SRI BALAJI VIDYAPEETH

(Deemed - to be - University u/s 3 of UGC Act, 1956) Pillaiyarkuppam, Puducherry – 607 402

Mahatma Gandhi Medical College and Research Institute

Shri Sathya Sai Medical College and Research Institute



COMPETENCY BASED POSTGRADUATE MEDICAL CURRICULUM M.D. MICROBIOLOGY (2020 Onwards)

(As approved at the 30th Academic Council Meeting held on 28th September 2020)

Preface

Following the promulgation of the much awaited Competency Based Medical Education (CBME) for post graduate by the Medical Council of India (MCI) (superseded by the Board of Governors), adoption of CBME for implementing post-graduate programs is a welcome move. Sri Balaji Vidyapeeth (SBV), Puducherry, Deemed to be University, declared u/s 3 of the UGC Act. and accredited by the NAAC with A grade, takes immense privilege in preparing such an unique document in a comprehensive manner and most importantly the onus is on the Indian setting for the first time with regard to the competency based medical education for post graduate programs that are being offered in the broad specialty departments. SBV is committed to making cardinal contributions that would be relaised by exploring newer vistas. Thus, post graduate medical education in the country could be made to scale greater heights and SBV is poised to show the way in this direction.

Prof. Subhash Chandra Parija, MBBS, MD, PhD, DSc, FRCPath, FAMS, FICPath, FABMS, FICAI, FISCD, FIAVP, FIATP and FIMS Vice Chancellor, Sri Balaji Vidyapeeth, Puducherry.

Preface

Following roll out of much awaited Competency-Based Medical Education (CBME) for undergraduate by the Medical Council of India (MCI)(superseded by the Board of Governors), adoption of CBME for post-graduate by it is welcome move.

The MCI has laid down the syllabus course wise, listing competency to some extent, teaching learning methods and the assessment methods as well. The MCI describes competencies in three domains (knowledge, skill, and attitude). However, the most significant problem in competency-based training is the development of appropriate assessment tools.

The salient feature of this document is defining the program educational objectives (PEO) for its postgraduate program as a whole, defining program outcomes (PO) based on the competencies to be practiced by the specialist, course outcomes (CO) and program specific sub-competencies and their progression in the form of milestones. The compilation of the milestone description leads to the formation of the required syllabus. This allows the mentors to monitor the progress in sub-competency milestone levels. It also defines milestone in five levels, for each sub-competency. Although MCI has described three domains of competencies, the domain 'Attitude' is elaborated into 4 more competencies for ease of The six competency model (ACGME) for residency education: Medical assessment. Knowledge, Patient Care, Practice Based Learning and Improvement, Systems Based Practice, Professionalism, Inter personal and Communication Skills gives better clarity and in-depth explanation. The sub-competency and their milestone levels are mapped into the entrustable professional activities (EPA) that are specific to the individual postgraduate program. To make the program more relevant, PEO, PO, CO and EPAs are mapped with each other. EPA's which are activity based are used for formative assessment and graded. EPA assessment is based on workplace based assessment (WPBA), multisource feedback (MSF) and eportfolio. A great emphasis is given on monitoring the progress in acquisition of knowledge, skill and attitude through various appraisal forms including e-portfolios during three years of residency period.



Prof.M.Ravishankar MBBS, MD (Anaesthesia), FRCP Dean, MGMCRI Puducherry-607 402



Dr.Sukumaran Annamalai MBBS, MD., (GM), D.H.H.M., Dean, SSSMCRI, Kancheepuram District Tamil Nadu - 603 108

Foreword

We believe deeply in the educative value of imparting quality knowledge for all students, especially in a profession where patient care cannot be compromised. There is a strong demand for the competency based postgraduate course curriculum for Indian Medical Graduates to which we have professionally catered.

Perusing this booklet, the reader will find it hard to defend the view that good students are born, not made. Attitude development strategies inculcate good attitude in students which is the foundation for knowledge and skill development. And what better way to strengthen the quality of teaching and learning in our medical colleges?

The team at SBV, pursued and distinctively achieved in publishing this document which elaborates the program educational objectives and outcome, and detailing entrustable professional activities linked with competencies. This facilitates a medical postgraduate to comprehensibly understand about the course mechanism and what are the outcomes expected for successful completion of the program.

The document guides the postgraduate in training to understand the real – world clinical application of microbiology systematically. It also guides the postgraduate on how to assimilate latest scientific information including recent advance in diagnostic microbiology and research methodology.

This course booklet helps the postgraduate to make independent decisions in routine diagnostic bacteriology, parasitology, mycology, virology and immunology.

We really appreciate the efforts made by the entire team for this esteemable work. This would be of most benefit to postgraduate and as well be a quantum leap in compassionate and safe patient care.

Best wishes to the entire team Team Microbiology SBVU

Dr. Joshy M Easow Professor and Head MGMCRI Dr. Karthika Jayakumar Professor and Head SSSMCRI

List of Contributors

Dr. Joshy M Easow. Professor and Head, MGMCRI

- Dr. Karthika Jayakumar , Professor and Head, SSSMCRI
- Dr. Selvaraj Stephen Emeritus professor
- Dr. S. Umadevi, Professor, MGMCRI
- Dr. S. Srirangaraj , Professor, MGMCRI
- Dr. S. Pramodhini, Professor, MGMCRI
- Dr. M.V. Pravin Charles. Professor, MGMCRI
- Dr. R. Kalaivani. Professor, MGMCRI.
- Dr. K. Arunava Kali. Professor, MGMCRI
- Dr. Namratha K. Bhosale, Associate Professor, MGMCRI
- Dr. Y. Valentina Assistant Professor, MGMCRI.
- Dr. R. Prabha Assistant Professor, MGMCRI.
- Dr. K. Vanathy, Assistant Professor
- Dr. D. Ramya Priyadarshini, Tutor

Acknowledgement

- Dr. Sasikala, Professor, PIMS, Puducherry.
- Dr. Sethu Madhavan, Professor, AVMC, Puducherry.

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This document named postgraduate curriculum for the **MD MICROBIOLOGY** has been prepared in the accordance with the document notified by Board of Governors in suppression of MCI <u>https://www.mciindia.org/CMS/information-desk/for-colleges/pg-curricula-2</u>. This document has been prepared by the Department of Microbiology, MGMCRI, Puducherry, ratified by the Board of Studies and approved by Academic Council of Sri Balaji Vidyapeeth, a deemed to be university, accredited 'A' Grade by NAAC.

Board of studies for MD MICROBIOLOGY

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o Dr.Joshy M Easow, Professor & HoD Microbiology, MGMCRI, Puducherry.

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- o Dr.G.Sridar, Professor of Microbiology, SSSMCRI,
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- o Dr.Namrata Bhosale, Assoc.Professor, MGMCRI, Puducherry.
- o Dr.R.Prabha, Asst. Professor, MGMCRI, Puducherry

External Expert:

- o Dr. Shashikala, Professor of Microbiology, PIMS, Puducherry.
- o Dr.K.Sethumadhavan, Professor of Microbiology, AVMCH, Puducherry

Alumni:

o Dr.Pravin Charles, Professor, MGMCRI, Puducherry.

o Dr. M Ravishankar, Dean, MGMCRI, Puducherry

Sri Balaji University Department of Microbiology

Post- Graduate Program

1. Preamble

The competency based curriculum should take into account the needs of the society, both local and global. It needs to outline the demand for the present day as well as future. The curriculum needs to be reviewed at least every five years to address the trending needs.

The main aim of this course is to train students of Medicine in the field of Medical Microbiology. Theoretical and practical training is imparted to the candidates in subspecialties viz., Bacteriology, Virology, Parasitology, Immunology and Mycology so that they can get involved in good patient care and prevention of infectious diseases in the community. They are introduced to basic research methodology so that they can plan and conduct fundamental and applied research. They are also imparted training in teaching methods in the subject which may enable them to take up teaching assignments in medical colleges/ institutes.

2. Program Educational Objectives (PEO):

Programme Educational Objectives are broad statements that describe what graduates are expected to attain within few years of completing their programme. These are based on the needs of the society as analysed and outlined by the regulatory body.

So as defined by Medical Council of India (MCI), the PEO for MD Microbiology are as follows:

- PEO1: Professional who understands and follows the principle of bio-ethics / ethics related to health care system.
- PEO2: Specialist who can provide services in basic as well as advanced laboratory investigations
- PEO3: Communicator possessing adequate communication skills to convey required information in an appropriate manner in various health care setting.
- PEO4: Leader and a team member who understands health care system and act to provide safe patient care with accountability and responsibility.
- PEO5: Lifelong learner keen on updating oneself regarding the advancement in the health care field and able to perform the role of researcher and teacher

3. Program Outcome (PO)

PO's represent broad statements that incorporate many areas of inter-related knowledge and skills developed over the duration of the program through a wide range of courses and experiences. They represent the big picture and describe broad aspects of knowledge, skill and attitude development. They encompass multiple learning experiences. After a period of 3 years, the resident should be able to attain the following PO's:

After three years of residency program postgraduate should be able to

- PO1: Demonstrate competence as a clinical microbiologist
- PO2 Uphold the prestige of the discipline amongst the fraternity of doctors.
- PO3: Demonstrate application of microbiology in a variety of clinical settings to solve diagnostic and therapeutic problems along with preventive measures.
- PO4: Establish good clinical microbiological services in a hospital and in the community in the fields of bacteriology, virology, parasitology, immunology and mycology.
- PO5: Demonstrate effective communication skills required for the practice of clinical microbiology and while teaching undergraduate students
- PO6: Interact effectively with the allied departments by rendering services in basic as well as advanced laboratory investigations
- PO7: Play a pivotal role in hospital infection control, including formulation of antibiotic policy and management of biomedical waste
- PO8: Acquire skills in conducting collaborative research in the field of Microbiology and allied sciences
- PO9: Conduct such clinical/experimental research as would have significant bearing on human health and patient care
- PO10: Plan, executes, analyze and present the research work in medical microbiology.
- PO11: To acquire various skills for collaborative research
- PO12: Plan, execute and evaluate teaching assignments in Medical Microbiology.
- PO13: To participate is various workshops/seminars/journal clubs/demonstration in the allied departments

4. Course and Course Objectives (CO)

CO's describe the learning that will take place across the curriculum through concise statements, made in specific and measureable terms, of what students will know and /or be able to do after successful completion of each course.

4.1 Course 1 (C1): General Microbiology& Immunology

Objectives: At the end of three years the post graduate student should be able to

- C.1.1 Bio-safety including universal precautions
- C.1.2 Sterilization and disinfection
- C.1.3 Bacterial Pathogenicity
- C.1.4 Molecular genetics relevant for medical microbiology including gene cloning
- C.1.5 Antibacterial substances used in the treatment of infections and drug resistance in bacteria and antibiotic stewardship
- C.1.6 Newer approaches to development of Antimicrobial agents and Antimicrobial Susceptibility testing.
- C.1.7 Bacterial ecology Normal flora of the human body
- C.1.8 Bacterial ecology -Hospital environment Air, water and milk
- C.1.9 Quality assurance, quality control and accreditation
- C.1.10 Molecular diagnosis of infectious disease.
- C.1.11 Immune system& Immunity
- C.1.12 Hypersensitivity
- C.1.13 Autoimmunity
- C.1.14 Immunohaematology
- C.1.15 Immunological tolerance
- C.1.16 Transplantation & Tumor immunology
- C.1.17 Prophylaxis and immunotherapy
- C.1.18 Immunopathogenesis and Immunodiagnosis of infectious diseases.
- C.1.19 Immunopotentiation and Immunomodulation

Skills

- S.1.1 Microscopy for unstained preparations/ wet mount
- S.1.2 Microscopy for stained preparation, Hanging drop
- S.1.3 Performance of various staining techniques
- S.1.4 Operation & maintenance of ELISA reader & washer
- S.1.5 Performance of serological tests

4.2 Course 2 (C2): Systematic Bacteriology

Objectives: At the end of three years the post graduate should be able to

- C.2.1 Isolation and identification of gram positive and gram negative aerobic and anaerobic bacteria.
- C.2.2 Mycobacteria
- C.2.3 Spirochaetes
- C.2.4 Chlamydiae
- C.2.5 Rickettsia, Coxiella, Bartonella&Orientia
- C.2.6 Mycoplasmatales: Mycoplasma, Ureaplasma, Acholeplasma

Skills

- S.2.1 Specimen collection for Blood Culture
- S.2.2 Identification test
- S.2.3 Antimicrobial sensitivity testing- modified Kirby-bauer technique
- S.2.4 IQC- Antibiotic disc potency
- S.2.5 Operation of BacT/ALERT
- S.2.6 Operation of Vitek 2 compact
- S.2.7 Petroff's concentration technique
- S.2.8 AFB culture & sensitivity

4.3 Course 3 (C3): Virology, Mycology & Parasitology

Objectives: At the end of three years the post graduate student should be able to

- C.3.1 Pathogenicity of viruses
- C.3.2 Laboratory diagnosis of viral infections in general.
- C.3.3 Vaccines and antiviral agents
- C.3.4 Pathogenesis and pathology of parasites
- C.3.5 Medical Entomology.
- C.3.6 Common laboratory methods including common culture methods in

Parasitology.

- C.3.7 Immunopathogenesis and Immunodiagnosis of parasitic infections
- C.3.8 General characteristics & classification of fungi
- C.3.9 Isolation & identification of fungi of medical importance:
- C.3.10 In-vitro antifungal susceptibility testing

Skills

- S.3.1 Preparation of clinical specimens for isolation of viruses
- S.3.2 Serological tests-ELISA for HIV, ELISA for HBsAg, HCV, Hepatitis virus, serological tests for arboviruses.
- S.3.3 Collection of various specimens for parasitic infections.
- S.3.4 Examination of faeces for parasitic ova and cysts etc. by direct and concentration methods (salt floatation and formal-ether methods)
- S.3.5 Examination of blood for protozoa and helminthes by wet mount and thin and thick stained smears Leishman, Giemsa
- S.3.6 Examination of other specimens e.g. urine, CSF, bone marrow etc. for parasites
- S.3.7 Performance of stains- Leishman, Giemsa
- S.3.8 Identification of common arthropods and other vectors viz., mosquito, sand fly, tick, mite, Cyclops
- S.3.9 QBC/ICT for malaria
- S.3.10 Collection and transport of specimens
- S.3.11 Direct examination of specimens by KOH, Gram's, Kinyoun's, Giemsa, Calcofluor staining and examination under fluorescence microscope.
- S.3.12 Examination of histopathology slides for fungal infections
- S.3.13 Isolation and identification, of fungi of medical importance and identification of contaminants
- S.3.14 Maintenance of stock cultures

4.4 Course 4 (C4): Applied microbiology and Recent advances

Objectives: At the end of three years the post graduate student should be able to

- C.4.1 Epidemiology of infectious diseases
- C.4.2 Hospital acquired infections & Hospital waste management
- C.4.3 Molecular genetics as applicable to Microbiology

- C.4.4 Investigation of an infectious outbreak
- C.4.5 Emerging and re-emerging infections.
- C.4.6 Automation in microbiology.
- C.4.7 Statistical analysis of microbiological data and research methodology.
- C.4.8 Microarray
- C.4.9 Nanotechnology
- C.4.10 Role of Information Technology and Computer in Microbiology.
- C.4.11 National Programme in Infectious disease including IDSP

Skills

- S.4.1 Infection control activities- environmental sampling
- S.4.2 Identification of HAI, Calculation of HAI quality indicators
- S.4.3 Extraction of DNA/RNA, routine PCR protocols, gel electrophoresis and documentation.
- S.4.4 Western blot technique

5. Mapping of PEO, PO and CO

Programme mapping facilitates the alignment of course-level outcomes with programme outcomes. It allows faculty to create a visual map of a programme. It is also used to explore how students are meeting program-level outcomes at the course level. Outcomes mapping focuses on student learning also.

Table1. Mapping of PEO, PO and CO

	PE	01	PE	02	PE	03	PEO 4			PE	20 5		
	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12	PO13
C1	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
C2	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
C3	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
C4	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

The PEO, PO and the CO are mapped with each other. (Table 1)

All courses run concurrently for 3 years with a summative assessment at the end of 3 years. The program is competency based and the competencies, sub-competencies and milestones are detailed. These are mapped to the Entrustable professional activities (EPA) identified as essential for a specialist. Formative assessment is carried out every three months using appropriate tools, for identifying eligibility for transfer of trust.

Milestone
tencies and]
Sub-compet
Competencies,

5.1

The post graduate program is competency based, consisting of six domains of competency. Sub-competencies under these domains, specific to the speciality, have been mentioned in general terms. The progression through the curriculum is detailed in sub-competency milestone levels, that directs the prescribed syllabus. These sub-competency milestones are mapped to the Entrustable Professional Activities (EPAs), identified as essential for a specialist. Formative assessment includes EPA assessment, and is carried out every quarter using appropriate tools, for identifying eligibility for transfer of trust, to the resident At the end of the MD course in Microbiology, the student should have acquired various competencies i.e. medical knowledge, patient care, interpersonal communication skill, system based practice, practice based learning and implementation and professionalism . Details of each with milestone as level is described below.(**Table 2**)

Domain of Competencies

1. Medical Knowledge (MK) - Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioural sciences, and the application of this knowledge to patient care.

