**HIV PRIMARY CARE TRAINING TRACK**

**6 Months Report on EPA**

**Name of the person completing this form:**

**Title/Position:**

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| EPA #1: Perform HIV counseling and testing including legal and disclosure issues | | | | |
| Unable to accurately counsel patient on “opt-out” testing; unable to implement culturally competent language when explaining testing procedures to patients; unable to provide evidence for need for universal testing for patients age 13-64-regardless of risk category; unable to develop and discuss treatment plans based on testing results. Demonstrates lack of knowledge of HIV law and available resources; unable to implement culturally competent language when explaining CT HIV law related to confidentially and disclosure; unable to develop and discuss plans for disclosure and coping with stigma | Understands the testing procedure but cannot implement appropriate counseling procedure; treatment plan on complete; incomplete documentation of counseling and testing  Understands HIV law and available resources but unable to implement culturally competent language when explaining CT HIV law related to confidentially and disclosure; Incomplete documentation of counseling and testing | Able to perform counseling and testing with supervision in traditional scenario but unable to adapt counseling and testing procedures in more challenging cases; aware of ancillary services available to assist patients with test results and make appropriate referral; unable to properly document counseling and testing in the medical record  Able to perform counseling about stigma and disclosure with supervision but may not be able to apply in more challenging cases  Aware of ancillary resources available in this regard and can make appropriate referrals | Able to perform counseling and testing in a culturally competent fashion in an unsupervised setting using appropriate language and provides complete documentation in the medical record and reporting requirement; able to interpret test results and understand when additional testing may be necessary; independently initiate referral to ancillary services depending on test results (health department notification, social services involvement, partner notification); able to communicate results and initial treatment plan to patient and care team | Able to initiate and disseminate universal counseling and testing effectively to patient care in routine clinical practice within your health care community; become an advocate for routine testing in appropriate clinical settings; role model and teach learners the techniques of culturally competent counseling and testing. Able to act as an advocate for patient with HIV related stigma and discrimination. role model and teach learners the techniques of culturally competent counseling and HIV status disclosure |
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| EPA #2: Assess patients with newly diagnosed HIV infection | | | | |
| Unable to recognize and assess newly diagnosed HIV infection despite guidance, the provision of a template, and orientation to the assessment. | Identifies some signs and symptoms associated with new HIV infection or chronic HIV infection is but does not accurately characterize entire syndrome. Unable to appropriately stage patient with necessary panel of blood tests or interpret baseline lab tests including HIV genotype testing. | Understands when to initiate opportunistic infection prophylaxis and combined antiretroviral therapy but unable to choose the appropriate therapeutic regimen. Accurately interprets HIV disease staging tests. | Develops a plan to initiate OI prophylaxis;, using baseline genotype testing, develops a comprehensive therapeutic approach to initiate combined antiretroviral treatment and monitor clinical response and adverse events to therapy. Responds sensitively and non-judgmentally to patients disclosures; diversity in gender, age, culture, race, religion, disabilities, and sexual orientation | Tailors newly diagnosed HIV assessment to particular patient presentation and clinical circumstances. Considers patient preferences and education level when devising a treatment plan |
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| EPA #3: Counsel a pt on reducing high risk behaviors | | | | |
| Unable to recognize high risk behaviors in context of HIV and STD transmission and management. Unable to stage patients motivation to change high risk behaviors. | When prompted, can identify and delineate high risk behaviors but unable to regularly assess patients for these. Can engage in motivational interviewing with patients around high risk behavior but unable to regularly and reliably supply patient with counseling based on this assessment | Understands need for risk assessment counseling and can explain rationale to patient. Able to regularly ask questions to probe for ongoing high risk behaviors for HIV and STD transmission. May miss elements of sexual history taking; may miss opportunities for counseling but effective in 60-80% of encounters. Able to asses patient’s stage of change according to Stage of Change model; able to perform appropriate counseling strategies for patient’s stage of change.  