



Republic of the Philippines
Department of Health
SAN LAZARO HOSPITAL
Manila, Philippines



ADULT AND INFECTIOUS DISEASES AND TROPICAL MEDICINE DEPARTMENT (AIDTMD)

Performance Evaluation Report 2017

BRIEF BACKGROUND



In 2005, a concrete plan for the establishment of Clinical Departments or Departmentalization” was conceptualized. Last March 6, 2006, thru a hospital order, three Clinical Departments were established namely: the Adult Infectious Disease and Tropical Medicine Department (AIDTMD), the Pediatric Infectious Disease and Tropical Medicine Department (PIDTMD) and the Family Medicine Department (FMD), thus AIDTMD was established. Adult male and female infectious patients were admitted at Pavilion 6 (50-bed capacity) and Pavilion 2 (50-bed capacity) respectively. Each pavilion has its own isolation rooms for patients with highly communicable disease like meningococemia, diphtheria, measles and varicella. A separate room is also intended for patients with rabies. Adult infectious patients who needs critical care are admitted at Adult Infectious Disease Critical Care Unit (Adult IDCCU) (6-bed capacity). The AIDTMD from 2006 to 2017, has accepted 21 Fellows-in-Training and produced 23 Infectious Disease Fellow Graduates.

VISION:



To be a world-class health care, research, and training facility in adult infectious and tropical diseases.

MISSION:

Respond with compassion and sensitivity in providing quality Health care among adults with infectious and tropical diseases.

OBJECTIVES:

1. To provide an in-depth training on infectious diseases and tropical medicine for adult patient among internists.
 - 1.1 Develop skills on clinical assessment and management with particular emphasis on the following:
 - a. Adult IDCCU cases
 - b. HIV related infections
 - c. Emerging and re-emerging infections
 - d. Immunocompromised cases
 - 1.2 Offer extensive knowledge in laboratory techniques (Bacteriology, Virology, Parasitology and Mycology) and its clinical correlation.
2. To implement standardized management guidelines on infectious disease.
3. To provide research experience in various aspects of the infectious disease and tropical medicine.
 - 3.1 Act as Principal Investigator and as co-Investigator/Collaborator.
4. To provide teaching opportunities for fellows-in-training and guide medical service residents, medical interns and other allied medical health services.

FUNCTIONS:



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1. To provide quality care among patients aged 19 years old and above afflicted with infectious disease admitted at the AIDTMD of San Lazaro Hospital.
2. To develop competent infectious fellowship training for internist.
3. To stimulate and develop aptitudes for investigation and research.
4. To implement standardized management guidelines on infectious diseases.
5. To provide training orientation of the department's policies and guidelines on specific infectious diseases.
6. To conduct health education activities among patients and watchers in the department.
7. To develop desirable attitudes of professionalism, social consciousness and civic mindedness among colleagues, patients, co-workers and pharmaceutical companies
8. To maintain and upgrade facilities and equipment of the department



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AIDTMD FELLOWSHIP TRAINING PROGRAM

PART I: FELLOWSHIP TRAINING PROGRAM



I. OVERVIEW

A. Status of External Accreditation

Three years accreditation granted by the PSMID to San Lazaro Hospital-AIDTMD, for satisfactorily complying with the prescribed standards and requirements for Fellowship Training Program in Infectious Disease, valid from June 1, 2015 to May 31, 2018.

B. Accrediting Body

The Philippine Society for Microbiology and Infectious Diseases

C. Introduction

History of SLH-AIDTMD Fellowship Training Program (Departmentalization Period)

- *2005*: Concrete plans for the establishment of Clinical Departments or "Departmentalization" was conceptualized.
- *March 6, 2006*: Thru a Hospital Order, three Clinical Departments were established namely the *Adult Infectious Disease and Tropical Medicine Department* (AIDTMD), the *Pediatric Infectious Disease and Tropical Medicine Department* (PIDTMD) and the *Family Medicine Department* (FMD).
- Year 2006 up to 2015: The new AIDTMD had accepted 21 Fellows-in-Training and produced 13 Infectious Disease Fellow Graduates.
- November 2015 up to present: SLH AIDTMD has been accredited by the ISO 9001:2008 body.

D. Areas of Rotation for the Whole Program:

AREAS OF ROTATION	DURATION OF ROTATION
YEAR 1	
A. CLINICAL ROTATION	12 months rotation
1. Ward Rotation	- Daily (as per assigned case per team)
a. Pavilion 2 & 6 (Female & Male Infectious Disease Ward) <ul style="list-style-type: none">- Immunocompetent cases- Immunocompromised cases (newly diagnosed HIV /AIDS, cancer, autoimmune, surgical cases with infectious diseases.	



AREAS OF ROTATION	DURATION OF ROTATION
b. AIDCCU & Satellite ICU Cases	
2. Regular Clinical Conferences Bedside Rounds Case Presentation Journal Mortality and Morbidity Mandell Hour Pharma. Hour Other Conferences: Video conferences with Nagasaki University Bach Mai Hospital, Vietnam PPRISM (inter-hospital CPC) Written exams	- as scheduled 2nd - 3rd Quarter of the year 3x a year (June, August, October) Finals (Annual PSMID Convention) Monthly and Annual
3. Emergency Medical Department	- Every Duty Hours (on call basis)
4. Out Patient Department Follow-up of Discharged patients Social Hygiene Clinic (STI, Travel Medicine, Immunization)	- Twice weekly (Tuesdays & Fridays)
B. BASIC INFECTION CONTROL PROGRAM	
a. Surveillance of Infection Control Practice (Pav 2, 6 & AIDCCU) b. Infection Control Hour - Didactics - Case Analysis of Culture results, Sensitivity & Resistance of Antimicrobials - Antibigram c. Health Education	- Daily surveillance -- Twice monthly -As needed
	- as needed
C. BASIC LABORATORY PROGRAM	
a. Didactic lectures	- Regular lectures on Bacteriology, Parasitology, Molecular Biology



