providers to identify and act on improvement opportunities in the health care system, practice within external regulations and expectations, contain cost and conserve resources while preserving high quality care, ensure effective communication between providers.

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# Curriculum on Pediatric Infectious Diseases

## Educational Purpose and Goals

Infectious Diseases physicians are often called on to serve as consultants to pediatric patients with a variety of Infectious Diseases. The purpose of this rotation is to allow the fellow to develop an in depth understanding of the pathophysiology of infectious diseases problems in pediatric patients, to develop skill as a consultant in pediatric situations, and to independently diagnose and manage inpatients with a broad range of pediatric infectious diseases problems. This is an elective rotation.

## Principal Teaching Methods

Supervised direct patient care: This rotation occurs under the direction of Dr. Maria Patterson. Dr. Patterson is board certified in Pediatric Infectious Diseases and a member of the MSU College of Osteopathic Medicine. Other faculty in the Pediatric Infectious Diseases Division are Dr. Dele Davies and Dr. Ashir Kumar.

Training will be primarily through directly supervised patient care activities, as well as through assigned readings and case discussions. Infectious Diseases fellows will evaluate inpatients and outpatients as part of the rotation.

## Educational Content

Mix of diseases: Fellows are exposed to a wide variety of infectious diseases problems on the inpatient rotation. These include, but are not limited to, the febrile patient, upper respiratory, pleuropulmonary, and bronchial infections, urinary tract infections, peritonitis and other intra abdominal infections, cardiovascular infections, central nervous system infections, skin and soft tissue infections, prosthetic device infections, infections related to trauma and bites, gastrointestinal infections, bone and joint infections, infections of the reproductive organs, viral hepatitis, sepsis syndromes, nosocomial infections, HIV related opportunistic infections, infections in immunocompromised or neutropenic patients, infections in patients with leukemia or lymphoma, and infections in parenteral drug abusers.

Patient characteristics: A diverse patient population is served at Sparrow Hospital. Patients include both gender groups as well as individuals of a broad spectrum of ethnic, racial and socioeconomic backgrounds.

Patients are referred to the pediatric inpatient consultation service from numerous services. These include the MSU Pediatric Residency program, other residency programs sponsored or affiliated with MSU, the MSU Health Team, and private physicians.

Learning venues: Sparrow Hospital is the pediatric tertiary care facility for the region and has the only Neonatal ICU in the region. All inpatient activity will take place at Sparrow Hospital. General pediatric outpatients will be seen at the MSU clinical center. Additionally, the Pediatric Infectious Disease Division supervises a pediatric tuberculosis

clinic 2 times per month at Ingham Regional Medical Center and fellows will be required to attend this clinic.

Structure of rotation: Fellows will attend the Department of Pediatrics Grand rounds and other appropriate conferences for the rotation. They will continue to rotate in their general Infectious Diseases and HIV/Virology clinics while on this rotation. Teaching will occur as a blending of teaching and management rounds and will occur at least 4 ½ hours per week.

### **Principal Ancillary Educational Materials**

The principle text of the rotation is Mandell's Principles and Practice of Infectious Diseases. Fellows have access to web based resources and other texts and videos through the hospital libraries. Other reading assignments will be distributed by the rotation director.

### **Methods of Evaluation**

**Fellow Performance:** Faculty will complete competency-based resident evaluation forms and provide feedback to the fellow. Evaluations are forwarded to the fellowship office for incorporation into the fellows performance file and are discussed at the semi-annual review.

Each 6 months the faculty will perform medical record review of 3 randomly selected patient charts. Charts will be reviewed for quality of history documentation, accuracy of physical examination, quality of differential diagnosis generation, and management plan.

Semiannually the fellow will be evaluated by the program director in a formal, written evaluation session. These evaluations will be transcribed and signed by both the residency program director and the fellow.

**Program and Faculty Performance:** The fellow will summarize and accurately describe faculty performance, facilities, and experience and return it to the program office. The Fellowship Training and Evaluation Committee will review results annually.

### **Institutional Resources: Strengths and Limitations**

**Strengths:** A commitment to high quality patient care and education. Sparrow Hospital is the pediatric tertiary care facility for the region and has the only Neonatal ICU in the region. Three faculty members are board certified in Pediatric Infectious Diseases.

**Limitations:** None

### **Rotation Specific Competency Objectives**

#### ***Patient Care***

Fellows are expected to precisely and logically obtain patient histories, efficiently perform accurate physical exams approaching the level of a sub-specialist, demonstrate sound clinical reasoning in ambiguous situations, possess knowledge of common ID syndromes/diseases sufficient to establish a differential diagnosis, establish patient

monitoring procedures to determine need for changes in therapeutic programs, observe patients for adverse side effects, and apply public health policies to patient care.

Fellows will be responsible for medical record documentation, as appropriate, under the supervision of the medical attending.

### ***Medical Knowledge***

Fellows will possess knowledge of and demonstrate growing understanding of basic and clinical sciences, knowledge of urgent and non-urgent pediatric Infectious Disease conditions, lead teaching of residents and students. Fellows will display self-initiative to stay current with new pediatric medical literature, and demonstrate knowledge on the impact of study design on validity or applicability to practice. Fellows will read appropriate texts and articles and be prepared to discuss key literature.

### ***Interpersonal and Communication Skills***

Fellows will engage in shared decision making, conduct family meetings, as appropriate, successfully negotiate nearly all difficult patient encounters unaided, function as a team leader with minimal reliance upon attending physicians, thoroughly educate patients and their families using education as a form of intervention and partnering, effectively communicate with referring physicians. Fellows will be able to demonstrate appropriate consultative principles of communication with other physicians and responsiveness to professional consultative requests.

### ***Professionalism***

Fellows are expected to exhibit honesty and trustworthiness, reliability in their clinical duties, as well as demonstrate integrity, compassion, and respect in their interactions with patients and colleagues from the same or different cultures/ages/sexes. Fellows will be responsible for prompt completion of medical records and proper documentation in the medical record.

### ***Practice Based Learning and Improvement***

Fellows will use consulting services to improve patient care and self knowledge, appraise and assimilate scientific literature, integrate evidence based medicine, expert opinion and professional judgment, suggest and utilize data driven protocols, respond to the questions of the consulting physician, demonstrate self-initiative in the use of information technology available via the hospital library, the MSU electronic library, or the internet to access and retrieve materials for performance improvement. Fellows are expected to show progressive self-learning throughout the rotation, with emphasis on learning from any cognitive or procedural errors.

### *Systems Based Practice*

Fellows will demonstrate leadership in management of complex pediatric patients, as appropriate, partner with case managers and other health providers to identify and act on improvement opportunities in the health care system, practice within external regulations and expectations, contain cost and conserve resources while preserving high quality care, ensure effective communication between providers.

