



Elective - Infectious Disease

NGMC- Family Medicine Residency Program
Gainesville, Ga

PGY: 1, 2, 3

Description of Rotation:

This is a four-week block rotation infectious disease experience with direct supervision by a board-certified infectious disease specialist. Supplemental longitudinal learning in the FMP supervised by Family Physician Faculty is also expected.

Overall Goal of Infectious Disease Rotation:

Family physicians are often the first health care providers to whom individuals with infections turn to for treatment. The diagnosis and treatment of patients with acute infections makes up an enormous part of a primary care practice. In addition, family physicians are uniquely suited through their efforts at preventive care to diagnose many chronic infectious diseases in the disease's asymptomatic stage and coordinate intervention as the disease progresses. Likewise, family physicians are increasingly being called upon to provide primary care for patients with chronic infectious diseases such as HIV. It is therefore necessary for family physicians to be knowledgeable about infectious diseases and the multiple issues related to the care of patients with HIV infection and other chronic infectious diseases. The goal of the infectious diseases component of the program is to provide the resident with a broad fund of knowledge about the causes and treatments of infectious illnesses.

Rotation Location(s): NGMC – Gainesville
743 Spring St NE
Gainesville, GA 30501

NGPG Family Medicine - Gainesville
1439 Jesse Jewell Pkwy, Suite 102
Gainesville, GA 30501

Preceptor(s): Supriya Mannepalli, MD

Addison Parris, MD

Merin Varghese, MD

Sample PGY2 Rotation Schedule

M	T	W	TH	F	Sat	Sun
NGMC Hospital	FM Clinic	FM Clinic	NGMC Hospital	NGMC Hospital	Eligible for FMIS Coverage	
NGMC Hospital	FM Clinic	Didactic Half Day	NGMC Hospital	NGMC Hospital	Eligible for FMIS Coverage	

Patient Care:	
PGY level	By the end of the rotation, the resident will:
1-3	Interpret the common pathogens and recommend treatment for infections encountered in family medicine (PC-1,2,4)
1-3	Understand the pharmacological principles of treatment for bacterial, viral, and fungal infections including choice of antimicrobial, major side effects, dosage adjustments based on metabolism of the drug or derangement in hepatic or renal function, and major drug-drug interactions (PC-1,2,4)
1-3	Explain how to approach the febrile patient including fever of unknown origin both in the immunocompromised and immunocompetent host (PC-1,2,4)
1-3	Take a careful history including travel, sexual, occupational and environmental exposures (PC-1)
1-3	Recommend screening principles for asymptomatic chronic infections (PC-2,4)



1-3	Understand and be able to describe the diagnosis, management and potential complications of: CNS infections (bacterial meningitis, aseptic meningitis, and encephalitis), ENT infections (sinusitis, otitis media, otitis externa, and pharyngitis), Respiratory infections (URI, bronchitis, community acquired pneumonia, nosocomial pneumonia, and aspiration pneumonia), Cardiovascular infections (endocarditis), Gastrointestinal and intraabdominal infections (gastroenteritis, colitis, cholecystitis, hepatitis, peritonitis, and appendicitis), Musculoskeletal infections (necrotizing fasciitis, septic arthritis, and osteomyelitis), Sexually transmitted diseases (HIV, syphilis, gonorrhea, chlamydia, herpes, trichomonas, and hepatitis B), Genito-urinary infections (UTI, pyelonephritis, vaginitis, cervicitis, pelvic inflammatory disease, prostatitis, urethritis, and proctitis), Skin infections (impetigo, cellulitis, erythrasma, and the various fungal infections of the skin and nails) (PC-1,2,4)
1-3	Analyze and manage patients with HIV infection in the asymptomatic and symptomatic stages with referrals made when appropriate. The resident will be able to list and be familiar with conditions commonly encountered in the HIV population such as: candida, cryptococcus, cryptosporidiosis, CMV, HSV, M. tuberculosis, M. avium complex (MAC), M. kansasii, pneumocystis jiroveci (carinii), toxoplasmosis, Kaposi's sarcoma, progressive multifocal leukoencephalopathy, HIV dementia, and HIV wasting syndrome. The resident will know the appropriate health maintenance recommendations for patients with HIV including additional immunizations and prophylactic therapy. (PC-1,2,4)

Medical Knowledge Objectives and Competencies:

PGY level	By the end of the rotation, the resident will:
1-3	Compare the spectrum of infections in immunocompetent hosts versus those seen in the immunocompromised host (MK-2,1)
1-3	Perform and gain competence in the following: gram staining and interpretation, wet prep/KOH and interpretation, lumbar puncture, urinalysis with microscopic evaluation and interpretation (MK-2,1)

Interpersonal and Communication Skills:

