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| RACP2016_CMYK_withtag_OL | Advanced Training Committee in Infectious Diseases  Microbiology Logbook  This logbook should only be used as part of the 2020 COVID-19 interim requirement changes. The interim requirement changes will be reviewed in October 2020. |  |
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| |  | | --- | | **Purpose of the 2020 Microbiology Logbook** | | This logbook is for Infectious Diseases trainees who are currently undertaking a Microbiology rotation in 2020, and whose training has been impacted by COVID-19. This logbook **is not** an alternative for completing the required Microbiology training time. This logbook should only be used if your training has been negatively impacted by COVID-19 and it is available as an attempt to alleviate the additional burden the COVID-19 pandemic has placed on trainees.  This is a summative assessment. | | **Submission Process** | | 1. Complete the logbook with your nominated supervisors. You will also need to complete and submit an [Application for Special Consideration](https://www.racp.edu.au/docs/default-source/default-document-library/epre-special-consideration-application-guide-and-form.docx?sfvrsn=7775051a_17) with your logbook. Your application should outline why and how your training was impacted by COVID-19.   Email an electronic or clearly scanned copy to [InfectiousDiseases@racp.edu.au](mailto:InfectiousDiseases@racp.edu.au) before the 31 January 2021deadline. Supervisors must be copied into the submission email for their records.   1. Ensure you have saved a copy for your records.   The College retains the right to not certify training if the logbook is submitted after the specified deadline. If your logbook is submitted late, you must attach an [Application for Special Consideration](https://www.racp.edu.au/docs/default-source/default-document-library/epre-special-consideration-application-guide-and-form.docx?sfvrsn=7775051a_15). Trainees may also wish to submit a letter of explanation to support their application. Please note, all Applications for Special Consideration should be submitted to the College prior to the deadline and will be assessed against the criteria in the [Special Consideration for Assessment Policy](https://www.racp.edu.au/docs/default-source/default-document-library/special-consideration-for-assessment-policy.pdf?sfvrsn=efc3031a_16).  Trainees should refer to the [Progression Through Training Policy](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policy) for further details. | | **Privacy Legislation** | | The College may discuss the contents of this logbook with subsequent supervisors, where this is deemed necessary for support or assessment purposes. The College complies with the requirements of the national Privacy Act 1988 (Cwlth) (Australia) and the Privacy Act 1993 (New Zealand). This policy applies to all personal information collected, stored, used and disclosed by the College. Further details can be found [here](https://www.racp.edu.au/home/privacy). | |

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| *Please note, all nominated supervisors must complete the report and be copied into the email submission of this report.*  **TRAINEE DETAILS AND TRAINING POSITION** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Full Name of Trainee |  | | | | | |  | | | | | | | Logbook covers period | From |  | To | |  | | ***Training will not be certified without a Supervisor’s Report covering the entire period of supervision.*** | | *Date (dd/mm/yy)* | |  | *Date (dd/mm/yy)* | |  | | | | | | | Training position |  | | | | | | Hospital / Site |  | | | | | |  | | | | | | | Year of Advanced Training |  | | | | | |  | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Please indicate if the trainee undertook full time or part time training and the part time percentage:** | | | | | | | Full Time |  | Part Time |  | Part Time Percentage |  | |
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| **SUPERVISION DETAILS**   |  |  | | --- | --- | | Full Name of Supervisor |  | |  |  | | E-mail |  |  |  |  | | --- | --- | | Full Name of Supervisor |  | | E-mail |  | |
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**1. GENERAL LABORATORY SKILLS**

