

INFECTIOUS DISEASE SENIOR RESIDENCY

TRAINING REQUIREMENTS

(A) INTRODUCTION

This document is prepared by the Infectious Disease (ID) Residency Advisory Committee (RAC). It describes the training program for ID advanced specialty internal medicine training, in order for trainees completing the program to be certified as an ID physician by the Specialist Accreditation Board (SAB), Singapore Medical Council (SMC).

All training programs will need to meet the requirements for ACGME-I accreditation, as well as the Joint Committee on Specialist Training (JCST) requirements.

The field of adult infectious disease covers the interaction between human hosts and microbes: preventing, managing and treating infections in individuals as well as larger populations.

(B) PROGRAMME OVERVIEW

The ID Senior Residency Program (SRP) must be at least 24 months in length for ACGME-I accreditation, with all ACGME-I requirements met within the 2 years accredited by ACGME-I.

The program must be at least 36 months in length for JCST accreditation.

(C) TRAINING REQUIREMENTS R4-R5

I. **Clinical Caseloads & Range**

During inpatient and consult services, trainees should have seen at least 400 new patients from R4-R5 (ie. at least 200 new patients per year) and managed a wide range of cases in inpatient and outpatient settings, in the following areas (with examples):

i. General ID

Mycobacterial infections, sepsis, pyrexia of unknown origin, CNS infections, endocarditis, hepato-biliary infections, genito-urinary infections including STIs, surgical infections, bone & joint infections, device-related and other healthcare associated infections, infections in ICU, obstetric & gynaecologic infections, skin & soft tissue infections, viral infections, antibiotic management

ii. Infections in the immunocompromised host

Transplant, hem/oncology, rheumatology, febrile neutropenia, fungal infections

iii. HIV medicine

CMV, PCP, DMAC, cryptococcosis, toxoplasmosis, extrapulmonary TB

iv. Travel & tropical medicine

Malaria, dengue, typhoid, rickettsial & parasitic infections, travel vaccines, diarrhea

II. Sample Clinical Rotations

For ID Senior Residency Program (SRP) –
R4 Year (Total: 12 months)

<u>Rotations</u>	<u>Duration (in months)</u>
Parent hospital	8
General Medicine (GM) / Geriatric Medicine (GRM)	2
Microbiology	2

R5 Year (Total: 12 months)

<u>Rotations</u>	<u>Duration (in months)</u>
Parent hospital	4
Rotation at other accredited hospital	4
GM / GRM	2
Infection Control (IC)	1
Sexually Transmitted Infections (STI) / Pediatric ID	1

III. Dedicated teaching sessions

These may consist of a combination of lectures, journal clubs, case conferences, and presentations as well as individual study time, and should average minimum 2 hours per week.

IV. Residents' scholarly activity

Each trainee must demonstrate scholarly activity over 36 months, with one of the following:

1. Give at least 20 ID lectures, topic reviews, or journal club presentations
2. Give at least 1 poster or oral presentation at a medical conference
3. write a report on a research project in which the trainee participated as a co-investigator

(D) TRAINING REQUIREMENTS R6

I. Foundational Requirements

The R6 year must be in compliance with ACGME-I's Foundational Requirements.

Foundational requirements for IM related specialties: <http://www.acgme-i.org/web/requirements/SubspecialtyFoundational.pdf>

II. Specialty Specific Requirements

a) Clinical Caseloads & Range

During inpatient and consult services, trainees should have seen at least 600 new patients by the end of R6, and managed a wide range of cases in inpatient and outpatient settings, in the following areas (with examples):

i. General ID

Mycobacterial infections, sepsis, pyrexia of unknown origin, CNS infections, endocarditis, hepato-biliary infections, genito-urinary infections including STIs, surgical infections, bone & joint infections, device-related and other healthcare associated infections, infections in ICU, obstetric & gynaecologic infections, skin & soft tissue infections, viral infections, antibiotic management

ii. Infections in the immunocompromised host

Transplant, hem/oncology, rheumatology, febrile neutropenia, fungal infections

iii. HIV medicine

CMV, PCP, DMAC, cryptococcosis, toxoplasmosis, extrapulmonary TB

iv. Travel & tropical medicine

Malaria, dengue, typhoid, rickettsial & parasitic infections, travel vaccines, diarrhea

b) Sample Clinical Rotations

For ID SRP (Total: 12 months)

<u>Rotations</u>	<u>Duration (in months)</u>
Parent hospital	6
GM / GRM	2
Travel / TB	1
Research & other electives*	3

*Other electives may consist of the following rotations:

- Exposure to research (strongly recommended by ID RAC)
- Exposure to travel medicine clinic (strongly recommended by ID RAC)
- Exposure to tuberculosis clinic (strongly recommended by ID RAC)
- Employee health clinic (including management of needle stick injuries)
- Epidemiology or public health unit
- Transplant, hematology/oncology or burns units
- Pediatric ID (strongly encouraged to fulfil ACGME-I requirements)

The minimum duration of an elective is 1 week.

c) Dedicated teaching sessions

These may consist of a combination of lectures, journal clubs, case conferences, and presentations as well as individual study time, and should be average minimum 2 per week.

d) Residents' scholarly activity

Each trainee must demonstrate scholarly activity over 36 months, with one of the following:

1. Give at least 20 ID lectures, topic reviews, or journal club presentations
2. Give at least 1 poster or oral presentation at a medical conference
3. write a report on a research project in which the trainee participated as a co-investigator

e) Other requirements

- Attended the ethics course.

