



SECTION OF INFECTIOUS DISEASES

FELLOWSHIP TRAINING PROGRAM

I. INTRODUCTION/HISTORY

The Infectious Disease Section of Makati Medical Center has a two-year fellowship training program accredited by the Philippine Society for Microbiology and Infectious Diseases (PSMID). This training program started in 1987 with Dr. Marivyl Javato as the first recipient. The training includes clinical care of patients with community and hospital acquired infections in General Medicine, Surgery, Orthopedics, Neurosurgery, Neurology, Obstetrics, Gynecology and Dermatology. It also includes laboratory training in Bacteriology, Mycobacteriology, Mycology and Virology, and research training in epidemiology of infectious diseases and clinical trials of new antimicrobial agents. The program was started in this institution by Dr. Thelma Tupasi who was also the Section Chief from 1987 to 2004. She was succeeded by Dr. Vilma Co in 2005 to 2013. The current head of the section is Dr. Janice Caoili.

II. VISION

A. Makati Medical Center

- To be the Philippines' undisputed leading medical center by 2015 and to be competitive with the best in the world by 2020, staffed with highly experienced / highly qualified medical and healthcare practitioners, enabled by state-of-the-art diagnostic and medical / surgical equipment and a cadre of well-trained professional support staff. Our patients and their families should experience the highest levels of satisfaction with the healthcare services we provide.

B. Section

- To be an internationally recognized fellowship training program dedicated to excellence in the diagnosis and management of Infectious Diseases.

III. MISSION

A. Makati Medical Center

- To provide our patients with safe, effective, appropriate and meaningful health care and environment, delivered by the most competent, the most caring and the most compassionate team of medical professionals and support staff

B. Section

- To develop and train Infectious Disease practitioners who are guided by the principles of integrity, professionalism, fairness, accountability and transparency and the spirit of compassion, and great passion for excellence

IV. CORE VALUES

MakatiMed has 10 core values, represented in five pairs and summarized by the overarching value called “Malasakit”.

1. Integrity
2. Transparency
3. Compassionate Care
4. Service Excellence
5. Respect
6. Teamwork
7. Accountability
8. Professionalism
9. Safety
10. Quality of Life

V. OBJECTIVES OF THE TRAINING PROGRAM

A. General Objective

1. At the end two years, the fellow-in-training must have developed professional expertise and ethical practices in the field of Infectious Diseases

B. Specific Objectives

1. To train the post-residency fellow in the principles and practice of Infectious and Tropical Diseases
2. To stimulate interest and active participation of the post-graduate fellow in the following:
 - a. Basic Science
 - b. Clinical Research
 - c. Infection Control
3. To enhance the skills of the trainee on teaching and mentoring other healthcare personnel

VI. SUBSPECIALTY ACCREDITATION

A. State of Accreditation

The section was evaluated by the Philippine Society for Microbiology and Infectious Diseases (PSMID) in May 21, 2015. A full three-year accreditation was granted to the Infectious Disease Fellowship Training Program, valid from June 1, 2015 to May 31, 2018. The accrediting body was composed of Dr. Henry Alevaren, Dr. Larissa Lara Torno, Dr. Elfleda Hernandez, Dr. Marie Yvette Barez and Dr. Ludovico Jurao.

B. Specialty Board Accreditation Requirements

1. The section must have copies of their training program at hand. The program must be in accordance with the standards and requirements set by the PSMID.
2. The total duration of the training program must be at least two (2) years with an option for a third year devoted to research.
 - a. Two years of clinical (in- and out-patient) rotation in Infectious Diseases.
 - i. One fellow: 20 in-patients (1:20) per month
 - ii. There must be a minimum of 10 OPD and ER Infectious Diseases consultations per month – or a total of 120 for one year
 - iii. Above requirements must be logged in the individual fellow’s census, and regularly checked and signed by a PSMID fellow of the section.
 - b. Minimum of 2 months in the Hospital Infection Control Program/Service
 - c. Minimum of 2 months/year in laboratory training to include:
 - i. Bacteriology/Mycobacteriology
 - ii. Parasitology
 - iii. Mycology
 - iv. Immunology/Serology
 - v. Virology (if available)

**If laboratory facilities for these are not available in the institution, arrangements should be made for the trainees' rotation in other centers.*

- d. Optional rotations in special units (e.g., NKTI, PHC, LCP, RITM and SLH) are recommended.
 - e. Weekly training conferences on Infectious Diseases duly documented in a logbook to include names of consultants and trainees in attendance. At least two (2) consultants (PSMID fellows) should be present during the conferences.
 - f. Each fellow is required to produce one (1) good quality research at the end of the training program. Submission of a prospective research proposal is a requisite before the end of the first year and promotion to the next level of training. A completed research paper must be submitted before graduation. Other research activities such as critical appraisal and systematic reviews are also recommended.
 - g. There must be a regular quarterly discussion on the cases in the wards (in-patient).
3. An annual report, following the template, should be submitted to the Accreditation Committee.

VII. FELLOWSHIP RECRUITMENT PROCESS

A. Eligibility and Application Procedures

A duly certified physician who has finished his/her residency in Internal Medicine and passed the Philippine Specialty Board of Internal Medicine (PSBIM) is qualified to apply in the training program. The application forms for the Fellowship Training Program may be

obtained from the Medical Education and Research Division. Completed forms along with required documents will be forwarded to the Chief of Section.

B. Selection Process

Applicants are selected based on the following criteria:

Pre-Interview Score (50%)

 Medical School Class Ranking (10%)

 Medicine Board Rating (10%)

 Research Paper during Residency Training (10%)

 PSBIM Exam Rating (20%)

Panel Interview Score (50%) using the guidelines for focused interviewing of fellows (Appendix A and B)

The Section has the prerogative to conduct a written examination for applicants. The score on the written examination will be included in the computation of the final score of the applicant. The top two (2) applicants will be accepted to the fellowship program. In case only one fellow will be accepted for a year level, the applicant with the highest score will be accepted into the fellowship program.

C. Admission Requirements

The following requirements must be submitted to the Medical Education in authenticated photocopies before any application is officially entertained.