2. Patient Care (PC) - Provide patient-centred care that is compassionate, appropriate, for effective management and acquire skills appropriate for teaching and conducting research. 3. System Based Practice (SBP) - Demonstrate the ability to follow the standard operating procedures relevant to practices of the organisations for patient care, inculcating quality and economical practices. 4. Practice Based Learning and improvement (PBLI) - Demonstrate the commitment to learn by literature search, feedback, practice and improve upon their ability.

5. Interpersonal Communication skills (IPCS) - Demonstrate behaviour and skills that result in the effective communication, exchange of information and cooperation with patients, their families, and health professionals

6. Professionalism (P) - Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

(ЯМ) эзрэгмолЯ ІвзірэМ	Demonstrate knowledge of established and evolving biomedical, clinical, epidemiologic al, and social- behavioral sciences, as well as the application of this knowledge to patient care.	Level 1	Level 2	Level 3	Level 4	Level 5
	Basic	Understand the	Demonstrate	Explain the	Correlate the	Educates the
MK1	knowledge on	morphology,	knowledge about	morphology, genetics,	fundamental (basic)	morphology, genetics,
	pathogenesis	genetics,	infections of	antigenic	microbiological	antigenic
	of bacterial,	antigenic nature,	various organs and	nature, pathogenesis	principles to the	nature, pathogenesis,
	viral,	pathogenesis of	systems of human	of bacterial, viral,	pathogenesis, clinical	of bacterial, viral,
	parasitic and	bacterial, viral,	body	parasitic and fungal	features of the major	parasitic and fungal
	fungal infections.	parasitic and fungal infections	Demonstrate the	infections	categories of infections	infections
		0	classification of the			Apply the
		Understands	major categories of			fundamental
		wide variety of	infections			microbiological
		methods	Demonstrate			principles to the
		employed in the	application of			pathogenesis, clinical
		practice of	knowledge of basic			features of the major
		clinical	biology and host-			categories of
		microbiology	pathogen			infections
			relationship to			

Table 2. Description of Competencies, Sub-competencies and Milestone

 ∞

		Understands the application of investigative protocols and diagnostic tests in clinical microbiology	inform clinical management of infection			Interprets clinical microbiology parameters with other diagnostic parameters (haematological, clinical biochemistry, imaging etc) in the overall clinical assessment of the natient
MK2	Basic knowledge on laboratory diagnosis of bacterial , viral , parasitic and fungal infections.	Understands the basic as well as advanced knowledge in various microscopes and microscopic techniques used in diagnostic techniques used in diagnostic microbiology. Understands the newer approaches to development of Antimicrobial agents and Antimicrobial Susceptibility testing Understands	Demonstrates knowledge about isolation and identification of medically important microorganism Demonstrate Collection/ transportation of specimens for microbiological investigations Demonstrate plating of clinical specimens on media for isolation, purfication purposes.	Demonstrate knowledge in safety in laboratory and Laboratory management Performs basic laboratory techniques, including Gram- staining, hanging drop, culture, organism identification, and antimicrobial susceptibility testing on clinical samples Able to isolate and identify of medically important	Provides examination and interpretation of direct smears from clinical specimens pecimens and preparation of samples and of categories of patients relevant to the investigations Identify appropriate sample type/volume, and collection/storage/tr ansport techniques Able to perform and	Educates to Select appropriate laboratory tests for pathogen detection/identificat ion and select appropriate anti- infective therapies for a wide range of important infections Correlate the range of appropriate diagnostic tests available for investigating a wide range of clinical scenarios, including awareness of their basic methodology and limitations

		including physical	Demonstrates		interpret serological	
		and biological	knowledge about		tests for bacterial and	
		containment,	rapid serological		viral infection	
		universal	tests for bacterial			
		containment,	and viral infection		Feriorm the method	
		personal	Demonstrates the		to maintain boun	
		protective	method to maintain		bacterial & rungal	
		equipment for	both bacterial &		stock culture	
		biological agents	fungal stock culture			
	Basic	Understands the	Demonstrate in	Explain local and	Suggest the	Educates the
	knowledge on	knowledge about	detail the	global epidemiology	epidemiology of	epidemiology of
VIK3	epidemiology	epidemiology and	epidemiology of	of major infectious	major antimicrobial	important human
	and	prevention of	important human	agents and their	resistance	pathogens and their
	prevention of	infectious	pathogens and their	disease associations	determinants in	impact on public
	bacterial,	diseases	impact on public		important human	health
	viral,		health		pathogens and assess	
	parasitic and				the likelihood of such	Interpret the
	fungal				resistance	epidemiology of
	infections.				mechanisms being	major antimicrobial
					present in a variety of	resistance
					clinical infection	determinants in
					scenarios	important human
						pathogens and assess
						the likelihood of such
						resistance
						mechanisms being
						present in a variety of
						clinical infection
						scenarios
	Newer	Recalls the	Demonstrate	Apply the knowledge	Plan the applications	Explain the methods,
MK4	techniques in	effective use	knowledge and	and applications of	about molecular	strengths and
	laboratory	information	applications of	Automation in	techniques in the	limitations of novel
	diagnosis	technology	Automation in	Microbiology	laboratory diagnosis	techniques such as

 ases automated bacteriology systems, whole-genome and sequencing and microbiome analysis ated Perform molecular techniques for diagnosing various infectious diseases. 	Effectivelyinvestigate aninfectious outbreak inhospital andcommunityusededucates about thend ofbiomedical wasteofbiomedical wastev beinstruct thetechnician forhandling & disposalof biomedical wastes.e
of infectious dise Able to perform a interpret diagnosi tests using autom machines	Correlates and Interprets how therapeutic or prophylactic antimicrobial interventions are in clinical management – ar how the outcome such patients may investigated, predicted and monitored for iatrogenic advers effects
	Apply the knowledge about antimicrobial prophylaxis and therapy
Microbiology Demonstrates knowledge and application of molecular techniques for diagnosing various infectious diseases.	Demonstrates in depth knowledge about various method of Sterilization and disinfection practices in laboratory as well as in hospital settings in hospital settings adequate knowledge about how to investigate an infectious outbreak in hospital and community
(Computers) in microbiology Understands the knowledge and applications about molecular techniques in the laboratory diagnosis of infectious diseases	Understands knowledge about various method of Sterilization and disinfection practices in laboratory as well as in hospital as in hospital as in hospital settings Understands the knowledge about hospital acquired infections Demonstrate knowledge about piomedical waste biomedical waste
including automation.	Knowledge about Infection control practices
	MKS

Patient Care (PC)	Provide patient- centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health)	Level 1	Level 2	Level 3	Level 4	Level 5
PC1	Identification of Hospital acquired infection.	Demonstrate the basic knowledge on common organisms involved in HAI. Explain the chain of infections and definitions of each HAI and its diagnostic criteria according to updated CDC guidelines.	Recognize potential for transmission of infection in all clinical settings. Demonstrate knowledge of evidence based guidelines on hospital acquired infections.	Demonstrate the strategies of Hospital infection prevention and control measures in sequence order.	Maintains effective communication with clinicians and other health care professionals regarding hospital acquired infection, its source identification and preventive measures.	Capable of making critical decision in managing Hospital acquired infection and educating all Healthcare workers in preventive strategies.
PC 2	Biomedical waste management	Demonstrate the knowledge of Biomedical Waste Management according to updated National BMW guidelines.	Identifies effectively all the issues in improper segregation of biomedical waste management in all patient care areas. Counsels on the effectiveness of proper biomedical Waste management.	Demonstrates and Educates the various colour coding bins in BMW segregation. Educates all the steps and procedures involved in Biomedical waste transport, storage	Supervises and educates all the levels of Healthcare workers and especially with those staffs involved in BMW collection and transportation about their needs, responsibilities, personal hygiene, importance of Personal protective equipment's	Applies innovative approaches to recognise all the issues in improper segregation of BMW and its preventive measures. Collaborates and provides consultation to other members of health

				and final disposal in sequence order. Participates effectively with health care team on biomedical waste management.	and risks of getting HAI. Effectively Educates and supervises HCW's about the importance of Hepatitis B vaccination and Antibody titter estimation. Analysis the route cause of each Needle sticks injuries and participates in its preventive measures.	care team members regarding BMW management.
PC 3	Support the clinician in management of	Demonstrate the knowledge	Recognizes the risk factors associated	Formulates management	Demonstrate comprehensive	Applies innovative approaches for
	Emerging and re-	on role of	with emerging and	plans in	understanding of the	investigating
	emerging	laboratories in	re-emerging	managing	various patterns of	emerging and re-
	infections during	outbreaks	infections during	emerging and re-	outbreaks investigations	emerging
	outbreak.	management.	outbreak.Counsels	emerging	and its preventive	infections during
		Demonstrate	on the risk factors	infections during	measures.	outbreak.
		the knowledge	and preventive	outbreak.		Provides
		on the key	methods on			comprehensive
		principles	emerging and re-			ideas in
		underpinning	emerging infections			investigating
		outbreak	during outbreak.			outbreaks.
		investigation,				
		control, and				
		reporting				
		strategies.				

Level 5	Educates other health care professionals regarding team building. Provides effective consultation in complex and atypical situations. Provide appropriate role modelling. Applies innovative approaches for leading the team.
Level 4	Responds to requests for consultation in a timely manner and communicates recommendations to the requesting personnel. Leads inter- professional and interdisciplinary health care teams to achieve optimal outcomes.
Level 3	Maintains effective communication with allied departments. Responds to requests for Microbiology laboratory services in a timely manner and provides accurate results of basic as well as advanced Microbiology laboratory investigations with their interpretations. Works effectively in interprofessional and interdisciplinary research and health care teams.
Level 2	Demonstrates an understanding of basic as well as advanced Microbiology laboratory investigations to support clinical service and collaborative teamwork with allied departments.
Level 1	Understands the scopes to expand and upgrade Microbiology laboratory services as per the requirements of allied departments. Understands the importance of information gathering and sharing, and collaborative teamwork with allied departments.
Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals	Interact effectively with the allied departments by rendering services in basic as well as advanced laboratory investigations
Interpersonal Communication Skills (ICS)	ICS 1

	Communicate to	Understands the	Demonstrates an	Maintains effective	Provides consultation	Educates clinicians
1022	clinicians about	principles of	understanding of the	communication with	on appropriate	and other health care
	selection of	antibiotic therapy	roles of clinical	clinicians and other	antibiotic therapy,	professionals
	antibiotics in case of	and antibiotic	microbiologist in	health care	choice of antibiotics	regarding selection of
	patients in critical	selection in	antibiotic therapy	professionals	and infection control.	antibiotics and
	care units.	critical care	and infection	regarding selection of	Loade	infection control in
		patients.	control in critical	antibiotics in critical	interdisciplinary	critical care units.
			care units.	care units.	health care teams to	Applies innovative
			Demonstrates an	Participates in	contain and control	approaches for
			understanding of	clinical and infection	hospital outbreaks in	facilitating
			antibiotic policy,	control activities by	a timely manner.	appropriate antibiotic
			antibiotic	compiling, analysing		therapy and infection
			stewardship,	and disseminating		control.
			antimicrobial	clinical data on		Canable of making
			resistance and	antibiotic usage and		critical decisions and
			infection control.	infection control.		recommendations for
				Works effectively		managing the most
				with clinicians and		challenging
				health care teams to		situations.
				control hospital		
				acquired infections.		
	Communicate to	Understands the	Communicates	Supervise the	Educates technicians	Provides consultation
ICS3	technicians and other	importance of	basic knowledge	functioning of the	and other non-	to other healthcare
	non teaching staff for	standard protocol	about standard	laboratory and	teaching staff on	institutes and
	giving instructions to	for diagnostic	protocol in	adherence to standard	protocol for	laboratories on
	maintain standard	tests, safety and	Microbiology	protocol.	diagnostic tests,	laboratory
	protocol in laboratory	quality control in	laboratory to	Canahle of	safety and quality	accreditation by
		Microbiology	technicians and	identifying and	control in	training of technicians
		laboratory.	other non- teaching	managing the non-	Microbiology	and other non-
			staff.	conformities and	laboratory.	teaching staff.
			Monitors	deviations from	Leads the department	

	Applies innovative approaches in teaching-learning and assessment methods. Role models for ideal teacher to junior colleagues. Inculcates ethical values and interest in the subject.
in quality control and laboratory accreditation activities.	Capable of explaining critical aspects of the subject effectively. Provides mentorship for both slow- learners and advanced-learners.
standard protocol in laboratory. Works effectively with the laboratory team to provide reliable and accurate diagnostic results in a timely manner. Participates in quality control and laboratory accreditation activities.	Interacts with students to encourage discussion and to assess their level of understanding. Allows opportunities for clarification of doubts from students. Allows opportunities for student feedback in order to improve content delivery.
diagnosticactivities oftechnicians and other non- teaching staff Allows opportunities for clarification of doubts from technicians and other non- teaching staff.	Demonstrates strong command over subject matter and effective classroom management and discipline skills. Explains the subject effectively in lucid manner engaging both slow- learners and advanced-learners. Utilizes appropriate teaching-learning methods and tools to facilitate understanding.
	Understands the importance of relationship development with students, planning and classroom management for undergraduates.
	Communicate with the undergraduates while handling lectures, group discussion.
	ICS4

Level 5	Educates other health care professionals regarding quality control and assurance. Applies innovative approaches in various forms of quality checking, documentation and auditing.	Educates other health care team members on quality practices in clinical Microbiology. Organizes Faculty development program on quality Practices in clinical Microbiology laboratory.
Level 4	Effectively demonstrate all the types of audits used in quality assurance and quality control. Effectively performs the quality check of all stock cultures and does proficiency testing of technicians according to NABL standards.	Recognises the issues in quality practices. Demonstrate willingness to communicate and report regularly with guide and constructively interacts with other clinicians regarding the patient details and management protocol on real time.
Level 3	Demonstrates commitment to maintain the standards of laboratory practice. Establishes a close rapport with and mutual respect to laboratory staff.	Demonstrate the ability to follow the SOP and effectively achieve acceptable turnaround time according to the standards.
Level 2	Explains the principles of Internal & External Quality assurance and quality control. Works effectively as a team member in formulating the principles of Good Record Keeping, document control, instrument maintenance (quality check) and audit reports making.	Explain the quality principles in Microbiology laboratory
Level 1	Understands the basic concept of laboratory quality assurance and the quality control protocol.	Understands the Principles of Quality Practices in clinical Microbiology. Observe good laboratory practice
Demonstrate the ability to follow the standard operating procedures relevant to practices of the organisations for patient care .	Aware about Laboratory Quality assurance and quality control.	Able to implement about quality practices in clinical microbiology laboratory
System Based Practice (SBP)	SBP1	SBP2

i 4 Level 5	ImageOrganizes and leads effectively as a research team member.Imagea research team member.ImageAnalyses and interpret research paper based on recentpaper based on recent.	search Interpret the nrough outcomes of clinical ion of / experimental research to improve numan health and pothesis patient care. At the Contributes to peer reviewing of clinical research.
Leve	Analyse and interpret the outbreaks managemen Perform and interpret the advanced microbiolog I diagnostic techniques.	Evaluate res outcomes th the acquisiti data. Evaluate the research hyj and interpre data with appropriate statistical to
Level 3	Refers and utilizes international & national standards or guidelines on infection prevention and related patient care.	Critically reviews and interprets the literature with the ability to identify study aims, hypotheses, design, and biases
Level 2	Updates knowledge on emerging &reemerging infectious diseases pertaining to the geographical area. Updates knowledge on recent advances in diagnosis of infectious diseases	Engage in self reflection on utility of research in patient care. Identifies resources pertaining to lacunae in clinical knowledge.
Level 1	Shows commitment in being a life- long learner.	Understand and apply principles of bioethics and law as they apply to clinical research. Describescomm only used study designs.
Demonstrate the commitment to learn by practice and improve upon their ability.	Lifelong learner keen on updating oneself regarding the advancement in the health care field	Conduct clinical/experiment a l research as would have significant bearing on human health and patient care
Ргастісе- bаsed Learning and	PBLI 1	PBLI 2

Professionalis (P)	Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles	Level 1	Level 2	Level 3	Level 4	Level 5
P 1	Demonstrate competence as a clinical microbiologist	Understands the role of a clinical microbiologist in patient care	Develops knowledge on emerging infectious diseases and their prevention strategies	Able to alter the management plan in correlation with the clinical findings, lab investigations appropriately	Critically reviews and interprets antimicrobial sensitivity report. Demonstrate appropriate use and prescription of antibiotic based on toxicity, allergy, hepatic or renal dysfunction in concurrence with evidence based guidelines for both	Performs and leads effectively as an infection control practitioner.
P2	Leader and a team member who understands health care system and act to provide safe patient care with accountability and responsibility	Understands the accountability and responsibility of a microbiologist as a health care team member	Develops knowledge on the epidemiology, presentation, clinical features, investigations (including sample collection), differential diagnosis and	Understand and interpret the microbiological investigation appropriate to the patient clinical condition	Demonstrate communicating effectively on antibiotic policy and stewardship with antimicrobial pharmacist. Explain the rationale use of antimicrobial	Performs effectively as a hospital infection control team member.