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# Curriculum on Clinical Microbiology

## Educational Purpose and Goals

Supplemental knowledge of properties of microbial pathogens is an important adjuvant to properly identifying and treating infectious diseases problems. Additionally, close interface between the fellow and the microbiology laboratory contributes to improved patient care. The purpose of this rotation is to expose the fellows to the science of the clinical microbiology laboratory. Participants learn utility of procedures for specimen collection, limitations to the laboratory techniques important in identification of bacteria, fungi, and viruses pathogenic for humans, methods of susceptibility testing on various specimens, and OSHA regulations. Various laboratory techniques will be performed as appropriate. This rotation will provide an opportunity for the Fellow to better understand the capacities and limitations of the diagnostic microbiology laboratory and to understand serologic and molecular assays from samples, including fixed tissues.

## Principal Teaching Methods

Waleed Khalife, PhD., will supervise this rotation. Other support comes from the pathology and microbiology laboratory staff. The principle text is Mandells' Principles and Practice of Infectious Diseases. The course director will assign additional readings as appropriate.

## Educational Content

Mix of diseases: Fellows are exposed to a wide variety of infectious diseases problems on the microbiology laboratory rotation. These include, but are not limited to, the febrile patient, upper respiratory, pleuropulmonary, and bronchial infections, urinary tract infections, cardiovascular infections, central nervous system infections, skin and soft tissue infections, prosthetic device infections, infections related to trauma and bites, gastrointestinal infections, bone and joint infections, infections of the reproductive organs, viral hepatitis, HIV related opportunistic infections, infections in immunocompromised or neutropenic patients, infections in patients with leukemia or lymphoma, infections in geriatric patients, infections in travelers, use and management of antimicrobial agents in the outpatient setting, and infections in parenteral drug abusers.

Patient characteristics. A diverse patient population is served in Lansing and MSU. Patients include both gender groups as well as individuals of a broad spectrum of ethnic, racial and socioeconomic backgrounds. Fellows will also have contact with some of the international students that are present on the MSU campus. Fellows will be exposed to the unique social, family, behavioral, and economic issues faced by outpatients and participate in patient counseling and community education, as appropriate

Learning venues: The clinical microbiology laboratory experience will take place at Sparrow Hospital. Patient encounters will occur at the MSU Clinical Center, the HIV/Virology clinic, and Sparrow Hospital.

Structure of rotation: This rotation occurs in the first year of the program. Fellows work half days in the clinical microbiology laboratory for 2 consecutive months resulting in approximately 40 half day experiences. During this time fellows will be involved in pathogen isolation, sensitivity testing, advanced diagnostics including PCR and molecular techniques, educational programs for health care providers, and interface with the Infection Control Department. While on the Microbiology laboratory rotation fellows will continue to have outpatient clinic responsibilities in both the HIV/Virology clinic and General ID clinic and round on appropriate weekends (1/4). They will attend all conferences and are expected to read and be prepared to discuss key literature.

### **Principal Ancillary Educational Materials**

Mandell's Principles and Practice of Infectious Diseases, and Mayhalls' Hospital Epidemiology and Infection Control will be used as base texts for fellow education. Fellows have access to web based resources and other texts and videos through the hospital libraries.

### **Methods of Evaluation**

**Fellow Performance:** At the conclusion of the rotation, faculty will summarize and accurately describe the fellow's performance on the provided form, discuss this evaluation with the fellow and return the form to the residency director. The evaluation is competency-based, fully assessing core competency performance. The evaluation will be part of the fellow file and will be incorporated into the semiannual performance review for directed fellow feedback.

Semiannually the fellow will be evaluated by the program director in a formal, written evaluation session. These evaluations will be transcribed and signed by both the residency program director and the fellow.

**Program and Faculty Performance:** The fellow will summarize and accurately describe faculty performance, facilities, and experience and return it to the program office for inclusion in a computer-generated report to insure fellow anonymity. The Fellowship Training and Evaluation Committee will review results annually.

### **Institutional Resources: Strengths and Limitations**

**Strengths:** A commitment to high quality laboratory performance. The microbiology laboratory occupies approximately 3000 square feet at Sparrow Hospital and is equipped to perform diagnostic assays. The Laboratory is accredited through the College of American Pathologists. Additional space for molecular diagnostics was opened in 2007.

**Limitations:** None

### **Rotation Specific Competency Objectives**

#### ***Patient care***

This rotation is not primarily a patient care rotation. While on this rotation fellows will continue to regularly provide patient care. F-1 fellows are expected to collect data

precisely, logically, and efficiently, perform focused physical exams approaching the level of a sub specialist, demonstrate clinical reasoning in ambiguous situations, establish monitoring procedures to assess needs for changes in therapeutic programs or adverse side effects, apply public health policies to patient care and possess knowledge of common ID syndromes/diseases sufficient to appropriately manage common Infectious Disease syndromes/diseases. Fellows will be responsible for medical record documentation, as appropriate, under the supervision of the medical attending. In addition to the F-1 expectations, F-2 fellows are expected to appropriately manage common and uncommon ID syndromes/diseases sufficient to establish a subspecialty focused differential diagnosis, establish an appropriate management plan to determine need for changes in diagnostic and therapeutic interventions, observe patients for adverse side effects, and apply public health policies to patient care.

### ***Medical Knowledge***

Fellows will possess knowledge of and demonstrate growing understanding of expertise in the techniques of the Microbiology Laboratory, including safety procedures, the basic principles of pathogen identification, host-pathogen interaction, appropriate statistical analysis of resistance rates, and the role of the lab in a bioterrorism setting, read and be prepared to discuss key literature.

### ***Interpersonal and Communication Skills***

Fellows will engage in shared decision making, conduct meetings as appropriate, successfully negotiate nearly all difficult encounters unaided, function as a laboratory team member with minimal reliance upon attendings, and effectively communicate with health care providers, hospital administrators, and attending physicians.

### ***Professionalism***

Fellows are expected to exhibit honesty and trustworthiness, reliability in their duties, as well as demonstrate integrity, compassion, and respect in their interactions with colleagues from the same or different cultures/ages/sexes.

Fellows will be responsible for complete and prompt data collection and proper legible documentation and completion of assigned tasks.

### ***Practice Based Learning and Improvement***

Fellows will appraise and assimilate relevant scientific literature, integrate evidence based medicine, expert opinion and professional judgment, respond to the questions of co-workers, demonstrate self-initiative in the use of information technology available via the hospital library, the MSU electronic library, or the internet to access and retrieve materials for performance improvement in the Microbiology laboratory. Fellows are expected to show progressive self-learning throughout the rotation, with emphasis on learning from any cognitive or procedural errors.

