





FACULTY

TAHSEEN J. SIDDIQUI, MD

Board Certifications: Internal Medicine & Infectious Diseases



- Infectious Disease Consultant Chair, Infection Control & Vice Chair Department of Medicine - Clinical & Teaching Faculty, Family Medicine & Podiatry Residency Programs - Humboldt Park Health/ Norwegian American Hospital, Chicago
- Infectious Disease Consultant & Chair, Infection Control - Holy Cross Hospital/Mt. Sinai Health System, Chicago
- Infectious Disease Consultant & Chair, Infection Control - Saint Bernard Hospital, Chicago
- Infectious Disease Consultant & Chair, Infection Control - Roseland Community Hospital, Chicago
- Infectious Disease Consultant Advocate Aurora Health System, Chicago
- Asst. Professor of Medicine & Clinical Faculty - St. George University Medical School

Dr. Siddiqui is an American board-certified Internist and Infectious Disease specialist, practicing in Chicago.

He is currently a practicing Infectious Disease specialist in the U.S in both the clinical as well as academic settings at multiple hospitals and holds various leadership positions including Chair, Infection Prevention & Vice Chair Department of Medicine, Clinical & Teaching Faculty of Family Medicine & Podiatry Residency Programs at Norwegian American Hospital, Chicago, IL; Chair, Infection Control at Holy Cross Hospital, St. Bernard Hospital and Roseland Hospital, Chicago, IL, Asst. Professor of Medicine at St. George University Medical School, and President of Chicago Infectious Disease Physicians Group.

Dr. Siddiqui has written several research articles, presented papers/posters at various scientific seminars and has delivered numerous CME lectures on a variety of topics pertinent to the local as well as global infectious diseases and HIV medicine.

In recognition of his professional achievements, dedication and continuous work, related to public health, medical education, scientific research, quality improvement, and patient care, he received many awards from the national and international organizations, including The Marquis Who's Who' Publication Board (Sixty Seventh Edition), Patient Reviews Top Doctor Certified, Consumers Research Council of America, Peer Reviewed professional, Philippine Medical Association in Chicago (PMAC), and Pakistan Physicians Society in America.

Virtual Rotation: Infectious Disease

OVERVIEW

Infectious Diseases remain a major cause of mor idity and mortality. In addition, new organisms have een emerging S S M S CO ID older athogens have een reemerging and the silectrorism requires a road range of nowledge for hysicians racticing clinical infectious diseases. The surface of this is to roadly train our students to treat and manage atients with infectious diseases in a changing world. The students series as a team mem er in the hos it all and/or in the out atient setting. Students of series assist or erform as ectrum of clinical actification actification at it is such as taking atient history erforming hysical eleminations and/or different rocedures writing atients notes erforming atient education articiticating in the management team and forming the atient lan in regards with necessary lood tests imaging diet actifications.

COURSE OBJECTIVES

- earn to do a directed history and hysical e amination
- earn to collect rele ant la oratory data
- aluate results of lood and imaging tests
- ssess the ris s and enefits of rele ant diagnostic rocedures
- nderstand the rationale for selection and use of treatment modules
- Select a ro riate medications and usual dosing regimens from the hos ital formulary
- earn how to inter ret the results of lood/imaging studies
- Master the hysical diagnostic sills necessary to ean effectie hysician
- The student should ealle to ealuate a atient with infectious disease and roose the diagnosis and a lan for management
- The student should ealle to effectiely use the iosy tests other athology la oratories and radiology and understand the results roided
- · The student should ea le to critically inter ret the medical literature and research data



Virtual Rotation: Family Medicine

HOW IT WORKS





COURSE LENGTH 4 WEEKS



DURATION 20 HOURS PER WEEK



CLASS SIZE
UNLIMITED



EFFORT 5 HOURS PER DAY



FORMAT 100% ONLINE



MODEL FACULTY-LED



Virtual Rotation: Infectious Disease

WHAT YOU WILL EARN



- √ Letter of Recommendation provided by Faculty
- √ Certificate of Completion provided by Telehealth Institute

AGENDA

- Lectures Series (2-3 hours weekly)
- Telemedicine (2-3 hours daily)
- Student Presentations (weekly)
- Individual Case Studies

System Requirements

Please ensure that the computer you plan to use meets the following requirements:

- Operating System: Microsoft Windows, Apple Mac OS X Apple iOS (iPad)
- Supported Browsers: Google Chrome Mozilla Firefox and Apple Safari
- Internet Connection:
 Broadband recommended





COMMON CONDITIONS

Student should see at least one of the following major clinical syndromes/disease/conditions:

Meningitis

- Recognize clinical presentation of acute meningitis. Understand causative agents, diagnostic tools available and treatment.
- Recognize the differences in etiology and presentation in immunocompromised hosts.

