

MINI-FELLOWSHIPS IN ADULT TUBERCULOSIS PROGRAM OVERVIEW

Dr. Adriana Vasquez and Dr. Lynn Horvath are the designated on site coordinators with delegated authority as key faculty members for the day-to-day activities of the training program while fellows are rotating through the TCID acute/long term care facility providing inpatient and outpatient tuberculosis therapy for chronic lung disease and Hansen's disease. Drs. Vasquez and Horvath will assume administrative, educational and supervisory responsibilities for fellows while rotating at TCID, including direct and indirect supervision of the fellow; assigning faculty instructors; ensuring appropriate teaching of the fellows and timely submission of resident evaluation by the faculty. Additional faculty include: Dr. Annie Kizilbash, Dr. Barbara Seaworth, and Dr. David Griffith.

The duration of the mini-fellowship will be for approximately 1-5 days. The goal of this mini-fellowship is primarily education and not service. As such, there will not be excessive reliance on fellows to meet the service needs of the participating training sites. This includes not being required to provide routine intravenous, phlebotomy or messenger/transporter services. The fellows' service responsibilities will be limited to patients for whom the teaching service has diagnostic and therapeutic responsibility. The admission and continuing care of patients by fellows will be limited to those patients on the teaching service.

Fellows need not be licensed in the State of Texas or receive a State Permit to train at TCID. Fellows will not receive specific credentials to assess and treat patients at TCID and all entries in the medical record by fellows will be authenticated by TCID credentialed attending physicians. Fellows will write orders for those patients under their care at TCID with comprehensive staff oversight. There are no financial resources or benefits necessary on the part of the affiliated hospitals.

Facilities will include adequate office space and equipment; lounge and eating areas; adequate meeting rooms and classroom space; computer access; audio-visual and other educational aids; medical record access; and medical reference material.

TCID staff will provide teaching, supervision and formal education for the fellows. Fellows will evaluate their individual mini-fellowship experience. The details of teaching, supervision, and evaluation are outlined in the Objectives of TCID Rotation below.

The fellows' direct line of responsibility is the staff attending on the service. There will be a seamless staff schedule available for fellows at all times. Staff and fellow mobile phone numbers will be distributed in order for clear communication to occur. If fellows need to contact non-ID physicians within the healthcare system, the TCID support staff will provide a pager or mobile phone number. The TCID staff is ultimately responsible for interaction between the fellows and other subspecialty/internal medicine residents or other specialty residents at this hospital.

Fellows will train in accordance with the requirements of the Accreditation Council for Graduate Medical Education (ACGME) with regard to duty hours, adequate supervision and fatigue/stress monitoring.

OBJECTIVES OF TCID MINI-FELLOWSHIPS IN TUBERCULOSIS

During mini-fellowship rotations, the fellow is responsible for consultative care of tuberculosis patients in all stages of disease. Rotations will integrate infectious problems; health promotion; cultural, socioeconomic, ethical, occupational, environmental, and behavioral issues whenever possible. On each rotation, the fellow is supervised by a staff attending.

1. Overview

- a. Fellows are responsible for inpatient and outpatient care of adult patients including teenagers and geriatrics of both sexes receiving care for pulmonary or extra-pulmonary tuberculosis as well as other co-morbid conditions such as HIV-AIDS, AIDS related opportunistic infections and non-tuberculous mycobacterial infections.

2. Educational Purposes

- a. Formal instruction and practical experience in hospital epidemiology and infection control.
- b. Formal instruction and gain practical experience in clinical microbiology.
- c. Clinical experience in the evaluation and management of infection in patients with major impairment of host defenses including patients with neutropenia, leukemia, lymphoma or other malignancies, following solid organ or bone marrow transplantation and patients with HIV/AIDS or patients immunocompromised by other diseases or medical therapies.
- d. Clinical experience in the evaluation and management of tuberculosis patients with the following disease manifestations:
 - i. Pleuro-pulmonary disease
 - ii. Central nervous system infection
 - iii. Gastrointestinal and intra-abdominal infection
 - iv. Lymphatic, skin and soft tissue infection
 - v. Bone and joint infection
- e. Clinical experience interacting with local and state Public Health authorities.

3. **Principle Teaching Methods**
 - a. Clinical and didactic teaching by the attending through daily rounds totaling 5 or more hours per week.

4. **Ancillary Educational Materials**
 - a. CDC guidelines and publications pertaining to tuberculosis.
 - b. Principles and Practice of Infectious Disease 7th ed.
 - c. Current disease specific articles assessed through computer based search engines such as Pubmed and Ovid or provided by the attending physician.

5. **Method of Evaluation**
 - a. Fellows will be given verbal feedback as needed and at the end of rotation.
 - b. Fellows will evaluate the rotation at the end of the rotation.

6. **Lines of Responsibility**
 - a. Infectious Disease staff are the primary supervisors for fellows while rotating on the consultative service. There is a rapid, reliable, and continuous communication structure in place for contacting supervisors through the paging system.

7. **Progression during the mini-fellowship**
 - a. Fellows will demonstrate progression during their fellowship with varying expectations based upon prior performance and level of training.
 - i. **Patient care** - Medical interviews, physical examinations, review of pertinent data and procedural skills should be thorough and complete. Decision making should incorporate evidence based medicine backed by sound judgment relying on staff input.
 - ii. **Medical knowledge** - Fellows are expected to develop the basic and clinical science of mycobacterial diseases, HIV-AIDS and related infections with an in-depth knowledge of these areas. This should include the ability to quote and apply primary literature.
 - iii. **Practice-based learning improvement** - trainees are expected to seek outside feedback with appropriate responses to improve overall health care delivery. Fellows should constantly evaluate their own performance incorporating internal and external feedback. Fellows are expected to use the information technology available at the institutions to improve the care of their patients and for self-improvement.
 - iv. **System-based learning** - trainees should rely on textbooks, review articles and primary literature to obtain the breadth and depth of knowledge necessary for performing as an infectious disease physician in the area of mycobacterial and fungal infections. Fellows should become involved in the systems used within the hospitals for improving health care.