Variably effective in assuring understanding; variably effective in following up on behavioral counseling outcomes | Regularly incorporates questions about ongoing high risk behavior at every session (80-95% of encounters)  Feels comfortable eliciting ongoing risk behaviors, able to ask open ended questions about behaviors and ask closed ended questions to refine details around types of sexual encounters, need for intercurrent screening. Able to accurately determine target risk behavior and assess Stage of Change in all patients. Accurately relates appropriate counseling for that Stage of Change and usually solicits an action plan.  Follows up plan during future encounters and tailors approach as needed. | Effectively incorporates risk reduction questioning and intervention into every new and recurrent encounter (95-100% of opportunities).  Able to identify and prioritize high risk behaviors and accurately assess patients stage of change. Effective with stage-specific counseling and action plans. Regularly defines an action plan and follows up. Trouble-shoots very complex high risk behaviors and serves as a resource for the clinic in this regard |
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| EPA #4: Provide mental health and substance abuse management in the clinical setting | | | | |
| Displays incomplete knowledge and understanding of natural history and risk factors for mental health and unhealthy substance use in HIV-infected patients; incomplete understanding of screening tools for mental health and substance use, unable to identify mental health and unhealthy substance use in HIV-infected patients; displays lack of knowledge of available treatment options for patients identified with mental health and/or substance use diagnoses and of side effects and drug interactions for available pharmacotherapies to treatment mental health and substance use problems in HIV-infected patients. | Understands the natural history of mental health and unhealthy substance use but displays incomplete knowledge of screening techniques, treatment eligibility and options; | Demonstrates knowledge of mental health and substance use screening considerations; demonstrates working knowledge of treatment options including various counseling techniques and pharmacotherapies; aware of area resources for referral for management of mental health and substance use disorders; ability to work in a inter-professional team to adequately manage patients with mental health and/or substance use | Effectively manages HIV-infected patients with mental health diagnoses or unhealthy substance use; demonstrates proficiency in managing complex cases including patients with both mental health and unhealthy substance use; effectively implements consultative services for patient management; works as an effective member of the inter-professional team; | Educates patients and families on natural history of mental health and/or unhealthy substance use and reviews treatment considerations, monitors adverse treatment effects; acts as a role model and educates other members of the health care team on mental health and unhealthy substance use screening and management; conducts quality improvement projects and/or research studies related to mental health and/or unhealthy substance use in HIV-infected patients; able to lead an inter-professional team |
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| EPA #5: Manage HIV-infected patient in an ambulatory setting  *Provide appropriate age-based and HIV-associated preventative services to patients* | | | | |
| Demonstrates lack of knowledge of available HIV and age appropriate prevention, diagnostic and treatment guidelines; demonstrates lack of knowledge of age appropriate immunization and cancer prevention management. | Demonstrates Incomplete knowledge of available prevention diagnostic and treatment guidelines; demonstrates incomplete knowledge of age appropriate immunization and cancer prevention management. Abile to use available tools and patient education tools | Demonstrates knowledge of age appropriate immunization and cancer prevention management. Requires supervision to recognize adverse events and more complex cases without supervision.  Implements available patient educational material to counsel patients on side effects and age appropriate cancer screening but may use jargon and/or complex medical terms. | Demonstrates knowledge and efficiency in age appropriate preventive services. Able to discuss and document immunization initiation and side effects as well as age appropriate cancer screening with patients in a culturally competent way and taking into account patients level of health literacy using appropriate educational tools | Educates patients and families on HIV and age appropriate prevention; acts as a role model and educates other members of the health care team on HIV and age appropriate prevention. Conducts QI projects and/or research studies on HIV-related age appropriate prevention; updates and develops new patient educational materials as new guidelines emerge |
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| EPA #6: Manage HIV-infected patient in an ambulatory setting-  *Initiate and monitor antiretroviral (ARV) treatment* | | | | |