1. Completed Application Form (FM-MMC-022)
2. Transcript of Records
3. Board Examination Results
4. Diploma in Medicine
5. Certification of rank in class
6. Certificate of Residency
7. Certificate of Internal Medicine Specialty Board
8. Recommendation letter from Residency training officer
9. Passport size picture (1 copy)
10. ID picture 1 pc (2x2) and 2 pcs (1 ½ x 1 ½) colored with white background
11. Certificate of Live Birth or Notarized affidavit of two disinterested person if birth certificate is not available
12. PRC card
13. NBI Clearance

D. Contract Signing

Appointed applicants are then required to submit to the Medical Education the following prior to contract signing:

1. All papers mentioned in the application procedures
2. Tax Identification Number

3. Residence Certificate A form
4. SSS number and SSS Membership form (E1 or E4)
5. Marriage Contract (if applicable)
6. Children's Birth Certificates
7. Professional Tax Receipt (PTR) – current year
8. Certificate of good moral character from 2 disinterested persons – references preferred (original copy)
9. Narcotic License Number (S2)
10. Philhealth Number

VIII. DEPARTMENTAL RULES AND REGULATIONS

A. Duty Schedule

All fellows are on call daily and are required to report on weekdays from 7:00 AM to 5:00 PM. They are allowed to go home after rounds with the consultant during weekends.

All fellows are required to answer emergency calls on all admissions or referrals to the Infectious Diseases service. Fellows on deck for antimicrobial stewardship are responsible for answering calls regarding the approval of restricted antimicrobials, extension requests for 24h Surgical Antimicrobial Prophylaxis and antibiotic 7 day Automatic Stop policies.

B. Uniforms

- Male: Long white coat, slacks, shirt and tie with tie clip, black shoes
- Female: Long white coat, business attire, closed shoes

C. Endorsement

All cases must be properly endorsed to the receiving fellow of the month a day prior to change of monthly rotation.

D. In Patient and HSP Rotation

The fellow rotates with 1-2 consultants per month. He/she is expected to act as the junior consultant of the patients admitted/referred under the service of the consultant he/she is rotating with. The fellow evaluates and assesses the patients and informs the consultant about the case. The fellow orders initial diagnostic work-up and therapeutic management of the patient. The management plans are discussed with the attending. The fellow makes daily rounds on the patients of the consultants and also accompanies the consultant during rounds.

The fellow is also decked monthly to see HSP patients and referrals. They are considered the main attending for these cases and co-manage them with the HSP ID consultant for the month.

Fellows are also responsible for seeing emergency room referrals to the consultant they are rotating with.

E. Conferences

Fellows are obliged to attend and present in Infectious Disease Conferences (every 2nd and 4th Friday of the month), Journal Club (every Saturday), Mandell Hour, ID Mortality and Morbidity Conferences (Quarterly) and Departmental Grandrounds/Mortality-Morbidity/Staff Conferences and all required hospital conferences.

F. Code of Conduct/Proper Decorum

Fellows are expected to conduct themselves in a manner appropriate for the delivery of optimal medical care to patients within a safe hospital environment, promotion of its good name and the success of its operations. Any infraction against the standards of conduct and behavior, policies and procedures and rules and regulations established by MMC would result to a corresponding disciplinary action under this Code of Discipline. *(Refer to Medical Education and Research Department Training Manual and Makati Medical Center Hospital Policies and Procedures Manual: Code of Conduct Rev. 2014).*

G. Attendance to hospital-required trainings/seminars

All fellows are excused from their section assignments in fulfillment of these requirements.

H. Disciplinary Protocols

All fellows are expected to follow all hospital/departmental/section rules and regulations. The Section of Infectious Diseases is under the governance of the Makati Medical Center. The institution has an administrative arm headed by the President and its Board Members. The operations arm is headed by the Medical Director and the Department heads. The section is under the Department of Medicine headed by the Chairman.

All trainees including fellows are under the Medical Education and Research Division headed by the Director, Dr. Sonia Bongala. The Coordinator for Fellows-in-training is Dr. Milagros Uy. *(Refer to Medical Education and Research Department Training Manual and Makati Medical Center Hospital Policies and Procedures Manual: Code of Conduct Rev. 2014).*

I. Hospital Policies and Procedures

Refer to Makati Medical Center What's Happening At Makati Medical Center (MMC WHaM) for hospital policies.

J. The Fellows' Behavior

All fellows are to conduct themselves in accordance with the hospital/departmental/section rules and regulations as well as in accordance with Philippine Medical Association Code of Ethics.

IX. DUTIES AND RESPONSIBILITIES OF THE FELLOW

A. GENERAL

1. Takes the role of a specialty trainee with appropriate guidance by the faculty as they make decisions regarding patient care. He/she exercises this function in out-patient-department consults and even in private patients, as agreed upon by the respective faculty.
2. Function as a mentor to the residents, interns and clerks, allied health professionals technical assistants or students.
3. He/She attends and helps organize seminars and conferences related to the sub-specialty. The senior fellow is responsible for scheduling the Infectious Diseases Conference, Journal Club meetings and Mandell hour scheduled every Friday, Saturday, and Wednesday, respectively.
4. Update all conference logbooks and pertinent fellowship data and census of the Section
5. Comply with the hospital programs, policies and procedures
6. Comply with patient safety activities, including infection prevention and control guidelines set by the hospital
7. Report accurately all adverse events of which they are involved in or they witnessed
8. Follow the clinical practice guideline adapted by the section and the hospital
9. They are also responsible for the approval of restricted antibiotics and help implement policies of the Antimicrobial Stewardship (AMS) Committee of the hospital
10. They should also attend meetings conducted by the Infection Control Committee, HIV/AIDS Core Team and Pandemic and Emerging Diseases Emergency Response Team (PEDER).
11. Attends the Thursday Didactic Conferences of the Department of Internal Medicine with the other fellows and the junior members of the medical staff.

B. SPECIFIC DUTIES PER YEAR AND CLINICAL ROTATIONS

a. FIRST YEAR FELLOW

1. CLINICAL ROTATION: 9 months

- Fellows rotate with consultants in the inpatient units including patients seen at the ER, ICU, and operative units.

2. OUTPATIENT SERVICES

- Fellows are required to see outpatient cases at the ID HSP clinic at least 2 hours per week for the whole year.
- Patients seen by fellows at the outpatient will continue following up with the same fellow for continuation of care. Previously admitted patients under the HSP who follow up at the ID-OPD will follow-up with the fellow who was saw the patient upon discharge.
- The ID OPD schedule is Friday from 1 to 4 pm.
- The fellows are expected to call their respective consultants for cases seen at the OPD ID clinic. All patients seen by the fellows are entered in their respective census.
- The fellow may rotate in the private out-patient clinics of consultants

3. INFECTION CONTROL COMMITTEE

- Fellows have a one month dedicated rotation in IPC to do surveillance activities.
- Fellows are expected to participate in ICC monthly meetings, advise Infection Prevention and Control nurses regarding isolation recommendations, participate in outbreak investigations, serve as member of the Antibiotic Review Board and approve use of restricted antibiotics

4. LABORATORY ROTATION: 2 months

- In-house laboratory at the Microbiology Section Makati Medical Center. See separate section below for learning objectives.

b. SECOND YEAR FELLOW

1. CLINICAL ROTATION: 9 months

- Fellows rotate with consultants in the inpatient units including patients seen at the ER, ICU, and operative units.

