PDCC Hospital Infection Control

Course Curriculum:

Course: Post-doctoral certificate course (PDCC) - Hospital Infection Control

Duration of the course – 1 year

Learning: Independent self-directed + Work-based experiential learning

Assessment: Continuous cumulative assessment (Formative + Summative)

COURSE LEARNING MODULES:

- I. GOOD MICROBIOLOGY LABORATORY PRACTICE & DIAGNOSTIC STEWARDSHIP
- II. BASICS OF DISINFECTION, STERILIZATION, CSSD PRACTICES

III. HOSPITAL ACQUIRED INFECTIONS- DIAGNOSIS AND SURVEILLANCE

IV. ADMINISTRATIVE ASPECTS OF INFECTION CONTROL- HICC AND ICT

- V. APPLICATION OF CLINICAL MICROBIOLOGY IN INFECTION CONTROL
- VI. OCCUPATIONAL HEALTH AND SAFETY

VII.RESEARCH IN INFECTION CONTROL

VIII. PERIPHERAL POSTING

Each of these learning modules are addressed below using the principles of Bloom's taxonomy to assess the areas of

- A. Knowledge (Cognitive domain)
- B. Skills (Psychomotor domain) and
- C. Attitude/Behaviour (Affective domain)

I. GOOD MICROBIOLOGY LABORATORY PRACTICE & DIAGNOSTIC STEWARDSHIP

Learning component	Year quarter	Assessment method
Knowledge		
 a. Pre-analytical phase Describes the various diagnostic tests available for detection of various pathogens/clinical syndrome evaluation II. Explain the correct sample, optimum collection procedure, storage, and 	Q1-2	Seminar presentation on topics like Standard operating protocols (SOP)
 b. Analytical phase Explains the principle, advantages and disadvantages of diagnostic tests Explains the biosafety precautions which are to be followed while performing these diagnostic tests c. Post-analytical phase Explains how to accurately interpret test results and the importance of documentation d. Explains how to cumulatively assess the test results with other accessory tests (Biochemical tests, cytology/histopathological examination/imaging etc.) II. Explains methods to ensure test result quality (repeatability and reproducibility) 		Biosafety levels, controls, external quality assurance schemes Resistance mechanisms in Bacteria and fungi Antibiotic susceptibility tests and their interpretation Newer antibiotics and their use.
Skills		
 a. Pre-analytical phase Suggests/chooses optimal diagnostic test for diagnosis of an infectious disease b. Analytical phase Demonstrates the ability to perform as well as guide laboratory staffs as per the local SOP in performing diagnostic tests 	Q1-2	Clinical case presentation Presents cases (as a whole)before the reporting Trouble-shooting of wrong outcomes Laboratory-reporting sessions

 c. Post-analytical phase I. Demonstrates producing an accurate test result/interpretation with clinical and other laboratory tests correlation 		Case-based discussions, Day-to- day case scenarios
Attitude/Behaviour		
Attitude/Behavioura. Pre-analytical phaseI. Liases with clinical and laboratory staffsin appropriate sample collection, storage, transport, and processing of samplesII. If unaware, refers to standard operating procedure (SOP) and/or seeks help from senior staffsb. Analytical phaseI. Demonstrates eagerness to learn new techniquesII. Elicits good rapport with laboratory staffs in guiding performance of the diagnostic testsIII. Elicits and guides good laboratory	Q1-2	Log Book Recording the day-to- day Case-based discussions and follow-up Recording of new techniques learnt
practice c. Post-analytical phase I. Ensures confidentiality when necessary II. Liases with clinical staff in a timely manner to generate a clinically relevant accurate report		Records all such events in Log book - Faculty remarks

II. BASICS OF DISINFECTION, STERILISATION AND CSSD PRACTICES

Learning component	Year quarter	Assessment method
Knowledge	1-2	Seminar
Sterilisation practices for OT		On the same topics
Sterilisation practices for specialized areas like		
Cath Lab, IR Lab		
Device reprocessing		
OT- standards for the environment		
Hospital policy on disinfection		
Hospital policy on Biomedical Waste		
Skills		
Assessment of OT for sterile practices		Logbook
Sampling of environment in OT		
Cleaning practices in Wards and ICUs		Exercises done in
Implementing BMW segregation in different		ensuring sterile
units		practices and
CSSD posting and observing practices there		environment in the