### *Systems Based Practice*

Fellows will demonstrate understanding of complexity of interactions between the laboratory and other agencies, help partner with other organizations to identify and act on laboratory improvement opportunities in the health care system, practice within external regulations (including OSHA and MIOSHA) and expectations, conserve resources while rotating in the Microbiology laboratory.

## SECTION 3 - FELLOWSHIP POLICIES

Policy on the care of Emergency Patients  
Moonlighting  
Supervision Policy  
Order Writing  
Professionalism\*  
Pager Policy\*  
Medical Records\*  
Electronic Health Records\*  
Mentoring, Resident Counseling, and Support Services\*  
Physician Impairment\*  
Sexual Harassment\*  
Needle Sticks, Universal Precautions & Blood borne Pathogens\*

*\* Indicates that the policy was adopted from the IM residency policy handbook*

## ***Policy on the Care of Emergent Patients***

### **Patients on the Teaching Service**

Should a patient on the teaching service require urgent/emergency care, the following protocol will be followed:

- Hospital staff members will contact the infectious diseases fellow on call to respond to the emergency.
- The infectious diseases fellow on call will contact the infectious diseases attending on call.
- If the infectious diseases fellow on call cannot be reached, the hospital staff will contact the infectious diseases attending on call to respond to the emergency.

### **Patients Not on the Teaching Service**

Should a patient not on the teaching service require urgent/emergency care, the following protocol will be followed:

- Hospital staff members will attempt to contact the physician responsible for that patient's care.
- If the attending physician (not on teaching service) does not respond, the hospital personnel may contact the infectious diseases fellow on call.
- Should the infectious diseases fellow be unable to reach either the patient's physician or a physician in their group, they will act according to accepted medical standards and document the care provided.

**In any case, infectious diseases fellows are expected to respond to emergencies within the hospital and act in accordance with accepted medical standards.**

## ***Moonlighting***

You must have prior authorization from the Infectious Diseases Fellowship Program Director and the Director of Medical Education at Sparrow Health Systems. Additionally, you must obtain the signature of the Program Coordinator for documentation purposes. (Please refer to your residency manual for details on moonlighting). You must complete and submit this form to the Fellowship office prior to the moonlighting experience. In addition, you will be required to document all moonlighting hours as well as regular duty hours within the program using a work log. Work Logs must be submitted every 30 days to the program support staff effective at the onset of moonlighting. Tracking the hours worked is critical. Failure to report hours may lead to revocation of the moonlighting privileges.

Malpractice insurance is not provided to the subspecialty resident for the purpose of moonlighting. If you moonlight for an outside vendor, you must be sure you have malpractice insurance coverage.

The Infectious Diseases Subspecialty Moonlighting Request form is attached.

## ***Order Writing for Infectious Diseases Subspecialty Program***

Subspecialty Residents will be responsible for:

1. Dictating history of physical notes on all admissions.
2. Dictating and/or writing consultation notes on all requested consults.
3. Daily progress notes.

4. Admitting and daily orders
5. Procedure notes and interpretations
6. Discharge summaries.

Subspecialty residents may include rotating residents and medical students in the participation of order writing as deemed appropriate.

All notes, orders and interpretations will be co-signed by the attending physician on that service.

## ***Supervision Policy – Infectious Diseases Subspecialty Program***

### **Teaching and Clinical Responsibilities of Attending Faculty**

1. The attending physician is ultimately responsible for each patient on the service, and the level of involvement in patient care should reflect this responsibility.
2. The attending should be available at all times for consultation, primary and secondary backup. This includes nights and weekends.
3. The attending shall be willing and available to evaluate patients at any time and to provide appropriate backup commensurate with the needs of the patient and experience of the sub-specialty resident.
4. The attending will facilitate the attendance of sub-specialty residents to the required conferences.
5. Teaching rounds will occur 5 days per week for approximately 1-12 hours per day. A portion of which should be didactic or semi-didactic. During this session the attending should direct a discussion of the differential diagnosis, the pathophysiology, the treatment, current controversies and prognosis.
6. The attending should provide critique of care rendered by the sub-specialty residents as well as information regarding clinical problems.
7. The attending should evaluate clinical skills of sub-specialty residents at the bedside.
8. The attending shall perform as a role model for physicians in training. It is expected that the attending will conduct the service and care of patients with integrity, moral responsibility and humanism.
9. It is expected that the attending will practice medicine in accordance with standards of practice for the Infectious Diseases physicians in the community including but not limited to medical judgment, use of procedures, tests and appropriate consultations.
10. The attending should conduct a face-to-face evaluation of the sub-specialty resident at the conclusion of the rotation. This should identify strengths and weaknesses, which should be explicitly documented on the evaluation forms provided.

## Professionalism

### Contact Information

You must keep program records current by notifying the office in writing or by Email of any change in address or phone number. Correct contact information is critical to Program administration. You will receive a card listing residents/fellows and faculty names, with their beeper and home phone numbers.

### E-mail

An MSU HealthTeam e-mail account is provided to all residents/fellows. All residents/fellows are expected to check their e-mail at least weekly, as important and sometimes vital information is communicated in this manner. You are responsible for the information in e-mail messages sent from the program office. **Not being able to check your e-mail is not an acceptable excuse for failure to respond to instructions in e-mail communications from the program office staff.** Resident clinics are set up to allow residents/fellows to check their e-mail as needed, and the HealthTeam email is accessible over the Internet from remote sites. We can also help you set up a University e-mail account on your home computer or learn to access it from remote sites if desired. Please contact the program office for assistance.

### Appearances

Professional appearance is important at all times. Residents/Fellows are expected to wear white coats (provided by the program) and their nametag at all times when on-duty. The hospitals also have picture ID badges that you must wear at the hospitals. The hospitals provide free laundry of white coats.

Always remember to introduce yourself to newly acquainted patients, nurses, technicians or other physicians despite wearing your coat or nametag. This enhances communication and working relationships. Establishing good relationships with the nurses and other personnel is a critical element of professionalism.

### Attitudes and Behavior

One of the most important influences on your happiness and success in the fellowship and in life relates to your attitudes, which flow from your principles and values. Like any complex and interdependent system, you will inevitably find aspects of your experience here that are potentially frustrating. Your ability to maintain good will and cheer in these situations determines not only the success of our training system but the value of many of the experiences for you. In most cases people are willing to help, change their ideas, or just do it your way, **IF** they are dealt with fairly and politely. Your own ability to avoid frustration will depend on your ability to see yourself as an equal stakeholder in the fellowship program with significant capacity for improving the program.

