

"This prospectus is made under the provisions of the Universities Act, the Postgraduate Institute of Medicine Ordinance, and the General By-Laws No. 1 of 2016 and By-Laws No. 2 of 2016 for Degree of Doctor of Medicine(MD) and Board Certification as a Specialist"

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## BOARD OF STUDY IN MEDICAL MICROBIOLOGY

### PRE-BOARD CERTIFICATION ASSESSMENT IN MEDICAL MICROBIOLOGY/ MEDICAL VIROLOGY/ MEDICAL MYCOLOGY AND PARASITOLOGY (PBCA)

As recommended by the PGIM, the PBCA in Medical Microbiology will be based on assessment of a portfolio maintained by the trainee during the period of post-MD training. The contents of the portfolio shall be divided into 6 sections based on the six learning outcomes common to all PGIM trainees, followed by a final section that contains evidence of reflective practice.

The following list sets out the type of evidence that may be relevant to each section, as recommended by the Board of study in Medical Microbiology.

#### 1. Expertise in Medical Microbiology:

- Six progress reports from supervisors; one from each local supervisor (2 reports) and 4 quarterly reports from the overseas supervisor recording to the prescribed format. This component is compulsory.
- Evidence for the development of clinical microbiology skills  
A minimum of 2 case based discussions
- Evidence for the development of infection control skills  
At least one portfolio entry on the management of an infection control problem. Eg: outbreak management, development of infection control guidelines etc
- Evidence for the development of skills on rational use of antibiotics and management of infections. Eg: developing, revising or implementing an antibiotic policy and/or therapeutic guidelines, giving feedback on antibiograms and working towards rational prescribing of antibiotics and management of infections.
- Evidence for the development of skills in laboratory management. Eg: Revising an out-dated protocol or SOP, Introduction of a new microbiology method /test
- In the case of sub-specialities (Mycology and Immunology), separate documents on PBCA will be used.

## **2. Teaching**

- Evidence for conducting lectures or discussions or tutorials for any of the following categories
  - undergraduates
  - postgraduates
  - ancillary health staff

## **3. Research and Audit relevant to Medical Microbiology**

- Compulsory to have done a clinical audit during the post MD period and/or any other involvement in audits such as preparation of audit programmes.
- Research papers published or accepted for publication
- Abstracts of presentations at international or national conference

## **4. Ethics, Professionalism and Medico-legal Issues**

- Evidence of participation in the professionalism workshop carried out by the PGIM
- Completed Professionalism Observation Forms (from integrated learning component of Professionalism Strand)
- Completed PTR forms during post-MD training

## **5. Information Technology**

- Familiarity in using laboratory information systems.
- Evidence of searching for information and application of findings in practice

## **6. Life-long learning**

- Participation in conferences and meetings- evidence of minimum 3 CME programmes and one conference during the post MD training period.
- Membership of organisations and committees related to Microbiology
- Recent literature that enabled changing practice

## **7. Reflective practice**

- Narration of at least one learning event experienced by the trainee, in relation to each of the above outcomes, with reflection on what and how the trainee learned from this experience (reflection in action)

## **Portfolio assessment**

The portfolio shall be reviewed at least every 6 months by the academic appraiser with regular feedback to the trainee on how the portfolio may be improved. When the trainee is eligible for PBCA, 3 copies of the completed portfolio must be submitted to the PGIM Examinations Branch.

The PBCA will take the form of a final, summative assessment of the trainee's portfolio, carried out by 3 independent examiners appointed by the Board of Study in Microbiology, and approved by the Senate of the University of Colombo. The 3<sup>rd</sup> examiner should be from outside the discipline to improve objectivity.

The trainee shall be called for an oral examination, during which he/she will be questioned on the portfolio. The trainee will be required to start with a presentation of 10 – 15 minutes, on the post-MD training period.

The overall assessment will be based on each of the main sections, which will be assessed as satisfactory or not on an overall basis.

If the examiners are of the view that the trainee's performance is unsatisfactory, and the trainee should not be given immediate Board Certification, the examiners must provide the trainee with written feedback on how the portfolio can be improved in order to reach the required standard. The trainee must then re-submit the portfolio within a specified period of time (up to 3 – 6 months), and face another oral examination based on the re-submitted portfolio. If the trainee is successful at this 2<sup>nd</sup> oral examination, the date of Board Certification should be backdated as done routinely. If unsuccessful again, the date of Board Certification will be the date of passing the subsequent PBCA following further training for a minimum period of six months in a unit selected by the Board of Study.