	ОТ
Attitudes and practices	Liaison with ICN
Visits to ICUs and isolation units	Observation of
	bundle care and
	interaction with link
	nurses
Visits to OT and observation of practices	SOPs reviewed
followed there.	Discussion with
	Technicians and
	nurses in OTs and
	special procedure
	units

III. HOSPITAL ACQUIRED INFECTIONS- DIAGNOSIS AND SURVEILLANCE

Learning component	Year quarter	Assessment method
Knowledge	quarter	
Describes chain of transmission, methods to break chain of transmission, risk factors for HCAI, principles in outbreak investigation, reporting and control, concepts of A. colonization/infection/disease B. Infection control precautions (Standard & Transmission-based) C. Clinical audit Describes scientifically-proven infection control measures and practices Describes infection prevention and control	Q1-2	Seminar presentation on Surveillance strategies Outbreak management Molecular methods for outbreak analysis Epidemiology of
precautions and measures in special situations eg: pregnancy, travel, immunosuppression, patients undergoing life-sustaining treatment like haemodialysis, transplantation, ECMO etc Skills Recognises potential clinical situations of infection transmission/outbreaks and appropriate utilization of laboratory resources and methods		infectious disease outbreaks Isolation precautions Logbook
for investigating outbreaks Disseminates reliable information on infection control precautions and measures Demonstrates adherence to national/local infection prevention and control guidelines Report and interpret HCAI surveillance data Undertake infection-control audit in close liaison with the infection control nurse (ICN) Attitude/Behaviour	Q2-4	ClinicalcasepresentationandclinicomicrobiologicalcorrelationCase-based discussionsDay-to-dayclinicalscenariosClinicalrounds(wards/ICU)-Describefollowupofspecific

		cases of HCAI, like VAP, CLABSI
Demonstrates good liasoning, team-building and leadership qualities		
	Q1-4	Multidisciplinary feedback

IV. ADMINISTRATIVE ASPECTS OF INFECTION CONTROL- HICC AND ICT

Learning component	Year	Assessment
	quarter	method
Knowledge		Seminar
Describes the constitution, roles, and responsibilities of	Q3-4	HICC
Infection Control Team (ICT) and Hospital Infection		
Control Committee (HICC)		Infection control
Describes the constitution of antimicrobial stewardship		manual
team and their roles and responsibilities		
Knows the epidemiology of common multidrug-		Antimicrobial
resistant organisms – bacteria, fungi and		stewardship
viruses(Global/National/Local) and management of		team
outbreaks and epidemics in a hospital		Antibiogram and
		its applications
Skills		Log book
Formulating an antibiotic policy in close liaison with a		Shows the
clinical team		formulated
		policies in
		antibiotic use
Implementation and monitoring of policies in the		Shows the
Infection control Manual e.g. Handwashing Policy		formulated
		policies in
		infection
		prevention
Attitudes and practice		
Educates and trains students & staffs of various levels in		Multidisciplinary
appropriate antimicrobial use		feedback
Demonstrates good rapport and communication with		
the multidisciplinary/interdisciplinary team (eg: ICT)		
Advises infection prevention strategies to avoid future		
antibiotic use (Use of coated catheters, antibiotic lock		
solutions, implementation of care bundles etc.)		

V. APPLICATION OF CLINICAL MICROBIOLOGY IN INFECTION CONTROL

Learning component	Year	Assessment
	quarter	method
Knowledge		
Describes the antimicrobial classes, mechanism of	Q2-3	Seminar
action, spectrum, pharmacokinetics-pharmacodynamics,		presentation
adverse effects/toxicity profile,		Modes of
indications/contraindications, key interactions and		resistance in Gram