	Maintain Confidentiality pertaining to outbreak s situation prevailing in the country
agents in conjunction with existing national/ international policy	Consistently shows Compassion & integrity while disclosing the result to the patient.
	Maintains confidentiality while performing tests which have a social stigma
management and prophylaxis of both community acquired and health care associated infections	Shows empathy to the clinical sample and use them cautiously.
	Understands that microbiologists are accountable to patients, society.
	Maintain confidentiality in while disclosing certain diagnostic test results .
	P3

6. Syllabus

6.1 Course 1: General Microbiology& Immunology 1. General Microbiology

- History and pioneers in Microbiology
- Microscopy
- Bio-safety including universal precautions
- Morphology of bacteria and other microorganisms
- Nomenclature and classification of microbes
- Growth and nutrition of bacteria
- Bacterial metabolism
- Sterilization and disinfection
- Bacterial virulence factors
- Bacterial antagonism: Bacteriocins
- Bacterial genetics and Bacteriophages
- Molecular genetics relevant for medical microbiology including gene cloning
- Antibacterial substances used in the treatment of infections and drug resistance in bacteria and antibiotic stewardship
- Newer approaches to development of Antimicrobial agents and Antimicrobial Susceptibility testing.
- Bacterial ecology Normal flora of the human body
 - Hospital environment Air, water and milk
- Host parasite relationship
- Quality assurance, quality control and accreditation
- Molecular diagnosis of infectious disease.

2. Immunology

- Introduction to immunology
- Immune system Structure and function
- Immunity
- Immune response Humoral and cellular
- Antigen

- Immunoglobulin
- Complement
- Antigen and antibody reactions
- Major histocompatibility complex
- Cytokines
- Hypersensitivity
- Immunodeficiency
- Autoimmunity
- Immunohaematology
- Immunological tolerance
- Transplantation immunity
- Tumor immunology
- Prophylaxis and immunotherapy
- Immunopathogenesis and Immunodiagnosis of infectious diseases.
- Immunopotentiation and Immunomodulation

6.2 Course 2: Systematic Bacteriology

1. Isolation and identification of bacteria.

- Introduction to systematic Bacteriology
 - Isolation and identification of bacteria.

2. Gram positive bacteria

- Gram positive cocci of medical importance including *Staphylococcus*, *Streptococcus*, *Enterococcus*, Anaerobic cocci, etc.
- Gram positive bacilli of medical importance including *Bacillus*, *Clostridium* Coryneform organisms, Actinomyces, Nocardia, Actinobacillus and other *Actinomycetales*, *Erysipelothrix*, *Listeria*, *Lactobacillus etc*

3. Gram negative bacteria

- Gram negative cocci of medical importance including *Neisseria, Moraxella*, etc.
- Gram negative bacilli of medical importance including Enterobacteriaceae, *Vibrios, Aeromonas, Pleisiomonas, Haemophilus,*

Bordetella, Brucella, Gardnerella, Pseudomonas, Acinetobacter & other nonfermenters, Pasturella, Francisella, Yersinia, Bacteroides, Fusobacterium, Leptotrichia, and other anaerobic Gram negative bacilli, etc.

• Helicobacter, Campylobacter and Spirillium

4. Mycobacteria

5. Spirochaetes

6. Cell wall deficient bacteria

- Chlamydiae
- Rickettsia, Coxiella, Bartonella & Orientia
- Mycoplasmatales: Mycoplasma, Ureaplasma, Acholeplasma

7. Miscellaneous bacteria -

• Legionella, HACEK, and all other medically important bacteria

6.3 Course 3 (C3): Virology, Mycology & Parasitology 1. Virology

- General properties of viruses.
- Classification of viruses
- Morphology: virus structure
- Virus replication
- Viral interference
- The genetics of viruses
- The pathogenicity of viruses
- Laboratory diagnosis of viral infections in general.
- Vaccines and antiviral agents
- DNA viruses of medical importance including Poxviridae, Herpesviridae,
- Adenoviridae, Hepadnavirus, Papova and Parvoviruses
- RNA viruses of medical importance including Enteroviruses, Togaviridae, Flaviviridae, Myxoviridae, Reoviridae, Rhabdoviridae, Arenaviridae, Bunyaviridae, Retroviridae, Filoviruses, Human immunodeficiency virus, Arboviruses, Cononaviridae, Calciviruses
- Oncogenic viruses and Teratogenic viruses
- Miscellaneous–Rubella, Slow viruses. prions, Viral hemorrhagic fever viruses, Virus causing gastro entertitis and other emerging newer viruses.

2. Parasitology

- Introduction to Parasitology
 - General characteristics and classification of parasites
 - Pathogenesis and pathology of parasite
- Protozoan parasites of medical importance including *Entamoeba,Giardia, Balantidium coli, Trichomonas,* intestinal coccidian parasites of medical importance, *Toxoplasma*Sarcocystis, blood parasites including *Plasmodium, Leishmania, Trypanosomes.*
- Cestodes of medical importance including, *Diphyllobothrium latum*, Spirometra,

Taenia, Echinococcus, Hymenolepis, Dipylidium caninum.

- Trematodes of medical importance *Schistosoma, Fasciola, Fasciolopsisbuski, Paragonimus, Clonorchis*, other trematodes.
- Nematodes of medical importance such as *Trichuris, Trichinella, Capillaria, Strongyloides, Ancylostoma, Necator, Enterobius, Ascaris, Toxocara,* Agents causing larva migrans, tissue nematodes including, Filarial worms, *Dracunculus medinensis.*
- Medical Entomology.
- Common laboratory methods including common culture methods in Parasitology.
- Anti parasitic agents.
- Immunopathogenesis and Immunodiagnosis of parasitic infections.

3. Mycology

- Introduction to Mycology
- General characteristics & classification of fungi
- Morphology & reproduction of fungi
- Isolation & identification of fungi
- Fungi of medical importance:
- Yeasts, Yeast like, Moulds, Dimorphic fungi etc

- Mycotoxins
- Antifungal agents and *in-vitro* antifungal susceptibility testing

6.4 Course 4 (C4): Applied microbiology and Recent advances

1. Applied Microbiology

- Investigation of an infectious outbreak including infections of various organs and systems of human body viz. sexually transmitted diseases, respiratory tract infections, urinary tract infections, central nervous system infections, congenital infections, reproductive tract infections, gastrointestinal infections, hepatitis, Fever of unknown origin (FUO), infections of eye, ear & nose, sepitcaemia, endocarditis, hemorrhagic fever, etc.
- Emerging and re-emerging infections
- National Programme in Infectious disease including IDSP
- Demonstration of pathogen in tissue section
- Vaccinology: principle, methods of preparation, administration of vaccines
- Care & handling of animals and ethics
- Opportunistic infections
- Bioterrorism
- Zoonotic disease
- Epidemiology of infectious diseases

2. Hospital acquired infections

- Hospital acquired infections
- Hospital waste management

3. Recent advances in diagnostic Microbiology

- Molecular genetics as applicable to Microbiology
- Automation in microbiology
- Microarray
- Nanotechnology

4. Research Methodology

- Statistical analysis of microbiological data and research methodology.
- Role of Information Technology and Computer in Microbiology.

7. Teaching/Learning Methods

- Learning in M.D Microbiology will essentially be self-learning under the guidance of teachers.
- Following teaching-learning methods shall be followed

Group teaching sessions:

- Culture seminar (Bacteriology and Mycology)
- Topic seminar presentation
- Journal review
- Group discussion
- Slides seminars
- Technique seminar
- Presentation of the findings of an exercise on any of the sub-specialties
- Participation in CME programs, workshops and conferences.
- Faculty teaching sessions
- Ward rounds

Hands on Experience (Practical Training)

Practical training shall be imparted by posting the students in various subspecialties (sections) as detailed in the list below. Student shall be actively involved in day to day working of all the sections. He/she will be trained under the guidance of teachers in all the aspects of Microbiology- collection and transport of specimens, receiving of samples, preparation of requisite reagents, chemicals, media, antibiotic discs, processing of specimens and reporting on the specimens, sterilization procedures, bio-safety precautions, and maintenance of equipments, maintenance of laboratory animals, record keeping and quality control in Microbiology.

Suggested Schedule of Postings

A. Internal postings: - I year

1. Observation	1 month
2. Media preparation and Sterilization procedures	2 months
3. Diagnostic sections observation	1 month
4. Bacteriology (Aerobic and anaerobic)	4 months
5. Mycobacteriology	2 month
6. Serology/Immunology	1 month
II year	
7. Bacteriology (Aerobic and anaerobic)	2 months
8. Serology/Immunology	1 month
9. Mycology	1 month
10. Virology(serology)	1 month
11. Parasitology	1 month
12. Central laboratory postings (Central lab)	2 months
13. External postings	3 months
14. Inter departmental postings	1 month

(Pathology, Biochemistry, DVL & CSSD, Community Medicine, Respiratory Medicine)

III year

15. Bacteriology (Aerobic and anaerobic)	4 months
16. Serology/Immunology	1 month
17. Mycology	1 month
18. Virology (serology)	1 month
19. Parasitology	1 months
20. Hospital infection surveillance	2 month
21. Dissertation submission	1 month

Total	
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34 months
Skills for Postgraduate students in MD Microbiology

Bacteriology - Must Acquire

- 1. Care and operation and Knowledge of maintenance of commonly used instruments
- Preparation and pouring of routinely used and common Medias in Microbiology lab
- 3. Operation of autoclave, hot air oven, distillation plant, membrane filter and sterility tests
- 4. Washing and sterilization of glass wares
- 5. Preparation of commonly used reagents, chemicals & stains.
- 6. Testing of disinfectants-phenol coefficient and "in use" tests
- 7. Quality control of media, reagents, equipments etc
- Collection of specimens for microbiological investigations (blood, urine, throat swab, rectal swab, stool, pus (swabs) etc.) from the hospital environment.
- 9. Aseptic practices in laboratory and safety precautions
- 10. Preparation of antibiotic discs: performance of antibiotic sensitivity tests by Kirby Bauer, Stokes method, E test etc. Estimation of minimal inhibitory/bactericidal concentration by broth/ agar dilution method
- 11. Tests for detection of resistance mechanisms in bacteria both phenotypic and genotypic.
- 12. Isolation and Identification of bacteria of medical importance up to species level (except anaerobes which could be up to genus level)
- 13. Techniques of anaerobiosis.
- 14. Preparation, examination and interpretation of direct smears from clinical specimens viz. sputum for AFB-ZN, auramine O, slit smears for *M.leprae* for ZN staining, conjunctival smears for Chlamydia by Giemsa/Iodine
- 15. Bacteriological tests for air, water, milk and food.
- 16. Maintenance and preservation of bacterial cultures.
- 17. Automated BACTEC system & automated anaerobic system Bacteriology -

Desirable to acquire

- 1. Antibiotic susceptibility tests for Mycobacteria
- 2. Molecular typing methods.
- Special staining techniques for Mycoplasma, Treponemes, Gardnerella, Leptospira
- 4. Care and breeding of laboratory animals viz. mice, rats, guinea pigs and rabbits
- 5. Bleeding techniques from animals including sheep for the preparation of culture media

Immunology - Must acquire

- Collection of blood by venepuncture, separation of serum and preservation of serum for short and long periods
- 2. Preparation of bacterial antigens for Widal test.
- Performance of serological tests viz. Widal, Brucella tube agglutination, VDRL, ASO, TPHA etc.
- 4. Enzyme linked immunosorbent assay
- 5. IFA

Immunology - desirable to acquire

- 1. Immunoelectrophoresis
- 2. Immunodiffusion in gels, (Ouchterlony) counter immunoelectrophoresis
- 3. Haemagglutination(HA) and Haemagglutination inhibition(HAI) test
- 4. Immunoblotting.
- 5. Performance of serological tests viz-Weil-Felix, Cold agglutination.
- Mycology Must acquire
 - 1. Collection and transport of specimens
 - 2. Direct examination of specimens by KOH, Gram's, Kinyoun's, Giemsa, Calcofluor staining and examination under fluorescence microscope.
 - 3. Examination of histopathology slides for fungal infections
 - 4. Isolation and identification, of fungi of medical importance and identification of contaminants
 - 5. Maintenance of stock cultures

Mycology - Desirable to acquire

- 1. Antigen and antibody based serological test in fungal diseases including *Candida*, *Cryptococcosis*, *Aspergillus*, etc.
- 2. Speciation of candida species
- 3. Special techniquesSpecial techniques like Wood's lamp examination, hair baiting / hair perforation, paraffin baiting and slide culture

Parasitology - Must Acquire

- 1. Collection of various specimens for parasitic infections.
- 2. Examination of faeces for parasitic ova and cysts etc. by direct and concentration methods (salt floatation and formal-ether methods)
- 3. Examination of blood for protozoa and helminthes by wet mount and thin and thick stained smears Leishman, Giemsa
- 4. Examination of other specimens e.g. urine, CSF, bone marrow etc. for parasites
- 5. Performance of stains- Leishman, Giemsa
- 6. Identification of common arthropods and other vectors viz., mosquito, sand fly, tick, mite, Cyclops
- 7. QBC/ICT for malaria

Parasitology - Desirable to Acquire

- 1. Permanent staining techniques like iron haematoxylin
- 2. In-vitroculture of parasites like Entamoeba, Leishmania, etc.
- 3. Preparation of media- NNN etc
- 4. Egg counting techniques for helminthes
- 5. Histopathology sections-examination and identification of parasites
- 6. Copro-culture of larva of hookworms
- 7. Preservation of parasites- mounting, fixing, staining, etc
- Virology Must acquire
 - 1. Preparation of glass wares for tissue cultures (washing, sterilization)
 - 2. Preparation of media like Hanks, MEM
 - 3. Preparation of clinical specimens for isolation of viruses
 - Serological tests-ELISA for HIV, ELISA for HBsAg, HCV, Hepatitis virus, serological tests for arboviruses.

Virology-Desirable to acquire

1. Performance of haemadsorption for Parainfluenza, Haemagglutination for Influenza, Immunofluorescence, neutralization for Enteroviruses and Respiratory viruses, identification tests on tissue cultures and supernatants, etc.

- 2. Electron microscopy of virus -TEM, SEM
- 3. Recognition of CPE in tissue cultures.
- Maintenance of continuous cell lines by subcultures. Preservation in -70□C and liquid nitrogen
- 5. Chick embryo techniques-inoculation and harvesting
- 6. Handling of mice, rat, rabbit and guinea pigs for collection of blood, etc.

Molecular biology - Must acquire

- 1. Extraction of DNA/RNA, routine PCR protocols, gel electrophoresis and documentation.
- 2. Western blot technique.

