



المجلس العربي للاختصاصات الصحية

The Arab Board of Health Specializations

دليل اختصاص الأمراض المعدية

المجلس العلمي لاختصاص الأمراض الباطنة

Guide Book of Infectious Diseases

The Scientific Council of Internal Medicine

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اللغة العربية: الاختصاص الدقيق في الامراض المعدية

Fellowship of Infectious Diseases: اللغة الإنجليزية

Outline:

- Teams/structure: minimum one trainer for two fellows
- Program size: **The number of ID trainers should be a minimum of 2 in the accredited centre.**
- Program duration: 24 months
- Hospital size and facilities:
 - a. The minimum size of 200 beds
 - b. ICU and CCU
 - c. Infectious diseases division/unit with at least 2 trainers
 - d. Microbiology Lab (at least 1clinical microbiologist)
 - e. Haematology/Oncology service
 - f. Minimum 4 functional operating rooms
 - g. Delivery suite and operating room
 - h. Emergency department
 - i. Infection control department and antimicrobials stewardship program
 - j. Clinical pharmacy
- **Service outline:**
 - Provide general medical ward consultations in infectious diseases cases admitted to the general medical ward or ID ward.
 - Provide infectious diseases consultations in critical care areas (ICU, RCU, CCU, Neuro-ICU...)
 - Provide infectious disease consultation for immunocompromised patients (hematological malignancies, oncology, bone marrow and organ transplant, HIV/AIDS...)



- Provide infectious disease consultations for surgical patients including obstetrics and gynecology, general surgery, neurosurgery, plastic surgery, colorectal, cardiothoracic etc.
- Provide infectious disease consultation for Emergency department
- Attend Outpatient clinics 2 times per week with at least once weekly clinic for HIV and STIs as the main physician with the supervision of an attending ID physician
- Collaborate with microbiology and infection control program on daily basis and participate in their teaching activities
- Provide care for inpatients admitted under communicable disease service including daily rounds, supervision of management plan and coordination with multidisciplinary consultants
- Provide weekend rounds on all patients admitted under ID inpatient service and other sick patients signed out by the ID team
- Supervise directly the residents and the medical students rotating in ID team and plan the care of the patients followed by them
- Follow up of patients under the care of other services that ID team consulted on them as follows:
 - Non-critical and non-cancer patients: minimum twice weekly follow up or as per need
 - Critical care and immunocompromised patients: daily follow up with clear management plans

Logistics:

To have at least 2-3 teams, one providing inpatient service and the one providing referral service.

In medium-sized medical centres, 2 teams can be combined and the number of ID fellows can be reduced to 2.

Each fellow will have 4 weeks per year vacation.

Fellows from other rotations will share coverage as per the convenience of each program.

Fellows to cover maximum on calls including weekends 2 weeks per month

Pediatric ID rotation is an obligatory elective 2-4 weeks / 2years

Public Health obligatory elective for 4 weeks



Teaching Activities:

To organize all the teaching activities within the ID service for the residents and the medical students

Journal Clubs: To conduct bi monthly journal club with the coordination of the ID trainers.

Program core curriculum topics: a minimum of 80 core knowledge lectures over 2 years once or twice per week to cover topics pertinent to ID speciality as outlined in the program objectives including antimicrobials, microbiology laboratory including molecular techniques, pediatric, obstetrics, adult ID, pathology, public health and epidemiology, tropical medicine, infection control and outbreak investigations.

ID Weekly conference: To conduct and present once weekly case- based discussions coordinated by ID attending

Research activities: each fellow should be involved in at least 2 research projects with the supervision of an ID trainer and publish as first author in at least one research project.

National, Regional or International meetings: The fellow should be sponsored by their programs to attend at least 2 scientific meetings either at the national level (ex. Lebanese Society for Infectious Diseases Annual Congress, Saudi, Jordanian,), regional level (ex, Arab, Mediterranean ...). or international level (ex. ECCMID, IDSA. ISID ...).

