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**Health Services**  
LOS ANGELES COUNTY

Keck School of  
Medicine of **USC**



**THE LUNDQUIST**  
INSTITUTE

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## PROGRAM LEADERSHIP AND STAFF

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**Conflict of Interest Disclosure:** No faculty members involved in the HIV Clinical Leadership Program or any members of their families have or expect to acquire any financial interest in ViiV Healthcare. Any changes in this conflict of interest statement, or any new information, will be reported promptly by written communication to all parties involved in the fellowship, including trainees. No fellows will be required to prescribe or use any intellectual property medications or treatment interventions associated with ViiV Healthcare during their fellowship training or beyond.

## PROGRAM PARTNERS

### ***Los Angeles County Department of Health Services:***

The HIV Clinical Leadership Program is managed by the Los Angeles County Department of Health Services (DHS). The mission of DHS is to ensure access to high-quality, patient-centered, cost-effective health care for Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners. DHS is the second-largest county health system in the nation, providing care to more than 10 million residents through its integrated system of award-winning hospitals and community-based clinics. DHS employs 22,000 people who, together, are working to improve the health of Los Angeles County. Through its integrated system of 19 health centers, four hospitals, and an expanded network of community partner clinics, DHS cares for 670,000 unique patients. DHS also provides a range of ambulatory care services including patient-centered medical home care, healthcare for youth in the juvenile justice system, and medical services for special populations such as children in foster care and older adults.

DHS is also part of the Los Angeles County's Health Agency and is integrated with the Los Angeles County Departments of Mental Health and Public Health.

Through DHS's academic affiliations with the University of Southern California (USC) and the University of California, Los Angeles (UCLA), DHS is also one of the largest providers of post-graduate medical training programs in California.

### ***USC Keck School of Medicine's HIV Training Program in Family Medicine:***

The USC HIV Training Program is housed in the Department of Family Medicine at the Keck School of Medicine at USC. Since its creation in 1988, the USC HIV Training Program developed innovative programs and approaches to educating and training physicians and other healthcare professionals to prevent the spread of the disease, identify, test, and manage individuals living with HIV and AIDS. The first clinical training program for community providers and residents in the U.S. was established in September of 1988. In 2000, recognizing an increasing need for well-trained HIV providers, USC HIV Training Program developed one of the first HIV fellowships in the United States. This fellowship accepted recent graduates from family and internal medicine residencies who had a passion for HIV medicine, primary care, and a desire to practice in underserved communities hardest hit by the HIV epidemic. This LAC+USC Medical Center based HIV clinical fellowship was unique in that it also included experiences in several community and academic settings. In 2010, the only HIV Corrections fellowship in the United States was established, in partnership with the LA County Sheriff's Department, which operates the largest jail system in the world. The USC HIV Fellowship Program graduated its first fellow in 2001 and its 17th in 2016. All former fellows are providing HIV care in underserved communities in California and other states hardest hit by HIV. Many former fellows have advanced into leadership positions, including receiving academic appointments.

### ***ViiV Healthcare:***

ViiV Healthcare is a global specialist HIV company established in November 2009 by GlaxoSmithKline and Pfizer dedicated to delivering advances in treatment and care for people living with HIV. The company's aim is to take a deeper and broader interest in HIV/AIDS than any company has done before and take a new approach to deliver effective and new HIV medicines as well as support communities affected by HIV. For more information on the company, its management, portfolio, pipeline, and commitment, please visit: [www.viivhealthcare.com](http://www.viivhealthcare.com). While ViiV Healthcare is supporting this fellowship program with monetary resources, all clinical, research, and administrative management will be administered independently by DHS based on standards adopted solely by DHS in partnership with USC HIV Training Program. ViiV Healthcare plays no role in the application or the decision-making process for selection of the fellows.

### ***The Lundquist Institute:***

The Lundquist Institute provides administrative support for this fellowship. The Lundquist Institute is a non-profit scientific research organization dedicated to saving lives not only in the greater Los Angeles metro area, but throughout the world. The organization is located on the LAC-DHS Harbor-UCLA Medical Center Campus and affiliated with the David Geffen School of Medicine at UCLA.