Molecular biology- Desirable to acquire

- 1. RFLP, RAPD
- 2. SDS PAGE

Time frame for	skill acquisition	(as per MCI	Competencies)
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		1 st year residency-	skills list		
Area	Sr. no.	Procedure	Observed no.	Assisted no./ practice on dummy	Performed independently no. (under supervision)
General microbiology	1.	Microscopy for unstained preparations/ wet mount	5	5	10
	2.	Microscopy for stained preparation	5	5	10
	3.	Preparation of direct smears from clinical specimens	5	5	10
	4.	Hanging drop preparation	5	5	10
	5.	Washing, sterilization and packing of glassware	10 sessions	-	-
	6.	Infection control activities- environmental sampling	10	10	-
	7	Identification of HAI	5	5	
	8	Calculation of HAI quality indicators	5	5	

	9	Bacteriology of water	5	5	-
	10	Bacteriology of air	5	5	-
	11	Antibiotic disc preparation	-	-	-
	12	Handling of laboratory animal	-	-	-
	13	Methods for preservation of bacteria	10	-	-
	14	Maintenance of stock cultures	10	-	-
Staining	1	Gram staining	10	20	30
	2	Acid fast staining (Ziehl- Neelsen method)	10	20	30
	3	Albert staining	5	10	10
	4	Modified ZN staining for <i>M.leprae</i>	5	5	5
	5	Modified ZN staining for Nocardia	5	5	5
	6	IQC-staining	5	5	5
Media preparation	1	Preparation of stains	4	4	4
	2	Preparation of reagents	10	10	10
	3	Preparation, plugging, pouring & Quality Control (QC) of culture media	20	20	30
	4	Operation & maintenance of autoclave	10	10	20
Bacteriology	1	Specimen collection for Blood Culture	5	5	5
	2	Inoculation of liquid & solid media	20	20	30
	3	Identification test	20	20	30
	4	Antimicrobial sensitivity testing- modified Kirby-bauer technique	10	20	30
	5	IQC- Antibiotic disc potency	5	5	-
	6	Operation of BacT/ALERT	5	10	20
	7	Operation of Vitek 2 compact	5	10	20
	8	Petroff's concentration technique	10	10	20
	9	AFB culture & sensitivity	5	10	20
Mycology	1	KOH Wet mount	5	10	20

	2	Germ tube test	5	10	20
	3	Slide culture	5	10	20
	4	Negative staining for fungus	5	5	5
	5	LPCB mount	10	10	10
Parasitology	1	Giemsa staining for thick & thin peripheral blood smear	5	-	-
	2	Stool wet mount for R/M	10	20	30
	3	Stool concentration techniques	5	10	5
	4	Modified ZN staining for <i>C</i> . <i>parvum</i>	2	2	2
Serology/ Immunology	1	Phlebotomy & separation of serum	10	10	5
	2	Operation & maintenance of mini-VIDAS	5	10	20
	3	Operation & maintenance of ELISA reader & washer	5	10	
Performance of serological tests	1	Latex agglutination test(RA, ASO)	10	20	30
	2	RPR card test	10	20	30
	3	Tube agglutination test	10	20	30
	4	Gold conjugate Rapid card test	10	20	30
	5	ANA by IF	5	5	
	6	IQC-serology	5	5	5

	2 nd year residency-skill list					
Area	Sr. no.	Procedure	Observed no.	Assisted no./ practice on dummy	Performed independently no. (under supervision)	
General Microbiology	1.	Microscopy for unstained preparations/ wet mount				
	2.	Microscopy for stained preparation				
	3.	Preparation of direct smears from clinical specimens				
	4.	Preparation of slit skin smear for lepra bacilli	5	5	5	

	5.	Hanging drop preparation			10
	6.	Washing, sterilization and packing of glassware	05 sessions	-	-
	7	Infection control activities-environmental sampling		10	10
	8	Identification of HAI		5	5
	9	Calculation of HAI quality Indicators		5	5
	10	Bacteriology of water		5	5
	11	Bacteriology of air		5	5
	12	Antibiotic disc preparation	05 lots	-	-
	13	Handling of laboratory Animal	-	-	_
	14	Methods for preservation of Bacteria		05	10
	15	Maintenance of stock Cultures		05	10
Staining	1	Gram staining			30
	2	Acid fast staining (Ziehl- Neelsen method)			30
	3	Albert staining			05
	4	Modified ZN staining for <i>M. Leprae</i>			5
	5	Modified ZN staining for <i>Nocardia</i>			5
	6	IQC-staining			5
Media Preparation	1	Preparation of stains			5
	2	Preparation of reagents			15
	3	Preparation, plugging, pouring & Quality Control (QC) of culture media			50
	4	Operation & maintenance of autoclave			20
Bacteriology	1	Specimen collection for Blood Culture			5
	2	Inoculation of liquid & solid media			30

	3	Identification test			30
	4	Antimicrobial sensitivity testing- modified Kirby- bauer technique			30
	5	IQC- Antibiotic disc potency		5	5
	6	Operation of BacT/ALERT			20
	7	Operation of Vitek 2 compact			20
	8	Petroff's concentration technique			20
	9	AFB culture & sensitivity			20
Mycology	1	KOH Wet mount			20
	2	Germ tube test			20
	3	Slide culture			20
	4	Negative staining for fungus			5
	5	LPCB mount			10
Parasitology	1	Giemsa staining for thick & thin peripheral bloodsmear	-	10	-
	2	Stool wet mount for R/M			30
	3	Stool concentration techniques			5
	4	Modified ZN staining for <i>C. parvum</i>			2
Serology/ Immunology	1	Phlebotomy & separation of serum			5
	2	Operation & maintenance of mini-VIDAS			20
	3	Operation & maintenance of ELISA reader & washer			20
Performance of serological tests	1	Latex agglutination test(RA, ASO, CRP)			30
	2	RPR card test			30
	3	Tube agglutination test			30
	4	Gold conjugate rapid card Test			30

5	ANA by IF	 	10
6	IQC-serology	 	5

	3 rd year residency-skill list					
Area	Sr. no.	Procedure	Observed no.	Assisted no./ practice on dummy	Performed independently no. (under supervision)	
General microbiology	1.	Microscopy for unstained preparations / wet mount				
	2.	Microscopy for stained preparation				
	3.	Preparation of slit skin smear for lepra bacilli				
	4.	Hanging drop preparation				
	5.	Washing, sterilization and packing of glassware	05 sessions	-	-	
	6.	Infection control activities-environmental sampling			10	
	7	Identification of HAI			5	
	8	Calculation of HAI quality indicators			5	
	9	Bacteriology of water	-	-	5	
	10	Bacteriology of air	-	_	5	
	11	Antibiotic disc preparation	-	5 lots	2 lots	
	12	Handling of laboratory animal	-	-	10	
	13	Methods for preservation of bacteria	-	-	10	
	14	Maintenance of stock cultures	-	-	10	
Staining	1	Gram staining			30	
-	2	Acid fast staining (Ziehl-Neelsen method)			30	
	3	Albert staining			05	
	4	Modified ZN staining for <i>M. leprae</i>			5	
	5	Modified ZN staining for <i>Nocardia</i>			5	
	6	IQC-staining			5	

Media preparation	1	Preparation of stains	 	10
L 1	2	Preparation of reagents	 	15
	3	Preparation, pouring & Quality Control (QC) of culture media	 	50
	4	Operation & maintenance of autoclave	 	20
Bacteriology	1	Specimen collection for Blood Culture	 	5
	2	Inoculation of liquid & solid media	 	30
	3	Identification test	 	30
	4	Antimicrobial sensitivity testing- modified Kirby-bauer technique	 	30
	5	IQC- Antibiotic disc potency	 	5
	6	Operation of BacT/ALERT	 	20
	7	Operation of Vitek 2 compact	 	20
	8	Petroff's concentration technique	 	20
	9	AFB culture & sensitivity	 	20
Mycology	1	KOH Wet mount	 	20
	2	Germ tube test	 	20
	3	Slide culture	 	20
	4	Negative staining for fungus	 	5
	5	LPCB mount	 	10
Parasitology	1	Giemsa staining for thick & thin peripheral blood smear	 	-
	2	Stool wet mount for R/M	 	30
	3	Stool concentration techniques	 	5
	4	Modified ZN staining	 	2

		for C. parvum		
Serology/ Immunology	1	Phlebotomy & separation of serum	 	5
	2	Operation & maintenance of mini- VIDAS	 	20
	3	Operation & maintenance of ELISA reader & washer	 	20
Performance of serological tests	1	Latex agglutination test(RA, ASO, CRP)	 	30
	2	RPR card test	 	30
	3	Tube agglutination test	 	30
	4	Gold conjugate rapid card test	 	30
	5	ANA by IF	 	10
	6	IQC-serology	 	5

8. Assessment

8.1 Formative Assessment

i.e., assessment during the training

It will be continual and would assess medical knowledge, patient care, procedural and academic skills, interpersonal skills, professionalism, self directed learning and ability to practice in the system.

Quarterly assessment will be conducted as per categories listed in post graduate student appraisal form available from MCI guidelines (Annexure I)

Table 3: List the of Entrustable Professional A	Activity
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S.No	Entrustable Professional Activity
1.	Should be able to carry out various methods of sterilization process
2.	Should be able to perform & interpret various staining techniques like gram staining.
	acid fast staining. negative staining and special staining
3.	Should be able to perform & interpret motility of bacteria by hanging drop preparation of clinical specimen.
4.	Should be able to maintain both bacterial & fungal stock culture.
5.	Should be able to carry out antibiotic sensitivity testing as per standard guidelines.
6.	Should be able to interpret & report to clinician about peripheral blood smear for parasites.
7.	Should be able to identify the pathogenic bacteria by aerobic and anaerobic culture methods.
8.	Should be able to perform & confirm the identification of fungus by routine fungal culture of clinical specimen.
9.	Should be able to perform and interpret rapid serological tests for bacterial and viral infection
10.	Should be able to perform various other serology techniques like ELISA, IFA.
11.	Should be able to perform diagnostic tests using automated machines.

12.	Should be able to perform Molecular techniques for diagnosing various infectious diseases.
13.	Should be able to manage needle stick injury.
14.	Should be able to instruct the technician for handling & disposal of biomedical wastes.
15.	Should be aware & able to implement Infection control practices
16.	Should be familiar with norms & requirements of NABL, NABH accreditation
17.	Should be able to prepare protocol for investigating any outbreak in the area like cholera, typhoid, brucellosis and viral infections.
18.	Should be able to carry out systematic research work
19.	Should be able to perform as a team worker / leader.
20.	Should be able to teach Microbiology for undergraduate medical students.

Table 4: EPAs, Competency levels and entrustability

Description of Entrustable Professional Activity with relevant domains of competence, domain critical behaviour

EPA 1:Should be able to carry out various methods of sterilization process			
1. Description of the	The candidate should be Able to explain theoretical aspects of		
activity:	Sterilisation and disinfection methods practised in hospitals. Able to		
	perform sterilisation techniques using autoclaves, hot air oven,		
	inspissator		
2. Most relevant	MK , PC,ICS, P		
domains of			
competence:			
3. Competencies	MK5.1, MK 5.5; PC 2.1; ICS 3.1, ICS 3.2, ICS 3.4, ICS 4.2, ICS		
within each domain	4.3;P 1.4		
critical to			
entrustment			
decisions			
4.Methods of	1. Written Examination 2. Work place assessment		
assessment			

Competency	Pre-Entrustable	Entrustable
MK5	Fails to demonstrates in depth	Demonstrates in depth knowledge
	knowledge about various method of	about various method of Sterilization
	Sterilization and disinfection practices	and disinfection practices in
	in laboratory as well as in hospital	laboratory as well as in hospital
	settings	settings Demonstrate knowledge
	Fail to demonstrate knowledge about	about management of biomedical
	management of biomedical waste	waste Explains about the
	Unable to explain about the	management of biomedical waste
	management of biomedical waste	Instruct the technician for handling &
	Unable to instruct the technician for	dispass of his modical wastes
	handling & disposal of biomedical	disposal of biomedical wastes.
	wastes.	
PC2	Fail to demonstrate the knowledge of	Demonstrate the knowledge of
	Biomedical Waste Management	Biomedical Waste Management
	according to updated National BMW	according to updated National BMW
	guidelines	guidelines
ICS3	Fail to understand the importance of	Understands the importance of
1055	standard protocol for handling various	standard protocol for handling various
	sterilization equipment in a	sterilization equipment in a
	Microbiology laboratory	Microbiology laboratory
	Fail to communicate basic knowledge	Communicates basic knowledge
	about standard protocol for handling	about standard protocol for handling
	various sterilization equipment to	various sterilization equipment to
	technicians and other non-teaching	technicians and other non-teaching
	staff	staff
	Fail to educate technicians and other	Educates technicians and other non-
	non- teaching staff on protocol for	teaching staff on protocol for
	handling various sterilization	diagnostic tests safety and quality
	equipment in Microbiology laboratory	control in Microbiology laboratory
ICS4	Fail to explains classification.	Explains classification, principle and
	principle and application of various	application of various sterilization
	sterilization process effectively in	process effectively in lucid manner
	lucid manner engaging both slow-	engaging both slow-learners and
	learners and advanced-learners	advanced-learners
	Unable to interact with students to	Interacts with students to encourage
	encourage discussion on various	discussion various methods of
	methods of sterilization process and	sterilization process and to assess
	to assess their level of understanding.	their level of understanding.
P1	Fail to demonstrate appropriate use of	Demonstrates appropriate use of
**	sterilization methods	sterilization methods

1. Description of the	he The candidate should be Able to explain theoretical aspects of		
activity:	staining techniques (Classification, principle, procedure and their		
	application)		
	Able to perform the all kinds of staining techniques in Microbiology		
	Able to interpret the stained smear/mount from clinical specimens		
2. Most relevant	MK ,ICS ,P		
domains of			
competence:			
3. Competencies	MK 2.1, MK 2.3, MK 2.4;		
within each domain	ICS 1 3 ICS 1 4 ICS 4 2 ICS 4 3 P 1 4		
critical to			
entrustment			
decisions			
4.Methods of	1. Written Examination		
assessment	2. Practical Examination 3. Work place assessment		

Competency	Pre-Entrustable	Entrustable
MK 2	Fail to understand the basic as well	Understands the basic as well as
	as advanced knowledge in various	advanced knowledge in various
	staining techniques used in diagnostic	staining techniques used in
	microbiology.	diagnostic microbiology.
	Unable to perform basic laboratory	Performs basic laboratory
	techniques, including Gram-staining,	techniques, including Gram-staining,
	acid fast staining. negative staining	acid fast staining. negative staining
	and special staining on clinical	and special staining on clinical
	samples.	samples.
	Fail to provide examination and	Provides examination and
	interpretation of direct smears and wet	interpretation of direct smears and
	mount from clinical specimens	wet mount from clinical specimens
	requesting personnel	personnel
ICS 1	Fail to respond to requests for	Responds to requests for
	Microbiology laboratory services	Microbiology laboratory services
	including Gram-staining, acid fast	including Gram- staining, acid fast
	staining, negative staining and special	staining, negative staining and
	staining in a timely manner and	special staining in a timely manner
	provide accurate results with their	and provides accurate results with
	interpretations.	their interpretations.

	Fail to respond to requests for	Responds to requests for
	consultation in a timely manner and	consultation in a timely manner and
	communicate recommendations to the	communicates recommendations to
		the requesting
ICS 4	Fail to explain the staining techniques	Explains the staining techniques
	effectively in lucid manner engaging	effectively in lucid manner engaging
	both slow-learners and advanced-	both slow-learners and advanced-
	learners.	learners.
	Fail to interact with students to	Interacts with students to encourage
	encourage discussion and to assess	discussion and to assess their level of
	their level of understanding	understanding
P1	Fail to demonstrate appropriate use of	Demonstrates appropriate use of
	various staining techniques	various staining techniques

EPA 3: Should be able to perform & interpret motility of bacteria by hanging drop		
preparation of clinical specimen		
1. Description of the	The candidate should be	
activity:	Able to explain theoretical aspects of bacterial motility	
	Ultrastructure, arrangement, types of flagella	
	Methods of detection of flagella	
	• Types of motility	
	• Different methods of demonstrating bacterial motility Able	
	to perform the hanging drop technique	
	Able to interpret the hanging drop preparation from clinical	
	specimen especially cholera stool.	
	Able to differentiate between true motility and false motility	
2. Most relevant	MK , PC,ICS, P	
domains of		
competence:		
3. Competencies	MK 2.1, MK 2.3, MK 2.4;	
within each domain	$\mathbf{PC} = 1 \cdot \mathbf{ICS} = 1 = \mathbf{ICS} = 1 + \mathbf{ICS} = \mathbf{ICS} =$	
critical to	1 C J.1 , ICD 1.3, ICD 1.4, ICD 4.2, ICD 4.3,	
entrustment	P 1.4	
decisions		
4.Methods of	1. Written Examination	
assessment	2. Practical Examination 3. Work place assessment	

Competency	Pre-Entrustable	Entrustable
MK2	Fail to understand the basic	Understands the basic knowledge in
	knowledge in direct microscopy	direct microscopy techniques used in
	techniques used in diagnostic	diagnostic microbiology.
	microbiology.	Performs basic hanging drop
	Unable to perform hanging drop	preparation on clinical samples.
	preparation on clinical samples.	Provides examination and
	Fail to provide examination and	interpretation of wet mount from
	interpretation of wet mount from	clinical specimens
	clinical specimens	
PC3	Fail to demonstrate the knowledge	Demonstrate the knowledge on role
	on role of laboratories investigating a	of laboratories investigating a
	Cholera outbreak	Cholera outbreak.
ICS 1	Fail to respond to requests for	Responds to requests for
	Microbiology laboratory services	Microbiology laboratory services
	including hanging drop preparation on	including hanging drop preparation
	stool sample from suspected cholera	on stool sample from suspected
	case in a timely manner and provide	cholera case in a timely manner and
	accurate results with their	provides accurate results with their
	interpretations.	interpretations.
	Fail to respond to requests for	Responds to requests for
	consultation in a timely manner and	consultation in a timely manner and
	communicates recommendations to	communicates recommendations to
	the requesting personnel	the requesting personnel
ICS 4	Fail to explain the hanging drop	Explains the hanging drop
	preparation and its application,	preparation and its application,
	effectively in lucid manner engaging	effectively in lucid manner engaging
	both slow- learners and advanced-	both slow-learners and advanced-
	learners.	learners.
	Fail to interact with students to	Interacts with students to encourage
	encourage discussion and to assess	discussion and to assess their level of
	their level of understanding	understanding
P1	Fail to demonstrate appropriate use	Demonstrates appropriate use of
	of various staining techniques	various staining techniques