There are many excellent reading sources regarding effective working behaviors, including Stephen Covey's "The 7 Habits of Highly Effective People". You will almost always do better if you follow one of Covey's principle habits: "seek first to understand, then to be understood."

Please do not hesitate to use your chief residents, local supervisors, your attending physician, the Directors of Medical Education, or the Program Director to accomplish positive solutions to problems. Remember, in you may need more information or to see a person in a different way ("seek first to understand"); at other times, the other individual may need more information or a new view of you. Remember the concept of **TEAM: Together Everyone Achieves More.**

Angry resident/fellow outbursts and abuse or disciplining of other health professionals is unprofessional and will lead to adverse consequences. Similarly, hostile or abusive behavior by your supervisors is unprofessional and will be dealt with promptly and vigorously. The ABIM posts a list of superior or unsatisfactory professional behaviors on their website. Please remember these criteria and align your behaviors with your highest principles during your day-to-day progress through our fellowship.

## **Pager Policy**

The continuous care of patients by a team of providers requires excellent and uninterrupted communication links. Your pager has both digital and voice mail capacity. **KEEP YOUR PAGER ON AT ALL TIMES WHEN ON-DUTY.** Be sure to check for messages on a regular basis. If lost or damaged, there is a \$50 replacement fee.

Above all, it is the resident's/fellow's responsibility to insure that he/she can be reached during on-duty hours. If you leave your beeper at home, immediately notify your clinic and the program office.

If you turn off your pager during daytime duty hours, you must re-program the pager message to indicate the time period for which you are unavailable, and to indicate the name and pager number of the resident/fellow who will cover for you.

To re-program your pager:

- Dial your pager number
- When you start to hear your greeting message, press 0
- Enter your access code (4-digit number)
- Press 11 to enter mode to change your greeting message
- Press 30 to change your greeting message
- When you hear the beep, enter a new message, such as: "STOP!!! This pager is off until (Date/Time). All daytime calls for Dr. (Self) should be referred to Dr. (Covering) at (pager number), evening calls to (On-call resident for Internal Medicine) at (pager number)."
- Press 1 to save your message
- Press 40 to listen to your newly recorded message
- Hang up
- Remember to restore you usual greeting message by the start of the next workday!!

The following is a copy of the instructions for your pager:



## Medical Records

Dictating and signing charts is an important component of patient care, and records must be complete before payment can be obtained. All residents/fellows must complete medical records by signing in at the medical records completion areas in the hospitals and completing all chart related tasks (signatures, dictations) at least weekly. Recurrent delinquent notices will adversely affect a resident's/fellow's Professionalism competency evaluation and will preclude approval to moonlight. Physicians must comply with the following documentation requirements:

- All notes and orders must be **Signed, Dated, Timed, and must include a legible ID (dictation number and/or pager number)!**
- **Admission and discharge medications must be noted on the institutional medication reconciliation sheets provided at each hospital.**
- Dictations, countersignatures, and face sheet completion must be done in timely fashion.
- All telephone orders must be authenticated: the order must be written down by the accepting provider, read back to the physician, and documented by the accepting provider as read back; the order must then be signed, dated, timed, and marked with a legible physician ID within 24 hours of origination.
- DNR orders must document who participated in the decision, the condition of the patient, a description of the patient's decision-making capacity, circumstances relevant to the decision, and when appropriate the input of a supporting professional consultant. DNR orders should be reassessed when patient conditions improve. See hospital standard DNR order forms for inpatient settings.
- Any changes, notations or correction in the record, including on the face sheet, must be dated and initialed by the amender.
- Records may never be removed from the institution.
- HIPAA rules apply to any release of information. Refer to the complete HIPAA orientation information from the applicable training site. Copies of dictated summaries can be directed to your clinic or to involved physicians' offices without further specific permission from the patient,

if those records are necessary for usual patient care.

Medical abbreviations can be a source of confusion and medical error. Due to risk for errors, note the following abbreviations are no longer acceptable; please use the noted alternatives in all orders:

Abbreviation - NOT ACCEPTED	Misinterpretation	Correction - Accepted
U or u	Misread as a 0 (4U read as 40)	unit
IU	Misread as IV	units
Zero after a decimal (1.0 mg)	Decimal not seen (1.0 read as 10)	Never use a terminal zero. Write 1 mg.
No zero before a decimal (.1 mg)	Decimal not seen (.1 read as 1)	Always use a zero before a fraction unit
Q.D or Q.O.D.	Decimals and D read as I or O	Write “daily” or “every other day”
MS, MSO <sub>4</sub> , MgSO <sub>4</sub>	Confused for each other	Morphine Sulfate or Magnesium Sulfate
CC or cc	Misread as “u”	mL
µg	Misread as mg	mcg
B.I.W. or T.I.W.	Mistaken for BID or TID	Write for specific days of the week

## History and Physical Examinations

There is no definitive “complete” history and physical examination, but the program director strongly encourages trainees to become familiar with the **Standard History and Physical in this manual’s appendix**. This standard H&P outline displays program expectations for an exemplary H&P. It is also posted to the residency website resources section. For residents seeking more H&P review, we suggest the **Bates Physical Exam and Diagnosis** text readily available in the hospital/MSU libraries and available by loan from the Program office.

## Progress notes

Daily notes should be in SOAP format. Note that the attending physician is involved with an appropriate statement such as: “Patient seen and examined with Dr. \_\_\_”, or “Case discussed with Dr. \_\_\_”. Periodic chart audits will be done to evaluate quality of records, as required by the American Board of Internal Medicine.

## Dictations:

For any dictation, the following information is needed at the beginning:

1. Dictating physician's name
2. Type of dictation
3. Patient’s complete name
4. Patient’s hospital number
  - a. admitting date for admission
  - b. admitting and discharge date for discharge
  - c. admitting and surgery date for surgical
  - d. admitting and consult date for consultation, plus name of referring physician
5. Attending physician's name
6. Number of additional copies and to whom they are to be sent (maximum of 3)

**Discharge Summary** dictation is the responsibility of the resident who discharges the patient. It should contain:

1. Identifiers
  - a. Your own name
  - b. Patient name
  - c. Patient account number
  - d. Admission date
  - e. Discharge date
  - f. Attending physician name
2. Admitting diagnoses or complaint
3. **BRIEF** summary of pertinent admission history and physical examination
4. Hospital course
  - a. Major tests and results
  - b. Consultations requested and results
  - c. Major diagnostic and therapeutic procedures
  - d. Complications or untoward events
  - e. Patient response
5. At the time of Discharge
  - a. Diagnoses
  - b. Discharge medications
  - c. Instructions, activity, and diet
  - d. Condition
  - e. Disposition - home, nursing home, skilled nursing facility, rehab, etc.
  - f. Follow up appointments
6. Providers (maximum 3) to who discharge summaries should be sent, including you if appropriate.