| Demonstrates lack of knowledge of available ARVs and treatment guidelines; of ARV side effects and drug interactions; and of monitoring response to ARV. Unable to accurately counsel patient on importance of treatment adherence; unable to implement culturally competent language when discussing medication adherence with patients; unable to explain consequences of nonadherence to treatment including development of genotypic drug resistance; unable to develop and discuss treatment plans based on adherence measure | Demonstrates incomplete knowledge of available ARVs and treatment guidelines; of ARV side effects and drug interactions; and of monitoring response to ARV; unable to fully implement baseline step-wise checklist for initiating ARVs or to use available patient education tools. Understands the importance of treatment adherence but unable to explain it to patients; implements incomplete treatment adherence monitoring procedures; provides incomplete documentation of discussions of treatment adherence | Demonstrates knowledge of available ARVs and treatment guidelines; demonstrates knowledge of ARV side effects and drug interactions but needs supervision to recognize adverse events in clinical practice; demonstrates knowledge of monitoring response to ARV; able to implement key elements from baseline step-wise checklist for initiating ARVs but not complete; understands importance of implementing genotype resistance testing but unable to alter treatment plan in more complex cases without supervision. Able to perform treatment adherence monitoring with supervision in traditional scenario but unable to adapt adherence discussions in more challenging cases; aware of ancillary services available to assist patients with medication adherence; unable to properly document treatment adherence counseling and monitoring in the medical record | Demonstrates knowledge of available ARVs and treatment guidelines; demonstrates knowledge of ARV side effects and drug interactions and able to independently recognize adverse events in clinical practice; demonstrates knowledge of monitoring response to ARV; able to implement key elements from baseline step-wise checklist for initiating ARVs but not complete; demonstrates no gaps in ARV initiation and monitoring—including interpretation of genotype resistance testing; comfortable with different ARV formulations to adapt to patient preferences and co-morbid conditions; able to discuss and document ARV initiation and side effects with patient in a culturally competent way and taking into account patients level of health literacy using appropriate educational tools  Able to perform treatment adherence counseling and monitoring a culturally competent fashion in an unsupervised setting using appropriate language; provides complete documentation in the medical record regarding adherence discussions; able to independently alter treatment plans based on level of patient adherence | Educates patients and families on ARV initiation, monitoring and adverse effects; acts as a role model and educates other members of the health care team on ARV initiation, monitoring and adverse effects; conducts quality improvement projects and/or research studies related to ARV management; updates and develops patient educational materials as new therapies emerge. Able to Initiate and disseminate treatment adherence counseling and monitoring techniques effectively to patient care in routine clinical practice within your health care community; become an advocate for routine adherence monitoring; role model and teach learners the techniques of culturally competent adherence counseling and monitoring |
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| EPA # 7: Manage HIV-infected patient in an ambulatory setting  *Provide prophylaxis and treatment of opportunistic infections (OIs)* | | | | |
| Unable to accurately identify common OIs seen in patients with advanced HIV and at what level of immunocompromise these occur. Unaware of indications for OI prophylaxis. Rudimentary recognition of the proper differential diagnosis of OIs by clinical presentation. Unaware of any strategic timing with starting ARVs in patients with OIs | Recognizes need to consider OI prophylaxis at various levels of immunosuppression but unable to provide adequate prophylaxis because not aware of what drugs are used; side effects, and need for monitoring. Has emergent understanding of role of OI in differential diagnosis in HIV-infected patient with common presentations of pneumonia, CNS infections and skin infections.  Can sometimes but not regularly delineate appropriate diagnostic and management steps to these OIs.  Understands issues around initiation of ARV in patients with OI but needs review/supervision. | Regularly recognizes risk for OI at various level of immunosuppression and can accurately delineate approach to provide prophylaxis. May miss some nuances of monitoring side effects of OI prophylaxis, required duration of prophylaxis. Considers appropriate differential diagnosis including OI in advanced AIDS; demonstrates understanding of approach to diagnosis and management of these OIs.  Understands the appropriate timing of ARV initiation in patients presenting with OI Expectantly manages of paradoxic immune reconstitution inflammatory complex (IRIS). | Monitors patients for the need for OI prophylaxis. Understands and explains effectively to patients relative risks of OI prophylaxis and consequences if left untreated OIs, effective medical management and expected duration of secondary and primary OI prophylaxis. Demonstrates consistent and comprehensive approach to diagnosis and management of advanced HIV patients with pulmonary, CNS and skin infections, Demonstrates a patient-centered and cost effective approach to diagnosis and management, timing of ARV initiation.  Recognizes and adheres to published guidelines regarding the timing of ARV initiation, effectively counsels providers and teams about treatment concerns including IRIS | Monitors patients for the need for OI prophylaxis.  Fluent and expert in diagnosis and management of commonly encountered OIs as well as less common systemic OIs, OI etiologies not commonly seen in US, etc.  Educates other health professionals on diagnosis, management and prevention of OIs. Recognizes nuances in timing of ARV initiation in setting of OI, manages paradoxic and unmasking IRIS effectively, effectively explains to patients. |