## SALARY AND BENEFITS

**Salary:** Compensation is based on DHS post-graduate medical trainee salaries. All first-year fellows will be paid at the DHS-approved PGY salary level based on years of post-graduate training completed. All second-year fellows will be paid one PGY salary level higher with faculty approval of completion of the first year. The salary covers all time necessary to conduct and complete fellowship responsibilities, including, but not limited to: classes, didactic sessions, outpatient and inpatient clinical work, self-study time, on-call duties, scholarly project work, and conferences held during usual clinic or class times. In addition, a housing bonus is provided to all active fellows in August of each academic year.

**Medical and dental benefits:** Benefit packages available to all employees of The Lundquist Institute will be offered to all fellows and paid for by the fellowship program. Fellows may opt-out of the coverage, but will not receive monetary reimbursement for any declined benefits. Dependents of fellows may also receive medical and dental benefits through available benefit packages that are covered by the fellowship program.

**Relocation:** Fellows are responsible for any incurred moving expenses and for all required professional licensure expenses (California medical license, board certification, CPR certification, CME coursework). Fellows may apply for DEA license fee exemption for services provided in Los Angeles County Department of Health Services facilities.

**Educational Loan repayment:** The Fellowship Loan Repayment Program (FLRP) has been established as a benefit to all eligible fellows who complete the 2-year HIV Clinical Leadership Program. The FLRP offers up to a total of \$150,000 (\$50,000 per year for 3 years) of taxable (federal and state) payments to be applied towards educational debt. To receive the loan repayment, fellows must be employed in a position that commits at least 50% of salaried time to direct HIV clinical care or HIV-related health services research; the work must be focused on services for underserved communities. Eligibility will be determined by program leadership on an annual basis. Per IRS regulations, loan repayments are considered taxable. Payments will be disbursed by The Lundquist Institute directly to each eligible fellow. Details can be found in the HIV Clinical Leadership Program – Fellowship Loan Repayment Program (FLRP) policy.

**Leave Time:** Each fellow is allotted 25 paid leave days per year; these may be used for vacation, sick, or personal time off. Leave requests must be submitted to Shanna Livermore at least 90 days in advance whenever possible via the Time Off Request Form. Program leadership will review all requests and respond in a timely manner. Any requests for emergency time off will be approved with consideration of the circumstances. Unused leave may not be exchanged for pay. Requests to use all remaining days will not be considered if submitted less than 3 months in advance.

If an extended absence for personal, medical, or family needs is required, the Program Director must be notified in advance (if possible) and appropriate forms must be completed, in compliance with the Family Medical Leave Act (FMLA). If a fellow's request for leave is covered under FMLA, he/she continues to be eligible for benefits. After a full month of no paid time that is not covered by FMLA, a fellow is no longer eligible for benefits.

A leave of absence may impact the anticipated graduation date of fellowship, based upon a review of completed clinical rotations, scholarly work, and clinical competency.

## FELLOWSHIP OVERVIEW

**Purpose:** As the impact of HIV/AIDS changes in the United States, there is a growing need for well-trained physicians who can effectively manage the care of individuals living with HIV and also serve as leaders in the field of HIV medicine.

**Goal:** The goal of the fellowship is to train primary care physicians who are:

- (1) committed to providing high quality HIV care and prevention to all patients, especially those from highly impacted and vulnerable communities,
- (2) dedicated to being leaders in healthcare, medical education, and patient advocacy, and
- (3) skilled in understanding the importance of health services research that benefits patients and communities affected by HIV/AIDS.

