



**CMSA**

**PORTFOLIO OF LEARNING**

Certificate in Infectious Diseases

of the

College of Physicians of South Africa

**Cert ID(SA) Phys**

Name: \_\_\_\_\_

University: \_\_\_\_\_

HPCSA Training Post Number: \_\_\_\_\_

Date appointed: \_\_\_\_\_

# PORTFOLIO OF LEARNING

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**Additional pages and supporting documentation should be attached, as necessary.**

Please read the Regulations and Curriculum for the Cert ID(SA)Phys examination at the start of training – details are available on the CMSA website or a hard copy can be obtained from the CMSA office or your Programme Supervisor.

# SECTION 1

## CERTIFICATION OF 6 MONTHLY PORTFOLIO REVIEW

<b>Date of Formative Assessments/Portfolio Review</b>	<b>Signature of Supervisor</b>	<b>Signature of Candidate</b>	<b>Comment</b>

## **SECTION 2**

### **ELECTRONIC LINK TO COLLEGE REGULATIONS**

[http://www.collegemedsa.ac.za/force\\_download.aspx?documentid=191&Name=Cert ID\(SA\) Phys Regulations](http://www.collegemedsa.ac.za/force_download.aspx?documentid=191&Name=Cert ID(SA) Phys Regulations)



**SECTION 4**  
**CANDIDATE DETAILS**

SURNAME:.....

FIRST NAMES:.....

ID NUMBER:.....

HPCSA NUMBER:.....

TRAINEE POST NUMBER:.....

WORK ADDRESS: .....

.....

.....

RESIDENTIAL ADDRESS:.....

.....

.....

PREFERRED POSTAL ADDRESS: .....

.....

.....

EMAIL ADDRESS:.....

TELEPHONE NUMBER: (Work):.....(Home):.....

CELLPHONE NUMBER:.....

FAX NUMBER: .....

**UNDERGRADUATE MEDICAL QUALIFICATIONS**

UNIVERSITY: ..... YEAR:.....

**INTERNSHIP**

HOSPITAL: ..... YEAR:.....

**COMMUNITY SERVICE**

HOSPITAL: ..... YEAR:.....

**EMPLOYMENT HISTORY**

INSTITUTION: ..... YEAR:.....

INSTITUTION: ..... YEAR:.....

INSTITUTION: ..... YEAR:.....

**OTHER REGISTERABLE POST-GRADUATE QUALIFICATIONS**

DIPLOMA/DEGREE: ..... YEAR:.....

INSTITUTION: .....

DIPLOMA/DEGREE: ..... YEAR:.....

INSTITUTION: .....

DIPLOMA/DEGREE: ..... YEAR:.....

INSTITUTION: .....

**RELEVANT DETAILS / EXPERIENCE RELATING TO ADULT INFECTIOUS DISEASES**

Prior to commencement of Cert ID(SA) Phys training

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.....  
.....  
.....  
.....

## SECTION 5

### LABORATORY TRAINING

#### Record of Laboratory Procedures

For all the processes / procedures listed, the most important component is understanding the principles of the test, and the limitations of the test. Candidates are NOT expected to be competent to perform the tests in a laboratory setting. While performing the tests in a training environment will most probably facilitate understanding of the principles, the listed recommendations of how many tests to perform and/or observe is meant to be a guideline. Refer to appendix B of the Regulations for admission to the Examination for the sub-specialty Certificate in Infectious Diseases of the College of Physicians of South Africa.

#### 1.0 Bacterial identification and susceptibility testing:

Procedure	Requirement	Trained by	Date
Perform and read Gram stain	Perform minimum 10 Including complicated plates		
Reading plates (macroscopic description and identification of bacterial colonies)	Perform minimum 10		
Bacterial identification: Catalase, DNase, oxidase, sugars	Understand principles,		
Bacterial identification: automated methods	Understand principles, observe at least 5		
Antimicrobial susceptibility testing methods: Prepare and interpret E test	Perform minimum 5		
Disc diffusion	Perform minimum 5		
Cut off plate	Understand principles		
Broth dilution	Understand principles		
Hodge test (carbapenemase production)	Understand principles		
ESBL identification	Understand principles		
Automated sensitivity	Understand principles		



## 2.0 Specimen processing

Procedure	Requirement	Trained by	Date
Sterile specimen collection	Understand principles		
Automated blood culture systems	Understand principles		
Process positive blood culture bottle	Perform minimum 5		
Process sputum specimen (smear, Bartlett score, inoculate plates)	Perform minimum 5		
Process CSF specimen (gram, cell count, inoculate plates)	Perform minimum 5		
Process stool specimen (Wet prep, iodine stain, auramine stain, inoculate plates)	Perform minimum 5		
Process urine specimen (microscopy cell count, inoculate plates)	Perform minimum 5		
Process pus swabs (gram, inoculate plates)	Perform minimum 5		
Process fungal cultures (inoculate plates; macroscopic description of colonies; microscopy)	Perform minimum 5		

## 3.0 TB specimens

Procedure	Requirement	Trained by	Date
Ziehl Neelsen stain and microscopy	Perform minimum 5		
Auramine stain and microscopy	Perform minimum 5		
Process specimen for culture (including decontamination)	Understand principles, observe at least 5		
Process specimen for molecular testing (GeneXpert, line probe assay)	Understand principles		
Interpret results of TB molecular tests	Understand principles, observe at least 10		
TB phenotypic sensitivity testing	Understand principles, observe at least 5		
Identification of non-tuberculous mycobacteria (phenotypic appearance and PCR testing)	Understand principles		