2. OUTPATIENT SERVICES

- Fellows are required to see outpatient cases at the ID HSP clinic at least 2 hours per week for the whole year.
- Patients seen by fellows at the outpatient will continue following up with the same fellow for continuation of care. Previously admitted patients under the HSP who follow up at the ID-OPD will follow-up with the fellow who was saw the patient upon discharge.
- The ID OPD schedule is Friday from 1 to 4 pm.
- The fellows are expected to call their respective consultants for cases seen at the OPD ID clinic. All patients seen by the fellows are entered in their respective census.
- The fellow may rotate in the private out-patient clinics of consultants

3. INFECTION CONTROL COMMITTEE

- Fellows have a one month dedicated rotation in IPC to do surveillance activities.
- Fellows are expected to participate in ICC monthly meetings, advise Infection Prevention and Control nurses regarding isolation

recommendations, participate in outbreak investigations, serve as member of the Antibiotic Review Board and approve use of restricted antibiotics

4. OUTSIDE LABORATORY ROTATION: 2 months

- Fellows rotate at the microbiology, parasitology, virology and entomology, animal laboratories and see patients at the wards and the AIDS Research Group clinic at RITM.

C. TEACHING RESPONSIBILITIES

1. The fellows supervise the medical residents rotating in the section. All notes accomplished by the rotating resident are reviewed and countersigned by the fellow.
2. As part of teaching and as a supplement to their clinical rotation, the rotating residents are required to attend section conferences organized by the fellows. They may assign residents/topics/cases for some of the section conferences.

XI. SPECIALTY AND OUTSIDE ROTATIONS

A. IN HOUSE LABORATORY ROTATION

1. The fellow shall undergo bench training under the supervision of the medical chief technologist at the diagnostic laboratory of the Makati Medical Center for the first month of fellowship.
2. Fellows during their laboratory rotation are expected to know the principles and perform proper specimen collection and processing. He/she must understand, interpret and perform the following direct antigen/organism detection methods:
 - Wet mount (Saline, Iodine, KOH, Lactophenol blue, India ink)
 - Stains (Gram, AFB, Giemsa, Wright's, Trichrome, Fluorescent)
 - Culture isolation and Identification (Aerobic, Anaerobic, Mycobacterial, Fungal)
 - Immunology and serology
3. He/she must be familiar with the principles of molecular (PCR) diagnostics. The fellow must be able to interpret antimicrobial susceptibility tests (MIC & MBC, E test, Disc diffusion test, antimicrobial assays).
4. At the end of the rotation, the fellow will be evaluated by the Chief Medical Technologist. (see APPENDIX C for laboratory checklist).

B. OUTSIDE LABORATORY ROTATION (Research Institute for Tropical Medicine)

1. The fellow shall undergo bench training under the supervision of the chief medical technologist at a Research Laboratory and clinical rotation in Research Institute for Tropical Medicine for the first two months of his/her second year in service.
2. In this rotation, he/she should have the following competencies.
 - c. Collection and transporting of specimen
 - d. Appropriate staining and microscopic examination of smears: Gram stain, acid fast, India ink, Giemsa, KOH stains, malarial smear
 - e. Culture isolation of Gram positive and Gram negative aerobic pathogens, mycobacteria and fungus.
 - f. He/she shall rotate in parasitology and mycobacteriology laboratory.
 - g. Do viral cultures.
 - h. Have clinical knowledge on HIV management.
 - i. Have knowledge on the management of other tropical diseases.

C. INFECTION CONTROL COMMITTEE

1. The fellow will become a member of the Infection Control Committee (ICC). Participation in the ICC is year round but there is a dedicated month per year solely for ICC duties.
2. In general, fellows are expected to:
 - a. Attend the meetings of the ICC core group
 - b. Attend ICC and HIV-AIDS Core Team (HACT) meetings and assist in their organization
 - c. If applicable, he/she is expected to report infection outbreaks to the Infection Prevention and Control Unit (IPCU) and initiate outbreak investigation.
 - d. He/she may be asked to give special lectures to hospital staff on infection control and IPCU policies as needed, and to educate patients, patient relatives and staff about infection control practices.
3. Fellows rotating with the ICC participate in the planning and implementation of infection prevention and control programs in the hospital. He/she actively participates in outbreak investigations or investigations of cases where breach in infection control is suspected, formulates action plan and reports such incidents to the IPCU head. He/she actively participates in the conduct of hospital acquired infections (CLBSI, CAUTI, VAP, SSI surveillance) in targeted settings and assists the IPC officers in the analysis of incidence of data. He/she assists the hospital epidemiologist and IPC officers in generating reports of analyzed data for the following surveillance: Hand Hygiene Compliance, Healthcare Associated Infections, outbreaks and reportable communicable diseases, Care Bundles Compliance, Water Analysis, MDROs.

4. Antimicrobial Stewardship:

- a. As a member of the Antibiotic Review Board, fellows help in the preparation of the MMC antibiogram and make antibiotic recommendations in the daily approval of Antimicrobial Request Forms for Monitored and Restricted Drugs and implement hospital and AMS Committee policies on 7th day Automatic Stop for Antimicrobials and 24 hour Surgical Antibiotic Prophylaxis.

X. COMPETENCIES OF THE FELLOWS

A. First Year Fellow

The first year fellow is expected to possess clinical competence demonstrated through complete history-taking, performance of a thorough physical examination, accurate assessment and differential diagnosis, and based on these, be able to give appropriate management. He/She should be able to request appropriate and necessary diagnostics based on his/her clinical assessment and prescribe appropriate antibiotics.

B. Second Year Fellow

The second year fellow shall supervise the junior fellow in the performance of their duties and effectively impart to them his/her medical knowledge and good clinical judgment. Being part of the hospital Infection Control Committee, he/she is in charge of the antibiotic approval and must practice judicious antibiotic use.