**Training Highlights:** This is a two-year program that focuses on training physicians to enter leadership positions in HIV healthcare. Year 1 is focused on academic course work in partnership with the UCLA National Clinician Scholars program. Fellows will gain knowledge in health policy, research methods, community-based participatory research, pressing issues in healthcare, and pathways to leadership. Fellows will rotate through various HIV clinics, consult in the emergency department on HIV cases that require specialty care, and begin to build their continuity clinic. Fellows will participate in regular case-based learning and didactic sessions on major HIV medicine topics including multidrug resistance and opportunistic infections. In year 2, fellows will be expected to manage patients with more independent decision-making in specialty or elective rotations, as well as maintain their continuity care clinic panels and precept first-year fellows, residents, and students. Second-year fellows will spend a significant amount of time implementing their chosen scholarly project which will be presented at a regional/national conference and/or will be submitted for publication in a peer-review journal.

# CURRICULUM OVERVIEW— 2-YEAR CLINICIAN SCHOLAR TRACK

## **YEAR 1, Session 1 (6 months)**

*Clinical Training/Care* 30%

- HIV Primary care settings
  - Rand Schrader Clinic, LAC+USC Medical Center
  - Early Intervention Clinic (Skid row)
  - Emergency Department, LAC+USC Medical Center
  - LAC Jail Clinic
- HIV Sub-specialty Clinics at LAC+USC Medical Center

*Didactics and Case Studies* 10%

- Antiretroviral therapy, Department of Health and Human Services (DHHS) guidelines, resistance training, challenging cases

*Scholarship/Research/Leadership Development* 60%

- Identification of research area of interest
- Coursework at UCLA Fielding School of Public Health/ National Clinician Scholars Program: Health Policy & Financing, Research Design, Community-Based Participatory Research
- Seminars at UCLA National Clinician Scholars Program: Pressing Health Issues, Pathways to Leadership, Journal Clubs

## **YEAR 1, Session 2 (6 months)**

*Clinical Training/Care* 60%

- HIV training settings:
  - Rand Schrader Clinic, LAC+USC Medical Center
  - Early Intervention Clinic (Skid Row)
  - Material-Child HIV Clinic, LAC+USC Medical Center
  - Emergency Department, LAC+USC Medical Center
  - LAC Jail Clinic
  - USC Family Medicine Street Medicine clinic
  - LAC+USC Inpatient ID, functions as co-fellow on ID service
  - Hubert H. Humphrey Comprehensive Health Center
- HIV Sub-specialty Clinics (LAC+USC Medical Center, CHLA, San Diego, etc)

*Didactics and Case Studies* 5%

- Antiretroviral therapy, DHHS guidelines, resistance training, challenging cases

*Scholarship/Research/Leadership Development* 30%

- Scholarly project planning (idea finalization, IRB application)
- Seminars at UCLA National Clinician Scholars Program: Pressing Health Issues, Pathways to Leadership, Journal Clubs

*Teaching* 5%

- Teaching primary care residents in the USC HIV Training Program
- Clinical teaching (residents, medical, and other students)
- Lecture/presentations to residents, medical students, mid-level providers, nurses and community providers

## **YEAR 2**

*Clinical Training/Care* 50%

- HIV Training Settings
  - Rand Schrader Clinic, LAC+USC Medical Center
  - Early Intervention Clinic (Skid Row)
  - Material-Child HIV Clinic, LAC+USC Medical Center
  - Emergency Department, LAC+USC Medical Center
  - LAC Jail Clinic
  - USC Family Medicine Street Medicine clinic
  - Hubert H. Humphrey Comprehensive Health Center
  - LA Department of Public Health Clinics
- HIV Sub-specialty Clinics (LAC+USC Medical Center)
- Clinical teaching of residents, medical, and other students
- General Primary Care (as desired and available)
  - DHS clinic or other site where fellow will provide full service primary care to a panel of adult and pediatric patients

*Scholarship/Research/Leadership Development* 50%

- Work closely with research mentor(s) to complete project and prepare for conference presentation and/or publication
- Seminars at UCLA National Clinician Scholars Program: Pressing Health Issues, Pathways to Leadership, Journal Clubs

## **Clinical Training Experiences**

### **HIV Primary Care**

HIV continuity clinics include: Rand Schrader Health & Research Center (5p21), Early Intervention Clinic (EIC) at the JWCH Center for Community Health, Maternal Child Adult & Adolescent Virology Clinic (MCA), Hubert H. Humphrey Comprehensive Health Center (HHH), AIDS Project Los Angeles (APLA) Health, USC Family Medicine Street Medicine clinic, and the HIV line at the Los Angeles County Jail (LAC). Fellows provide comprehensive primary and HIV care to over 300 HIV-positive patients, including management of anti-retroviral therapy, HIV-related primary care, HIV or ART-related complications and opportunistic infections. Clinical preceptorship is provided by DHS and USC faculty with Family/HIV Medicine and Infectious Disease training.