PGY level	By the end of the rotation, the resident will:
1-3	Develop rapport and builds therapeutic relationships with patients (ICS-1)
1-3	Communicate effectively with patients and families. (ICS-1)
1-3	Communicate effectively with physician colleagues at all levels (ICS-2)
1-3	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients. (ICS-3)
1-3	Present information concisely and clearly both verbally and in writing on patients. (ICS-2,3)

Systems Based Practice Objectives and Competencies:

PGY level	By the end of the rotation, the resident will:
1-3	Understand and utilize the multidisciplinary resources necessary to care optimally for patients. (SBP-1,2)
1-3	Use evidence based and cost-effective diagnostic and treatment strategies. (SBP-2)
1-3	Use evidence-based, cost-conscious strategies in the care of ambulatory patients. (SBP-2)
1-3	Describe when to ask for help and advice from senior residents and attending physicians. (SBP-2)
1-3	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, social workers, case managers, and providers of home health services to advocate for patients (SBP-2,4)
1-3	Knowing when and how to refer patients to specialists, and how best to utilize the advice provided. (SBP-2)



Practice Based Learning and Improvement Objectives and Competencies:	
PGY level	By the end of the rotation, the resident will:
1-3	Commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information considering principles of evidence-based medicine (PBLI-1)
1-3	Identify and acknowledge gaps in personal knowledge/skills in the care of ambulatory patients. (PBLI-2)
1-3	Willingness and ability to incorporate faculty feedback into clinical/academic performance and participate in system change (PBLI-2);

Professionalism Objectives and Competencies:	
PGY level	By the end of the rotation, the resident will:
1-3	Acceptance of professional responsibility as the primary care physician for patients under his/her care (PROF-2)
1-3	Willingness to acknowledge errors when committed and perform self-analysis to avoid future similar mistakes (PROF-2,3)
1-3	Behaves with humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions with similar and differing cultures (PROF-1);
1-3	Understand ethical concepts of confidentiality, consent, autonomy and justice. (PROF-1)
1-3	Display professionalism through integrity, altruism and resolving conflict of interest. (PROF-1)

Teaching Methods	
Clinical Teaching	Faculty Role Modeling
Case Based Teaching	Supervised Clinical Management
Didactic	
Research Scholarly requirement: (refer to scholarly activity or discuss and we will add)	

Procedures/Skills Taught (PC5)	
Gram staining	Lumbar puncture
Wet prep	Urinalysis
KOH preparation	Urine Microscopy

Supervision/Evaluation:
Resident will work one-on-one and be supervised by a board-certified infectious disease specialist. While the resident will interact with several health care providers, supervision of patient care, behavior and diagnostic interpretations will be provided by the preceptor. The faculty preceptor will directly observe patient care and the performance of all procedures.

Assessment Methods	
Direct Observation	Procedure evaluation
End of Rotation Evaluation	Chart Review
Case Log	Procedure Log



EPA's
(EPA 2) Care for patients and families in multiple settings (PC 1, 2, 3, 4)
(EPA 6) Evaluate and manage undifferentiated symptoms and complex conditions (MK 1, 2)
(EPA 7) Diagnose and manage chronic medical conditions and multiple co-morbidities (SBP 1, 2)
(EPA 9) Diagnose and manage acute illness and injury (PBLI 1, 3)

Resources: Required Reading	
<i>Meningitis</i>	https://www.aafp.org/afp/2017/0901/p314.html
<i>Nosocomial Infections</i>	https://www.aafp.org/afp/2014/0915/p377.html
<i>Pneumonia</i>	https://www.aafp.org/afp/2016/1101/p698.html
<i>Endocarditis</i>	https://www.idsociety.org/globalassets/idsa/practice-guidelines/infective-endocarditis-in-adults-diagnosis-antimicrobial-therapy-and-management-of-complications.pdf
<i>Hepatitis B</i>	https://www.aafp.org/afp/2019/0301/p314.html
<i>Hepatitis C</i>	https://www.aafp.org/afp/2018/1001/p413.html
<i>Skin and Soft Tissue Infections</i>	https://www.aafp.org/afp/2015/0915/p474.html
<i>Intraabdominal Infection</i>	https://www.aafp.org/afp/2010/0915/p694.html
<i>Septic Arthritis</i>	https://www.aafp.org/afp/2016/1115/p810.html
<i>Osteomyelitis</i>	https://www.aafp.org/afp/2011/1101/p1027.html
<i>Sexually Transmitted Infections</i>	https://www.aafp.org/afp/2016/1201/p907.html
<i>HIV</i>	https://www.aafp.org/afp/2016/1101/p708.html
<i>Genitourinary Infections</i>	https://www.aafp.org/afp/2015/1101/p778.html