ID Fellow Rotation in Infection Prevention and Control

June 5, 2012

Rotation Directors:

Thomas J. Sandora, MD MPH (Hospital Epidemiologist)

Gail Potter-Bynoe, BS CIC (Manager, Infection Prevention and Control)

Length of rotation: 2 weeks

Schedule: Activities will occur Monday – Friday between 9 am and 5 pm. Each fellow will have an individualized schedule based on the meetings or activities occurring during their block (see individual schedules). There will be time during the block that can be used for other activities (e.g. research planning).

Learning Objectives (Competencies met by each objective in parentheses: PC-Patient Care, MK-Medical Knowledge, IPC-Interpersonal Skills and Communication, P-Professionalism, SBP-Systems-Based Practice, PBL-Practice-Based Learning)

1. Describe the organization of an Infection Prevention and Control Program and summarize the roles of a hospital epidemiologist and an infection preventionist (SBP)
2. Identify how surveillance data are acquired, analyzed, and shared within a hospital (SBP)
3. Define the common modes of transmission of organisms that are spread within healthcare settings (MK)
4. Discuss hand hygiene guidelines and the rationale for alcohol-based hand sanitizer as the preferred hand hygiene agent in healthcare settings (PC, MK)
5. Summarize isolation precautions categories and apply them correctly to specific infections (PC, MK, SBP)
7. Perform a root cause analysis for healthcare-associated infection (PBL, SBP, MK, IPC)
8. Identify basic epidemiologic principles of outbreak investigation and apply them to a clinical scenario (MK, PBL)
9. Explain the differences between low-level disinfection, high-level disinfection, and sterilization and give examples of scenarios in which each is required (MK)
10. Identify the role of the environment in the transmission of infections and describe aspects of facility design that can prevent healthcare-associated infections (PC, MK, SBP)
11. Discuss the importance of antimicrobial stewardship and describe the mechanisms used by hospitals to optimize antimicrobial use (MK, SBP)
Instructional Strategies:

1. Review surveillance data and adjudicate cases using CDC/NHSN surveillance definitions in conjunction with infection preventionists
2. Attend hospital committee meetings where HAI data are reviewed and infection prevention activities are discussed
3. Participate in outbreak investigation and/or communicable disease exposure management, if applicable during the rotation
4. Participate in hand hygiene or isolation precaution audits, infection control tracers, and/or environment of care swat rounds
5. Review antimicrobial stewardship efforts in conjunction with infectious diseases pharmacists and a hospital epidemiologist
6. Read core materials on provided topics (e.g. compendium of evidence-based strategies to prevent device- and procedure-associated infections including CLABSI, VAP, CAUTI, and SSI; CDC hand hygiene guideline; SHEA/IDSA guideline on C. difficile infection)
7. Prepare a teaching session on a relevant topic to be delivered to infection prevention and control liaison program participants at some point during the year

Evaluation Strategies:

1. Verbal feedback (formative) during rotation
2. Written evaluation (summative) at end of rotation