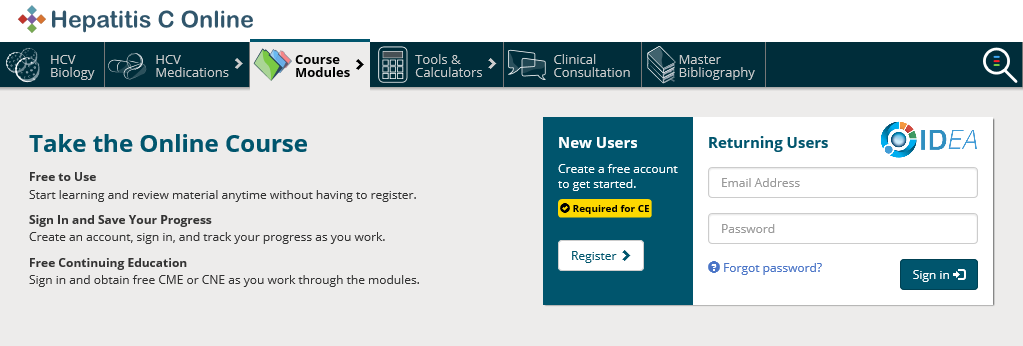
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**Self-Study Modules and Sections**

1. [1Screening and Diagnosis of Hepatitis C Infection 2nd Edition](https://www.hepatitisc.uw.edu/go/screening-diagnosis)

For any clinician who may encounter persons with hepatitis C virus infection and would like to establish core competence in testing for hepatitis C, counseling patients on preventing hepatitis C transmission, and diagnosing acute hepatitis C infection.

1. [2Evaluation, Staging, and Monitoring of Chronic Hepatitis C 2nd Edition](https://www.hepatitisc.uw.edu/go/evaluation-staging-monitoring)

Intended for clinicians involved in long-term management of persons with chronic hepatitis C infection. Content includes initial evaluation, natural history, preventing liver damage, staging of liver fibrosis, evaluation of cirrhosis, surveillance for hepatocellular carcinoma, and recognition of extrahepatic manifestations.

1. [3Management of Cirrhosis-Related Complications 2nd Edition](https://www.hepatitisc.uw.edu/go/management-cirrhosis-related-complications)

Addresses the diagnosis and management of complications that may arise in person with chronic HCV infection and cirrhosis, including ascites, spontaneous bacterial peritonitis, varicies, hepatic encephalopathy, and referral for liver transplantation.

1. [4Evaluation and Preparation for Hepatitis C Treatment 2nd Edition](https://www.hepatitisc.uw.edu/go/evaluation-treatment)

For clinicians evaluating persons with chronic HCV infection for hepatitis C treatment, including clinicians who will independently assess treatment candidacy and clinicians who will provide treatment candidacy with assistance from a hepatitis C expert.

1. [5Treatment of Chronic Hepatitis C Infection 2nd Edition](https://www.hepatitisc.uw.edu/go/treatment-infection)

For clinicians treating chronic hepatitis C infection. Material covered includes recommendations for treatment-naïve and treatment-experienced persons with chronic HCV infection genotypes 1-6, based on the Association for the Study of Liver Diseases and Infectious Diseases Society of America (AASLD-IDSA) HCV Guidance.

1. [6Treatment of Key Populations and Unique Situations 2nd Edition](https://www.hepatitisc.uw.edu/go/key-populations-situations)

Designed for clinicians who manage key populations of persons living with HCV and/or complex HCV-related unique treatment issues. Material covered is at an advanced level.

**Core Competencies for the Hepatitis C Online**

It is the goal of Hepatitis C Online to provide ongoing, up-to-date information needed to meet the core competency knowledge for HCV prevention, screening, diagnosis, and ongoing treatment and care to healthcare providers in the United States.

The following is an outline and list of Core Competency Sections (with sub-competency topics and learning objective performance indicators).