AREAS OF ROTATION	DURATION OF ROTATION
<p>b One-on-one preceptorship on microbiology-benchwork</p> <p>c Month-long rotation (Laboratory manual-aided; One-on-one preceptorship with Bacteriologists and Microbiologists)</p>	<p>-Daily as Fellows follow up on their culture & sensitivity results, biochemical reactions & other microbiology tests</p> <p>-Microbiology, Serology, Virology and Molecular Laboratory</p>
<p>Note: <u>First and Second Year Fellows:</u> Infection Control and Laboratory Rotations are linked together; Fellows assigned to said rotations will have their Laboratory time in the morning followed by IC time in the afternoon. Duration for both rotation will last for one month.</p>	
<p>D. Research</p> <p>1 Good Clinical Practice Seminar and Certification</p> <p>2 Critical Appraisal</p> <p>3 Didactics in Research</p> <p>4 Case report</p> <p>5 Research</p>	<p>-Yearly for Fellows / MDs</p> <p>-Monthly</p> <p>-Monthly</p> <p>One complete case report per Fellow-in-Training presented as Poster or in a Major Case Conference</p> <p>One clinical research proposal approved by The Research and Ethics Review Board (RERB).</p>
<p>YEAR 2</p>	
<p>A. CLINICAL ROTATION</p>	
<p>1 Ward Rotation</p> <p>a. Pavilion 2 & 6 (Female & Male Infectious Disease Ward)</p> <ul style="list-style-type: none"> - Immunocompetent cases - Immunocompromised cases (newly diagnosed HIV /AIDS, 	<p>-5months</p>



AREAS OF ROTATION	DURATION OF ROTATION
cancer, autoimmune, surgical cases with infectious diseases.	
b. HIV Ward	-2 months
c. TB Ward	-4 months
d. AIDCCU & Satellite ICU	-1 month
2. Regular Clinical Conferences Bedside Rounds Case Presentation Journal Mortality and Morbidity Mandell Hour Pharma. Hour Other Conferences: Video conferences with Nagasaki University Bach Mai Hospital, Vietnam PPRISM (inter-hospital CPC) Written exams	-as scheduled -2nd - 3rd Quarter of the year -3x a year (June, August, October) Finals (Annual PSMID Convention) -Monthly and Annual
3. Emergency Medical Department	- Every Duty Hours (on call basis)
4. Out Patient Department Follow-up of Discharged patients Social Hygiene Clinic (STI, Travel Medicine, Immunization)	- Twice weekly (Tuesdays & Fridays)
B. BASIC INFECTION CONTROL PROGRAM	
1. Surveillance of Infection Control Practice (Pavilions 2, 6 & AIDCCU) 2. Infection Control Hour - Didactics - Case Analysis of Culture results, Sensitivity & Resistance of Antimicrobials -Antibiogram	-- Daily surveillance -- Twice monthly - Month-long rotation



AREAS OF ROTATION	DURATION OF ROTATION
3 Outbreak Investigation 4 Antimicrobial stewardship 5 Health Education	- Daily observance - As needed
C. BASIC LABORATORY PROGRAM	
1. Didactic lectures 2. One-on-one preceptorship on microbiology-benchwork 3. Month-long rotation (Laboratory manual-aided; One-on-one preceptorship with Bacteriologists and Microbiologists)	- Regular scheduled lectures - Daily follow-ups of Fellows -1 Month
<p>Note: First and Second Year Fellows: Infection Control and Laboratory Rotations are linked together; Fellows assigned to said rotations will have their Laboratory time in the morning followed by IC time in the afternoon. Duration for both rotation will last for one month.</p>	
D. CLINICAL RESEARCH	
1 Critical Appraisal	-Monthly
2 Didactics in Research a Problem identification. objective setting, literature review b Development of conceptual framework and operational definition of study variables c Research design, sampling design and sample size determination d Data collection methods & development of data collection tools, Data summarization, analysis & presentation e Preparation of budget & work plan; f Ethics and research g Writing a research proposal	-Scheduled conferences
3. Final Research Proposal	-One final clinical research proposal approved by the Research and Ethics



AREAS OF ROTATION	DURATION OF ROTATION
	Review Board (RERB).
4. Start of Data Collection	-Regular meeting with research adviser, & Research coordinator
5 Final Research Presentation	-Presented at major Conferences or Annual Conventions
YEAR 3	
A. CLINICAL ROTATION AT SPECIALTY WARDS	(8 months inter-Department Rotation)
1. HIV / AIDS Ward	1 month
2. TB WARD	1 month
a. Main TB Ward b. MDR-TB Clinic	
3. NKTi / PHC	1 month each
B. CLINICAL AIDTMD ROTATION	
1. Clinical Conferences	
- Bedside Rounds	Every Monday
- Daily RTC followed by bedside rounds	Tuesdays-Fridays
- Mortality and Morbidity Review	Monthly
- PPRISM (Inter-hospital CPC)	June-Aug-Oct
2. Written Examinations	Monthly and Annual
C. INFECTION CONTROL ROTATION	
1. Surveillance of Infection Control Practice (Pavilions 2, 6 & AIDCCU)	-Daily surveillance
2 Infection Control Hour	-Twice monthly
- Didactics	
- Case Analysis of Culture results, Sensitivity & Resistance of Antimicrobials	
3. Creation of Antibigram	
- Collection and Collation of	- during Month-long rotation



AREAS OF ROTATION	DURATION OF ROTATION
Antibiotic resistance data <ul style="list-style-type: none"> - Analysis and interpretation of results - Formulation of recommendations - Reporting of Final results 4 Outbreak Investigation 5 Antimicrobial stewardship 6 Health Education	- during Month-long rotation - daily -As needed
D. LABORATORY ROTATION	
1. Didactic lectures 2. One-on-one preceptorship on microbiology-benchwork 3. Month-long rotation (Laboratory manual-aided; One-on-one preceptorship with Bacteriologists and Microbiologists)	- Regular scheduled lectures - Daily follow-ups of Fellows -1 Month
Note: Rotations in IC and Laboratory are one month each for more in-depth learning of the Fellows.	
E. CLINICAL RESEARCH	
1. Completed Clinical Research	One final completed research presented to and approved by the Research and Ethics Review Committee (RERC).
2 Oral presentation	
3 Published Report	

E. Entrance Requirements

Criteria for Admission of First Year AIDTMD Trainees:



1. Must have completed 3 years of Residency Training in Internal Medicine from a Training Program Institution accredited by the Philippine College of Physicians.
2. Must be a Diplomate of the PCP upon entry to AIDTMD Fellowship Training Program.
3. Must have passed a one week pre-Fellowship evaluation test conducted by the AIDTMD with recommendations signed by the AIDTMD Chair.
4. Must have completed and passed the requirements given by the San Lazaro Medical Credentials Board and SP Board, prior to entry to SLH-AIDTMD Fellowship Training Program.