| **PROCEDURE** | **DATE** | **COMMENTS/DETAILS** | **SUPERVISOR’S INITIALS** |
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| **1.01 Receive a laboratory safety briefing** | | | |
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| **1.02 Receive a laboratory tour, including specimen reception and workflow through the lab** | | | |
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| **1.1 Inoculate specimens onto appropriate media** | | | |
| 1.1.1 Streak out broth from a positive blood culture bottle onto appropriate solid media (x5) | | | |
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| 1.1.2 Streak out a urine sample onto appropriate solid media (x5) | | | |
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| **1.2 Prepare a smear and perform a Gram stain (x5)** | | | |
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| **1.3 Examine a Gram stain containing common key organisms** | | | |
| 1.3.1 Staphylococci x 2 | | | |
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| 1.3.2 Streptococci x 2 | | | |
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| 1.3.3 Gram positive rods (any type) x 2 | | | |
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| 1.3.3 Gram negative bacilli x 4 | | | |
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| 1.3.4 Neisseria spp. x 2 | | | |
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| **1.4 Prepare and examine Wet Prep (x3)** | | | |
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| **1.5 Examine a mycobacterial stain (e.g. ZN or auramine) (x3)** | | | |
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| **1.6 Identify colony morphology of common bacteria on solid media (each x3)** | | | |
| 1.6.1 S.aureus | | | |
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| 1.6.2 Coagulase negative Staphylococci | | | |
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| 1.6.3 Beta-haem Strep | | | |
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| 1.6.4 S.pneumoniae | | | |
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| 1.6.5 Corynebacteria spp | | | |
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| 1.6.6 Bacillus spp. | | | |
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| 1.6.7 Other viridans-group Streptococci | | | |
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| 1.6.8 Listeria spp. |  |  |  |
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| 1.6.9 E.Coli | | | |
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| 1.6.10 Pseudomonas aeruginosa | | | |
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| 1.6.11 Serratia marcesens | | | |
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| 1.6.12 Proteus spp | | | |
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| **1.7 Observe and interpret basic biochemical tests (x3 each)** | | | |
| 1.7.1 Latex agglutination or tube coagulase | | | |
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| 1.7.2 Catalase |  |  |  |
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| 1.7.3 Oxidase |  |  |  |
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| **1.8 Observe full biochemical identification studies** Vitek, Walkaway or similar ID system – set up and load an isolate, examine and interpret outputx5 | | | |
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| **1.9 Observe antimicrobial susceptibility studies** | | | |
| 1.9.1 Observe preparation of, or prepare, disc susceptibility plates (x3) | | | |
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| 1.9.2 Read disc susceptibility plates, Gram positive cocci (any type) (x5) | | | |
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| 1.9.3 Read disc susceptibility plates, aerobic Gram negative rods (any type and interpret to EUCAST or CLSI guidelines.) (x5) | | | |
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| 1.9.4 Read e-Test MIC estimation, any organism (x5) | | | |
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| **1.10 Urine bench** | | | |
| 1.10.1 Observe cell counts by urine microscopy (x3) (can be machine automated or manual) | | | |
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| 1.10.2 Read urine plates following incubation (x3) | | | |
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| **1.11 Respiratory bench** | | | |
| 1.11.1 Read sputum/BAL plates following incubation (x3**)** | | | |
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| **1.12 Faeces bench** | | | |
| 1.12.1 Read stool plates following incubation (x3) | | | |
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| 1.12.2 Observe testing of specimens for C.difficile (x3) | | | |
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| 1.12.3 Observe common parasites on stool microscopy (x3) - Giardia, Trichuris, Ascaris, Enterobius, Cryptosporidium | | | |
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**2. ADVANCED LABORATORY SKILLS**

| **PROCEDURE** | **DATE** | **COMMENTS/DETAILS** | **SUPERVISOR’S INITIALS** |
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| **2.1 MALDITOF** | | | |
| 2.1.1 Load or observe loading of isolates onto MALDITOF (x5) | | | |
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| 2.1.2 Read and interpret MALDITOF results (x5) | | | |
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| **2.2 PCR** | | | |
| 2.2.1 Perform automated PCR test (e.g. GeneXpert) for any indication and interpret result (x3) | | | |
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| 2.2.2 Observe DNA or RNA extraction, set up, and processing of a standard (not fully automated) PCR and interpret the result (x3) | | | |
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**SUMMARY**

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| **a)** | **Are you satisfied with the overall performance of the trainee during the procedures recorded in this logbook?** |  | |
|  | If not, are there any specific factors which may have affected this trainee’s performance, or do you have any reservations about performance? | |
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| **b)** | **For trainees who are completing their required Microbiology time with this rotation:** | |
|  | In your opinion, is the trainee now competent in the areas assessed in this logbook to be have the microbiology training requirement considered complete? |  |

Trainees should retain a copy of the logbook for their records.

**Please ensure you submit an Application for Special Consideration with your logbook.**

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| **SUPERVISOR’S DECLARATION AND COMMENTS** *Please note the supervisor declaration must be completed and dated for it to be processed*  I declare that I have:   * discussed and completed this assessment with the trainee * discussed the trainee’s progress with other supervisors (if applicable)  |  |  |  |  | | --- | --- | --- | --- | | Signature/name of Supervisor 1: |  | Date: |  |   I declare that I have:   * discussed and completed this assessment with the trainee * discussed the trainee’s progress with other supervisors (if applicable)  |  |  |  |  | | --- | --- | --- | --- | | Signature/name of Supervisor 2: |  | Date: |  | |
| **TRAINEE DECLARATION AND COMMENTS**  *Please note the trainee declaration must be completed and dated for it to be processed.*  I declare that:   * I understand my obligation to complete the training requirements outlined in the relevant Advanced Training Program Requirements Handbook and relevant education policies   I understand it is my responsibility to organise with my supervisors, completion of all training requirements and to submit these to the college prior to the published deadline. I understand failure to do so may result in non-registration or non-certification.   * The supervisors approving this logbook are the supervisors nominated on my registration of Advanced Training * The information/comments supplied by my supervisor/s have been included in this logbook and any amendments have been done with permission from my supervisor/s * I have discussed this assessment with my Supervisor (s) and make the following comments: |

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| Signature/name of trainee: |  | Date: |  |