[**Section 1. Screening and Diagnosis of Hepatitis C Infection**](https://www.hepatitisc.uw.edu/go/screening-diagnosis)

Section Core Competency

Apply Evidence-Based Recommendations to Provide Screening and Diagnosis of HCV Infection

Topics

Learning Objective Performance Indicators

1. [HCV Epidemiology in the United States](https://www.hepatitisc.uw.edu/go/screening-diagnosis/epidemiology-us)
2. Describe the epidemiology of hepatitis C in the United States.
3. Recognize the impact of the hepatitis C epidemic in the United States.
4. [Recommendations for Hepatitis C Screening](https://www.hepatitisc.uw.edu/go/screening-diagnosis/recommendations-screening)
5. Summarize CDC screening and testing recommendations for chronic hepatitis C infection.
6. Discuss the impact of the 1945 to 1965 birth cohort hepatitis testing on the hepatitis C epidemic.
7. [Hepatitis C Diagnostic Testing](https://www.hepatitisc.uw.edu/go/screening-diagnosis/diagnostic-testing)
8. Describe screening and supplemental tests used for diagnosing hepatitis C infection.
9. Discuss post-test counseling messages and linkage to care for persons with active hepatitis C virus infection.
10. [Counseling for Prevention of HCV Transmission](https://www.hepatitisc.uw.edu/go/screening-diagnosis/counseling-prevention)
11. Summarize common routes of hepatitis C transmission.
12. Discuss appropriate counseling to prevent transmission of hepatitis C virus.
13. [Diagnosis of Acute HCV Infection](https://www.hepatitisc.uw.edu/go/screening-diagnosis/acute-diagnosis)
14. Recognize the clinical features, if present, in patients with acute hepatitis C infection.
15. List appropriate tests to order for the laboratory diagnosis of acute hepatitis C infection.

[**Section 2. Evaluation, Staging, and Monitoring of Chronic Hepatitis C**](https://www.hepatitisc.uw.edu/go/evaluation-staging-monitoring)

Section Core Competency

Provide Evidence-Based Evaluation, Staging, and Monitoring to Persons with Chronic Hepatitis C Infection

Topics

Learning Objective Performance Indicators

1. [Initial Evaluation of Persons with Chronic Hepatitis C](https://www.hepatitisc.uw.edu/go/evaluation-staging-monitoring/initial-evaluation-chronic)
2. Summarize key aspects of the medical history and physical examination in persons with hepatitis C presenting for an initial evaluation.
3. List key immunizations that should be administered to persons with chronic hepatitis C infection.
4. [Natural History of Hepatitis C Infection](https://www.hepatitisc.uw.edu/go/evaluation-staging-monitoring/natural-history)
5. Describe the variable outcomes that can occur in persons with chronic HCV infection.
6. Discuss factors that influence the rate of progression of fibrosis in persons with chronic HCV infection.
7. [Counseling Patients with Chronic Hepatitis C](https://www.hepatitisc.uw.edu/go/evaluation-staging-monitoring/counseling-liver-health)
8. Determine which common liver health counseling messages should be addressed in persons with chronic hepatitis C infection.
9. Summarize key counseling messages related to over-the-counter medications, alcohol, marijuana, diet, and complementary medications in persons with chronic hepatitis C infection.
10. [Evaluation and Staging of Liver Fibrosis](https://www.hepatitisc.uw.edu/go/evaluation-staging-monitoring/evaluation-staging)
11. Explain the indications, risks, and histologic assessment for liver biopsy in persons with chronic hepatitis C infection.
12. Examine noninvasive tests of liver fibrosis and examine the potential clinical utility of these tests.
13. [Evaluation and Prognosis of Patients with Cirrhosis](https://www.hepatitisc.uw.edu/go/evaluation-staging-monitoring/evaluation-prognosis-cirrhosis)
14. Differentiate compensated cirrhosis from decompensated cirrhosis.
15. Summarize classification and prognostic systems for patients with cirrhosis.
16. [Surveillance for Hepatocellular Carcinoma](https://www.hepatitisc.uw.edu/go/evaluation-staging-monitoring/surveillance-hepatocellular-carcinoma)
17. Determine which patients with chronic hepatitis C infection should undergo hepatocellular carcinoma surveillance.
18. Describe the American Association for the Study of Liver Diseases (AASLD) recommendations for surveillance for hepatocellular carcinoma.
19. [Extrahepatic Conditions Related to Hepatitis C](https://www.hepatitisc.uw.edu/go/evaluation-staging-monitoring/extrahepatic-conditions)
20. Recognize the clinical syndromes associated with hepatitis C-related cryoglobulinemia.
21. Describe the renal and dermatologic extrahepatic manifestations associated with chronic hepatitis C infection.