### **Emergency Room Consultations**

Fellows provide 24/7 Emergency Room consultations and bedside education to emergency department providers at LAC+USC Medical Center. This includes consultations for patients with newly diagnosed HIV infections, acute HIV infections, or chronic HIV infections, regardless of whether the patients have an established medical home.

### **HIV Sub-Specialty Care**

HIV Specialty care training will occur predominately at 5p21, but fellows also rotate at Maternal Child and Adolescent Clinic, Children's Hospital Los Angeles, and Owen's Clinic of UC San Diego. Fellows receive training in the key HIV sub-specialties:

- Addiction medicine
- Adolescent medicine
- Communicable Diseases/Infectious Diseases
- Colorectal
- Dermatology
- Hematology/Oncology
- Hepatitis C Co-infection
- High resolution anoscopy
- Neurology
- OB/Gyn and Women's Health
- Palliative care
- Pediatric immunology
- Psychiatry
- Pulmonary medicine
- Women's health

### **Inpatient Care**

Training in the management of hospitalized HIV-positive patients will occur at the LAC+USC Medical Center. Fellows rotate on the USC Infectious Disease (ID) Consult Service for a minimum of one month. They function as a co-fellow alongside the ID fellow to oversee the consult service and attend/participate in ID conferences. They assist in the care of HIV-positive and negative patients with ID pathology. Conditions seen on this service include, but are not limited to: acute HIV, opportunistic infections, opportunistic malignancies and AIDS defining infections/conditions.

## **Didactic & Self- or Collaborative-Study**

### **One-on-one faculty discussions**

For the first six months of training, fellows meet weekly for one half day with faculty to lay the foundation of HIV primary care and anti-retroviral and opportunistic infection management as well as HIV resistance test interpretation. Subsequently, weekly didactic sessions will continue to build on HIV-related topics. The following curricular tools are utilized:

- DHHS Guidelines for the Use of Antiretroviral Agents for HIV-1 Infected Adults & Adolescents  
<https://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf>
- IASUSA Drug Resistant Mutations  
<https://www.iasusa.org/sites/default/files/2017-drug-resistance-mutations-hiv-1-figure.pdf>
- Stanford University- HIV Drug Resistance Database  
<https://hivdb.stanford.edu/>
- Patient cases
- Journal articles

### **Self & Collaborative study**

Fellows are encouraged to review evidence-based practice guidelines and discuss with faculty during one-on-one didactics and clinical preceptorship. The first 6 months of Year 1, fellows are expected to review practice-based guidelines, textbooks, and relevant literature on a weekly basis, particular on days with no scheduled clinical responsibilities.

#### DHHS Guidelines

Adult & Adolescent ARV <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/0>

Perinatal ARV <https://aidsinfo.nih.gov/guidelines/html/3/perinatal-guidelines/0>

OI Prevention & Treatment <https://aidsinfo.nih.gov/guidelines/html/4/adult-and-adolescent-oi-prevention-and-treatment-guidelines/0>

IDSA Practice Guidelines – HIV/AIDS

### **Educational Programs & Conferences**

Fellows are encouraged to attend relevant seminars and conferences. The fellowship program will cover reasonable costs for up to 2 conferences per year, pending approval of relevance to training by program leadership and limited to travel within the United States. The USC HIV Training Program may also offer support for fellows to attend the following two local conferences each year.

Annual HIV CME Symposium: Tough Decisions Made Easier, Fall  
IAS-USA conference, Spring

All first-year fellows are encouraged to attend “The Medical Management of HIV/AIDS and Hepatitis” conference held in San Francisco each December. The fellowship program will cover the full cost of attending this conference.