### **Medical Records Completion:**

You will be reminded from time to time that you have delinquent charts that need prompt attention. You may move to a different hospital but may still accrue records at an earlier hospital. **Residents/Fellows are expected to sign-in at the medical records department at least every 7 days to complete all available charts.** Residents/Fellows who fail to do so and have delinquent charts will have 48 hours to complete all available charts or they may be suspended without pay from the program until the charts are completed. In addition, residents/fellows may not moonlight when they have delinquent charts. Failure to complete charts constitutes a lapse in professionalism that will be noted in the resident's/fellow's file.

### **Electronic Health Record**

The MSU HealthTeam uses the Centricity (formerly Logician) electronic health record (EHR). You will be trained to use the EHR during your orientation, and will learn further details of EHR function throughout your ambulatory training. You may obtain Internet access to Logician. See Section 12 for more information. You can learn about Centricity at: <http://www.medicallogic.com/products/logician/index.html>. Additional details are provided on the EHR website: <http://www.emr.msu.edu/>.

HealthTeam rules stipulate that all **clinic notes should be completed and signed electronically within 48 hours of service.** Except under special circumstances, your notes should be completed and routed to your preceptor for electronic signatures prior to leaving clinic.

**You are responsible for checking your electronic desk top daily,** and addressing labs or staff requests.  
Infectious Diseases Fellowship Program Manual, last revised: June 1, 2007

Due to the high volume of physicians in the Department of Medicine clinic, it is impossible for staff to page each physician with every question or abnormal lab result.

### **Office Visit Notes by Residents/Fellows: Holding and Signing Instructions:**

#### Resident/Fellow tasks (Part A):

1. Enter note into Centricity, and “soft sign” by entering “.sign” at the end.
2. Click on “END UPDATE.”
3. Click on “NEW”, select attending name, and click “OK”
4. Select “HOLD DOCUMENT” to keep the note open until the attending can review it, suggests changes and corrections, and add his/her teaching note. (NOTE: **DO NOT click “SIGN DOCUMENT”** yet because you will not be able to fulfill an attending’s request to make corrections, and the attending will not be able to add his/her teaching note at the end of your note).

#### Attending Physician tasks (Part A):

1. The attending will add his/her teaching note, and determine what, if any, changes in the resident/fellow’s documentation are necessary.
2. After adding a teaching note, the attending should select “HOLD DOCUMENT” to send it back to the resident per usual protocol. Routing it back to the resident who originally routed the note should be easy, as that resident’s name will be checked by default in the routing dialog box. If not, select “NEW”, select the resident’s name, etc. (If the resident note is acceptable, permanently sign the record by selecting “SIGN DOCUMENT.” Click “NO” when asked if you wish to become the physician of record for the encounter.)
3. Attendings should not directly change a resident’s documentation. He/she should instead make suggestions to the resident.

#### Resident/Fellows tasks (Part B):

1. The resident/fellow should open the document and make any appropriate changes.
2. After making any necessary changes, the resident should click “HOLD DOCUMENT”
3. The resident should send the document back to attending for his/her final signature.
4. The resident will click “SIGN DOCUMENT” to make the changes permanent. The document will then go to the attending for his/her final signature.

#### Attending Physician tasks (Part B):

1. The attending physician should open the document, inspect the resident/fellow’s changes and then click “END UPDATE” and click “SIGN DOCUMENT” to add his or her permanent signature. If additional comments are desired, the attending physician should use the “APPEND” option.

## ***Mentoring, Counseling, and Support Services***

### **Confidential Counseling and Support Services**

Counseling is available to residents through the following systems:

- Sparrow CARES Employee Assistance Program (364-2626)
- Sparrow Hospital Human Resources Department (364-5858)
- MSU Employee Assistance Program (355-4506)
- Residents may also contact the Program Director
- Associate Program Director
- Program Key Faculty

- Faculty mentors
- Other faculty
- Hospital local designated site directors
- Directors of Medical Education (IRMC - Dr. Reisdorff, 334-2195; Sparrow - Dr. Gifford, 364-3895)

## **MSU Diversity Resources**

The MSU Internal Medicine program supports diverse patient and physician interactions. Multicultural support groups and resources are available through the MSU Diversity office:

<http://www.msu.edu/current/diversity.html>

## ***Physician Impairment***

In conjunction with the local hospitals, our program offers educational conferences to address physician impairment and substance abuse. Reporting a fellow health professional is an uncomfortable task, but it is necessary to protect public safety and is required by law. Keep alert for the following signs of potential impairment in a colleague who:

- Has become more irritable, defensive, moody, easily angered and defensive during normal working routines
- Is frequently tardy or misses work because of illness or oversleeping
- Starts missing appointments, submits work late or with unacceptable errors on an increasing basis
- Seems to be withdrawing more, both personally and professionally
- Has become depressed or has expressed guilt about drinking or drugs
- Smells of alcohol or has personal hygiene problems

## **Reporting Possible Health Professional Impairment**

To protect the public and to facilitate the identification and rehabilitation of an impaired physician colleague, **residents/fellows are instructed to use the following process** if they encounter a physician (attending or resident) or other health professional whose behavior is suspicious of substance or alcohol use. **If in the course of patient care, a resident/fellow encounters a physician whose behavior is suspicious of substance or alcohol use, the resident/fellow is obligated to do the following:**

1. Immediately notify the following people for immediate action to protect the patients and staff:
  - a. The nursing supervisor on duty
  - b. The supervising Department Chairperson
2. Write a detailed report of the incident and provide copies to the department chair as well as to his/her own residency director.

Individuals who suspect impairment in a fellow health professional should report their significant concerns even if they are not certain that the behaviors they have observed reflect true impairment. The program director and other administrative officials will assist in determining the likelihood of impairment and whether additional action is required. The confidentiality of all parties will be respected and protected according to standard procedures in such matters.

The MSU GMEC institutional policy is available online at: <http://gme.chm.msu.edu/gme/toc.htm>

The hospitals have policies regarding concerns of possible physician impairment. Detecting and immediately reporting these concerns helps protect patients and coworkers, and ultimately will lead to helpful intervention for the individual suspected of impairment. In addition, the State of Michigan Department of Consumer and Industry Services (CIS) developed the **Health Professional Recovery Infectious Diseases Fellowship Program Manual**, last revised: June 1, 2007

**Program (HPRP)** to assist in the identification and rehabilitation of impaired health professionals. More information is available by calling **1-800-453-3784**.