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| EPA #8: Manage HIV-infected patient in an ambulatory setting-  *Assess and manage patients with of HIV associated metabolic disorders* | | | | |
| Demonstrates lack of knowledge and understanding of natural history of HIV disease complications and ART long term side effects; lack of knowledge of available diagnostic and treatment guidelines for metabolic syndrome (DM, Dyslipidemia, bone disease). | Demonstrates knowledge and understanding of natural history of HIV disease complications and ART long term side effects ; Demonstrates incomplete knowledge of available diagnostic and treatment guidelines for metabolic syndrome (DM, Dyslipidemia, bone disease). | Demonstrates knowledge of HIV metabolic syndrome diagnosis and treatment considerations; demonstrates knowledge of treatment side effects and drug interactions but needs supervision to adequately manage complex cases;able to identify situations where consultative services are necessary (ie, cardiology, endocrinology, etc.), | Effectively manages patients with HIV metabolic syndrome; demonstrates proficiency in managing complex cases; effectively uses consultative services for patient management; Counsels patients effectively on diet and exercise. | Educates patient and family on HIV metabolic syndrome and treatment considerations, monitors adverse effects; acts as a role model and educates other members of the health care team on HIV metabolic syndrome treatment .Conducts quality improvement projects and/or research studies related to HIV metabolic syndrome. |
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| EPA #9: Manage HIV-infected patient in an ambulatory setting  *Provide effective end of life/palliative care to patients* | | | | |
| Unable to effectively initiate code status discussions with patients. Demonstrates lack of knowledge of available resources for end of life/palliative care for HIV-infected patients. | Demonstrates knowledge of available code status form; able to determine criteria for providing initiation of discussion of end of life care. Demonstrates inadequate knowledge of available resources for end of life care.  Unable to implement culturally competent language when explaining patient code status and end of life decision. | Able to perform and document code status discussions with patients and families without supervision in routine situations but unable to discuss end of life planning with patients and families in complex situations without supervision. Aware of ancillary services and resources available to assist patients and make appropriate referral; | Able to perform and document complete end of life discussion in a culturally competent fashion in an unsupervised setting using appropriate language: able to independently initiate referral to palliative services depending on patient issues (Leeway, hospice care, home hospice, etc.). Uses available educational tools effectively. | Educates patients and families on available palliative care, guides the patient in the decision making for end of life care; acts as a role model and educates other members of the health care team on end of life care. Able to lead an effective family meeting. |
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| EPA #10: Management of HIV in special populations  *Pregnancy/infertility* | | | | |
| Unable to perform gynecologic assessment despite guidance, the provision of a template, and orientation to the specific history and physical examination skills | Obtains accurate and relevant history from the  patient in an efficiently customized, prioritized, and hypothesis-driven fashion and identifies some problems but unable to independently perform a gynecological exam nor explore the measures to prevent pregnancy or HIV Transmission. | Performs formal gynecologic evaluation with minimal supervision,  Identifies treatment modalities for pregnant women.  Explains clearly different methods of contraception. Recognizes drug adverse effects and interactions.  Requires supervision to adequately manage complex medical and social cases | Develops plans to address treatment initiation and monitoring for pregnant women and communicates to patients and families. Adjusts medications to minimize risk of adverse effects or interactions, considers pregnancy and lactation implications of medications.  Counsels clearly and non –judgmentally the risk of transmission of HIV to partner and infant. | Tailors assessment to particular patient presentation and clinical circumstances.  Performs independently complete gynecologic assessment and discusses results with the patient.  Understands and attends to changes social issues, abnormal laboratory data and side effects to treatment. Discusses assessment and plan with interdisciplinary team the perinatal care |
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| EPA #11: Management of HIV in special populations  *HIV-HCV coninfection and multidisciplinary teamwork* | | | | |