XI. LEVELS OF SUPERVISION

(Will retype this from physical manual available in CTTM)

XII. PERFORMANCE EVALUATION

A. Evaluation Process

1. A fellow will be evaluated by the consultants on a monthly basis. All impressions will be reviewed directly with the fellow. See Appendix for evaluation forms.

B. Documentation Procedure

First Year Fellow

Passing Grade is 70% and above.

1st Year	
Clinical Rotation	40%
Case Presentation	20%
Research (research question, literature search, literature review, protocol)	15%
Examinations	20%
Laboratory (MMC)	5%
	100%

Second Year Fellow

Passing Grade is 70% and above.

2nd Year	
Clinical Rotation	40%
Case Presentation	15%
Research (research question, literature search, literature review, protocol)	20%
Examinations	20%
Laboratory (RITM)	5%
	100%

C. Examinations

Written and practical examinations are given yearly during December. Additional exams may be given as deemed necessary by the training officer.

D. Promotion to the Next Level of Training/Graduation

The fellow is qualified for promotion if he/she has at least a satisfactory evaluation during his/her rotation. The first year must have submitted a research protocol for his/her prospective research for the 2nd year level. He/she must also pass the written and practical examination given during training.

The Letter of Promotion of the fellow signed by the Section Head and Training Officer is submitted to Medical Education and Research Department before the end of the training period.

The fellow is qualified for graduation if he/she has met the requirements of the Section for completion of fellowship training. He/she should be deemed competent in the diagnosis and management of infectious diseases as required in the PSMID list of competencies. The fellow should be well-versed in basic infection control practices, surveillance and analysis. He/she should have met the requirements for the laboratory rotation as stated. He/she should have passed two (2) papers to the Section of Infectious Diseases

An additional requirement for graduation by the Makati Medical Center's Medical Education and Research Division includes the submission and presentation of one research paper in the Annual Fellows' Research Presentation held by the institution.

E. Dismissal, suspension, extension of training, non-reappointment, appeals

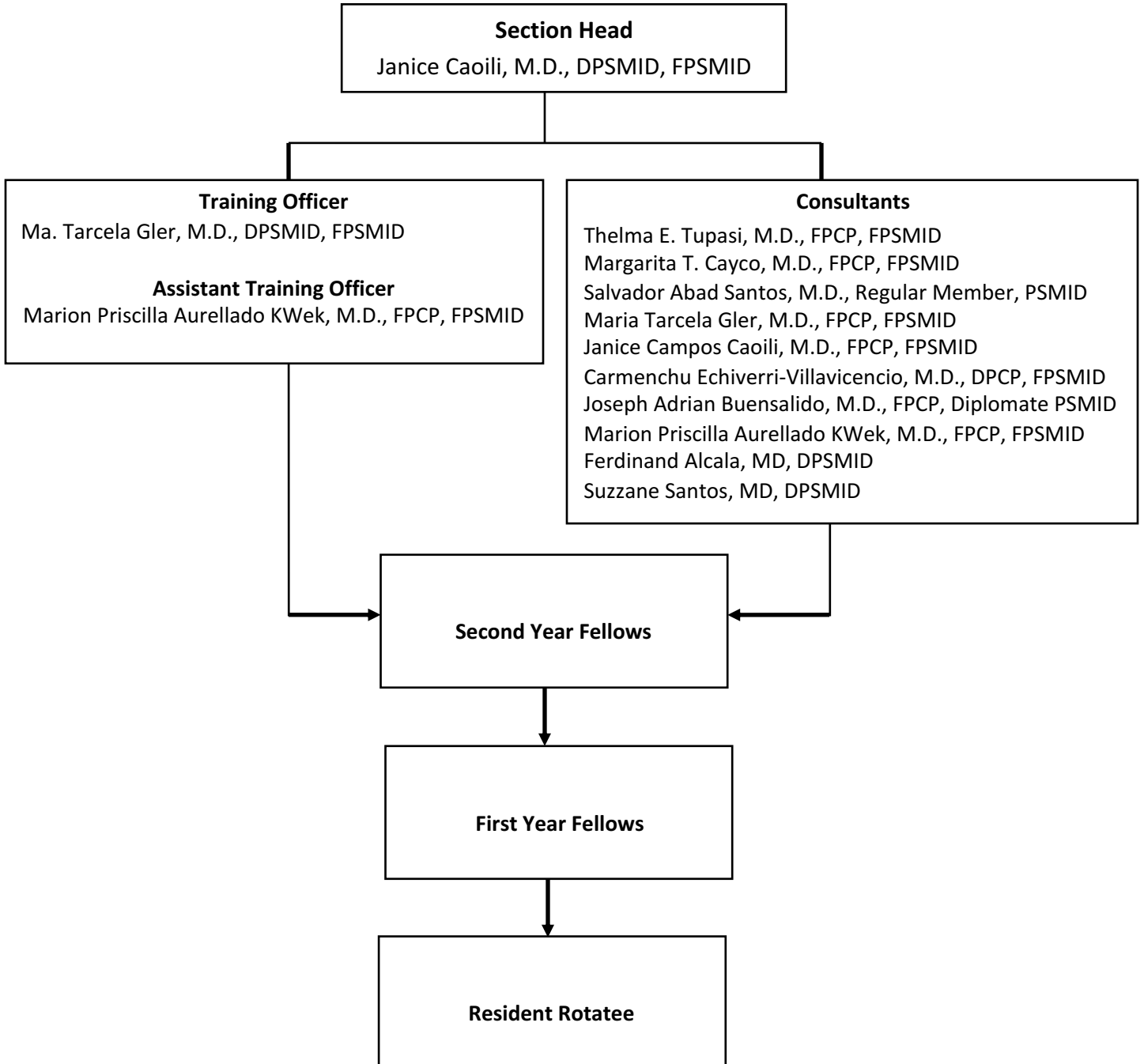
All newly-hired employees/house staff must undergo orientation on the MMC Code of Discipline upon hiring or acceptance to residency or fellowship training program. He/she must be provided with a copy of the MMC Code of Discipline. For policies regarding dismissal, suspension, extension of training, non-reappointment and appeals, please refer to MERD Training Manual and MMC Code of Conduct Rev. 2014.