F. Requirements for Promotion to the Next Level

Entry Components of Second Year AIDTMD Fellows:

1. Would have clinical competencies in diagnosing infectious and tropical diseases.
2. Would have clinical competencies in managing and preventing infectious and Tropical diseases.
3. Would have laboratory competencies in doing diagnostic microbiology and serologic procedures.
4. Would have basic skills in developing research design and methodology.
5. Would have competencies in handling patients with infectious diseases with sensitivity and empathy.
6. Would have competencies in practicing professional ethics in dealing with other colleagues, paramedical and non-medical personnel.

Entry Components of Third Year AIDTMD Fellows:

1. Would have mastery in diagnosing infectious and tropical diseases.
2. Would have increased mastery in preventing and managing complicated and severe infectious disease cases.
3. Would have laboratory competencies in doing diagnostic microbiology and Serologic procedures as well as clinically apply and interpret the laboratory results as accurately as possible.
4. Would have completed clinical research data and commencement of data analysis.
5. Would have competencies in handling patients with infectious diseases with sensitivity and empathy
6. Would have developed basic administrative skills in clinical management and
7. Increase involvement in proposal and policy making of AIDTMD and other Infectious diseases issues.
8. Would be involved in imparting health education, health advocacies to colleagues, paramedical and non-medical personnel, patients and watchers.
9. Would have competencies in practicing professional ethics in dealing with other colleagues, paramedical and non-medical personnel.



G. Criteria for Certification of Fellowship Training Program in Adult Infectious and Tropical Medicine

1. Clinical competencies in clinical and laboratory diagnosis, management and Prevention on infectious and tropical diseases.
2. Skills and knowledge in developing research design and methodology and presented a completed research ready for publishing
3. Competencies in quality patient care with utmost sensitivity and compassion.
4. Competencies in practicing professional ethics in dealing with colleagues, staff, Paramedical and non-medical personnel, patients and relatives; developed abilities of social consciousness and civic mindedness.

II. OBJECTIVES OF FELLOWSHIP TRAINING PROGRAM

FIRST YEAR FELLOW

GENERAL OBJECTIVES:

1. **TO DEVELOP CLINICAL PROFICIENCY IN THE DIAGNOSIS, MANAGEMENT AND PREVENTION OF INFECTIOUS AND TROPICAL DISEASES THROUGH CLINICAL TRAINING AND LABORATORY DIAGNOSIS.**

Specific Objectives:

I.1. To be able to diagnose infectious and tropical diseases using clinical skills and knowledge through:

- I.1.a. Ward Rotations covering the following infectious diseases:
 - I. Respiratory Tract Infections
 - II. Urinary Tract Infections
 - III. Sepsis, Severe Sepsis, Septic Shock
 - IV. Intra-abdominal Infections
 - V. Cardiovascular Infections
 - VI. CNS Infections
 - VII. Skin and Soft Tissue Infections
 - VIII. Gastrointestinal Infections / Hepatitis
 - IX. Bone and Joint Infections
 - X. Diseases of Reproductive organs and Sexually Transmitted Diseases
 - XI. EENT Infections
 - XII. Surgical Infections
 - XIII. HIV / AIDS
 - XIV. Nosocomial Infections
 - XV. Infections in Immunocompromised Hosts



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- XVI. Emerging and Re-emerging Infections
- I.1.b. Emergency Department Consultations
 - I.1.c. out Patient Service Clinics
 - I. Immunization
 - II. Travel Medicine
 - III. Sexually Transmitted Infections
 - I.1.d. Regular Clinical Conferences with Infectious Disease Consultants and Specialty Consultants
 - I. Bedside rounds
- II.** Weekly Medical Staff Conference (as per Department)
- i. Case Presentation
 - ii. Mortality and Morbidity Review
 - iii. Laboratory Hour
 - iv. Scientific Meetings
- III.** AIDTMD Clinical Conferences
- i. Case Presentation
 - ii. Journal Report / Critical Appraisal
 - iii. Mortality and Morbidity Review
 - iv. Mandell Hour
 - v. Pharmacology Hour
 - vi. Nagasaki University / Bach Mai Hospital Video Conferences
 - vii. PPRISM (Inter-hospital CPC)
- I.2. To be able to diagnose infectious and tropical diseases using laboratory diagnostic tools.**
- 1.2. a. Didactic lectures and Practical Examinations on the following topics:
 - i. Parasitology
 - ii. Bacteriology
 - iii. Mycology
 - iv. Virology
 - v. Proper Specimen Collection and Processing
 - Blood
 - Malarial smear
 - Gram stain
 - Culture
 - Endotracheal aspirate
 - CSF Collection
 - Pleural fluid
 - Pericardial fluid
 - Tissue Culture
 - Culture specimens from indwelling devices
 - Urinalysis / Urine Culture
 - Skin biopsy
 - Throat and Nasal swab



- Joint fluid aspiration
- Vaginal / cervical / penile discharge smears
- Rectal swab
- VI. Wet mounts
 - Saline (Trichomonas)
 - Iodine (Amoeba, Chlamydia)
 - KOH, Lacto phenol blue (fungus)
 - India Ink (Cryptococcus)
- VII. Stains
 - Gram Stain
 - AFB Stain
 - Giemsa Stain
 - Wright's Stain
 - Trichrome stain
 - Fluorescent stain
- VIII. Serology
 - I. HIV Screening and Confirmatory test
 - HBV
 - HCV
 - Dengue, Leptospirosis. Malaria
 - Salmonella
 - Chlamydia
- IX. Molecular
 - i. PCR
 - Influenza (H1N1)
 - SARS, MersCo-V
 - Other emerging, re-emerging infections
 - Dengue

2. **To discuss current updates in the diagnosis and treatment and implement cost-effective management for infectious and tropical disease cases.**

II. TO STIMULATE AND DEVELOP APTITUDES FOR INVESTIGATION AND HAVE AN UNDERSTANDING OF THE APPROACHES AND TOOLS OF MODERN CLINICAL AND BASIC RESEARCH.

