**Parkland HIV Consult Service**

We are very excited to have you rotating with us on PHHS HIV ID Consult service. Our goal is for you to increase your knowledge and clinical skills in the management of HIV and opportunistic infections, the appropriate use of antiretroviral therapy, and experience the fascinating breadth and depth of amazing ID cases at Parkland Hospital. For general expectations and didactic schedule relevant to all ID rotations, please refer to the ID Rotation Expectations All Sites document. The Parkland HIV ID service covers all patients at Parkland with HIV for whom the primary team requests an ID consult. All of the patients who are seen by the consult service have HIV, but the reason for consult will vary from opportunistic infections to other infectious disease issues or general HIV management. You will learn about the social context of HIV and how to support patients’ treatment in a holistic sense. The consult service is staffed by one ID attending, and ID or HIV fellow, nurse practitioners and PAs. You will also participate in multidisciplinary rounds with case managers, transition case managers, and social workers daily.

There are several reasons why a primary team might consult the HIV team. Because involvement of the team includes the expertise of case managers and social workers, connecting patients with community resources and adherence support is just as important in an individual patient case as the medical recommendations. Education is paramount for our patients, and everyone plays a vital role in supporting and teaching our patients about the fundamentals of HIV, including prevention, treatment and prognosis. We tend to see all patients for whom we are consulted, even if the medical problem may be relatively straight-forward.

**HIV Team Structure:** The fellow will receive all pages pertaining to new consults as well as questions on patients currently followed by the HIV team. The fellow will triage consults appropriately according to acuity and severity, and distribute them among the team, including the advanced practice practitioners, residents and students. Students will be under the supervision of the ID fellow. The more complex (ICU) patients should be assigned to the fellows at first, then transitioned to APPs when more stable. Because the transition from inpatient to outpatient is so important, oftentimes we continue to follow the patient, at least peripherally, until the patient is discharged from the hospital.

**Rounding Room:** Parkland 5h floor rounding room: 5.677, please page ID/HIV fellow on call for the HIV service

**Case Management Rounds:** Daily at 2 PM in PHHS 5.677 with HIV case managers and transitional care RNs

**Note Template:**

* .HIVCONSULT (for new consults)
* .HIVFUTEMPLATE (for follow-up notes)

**Parkland Antibiogram:** parklandlab.com

**Rotation objectives:**

1. Gain competency in assessing patients hospitalized with HIV/AIDS, articulate differential diagnosis, and devise a workup plan and treatment plan
2. Gain competency in managing opportunistic infections in AIDS patients.
3. Learn to address patient with HIV infection from a multidisciplinary standpoint, in collaboration with the HIV transitional care team.
4. Develop collegial relationship with primary team while assisting them to manage potentially complicated patients.

**Rotation Expectations (Residents):**

1. You are expected to round with the consult team from Monday through Friday.
2. You are expected to attend ID division didactic and case conferences during your rotation. Your fellow will help link you to those. You will also be excused for mandatory conferences as part of the IM clerkship.
3. You will be attending multidisciplinary (case management) rounds daily at 2 pm

**Typical day for residents:**

1. Get to Parkland early enough to evaluate and write the SOAP notes on your old patients before rounding with the fellow and attending. **Notes should be in process before rounding with the team but can be pended without being finalized until fellow and attending recommendations can be incorporated.**

2. As new consults arrive during the morning, the fellow will assign new consults for you to fully evaluate and then discuss the management with the fellow. **On at least three patients per week, you need to write a new consult H&P.** On those patients, try to avoid looking at the fellow consult H&P until after you have seen the patient and written your own H&P.

3. Make sure that you know everything about your patients (e.g., labs; medications, including routes and dosages). Read about the medical problems so that you can answer any questions and formulate a plan for what you want to do for that patient that day. **Refer to the attached handouts for the specifics to focus on for taking a good ID history and writing a daily ID progress note.**

4. Check out with your fellow or attending before leaving for the day to see if there are any other tasks to be done on your patients. Remember that these are also your patients, and you should take ownership for them.

5. **Print out one consult H&P from your first week and turn it into your attending for feedback.** DO NOT wait for your attending to ask for the H&P!

**Educational Resources**

1. Read about your patients by looking up current articles on their disease process. Good resources for HIV include: the Department of Health and Human Services Guidelines (https://aidsinfo.nih.gov/guidelines), the CDC reference on HIV https://www.cdc.gov/hiv/default.html and the Johns Hopkins Guide to HIV.
2. Good general ID resources include the Hopkins Antibiotic Guide (available in book and smartphone app), Infectious Diseases: A Clinical Short Course by Southwick, or relevant chapters in Mandell’s Principles and Practice of ID.
3. Other good review articles include:
	1. “HIV Treatment and Prevention: An Overview of Recommendations from the 2016 IAS–USA Antiretroviral Guidelines Panel.” *Topics in Antiviral Medicine.* 2017; 25(1):17-24.
	2. “Current status and prospects of HIV treatment.” Current Opinion in Virology 2016, 18:50–56.
	3. “Antiretroviral Drugs for Treatment and Prevention of HIV Infection in Adults**”** JAMA. 2016 July 12; 316(2): 191–210.

**ID conferences and IM clerkship mandatory lectures**

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| Day/Time | Conference | Location |
| Tuesday 7:45-9:15 | ID core curriculum/case conference | Zoom |
| Wednesday 8-9 | IM-ID board review (for residents only)  | Teams |
| Thursday 8-9 | ID grand rounds | Zoom |
| Friday 8-9 | IM grand rounds | Zoom |