F. List and Number of Cases Required by PSMID

The following are the required number of cases by PSMID

1. One fellow: 20 in-patients (1:20) per month
2. There must be a minimum of 10 OPD and ER infectious diseases consultations per month – or a total of 120 for one year

TABLE OF ORGANIZATION



XII. REGULAR DEPARTMENTAL/INTERDEPARTMENTAL ACTIVITIES

- A. Mortality and Morbidity Audit: quarterly as scheduled
- B. Journal Report: every Saturday of the month
- C. PPRISM: every 2 months
- D. Quarterly HIV/AIDS Core Team (HACT) Meeting
- E. Monthly Infection Control Committee (ICC) Meeting
- F. Other conferences including research and education are held in conjunction with PSMID activities

Reviewed and Approved by:

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Internal Medicine

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Chief of Section

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Training Officer

APPENDIX A.
GUIDELINES FOR FOCUSED INTERVIEWING FOR FELLOWS
Section of Infectious Diseases

GOAL: To evaluate the applicant based on specific performance and behavioral dimensions

1. ENDURANCE AND LOYALTY

- Refers to the ability to handle difficulties, discouragement and boredom
- Also refers to a person's "staying power" at a job without his performance slackening

2. MOTIVATION

- Refers to the level of motivation of a person in maintaining his level of job productivity
- Internally driven

3. STRESS TOLERANCE

- Capability to cope with failure
- Ability to rebound effectively
- Stability of performance even under pressure

4. DEFERENCE

- Respectful and courteous
- Amenable to suggestions and corrections and respects authority

5. INTERPERSONAL RELATIONSHIP

- Refers to the person's ability to be at ease with others; capacity for tolerance and understanding of other people and their human weaknesses; gets along with peers, juniors and supervisors
- Sensitive to the needs of the underprivileged, elderly and handicapped

6. PROJECTION

- Refers to the degree of self-awareness of the person in relation to strengths and weaknesses; personableness, composure and refinement of manners; composure and refinement of manners; neat appearance, well groomed.

On the questionnaire

- Please feel free to ask additional questions

APPENDIX B

INTERVIEW SCORE SHEET

Name: _____

Date: _____

1. ENDURANCE PLAN TO COMPLETE TRAINING

20%

a. Why did you choose Infectious Diseases for your subspecialty training?		
b. What do you consider the most demanding aspect of your medical training?		
c. What activities/extracurricular activities are you involved in and to what extent do you participate?		
d. How do you see yourself 10 years from now?		
e. Where do you plan to practice?		
	Total	

2. MOTIVATION

20%

a. Name three people who most influence you to be what you are today and in what way?		
b. What characteristics do you admire most in these people?		
c. What could make you persist in the face of setbacks?		
	Total	

3. STRESS TOLERANCE

15%

a. When would you consider yourself overloaded? How do you usually deal with that?		
b. What conditions do you usually consider frustrating? How do you usually deal with that?		
c. Which of the following usually helps you cope with stressful conditions: physical rest/emotional support/change of scenery? Give an example from your personal experience.		
	Total	

4. DEFERENCE

15%

a. How do you usually handle obnoxious people?		
b. How do you deal with – a senior/a consultant/a nurse/ patient's family members – who questions what you are doing?		

c. How important is deference to a senior/consultant/a nurse/ patient's family members in the execution of your duties?		
d. When and what would make you defer to the authority of others and when and what would make you firm on your stand?		
	Total	

5. INTERPERSONAL RELATIONSHIPS

15%

a. What types of people do you like to work with? What types of people do you like to relax with?		
b. What behaviors of co-workers can irritate you?		
c. How do you deal with difficult people?		
	Total	

6. APPLICANT'S PROJECTION

15%

a. Self-expression (clarity of speech; manner of delivery)		
b. Appearance: carriage/neatness		
c. Personality: amiable/detached/reserved/hostile/indifferent/nervous/anxious		
	Total	

**APPENDIX C:
EVALUATION FORMS**

**MAKATI MEDICAL CENTER
SECTION OF INFECTIOUS DISEASES
CLINICAL PERFORMANCE AND EVALUATION FORM**

FELLOW: _____ DATE OF ROTATION _____
EVALUATOR: _____

I. PATIENT ROUNDS (85%)	
a. Able to present pertinent clinical data including relevant epidemiologic history (10%)	
b. Able to discuss the appropriate differential diagnoses (10%)	
c. Able to discuss the diagnostic options and obtain appropriate specimens as needed (10%)	
d. Able to discuss therapeutic options (10%)	
e. Able to formulate a cost effective management plan (10%)	
f. Able to recommend proper infection control measures deemed necessary for the patient's condition (10%)	
g. Able to interpret laboratory findings and correlate with the clinical course of the patient (10%)	
h. Able to decide and provide timely recommendations during the clinical course of the patient (15%)	
II. CLINICAL PRECEPTORSHIP (15%)	
a. Able to teach and supervise interns and residents	
TOTAL SCORE	

MAKATI MEDICAL CENTER
SECTION OF INFECTIOUS DISEASES
CASE CONFERENCE EVALUATION SHEET

1. Content and Presentation (Statement of Objectives, Clarity of History and Physical Examination, Clarity of Visual Aids and Skill of Presentation)	20%	
2. Analysis and Integration of Data (Final Diagnosis, Differential Diagnosis, Rationale for Management and Plans)	40%	
3. Theoretical application (Discussion of Pathophysiology and Relevant Journal Report)	20%	
4. Learning objectives adequately met	20%	
	TOTAL GRADE: _____	

MAKATI MEDICAL CENTER
SECTION OF INFECTIOUS DISEASES
MANDELL HOUR EVALUATION SHEET

1. Content and Presentation (Statement of Objectives, Clarity of Visual Aids and Skill of Presentation)	20%	
2. Discussion	40%	
3. Clinical correlation	20%	
4. Learning objectives adequately met	20%	
	TOTAL GRADE: _____	

MAKATI MEDICAL CENTER
SECTION OF INFECTIOUS DISEASES
JOURNAL PRESENTATION EVALUATION SHEET

1. Content and Presentation (Statement of the Objectives, Methods of the Study)	20%	
2. Analysis and Integration of Data (Explanation of Data gathered and generation of conclusions)	40%	
3. Merit of the Paper (Clinical Relevance, Timeliness of article)	20%	
4. Learning objectives adequately met	20%	
	TOTAL GRADE: _____	

**MAKATI MEDICAL CENTER
SECTION OF INFECTIOUS DISEASES
Laboratory Rotation Checklist**

Date of Rotation: _____

Laboratory Procedures/Skill	Date	Supervisor	Remarks/Evaluation
1. Wet Mount (saline, KOH, India Ink)			
2. Gram Stain			
3. Special Stains (AFB, Geimsa, Wright)			
4. Culture (aerobic, Anaerobic, TB, Fungal)			
5. Antimicrobial Susceptibility (Disc Diffusion test, E. Test, MIC and MBC test)			
6. Immunology and serology			
7. Molecular (PCR)			