Specific Objectives:

- II.1. To be able to do critical appraisal of journals as well as judge merits of research papers in infectious and tropical diseases.
- II.2. To be able to conduct literature search review prior to the commencement of research proposal development.
- II.3. To develop basic understanding of the principles and activities in the conduct



Of clinical and laboratory research in infectious diseases with regards to clinical trial design, protocol development, and procedures involved in the conduct of clinical trials.

- II.4. To develop a research proposal.
- II.5. To complete and submit an I.D. case report or case series

III. TO BE ABLE TO LEARN BASIC INFECTION CONTROL PRACTICES.

Specific Objectives:

- III.1. to be able to practice and monitor basic infection control practices.
- III.2. to be able teach basic infection control practices
 - III.2.a. to be able to impart basic concepts regarding transmission of infectious diseases.
 - III.2.b. to be able to impart basic concepts regarding infection control practices.

IV. TO DEVELOP DESIRABLE ATTITUDES OF PROFESSIONALISM, SOCIAL CONSCIOUSNESS AND CIVIC MINDEDNESS.

Specific Objectives:

- IV.1. To be able to provide quality care among patients afflicted with infectious Diseases, being considerate and sensitive to the patients' and relatives' feelings, and able to establish good rapport with them.
- IV.2. To be able to professional and highly-motivated, eliciting cooperation from Other members of the service.
- IV.3. To be able to practice professional ethics in dealing with colleagues, patients, Relatives and other medical & non-medical personnel.
- IV.4. To be able to be imbued with a high sense of social consciousness and take Initiatives in social and civic activities of the hospital, without compromising Work, duties and responsibilities.

SECOND YEAR FELLOW:

GENERAL OBJECTIVES:

- I. TO FURTHER EXPAND CLINICAL AND LABORATORY COMPETENCY IN THE DIAGNOSIS, MANAGEMENT AND PREVENTION OF INFECTIOUS AND TROPICAL DISEASES.**
- II. TO BE ABLE TO STIMULATE AND DEVELOP APTITUDES FOR INVESTIGATION AND HAVE AN UNDERSTANDING OF THE APPROACHES AND TOOLS OF MODERN CLINICAL AND BASIC RESEARCH.**

Specific Objectives:



- II.1. To complete a research proposal duly approved by the Research and Ethics Review Board (RERB).
- II.2. To start with data collection for prospective or retrospective study.
- II.3. To be able to present a completed paper (case report or case series) for oral or poster presentation, to a major Infectious Disease Conference / Convention.

III. TO BE ABLE TO LEARN ADVANCED INFECTION CONTROL PRACTICES AND PARTICIPATE IN PUBLIC HEALTH / HOSPITAL PLANNING OF CONCERNED ISSUES.

Specific Objectives:

- III.1. To be able to practice antibiotic-usage and restriction surveillance.
- III.2. To be able to practice hospital-acquired infection (HAI) surveillance.
- III.3. To be able to practice outbreak surveillance of ESCKAPE (MDR) organisms.

IV. TO DEVELOP DESIRABLE ATTITUDES OF PROFESSIONALISM, SOCIAL CONSCIOUSNESS AND CIVIC MINDEDNESS.

Specific Objectives:

- IV.1. To be able to provide quality care among patients afflicted with infectious Diseases, being considerate and sensitive to the patients' and relatives' feelings, and able to establish good rapport with them.
- IV.2. To be able to professional and highly-motivated, eliciting cooperation from Other members of the service.
- IV.3. To be able to practice professional ethics in dealing with colleagues, patients, Relatives and other medical & non-medical personnel.
- IV.4. To be able to be imbued with a high sense of social consciousness and take Initiatives in social and civic activities of the hospital, without compromising Work, duties and responsibilities.

THIRD YEAR FELLOW

GENERAL OBJECTIVES:

I. TO ACQUIRE MASTERY IN THE CLINICAL AND LABORATORY DIAGNOSIS & MANAGEMENT OF INFECTIOUS AND TROPICAL DISEASES.

Specific Objectives:

- I. To have full skills and knowledge in the diagnosis and management of infectious diseases, its complications, prognostications and treatment options.
- II. To develop and implement standardized guidelines and more cost-effective plan of management for infectious and tropical diseases.
- III. To be able to practice basic microbiology procedures.



II. TO BE ABLE TO STIMULATE AND DEVELOP APTITUDES FOR INVESTIGATION AND HAVE AN UNDERSTANDING OF THE APPROACHES AND TOOLS OF MODERN CLINICAL AND BASIC RESEARCH.

Specific Objectives:

- II.1. To complete data collection and start with data analysis of prospective / Retrospective clinical research.
- II.2. To be able to present completed paper (oral or poster presentation) to a Major Infectious Disease Conference / Convention.
- II.3. To be able to publish case reports and/or research studies.

III. TO BE ABLE TO ORGANIZE AND LEAD AN INFECTION CONTROL GROUP AND BE INVOLVED IN PUBLIC HEALTH & EPIDEMIOLOGY PROGRAM

- III.1. To be able to conduct surveillance of hospital-acquired infections and antibiotics resistance and formulate recommendations to improve infection control.
- III.2. To be able to conduct an outbreak investigation and disease surveillance, And apply appropriate infection control practices.
- III.3. To be able to develop or amend policies regarding infection control practices.
- III.4. To be able to conceptualize and develop IEC (information, education and communication) materials on specific infectious diseases.