**Impaired Physician Reentry Agreement:**

The training program has a responsibility to society, the community and patients. At the same time, the program has a responsibility to the resident/fellow. If it appears to be in the best interest of the resident/fellow and the program, a remediation and rehabilitation program will be designed for the resident/fellow suffering from a substance abuse problem. However, for the resident/fellow to re-enroll in the training program, he/she must agree to and sign the **Impaired Resident Re-entry Agreement**. An example of this agreement is below.

## ***Impaired Resident Re-entry Agreement***

### **PREAMBLE**

Recognizing its responsibilities to its residents and to society, Michigan State University's Internal Medicine training program will make every effort to assure that the rights and well being of both are maintained. This is especially difficult to accomplish in the case of an impaired resident seeking re-entry to the Internal Medicine training program since on the one hand support and rehabilitation for the resident are vital, and on the other hand patients and society must be protected from potential harm. It is imperative that an agreement is formed between the Internal Medicine training program and the impaired resident to clarify requirements for re-entry and continued enrollment, and to protect the rights and privileges of all parties involved.

### **AGREEMENT**

I, \_\_\_\_\_ understand that my re-entry and continued status as a resident in the Internal Medicine training program at Michigan State University is based upon my agreement to accept and comply with the following statements.

1. I hereby waive my rights of confidentiality as they relate to issues of alcohol or drug abuse. I understand that this waiver applies to any person or institution that may be involved in my medical education as long as I am enrolled as a resident in the Internal Medicine training program at Michigan State University. This waiver will extend to any future recommendations made by the Internal Medicine training program to residency programs, hospitals, potential employers, etc., as such future recommendations relate to my status and performance as a resident in the Internal Medicine training program at Michigan State University.
2. I agree to participate in a surveillance system that may include monitors in the hospital, in the home, in the Lansing Assistant Dean's Office and from Alcoholics Anonymous.
3. Regular attendance (two or more times a week) to Alcoholics Anonymous meetings is mandatory.
4. Total abstinence from all mood-altering substances (unless as a patient in the hospital under medical supervision) is mandatory.
5. I accept immediate suspension from all clinical activities upon any suspicion of relapse. A procedure of confirmation will take place shortly thereafter (e.g., a laboratory test) and if a relapse is confirmed I accept dismissal from the Internal Medicine Residency training program. If relapse is not confirmed, my clinical activities will be immediately re-instituted.
6. Random, unannounced urine checks for alcohol and drug screening may be required.
7. The ultimate responsibility for the cost of any laboratory test for alcohol or drug screening is mine. However, when possible, the Office of the Assistant Dean for Lansing will make every effort to assist in the payment of such laboratory tests.
8. Failure to comply with any of the above procedures will be grounds for my dismissal from the Internal Medicine residency-training program.

I have read and understand the above statements and fully accept each of them.

RESIDENT \_\_\_\_\_ Date \_\_\_\_\_

WITNESS \_\_\_\_\_, Program Director Date \_\_\_\_\_

WITNESS \_\_\_\_\_, Department Chairman Date \_\_\_\_\_

## **Sexual Harassment**

Sexual harassment is not tolerated. It is a violation of federal law, a violation of trust, and a violation of moral standards. Sexual harassment as a behavior is defined as unwelcome (unwanted, uninvited) behavior of a sexual nature including unwanted touching, fondling, or hugging; or behavior which has the purpose or effect of unreasonably interfering with an individual's work performance or which creates an intimidating, hostile, or offensive work environment; and includes direct or implied threats that submission to sexual advances is a condition for education or educational rewards or advancement.

### **Avoiding Complaints of Sexual Harassment from Others:**

The most important factor in avoiding complaints of sexual harassment from others is to be able to see the world from their perspective and to be sensitive to what is comfortable and appropriate to them. What can be a welcome form of communication or contact in one culture or family can be unwelcome and inappropriate in a working relationship with teachers, patients, peers and students. The following guidelines are recommended:

1. Ask if you think something you do or say is being perceived as unwelcome. If the answer is yes, apologize and stop it.
2. Be aware that sexual remarks or physical conduct of a sexual nature can make some people uncomfortable even if you wouldn't feel this way yourself. People are different. Learn to:
  - a. Respect these differences.
  - b. Do not repeat the behavior if you have been told it is not wanted
  - c. Do not take the risk of discovering that your behavior is, indeed, objectionable to another
  - d. If you are in doubt, stop the behavior.

Any resident/fellow who feels that he/she has been subjected to sexual harassment should immediately advise the Program Director so that the matter can be investigated and action taken. If the alleged offender is the Program Director, the resident/fellow shall advise the Chairperson of the relevant academic department at MSU so that the matter can be investigated. As a general principle, the resident/fellow should inform the next highest administrator above the alleged offender.

Any incidents in which a resident/fellow is accused of sexual harassment will be thoroughly investigated by the Program Director in cooperation with the appropriate Employee Assistance officials at the relevant worksite, according to worksite and University sexual harassment policies. Residents/Fellows whose behavior is considered consistent with sexual harassment may be subject to immediate dismissal at the judgment of the Program Director.

The Dean of the College of Human Medicine is committed to the goal of creating a work environment in which students, residents, fellows, faculty, and staff can be communicative, supportive, and sensitive to each other.

### **Needle Sticks, Universal Precautions, and Blood borne Pathogens**

All residents/fellows are required to maintain current training certification through the MSU HealthTeam's online training programs in universal precautions and blood borne pathogens. The training program is maintained by the MSU Office of Radiation, Chemical, and Biological Safety. All residents/fellows must obtain a passing score on the quiz at the completion of the online tutorial.

Residents/fellows are notified when annual refresher recertification is required, and residents/fellows must respond promptly to notices for retraining. All portions of training, both the online modules and the worksite orientation and checklist, must be completed as assigned annually.

During simulation training experiences at the MSU Learning and Assessment Center, universal precautions safety processes are emphasized and appropriate feedback is provided to all learners.

At all times residents/fellows should use the risk reduction strategies and materials available both in the Clinical Center and in the hospitals. If at any time any person, no matter their specific role, detects a resident/fellow or other provider engaging in practices that do not meet safety standards, that person must bring their concerns immediately to the Clinic supervisor, the nurse manager, the supervising attending, or the Program Director. At minimum, remediation of safe practices will be required.

### **Needle Stick or High Risk Exposure Policy:**

Any person potentially exposed to a blood borne pathogen (through cut/puncture injury, open wound exposure, mucus membrane exposure, prolonged skin contact, or any other exposure of concern to the affected person) should first attempt to wash/flush the area for 15 minutes (with soap and water for skin contact, water or normal saline for mucous membrane exposure), then immediately report the incident to your supervisor if available, *go to the nearest urgent care center for evaluation and treatment. On arrival clearly state that you are an MSU resident/fellow and you have had a blood borne pathogen exposure.*

**Sparrow ER** if at Sparrow Hospital

**IRMC ER** if at IRMC

**Olin Urgent Care Clinic** (business hours only; report to Sparrow ER after hours)

At the urgent care facility you will have medical evaluation and laboratory follow up. If at any time you have concerns or questions, promptly notify your supervising attending, your chief resident, the program office, GMEI or all of the above. The program and the resources of the occupational health centers at each training center are designed to serve your health needs.