[**Section 3. Management of Cirrhosis-Related Complications**](https://www.hepatitisc.uw.edu/go/management-cirrhosis-related-complications)

Section Core Competency

Apply Evidence-Based Recommendations to Management of Cirrhosis-Related Complications in Persons with HCV Infection

Topics

Learning Objective Performance Indicators

1. [Diagnosis and Management of Ascites](https://www.hepatitisc.uw.edu/go/management-cirrhosis-related-complications/ascites-diagnosis-management)
2. Describe the appropriate technique for performing abdominal paracentesis.
3. Summarize appropriate medical management and dietary recommendations for patients with ascites.
4. [Recognition and Management of Spontaneous Bacterial Peritonitis](https://www.hepatitisc.uw.edu/go/management-cirrhosis-related-complications/spontaneous-bacterial-peritonitis-recognition-management)
5. Differentiate spontaneous bacterial peritonitis from secondary bacterial peritonitis.
6. Select and utilize appropriate antimicrobial therapy for patients with spontaneous bacterial peritonitis.
7. [Screening for Varices and Prevention of Bleeding](https://www.hepatitisc.uw.edu/go/management-cirrhosis-related-complications/varices-screening-prevention-bleeding)
8. Identify which patients with cirrrhosis should receive primary prophylaxis against variceal bleeding.
9. Use nonselective beta-blockers as prophylaxis against variceal bleeding when prophylaxis is indicated.
10. [Diagnosis and Management of Hepatic Encephalopathy](https://www.hepatitisc.uw.edu/go/management-cirrhosis-related-complications/hepatic-encephalopathy-diagnosis-management)
11. Summarize the clinical features of patients with hepatic encephalopathy and describe specific diagnostic tests.
12. Utilize appropriate medical therapy for patients with hepatitic encephalopathy.
13. [Referral for Liver Transplantation](https://www.hepatitisc.uw.edu/go/management-cirrhosis-related-complications/liver-transplantation-referral)
14. Summarize the major indications and important timing events for liver transplantation evaluation referral.
15. Determine a MELD score for all patients with cirrhosis and reflect on whether the score indicates a need for liver transplantation referral.

[**Section 4. Evaluation and Preparation for Hepatitis C Treatment**](https://www.hepatitisc.uw.edu/go/evaluation-treatment)

Section Core Competency

Provide Evidence-Based Evaluation and Preparation for Treatment of Persons with Hepatitis C Infection

Topics

Learning Objective Performance Indicators

1. [Goals and Benefits with HCV Treatment](https://www.hepatitisc.uw.edu/go/evaluation-treatment/treatment-goals-predicting-response)
2. Discuss the goals and rationale for hepatitis C therapy with patients considering treatment.
3. Predict a patient's response to treatment for chronic hepatitis C infection based on specific host and viral factors.
4. [Making a Decision on When to Initiate HCV Therapy](https://www.hepatitisc.uw.edu/go/evaluation-treatment/treatment-initiation-decision)
5. Reflect on the indications, contraindications, and patient readiness when considering initiating hepatitis C therapy.
6. Integrate knowledge of new medications when considering the timing of initiating hepatitis C therapy.
7. [Cost and Access to Direct-Acting Antiviral Agents](https://www.hepatitisc.uw.edu/go/evaluation-treatment/cost-access-medications)
8. Summarize the costs of direct-acting antiviral agents used to treat hepatitis C.
9. Describe major steps in accessing new direct-acting antiviral medications used to treat hepatitis C.
10. [Addressing Adherence Prior to Initiating HCV Treatment](https://www.hepatitisc.uw.edu/go/evaluation-treatment/addressing-adherence-problems)
11. List different methods to measure patient adherence when receiving hepatitis C therapy.
12. Identify barriers to adherence and discuss strategies that can maximize adherence.