IV. TO DEVELOP DESIRABLE ATTITUDES OF PROFESSIONALISM, SOCIAL CONSCIOUSNESS AND CIVIC MINDEDNESS.

Specific Objectives:

- IV.1. To be able to provide quality care among patients afflicted with infectious Diseases, being considerate and sensitive to the patients' and relatives' feelings, and able to establish good rapport with them.
- IV.2. To be able to professional and highly-motivated, eliciting cooperation from Other members of the service.
- IV.3. To be able to practice professional ethics in dealing with colleagues, patients, Relatives and other medical & non-medical personnel.
- IV.4. To be able to be imbued with a high sense of social consciousness and take Initiatives in social and civic activities of the hospital, without compromising Work, duties and responsibilities.

III. GOVERNANCE

The Infectious Disease Staff and Medical Consultants of the Adult Infectious Disease and Tropical Medicine Department manages and oversees the AIDTMD Fellows-in-Training.

IV. SCREENING

SELECTION AND PROMOTION COMMITTEE AND ITS COMPOSITION



Hospital Order No. 11 2018

CHAIR: Eleonorita E. Reyes

Chief Administrative Officer

MEMBERS: Evelyn H. Abueg

Supervising Administrative Officer

Alternate:

Loida L. Gorgonio

Administrative Officer IV

Eumelia P. Salva-Villarama

Medical Officer V

Maria Ella T. Guerrero, MBA-H

Financial and Management Officer II

Myla A. Quijano, RN

Nurse VI

Leah S. Catalan

Training Specialist IV

SLHEA Representatives

1st Level and alternative

2nd Level and alternative

Heads of the Division and Department where the vacancy

SECRETARIAT: Florijell A. Fulgar

Administrative Officer I

Jielcel S. Mendoza

Administrative Assistant I

V. TRAINING PROGRAM STAFF

A. TRAINERS:

1. AIDTMD STAFF

a. Rontgene M. Solante, MD, FPCP, FPSMID

Chair, AIDTMD

Chair, Infection Control Committee

Consultant, HIV / AIDS NRL / SACCL-OPD

b. Benjamin D. Estrella Jr, MD, MHA, FPSMID, FPSV

Vice - Chair, AIDTMD

Member-Examiner, The Specialist Board PSMID

c. Edna M. Edrada, MD, FPCP, FPSMID

Infectious Disease Specialist, Training Officer, AIDTMD

Unit Head, Adult Infectious Disease Critical Care Unit (AIDCCU)

Alternate Member – Research and Ethics Committee

d. Efren N. Dimaano, MD, FPSMID

Infectious Disease Specialist/Consultant, AIDTMD

Chief – Clinical Division, San Lazaro Hospital

e. Minda A. Manalo, MD, FPSMID, FPSVI

Infectious Disease Specialist /Consultant, AIDTMD

Chief – Ancillary Services, San Lazaro Hospital



- f. Ruel O. Teano, MD, MGM, FPSVI, FPAMS**
Infectious Disease Specialist Consultant, AIDTMD
Research Coordinator, AIDTMD
Member, Research and Ethics Review Committee

- g. Lynsil B. Roy, MD, FPCP**
Medical Specialist, Consultant/ AIDTMD
TB Center

- h. Ana Ria Sayo- Abungan, MD, FPCP**
Medical Specialist, Consultant/ AIDTMD
Overall, Quality Management Representative

- i. Jezreel Culata-Lazaro, MD, FPCP**
Medical Specialist, Consultant/ AIDTMD
Co-chair - Infection Control Committee

- j. Jamie Arches- Trifalgar, MD, FPCP**
Medical Specialist, AIDTMD
HIV Department

- k. Daisy Ilagan-Tagarda FPCP, FPSMID**
Infectious Disease Specialist, Training Staff - AIDTMD
San Lazaro Hospital, University of Santo Tomas

2. MEDICAL SPECIALTY STAFF (Part Time)

- a. Susan C. Lee MD, FPCP, FPCCP, FCCP**
Pulmonology
San Lazaro, Hospital, Metropolitan Hospital, Fatima University Medical Center

- b. Albert G. Lu MD, FPSN, FPCP**
Nephrology
San Lazaro Hospital, Metropolitan Hospital

- c. Dante P. Bornaes MD, FPNA, MHPEd**
Neurology
San Lazaro Hospital, Manila Central University

- d. Roberto G. De Guzman MD, FPSG, FPCP**
Gastroenterology
San Lazaro Hospital, Metropolitan Hospital, Lourdes Hospital



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- e. **Roberto N. Lopez, MD, FPCP, FPSG, FPSDE**
Gastroenterology
San Lazaro Hospital, Metropolitan Medical Center
- f. **Marcellano Cruz, MD, FPDS, FPSVI**
Dermatology
San Lazaro Hospital, Victor Potenciano Medical Center
- g. **Mariel Barcelon-Cruz MD, FPCP, FPCC**
Cardiology
San Lazaro Hospital, ManilaMed
- h. **Raymond del la Cruz MD, FPCP, FPCC**
Cardiology
San Lazaro Hospital, Metropolitan Medical Center
- i. **Aileen Sia-Atanacio, MD, FPCP, FPSEDM**
Endocrinology
San Lazaro Hospital, Metropolitan Medical Center
- j. **Michael D. San Juan, MD, FPCP, DPSMO**
Oncology
San Lazaro Hospital, ManilaMed

B. DURATION OF TRAINING

- Number of years of Training: 3 years
- Average Number of Trainees per Year Level: 5-6 Fellows
- Maximum number of Graduates per Year: 5-6 Fellows
- Infectious Disease Fellows in Training CY 2016-2019

Third Year Fellows (5):

Abdullah Marohomsalic, MD, FPCP
Desiree Mae Yamat, MD, FPCP
Rochelle Dalay-Edades, MD, FPCP
Keith John Masangkay, MD, FPCP
Noreen Matig-A, MD, DPCP

Second Year Fellows (5):

Alma Reyes-Adattu, MD, DPCP
Barbara Bonaobra, MD, DPCP
Robert Guanzon Jr., MD, DPCP
Shirley Padilla, MD, DPCP
Maria Pia Salvador, MD, DPCP