mechanisms of resistance (intrinsic/acquired)	positives and Gram
Describe invitro methods of determining antimicrobial	negatives
susceptibility, resistance mechanisms and their	Classes of
limitations	antibiotics and the
Explains the concepts of a) MIC/MBC, MIC index, MIC	pharmacodynamics
creep b) escalation and de-escalation c) empiric, pre-	Antibiogram
emptive & targeted therapy	Antibiotic policy
d) synergism/antagonism/indifference e) therapeutic	Antifungals
drug monitoring - peak/trough levels for appropriate	Resistance to
antibiotics f) Outpatient parenteral antibiotic therapy	antifungals
(OPAT)	Antimicrobial
Describes the impact of inappropriate antibiotic use in	stewardship and
patients	role of
Describes the methods of measuring antimicrobial use	Microbiologist
and various strategies to control antibiotic use	
Skills	
Demonstrate appropriate interpretation of	
susceptibility reports, selective/cascade reporting and	
use of softwares for surveillance	
Demonstrates adherence to national/local guidelines	Case-based
Demonstrates basic computing to generate antibiogram	discussions
and thereby formulation/updation of antibiotic policy	
Integrates clinical and laboratory data to assess whether	
antimicrobial agent is indicated	Clinical case
Recognises other interventions to supplement systemic	presentation
antimicrobials (eg. Surgical drainage, device removal,	
topical treatment/local care, improving	AMSP rounds
nourishment/immune status etc.)	(Wards/ICU)
Recognises inappropriate use	
(indication)/choice/route/dose/duration/combinations	
during stewardship rounds	Log Book
Recognises MDR microbe outbreaks and advise relevant	
isolation/control measures	
Attitude/Behaviour	
Seeks expert advice in case of doubts/queries	
Demonstrates enthusiasm to update awareness of	
newer drugs, recent interpretative criteria to determine	
susceptibility to antibiotics etc.	
Translates theoretical knowledge to bench/bed-side	
practice	

VI. OCCUPATIONAL HEALTH AND SAFETY

Learning component	Year quarter	Assessment method
Knowledge		Seminar

Nosocomial infections transmitted to healthcare worker	Q-3	Blood borne Nosocomial infections Air-borne infections Personal protective equipment
Vaccines for Healthcare workers		Chickenpox/Zoster vaccines Hep B vaccine and titre of antibody Influenza prevention
Hazards in the hospital		Eye and needle stick
		Injuries
SKIIIS		LOGDOOK
Reviewing hazards and		Number of hazard reports
ways of mitigation		reviewed with comments
Data updation on		on now to prevent it in
vaccination status of		the future
employees		
Cluster detection and		
Attitude		
Observing HCWs on		
appropriate use of PPE		
Devising interventions to		
prevent hazards and		
infections		

VII. RESEARCH IN INFECTION PREVENTION AND CONTROL

Learning component	Year	Assessment method
Knowledge		Seminar
Describes basic research methodology	Q1-2	Presents simple
Describes study/ audit designing and execution		research studies that
Describes common statistical tests for result		can be done here.
analysis and critical appraisal tools for evaluation of		
a research publication		
Skills		Journal club
		presentation
Assimilates current knowledge (literature review)	Q3-4	Critical appraisal
and clinical queries to generate research hypothesis		
Critically appraises research publications using		
standard methods & tools		Writing manuscripts &
Consolidating study results as a publication		Thesis (Assessment by
Interpret study results using appropriate statistical		Guide & co-guides)
analysis tests/softwares		Journal presentations

		(Objective feedback)	faculty
Attitude/Behaviour			
Enthusiasm to conduct research	Q3-4	Faculty feedback	
Conducts ethical research			
Acknowledges the contribution of various members			
of the research team			

Research Project/Clinical audit

The candidate will be required to execute a short research project OR a clinical audit during the 1-year course.

Publication:

The candidate will be required to have 1 accepted manuscript based on the work during the 1-year course period (Any category: Case report/Letter to Editor/Short research note/Review article/Original article)

PERIPHERAL POSTING:

Memoranda of Understanding (MOU) will be executed with other Institutes to implement an observership programme during the course period

Department of Microbiology (Infection control section) – JIPMER, Puducherry (2 weeks) – Q1/2 Alternatively, candidate may attend one workshop on infection control conducted there

Department of Infectious Diseases – MCH, Thiruvananthapuram (1 week) – Q2/3 For observing management of infectious diseases spread through different routes inside a hospital, like blood borne-HIV & Hepatitis, Airborne- Influenza & Tuberculosis, Contact – Chickenpox, Faeco-oral-Cholera/dysentery and their containment