

Appendix B: Sample Goals and Objectives

Example from the Lawrence Family Medicine Residency

Goal of the HIV/Viral Hepatitis Pathway:

To train family physicians with the knowledge base and clinical experience needed to provide compassionate, culturally humble, high-quality disease-specific and primary care and treatment for patients with HIV and viral hepatitis.

Patient Care

Objective	Venue/Method	How Measured
Provide culturally humble, patient-centered screening and risk reduction counseling for adolescents and adults at risk for or living with HIV	Continuity clinic HIV CCC/viral hepatitis clinics	Quarterly written evaluations based on: <ul style="list-style-type: none"> • Direct observation (in continuity clinic, HIV/viral hepatitis specialty clinics) • Feedback from other members of clinical/case management teams • Feedback from patients • Review of resident notes/patient chart • Asynchronous precepting • Participation in learning activities <hr/> Documented completion of relevant National HIV curriculum modules
Provides culturally humble, patient-centered screening and risk reduction counseling for adolescents and adults at risk for or living with viral hepatitis	Inpatient consult service Corresponding modules in National HIV Curriculum	
Provides culturally humble, patient-centered primary care/preventive services for HIV-infected adults	Relevant guidelines (noted in AOC didactic curriculum document)	
Consistently obtains comprehensive HIV specific medical history and baseline laboratory assessment	Relevant TACO(s) and/or guided learning activity	
Able to effectively initiate ART for individuals who are ART naïve, taking into account co-morbidities, drug-drug interactions, baseline resistance profile, and patient preferences		
Provides effective monitoring of HIV virologic and immunologic response to therapy, as well as for treatment associated adverse events and toxicities		
Understands when and how to modify ART for individuals experiencing ART treatment failure or toxicity		
Provides appropriate OI screening and prophylaxis based on published guidelines		

<p>Able to diagnose and treat common OIs in the clinic and hospital setting (PCP, crypto, mucocutaneous candidiasis, toxo, TB)</p>		
<p>Appropriately screens for and treats (where appropriate) non-infectious complications of HIV (e.g. metabolic complications, renal and bone disease, malignancy)</p>		
<p>Able to complete a thorough initial evaluation of individuals living with chronic viral hepatitis, including history, exam, disease-specific counseling, and baseline fibrosis assessment</p>		
<p>Appropriately identifies individuals who are eligible for treatment of their chronic viral hepatitis, and selects appropriate therapy based on disease/fibrosis stage, treatment history, co-morbidities, and potential drug-drug interactions</p>		
<p>Appropriately monitors individuals with chronic viral hepatitis who are on or have completed treatment</p>		

Medical Knowledge

Objective	Venue/Method	How Measured
<p>Demonstrates appropriate medical knowledge base to practice as an HIV Specialist, including sufficient understanding of the following:</p> <ul style="list-style-type: none"> • HIV prevention • HIV testing and counseling • Epidemiology of HIV • Basic virology • Antiretroviral therapy, including mechanisms of action, pharmacology, and resistance • HIV-related complications and co-morbidities (infectious and non-infectious) • Primary care of the HIV-infected patient • Care of special populations (sexual, gender, and racial/ethnic minorities; PWID; pregnant women) • Ethical and legal issues 	<p>National HIV curriculum</p> <p>Faculty guided learning activities</p> <p>Self-directed reading from relevant guidelines, texts, and journal articles</p>	<p>Direct observation (in continuity clinic, HIV/viral hepatitis specialty clinics)</p> <p>Feedback from other members of clinical/case management teams</p> <p>Feedback from patients</p> <p>Review of resident notes/patient chart</p> <p>Asynchronous precepting</p> <p>Participation in learning activities</p>

		<p>Documented completion of relevant National HIV curriculum modules and question bank</p> <p>AAHIVM exam (may complete post-graduation)</p>
<p>Demonstrates appropriate knowledge base to provide viral hepatitis specialty care, including sufficient understanding of the following:</p> <ul style="list-style-type: none"> • Prevention and screening of hepatitis B and C • Epidemiology and natural history of hepatitis B and C • Common extrahepatic manifestations of hepatitis B and C • Assessing fibrosis stage in individuals with hepatitis B and C • Treatment recommendations for hepatitis B and C • Monitoring and follow up for individuals on treatment for hepatitis B/C • Follow up for individuals who have completed treatment, including those with cirrhosis 	<p>Hepatitis C online curriculum</p> <p>Faculty guided learning activities</p> <p>Self-directed reading from relevant guidelines, texts, and journal articles</p>	<p>Direct observation (in continuity clinic, HIV/viral hepatitis specialty clinics)</p> <p>Feedback from other members of clinical/case management teams</p> <p>Feedback from patients</p> <p>Review of resident notes/patient chart</p> <p>Asynchronous precepting</p> <p>Participation in learning activities</p>