Program Core Curriculum Topics:

It is expected that by the end of the training period, the fellow will have had clinical experience and/or formal instruction in the prevention, evaluation, and management of the following:

1. Ethics and Medico-legal aspects relevant to the discipline
2. Microbial virulence factors and host defence mechanisms
3. Basic concepts of immunology
4. Anti-infective therapy
5. Immunization
6. The epidemiology, clinical course, manifestations, diagnosis, treatment, and prevention of major infectious agents
7. A critical assessment of the medical literature, medical informatics, clinical epidemiology, and biostatistics and research methodology
8. Quality assurance and cost containment in the clinical practice of Infectious Diseases



9. Fever, including fever of unknown origin and systemic illness with fever and rash
10. Pleuropulmonary infections including TB
11. Cardiovascular infections
12. Central nervous system infections
13. Gastrointestinal and intra-abdominal infections
14. Urinary tract infections
15. Sepsis syndromes
16. Skin and soft tissue infections
17. Infections of prosthetic devices
18. Bone and joint infections
19. Infections related to trauma, including animal and human bites
20. Healthcare-associated infections
21. Infections in surgical patients
22. SARS-CoV2 infections and other respiratory pathogens of pandemic potential
23. Infections in special hosts (immunocompromised, neutropenic patients)
24. HIV infection and AIDS
25. Infections of the reproductive organs
26. Sexually transmitted infections
27. Infections in solid organ transplant recipients and stem cell transplant recipients
28. Viral hepatitis
29. Infections in travellers
30. Infections in geriatric patients
31. Pre and post-exposure prophylaxis
32. Zoonoses
33. Biodefence
34. Emerging and re- emerging infectious diseases.



Proposed textbook/ Journals/Guidelines references

- Mandell, Douglas and Bennett's Principles
- Practice of Infectious Diseases
- Harrison's Infectious Diseases.
- Clinical Infectious Diseases
- Journal of Infectious Disease
- Lancet Infectious Disease
- Antimicrobial Agents and Chemotherapy
- Regional and international ID guidelines (WHO, CDC, IDSA, IAS, *AIDS Info*, AASLD, APASL, EASL for chronic viral hepatitis and HIV treatment)

General Principles:

Communication:

Effective communication among the team members is essential for organized and efficient rounds.

- Whenever the fellow changes teams or the attending physicians on service switch, it is the fellow's responsibility to coordinate with the attending on service early in the morning for the plan of the day
- The fellow on call for the weekend needs to coordinate also with the attending on call before leaving the hospital to inform him/her about any new consults after working hours.
- Early morning, the fellow needs to check the patient's list and identify any transfer to ICU or from ICU to the regular floor under the ID team to coordinate their management plan.



Pre-Round/Round/Microdata:

It is the fellow 's responsibility to coordinate with the attending on service about the timing of the round to finalize the plans. No matter what time the attending will be rounding, it is the fellow's responsibility weather on inpatient services or referral service to:

- Round on the sickest patients first that are admitted under ID team
- Identify overnight events, get the laboratory results, radiology results and information, get the treatment plan from the primary team on referred patients and review patients physically with clear documentation of treatment plan after discussion with the attending ID physician.
- Contact Microbiology daily to get all the Microdata for the patients
- **Review/ discuss all patients seen by the residents, interns and medical students prior to the attending rounds.**

SIGN OUT:

A detailed accurate sign-out is very essential in order to guarantee the continuity of patient care.

The following need to be present in every sign-out list:

- Patient's Full name and room number and case number
- Patients under ID team care needs to be clearly identified by adding word ID
- Each patient's antibiotics need to be cited as well as the date of start
- Pending ID workup on each patient
- Inactive patients on whom we can get reconciled to be kept on the list and marked as Inactive or typed in a smaller or italic font
- Discharged patients with pending workup that could necessitate follow up or change in antibiotic therapy need to remain on the list



THE LIST

It is a list of patients currently admitted under ID or followed on a given service.

It is entrusted to the fellows, to compose, edit, update and maintain the accurate vital information.

It is a valuable document that shall be updated on a DAILY basis by the fellow and treated with respect (contains patient information).

- The fellow on service will communicate electronically the list of patients, edited and updated to the attending on that service daily before 8:30 am.
- During the day: transfers between units, ER, floor etc... are communicated VERBALLY by the fellows to the attending or the other fellows (if more than one fellow)
- Those updates will be introduced to the team lists by the fellows on a daily basis.