#### 4.0 Molecular Biology Methods

Procedure	Requirement	Trained by	Date
Nucleic Acid Extraction Manual (manual and automated)	Understand principles, and troubleshooting		
Preparation of master mixes	Understand principles, and troubleshooting		
Use of thermal cyclers	Understand principles		
Gel Electrophoresis	Understand principles, and troubleshooting		
Real-Time PCR	Understand principles, and troubleshooting		
Sequence analysis	Understand principles		
HIV drug resistance testing	Understand principles		
Molecular typing of organisms	Understand principles		
Multiplex PCR	Understand principles		

#### 5.0 Serology

Procedure	Requirement	Trained by	Date
Syphilis serology – perform and interpret RPR, immunofluorescent assays	Perform minimum 5 and troubleshooting		
Automated ELISA - indications, interpretation of results	Understand principles, observe at least 5		
Manual ELISA – indications, interpretation of results	Understand principles, observe at least 5		
IgG avidity assays	Understand principles		
Rapid tests - immuno-chromatographic	Understand principles		
Rapid tests - particle agglutination	Understand principles		

## 6.0 Virology

Procedure	Requirement	Trained by	Date
Automated HIV PCR testing	Understand principles, and troubleshooting		
Automated HIV viral load testing	Understand principles, and troubleshooting		
EBV / CMV viral load	Understand principles		
CMV pp65 antigenaemia	Understand principles		
Virus culture, identification by cytopathic effect	Understand principles		
Virus identification/typing by neutralisation	Understand principles		
Antibody detection by neutralisation	Understand principles		
Virus storage/ retrieval	Understand principles		
Influenza typing by HAI	Understand principles		

## 7.0 Immunology laboratory

Procedure	Requirement	Trained by	Date
Lymphocyte subset analysis	Understand principles, and interpretation		
Total immunoglobulins and subclasses	Understand principles		
Neutrophil burst test	Understand principles		
Serum protein electrophoresis	Understand principles		
Total complement, individual component assay	Understand principles		

## 8.0 Laboratory safety and management

Skill	Trained by	Date
Biosafety levels, safe handling of samples from a patient with suspected or proven viral haemorrhagic fever		
Decontamination of environment following a spill		
Safe handling of sharps, human material, hazardous waste		
Quality assurance and laboratory accreditation		

## 9.0 Infection Control and Prevention

Skill	Trained by	Date
Investigation of an outbreak / unusual cluster of cases		
Transmission based precautions, hand hygiene		
Principles of disinfection and sterilization		
Visit sterilization unit		
Visit hospital kitchen / milk kitchen		
Antibiotic stewardship / analysis of bacterial susceptibility surveillance data		

## SECTION 6

### CERTIFICATION OF LABORATORY TRAINING

#### 1.0 Microbiology (Including Immunology)

I, .....(Head: Department of Microbiology)  
hereby declare that the candidate .....  
has satisfactorily completed his/her laboratory training, from .....  
to ..... as required for the CertID(SA) Phys.

Date: .....

.....

Signature

#### 2.0 VIROLOGY

I, .....(Head: Department of Virology) hereby  
declare that the candidate ..... has  
satisfactorily completed his/her laboratory training, from .....  
to ..... as required for the CertID(SA) Phys.

Date: .....

.....

Signature

### 3.0 INFECTION PREVENTION CONTROL (IPC)

I, .....(Head: Department of IPC) hereby declare  
that the candidate ..... has  
satisfactorily completed his/her  
IPC training, from ..... to ..... as  
required for the CertID(SA) Phys.

Date: .....

.....

Signature

## SECTION 7

### DETAIL OF CASES MANAGED

Provide information on a maximum of **ten** cases per disease-topic. The purpose is to demonstrate that complicated cases were managed and that an adequate spectrum of diseases was encountered. Refer to appendix A of the Regulations for admission to the Examination for the sub-specialty Certificate in Infectious Diseases of the College of Physicians of South Africa.

#### Examples of conditions

Fever of Unknown Origin	Pneumocystis pneumonia
Fever in immunocompromised host	Cryptococcosis
Hospital acquired Infection in the ICU	Herpes virus infections
Complicated Malaria	Cytomegalovirus infections
Rickettsial Infections	Complicated parvovirus infections
Leptospirosis	Cryptosporidiosis
Surgical infections	Influenza infections
Infective endocarditis	Hepatitis B
Osteomyelitis	Rabies
Septic arthritis	HIV drug resistance
Drug resistant tuberculosis	Post exposure prophylaxis
Typhoid fever	Travel advice

#### Cases managed

Condition Managed: eg **Fever of Unknown Origin**

Date seen	Patient Number	Age	Ward Number / Telephonic Consultation	Sex	Comment

## SECTION 8











## SECTION 10

### DECLARATION ON COMPLETION OF TRAINING

I, .....hereby do solemnly declare that all information contained in this PORTFOLIO OF LEARNING is a true and accurate record of my professional experience, education and training from ..... to ..... representing the period of training for the Cert ID(SA) Paed.

Signature of Candidate: .....

Name of Candidate: .....Date: .....

Trainee Number: .....

Signature: Head of Training Unit: .....

Name: .....Date: .....

Signature: Head of Academic Department:.....

Name: .....Date: .....