[**Section 5. Treatment of Chronic Hepatitis C Infection**](https://www.hepatitisc.uw.edu/go/treatment-infection)

Section Core Competency

Apply Evidence-Based Treatment of Chronic Hepatitis C Infection

Topics

Learning Objective Performance Indicators

1. [Treatment of HCV Genotype 1](https://www.hepatitisc.uw.edu/go/treatment-infection/treatment-genotype-1)
2. Discuss preferred therapies for initial treatment of adults with HCV genotype 1a or 1b chronic infection.
3. List the preferred therapy for retreatment of adults with HCV genotype 1a or 1b chronic infection who have previously failed therapy.
4. [Treatment of HCV Genotype 2](https://www.hepatitisc.uw.edu/go/treatment-infection/treatment-genotype-2)
5. List preferred therapies for initial treatment of adults with HCV genotype 2 chronic infection.
6. Describe the preferred therapy for retreatment of adults with HCV genotype 2 chronic infection who have failed prior therapy.
7. [Treatment of HCV Genotype 3](https://www.hepatitisc.uw.edu/go/treatment-infection/treatment-genotype-3)
8. List preferred therapies for initial treatment of adults with HCV genotype 3 chronic infection.
9. Describe the preferred therapy for retreatment of adults with HCV genotype 3 chronic infection who have failed prior therapy.
10. [Treatment of HCV Genotype 4](https://www.hepatitisc.uw.edu/go/treatment-infection/treatment-genotype-4)
11. Understand the preferred therapies for the initial treatment of adults with HCV genotype 4 chronic infection.
12. State the preferred therapy for retreatment of adults with HCV genotype 4 chronic infection in whom prior therapy has failed.
13. [Treatment of HCV Genotype 5 or 6](https://www.hepatitisc.uw.edu/go/treatment-infection/treatment-genotype-5-or-6)
14. List the preferred therapies for the initial treatment of adults with HCV genotype 5 or 6 chronic infection.
15. Discuss the preferred approach to retreatment of adults with HCV genotype 5 or 6 chronic infection who have failed prior therapy.
16. [Monitoring During and After HCV Treatment](https://www.hepatitisc.uw.edu/go/treatment-infection/monitoring)
17. List the recommended monitoring for treatment efficacy and safety in patients receiving HCV therapy.
18. Summarize appropriate monitoring for patients after HCV treatment.

[**Section 6. Treatment of Key Populations and Unique Situations**](https://www.hepatitisc.uw.edu/go/key-populations-situations)

Section Core Competency

Apply Evidence-Based HCV Treatment to Key Populations and in Unique Situations

Topics

Learning Objective Performance Indicators

1. [Treatment of Acute HCV Infection](https://www.hepatitisc.uw.edu/go/key-populations-situations/treatment-acute-infection)
2. Explain the concept of spontaneous HCV clearance after acute infection and how this impacts treatment strategies.
3. Formulate an approach to evaluation and treatment of persons with acute hepatitis C infection.
4. [Treatment of HCV in Persons with HIV Coinfection](https://www.hepatitisc.uw.edu/go/key-populations-situations/treatment-hiv-coinfection)
5. Discuss key studies using direct-acting antiviral agents to treat hepatitis C in persons with HIV coinfection.
6. Develop an understanding of recommended approach to treating hepatitis C in persons with HIV coinfection.
7. [Treatment of HCV in Persons with Renal Impairment](https://www.hepatitisc.uw.edu/go/key-populations-situations/treament-renal-impairment)
8. Explain the interaction of hepatitis C and renal disease.
9. Discuss hepatitis C treatment approaches in persons with chronic renal insufficiency.
10. [Treatment of HCV in Persons with Cirrhosis](https://www.hepatitisc.uw.edu/go/key-populations-situations/treatment-cirrhosis)
11. Provide appropriate hepatitis C treatment options for persons with compensated cirrhosis.
12. Discuss approaches to treatment of hepatitis C in persons with decompensated cirrhosis.
13. [Treatment of HCV in Persons with Substance Use](https://www.hepatitisc.uw.edu/go/key-populations-situations/treatment-substance-use)
14. Summarize the impact of substance use on HCV treatment decisions in the modern era of treatment with direct-acting antiviral agents.
15. Integrate support services and management strategies into programs for patients with substance use who have chronic hepatitis C infection.
16. [Treatment of HCV in a Correctional Setting](https://www.hepatitisc.uw.edu/go/key-populations-situations/treatment-corrections)
17. Summarize the prevalence data and importance of addressing HCV in the correctional setting.
18. Discuss challenges of treating HCV in corrections.