Noted by:

APPENDIX D.
House Staff Research Papers Completed 2010-2017

CY 2010-2012

Year level	Name of House Staff	Name of Co-Authors	Title	Remarks
Second Year	Carmen chu-Echiverri-Villavicencio, MD, DPSMID		-Hepatitis B, Hepatitis C, HIV and Syphilis Prevalence Among Blood Donors Screened in Makati Medical Center	
Second Year	Carmen chu-Echiverri-Villavicencio, MD, DPSMID	Dr. T. Gler Dr. J. Caoili	-Adverse Events Among Healthcare Workers of Makati Medical Center after Influenza A (H1N1) Vaccination	
Second Year	Julius Jay Ancheta, MD	Dr. Salvador Abad-Santos	-Influenza A (H1N1) Surveillance Report in a Private Hospital in the Philippines-The Makati Medical Center Experience	

CY 2011-2013

Year level	Name of House Staff	Name of Co-Authors	Title	Remarks
First Year	Marion Aurellado-Kwek, M.D.	Ma. Tarcela Gler, M.D.	Outbreak Report of <i>C. Difficile</i> Infection at the Surgical Intensive care Unit of a Tertiary Hospital in the Philippines, May 2011	
Second Year	Lilly Faye Salindong, MD	Dr. J. Caoili, MD	Community-Acquired Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) and Hospital Acquired MRSA in Makati Medical Center	
Second Year	Marion Aurellado-Kwek, M.D.	Ma. Tarcela Gler, M.D.	A Descriptive Analysis of Antibiotic Administration among Septic Patients Admitted at the Emergency Room	

CY 2013-2015

Year level	Name of House Staff	Name of Co-Authors	Title	Remarks
Second Year	Ferdinand Alcala, M.D.	Dr. T. Gler	Effect of Daily Chlorhexidine bathing on hospital Acquired Blood Stream Infection	3 rd Place Fellows Research Paper Presentation April 2015
Second Year	Kate Leslie Ann Navarro, M.D.	Dr. T. Gler	Predictors of Good Outcome after One Year of Antiretroviral Therapy among Patients Diagnosed with HIV at Enrolled at the Treatment Hub of Makati Medical Center from January 2006 to January 2014	2 nd Place Fellows Research Paper Presentation April 2015

CY 2015-2016**CY 2013-2015**

Year level	Name of House Staff	Name of Co-Authors	Title	Remarks
Second Year	Ruth Doligon M.D.	Will fill up		

CY 2015-2017

Year level	Name of House Staff	Name of Co-Authors	Title	Remarks
Second Year	Therese Angeli Sy M.D.	Will fill up		

APPENDIX E. PERFORMANCE EVALUATION OF HOUSE STAFF 2010-2015

CY 2010-2011

Year Level	Name of House Staff	Final Grade	Status	Remarks
First Year	Lilly Faye Salindong, MD	Passed	Promoted to Second Year	

CY 2011-2012

Year Level	Name of House Staff	Final Grade	Status	Remarks
First Year	Marion Aurellado-Kwek, M.D.	Passed	Promoted to second year	1 st Place PSMID Star quiz 2011
Second Year	Lilly Faye Salindong, MD	Passed	Resigned (October 2011)	

CY 2012-2013

Year Level	Name of House Staff	Final Grade	Status	Remarks
Second Year	Marion Aurellado-Kwek, M.D.	Passed	Graduated April 2013	1 st Place PSMID Star quiz 2012 2 nd Place Grand PPRSIM 2012

CY 2013-2014

Year Level	Name of House Staff	Final Grade	Status	Remarks
First Year	Ferdinand Alcala, M.D.	Passed	Promoted to Second Year	
First Year	Kate Leslie Ann Navarro, M.D.	Passed	Promoted to Second Year	

CY 2014-2015

Year Level	Name of House Staff	Final Grade	Status	Remarks
Second Year	Ferdinand Alcala, M.D.	Passed	Graduated March 2015	
Second Year	Kate Leslie Ann Navarro, M.D.	Passed	Graduated March 2015	

CY 2014-15

Year Level	Name of House Staff	Final Grade	Status	Remarks
First Year	Ruth C. Doligon, MD		Promoted to Second Year	
First Year	Joam Malapajo		Promoted to Second Year	

CY 2015-16

Year Level	Name of House Staff	Final Grade	Status	Remarks
First Year	Therese Angeli Sy, MD		Promoted to Second Year	
First Year	Gerald B. Natanauan, MD		Promoted to Second Year	
Second Year	Ruth C. Doligon, MD		Graduated	
Second Year	Joam Malapajo		Resigned Feb 2016	

CY 2016-17

Year Level	Name of House Staff	Final Grade	Status	Remarks
First Year	Sixto Ramon Marella, MD		Promoted to Second Year	
Second Year	Gerald B. Natanauan, MD		Resigned	
Second Year	Therese Angeli Sy		Graduated May 2018	

**APPENDIX F. LIST OF SPECIALIST GRADUATES AND TRAINEES FROM MAKATI MEDICAL CENTER
INFECTIOUS DISEASES FELLOWSHIP TRAINING PROGRAM**

Fellows	Years	Year Passed PSMID Diplomate Exam	Year Took Oath as PSMID Fellow	Present Status
Marivyl Javato, MD	1987-1988			Internist, MA, USA
Rebecca Littaua, MD	1987-1988			ID Consultant, VA, USA
Maria Lourdes Gomes-Gozali, MD	1988-1989	1996		Pedia ID consultant , MMC
Mamerto G. Garvez, MD	1989-1990			SPC Consultant. HIV
Vilma Martinez-Co, MD	1991-1992	1995	1995	Chairman, ID Section, MMC
Ellamae M. Sorongon, MD	1993-1994	1996	1998	ID consultant, Iloilo
Evelyn T. Alesna, MD	1995-1997	1999	2001	ID consultant, Cebu City
Maria Imelda D. Quelapio, MD	1996-1998	1999	2001	WHO consultant, MDR-TB
Maria Lourdes A. Villa, MD	1997-1999	2000	2006	ID consultant, Batangas
Carmel A. Rivera, MD	1998-2000			
Faith D. Villanueva, MD	1999-2001	2013	2015	ID consultant, Cebu City
Gamaliel Garcia, MD	2002-2004	2006	2009	ID consultant, Siliman University
Ma. Tarcela S. Gler, MD	2002-2004	2006	2009	ID consultant, MMC
Carmenchu Echiverri-	2008-2011	2012	2015	ID consultant,