Fellows are also encouraged to attend the regular USC ID conferences, clinic lectures and community-based talks. During CD/ID rotation for 3 months, fellows attend the ID Case Conference in which challenging cases, frequently involving HIV-positive patients, are presented by students/fellows and collaboratively discussed by the ID faculty of USC. Regular conferences available to fellows:

USC ID conferences: Case Conference (weekly); Journal club, Clinical Pathologic Conference, Research seminars, Grand Rounds (monthly)

Rand Schrader Thursday Lectures from 12:00-1:00pm (including HIV Resistance Case Management conference: First Thursday of the month)

Los Angeles Intercity HIV Rounds (<http://hivrounds.org>): Wednesdays at 6:00pm

### **Teaching/Training Opportunities**

Development of advanced teaching/training skills in fellows is a key goal of our programs. Fellows are expected to participate in and develop trainings for varied learners from patients to medical students and health professionals of different levels. Fellows will develop a minimum of one original, interactive HIV or HIV-related presentation for providers. Fellows actively participate in the following training opportunities:

#### **Clinical Training Program (CTP)**

The CTP is a hands-on, intensive 1-2 week clinical preceptorship offered year round to resident and community physicians, physician assistants and nurse practitioners wishing to gain experience in HIV management. Trainees participate in a four-hour HIV Orientation workshop, see patients under supervision of a specialist and expand knowledge/skills via additional educational tools, such as interactive opportunistic infection cases, standardized patients and expanded disclosure cases. HIV fellows play a key role as trainer in the CTP program. They provide education to CTP participants in the following roles:

- HIV Orientation workshop: conduct this session a minimum of three times during the year
- Opportunistic Infection Cases: conduct small group Opportunistic Infection cases most weeks of the year
- Standardized Patients: provide feedback to participants on their skill with two interactive cases focused on assessing HIV risk factors and providing HIV pre-exposure prophylaxis counseling
- Clinical preceptorship: provide targeted teaching during patient care. As their own skills expand, fellows will function as a preceptor receiving patient presentations from trainees and providing guidance on management to participants during clinic

### **Emergency Department Testing & Linkage to Care**

Fellows play a critical teaching role in the HIV Testing, Linkage and Treatment program in the LAC + USC Emergency Department. As first responders on-call, they engage with emergency department providers for all new HIV-positive diagnoses and for those patients who are known-positive and out of care. Fellows provide teaching to patients, emergency room staff, residents and faculty on a wide breadth of topics including: HIV basics (transmission, sign/symptoms), current HIV testing algorithms, opportunistic infection diagnosis/prevention/treatment, ART initiation and management, and strategies to reduce barriers to care and improve linkage-to-care.

### **Los Angeles County Jail**

The HIV fellow role has become established as a key teaching resource in the jail. Fellows and USC faculty work closely with jail Infection Control (HIV Nurse Liaison, Epidemiologist) and the jail Medical Services Bureau. Fellows will be asked to assist in developing trainings and workshops as needs arise throughout the year. Regular teaching opportunities include:

Jail New Hire HIV Orientation (every odd month – 1<sup>st</sup> Wed 1-2:30)  
HIV/Hepatitis C Updates & In-services to jail providers (MD/NP), nurses, administration, custody (2-3/year)

### **Lectures/ Presentations at Local Academic & Community-Based Training Programs**

Fellows will present lectures on HIV medicine topics to trainee groups at local teaching facilities, such as:

White Memorial Medical Center Family & Internal Medicine lecture series  
USC School of Dentistry  
USC Physician Assistant Program  
USC HIV Training Program Projects

### **Participation in the “Continuum of Care”**

As first described in 2011, the HIV Care Continuum, or HIV Treatment Cascade, describes the steps patients must cross to achieve viral suppression, the ultimate goal of HIV treatment. The steps of the HIV Care Continuum include: 1) diagnosed with HIV, 2) linked to care, 3) retained in care, 4) prescribed anti-retroviral treatment, 5) virally suppressed.