First Year Fellows (6):

Marvin Abadilla, MD, DPCP
Glenda Oabel, MD, DPCP



Carl Florida, MD, DPCP
Mavy Galon, MD, DPCP
Ann Celestyn Uichanco MD, DPCP
Angel Bryan Cabuyao MD, DPCP

C. List of Graduate Fellows From Adult Infectious Disease and Tropical Medicine Department

NAME	End of Contract
1. LACUESTA, TALITHA LEA	September 29, 2016
2. AMILASAN, AL-SHEREE	DECEMBER 10, 2010
3. GONZALES, RIZALITA	APRIL 11, 2013
4. CANTILANG, ROLANDO	JUNE 01, 2013
5. ABRIL, JOANNE	JULY 07, 2014
6. TANGPOS, LELANIH	OCTOBER 19, 2012
7. ROY, LYNSIL	DECEMBER 03, 2014
8. FRAYCO, CARINA	APRIL 07, 2015
9. MAGALLANES, REYNALDO	MARCH 15, 2015
10. DE VERA, JOY	MARCH 07, 2014
11. SAYO, ANA RIA	JULY 11, 2016
12. LUGTU, CHRISTIE MAE	AUGUST 1, 2016
13. BARTOLOME, MARCELINO	JANUARY 07, 2016
14. TRIFALGAR-ARCHES, JAMIE	SEPTEMBER 12, 2016
15. LAZARO, JEZREEL	JULY 20, 2016
16. RETUERMA, GRACE	JANUARY 04, 2017
17. WONG, NANETTE	OCTOBER 1, 2017
18. ETHEL CATHERINE ANTONIO	SEPTEMBER 1, 2017
19. MARY LYNBERG ALMERO	SEPTEMBER 15, 2017
20. ROLAND ZARA	JANUARY 12, 2018
21. YVETTE SILUBRICO	JANUARY 13, 2018
22. NORAIN KANSI	JANUARY 12, 2018
23. MARIA MELISSA MONICA TURA-AGONCILLO	JANUARY 12, 2018

D. LIST OF GRADUATES WHO SUCCESSFULLY PASSED THE PSMID SPECIALTY BOARD EXAMINATION

- 1. JOANNE ABRIL –PSMID 2016**
- 2. CARINA FRAYCO- PSMID 2017**

C. CURRENT ROTATION AND ACTIVITIES

First 2 years of Fellowship training:

- 2 years Clinical Rotation at AIDTMD and Central / Satellite IDCCU
- Basic Infection Control Program



- Laboratory Section
- Research Studies
- Regular rotation at Out Patient Department
 - STI
 - Immunization
 - Travel Medicine
- HIV and TB Ward rotations
- Emergency Department Consultation Service

Third Year Fellowship Program:

- 1 month rotation **each** at I.D. Specialty Ward
 - HIV / AIDS Ward
 - TB Center (Ward, PMDT)
- 1 month Infection Control Section
- 1 month Laboratory Section
 - Microbiology Section (M – F, morning)
 - National Reference Laboratory (SACCL) for HIV and Hepatitis (M-T-W, afternoon))
 - Nagasaki University Molecular Laboratory (to start on June 2017, one week rotation)
- 1 Month rotation **each** at. NKTi and PHC
- 6 Months supervisory rotation at AIDCCU, Male and Female Wards **and** Completion of research study.

D. SCOPE OF WRITTEN AND ORAL EXAMINATIONS AND TENTATIVE SCHEDULE OF MONTHLY REPORTING

INCLUDES: Mandell; CPGs: WHO, IDSA, PSMID; Laboratory: Infection Control

JANUARY

Varicella / Herpes zoster, CMV, HIV testing,
Urinary Tract Infection
Fluoroquinolones, Cephalosporins,

FEBRUARY

SSTI, Diabetic Foot Infections, Beta-lactams, Carbapenems, Malaria. Sepsis in Diabetic Patients, Infection Control, Emerging / Re-emerging Infections
Infection Control Hour (Outbreak Surveillance)
CPGs

MARCH

Gram negatives (Acinetobacter, Pseudomonas)
Gram positives (Staphylococcus aureus, Staph spp)., MRSA IDSA CPGs
Anaerobes ,
Antibiotics for anaerobes, Macrolides



HAI, VAP
CPGs
Laboratory Hour
Introduction to Research

APRIL

Gram negatives (Klebsiella, Escherichia, Enterobacter)
(Stenotrophomonas, Burkholderia, moraxella, Hemophilus, Legionella,)
Sepsis, Severe Sepsis and Septic Shock Aminoglycosides, Glycopeptides,
Streptogramins, Lipopeptides , Lipoglycopeptides CPGs Laboratory Hour

MAY

Gram positives (Corynebacterium spp, Listeria, Bacillus spp.)(Streptococcus spp,
Enterococcus)
Chlamydia , Mycoplasma
ENT Infections
HAP, HCAP
Polymixins, Sulfonamides and Trimethoprim, Unique anti-bacterial agents ,
Quinolones
Laboratory Hour

JUNE

Gram negatives (Vibrio, Campylobacter, Salmonella, Shigella)
Microsporidia, Cryptosporidium, Isospora, Cyclospora
Abdominal Infections (Peritonitis, Liver & Biliary System, Pancreas, Spleen, etc)
Drugs for Abdominal Infections
Blood stream Infections
CPGs
Laboratory Hour

JULY

Spirochetes, Chlamydia spp, Genital Mycoplasma, Neisseria gonorrhoea
Syndromes of Enteric Infection, Bacterial Inflammatory Enteritides, etc.
STI antimicrobials (WHO, CDC CPGs)
Catheter related infections
Nocardia, Actinomycosis

AUGUST

Candida, Aspergillus, Mucormycosis, Histoplasmosis
Cryptococcosis, Coccidioidomycosis
Drugs active against fungi, pneumocystis and microsporidia
CPGs

SEPTEMBER

NTM, Mycobacterium spp



CNS Infections (bacterial, viral, fungal, protozoal)
Drugs active against mycobacterium, TB / NTM (WHO & IDSA CPGs)