Interpersonal/Communication

Objective	Venue/Method	How Measured
<p>Appreciates the intersectionality of cultural, ethnic, racial, spiritual, sexual- and gender-related patient identities; historic disparities in HIV/viral hepatitis incidence, prevalence, treatment, and health outcomes; and infection-related stigma, discrimination, and criminalization; and applies this to patient interactions on a regular basis</p>	<p>Continuity clinic</p> <p>HIV CCC</p> <p>Inpatient consult service</p> <p>Resident-led TACO(s) and/or guided learning activities</p>	<p>Quarterly written evaluations based on:</p> <ul style="list-style-type: none"> • Direct observation (in continuity clinic, HIV/viral hepatitis specialty clinics) • Feedback from other members of clinical/case management teams • Feedback from patients
<p>Elicits and conveys clinical information regarding viral hepatitis and HIV in a respectful, empathic, socially and culturally sensitive way, with attention to issues of:</p> <ul style="list-style-type: none"> • Partner notification, disclosure, and confidentiality 		

<ul style="list-style-type: none"> • Reporting laws • Privacy protections of HIV-related health information • Consent for testing and treatment for minors • Stigma 		<ul style="list-style-type: none"> • Review of resident notes/patient chart
<p>Accurately exchanges information with members of the clinical team, including HIV team members and other clinicians by:</p> <ul style="list-style-type: none"> • Clearly written, timely consultation notes • Timely verbal communication with HIV care management and nursing • Clinical mentorship of junior AOC and non-AOC resident and student learners • Teaching of colleagues via didactics/TACOs/presentations 		

Practice-Based Learning and Improvement

Objective	Venue/Method	How Measured
<p>Utilizes accurate clinical resources for HIV and viral hepatitis care consistently in order to optimize care</p>	<p>HIV CCC</p> <p>Monthly independent panel management review</p> <p>HIV CQI meeting participation</p> <p>Self-identified QI project</p>	<p>Quarterly written evaluations based on:</p> <ul style="list-style-type: none"> • Direct observation (in continuity clinic, HIV/viral hepatitis specialty clinics, didactic sessions) • Feedback from other members of clinical/case management teams • Feedback from patients • Review of resident notes/patient chart • QI project completion
<p>Appropriately reviews and manages individual continuity panel of patients with HIV and/or viral hepatitis with attention to:</p> <ul style="list-style-type: none"> • Adherence to guideline-directed care • Engagement and retention in treatment • Addressing SDOH that may be impacting care 		
<p>Analyzes current clinical care practices and performs practice-based improvement activities (QI) in order to improve health outcomes related to HIV and/or viral hepatitis</p>		

Professionalism

Objective	Venue/Method	How Measured
<p>Recognizes practice limits and when to seek consultation from more experienced providers/other resources to optimize patient care</p>	<p>Continuity clinic HIV CCC Inpatient consult service</p>	<p>Quarterly written evaluations based on:</p> <ul style="list-style-type: none"> • Direct observation (in continuity clinic, HIV/viral hepatitis specialty clinics) • Feedback from other members of clinical/case management teams • Feedback from patients • Review of resident notes/patient chart • Asynchronous precepting • Participation in learning activities
<p>Tracks CME and other required activities to be eligible for AAHIVM specialist exam</p>	<p>National HIV Curriculum progress tracker AOC tracker</p>	<p>National HIV Curriculum progress tracker AOC tracker</p>
<p>Describes legal, ethical, and social issues unique to HIV and viral hepatitis, including state specific guidelines on consent for testing, disclosure, and confidentiality; stigmatizing barriers to care; and criminalization</p>	<p>Continuity clinic HIV CCC Inpatient consult service Corresponding modules in National HIV curriculum and AAHVIM chapters Relevant TACO(s) and/or guided learning activity Community based activities/advocacy</p>	<p>Quarterly written evaluations based on:</p> <ul style="list-style-type: none"> • Direct observation (in continuity clinic, HIV/viral hepatitis specialty clinics) • Feedback from other members of clinical/case management teams • Feedback from patients • Review of resident notes/patient chart • Asynchronous

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		<p>precepting</p> <ul style="list-style-type: none"> • Participation in learning activities • Participation in community-based activities
<p>Identifies personal and societal biases toward individuals/communities disproportionately impacted by HIV and viral hepatitis (MSM, transgender, women, and men of color, those with SUD, etc.), and develops concrete plans to address/rectify these</p>	<p>Continuity clinic HIV CCC Inpatient consult service Community-based activities/advocacy Self-reflection Meeting with AOC advisor/faculty</p>	<p>Quarterly written evaluations based on:</p> <ul style="list-style-type: none"> • Direct observation (in continuity clinic, HIV/viral hepatitis specialty clinics) • Feedback from other members of clinical/case management teams • Feedback from patients • Review of resident notes/patient chart • Asynchronous precepting • Participation in learning activities • Participation in community-based activities
<p>Develops strategies for self-care to prevent burnout</p>	<p>Self-reflection Meeting with AOC advisor/faculty</p>	<p>Standard resident ILP</p>