The fellowship program is committed to developing programs that effectively increase the number of persons living with HIV/AIDS who are engaged in the continuum of care and working toward viral suppression. Specifically, we are focused on engaging the most vulnerable and highest risk populations (homeless/unstably housed, ethnic minorities, incarcerated persons). As such, we are committed to training providers who have awareness and experience in providing care, designing research or implementing systems-level programs that address barriers to care and reduce disparities in engagement. Fellows will gain experience in the HIV Continuum working on the following programs:

### **LAC+USC Emergency Room – HIV Testing, Linkage, and Treatment**

HIV patients are three times more likely to visit an emergency department, be racial minorities and lack insurance than their non-HIV counterparts. EDs are a safety net for HIV-infected individuals and it is often the sole point of entry into the healthcare system for these patients. The HIV Fellows are at the core of this routine HIV testing, linkage and treatment program in the largest Emergency Department (ED) in the Western United States. Fellows provide consultation to patients and ED providers/staff. They initiate immediate treatment for newly diagnosed or out of care individuals and assist in coordinating expedited linkage or re-linkage of individuals thereby effectively overcoming some of the most challenging steps in the care continuum. Participation in Emergency Room HIV diagnoses and care provides fellows with unique, hands-on experience in developing and implementing programs to address barriers to care for high risk populations.

### **Los Angeles County Jail**

As the largest jail in the U.S., the Los Angeles County Jail houses 15-20,000 inmates, of which 250-350 are HIV-positive on any given day. Since 2010, the USC HIV Training Program has been collaborating with the Sheriff's Department to improve care for HIV-positive persons while incarcerated and after release. Projects to improve quality and efficacy of HIV care for inmates have included longitudinal training workshops for jail primary care providers and development of electronic systems to triage HIV-positive inmates by medical need. Current areas of discussion include: development of a routine HIV/Hepatitis C screening program of jail inmates, research to evaluate impact of dually-located care teams (within and outside jail) on HIV care and outcomes. Fellows are encouraged to participate in ongoing projects/research with the jail or pursue new concepts that can improve care for this vulnerable population. As co-occurring epidemics, HIV and incarceration are intricately linked. Reducing barriers to engagement in care for incarcerated persons with HIV has great potential to impact our HIV epidemic.

# CLINICAL SITE LOCATIONS AND INFORMATION

## **Early Intervention Clinic at the JWCH Center for Community Health**

522 South San Pedro St, LA 90013.

Office: 213-486-4083, Miguel Ayala (Coordinator): 213-486-4944

Preceptor: Dr. Jenica Ryu

## **Rand Schrader Clinic**

1300 N. Mission Rd, 2<sup>nd</sup> Floor, LA 90033.

Main Line: 323-409-8255, A/B side: 323-409-8252

Preceptors: Dr. Jenica Ryu, Dr. Eddie Sata

## **Maternal Child Adult & Adolescent Clinic, at Outpatient Medical Department (OPD)**

2010 Zonal Ave, 5W 5<sup>th</sup> Floor, LA 90033.

Main: 323-226-2200

Preceptor: Dr. Lashonda Spencer

## **Men's Central Jail/Twin Towers**

441 Bauchet Street, Los Angeles, CA

Doctors Line: 213-893-2097, 2083, 213-974-4961

Contact: Martha Tadesse, Medical Liaison, 213-893-6704

Preceptor: Dr. Jenica Ryu

## **LAC + USC Emergency Department**

2051 Marengo St, Los Angeles, CA 90033

## **UCLA Medical Group:**

1399 Roxbury Drive, Suite 100

Los Angeles, CA 90035

(On the corner of Pico and Roxbury)