Villavicencio				MMC
Julius Jay Ancheta	2009-2011			ID consultant, Laguna
Lilly Faye Salindong	2010-2011			Resigned
Marion Aurellado-Kwek	2011-2013	2013	2015	ID consultant, MMC
Ferdinand Alcala	2013-2015	2015	2017	ID consultant, SLMC-GC
Kate Leslie Navarro	2013-2015	2015	2017	ID consultant, TMC Pangasinan
Aileen Davis Costa-Merioles	2014-2015			Resigned
Ruth Doligon	2015-2017	2017		ID Consultant ACE Medical Pateros, VRP Medical Hospital
Joam Malapajo	2015-2017			Resigned
Gerald Natanauan	2016-2018			Resigned
Therese Angeli Sy	2016-2018			Graduated May 2018
Sixto Ramon Marella	2017-2019			Fellow-in-training

APPENDIX G. SCHEDULE OF TEACHING ROUNDS

DATE	TIME	VENUE	ACTIVITY
Wednesdays	1100H-1200H	CTTM	MANDELL HOUR
Every Saturday of the Month	0900H-1000H	CTTM	Journal Club
3 rd Friday of the Month (Quarterly)	1200H-1300H	CTTM	MORBIDITY AND MORTALITY CONFERENCE
2 nd and 4 th Friday of the Month	1200H-1300H	IPCU	ID CONFERENCE
Everyday Friday	1300-1600H	OPD Tower 3	HSP-OPD Clinic
Every 3 rd Wednesday	1000H-1200H	Tower 2 EENT Conference Room	Infection Control Committee

APPENDIX H. LIST OF TRAINORS

1. Thelma E. Tupasi, M.D., FPCP, FPSMID
2. Margarita T. Cayco, M.D., FPCP, FPSMID
3. Salvador Abad Santos, M.D., Regular Member, PSMID
4. Maria Tarcela Gler, M.D., FPCP, FPSMID
5. Janice Campos Caoili, M.D., FPCP, FPSMID
6. Carmenchu Echiverri-Villavicencio, M.D., DPCP, FPSMID
7. Joseph Adrian Buensalido, M.D., FPCP, Diplomate PSMID
8. Marion Priscilla Aurellado KWek, M.D., FPCP, FPSMID

Visiting consultants:

1. Ferdinand Alcala, MD, DPSMID
2. Suzzane Santos, MD, DPSMID

APPENDIX I.

MEMORANDUM OF AGREEMENT WITH RESEARCH INSTITUTE FOR TROPICAL MEDICINE

MEMORANDUM OF AGREEMENT FOR AFFILIATE INFECTIOUS DISEASE FELLOWS

This Memorandum of Agreement (hereafter Agreement) made and entered into this 28th of October 2014 by and between:

MEDICAL DOCTORS, INC. (MAKATI MEDICAL CENTER), a corporation duly organized and existing under the laws of the Philippine, with business address at No. 2 Amorsolo Street, Makati City, represented herein by its **Medical Director, BENJAMIN N. ALIMURUNG, M.D.**, hereinafter referred to as "**MMC**";

-and-

RESEARCH INSTITUTE FOR TROPICAL MEDICINE ("RITM"), a hospital complex research institute and a principal research arm of the Department of Health, with office address along Department of Health Compound, Filinvest Corporate City, Alabang, Muntinlupa City, represented herein by its **Director, SOCCORO P. LUPISAN, M.D.**, hereinafter referred to as "**RITM**".

WITNESSETH:

WHEREAS, RITM is a research institution and hospital specializing in the diagnosis of infectious and tropical diseases especially those of public health concern, with special laboratories on Parasitology, Bacteriology, Virology and Immunology among others.

WHEREAS, MMC, a private hospital, having been accredited to implement Fellowship Training Program, is desirous to improve its existing set-up, more particularly in the field of infectious disease.

WHEREAS, there is a strong concomitant need to train medical specialists to promote medical and scientific research relative to the prevention and treatment of infectious diseases.

WHEREAS, in line with the principle of reciprocity, MMC and RITM have deemed it practicable and advantageous to establish a system of working relationship in the subspecialty of infectious disease to enhance the efficiency of both institutions in health education, training and health care delivery for the benefit of the general public.

WHEREAS, RITM is willing to admit MMC while MMC is willing to participate in the RITM's laboratory rotation, subject to the rules and regulations and policies of RITM as may now be existing or may hereafter be promulgated.

NOW THEREFORE, for and consideration of the above premises, the RITM and MMC mutually agree on the following:

ARTICLE I- STATEMENT OF OBJECTIVE

This Agreement seeks to provide suitable mechanics by which assignment, training and rotation of fellow trainees from the MMC to RITM can be rationally effected. Specifically, the objectives of this agreement of this are:

SECTION 1- To provide a functional system of coordination whereby affiliate fellow trainees can be taught and trained in the Section of Infectious Disease.

SECTION 2- To help in the education, training and development of future subspecialist in the field of Infectious Disease.

SECTION 3- To maximize the use of existing resources of both institutions for training as well as for service.

SECTION 4- To fulfill the requirement imposed by the Philippine Society of Microbiology and Infectious Disease on the fellow trainee of MMC with regard to rotations in special units.

ARTICLE II- OBLIGATION OF RITM

RITM shall readily make available its staff and facilities in the training of fellow trainees of MMC which will not exceed one (1) at any time. It shall be the responsible of Laboratory Research Division for the following:

SECTION 1- It shall readily make available its staff and facilities in the training of Fellow Trainees of MMC.

SECTION 2- It shall exercise actual supervision, guidance and training of Fellow Trainees assigned to it.

SECTION 3- It shall determine the schedule of duties and other assignments of Fellow Trainees during the course of his/her training; specifically, this shall include time and schedule of lectures, assignment of subject patients, working relationship with the superiors and with other coworkers in the hospital.

SECTION 4- It shall determine the content of the course, the instruction materials that may be needed and the patients who could serve as subject cases for the study.

SECTION 5- It shall exercise administrative control of the Fellow Trainees jointly with MMC.

SECTION 6- For poor performance, RITM reserves the right to terminate the training of a fellow after proper notification of the concerned trainee and MMC.

SECTION 7- It reserves the right to dismiss a trainee for misdemeanor, improper behavior, non-observance of MMC's regulations and policies and other causes in the course of his/her stay at the hospital. Furthermore, it shall not be held liable for any and all acts of the trainee that may constitute a violation, be it civil or criminal.