EPA 4: Should be able to maintain both bacterial & fungal stock culture			
1. Description of the	Able to explain theoretical aspects of maintenance of both bacterial		
activity:	& fungal stock culture which comprises of different types of		
methods, media, storage conditions, frequency of transfer			
	control procedure, recovery/reconstitution.		
	Able to perform both bacterial & fungal stock culture		
2. Most relevant	MK, ICS		
domains of			
competence:			
3. Competencies	MK 1.1, MK 1.3, MK 2.2, MK 2.3, MK 2.4;		
within each domain	ICS 3.2, ICS 3.4		
critical to			
entrustment decisions			
4.Methods of	1. Written Examination 2. Work place assessment		
assessment			

Competency	Pre-Entrustable	Entrustable
MK 1	Fail to understand the morphology	Understands the morphology and
	and pathogenesis of bacterial and	pathogenesis of bacterial and fungal
	fungal infections	infections
	Unable to explain the morphology,	Explains the morphology, genetics,
	genetics, antigenic nature,	antigenic nature, pathogenesis of
	pathogenesis of bacterial, viral,	bacterial, viral, parasitic and fungal
	parasitic and fungal infections	infections
MK 2	Fail to demonstrate knowledge about	Demonstrates knowledge about
	isolation and identification of	isolation and identification of
	medically important microorganism	medically important microorganism
	Unable to isolate and identify of	Able to isolate and identify of
	medically important microorganism	medically important microorganism
	Fail to demonstrate the method to	Demonstrates the method to
	maintain both bacterial & fungal stock	maintain both bacterial & fungal
	culture.	stock culture.
	Unable to perform the method to	Perform the method to maintain
	maintain both bacterial & fungal stock	both bacterial & fungal stock culture
	culture	

ICS 3	Unable to communicate basic	Communicates basic knowledge
	knowledge about standard protocol of	about standard protocol of bacterial
	bacterial and fungal stock maintenance	and fungal stock maintenance in
	in Microbiology laboratory to	Microbiology laboratory to
	technicians.	technicians.
	Fail to educate technicians on	Educates technicians on protocol for
	protocol for bacterial and fungal stock	bacterial and fungal stock
	maintenance in Microbiology	maintenance in Microbiology
	laboratory	laboratory

EPA 5:Should be able to carry out antibiotic sensitivity testing as per standard guidelines		
1. Description of the	Able to explain theoretical aspects of antibiotic sensitivity testing	
activity:	(types, media used, antibiotic disk, procedure, MIC, MBC, antibiotic	
	resistance and its detection)	
	Able to perform antibiotic sensitivity testing in the laboratory.	
	Able to choose the relevant antibiotics based on the isolate and	
	clinical scenario which is most important in choosing the antibiotics	
	for therapeutic purposes.	
	Able to interpret the results	
2. Most relevant	MK , ICS, P	
domains of		
competence:		
3. Competencies	MK 2.1, MK 2.3, MK 2.5, MK 5.3, MK 5.4;	
within each domain	ICS 2.1, ICS 2.2, ICS 2.3, ICS 2.4, ICS 2.5; ICS 3.2, ICS 3.4; ICS	
critical to	4.2, ICS 4.3; P1.4	
entrustment decisions		
4.Methods of	1. Written Examination	
assessment	2. Practical Examination	
	3. Work place assessment	

Competency	Pre-Entrustable	Entrustable
MK2	Fail to Understand the newer	Understands the newer approaches
	approaches to development of	to development of Antimicrobial
	Antimicrobial agents and	agents and Antimicrobial
	Antimicrobial Susceptibility testing Susceptibility testing	
	Unable to Perform basic laboratory	Performs basic laboratory
	techniques, including antimicrobial	techniques, including antimicrobial
	susceptibility testing.	susceptibility testing.
	Fail to Educate to Select appropriate	Educates to Select appropriate anti-
	anti- infective therapies for a wide	infective therapies for a wide range
	range of important infections	of important infections

MK5	Fail to apply the knowledge about	Applies the knowledge about
	antimicrobial prophylaxis and therapy	antimicrobial prophylaxis and
	Unable to correlates and Interprets	therapy Correlates and Interprets
	how therapeutic or prophylactic	how therapeutic or prophylactic
	antimicrobial interventions are used	antimicrobial interventions are used
	in clinical	in
	management – and of how the	clinical management – and of how
	outcome of such patients may be	the outcome of such patients may be
	investigated,	investigated, predicted and
	predicted and monitored for	monitored for iatrogenic adverse
	iatrogenic adverse effects	effects
ICS2	Fail to understand the principles of	Understands the principles of
	antibiotic therapy and antibiotic	antibiotic therapy and antibiotic
	selection in critical care patients.	selection in critical care patients.
	Fail to demonstrate an	Demonstrates an understanding of
	understanding of the roles of clinical	the roles of clinical microbiologist in
	microbiologist in antibiotic therapy	antibiotic therapy and infection
	and infection control in critical care	control in critical care units.
	units.	Demonstrates an understanding of
	Fail to demonstrate an	antibiotic policy, antibiotic
	understanding of antibiotic policy,	stewardship, antimicrobial resistance
	antibiotic stewardship, antimicrobial	and infection control.
	resistance and infection control.	Maintains effective communication
	Unable to maintain effective	with clinicians and other health care
	communication with clinicians and	professionals regarding selection of
	other health care professionals	antibiotics in critical care units.
	regarding selection of antibiotics in	Participates in clinical and infection
	critical care units. Fail to participate	control activities by compiling,
	in clinical and infection control	analysing and disseminating clinical
	activities by compiling, analysing and	data on antibiotic usage and infection
	disseminating clinical data on	control.
	antibiotic usage and infection control.	Provides consultation on appropriate
	Fall to provide consultation on	antibiotic therapy, choice of
	appropriate antibiotic therapy, choice	antibiotics and infection control
	of antibioucs and infection control	Educates climicians and other health
	Fail to educate chincians and other	care professionals regarding
	nearth care professionals regarding	selection of antibiotics and infection
	sentral in aritical core units	control in critical care units.
	Unable to apply innovative	Applies innovative approaches for
	onable to apply innovative	thereasy and infaction control
	approaches for facilitating appropriate	therapy and infection control.
	control	
	control.	

ICS3	Unable to communicate basic	Communicates basic knowledge
	knowledge about standard protocol of	about standard protocol of antibiotic
	antibiotic sensitivity testing as per	sensitivity testing as per standard
	standard guidelines in Microbiology	guidelines in Microbiology
	laboratory to technicians.	laboratory to technicians.
	Fail to educate technicians and other	Educates technicians and other non-
	non- teaching staff on protocol for	teaching staff on protocol for
	antibiotic sensitivity testing as per	antibiotic sensitivity testing as per
	standard guidelines in Microbiology	standard guidelines in Microbiology
	laboratory	laboratory
ICS4	Fail to explain the antibiotic	Explains the antibiotic sensitivity
	sensitivity testing and its application,	testing and its application,
	effectively in lucid manner engaging	effectively in lucid manner engaging
	both slow-learners and advanced-	both slow- learners and advanced-
	learners.	learners.
	Fail to interact with students to	Interacts with students to encourage
	encourage discussion and to assess	discussion and to assess their level of
	their level of understanding	understanding
P1	Fail to critically review and	Critically reviews and interprets
	interprets antimicrobial sensitivity	antimicrobial sensitivity report.
	report.	Demonstrate appropriate use and
	Fail to demonstrate appropriate use	prescription of antibiotic based on
	and prescription of antibiotic based	toxicity, allergy, hepatic or renal
	on toxicity, allergy, hepatic or renal	dysfunction in concurrence with
	dysfunction in concurrence with	evidence based guidelines for both
	evidence based guidelines for both	adults and children
	adults and children	

Description of Entrustable Professional Activity with relevant domains of competence, domain critical behaviour

EPA 6: Should be able to interpret & report to clinician about peripheral blood smear for		
parasites		
1. Description of the	The candidate should be	
activity:	Able to explain theoretical aspects of pathogenesis, life cycle and	
	laboratory diagnosis of haemoparasites	
	Able to perform and interpret peripheral blood smear examination	
2. Most relevant	MK , ICS, P	
domains of		
competence:		
3. Competencies	MK 2.1, MK 2.3, MK 2.4; ICS 1.3, ICS 1.4; P 1.4	
within each domain		
critical to		
entrustment		
decisions		
4.Methods of	1. Written Examination	
assessment	2. Work place assessment	
	3. Practical Examination	

Competency	Pre-Entrustable	Entrustable
MK 2	Fail to understand the basic as well as	Understands the basic as well as
	advanced knowledge in peripheral	advanced knowledge in peripheral
	blood smear examination in diagnostic	blood smear examination in diagnostic
	microbiology.	microbiology.
	Unable to perform peripheral blood	Performsperipheral blood smear
	smear examination Fail to provide	examination
	examination and interpretation of	Provides examination and
	peripheral blood smear examination	interpretation of peripheral blood smear
		examination
ICS 1	Fail to respond to requests for	Responds to requests for Microbiology
	Microbiology laboratory services like	laboratory services like peripheral
	peripheral blood smear examinationin a	blood smear examinationin a timely
	timely manner and provide accurate	manner and provide accurate results
	results with their interpretations.	with their interpretations
	Fail to respond to requests for	Responds to requests for consultation
	consultation in a timely manner and	in a timely manner and communicates
	communicate recommendations to the	recommendations to the requesting
	requesting personnel	personnel

ICS 4	Fail to explain the peripheral blood	Explains peripheral blood smear
	smear examination effectively in lucid	examination effectively in lucid
	manner engaging both slow-learners	manner engaging both slow-learners
	and advanced-learners.	and advanced-learners.
	Fail to interact with students to	Interacts with students to encourage
	encourage discussion and to assess	discussion and to assess their level of
	their level of understanding	understanding
P1	Fails to interpret and report peripheral	Interpret and report peripheral blood
	blood smear examination	smear examination

EPA 7: Should be able to identify the pathogenic bacteria by aerobic and anaerobic culture methods.

methous.	
1. Description of the	The candidate should be
activity:	Able to explain theoretical aspects various methods of cultivation of bacteria (aerobic and anaerobic methods, medias required, inoculation of sample, temperature, oxygen requirement,) Able to perform aerobic and anaerobic culture methods
2. Most relevant domains of	MK , ICS
competence:	
3. Competencies within	MK1.1, MK 2.2 ;ICS1.3, ICS 1.4, ICS 1.1, ICS 2.1, ICS 2.2,
each domain critical to	ICS 2.3, ICS 2.4,
entrustment decisions	ICS 2.5, ICS 3.2, ICS 3.4, ICS 4.2, ICS 4.3
4.Methods of assessment	1.Written Examination 2.Work place assessment
	3. Practical Examination
	4. Culture seminar

Competency	Pre-Entrustable	Entrustable
MK1	Fail to understand the morphology,	Understands the morphology,
	genetics, antigenic nature and	genetics, antigenic nature and
	pathogenesis of aerobic and	pathogenesis of aerobic and
	anaerobic bacterial infections anaerobic bacterial infections	
	Fail to understand wide variety of	Understands wide variety of aerobic
	aerobic and anaerobic culture	and anaerobic culture methods
	methods	
MK2	Fail to demonstrate knowledge	Demonstrates knowledge about
	about isolation and identification of	isolation and identification of
	medically important aerobic and	medically important aerobic and
	anaerobic bacteria	anaerobic bacteria

	 Fail to demonstrate Collection/transportation of specimens for aerobic and anaerobic culture Demonstrate plating of clinical specimens on aerobic and anaerobic media for isolation, purification, identification and quantification purposes. 	Demonstrate Collection/transportation of specimens for aerobic and anaerobic culture Demonstrate plating of clinical specimens on aerobic and anaerobic media for isolation, purification, identification and quantification purposes.
ICS 1	 Fail to respond to requests for Microbiology laboratory services including aerobic and anaerobic bacterial culture in a timely manner and provide accurate results with their interpretations. Fail to respond to requests for consultation in a timely manner and communicates recommendations to the requesting personnel Fail to understand the scopes to expand and upgrade Microbiology laboratory services as per the requirements of allied departments Fail to Maintains effective communication with allied departments. Unable to responds to requests for Microbiology laboratory services in a timely manner and provides accurate 	Responds to requests for Microbiology laboratory services including services including aerobic and anaerobic bacterial culture in a timely manner and provides accurate results with their interpretations. Responds to requests for consultation in a timely manner and communicates recommendations to the requesting person Understand the scopes to expand and upgrade Microbiology laboratory services as per the requirements of allied departments Maintains effective communication with allied departments. Responds to requests for Microbiology laboratory services in a timely manner and provides accurate resultsel
ICS 2	 Fails to understand the principles of antibiotic therapy and antibiotic selection in critical care patients. Fails to demonstrate an understanding of the roles of clinical microbiologist in antibiotic therapy and infection control in critical appropriate antibiotic therapy and infection control. 	Understands the principles of antibiotic therapy and antibiotic selection in critical care patients. Demonstrates an understanding of the roles of clinical microbiologist in antibiotic therapy and infection control in critical care units. Demonstrates an understanding of antibiotic policy, antibiotic stewardship, antimicrobial resistance and infection control.

		Maintains effective communication
		with clinicians and other health care
		professionals regarding selection of
		antibiotics in critical care units.
		Participates in clinical and infection
		control activities by compiling,
		analysing and disseminating clinical
		data on antibiotic usage and infection control.
		Provides consultation on appropriate
		antibiotic therapy, choice of
		antibiotics and infection control
		Educates clinicians and other health
		care professionals regarding selection
		of antibiotics and infection control in
		critical care units.
		Applies innovative approaches for
		facilitating appropriate antibiotic
		therapy and infection control.
ICS3	Unable to communicate basic	Communicates basic knowledge
	knowledge about standard protocol	about standard protocol of antibiotic
	of antibiotic sensitivity testing as per	sensitivity testing as per standard
	standard guidelines in Microbiology	guidelines in Microbiology
	laboratory to technicians and other	laboratory to technicians and other
	non- teaching staff.	non-teaching staff.
	Fail to educate technicians and other	Educates technicians and other non-
	non-teaching staff on protocol for	teaching staff on protocol for
	antibiotic sensitivity testing as per	antibiotic sensitivity testing as per
	standard guidelines in	standard guidelines in Microbiology
	Microbiology laboratory	laboratory
ICS 4	Fail to explain the aerobic and	Explains aerobic and anaerobic
	anaerobic culture methods effectively	culture methods effectively in lucid
	in lucid manner engaging both slow-	manner engaging both slow-learners
	learners and advanced- learners.	and advanced-learners.
	Fail to interact with students to	Interacts with students to encourage
	encourage discussion and to assess	discussion and to assess their level of
	their level of understanding	understanding

culture of enhieur speetmen.		
1. Description of the	The candidate should be	
activity:	Able to explain theoretical aspects of classification, pathogenesis and laboratory diagnosis of various fungal infections Able to perform and confirm the identification of fungus by routine fungal culture of clinical specimen.	
2. Most relevant domains of	MK , ICS	
competence:		
3. Competencies within each	MK 1.1, MK 1.5, MK 2.2, MK 2.3: ICS1.1 ICS, 1.3, ICS 1.4,	
domain critical to	ICS 3.2, ICS 3.3, ICS	
entrustment decisions	4.2, ICS 2.3	
4.Methods of assessment	1. Written Examination	
	2.Work place assessment	
	3. Practical Examination	
	4. Cuture seminar	

Competency	Pre-Entrustable	Entrustable
MK1	Fail to understand the morphology,	Understand he morphology,
	genetics, antigenic nature and	genetics, antigenic nature and
	pathogenesis of fungal infections	pathogenesis of fungal infections
	Fail to understand wide variety of	Understands wide variety of
	methods employed in the practice of	methods employed in the practice of
	clinical microbiology in the	clinical microbiology in the
	laboratory diagnosis of fungal	laboratory diagnosis of fungal
	infections	infections Educates the morphology,
	Fail to Educate the morphology,	genetics, antigenic nature and
	genetics, antigenic nature and	pathogenesis of fungal infections
	pathogenesis of fungal infections	

EPA 8: Should be able to perform & confirm the identification of fungus by routine fungal culture of clinical specimen.