OCTOBER

Immunocompromised Hosts: Basic Principles, Cancer, Transplant Recipients,
Solid Organ Transplant Recipients, Elderly
Nosocomial Pneumonia
Organisms involved
Immunization
CPGs

NOVEMBER

HIV / AIDS:
Opportunistic Infections, Organ System manifestations
Anti-retrovirals
Nosocomial Urinary Tract Infections
CPGs

DECEMBER

Viruses: RNA containing Viruses, DNA containing viruses
Antiviral drugs
CPGs

E. REFERENCES

- Mandell Principles And Practice Of Infectious Diseases
- Infectious Disease Society of America: Clinical Practice Guidelines
- Clinical Infectious Disease Journals
- Clinical Microbiology Review
- WHO: Clinical Practice Guidelines
- Center for Disease Control Guidelines
- Philippine Practice Guidelines
- Infectious Disease Journals: Lancet Infectious, New England Journal, PSMID

VI. AFFILIATING AGENCY

RESEARCH AFFILIATES

1. Nagasaki University, Japan
2. Tohoku University, Japan
3. Oita University, Japan

VIDEO-CONFERENCE CORRESPONDENTS

1. Nagasaki University, Japan
2. Bach Mai Hospital, Hanoi Vietnam



VII. STIPEND

Salary Grade 21 for Medical Officer III, as determined by the current DOH-recommended level, as provided by the San Lazaro Hospital.

VIII. SCHEDULE OF ACTIVITIES (See Monthly Schedule of Reports on next page)

IX EVALUATION (See Annex)

PART II: Services

The total number of adult admissions last 2017 in Pavilion 2/6 were 3,609 patients, 123 of which were ICU admissions. Out of these admissions, the top five ward admissions were Tropical Infections (29%) composing mostly of Dengue with warning signs, Respiratory Tract Infections (12.7%), Snakebite w/o signs of envenomation (7%), HIV infection (7%) and Intraabdominal infections (4%).

At the TB center , there were 2292 admissions, 219 of which were ICU admissions. Out of these admissions, the top admissions were Pulmonary TB (74%) both clinically (76%) and bacterial confirmed (34%), COPD (14%), CAP (5%), PCP (3%), Spontaneous pneumothorax (2%).

At the pay ward section, there were a total of 436 admissions, ranking first is Tropical Infections (160/436), Lower Respiratory Tract Infections (95/436), HIV infections (81/436), Intraabdominal Infections (70/467) and Urinary tract infection (30/467).

At the OPD section, there were a total 1398 patients seen. Out of this, there were a total of 955 patients seen in the Social Hygiene Clinic, majority of these consults were sexually transmitted diseases.

The total number of procedures that were referred to Surgery Department were 254. Out of this, the most common surgical procedures referred were the following namely: Tracheostomy (62/254) for tetanus stage II-III patients. Ultrasound guided thoracentesis (38/254) for pleural effusion and pneumothorax, followed by Intrajugular catheter insertion (36/254) for hemodialysis access and wound debridement (28/221).

The total number of obstetrical delivery with concomitant infections were 25 via Normal spontaneous delivery and 10 underwent Low-segment Cesarean Section.



There were 160 mortalities/3609 who died last year in the Main Ward (Pav2/6, AIDCCU). Excluding in this numbers are rabies and < 48 hours hospital stay. Out of 160 mortalities, an average of 80% comprises ward mortalities while 20%% comprises ICU mortalities. The following topped the list of mortalities were Rabies (38/160),HIV (22/160), Tetanus stage III (18/160), Upper respiratory infection (15/160), Severe Leptospirosis (11/160) and CNS infection (8/160)

Total percentage of patients who were discharged improved were 92.6%.

PART III: Researches

2017 ANNUAL PSMID CONVENTION (Poster Presentation)

1. Case Report: **Disseminated Kaposi Sarcoma**
By Rochel Dalay-Edades, MD, FPCP
2. Case Series: **Adult Meningocemia**
By Roberto Guanzon, MD, FPCP
3. Case Series: **Dengue Severe and Mortality**
By Noreen Matig-a, MD, DPCP

LIST OF PENDING RESEARCH

1. **Clinical profile and Predictors of Mortality among Tetanus patients admitted in San Lazaro Hospital**
By Nanette Wong, MD, FPCP
2. **Evaluation of the Sensitivity of NS1 Antigen Associated with Clinical Manifestation In Adult Dengue Patients Admitted At San Lazaro Hospital**
By Ma. Melissa Turao, MD, FPCP

COMPLETED RESEARCH

1. **Retrospective Review on Measles in Pregnancy during an Outbreak at San Lazaro Hospital (2014)**
By Jamie Trifalgar MD, FPCP
2. ***Profile of PCP Patients admitted at San Lazaro Hospital***
By Jezreel Lazaro MD, FPCP
3. **Clinical Profile, Prevalence and Outcome of HIV Adult Patient with Drug Resistance Tuberculosis at San Lazaro Hospital 2011-2016**



By Grace Retuerma MD, FPCP

4. **Comparison of Clinical Features and Outcome of Bacteremia caused by Methicillin Sensitive Staphylococcus aureus and Methicillin Resistant Staphylococcus aureus**
By Ethel Catherine Antonio, MD, FPCP
5. **Predictors of Mortality among HIV patients with Cryptococcal Meningitis**
By Roland Zara, MD, FPCP
6. **Clinical profile and outcome of patients with Acute Pulmonary Complications secondary to Severe Leptospirosis treated with intravenous steroids admitted at San Lazaro Hospital: a Retrospective study**
By Nor-aine Kansu, MD, FPCP
7. **Prevalence, Risk Factors and Outcomes of Adult Patients with Nosocomial Infections**
By Lyndberg Almero, MD, FPCP
8. **Prevalence and Review of Clinical Management of Adult Syphilis Patient seen at SLH-OPD at San Lazaro 2012-2016**
By Yvette Silubrico, MD, FPCP
9. **CNS Infections in HIV Patients admitted at San Lazaro Hospital**
By Marcelino Bartolome MD, FPCP
10. **Comparison of CD4 among asymptomatic versus symptomatic HIV patients in relation to Opportunistic Infections among HIV patients at SACCL-OPD (January 2001 to December 2014).**
By Ana Ria Sayo-Abungan MD, FPCP
11. **PRESENTOR ON PSMID RESEARCH**
Biphosphonate related osteonecrosis of the Jaw: A niche for Actinomycosis
By. Maria Pia Salvador MD, FPCP

PART IV: INNOVATIONS

A comprehensive integration of Clinical Practice Guidelines, Pharmacology, Laboratory, and Infection Control Issues will be implemented during discussion of Mandell topics to ensure a complete review of different infectious diseases cases, as seen in the proposed monthly scope of examinations and tentative schedule of reporting.