Updated information regarding HIV occupational exposure guidelines can be accessed through [www.cdc.gov/hiv/treatment.htm](http://www.cdc.gov/hiv/treatment.htm) or <http://aidsinfo.nih.gov>

## **SECTION 4 - BENEFITS**

Absences, Vacations, Educational Leave, and Illness  
Compensation  
Other Benefits  
Leave of Absence

## ***Absences, Vacation, Educational Leave and Illness***

### **Absences, Vacations and Educational Leave**

You must notify the program office when you are available for expected work duties, whatever the reason. We frequently get calls for residents/fellows and need to be able to locate you. Failure to do so may result in disciplinary action.

Absences during working hours including vacations, illness, out of town conferences, etc. all impact patient care. Therefore, the program office must be notified in writing of the exact dates requested for an absence at least eight weeks prior to the time off. An absence Form must be filled out 8 weeks prior to any planned departure. If you fail to do so, your absence request may be rejected without further explanation. Failure to notify the office of an absence prior to departure will result in time-off without pay that may affect your training schedule, and may also result in disciplinary action. Absence Forms are available on the program web ([www.im.msu.edu/housestaff/resources1.htm](http://www.im.msu.edu/housestaff/resources1.htm)). The resident/fellow completes them and then obtains the program director signature.

The original form will be kept in the fellow's file and, a second copy will go to the GMEI administrative files. An e-mail will be sent to the fellow's HC account from the program office notifying approval or denial.

### **Illness Policy**

When a fellow is unable to perform usual duties due to significant illness, the fellow must inform the program office ASAP. The program offices will then assist the fellow in arranging needed coverage for their duties.

In any case, if more 3 days of illness or injury, the fellow should be examined by a physician who should make a recommendation regarding duration of sick leave.

All days of absence from assigned duty, including illness days, count toward the allowed total time off the fellow's training year. Sick days are therefore charged to the total vacation and educational leave available to the fellow.

### **Salary**

Paychecks are issued every other Friday. Graduate Medical Education, Inc. processes payroll for the program. Your check will be directly deposited into your bank account. Salaries are universal for the level of training, and residents/fellows receive an annual written salary statement.

### **Paid Holidays**

The residency/fellowship recognizes five national holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, and Thanksgiving. The program also recognizes two religious holidays as chosen by each resident/fellow; the default holidays are Christmas and Easter. A resident/fellow preferring alternative religious holiday should notify the GMEI office of their preference at the state of the academic year. Since religious holidays fall at various times throughout the year, requesting religious holidays other than the default holidays requires completion of the residency/fellowship Absence Form. These days will be considered the individual resident's/fellow's religious holidays and are limited to two per academic year. Requesting a religious holiday does not guarantee that you will be able to have that day free from duty. If

you are on-call or required to round on any of the national or religious holidays, you will have days added to your vacation time credit.

### **Paid Educational Leave**

Educational Leave, a maximum of 5 working days with pay, will be allowed per year when approved by the program office. Educational leave is not considered vacations, and is approved for only specific high quality educational and professional opportunities. The program office should receive a copy of the meeting schedule and be notified of the requested leave dates.

### **Educational Fund**

Fellows have \$1,000 that may be used for: books, journals, medical software, and professional equipment or other professional and educational costs. These funds may also be used for attendance at educational meetings and conferences, including associated costs for transportation, housing, meals, and registration. Books and equipment may be purchased at any location, and may also be charged to your education fund at Matthew's STAT Medical Bookstore. It is possible to receive an advance for certain expenses if prior approval is obtained. Cash purchases are reimbursable with appropriate receipt.

### **Liability Insurance**

The associated training sites provide trainee malpractice insurance. Liability for moonlighting external to the training sites is not covered and is the responsibility of the moonlighting trainee.

### **Health Insurance**

Medical and Dental insurance are both provided for each resident/fellow, spouse, and dependent children. Hepatitis B vaccination will be reimbursed if necessary.

### **Life Insurance**

See the resident/fellow contract for details.

### **Palmtop/Handheld computers**

We provide handheld computers for each resident/fellow in our program, if desired, preloaded with a full spectrum of medical software including an evidence-based medicine program called "InfoRetriever". If you choose not to purchase the hand held computer, those funds will be placed into your educational fund.

Many medical references and tools can be found on the web. Some useful sites include:

- <http://www.handheldmed.com/>
- <http://www.skyscape.com/products/wince.htm>
- <http://www.applian.com/index.php>
- <http://www.surerange.com/solver.html>
- <http://www.infopoems.com/index.cfm>
- <http://www.medicalpocketpc.com/>
- <http://www.fphandheld.com/>
- <http://www.mdpad.com/public/products.htm>
- <http://www.pocketgear.com/index.asp>
- [http://www.gemedicalsystems.com/it\\_solutions/pocketchart.html](http://www.gemedicalsystems.com/it_solutions/pocketchart.html)

## **White Coats**

White coats are provided free. Laundry of white coats is provided free of charge by the hospitals.

## **Food**

On-call meals and some lunches are provided by the hospitals when on duty.

## **Parking**

Parking is provided free of charge at each hospital. You will be issued stickers and/or gate cards by their respective security departments.

The cost for a sticker and gate card for parking at MSU is a paid benefit of the fellowship program, but requires that you register your vehicle at the Department of Public Safety on campus. You will need your MSU ID and automobile registration to obtain your parking sticker and gate card. These will allow you access to all gated lots on the MSU campus. There is a faculty/staff lot across the street from the Clinical Center.

Do not park in the patient/visitor lot in front of the MSU Clinical Center, in order to ensure patient access.

## **Clinical Faculty Appointment at Michigan State University**

As a University-based medical resident/fellow, you are appointed as a Michigan State University faculty member. Faculty status provides numerous benefits for you and your family, as the vast facilities at MSU are available to you at low or no costs. Your faculty/staff ID card can be used to obtain athletic tickets, lecture or concert series tickets, library privileges, and use of recreational facilities (pools, IM buildings, golf, and tennis).

The University Library is available to you on campus, with its science component in the basement. This is a good source of medical literature, and a health services librarian is available.

## ***Options for Approved Leave of Absence***

### **Paid Parental Leave**

Up to six weeks paid leave may be granted for pregnancy, childbirth, adoption, and subsequent newborn care. Vacation time cannot be forfeited to meet training requirements. Parental leave may require extension of the training program.

