



Program-Relevant Information for Training Sites

Medical Microbiology Residency Training Program

Instruction: Please fill out the form thoroughly. Make the most of the “Comments” column to provide additional details on the answers given.

Institution:

Date:

Department Name:

Note: Information provided must be about program-specific advanced specialty requirements:

A. Microbiology Specialty Resources and Workload	Y	N	NA	Number	Comments
Microscopes					
• Single-head microscopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Multi-head microscopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Fluorescent microscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainee's Workstations (computer and HIS access)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Handover Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bacteriology Section (please specify the number of tests in the last 12 months)					
• Microscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Antimicrobial Susceptibility Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Serology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mycobacteriology Section (please specify the number of tests in the last 12 months)					
• Microscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Mycobacteriological Susceptibility Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Molecular Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Virology Section (please specify the number of tests in the last 12 months)					
• Serology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

A. Microbiology Specialty Resources and Workload	Y	N	NA	Number	Comments
• Molecular Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Virus Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Genotyping/Sequencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mycology Section (please specify the number of tests in the last 12 months)					
• Serology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Microscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Antifungal Susceptibility Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Parasitology Section (please specify the number of tests in the last 12 months)					
• Microscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Serology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Total Number of Tests (last 12 months):					

B. Microbiology-Related Hospital Services	Y	N	NA	Comments
• Adult Infectious Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pediatric Infectious Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Infection Control Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Biosafety and Biosecurity Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. Microbiology Human Resources	Y	N	NA	Comments
• Senior Consultants/Consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Senior Specialists/Specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Senior House Officers/Medical Officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Quality/Biosafety Officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Chief MLSO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. Microbiology Human Resources	Y	N	NA	Comments
• Supervisor Technicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Laboratory Technicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Infection Control Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Allied Health Staff, please specify				

D. Accessibility of Departmental Educational Facilities and Teaching Resources to Trainees	Y	N	NA	Number	Comments
On-Call Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainees' Lounges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Paging and Communication System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Internet and Wireless Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Computers and Workstations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Teaching/Conference Rooms Equipped with Audiovisual Aids (Computers, Projectors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Availability of Library Resources					
▪ Specialty Books (Print and/or Electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Specialty Journals (Print and/or Electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Educational Software/Databases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ E-Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainees' Access to Other Departmental Facilities and Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

E. Microbiology-Specific Academic and Quality Assurance Activities	Y	N	NA	Frequency	Comments
Daily Rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bench-side Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Departmental Lectures/Didactics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Academic/Teaching Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

E. Microbiology-Specific Academic and Quality Assurance Activities	Y	N	NA	Frequency	Comments
Specialty Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Journal Clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ID/Microbiology Rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Interdepartmental Conferences/Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
External Quality Assurance Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Internal Quality Assurance Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other activities, please specify					

F. Other Resources Relevant to Training and Education:

Approved by:

(Name of HoD)

Head of Department / Representative_____
Signature_____
Date