MK2	Fail to demonstrate knowledge	Demonstrates knowledge about
	about isolation and identification of	isolation and identification of
	medically important fungi	medically important fungi
	Fail to demonstrate	Demonstrates
	Collection/transportation of	Collection/transportation of
	specimens for fungal identification	specimens for microbiological
	Fail to demonstrate plating of	investigations
	clinical specimens on media for	Demonstrates plating of clinical
	isolation, purification, identification	specimens on media for isolation,
	and quantification purposes.	purification, identification and
	Fail to perform basic laboratory	quantification purposes.
	techniques, including Gram-	Performs basic laboratory
	staining/LPCB, culture, organism	techniques, including Gram-
	identification, and antifungal	staining/LPCB, culture, organism
	susceptibility testing	identification, and antifungal
	Fail to isolate and identify of	susceptibility testing
	medically important fungi	Able to isolate and identify medically
		important fungi
ICS 1	Fail to respond to requests for	Responds to requests for
	Microbiology laboratory services	Microbiology laboratory services
	including fungal culture in a timely	including fungal culture in a timely
	manner and provide accurate results	manner and provide accurate results
	with their interpretations.	with their interpretations.
	Fail to respond to requests for	Responds to requests for
	consultation in a timely manner and	consultation in a timely manner and
	communicates recommendations to	communicates recommendations to
	the requesting personnel	the requesting personnel
	Fail to understand the scopes to	Understands the scopes to expand
	expand and upgrade Microbiology	and upgrade Microbiology laboratory
	laboratory services as per the	services as per the requirements of
	requirements of allied departments	allied departments
	Fail to Maintains effective	Maintains effective communication
	communication with allied	with allied departments.
	departments.	Responds to requests for
	Unable to respond to requests for	Microbiology laboratory services in a
	Microbiology laboratory services in a	timely manner and provides accurate
	timely manner and provides accurate	results
	results	
ICS3	Fail to communicate basic	Communicates basic knowledge
	knowledge about standard protocol to	about standard protocol to be
	be followed for fungal identification	followed for fungal identification in
	in Microbiology laboratory to	Microbiology laboratory to

	technicians and other non-teaching	technicians and other non-teaching
	staff	staff.
	Fail to monitor diagnostic activities	Monitors diagnostic activities of
	of technicians in mycology section	technicians in mycology section
	Fail to supervise the functioning of	Supervise the functioning of the
	the mycology laboratory and	mycology laboratory and adherence
	adherence to standard protocol to standard pro	
ICS 4	Fail to explain the fungal culture	Explains the fungal culture methods
	methods effectively in lucid manner	effectively in lucid manner engaging
	engaging both slow- learners and	both slow-learners and advanced-
	advanced-learners. Fail to interact	learners.
	with students to encourage discussion	Interacts with students to encourage
	and to assess their level of	discussion and to assess their level of
	understanding	understanding

EPA 9: Should be able to perform and interpret rapid serological tests for bacterial and viral		
infection		
1. Description of the activity: The candidate should be		
	Able to explain theoretical aspects of principle	
	procedure and application of rapid sorological	
	procedure and application of rapid serological	
	tests for bacterial and viral infection	
	Able to perform and interpret rapid serological	
	tests for bacterial and viral infection	
2. Most relevant	MK ,ICS, P	
domains of competence:		
3. Competencies within each domain	MK1.1, MK 1.5 , MK 2.2, MK2.5 , ICS 1.1,	
critical to entrustment decisions ICS1.3, ICS 3.2, ICS 4.2, ICS 4.3; P 2.1,		
4.Methods of assessment	1. Written Examination	
	2.Work place assessment	
	3. Practical Examination	
	4. seminar	

Competency	y Pre-Entrustable Entrustable	
MK1	Fail to Understand the application	Understands the application of rapid
	of rapid serological tests for bacterial	serological tests for bacterial and
	and viral infections in clinical	viral infections in clinical
	microbiology	microbiology
	Fail to Educate the morphology,	Educates the morphology, genetics,
	genetics, antigenic nature and	antigenic nature and pathogenesis of
	pathogenesis of bacterial and viral	bacterial and viral infections
	infections	
MK2	Fail to educate to Select appropriate	Educates to Select appropriate rapid
	rapid serological tests for bacterial	serological tests for bacterial and
	and viral infection	viral infection
	Fail to demonstrate knowledge	Demonstrates knowledge about
	about rapid serological tests for	rapid serological tests for bacterial
	bacterial and viral infection	and viral infection
ICS1	Fail to Interact effectively with the	Interact effectively with the allied
	allied departments by rendering	departments by rendering services
	services like performance of rapid	like performance of rapid serological
	serological tests for the diagnosis of	tests for the diagnosis of bacterial and
	bacterial and viral infections	viral infections
	Fail to Maintain effective	Maintaing affactive communication
	communication with allied	with allied departments
	departments.	Besponds to requests for repid
	Fail to Respond to requests for rapid	serological tests services in a timely
	serological tests services in a timely	manner
	manner	manner
	Fail to provide accurate results of	Provides accurate results of rapid
	ranid serological tests with their	serological tests with their
	interpretations	interpretations
ICS3	Fail to communicate basic	Communicates basic knowledge
	knowledge about standard protocol of	about standard protocol of serological
	serological tests in Microbiology	tests in Microbiology laboratory to
	laboratory to technicians and other	technicians and other non-teaching
	non- teaching staff.	staff.
	Fail to monitors diagnostic activities	
	of technicians and other non-teaching	Nionitors diagnostic activities of
	staff	technicians and other non-teaching
	Fail to avalain ranid carelagical tests	Stall
1034	effectively in lucid manner engaging	effectively in lucid manner engaging
	both slow-learners and advanced	both slow-learners and advanced
		learners
	icamers.	icarners.

	Fail to interact with students to	Interacts with students to encourage
	encourage discussion and to assess	discussion and to assess their level of
	their level of understanding	understanding
P2	Fail to understand and interpret the	Understand and interpret the rapid
	rapid serological tests appropriate to	serological tests appropriate to the
	the patient clinical condition	patient clinical condition
P3	Fail to Maintain confidentiality	Maintains confidentiality while
	while performing serological tests	performing serological tests which
	which have a social stigma	have a social stigma

EPA 10: Should be able to perform various other serology techniques like ELISA, IFA		
1. Description of the activity:	f the activity: The candidate should be	
	Able to explain theoretical aspects of classification, principle, procedure and application of ELISA and IFA in the diagnosis of infectious diseases. Able to perform and interpret serology techniques like ELISA, IFA in the diagnosis of infectious diseases	
2. Most relevant domains of	MK , ICS, P	
competence:		
3. Competencies within each	MK 2.1;ICS 1.1, ICS 1.4, ICS 4.2,ICS 4.3;P 1.4 ,P 3.3	
domain critical to entrustment		
decisions		
4.Methods of assessment	1. Written Examination	
	2.Work place assessment	
	3. Seminar	

Competency	Pre-Entrustable	Entrustable
MK2	Fails to Understand the basic as well	Understands the basic as well as
	as advanced knowledge in various	advanced knowledge in various
	microscopes like fluorescent	microscopes like fluorescent
	microscope and microscopic	microscope and microscopic
	techniques used in diagnostic	techniques used in diagnostic
	microbiology	microbiology
ICS 1	Fails to Interact effectively with the	Interacts effectively with the allied
	allied departments	departments
	Fails to respond to requests for	Responds to requests for
	consultation in a timely manner and	consultation in a timely manner and
	communicates recommendations to	communicates recommendations to
	the requesting personnel.	the requesting personnel.
ICS 4	Fail to explain the ELISA and IFA	Explains the ELISA and IFA
	techniques effectively in lucid manner	techniques effectively in lucid
	engaging both slow- learners and	manner engaging both slow-learners

	advanced-learners in the diagnosis of	and advanced- learners in the	
	infectious diseases.	diagnosis of infectious diseases.	
	Fail to interact with students to	Interacts with students to encourage	
	encourage discussion and to assess	discussion and to assess their level	
	their level of understanding	of understanding	
P1	Fails to demonstrate appropriate use	Demonstrates appropriate use of	
	of ELISA and IFA techniques	ELISA and IFA techniques	
P3	Fail to Maintain confidentiality	Maintains confidentiality while	
	while performing serological tests	performing serological tests which	
	which have a social stigma	have a social stigma	

EPA 11: Should be able to perform diagnostic tests using automated machines.	
1. Description of the activity: Candidate should be	
	Able to know and perform the standard operating procedure of automated machines like BACTEC,VITEK, MGIT, GENE XPERT etc Able to know and perform maintenance procedures and calibrations of those instruments Able to know how to maintain the log book for the instrument Able to know about the quality control assessment of the diagnostic tests performed Able to know about the shelf life of the reagents of
	diagnostic tests
2. Most relevant	MK,PC,ICS, SBP
domains of competence:	
3. Competencies within each	MK 4.4, PC3.5, ICS2.2, SBP1.2,2.2,2.3
domain critical to entrustment	
decisions	
4.Methods of assessment	1. Written Examination
	2. Work place assessment

Competency	Pre-Entrustable	Entrustable
MK4	Unable to understand and perform the	Able to understand and perform the
	newer automated techniques for early	newer automated techniques for early
	reporting and management	reporting and management
PC3	Not able to apply innovative	Able to apply innovative approaches
	approaches for investigating emerging	for investigating emerging and re-
	and re-emerging infections during	emerging infections during outbreak.
	outbreak.	Provides comprehensive ideas in
	Provides comprehensive ideas in	investigating outbreaks
	investigating outbreaks	
ICS2	Unable to interpret the minimum	Able to interpret the minimum
	inhibitory concentration of antibiotics	inhibitory concentration of antibiotics
	by automated methods	by automated methods
	Lack of understanding of the	Understand the antimicrobial
	antimicrobial stewardship and failure	stewardship and to give suggestions to
to give suggestions to the clinicians the clinician		the clinicians about appropriate choice
	about appropriate choice of antibiotics	of antibiotics
SBP1	Not able to Works effectively as a	Works effectively as a team member
	team member in formulating the	in formulating the principles of Good
	principles of Good Record Keeping,	Record Keeping, document control,
	document control, instrument	instrument maintenance (quality
	maintenance (quality check) and audit	check) and audit reports making.
	reports making.	
SBP2	Unable to understand and explain the	Understands and explains the
	Principles of Quality Practices in	Principles of Quality Practices in
	clinical Microbiology.	clinical Microbiology.
	Unable to demonstrate the ability to	Demonstrate the ability to follow the
	follow the SOP and effectively	SOP and effectively achieve
	achieve acceptable turnaround time	acceptable turnaround time according
	according to the standards.	to the standards.

EPA 12: Should be able to perform Molecular techniques for diagnosing various		
infectious diseases.		
1. Description of the activity:	Candidate should be,	
	Able to know and perform standard operating procedures	
	of various molecular techniques like conventional PCR,	
	Real-Time PCR, Gel preparation and documentation. Able	
	to know about various quality control measures to prevent	
	contamination while performing the test.	
2. Most relevant domains of	MK, PC, SBP, PBLI	
competence:		
3. Competencies within each	MK2.5, MK4.1,4.4,4.5 PC3.5, PBLI1.4	
domain critical to entrustment		
decisions		
4.Methods of Assessment	1. Work place assessment	

Competency	Pre-Entrustable	Entrustable
MK2	Unable to understand and Educate to	Understands and Educates to Select
	Select appropriate laboratory tests for	appropriate laboratory tests for
	pathogen detection/identification and	pathogen detection/identification and
	select appropriate anti- infective	select appropriate anti-infective
	therapies for a wide range of	therapies for a wide range of
	important infections	important infections
MK4	Unable to understand and	Understand and demonstrate the
	demonstrate the knowledge and	knowledge and applications about
	applications about molecular	molecular techniques in the
	techniques in the laboratory diagnosis	laboratory diagnosis of infectious
	of infectious diseases	diseases
	Not able to plan the applications about molecular techniques in the laboratory diagnosis of infectious diseases	Plan the applications about molecular techniques in the laboratory diagnosis of infectious diseases Explain about strengths and
	Not able to explain about strongths	limitations of various molecular
	not able to explain about strengths	techniques
	techniques	
PC3	Not able to apply innovative	Applies innovative approaches for
	approaches for investigating	investigating emerging and re-
	emerging and re-emerging infections	emerging infections during outbreak.
	during outbreak. Provides	Provides comprehensive ideas in
	comprehensive ideas in investigating	investigating outbreaks using
	outbreaks using molecular techniques	molecular techniques

Unable to analyse and interpret the	Analyse and interpret the outbreaks
outbreaks management. Perform and	management. Perform and interpret
interpret the advanced	the advanced microbiological
microbiological diagnostic	diagnostic techniques.
techniques.	
	Unable to analyse and interpret the outbreaks management. Perform and interpret the advanced microbiological diagnostic techniques.

EPA 13: Should be able to manage needle stick injury.		
1. Description of the activity:	: Candidate should be,	
	Able to advice the health care worker for testing the source to know their HBV,HIV,HCV status Able to identify the HBV vaccination status and titre value of the health care worker Able to explain the prophylactic measures needed or not according to their status Able to explain the importance of early intake of prophylactic measures if needed Able to explain about the importance of personal protective equipments	
2 Most relevant domains of	MK ICS PC P	
competence:		
3. Competencies within each	MK 5.1, MK 5.5, ICS 3.4, PC2.4, P1.5	
domain critical to		
entrustment decisions		
4.Methods of assessment	1. Seminars and presentations on needle stick injury	
	2. Work place assessment	

Competency	Pre-Entrustable	Entrustable
MK 5	Unable to understand the knowledge	Understands the knowledge about
	about hospital acquired infections	hospital acquired infections
	Lack of knowledge to demonstrate about management of biomedical	Demonstrate knowledge about management of biomedical waste
	Not able to understand and Educate	Understands and Educates technicians
10.5 5	technicians and other non-teaching	and other non-teaching staff on
	staff on protocol for safety and quality	protocol for safety and quality control
	control in Microbiology laboratory.	in Microbiology laboratory.
PC2	Lack of supervising and educating all	Supervises and educates all the levels
	the levels of Healthcare workers and	of Healthcare workers and especially
	especially with those staffs involved	with those staffs involved in BMW
	in BMW collection and transportation	collection and transportation about
	about their needs, responsibilities,	their needs, responsibilities, personal
	personal hygiene, importance of	hygiene, importance of Personal
	Personal protective equipment's and	protective equipment's and risks of
	risks of getting HAI.	getting HAI.

	Unable to educate and supervise HCW's about the importance of Hepatitis B vaccination and Antibody titter estimation. Analysis the route	Effectively Educates and supervises HCW's about the importance of Hepatitis B vaccination and Antibody titter estimation. Analysis the route
	cause of each Needle sticks injuries	cause of each Needle sticks injuries
	and participates in its preventive	and participates in its preventive
	measures.	measures.
P1	Unable to Perform and lead	Performs and leads effectively as an
	effectively as an infection control	infection control practitioner.
	practitioner.	_

EPA 14: Should be able to instruct the technician for handling & disposal of		
biomedical wastes.		
1. Description of the activity:	Candidate should be,	
	Able to know about current guidelines on biomedical	
	waste management and hospital policy	
2. Most relevant domains of	MK, PC, ICS	
competence:		
3. Competencies within each	MK5.5, PC2.3, ICS3.4	
domain critical to entrustment		
decisions		
4.Methods of assessment	1. Seminars and presentations on biomedical waste	
	management	
	2. Work place assessment	
	3. Multiple choice questions	

Competency	Pre-Entrustable	Entrustable
MK5	Lack of knowledge to Instruct the	Instruct the technician for handling &
	technician for handling & disposal of	disposal of biomedical wastes.
	biomedical wastes.	
PC2	Not able to demonstrate and Educate	Demonstrates and Educates the
	the laboratory technicians about	laboratory technicians about various
	various colour coding bins in BMW	colour coding bins in BMW
	segregation	segregation
ICS3	Lack of knowledge to educate	Educates technicians and other non-
	technicians and other non-teaching	teaching staff on standard guidelines of
	staff on standard guidelines of BMW	BMW disposal and safety in
	disposal and safety in Microbiology	Microbiology laboratory.
	laboratory.	
EPA 15: Should be aware & able to implement Infection control practices.		
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1. Description of the	Candidate should be,	
activity:	Able to know about current guidelines on infection	
	prevention and control and hospital policy	
2. Most relevant domains of	MK, PC, ICS , P	
competence:		
3. Competencies within	MK5.1, PC1.1, PC 1.2, PC 1.3, PC 1.4, PC1.5, ICS3.1, ICS	
each domain critical to	3.2, P1.5	
entrustment decisions		
4.Methods of assessment	1. Audit and assessment	

Competency	Pre-Entrustable	Entrustable
MK5	Lack of knowledge to understand about hospital acquired infections	Understands the knowledge about hospital acquired infections
	and demonstrate knowledge about management of biomedical waste	Demonstrate knowledge about management of biomedical waste
PC1	Lack of basic knowledge on common organisms involved in HAI. Unable to explain the chain of infections and definitions of each HAI and its diagnostic criteria according to updated CDC guidelines and Recognize potential for transmission of infection in all	Demonstrate the basic knowledge on common organisms involved in HAI. Explain the chain of infections and definitions of each HAI and its diagnostic criteria according to updated CDC guidelines.
	clinical settings. Lack of knowledge on evidence based guidelines on hospital acquired infections.	of infection in all clinical settings. Demonstrate knowledge of evidence based guidelines on hospital acquired infections.
	of Hospital infection prevention and control measures in sequence order.	Demonstrate the strategies of Hospital infection prevention and control measures in sequence order.
	Not able to Maintains effective communication with clinicians and other health care professionals regarding hospital acquired infection, its source identification and preventive measures.	Maintains effective communication with clinicians and other health care professionals regarding hospital acquired infection, its source identification and preventive measures. Capable of making critical decision in managing Hospital acquired

	Unable to make critical decision in managing Hospital acquired infection and educating all Healthcare workers in preventive strategies.	infection and educating all Healthcare workers in preventive strategies.
ICS3	Uanble to Understand the importance of standard protocol for diagnostic tests, safety and quality control in Microbiology laboratory. Lack of Communication about the basic knowledge on standard protocol in Microbiology laboratory to technicians and other non- teaching staff for infection control	Understands the importance of standard protocol for diagnostic tests, safety and quality control in Microbiology laboratory. Communicates basic knowledge about standard protocol in Microbiology laboratory to technicians and other non-teaching staff for infection control
P1	Unable to Perform and lead effectively as an infection control practitioner.	Performs and leads effectively as an infection control practitioner.