Sepsis

- Recognize clinical and physiologic manifestations of sepsis.
- Learn a thoughtful approach to discovering cause of syndrome.
- Understand the appropriate use of antimicrobials in sepsis syndrome.
- Learn the use of adjunctive therapies in the patient with sepsis.

Urinary Tract Infections

- Understand spectrum of illness: Pyelonephritis, cystitis, prostatitis, abscess
- Know appropriate management issues in relation to the treatment and prevention of UTIs.

Skin and Soft Tissue Infections

- Understand spectrum of illness including cellulitis, erysipelas, fasciitis, furunculosis, folliculitis and impetigo. Define the likely pathogen for each of these syndromes.
- Know clinical manifestations, predisposing host factors, classic exposures, and appropriate treatment. In particular, understand the management of infections with Methicillin-Resistant Staphylococcus aureus (MRSA) differentiating hospital and community-associated strains.





COMMON CONDITIONS cont.

Pneumonia

- Learn to perform a physical exam to diagnose this infection
- Develop knowledge of different bacterial, viral, fungal causes of pneumonia
- Understand the treatment of pneumonia.

COVID -19

- Learn the structure of the virus.
- Learn the incubation period and mode of transmission. Type of isolations.
- Understand the epidemiology in relation to the etiological agent and risk factors.
- Look the clinical manifestation of the infection and its complications
- Learn diagnostic and confirmatory tests for mild and severe disease, possible treatment options, prevention if any now, social distancing, vaccines.

Websites:

https://www.chicagohan.org/covid-19

https://www.chicagohan.org/documents/14171/239678/20200311_IDPH_SARS-CoV-2_Interim_Gu.pdf/7b932f99-07ff-db64-d638-27a5fdf7f4e3?t=1583983509770

https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html?CDC_AA_refVal=https%3A %2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidance-hcp.htmlStudent should see at least one of the following major clinical syndromes/disease/conditions:





COMMON CONDITIONS cont.

Coccidioidomycosis (cocci)

- Understand the epidemiology of cocci, clinical presentation, diagnosis and therapeutic management of localized and disseminated cocci.
- Understand the clinical presentation of localized and disseminated cocci
- Understand the diagnostic approach to the patient with suspected or proven disseminated cocci
- Understand the principles of antifungal therapy for localized and disseminated cocci, with an emphasis on the role of triazole agents

Tuberculosis

- o Understand the epidemiology of tuberculosis
- o Understand the pathogenesis, clinical stages (latent versus active disease) and clinical manifestations of tuberculosis
- o Understand the role of tuberculin skin testing in the diagnosis of tuberculosis, including interpretation of PPD skin test
- o Become familiar with the use of antimicrobial therapy in the management of latent and active tuberculosis
- o First line vs. second/third line agents
- o Common side effects of ant tuberculous agents
- o Periodic laboratory tests and clinical exams used to monitor for toxicity of antituberculous therapy





COMMON CONDITIONS cont.

ndocarditis and intra ascular infections

nderstand the e idemiology in relation to etiologic agents and ris factors earn to erform a hysical e am to loo for the clinical manifestations of disease earn the utility and limitations of arious diagnostic tests including echocardiogram ly the modified Du e Criteria to hel in determining the diagnosis earn treatment strategies for the management of endocarditis

Osteomyelitis and rosthetic oint Infections

ecogni e the common acterial athogens associated with osteomyelitis nderstand the utility and itfalls of the arious clinical la oratory and imaging modalities used to diagnose and monitor disease

De elo nowledge concerning duration of thera y for osteomyelitis ased on athogen duration of illness and resence or a sence of ortho edic de ices

I infection

nderstand serology to esta lish the diagnosis of I infection

De elo nowledge a out antiretro iral agents indications drug interactions common side effects de elo ment of resistance

De elo nowledge a out role of resistance testing inter retation of genoty ic and henoty ic resistance tests

De elo nowledge a out the clinical resentation diagnosis and treatment of o ortunistic infections

eferences uidelines for treatment of I and o ortunistic infections: htt ://idsinfo nih go





COMMON CONDITIONS cont.

Candida species

- Understand microbiology, pathogenesis, and pathologic findings.
- Learn spectrum of clinical manifestations.
- Thrush, esophagitis, cutaneous syndromes, fungemia and deep organ manifestations.
- Know appropriate management of infections with Candida sp. As determined by cultures of blood or sterile body fluids; Endocarditis, line infections and peritonitis
- Understand relationship between different species particularly the non-albicans candida and antifungal agents. Endocarditis and intravascular infections