WEEKEND SIGN OUT:

- The attending physician on a given team will sign out the team patients to the attending on call for the weekend and the fellow on call for the weekend and will highlight problems.
- The fellow on call will update the ID inpatients and referral lists and send it to the on-call attending physician.
- The fellow / attending on call will review the patients (ID inpatients, new referrals or sick known referrals) and forward a feedback to concerned team next working day

How to excel as an ID Fellow?

- a. Find out what your trainer expects of you. Meet and try to exceed their expectations. Follow through on every assigned task.
- b. Be actively involved in the care of your patients to the greatest extent possible. Go the extra mile for your patients. You will benefit as much as they will.
- c. Go the extra mile for your team. Additional learning will follow. The more you put in, the more you will gain. Read every day about cases you encountered on the service.
- d. Read consistently and deeply about all the problems your patients face. Raise what you learn in your discussions with your team and in your notes. Good ID physicians must be good internal medicine specialists.
- e. Educate your team members about what you learn whenever possible.



- f. Supervise your junior colleagues and teach them as frequently as you can.
- g. Learn to do excellent presentations as early as possible. This will make you more effective inpatient care and gain the confidence of your supervisors to allow you more involved inpatient care.
- h. Ask good questions and expect to be answered.
- i. Speak up—share your thoughts in teaching sessions, share your opinions about your patients' care, constructively discuss how to improve the education you are receiving and the systems around you.
- j. Actively seek feedback and reflect on your experiences.
- k. Keep your goals focused on the right priorities, in the following order: patient care, learning, and personal satisfaction. You should always strive to meet all three goals.
- l. Always be enthusiastic. Be caring and conscientious and strive to deliver outstanding quality to your patients as you learn as much as you can from every experience.

The following expectations are common from all House staff working at the medical centre:

- I. Attend all clerkship activities on time. If you must be absent, get permission in advance.
- II. Dress professionally. The way you dress makes a statement about your division and the medical profession; it will influence the way you are perceived by your patients and your colleagues. If you have any question about what constitutes professional dress, consult the hospital policy or senior staff.
- III. Treat every member of the health care team, your colleagues on the clerkship team, and every patient with respect.
- IV. Always introduce yourself, correctly identifying your role on the team as a fellow in ID.
- V. Make sure your recommendations are clear and specific. Each medical note includes your supervisors name, your name, role, and contact number.
- VI. Preserve confidentiality. Do not discuss patients in public places and destroy all papers with patient-specific information that are not part of the medical record. Do not look in the chart (paper or electronic) of any patient for whom you are not caring
- VII. Although you deserve breaks and vacations; make sure you finalize your patient workup and complete your duties before leaving.
- VIII. Be compassionate with patients and their families and be a good listener.



Supervision Policy

1. Direct by ID trainer supervision
2. Indirect that include a review of the fellow's patient management chart and notes of ID supervisor in the logbook.
3. Monthly formal evaluations by rotation supervisor
4. End – of – first year's clinical assessment including OSPE exam conducted locally (objective structured practical exam).

Final examination.

- الامتحان النهائي:

1. الامتحان الكتابي:

- يتألف من ورقة واحدة 100 سؤال على شكل أسئلة متعددة الخيارات (MCQ)

- يتم اختيار إجابة واحدة صحيحة من أصل أربع خيارات.
- المدة الزمنية للامتحان: ثلاث ساعات.
- العلامة 100 درجة، علامة النجاح 70% وما فوق.
- يعقد مرة واحدة في العام تزامنا مع امتحانات الامراض الباطنة.

2. الامتحان العملي (CCA): - يتكون من خمس محطات (ويتم الاستعانة بممثلين او مرضى

حقيقيين)، علامة النجاح 70 % وما فوق:

المحطة الأولى: محطة مهارات التواصل والاخلاقيات الطبية (20 دقيقة) / 20 علامة

المحطة الثانية والثالثة والرابعة (حالات سريرية قصيرة) (20 دقيقة لكل محطة) / 20 علامة لكل محطة).

المحطة الخامسة (مهارات ضبط العدوى) (20 دقيقة) / 20 علامة

ملاحظة:

- Pass in the clinical part is a must for grand total
- All parts of the examination should follow the roles of Arab board of Health specializations.