EPA 16:Should be familiar with norms & requirements of NABL, NABH accreditation	
1. Description of the activity:	The Resident must understand the criteria required to get NABL, NABH accreditation. One should know to implement the criteria & follow the SOPs in the hospital & laboratory
2. Most relevant domains of	MK ,ICS, SBP, PBL11, P
competence:	
3. Competencies within each	MK4.1,MK4.2, MK4.3,MK4.4;
domain critical to	ICS 1.1, ICS 1.3, ICS 1.4, ICS 3.1, ICS 3.2, ICS 3.4, ICS
entrustment decisions	3.5;
	SBP 1.2, SBP 1.5, SBP 2.3, SBP 2.5 ;
	PBLI 1.2;P 1.3
4.Methods of assessment	1. Written Examination 2. Work place assessment

Competancy	Pre entrustable	Entrustable
MK4	Fails to recall the effective use of	Recalls the effective use of
	information technology (Computers)	information technology (Computers)
	in microbiology. Unable to plan,	in microbiology.
	demonstrate & apply the knowledge	Plan, demonstrate& apply the
	and applications of Automation in	knowledge and applications of
	Microbiology. Lack of	Automation in Microbiology.
	understanding in the knowledge	Understands the knowledge and
	and applications about molecular	applications about molecular
	techniques in the laboratory	techniques in the laboratory
	diagnosis of infectious diseases.	diagnosis of infectious diseases
ICS1	Fails to interact effectively with the	Interact effectively with the allied
	allied departments by rendering	departments by rendering services in
	services in basic as well as advanced	basic as well as advanced laboratory
	laboratory investigation. Unable to	investigation. Understands the
	understand the scopes to expand	scopes to expand and upgrade
	and upgrade Microbiology	Microbiology laboratory services as
	laboratory services as per the	per the requirements of allied
	requirements of allied departments.	departments.
	Fails to respond to requests for	Responds to requests for
	Microbiology laboratory services in	Microbiology laboratory services in
	a timely manner and provides	a timely manner and provides
	accurate results of basic as well as	accurate results of basic as well as
	advanced.	advanced
	Microbiology laboratory	Microbiology laboratory
	investigations with their	investigations with their
	interpretations.	interpretations.
	Fails to work effectively in inter	Works effectively in inter
	professional and interdisciplinary	professional and interdisciplinary
	research and health care teams.	research and health care teams.
	Unable to lead inter-professional and	Leads inter-professional and
	interdisciplinary health care teams to	interdisciplinary health care teams to
	achieve optimal outcomes.	achieve optimal outcomes.
	Lack of Understanding the	Understands the importance of
	importance of information gathering	information gathering and sharing,
	and sharing, and collaborative	and collaborative teamwork with
	teamwork with allied departments	allied departments
ICS3	Fails to understand, supervise and	Understands, supervise and
	educate the importance of standard	educate the importance of standard
	protocol for diagnostic tests, safety	protocol for diagnostic tests, safety
	and quality control in Microbiology	and quality control in Microbiology
	laboratory.	laboratory.

	Lack of providing consultation to	Provides consultation to other
	other healthcare institutes and	healthcare institutes and laboratories
	laboratories on laboratory	on laboratory accreditation by
	accreditation by training of	training of technicians and other
	technicians and other non- teaching	non-teaching staff.
	staff.	Participates in quality control and
	Fails to participate in quality	laboratory accreditation activities
	control and laboratory accreditation	
	activities	
SBP1	Fails to work effectively as a team	Works effectively as a team
	member in formulating the	member in formulating the
	principles of Good Record Keeping,	principles of Good Record Keeping,
	document control, instrument	document control, instrument
	maintenance (quality check) and	maintenance (quality check) and
	audit reports making. Unable to	audit reports making.
	educate other health care	Educates other health care
	professionals regarding quality	professionals regarding quality
	control and assurance.	control and assurance. Applies
	Lack of applying innovative	innovative approaches in various
	approaches in various forms of	forms of quality checking,
	quality checking, documentation and	documentation and auditing.
	auditing.	
SBP2	Fails to demonstrate the ability to	Demonstrate the ability to follow
	follow the SOP and effectively	the SOP and effectively achieve
	achieve acceptable turnaround time	acceptable turnaround time
	according to the standards. Unable	according to the standards.
	to organize Faculty development	Organizes Faculty development
	program on quality Practices in	program on quality Practices in
	clinical Microbiology laboratory.	clinical Microbiology laboratory.
PBLI1	Fails to update knowledge on	Updates knowledge on emerging &
	emerging & reemerging infectious	reemerging infectious diseases
	diseases pertaining to the	pertaining to the geographical area.
	geographical area. Lack of updated	Updates knowledge on recent
	knowledge on recent advances in	advances in diagnosis of infectious
	diagnosis of infectious diseases	diseases
P1	unable to alter the management plan	Able to alter the management plan in
	in correlation with the clinical	correlation with the clinical findings,
	findings, lab investigations	lab investigations appropriately
	appropriately	

EPA 17:Should be able to prepare protocol for investigating any outbreak in area like cholera, typhoid, brucellosis and viral infections

1. Description of the activity:	The Resident must be able to explain the clinical	
	importance & epidemiology of all diseases.	
	Able to implement & perform the outbreak investigation	
	protocol when needed	
2. Most relevant domains of	MK ,PC, P1	
competence:		
3. Competencies within each	MK 3.2, MK 3.5, MK 4.5, MK 5.2;	
domain critical to	PC 1.5, PC 3.1, PC 3.5;	
entrustment decisions	P 1.2	
4.Methods of assessment	1. Written Examination	
	2.Work place assessment	

Competency	Pre-Entrustable	Entrustable
MK3	Fails to demonstrate in detail about	Demonstrate in detailabout the
	the epidemiology of important	epidemiology of important human
	human pathogens and their impact on	pathogens and their impact on public
	public health. Unable to interpret	health. Interpret the epidemiology
	the epidemiology of major	of major antimicrobial resistance
	antimicrobial resistance determinants	determinants in important human
	in important human pathogens and	pathogens and assess the likelihood
	assess the likelihood of such	of such resistance mechanisms being
	resistance mechanisms being present	present in a variety of clinical
	in a variety of clinical infection	infection scenario
	scenario	
MK4	Unable to perform molecular	Perform molecular techniques for
	techniques for diagnosing various	diagnosing various infectious
	infectious diseases	diseases
MK5	Fails to demonstrate adequate	Demonstrates adequate knowledge
	knowledge about how to investigate	about how to investigate an
	an infectious outbreak in hospital and	infectious outbreak in hospital and
	community	community
PC1	Unable to make critical decision in	Capable of making critical decision
	managing Hospital acquired infection	in managing Hospital acquired
	and educating all Healthcare workers	infection and educating all
	in preventive strategies	Healthcare workers in preventive
		strategies
PC3	Unable to demonstrate the	Able to demonstrate the knowledge
	knowledge on role of laboratories in	on role of laboratories in outbreaks
	outbreaks management. Fails to	management. Applies innovative
	apply innovative approaches for	approaches for investigating

	investigating emerging and re-	emerging and re-emerging infections
	emerging infections during outbreak.	during outbreak.
P1	Fails to develop knowledge on	Develops knowledge on emerging
	emerging infectious diseases and	infectious diseases and their
	their prevention strategies	prevention strategies

EPA 18:Should be able to carry out systematic research work		
1. Description of the	The Resident should be able understand several Research	
activity:	Methodology and acquire various skills for collaborative research	
2. Most relevant domains of	PBLI, ICS	
competence:		
3. Competencies within each	PBLI 2.1, PBLI 2.3, PBLI 2.4, PBLI 2.5;	
domain critical to entrustment	ICS 1.3	
decisions		
4.Methods of assessment	1. Written Examination 2. Work place assessment	

Competancy	Pre- entrustable	Entrustable
PBLI2	Unable to understand and apply	Understand and apply principles of
	principles of bioethics and law as	bioethics and law as they apply to
	they apply to clinical research. Fails	clinical research. Engage in self
	to engage in self reflection on utility	reflection on utility of research in
	of research in patient care.	patient care.
	Unable to Critically review and	Critically reviews and interprets the
	interpret the literature with the	literature with the ability to identify
	ability to identify study aims,	study aims, hypotheses, design, and
	hypotheses, design, and biases. Fails	biases. Evaluate research outcomes
	to evaluate research outcomes	through the acquisition of data.
	through the acquisition of data.	Evaluate the research hypothesis and
	Unable to evaluate the research	interpret the data with appropriate
	hypothesis and interpret the data	statistical tools. Interpret the
	with appropriate statistical tools.	outcomes of clinical / experimental
	Lack of Interpretation of the	research to improve human health
	outcomes of clinical / experimental	and patient care. Contributes to peer
	research to improve human health	reviewing of clinical research
	and patient care. Fails to contribute	
	to peer reviewing of clinical research	
ICS1	Fails to work effectively in	Works effectively in
	interprofessional and	interprofessional and
	interdisciplinary research and health	interdisciplinary research and health
	care teams.	care teams.

EPA 19:Should be able to perform as a team worker/leader		
1. Description of the	The resident must be able to communicate well with co	
activity:	workers & students.	
	One should develop communication and attitudinal skills.	
2. Most relevant domains	ICS, P	
of competence:		
3. Competencies within	ICS 3.3, ICS 3.4, ICS 4.5, P 2.1	
each domain critical to		
entrustment decisions		
4.Methods of assessment	1. Feedback from students/ co workers	
	2.Work place assessment	

Competency	Pre entrustable	Entrustable
ICS3	Fails to work effectively with the	Works effectively with the
	laboratory team to provide reliable	laboratory team to provide reliable
	and accurate diagnostic results in a	and accurate diagnostic results in a
	timely manner. Unable to lead the	timely manner.
	department in quality control and	Leads the department in quality
	laboratory accreditation activities.	control and laboratory accreditation
		activities
ICS4	Fails to be a Role model for ideal	Role models for ideal teacher to
	teacher to junior colleagues.Unable	junior colleagues.
	to inculcate ethical values and	Inculcates ethical values and interest
	interest in the subject.	in the subject.
P2	Fails to understands the	Understands the accountability and
	accountability and responsibility of a	responsibility of a microbiologist as a
	microbiologist as a health care team	health care team member
	member	

EPA 20:Should be able to tead	ch Microbiology for undergraduate students
1. Description of the activity:	The Resident must plan, execute and evaluate teaching assignments And learn teaching skills, methods & about resource
	material
2. Most relevant domains of	ICS, PBLI
competence:	
3. Competencies within each	ICS4.1, CS4.3, CS4.5 ; PBLI 1.1
domain critical to	
entrustment decisions	
4.Methods of assessment	1. Feedback from students
	2. Periodic assessment

Competency	Pre Entrustable	Entrustable		
ICS4	Fails to understand the importance	Understands the importance of		
	of relationship development with	relationship development with		
	students, planning and classroom	students, planning and classroom		
	management for undergraduates.	management forunder graduates.		
	Unable to explain the subject	Explains the subject effectively in		
	effectively in lucid manner engaging	lucid manner engaging both slow-		
	both slow-learners and advanced-	learners and advanced- learners.		
	learners.	Interacts with students to encourage		
	Fails to interact with students to	discussion and to assess their level of		
	encourage discussion and to assess	understanding.		
	their level of understanding.	Inculcates ethical values and interest		
	Fails to inculcate ethical values and	in the subject.		
	interest in the subject.			
PBLI1	Unable to show commitment in	Shows commitment in being a life-		
	being a life- long learner	long learner		

Table 5.Mapping of PO,CO, EPA, Competency and Sub-competency with level

		Ge	neral												
	EPA				PI	ogr:	nm (outc	ome	S				Ι	Domains and levels of competency
		1	7	e	4	S	9	2	8	9 1	0 1	1 1	2 1	e	
1.	Should be able to carry out various methods of	~			$^{\wedge}$			\geq				`	` >		MK5.1, MK 5.5;PC
	sterilization process													2 A	1; ICS 3.1, ICS 3.2, CS 3.4, ICS 4.2, ICS 4.3;P 1.4
2.	Should be able to perform & interpret various staining techniques like gram staining. acid fast staining.	~			$\overline{\mathbf{h}}$		\mathbf{i}		~	` >	~	`	` >	<u>2</u> >	MK 2.1, MK 2.3, 1K 2.4; ICS 1.3, ICS
	negative staining and special staining													-	.4, ICS 4.2, ICS 4.3; P 1.4
3.	Should be able to perform & interpret motility of	$\overline{\mathbf{x}}$			$^{\wedge}$		$\overline{\mathbf{v}}$	$\overline{\mathbf{x}}$	\sim	` _>	~	` ~	`	V N	1K 2.1, MK 2.3, MK
	bacteria by hanging drop preparation of clinical													2	2.4; PC 3.1 ;ICS 1.3,
	specimen.													ĭ	CS 1.4, ICS 4.2, ICS
															4.3; P 1.4
4	Should be able to maintain both bacterial & fungal	\geq			\mathbf{i}									2	4K 1.1, MK 1.3, MK
	stock culture.													2	.2, MK 2.3, MK 2.4;
															ICS 3.2, ICS 3.4
5.	Should be able to carry out antibiotic sensitivity testing	\geq			\mathbf{i}			\geq				`	` ~	>	MK 2.1, MK 2.3,
	as per standard guidelines.													2	1K 2.5, MK 5.3, MK
														S	.4; ICS 2.1, ICS 2.2,
														ĭ	CS 2.3, ICS 2.4, ICS
														2	.5; ICS 3.2, ICS 3.4;
															ICS 4.2, ICS 4.3;
															P1.4

6.	Should be able to interpret & report to clinician about peripheral blood smear for parasites.	~		~	>	~	~					~	~	Щ. М	K 2.1, MK 2.3, MK 2.4; ICS 1.3, ICS 1.4;P1.4
7.	Should be able to identify the pathogenic bacteria by aerobic and anaerobic culture methods.	7		>	7	~								1.1 1.1 1CC	MK1.1, MK 2.2; S1.3, ICS 1.4, ICS , ICS 2.1, ICS 2.2, S 2.3, ICS 2.4, ICS , ICS 3.2, ICS 3.4, ICS 4.2, ICS 4.3
×.	Should be able to perform & confirm the identification of fungus by routine fungal culture of clinical specimen.	~			~	~								$\Sigma \Sigma \Sigma - \infty$	IK 1.1, MK 1.5, IK 2.2, MK 2.3: S1.1 ICS,1.3, ICS 4, ICS 3.2, ICS 3, ICS 4.2, ICS 2.3
9.	Should be able to perform and interpret rapid serological tests for bacterial and viral infection	~		~	7	~	\mathbf{r}	5	~	~	7		7		MK1.1, MK 1.5 , MK 2.2, MK2.5 , ICS 1.1, ICS1.3 , ICS 3.2, ICS .2,ICS 4.3; P 2.1 , P 3.3
10.	Should be able to perform various other serology techniques like ELISA, IFA.	~			~		~	٢	~	~	~	~	~		MK 2.1;ICS 1.1, ICS 1.4, ICS 4.2, ICS 4.3;P 1.4 ,P 3.3
11.	Should be able to perform diagnostic tests using automated machines.	~	~	~	~		`	7							MK 4.4, PC 3.5, ICS2.2, SBP 1.2,2.2,3.3
12.	Should be able to perform Molecular techniques for diagnosing various infectious diseases.	\checkmark	\mathbf{r}	\mathbf{r}	>		` <u> </u>	~ ~	$\overline{\mathbf{r}}$	~	~		$\mathbf{\mathbf{\mathcal{F}}}$	V	MK 2.5, MK 1.1,4.4,4.5 PC 3.5, PBLI 1.4

13.	Should be able to manage needle stick injury.	~	~	\mathbf{k}	~	\geq		>					\geq	MK 5.1,5.5, ICS 3.4, PC 2.4, P 1.5
14.	Should be able to instruct the technician for handling $\&$ disposal of biomedical wastes.	~	~	~	~	~		>						MK 5.5, PC 2.3, ICS 3.4
15.	Should be aware & able to implement Infection control practices	~	~	7	~	~		~					~	MK 5.1, PC 1.1, PC 1.2, PC 1.3, PC 1.4, PC1.5, ICS 3.1, ICS3.2, P 1.5
16.	Should be familiar with norms & requirements of NABL, NABH accreditation	7	7	7	7	~	~	-	7	~	>		7	MK4.1,MK4.2, MK4.3,MK4.4; ICS 1.1, ICS 1.3, ICS 1.4, ICS 3.1, ICS 3.2, ICS 3.4, ICS 3.5; SBP 1.2, SBP 1.5, SBP 2.3, SBP 2.5; PBLI 1.2; P 1.3
17.	Should be able to prepare protocol for investigating any outbreak in the area like cholera, typhoid, brucellosis and viral infections.	~	7	7	~	~		~ ~	~	~	~		~	MK 3.2, MK 3.5, MK 4.5, MK 5.2; PC 1.5, PC 3.1, PC 3.5; P 1.2
18.	Should be able to carry out systematic research work	~	~				~	~	~	~	~		7	PBLI 2.1, PBLI 2.3, PBLI 2.4, PBLI 2.5; ICS 1.3
19.	Should be able to perform as a team worker / leader.	7	7			~	~					7	\mathbf{i}	ICS 3.3, ICS 3.4, ICS 4.5, P 2.1
20.	Should be able to teach Microbiology for undergraduate medical students.	2	2			~	\mathbf{F}	~	~	~	>	7	\mathbf{i}	ICS4.1, CS4.3, CS4.5 ; PBLI 1.1

8.2 Summative Assessment

i.e., assessment at end of Duration	training Theory Examination (400 marks) : Each paper 3 hours
Paper I	: General Microbiology and Immunology (100 marks)
Paper II	: Systematic Bacteriology (100 marks)
Paper III	: Parasitology, Virology and Mycology (100 marks)
Paper IV	: Applied Microbiology and Recent advances (100 marks)

Practical Examination (200 marks)

Duration:2 days

The examination will consist of the following exercises conjointly conducted and evaluated

by FOUR examiners, of which two are internals and other two are externals.