Preceptor: Dr. Ardis Moe, (310) 557-2273

## **APLA Health Centers:**

3743 S. La Brea

Los Angeles, 90016

Main Line: (323) 329-9900

1043 Elm Ave, Suite 302

Long Beach, CA 90813

Main Line: (562) 247-7740

Preceptor: Dr. Christian Takayama, (323) 329-9900

## **Hubert H. Humphrey Comprehensive Health Center – Main Street Clinic**

5850 S. Main Street

Los Angeles, CA 90003

Administration: (323) 897-6300

Preceptors: Dr. David Bermon and Dr. Revery Barnes

## SCHOLARSHIP & RESEARCH

All fellows are required to participate in a scholarly project that will be completed by the end of their second year of fellowship. Fellows may develop an independent project or may participate in ongoing research projects supported by faculty at USC, UCLA, and/or DHS. Fellows are expected to pursue research or quality improvement projects in their particular areas of interest. Faculty will meet with fellows at the start of Year 1 to identify areas of interest and potential project ideas; mentorship by faculty will be provided throughout the fellowship.

Coursework at UCLA has been specifically selected to instill an early understanding of the fundamentals of health research, health policy, social determinants of health, inequities in healthcare and health outcomes. Fellows will not be enrolled as full- or part-time students at UCLA, but will instead audit the designated courses. Fellows will be expected to participate in a minimum of 3 classes: Health Policy and Financing, Research Design, and Community-Based Participatory Research. Fellows are also expected to participate in weekly journal clubs and seminars entitled Pressing Health Issues and Pathways to Leadership.

After completing the selected courses, fellows should be able to develop a proposal for their scholarly project and begin planning the steps to initiating and completing the project. Fellows will have dedicated time each week (with no assigned clinical duties or didactic sessions) to work on their projects. Fellows are encouraged to demonstrate acquired knowledge, skills, and scholarly results through presentation at professional meetings or publication in scientific/academic journals. Faculty and research staff support will be available to provide mentorship and support.

## EVALUATION OF FELLOWS & FACULTY

**Evaluation of Fellows:** fellows will be evaluated every six months by key fellowship faculty and specialty attending physicians using the ACGME core competencies as a guide.

### Specialty rotation evaluations

Post-rotation evaluations are completed by sub-specialty attending physicians.

### Core faculty evaluations

Core faculty evaluations are completed two times per year to provide overall feedback on fellow performance.

### AAHIVM certification

By January of Year 2, fellows are expected to apply for the AAHIVM HIV Specialist credentialing process which includes an exam. HIV Specialist through AAHIVM is one mechanism to demonstrate proficient HIV knowledge/skills per national standards. Fellows completing a 1-year track should apply for the exam as soon as possible after the program.

**Evaluation of Faculty/Program feedback:** fellows will be asked to provide post-rotation evaluations of specialty faculty/rotations and periodic evaluations of core fellowship faculty. Fellows will formally meet with the program directors to provide program feedback and complete an end-of fellowship evaluation.

# LEARNING OBJECTIVES AND MILESTONES

At completion of the fellowship, physicians will be able to understand and perform the following:

## HIV SCREENING & TESTING

- Understand the CDC and USPSTF guidelines for routine HIV screening
- Understand and teach the 2014 CDC testing algorithm and be versed on current HIV testing methods used to diagnose acute and chronic HIV infection
- Effectively interpret HIV test results to determine HIV positivity and stage of disease (acute retroviral syndrome, chronic HIV)

## MEDICAL EVALUATION OF THE HIV-POSITIVE PATIENT

- Perform a complete history and physical examination of a new HIV-positive patient, reviewing and documenting current symptoms, pertinent medical and antiretroviral history and psychosocial status
- Develop broad differential diagnosis for an HIV infected patient presenting with common symptoms such as cough, diarrhea, headache, visual changes, rash
- Conduct a sexual history and identify known risk factors for HIV transmission/acquisition
- Apply CDC case definitions to establish diagnoses of Acute, Chronic Asymptomatic, Chronic Symptomatic HIV and AIDS

## CLINICAL MANIFESTATIONS

- Recognize clinical indicators of acute and chronic HIV infection
- Recognize signs and symptoms of key opportunistic infections such as Pneumocystis pneumonia, Toxoplasmosis, Cryptococcus and Mycobacterium avium complex

## OPPORTUNISTIC INFECTIONS (OIs) & MALIGNANCIES

- Identify thresholds for initiating and discontinuing prophylaxis for opportunistic infections including Pneumocystis pneumonia, Toxoplasmosis, and Mycobacterium avium complex
- Diagnose common opportunistic infections
- Initiate and monitor treatment of key OIs such as PCP, Cryptococcal meningitis, Toxoplasmosis, Mycobacterium tuberculosis, Mycobacterium avium complex; collaborate with Infectious Disease or Department of Public Health specialists for co-management of OIs.