The AIDTMD has innovated an effective and dynamic system in delivering continuity of care to all admitted patients in the Department. Team assignments were developed to ensure uninterrupted continuance of quality patient care, commencing from the time patient is admitted to the Department until the time of discharge and carried on during follow-up check-ups of the patient.

Mechanics of Continuity of Care are as follows:

- ❖ Fellows-in-Training are divided into 2 Teams (orange) and (green). Each team consists of First Year, Second Year, Third Year, Junior Consultant and Medical Specialist. Team members will be changed quarterly.
- ❖ Each Fellow-in-Training will be assigned cases, depending on daily admissions and consultations.
- ❖ All Fellows per Team are expected to know all cases assigned in their Team. Members are expected and obliged to do daily rounds, progress notes, follow-up of all diagnostics, referrals, consultations and conduction to other Centers.

Fellows-on-Duty will go on 24-hour duty every 4 days.

- ❖ Fellows-from-Duty will have to stay the following day (until 3pm on weekdays, and until 12noon on weekends) to attend to the Department's Activities. Sundays may be an off day if Fellow is on a regular day status. Co-team members shall do the rounds of Fellows.
- ❖ Fellows shall have two regular days before the next 24-hours duty.

Schedule of Ward Duties for AIDTMD Fellows

Fellows-on-Duty will go on 24-hours duty every 4 days. Fellows-from Duty will have to stay the following day (until 3pm on weekdays, and until 12noon on weekends to attend to the Department's activities. Co-team members shall do the rounds of Fellows. Fellows shall have two regular days before the next 24 hours-duty.

There are two fellows (one first year and one second year) who will go on 24 hours duty. If one fellow on duty will be absent, then the other fellow on duty will assume the responsibility of single duty. In circumstances where in there are outbreaks or Ebola/Merscov cases, one fellow who is on regular day status will go on 24 hours duty and accompany the fellow on duty. If both fellows on duty are absent due to unavoidable circumstances, one fellow who is on a regular status will assume the duty post and the other fellow on regular status will be on call for possible assistance to the 24 hours duty as the need arises. If both fellows on duty and fellows on regular status are absent, one of the fellow who is from duty status will go on duty until he will be relieved by the fellows on duty or on regular status, while the other from duty will be on call for possible 24hours duty and assistance to the fellow on duty as the need arises.



AIDTMD PERFORMANCE EVALUATION FOR FELLOWS

➤ **First Year Fellows:**

Promotion and grades is based on the following requirements per quarter:

- a. Clinical Performance: 40%
- b. Conferences: 15%
- c. Laboratory: 15%
- d. Case Report: 15%
- e. Infection Control: 15%

Overall Quarterly Grades should reach:

75-100%: PASS

May proceed to second year fellowship program

70-74%: INCOMPLETE

Completion of requirements prior to promotion to Second Year Fellowship Program.

<70%: FAIL

Re – evaluation of fellow’s performance by AIDTMD/ Medical Training Office/Chief Training Office/Chief of Clinics. Final recommendation will be as follows:

- **Promotion to Second year** if fellow passed (Repeat) Rotations with unsatisfactory grades.
- **Permanent Dismissal from Training Program**
If fellow failed (Repeat) rotations with unsatisfactory grades.

➤ **Second Year Fellows:**

Promotion and grades is based on the following requirements per quarter:

- a. Clinical Performance: 40%
- b. Conferences: 15%
- c. Laboratory: 15%
- d. Case Report: 15%
- e. Infection Control: 15%

Overall Quarterly Grades should reach:

75-100%: PASS

May proceed to Third year fellowship program

70-74%: INCOMPLETE

Completion of requirements prior to promotion to Second Year Fellowship Program.

<70%: FAIL

Re – evaluation of fellow’s performance by AIDTMD/ Medical Training Office/Chief Training Office/Chief of Clinics. Final recommendation will be as follows:

- **Promotion to Third year** if fellow passed (Repeat) Rotations with unsatisfactory grades.
- **Permanent Dismissal from Training Program**
If fellow failed (Repeat) rotations with unsatisfactory grades.



➤ **Third Year Fellows:**

Promotion is based on the completion and grades at Clinical rotations on special areas and research:

- a. Clinical Rotations at Special Areas
 - a.1 HIV/AIDS
 - a.2 TB Center
 - a.2.1 DOTS/Main TB Ward
 - a.2.2 MDTRB; Clinic/TB Ward
 - a.3 Infection Control unit
- b. Clinical AIDTMD Rotation
- c. Laboratory Rotation
- d. Research

Overall Quarterly Grades should reach:

75-100%: PASS

Issuance of Certification of Completion of Fellowship Training in AIDTMD>

72-74%: INCOMPLETE

Make-up rotation with failed grades.

<70%: FAIL

Re-evaluation of fellows' performance by AIDTMMD/Medical Training Office/Chief Training Office/Chief of Clinics. Final Recommendation will be as follows:

- **Issuance of Certification of Completion of Fellowship Training in AIDTMD** if fellow passed (Repeat) rotations with unsatisfactory grades.

- **Issuance of Certification of Attendance for Unsatisfactory Performance** after fellow failed (Repeat) rotations with unsatisfactory grades.



Republic of the Philippines
Department of Health
SAN LAZARO HOSPITAL
Manila, Philippines