### **Paid Bereavement Leave**

In the unfortunate event of the death of an immediate family member, a resident/fellow is eligible for up to three days of paid bereavement leave. The bereavement leave must be requested and taken within two weeks of the death of an immediate family member. This requirement may be waived after review by the Program Director in consultation with the President of the GMEI Board of Directors or designee.

If a resident/fellow wishes to take time off due to the death of an immediate family member, the trainee should notify the Program Coordinator. Approval of bereavement leave will occur in the absence of unusual departmental requirements. A trainee may, with Program Director's approval, use accrued paid time off benefits for additional time off as necessary.

Immediate family members are defined as follows:

- Spouse or person occupying the place of a spouse in the household
- Trainee's and/or spouse's child
- Trainee's and/or spouse's parent
- Trainee's and/or spouse's grandparent
- Trainee's and/or spouse's grandchild
- Trainee's and/or spouse's brother or sister
- Stepparent, or other person, who acted in the role of parent to the trainee.

A miscarriage will be covered under this policy according to the following criteria:

1. The pregnancy was previously confirmed by a physician, and there is a subsequent and involuntary termination of the pregnancy (as verified by a physician); and
2. Bereavement pay will be granted to the parent(s) only, and will not apply to other family members.

### **Leaves of Absence without Pay**

A leave of absence without pay may be granted with approval of the program director. Since only up to one month of credit may be granted in any one year for vacation time or illness, a leave of absence will generally delay advancement and/or completion of the fellowship training.

Time off without pay is only available with the Program Director's approval after all accrued paid time off benefits have been exhausted.

Trainee's who are determined to be absent from assigned duty without prior permission may be determined to be absent without pay, and their payroll will be appropriately reduced. Other administrative actions up to and including dismissal will be taken as determined appropriate by the Program Director.

## **SECTION 5 - LEGAL POLICIES**

DEA Numbers  
Medical Licenses  
Compliance  
Liability

## DEA Numbers

All physicians who prescribe controlled substances in Michigan are required to register with the State Board of Pharmacy and use an appropriate controlled substance number on all prescriptions for such substances. The appropriate controlled substance number to use depends on the practice site from which the prescription is generated. You will be provided with your unique number for each practice site. You will therefore have three DEA numbers: Sparrow "AS numbers", IRMC "BE numbers", and MSU "AC numbers" for use in the Clinical Center or at other non-hospital sites. ***Please use the correct number for the different training sites.*** These are temporary DEA numbers assigned to residents working at the respective institutions. You will be informed of your site-specific DEA numbers on arrival, and you may contact the Chief Resident or the GMEI office if you are uncertain which number is assigned to you. Residents (in PGY3 or later) who choose to get a permanent license will be assigned a unique DEA number that can be used at any institution.

Drugs are classified into 5 schedules depending on the potential of that substance to produce dependency.

Schedule I:	Investigational drugs (heroin, marijuana, LSD, peyote, mescaline)
Schedule II:	Narcotic analgesics, local anesthetics, sympathomimetics, stimulants
Schedule III, IV, V:	Sedatives, anticonvulsants, cough and cold preparations, antidiarrheal agents

Please note that schedule III drugs (such as Vicodin) may be written for any quantity desired, with 5 refills, which must be filled within 6 months.

Substance prescriptions are written as follows:

1. Write the prescription correctly and legibly!
  - a) Date written e.g., 6/16/2001
  - b) Name of drug e.g., Lora
  - c) Dose e.g., 500mg/7.5mg
  - d) Formulation e.g., tablets
  - e) Route e.g., PO
  - f) Frequency e.g., q 6 hours prn post-operative pain
  - g) # To dispense e.g., #30 (consider writing name for number such as "thirty" as well)
  - h) # Of refills e.g., no refill
2. **Sign your name** (and print it if not using your own personalized prescription pad)
3. Use the **DEA number of the Hospital or Clinic you are rotating/prescribing from** (unless you have a permanent license and personal DEA number) when you are writing the prescription within the scope of your duties as a GMEI resident/fellow at that site. Add the suffix given to you (often the resident's four-digit dictation number) along with the number assigned by each pharmacy. Also read the instructions to see if you need to include the 6-digit audit number found in the lower right corner of the card issued to you by the Michigan Board of Pharmacy.

## **Medical Licenses**

A Michigan license and Michigan Board of Pharmacy license are required. You cannot be involved in patient care without a valid medical license.

## **Compliance**

### **Hazards in the Work Place**

A session on Occupational Hazards will take place during orientation week. Documentation of your attendance at this session is required. If you have previously attended an Occupational Hazards session, please provide the program office with this information.

### **Universal Precautions**

A session on Universal Precautions will take place during orientation week at Sparrow Hospital. Documentation of your attendance at this session is required. If you have previously attended a Universal Precautions session, please provide the program office this information.

### **Hepatitis B Vaccination:**

Hepatitis B vaccination is strongly recommended for all trainees and will be provided at the expense of the program. Initial vaccination is given at the time of your physical examination and it is the responsibility of the trainee to keep track of and complete the vaccination series. Present vaccination documentation to the program office, where it will be kept in your file. If you had hepatitis B vaccination prior to entering the fellowship, you must provide written proof. Those wishing to decline this vaccine will need to sign a waiver.

### **HIPAA Compliance**

During orientation, you will be required to complete an on-line training session on the Health Insurance Portability and Accountability Act (HIPAA) and the associated HIPAA privacy rules. You must complete full MSU HIPAA compliance training, and may also be required to complete separate HIPAA training procedures at other training sites.

### **BCLS/ACLS Certification**

Certification in BCLS and ACLS must be maintained at all times. The program office must have a copy of your current certification cards. You cannot be involved in patient care in the hospital without current BCLS and ACLS certification. The residency program has contact information for recertification training and testing

## ***Liability***

If you become aware of a situation in which a patient becomes angry, or in which a patient has been or feels to have been injured or not adequately cared for, report this immediately to your attending physician. No trainee should give solicited statements or testimony to anyone (attorneys, insurance companies, the press, TV, radio). Report requests for such statements to the Program Director, who will arrange appropriate legal counsel.

Our member institutions provide professional liability insurance for program trainees. To comply with the liability policy, any "away" elective must have prior program approval. The Program Director must sign an official form for this purpose at least two months prior to the onset of the elective. Failure to meet this requirement will mean that the trainees will not be insured for that period of time.

Trainees must contact the Program Director when a risk is perceived or legal counsel is felt to be needed for activities performed in the scope of trainees' activities. The Program Director (or Director of Medical Education) will arrange appropriate follow up.