## ANTI-RETROVIRAL THERAPY

- Understand the management of acute HIV including the impact of antiretroviral therapy on HIV reservoirs and long-term morbidity
- Understand the recommendation of antiretroviral therapy for all HIV-positive patients and the impact of treatment on morbidity and mortality in chronic HIV
- Recognize the public health benefits of initiating ART on all HIV infected individuals
- Understand side effect profiles of different antiretroviral classes and know laboratory tests needed to monitor for adverse effects
- Screen for drug-drug interactions between antiretroviral agents and common medications used in primary care
- Initiate and monitor antiretroviral therapy; interpret baseline genotype testing results, select initial antiretroviral regimens, monitor efficacy and manage side effects of ART
- Recognize HIV medication failure, appropriately order and interpret HIV resistance testing and develop salvage therapy regimens

## **LABORATORY TESTING & HEALTH MAINTENANCE**

- Appropriately order and interpret baseline laboratory tests and x-rays, including lymphocyte subsets, HIV viral load, resistance and trophile testing
- Monitor for efficacy and toxicity of antiretroviral therapy through recommended clinical evaluation and laboratory testing
- Provide recommended routine health maintenance services, including vaccinations, tuberculosis and cancer screening
- Manage common primary care health conditions in the setting of HIV infection, immune suppression and antiretroviral therapy

## **HIV CARE CONTINUUM**

- Understand the HIV care continuum
- Identify psychosocial factors that contribute to patients failing to engage in the HIV care continuum
- Develop skills to effectively engage vulnerable, at-risk populations into care
- Recognize the impact of patient-centered, patient-led care and engaging patients into care in non-traditional settings such as emergency rooms and jail

## **HIV PREVENTION**

- Provide appropriate risk reduction counseling
- Identify opportunities for initiating PrEP
- Prescribe oPEP and nPEP in the appropriate clinical settings
- Understand the sentinel studies that have proven the benefits of Treatment as Prevention as strategies to prevent HIV transmission

## **COINFECTIONS – SEXUALLY TRANSMITTED INFECTIONS (STIs), HEPATITIS B/C**

- Understand the impact of co-transmission with HIV and other STIs on HIV risk, prevention and epidemiology
- Understand and be able to teach screening recommendations, diagnostic tests, clinical manifestations and treatment of common STIs including syphilis, gonorrhea, chlamydia and herpes simplex
- Learn to order and interpret serologic tests for acute/chronic hepatitis B and Hepatitis C
- Be knowledgeable on current hepatitis B and C screening recommendations
- Initiate and monitor treatment for Hepatitis B and C; be knowledgeable on medication side effect profiles and drug interactions

## **COMORBIDITIES**

- Learn appropriate monitoring for common co-morbidities associated with HIV infection.
- Recognize and manage comorbid conditions in the context of HIV
- Be aware of the common drug interactions between HIV medications and other non-HIV medications

## **QUALITY/PROCESS IMPROVEMENT, HEALTH SERVICES RESEARCH, AND HEALTH POLICY**

- Develop a practical and focused research question or quality/process improvement goal
- Apply appropriate methods to conduct a QI/PI or reach project
- Understand the significance of and essential components of community-based research methods
- Communicate project findings effectively through written and oral methods
- Develop skills to review, critique, and interpret medical/ public health literature
- Analyze the nature, scope, and determinants of health system and health policy issues, specifically as they relate to persons living with HIV and to HIV-related care
- Understand the challenges and opportunities for physicians in healthcare leadership and patient advocacy
- Understand the fundamentals of health policies and health system issues, with a particular focus on how these impact vulnerable populations that are most affected by HIV