Exercise	Marks
1. Bacteriological Techniques (Pure culture)	
Isolation and identification of bacteria given in pure culture	50
2. Clinical Bacteriology (Mixed culture)	
Isolation and discussion on from clinical case	30
3. Mycology	
Identification of two fungal cultures	20
4. Immunology	
Major serology – Widal test, VDRL	10
Minor serology – ASO, CRP, RF, RPR	10
5. Parasitology	20
* Examination of stool for ova and cysts – Direct examination	
Concentration technique	
6. Virology	10
Serological test- ELISA/ICT	
7. Animal experiment/HICC case discussion	10
Animal experiment – handling and discussion	
8. Slides	20
Stained smear	
Tissue section (related to Microbiology)	
9. Pedagogy	20
Total	200

B. Viva-voce Examination (100 marks)

The oral examination consists of questioning on the dissertation and overall subject matter. It will be conducted by all the four examiners as in the case of the practical examination

Total marks for PG Examination

Ma	arks qualifying for a pass	Maximum marks	Qualifying for a pass
			(50% marks)
А.	Theory	400	200
B.	Practicals	200	100
C.	Viva - voce	100	no minimum
D.	Dissertation (approved / not approve	d) - Nil -	approved
GRAND TO	DTAL:	700	350

Pattern of University Practical Examination (2 days)

Day	Morning	Afternoon
	Pure culture Mixed culture	Parasitology Serology
Day – 1	Mycology	- Major
		- Minor
Day 2	Pure culture (continuation) Mixed	Virology
Day – 2	culture (continuation) Slides	Animal experiment /HICC Case
		discussions Pedagogy
		Viva voce

9. Blue print of Weight of the system

		Gen	Paper I leral Microb	(100 marks) iology & Immur	ology		
	Topic	Weightage	Knowledge/	Understanding	Application	Marks	No. of
			Recall			Allotted	Question
1	General Microbiology	50%	10%	20%	20%	50	5
2	Immunology	50%	10%	20%	20%	50	5
	Total Weightage	100%	20%	40%	40%	100	10

			Paper II Systematic	(100 marks) Bacteriology			
	Торіс	Weightage	Knowledge/ Recall	Understanding	Application	Marks Allotted	No. of Question
1	Gram positive and gram negative cocci	10%		10%		10	1
2	Gram positive bacilli	10%		10%		10	1
3	Gram negative bacilli	30%	10%	10%	10%	30	3
4	Mycobacteria and Mycoplasma, Rickettsiae, chlamydia	20%		10%	10%	20	2
5	Spirochaetes	10%			10%	10	1
6	Miscellaneous bacteria	20%	10%		10%	20	2
	Total Weightage	100%	20%	40%	40%	100	10

			Paper III	(100 marks)			
		Para	asitology, Vir	ology and Myco	ology		
	Торіс	Total Weightage	Knowledge/ Recall	Understanding	Application	Marks Allotted	No. of Question
1	Parasitology	40%	10%	20%	10%	40	4
2	Virology	40%	10%	10%	20%	40	4
3	Mycology	20%		10%	10%	20	2
	Total Weightage	100%	20%	40%	40%	100	10

	Paper IV (100 marks) Applied Microbiology & Recent Advances												
	Торіс	Weightage	Knowledge/ Recall	Understanding	Application	Marks Allotted	No. of Question						
	Applied Microbiology	70%	10%	10%	50%								
1	Bacteriology	20%	-	-	20%	20	2						
2	Virology	20%	-	-	20%	20	2						
3	HAI, Infection control & Biomedical Waste Management	20%	-	10%	10%	20	2						
4	Prevention of infection, Disease Control programs.	10%	10%	-	-	10	1						
	Recent Advances	30%	20%	-	10%								
1.	Advanced & Newer laboratory techniques	20%	10%		10%	10	1						
2	New guidelines, Newer vaccines	10%	10%			10	1						
	Total Weightage	100%	30%	10%	60%	100	10						

10. Model Question Paper for MD Microbiology

SRI BALAJI VIDYAPEETH

MD – MICROBIOLOGY

MODEL QUESTION PAPER

PAPER I

(General Microbiology & Immunology)

Draw diagrams wherever necessary

Time: 3 Hours

Answer all the questions

Max. Marks: 100

Write Short Essays on

(10X10 = 100)

- 1. Discuss the methods of testing the efficiency of disinfectants.
- 2. Explain the principle and applications of Fluorescent Microscopy.
- 3. Describe the mechanisms of drug resistance in bacteria.
- 4. Biosafety in diagnostic microbiology laboratory.
- 5. Describe the bacterial virulence factors and their role in pathogenecity.
- 6. Immunomodulators
- 7. Screening procedures for the selection of donor for Organ transplantation
- 8. Write different theories of immune response
- 9. Complement in health and disease
- 10. Immunochromatography Principles, Procedure and applications

SRI BALAJI VIDYAPEETH MD – MICROBIOLOGY MODEL QUESTION PAPER

PAPER II

(Systematic Bacteriology)

Time: 3 Hours

Answer all the questions Draw diagrams wherever necessary

Write Short Essays on:

(10X10 = 100)

Max. Marks: 100

- 1. Discuss the Pathogenesis and laboratory diagnosis of Group B Streptococcal infections
- 2. Describe in detail pathogenesis and laboratory diagnosis of *Clostridium welchii*
- 3. Classify Nonfermenting Gram negative bacilli. Discuss the laboratory diagnosis of infections caused by them.
- 4. Helicobacter pylori
- 5. Discuss the laboratory diagnosis of Rickettsial diseases
- 6. Describe, pathogenesis and laboratory diagnosis of V.cholerae
- 7. Pathogenesis and Laboratory diagnosis of Leptospirosis
- 8. Parvobacteria
- 9. Pleuropneumonia like organisms (PPLO)
- 10. Describe the bacterial vaccines included in the immunization schedule

SRI BALAJI VIDYAPEETH MD - MICROBIOLOGY MODEL QUESTION PAPER PAPER III

(Parasitology, Virology and Mycology)

Time: 3 Hours

Answer all the questions

Max. Marks: 100

Draw diagrams wherever necessary

Write Short Essays on:

(10X10 = 100)

- 1. Describe in detail pathogenesis and laboratory diagnosis of Rabies.
- 2. Classify Antifungal agents and describe the antifungal susceptibility testing in the laboratory.
- 3. Classify Herpes viruses. Discuss the pathogenesis and laboratory diagnosis of EBV
- 4. Neurocysticercosis
- 5. Laboratory diagnosis and complications of Falciparum malaria
- 6. Parasitic infections of CNS.
- 7. Pathogenesis and laboratory diagnosis of lymphatic filariasis.
- 8. Explain tissue culture and detection of viral growth in cell lines in detail
- 9. Viral infection in post- transplantation patients
- 10. Describe opportunistic fungal infection in AIDS patient

SRI BALAJI VIDYAPEETH MD – MICROBIOLOGY MODEL QUESTION PAPER PAPER IV

(Applied Microbiology & Recent Advances)

Time: 3 Hours

Answer all the questions

Max. Marks: 100

Draw diagrams wherever necessary

Write Short Essays on:

(10X10 = 100)

- 1. MALDI TOF
- 2. Evaluation of CLABSI
- 3. Investigation and management of an outbreak of H1N1 influenza
- 4. PCR and their application in diagnostic Microbiology.
- 5. Teratogenic viruses
- 6. Biomedical waste management.
- 7. Automation in diagnostic Microbiology.
- 8. Recent methods in the laboratory diagnosis of Tuberculosis
- 9. Describe the NACO guidelines for testing and treatment of HIV
- 10. Malarial vaccines.

11. Recommended Reading

A. Text Books

- 1. Collee J G Mackie and Mc cartney Practical Medical Microbiology latest edition
- 2. Bailey and Scott's Diagnostic Microbiology. 9th ed. CV Mosby, St. Louis, latest edition.
- 3. Koneman EW, Allen SD, Schreckenberg PC, Winn WC (Eds): Atlas and Textbook of Diagnostic Microbiology. 4th ed. JB Lippincott, Philadelphia, latest edition
- 4. Murray PR, Baron EJ, Pfaller MA, Tenover PC, and Yolken RH (Eds): Manual of Clinical Microbiology. 6th ed. American Society for Microbiology, Washington, DC, latest edition.
- 5. Latest edition of Bergey's manual
- 6. Daniel P. Stites, Abba I. Terr, Tristram G. Parslow. Medical immunology. 10th edition, Mc Graw Hill.
- 7. Brooks, Geo F Jawetz Medical Microbiology latest edition McGraw Hill.
- Mandell, Douglas & Bennetts. Principles and practice of Infectious Diseases. Vol. I & II.
- Coller, Leslie Topley and Wilson's Microbiology and microbial infections Vol 1, 2, 3, 4,6,7 latest edition
- 10. Ananthanarayan&Paniker's Textbook of Microbiology, latest edition. Orient Longsman, India; 2009.
- 11. Jagdish Chander, Text book of Medical Mycology, latest edition, Mehta Publishers, latest edition
- 12. Parasitology K.D.Chatterjee, latest edition
- 13. Textbook of Medical Parasitology P.Chakraborthy, latest edition
- 14. Anaissie Elias J. Clinical Mycology, Churchill Livingstone latest edition.
- 15. Parija SC. Textbook of Medical Parasitology . latest edition. All India Publishers and Distributors, New Delhi. India
- 16. Roitt Ivan M, Immunology latest edition Blackwell Science
- 17. Principles of internal medicine by Harrison, latest edition
- 18. Harrison Infectious Disease, Latest Edition
- 19. Park and Park's textbook of Preventive and Social medicine. latest edition.
- 20. Cedric Mims, Hazel M Dockrell, Richard V Goering, Ivan Roitt, Derek Wakelin, Mark Zukerman. Medical Microbiology. 3rd edition. Mosby, 2004.

- 21. Manson's, Tropical Disease
- 22. Zuckerman AJ, Clinical Virology
- 23. Textbook of Hospital Infection Control

B. Journals

- 1. Indian journal of Medical Microbiology
- 2. Journal of infectious Diseases
- 3. American Journal of Clinical Microbiology
- 4. Indian Journal of Pathology & Microbiology.
- 5. Annual Review of Microbiology.
- 6. Indian Journal of Medical Research.
- 7. Indian Journal of Immunology.
- 8. Journal of Tropical Medicine.
- 9. New England Journal of Medicine.
- 10. Clinical Microbiological Reviews.
- 11. Journal of Medical Microbiology
- 12. Journal of Hospital Infection
- 13. Journal of Clinical Virology
- 14. BMJ- Infectious Disease
- 15. PLOS-Pathogens
- 16. Antimicrobial Agents and Chemotherapy
- 17. Emerging Infectious Diseases

12. Annexures

Annexure 1

Postgraduate Students Appraisal Form Pre / Para /Clinical Disciplines

Name of the Department/Unit:

Name of the PG Student :

Period of Training : FROM......TO.....

Sr. No.	PARTICULARS	Not Satisfactory 1 2 3	Satisfactory 4 5 6	More Than Satisfactory 7 8 9	Remarks
1	Journal based / recent advances learning				
2	Patient based /Laboratory or Skill based learning				
3	Self directed learning and teaching				
4	Departmental and inter departmental learning activity				
5	External and Outreach Activities / CMEs				
6	Thesis / Research work				
7	Log Book Maintenance				

Publications

Yes/ No

Remarks*_____

*REMARKS: Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to ost graduate student is strongly recommended.

Signature of Assessee

Signature of Consultant

Signature of HOD

Annexure-2: Entrustable Professional

Activities Assessment Mahatma Gandhi

Medical College & Research Institute

Department of Microbiology

Entrustable Professional Activities Assessment Form MD Microbiology PG Student

UNI No:

Name of the PG student:

Levels of competence:

- Level 0: No awareness
- Level I: Knowledge only; can observe
- Level II: Can do under strict supervision
- Level III: Can do under loose supervision
- Level IV: Can do independently
- Level V: Has expertise to teach others

Level	s of competence :													•
Level	zero (v) : No awareness III : Can do under loose supervi	ision	Level Level	I: Knowi IV: Can	do inde	ny ; cal pender	n obsei itly	ve	Level	u : Car V : Has	ao un expert	aer sur ise to 1	ict super ceach oth	VISION ers
č						LEVEI	, OF C	OMPE	TENC	Y				
S.No			First	year			Secon	d year			L	Third y	ear	
		Day 1 of	At the	At the	Oct-	Jan-	Apr-	Jul –	Oct-	Jan –	Apr-	Jul –	Oct -	Jan –
		residenc	end of 1 st	end of 4 month	Dec 04	Mar 01	June Q2	Sep O3	Dec Q4	Mar 01	June Q2	Sep Q3	Dec Q4	Mar 01
		•	month (June)	(1st October)		,	,)	,	,	,	,		,
	Should be able to carry out													
1.	various methods of sterilization													
	process													
	Should be able to perform &													
5.	interpret various staining													
	techniques like gram staining.													
	acid fast staining. Negative													
	staining and special staining													
(Should be able to perform & $\frac{1}{2}$													
ю.	interpret motility of bacteria by													
	hanging drop preparation of													
	clinical specimen.													
	Should be able to maintain													
4	both bacterial & fungal stock													
	culture.													
	Should be able to carry out													
v	antibiotic sensitivity testing as													
	per standard guidelines.													

Should be able to interpret & report to clinician about peripheral blood smear for parasites.	Should be able to identify the pathogenic bacteria by aerobic and anaerobic culture methods.	Should be able to perform & confirm the identification of fungus by routine fungal culture of clinical specimen.	Should be able to perform and interpret rapid serological tests for bacterial and viral infection	Should be able to perform various other serology techniques like ELISA, IFA.	Should be able to perform diagnostic tests using automated machines.	Should be able to perform Molecular techniques for diagnosing various infectious diseases.	Should be able to manage needle stick injury.
6.	7.	×.	.6	10.	11.	12.	13.

Should be able to instruct the	technician for handling &	disposal of biomedical wastes.	Should be aware & able to	implement Infection control	practices	Should be familiar with norms	&requirements of NABL,	NABH accreditation	Should be able to prepare	protocol for investigating any	outbreak in the area like	cholera, typhoid, brucellosis	and viral infections.	Should be able to carry out	systematic research work	Should be able to perform as a	team worker / leader.	Should be able to teach	Microbiology for	-
	14	-		۲ ک	.01	16.				17.					18.		19.		20.	