ARTICLE III- OBLIGATION OF MMC

SECTION 1- It shall allow travel and send to RITM fellow trainees in Infectious Disease for training;

SECTION 2- it shall assist RITM in exercising administrative control over the fellow trainees

SECTION 3- it shall advise the fellow trainees to comply with the rules and regulations of MMC such as but not limited to the following:

- a. 2nd year Infectious Disease fellows of the MMC will rotate for two (2) months every year.
- b. He will be assigned under Clinical Research Division.
- c. He will follow the working hours assigned to him as approved by both parties.
- d. He will rotate in special laboratories in parasitology, bacteriology, virology, immunology, entomology and animal laboratory under the supervision of a consultant or laboratory staff at all times.
- e. He will attend and participate in the conferences, lectures, and all other didactic and clinical activities of both institutions.
- f. He will take examinations given by the host department.
- g. At the end of the rotation, the consultants of the host department will evaluate the Fellow.
- h. A training officer shall be assigned by RITM to see that the term of his contract is enforced and to oversee the activities of the fellow trainees.
- i. The Training Officer shall give recommendations, suggestions and assessments pertaining to the on-going or future rotation at MMC.
- j. Wherefore, in the interest of mutual benefit for both institutions, the MMC agrees to offer the services of the fellow trainees, free of any compensation, to the indigent patients of RITM.

ARTICLE IV- DAMAGE AND INJURY

In the event of damage or losses to RITM's equipment and materials, the Fellow Trainees to which such are assigned shall be held responsible, unless it could be shown upon proper investigation that he/she was not negligent. This shall be settled on/or before the expiration of his/her training period at RITM.

Further, in case of physical injury to the Fellow Trainee while on tour of duty and within RITM's premises, the MMC shall reimburse the expenses incurred by RITM for initial and emergency treatment only. Subsequent treatment shall be for the account of the Fellow Trainee.

ARTICLE V- AFFILIATION RELATIONSHIP

It is hereby expressly agreed and understood that the relationship between RITM and the MMC's Fellow Trainee is purely and simply that of Trainor and Trainee without compensation, hence, there exist no employer-employee relationship between them. It is therefore a joint, non-profit cooperative venture with reciprocal assistance by the parties concerned to attain their mutual objectives.

ARTICLE VI- CONFIDENTIALITY

Each party agreed that it will, and will ensure that its employees, officers, and directors will hold in confidence all information, documentation, data or know-how disclosed to the other party ("Confidential Information"), and will not disclose to any third party or use Confidential Information or any part thereof without such other party's prior written approval.

The restrictions shall not apply, or shall cease to apply, to any part of the Confidential Information that: (i) is in the public domain other than by reason of a breach of this Agreement; (ii) was lawfully in the possession of the recipient party or any employee, officer, shareholder or director of the recipient party and not subject to any agreement permitting its disclosure at the time of the disclosure; (iii) was obtained by the recipient party in good faith from a third party lawfully entitled to disclose it; (iv) was required to be disclosed to governmental authorities, a non-governmental regulatory body having jurisdiction over either of the parties, a court of law, or arbitrators deciding a dispute hereunder pursuant to applicable law, regulation, or order issued by the arbitrators; provided however, that notice shall first be provided to the other party in time to contest the disclosure; or (v) was disclosed to an Affiliate, financial institutions, bona fide potential purchasers, consultants and contractors whose duties reasonably required such disclosure, provided that such other party shall first have agreed in writing not to disclose the relevant information to any other person for any purposes whatsoever.

The obligations under this provision, shall survive the expiry or termination of this Agreement, it being understood that either party shall be liable for damages in case this provision is breached.

MMC shall ensure that it shall maintain true and correct records in connection with services to be supplied under this Agreement and all related transactions and retain all such records for at least six (6) months after expiration or termination of this agreement for any reason.

ARTICLE VII – EFFECTIVITY OF AGREEMENT

This agreement shall take effect upon approval by both parties and will be binding for a period of three (3) years.

This Agreement contains the entire agreement and understanding of the Parties concerning the subject matter herein, and supersedes and replaces any prior negotiations, communications, representations and agreements between the parties, whether writer or oral between the parties with respect to the subject matter hereof.

ARTICLE VIII- AMMENDMENT AND TERMINATION

This agreement may be revoked, amended or terminated as the need for it arises with the consent of both parties, upon thirty (30) days notice in writing

ARTICLE IX- SEPARABILITY CLAUSE

If any one or more of the provisions of this Agreement is declared invalid or unenforceable, the validity, legality or enforceability of the remaining provisions contained herein shall not in any way be affected or impaired.

IN WITNESS WHEREOF, the parties hereunto affixed their signatures at the City of Makati on this February 28, 2014.

MEDICAL DOCTORS, INC.

By:

**RESEARCH INSTITUTE FOR
TROPICAL MEDICINE**

By:

BENJAMIN N. ALIMURUNG, M.D.
Medical Director

SOCORRO P. LUPISAN, M.D
Director

SIGNED IN THE PRESENCE OF:

DENNIS DAMASO, M.D.
Chair
Medical Education and Research Division

MARI ROSE A. DELOS REYES, M.D.
Officer-in-Charge
Clinical Research Division

JANICE C. CAOILI, M.D.
Chief
Section of Infectious Disease

MANOLITO L. CHUA, M.D.
Officer-in-Charge
Medical Department

ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES) S.S

MAKATI CITY)

BEFORE ME, a Notary Public, for and in the above jurisdiction, personally appeared the following:

Name	Evidence of Identity	Date/Place Issued
Benjamin N. Alimurung	PRC No. 39223	Manila

known to me and to me known to be the same person who executed the foregoing instrument and he acknowledged to me that the same is his own free and voluntary act and deed, and the free and voluntary act and deed of the corporations he represents.

WITNESS MY HAND AND SEAL.

Doc No. _____;

Page No _____;

Book No. _____;

Series of 2014.

ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES) S.S

MAKATI CITY)

BEFORE ME, a Notary Public, for and in the above jurisdiction, personally appeared the following:

Name	Evidence of Identity	Date/Place Issued
Socorro Lupisan, MD		

known to me and to me known to be the same person who executed the foregoing instrument and she acknowledged to me that the same is her own free and voluntary act and deed, and the free and voluntary act and deed of the corporations she represents.

WITNESS MY HAND AND SEAL.

Doc No. _____;

Page No _____;

Book No. _____;

Series of 2014.