

## **NURSING MINI-FELLOWSHIP TRAINING PROGRAM OVERVIEW and APPLICATION INFORMATION**

The Heartland National Tuberculosis Center (HNTC) is offering Nursing Mini-Fellowships targeted to nurses (RN, LVN, advanced practice nurses, etc.) who would benefit from participation in an intensive learning experience in the Nurse Case Management of tuberculosis (TB) patients. Our goal is to share TB expertise and knowledge with nurses from a variety of settings. The innovative curriculum is a comprehensive 3-4 day course that provides an in-depth training experience covering knowledge and skills essential for the nurse with primary responsibility for TB Case Management of patients with advanced and complex pulmonary and extra-pulmonary TB.

All nursing mini-fellowships will be conducted at the Texas Center for Infectious Disease, a 72-bed facility for the inpatient treatment of TB patients, located in San Antonio, Texas. The fellowships will include the opportunity for one-on-one learning experiences with a TB Nurse Expert in the evaluation and management of patients with pulmonary TB, multi-drug resistant TB (MDR-TB), and latent TB infection (LTBI). The fellowship will also discuss planning contact investigations, management of MDR patients and directly observed therapy (DOT). Benefits of participation in these mini-fellowships include:

1. Experience with TB patients in an inpatient and outpatient setting with an expert TB physician;
2. Experience administering DOT to patients whose management is complicated by complex psychosocial, economical, and/or ethical issues;
3. Experience interacting with local and state public health authorities in control of TB, with participation in case conference;
4. Experience in basic TB Mycobacterial Laboratory and/or Research Laboratory; and
5. Experience interacting with providers and patients at the SAMHD City Chest Outpatient Clinic.

If you are interested in participating in this unique opportunity, **please follow these instructions:**

1. Complete the application form, ensuring that you have described your experience in caring for TB patients, the specific goals and objectives you hope to achieve during this fellowship, and several possible dates when you are available to attend.
2. **Return the completed application form to HNTC via fax number (210) 531-4590.**

Your application will be shared with your TB Controller for prioritization. If selected/approved by your TB Controller for attendance, HNTC will contact you to discuss your specific learning needs and curriculum, ~~and~~ determine the duration of the fellowship and dates of attendance.

Candidates will be expected to cover their own expenses. If you have any questions, please contact your TB Controller or HNTC at 1-800-TEX-LUNG.

**NURSING MINI-FELLOWSHIP TRAINING PROGRAM  
APPLICATION FORM**

Name (Last, First, MI): \_\_\_\_\_

Credentials: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone(s): \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

The best method to contact me is:

EMail                       Fax                       Telephone                       Mail

Please describe your experience in caring for persons with tuberculosis:

What specific goals and objectives do you hope to achieve during this training?

How will you use the information you gain?

What dates/weeks are you available to attend?

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Length of training (minimum of 1 day – maximum of 5 days): \_\_\_\_\_

Please check the modules of interest to you. Your selections will be used in developing the curriculum for your mini-fellowship:

<input type="checkbox"/>	Overview of TB	<input type="checkbox"/>	Diagnosis and Treatment of LTBI
<input type="checkbox"/>	Treatment of TB	<input type="checkbox"/>	BCG Vaccine
<input type="checkbox"/>	<input type="checkbox"/> First Line TB Medications	<input type="checkbox"/>	Laboratory Diagnosis of TB
<input type="checkbox"/>	<input type="checkbox"/> Second Line TB Medications	<input type="checkbox"/>	Outpatient Management of TB
<input type="checkbox"/>	Unusual Radiographs in TB	<input type="checkbox"/>	Infection Control
<input type="checkbox"/>	Extrapulmonary TB	<input type="checkbox"/>	Non-Tuberculous Mycobacterial Infections
<input type="checkbox"/>	Miliary TB	<input type="checkbox"/>	Other Pulmonary Infections Resembling TB (Nocardia, Actino, etc.)
<input type="checkbox"/>	Complex TB Cases	<input type="checkbox"/>	Overview of HIV/AIDS
<input type="checkbox"/>	MDR-TB	<input type="checkbox"/>	HAART Update
<input type="checkbox"/>	HIV/TB Co-Infection	<input type="checkbox"/>	Review of Viral Hepatitis
<input type="checkbox"/>	Court Ordered TB Management	<input type="checkbox"/>	CDC, IDSA, ATS Guidelines
<input type="checkbox"/>	Ethical Issues in TB Management		
<input type="checkbox"/>	Immune Reconstitution Inflammatory Syndrome		

Please list any additional needs or interests (please be as specific as possible):

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_