III. Resident Competencies

	R6
1. Patient Care	Trainees must be able to provide patient care that is effective, appropriate, and compassionate for preventing and treating health problems. Trainees must demonstrate clinical competence in: <ul style="list-style-type: none">• care of patients of both genders, from adolescence to old age• the practice of health promotion, disease prevention, diagnosis, care, and treatment of a wide range of infections
2. Medical Knowledge	Trainees must demonstrate a sound grasp of knowledge of established and evolving biomedical, clinical, epidemiological and behavioural sciences, as well as the application of this knowledge to patient care
3. Practice-based Learning and Improvement	Trainees must demonstrate the ability to evaluate their care of patients, to assess and apply scientific evidence, and to continually improve patient care based on self-evaluation and life-long learning.
4. Interpersonal and Communication Skills	Trainees must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and healthcare colleagues.
5. Professionalism	Trainees must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
6. Systems-based Practice	Trainees must demonstrate an awareness of and responsiveness to the larger context and system of health care. Trainees must demonstrate the ability to call effectively on other interdisciplinary and interprofessional resources to provide optimal health care.

(E) LOG OF OPERATIVE / CLINICAL EXPERIENCE

All residents must to keep a log of their operative / clinical experience throughout during the 3 years of Infectious Diseases Senior Residency training via the designated electronic systems.

(F) ASSESSMENT AND EXAMINATIONS

I. Supervisors Assessment

The supervisor's evaluation of the resident should be performed at the end of every rotation using the designated form and then submitted to the RAC for review.

II. Feedback

Residents should perform a yearly evaluation of teaching faculty and the training programme using the designated forms. These forms must be submitted to the RAC and kept absolutely confidential.

III. Examinations

R4	R5	R6
<p><u>Formative assessment</u></p> <p>1. Supervisor reports – every 2-3 months <i>May be supplemented by CCC reports</i></p> <p>2. Meet the trainee sessions (MTTS) by ID RAC – every 12 months</p> <p>3. Clinical competency evaluation by PD to ACGME-I – every 6 months</p> <p>4. Logbook for clinical cases seen (minimum 200 cases/year, total 600 cases)</p> <p>5. IDSA-ITE Examination</p>	<p><u>Formative assessment</u></p> <p>1. Supervisor reports – every 2-3 months <i>May be supplemented by CCC reports</i></p> <p>2. Meet the trainee sessions (MTTS) by ID RAC – every 12 months</p> <p>3. Clinical competency evaluation by PD to ACGME-I – every 6 months</p> <p>4. Logbook for clinical cases seen (minimum 200 cases/year, total 600 cases)</p> <p>5. IDSA-ITE Examination</p>	<p><u>Formative assessment</u></p> <p>1. Supervisor reports – every 2-3 months <i>May be supplemented by CCC reports</i></p> <p>2. Clinical competency evaluation by PD to ACGME-I – every 6 months</p> <p>3. Logbook for clinical cases seen (minimum 200 cases/year, total 600 cases)</p> <p>4. IDSA-ITE Examination</p> <p><u>Summative assessment</u></p> <p>1. Clinical Vignettes</p>

Examinations (wef 1 January 2023)

R4	R5	R6
<p><u>Formative assessment</u></p> <p>1. Supervisor reports – every 2-3 months <i>May be supplemented by CCC reports</i></p> <p>2. Meet the trainee sessions (MTTS) by ID RAC – every 12 months</p> <p>3. Clinical competency evaluation by PD to ACGME-I – every 6 months</p> <p>4. Logbook for clinical cases seen (minimum 200 cases/year, total 600 cases)</p> <p>5. IDSA-ITE Examination</p>	<p><u>Formative assessment</u></p> <p>1. Supervisor reports – every 2-3 months <i>May be supplemented by CCC reports</i></p> <p>2. Meet the trainee sessions (MTTS) by ID RAC – every 12 months</p> <p>3. Clinical competency evaluation by PD to ACGME-I – every 6 months</p> <p>4. Logbook for clinical cases seen (minimum 200 cases/year, total 600 cases)</p> <p>5. IDSA-ITE Examination</p>	<p><u>Formative assessment</u></p> <p>1. Supervisor reports – every 2-3 months <i>May be supplemented by CCC reports</i></p> <p>2. Clinical competency evaluation by PD to ACGME-I – every 6 months</p> <p>3. Logbook for clinical cases seen (minimum 200 cases/year, total 600 cases)</p> <p><u>Summative assessment</u></p> <p>1. Clinical Vignettes</p> <p>2. Written Assessment</p>

(G) CHANGES IN TRAINEESHIP PERIOD AND LEAVE OF ABSENCE

I. Changes in Training Period

Residency should be continuous. If a training programme is interrupted for any reason whatsoever, the RAC may at its discretion, require the resident to undergo a further period of training in addition to the minimum requirements of the programme or terminate the residency altogether. All residents are required to conform to the residency training plan as approved by the RAC and complete all the exit and training requirements within the maximum candidature.

II. Leave Of Absence

All residents are to comply with the prevailing MOH policy on Leave of Absence.

III. Overseas Postings

Overseas attachment during Senior Residency training is not permitted with the exception of Radiation Oncology and Neurosurgery (*refer to JCST Circular 114/14*).