| Demonstrates lack of knowledge and understanding of the natural history of HCV infection, disease progression, complications and appropriate diagnostic testing; unable to identify eligibility criteria for HCV treatment in patients with HIV-HCV coinfection; demonstrates lack of knowledge of available HCV treatment options and treatment guidelines; demonstrates lack of knowledge of HCV-treatment side effects and drug interactions; demonstrates lack of knowledge of monitoring response to HCV treatment;  Demonstrates lack of knowledge and understanding of the name and the role of the different members of the HIV multidisciplinary team.  Unable to appreciate of the importance of the HIV multidisciplinary team in the management of HIV disease and other comorbidities | Understands the natural history of HCV in HIV-HCV coinfected patients but demonstrates incomplete knowledge of treatment eligibility and options; demonstrates incomplete knowledge of HIV-HCV treatment interactions; Demonstrates appreciation of the importance of the HIV multidisciplinary team in the management of HIV disease | Demonstrates knowledge of HIV-HCV coinfection treatment considerations; demonstrates knowledge of treatment side effects and drug interactions but needs supervision to adequately manage complex cases; identifies situations where consultative services are necessary (ie, psychiatric care, hepatology or transplant services); able to work in a inter-professional team to adequately manage patients with HIV-HCV coinfection,  demonstrates knowledge of different members of the team and their role. Able to conduct a brief interprofessional team meeting to discuss patient care in a supervised setting. | Effectively manages patients with HIV-HCV coinfection; demonstrates proficiency in managing complex cases; effectively uses consultative services for patient management; works as an independent and effective member of the inter-professional team; Able to effectively lead a team meeting using a pre-developed agenda with minimal supervision. Addresses issues related to patient care and develops an action plan with the team. Demonstrates proficiency in managing complex cases; works as an effective member of the inter-professional team; | Educates patients and families on HIV-HCV co-infection and treatment considerations, monitors adverse effects; acts as arole model and educates other members of the health care team on HIV-HCV treatment; conducts quality improvement projects and/or research studies related to HIV-HCV treatment; Acts as a role model and educate other members of the health care team on effective interprofessional team. Conducts quality improvement projects and/or research; able to lead an inter-professional team regularly. |
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| EPA #12: *Management*  of HIV in special populations  *LGBTQ patients* | | | | |
| Unable to recognize patients who self-identify or elict behaviors consistent with LGBTQ. Unaware of clinical conditions, psychosocial complications of LGBTQ. Unaware of resources to improve access to medical and psychological care of LGBTQ patients. Unable to model sensitivity to LGBTQ issues and does not advocate locally or more globally for LGBTQ patients | Establishes rapport and solicits sexual preference and gender identification in non-judgmental manner. Recognizes unique medical and psychosocial conditions prevalent in **LG**BTQ patients but needs significant supervision in management. Aware of some local resources for referral; requires assistance in utilizing these resources. Demonstrates empathy and advocates for patients; demonstrates limited insight into how physician advocacy can translate to impacting larger culture | Regularly establishes sexual preference and gender identification in non-judgmental manner. Aware of common medical and psychosocial conditions that disproportionately affect **LG**BTQ pts and effectively screens for these conditions the majority of the time (STI, domestic/partner violence, drug and alcohol abuse, mental health issues including suicidal tendencies). Develops anawareness and is increasingly effective in accessing resources for interdisciplinary care of **LG**BTQ pts when appropriate. Often but not routinely demonstrates and models empathy; speaks out locally to peers and patients when appropriately to decrease stigma of **LG**BTQ persons | Aware of common medical and psychosocial conditions that disproportionately affect **LG**BTQ pts and effectively screens for these in most of appropriate instances (STI, domestic/partner violence, drug and alcohol abuse, mental health issues including suicidal tendencies). Routinely knowledgeable and effective with intra and interagency referrals as necessary; effectively coordinates care across these domains. Consistently demonstrates empathy, cultural awareness and advocacy for patients directly and in the inpatient and outpatient setting | Aware of common medical and psychosocial conditions that disproportionately affect **LG**BTQ pts and effective screens for these in 100%of appropriate instances (STI, domestic/partner violence, drug and alcohol abuse, mental health issues including suicidal tendencies). Acts as an expert resource for accessing and utilizing referrals for complex medical and psychosocial needs of **LG**BTQ pts such as hormonal therapy, sex reassignment surgery, STI management. Acts as a local and national advocate for **LG**BTQ persons and patients |
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**Action Plan**

1. **What do you identify as the strengths for this resident?**
2. **What do you identify as areas for growth over the next six months?**
3. **List any specific aspects of the HIV training track that the resident should be working on enhancing and improving:**