FOREWORD

Internship training plays a vital role in a doctor's career. This is a legal requirement that allows a practitioner to acquire critical practical skills that cannot be acquired within the precincts of a lecture room. During university training, an individual will acquire scientific knowledge and skills from various avenues.

Internship training therefore provides a platform for the intern to apply the skills learnt in a practical sense under the supervision of a specialist practitioner who is a mentor and a coach. Indeed the attitude of the intern during this period will determine the level of knowledge and skills acquired and subsequently bring out a well-grounded and competent doctor.

The Council has designed a log-book for purposes of standardizing internship training with a particular emphasis on core competencies and skills to be acquired during this period. The report of the assessment is a useful feedback to the council, which determines whether or not an intern qualifies for registration as a Medical or Dental Practitioner.

These internship training guidelines outline what the Medical Practitioners and Dentists Council (MP&DC) considers to be important areas that must be covered to ensure that adequate knowledge and skills have been acquired. They were developed and compiled by a team of experienced clinicians, teachers and other key stakeholders in medicine and dentistry.

The Council has made numerous legal strides to protect all interns during training. The Medical Practitioners and Dentists Act, CAP 253, Laws of Kenya defines internship training and lays down the framework for internship training in Kenya as a mandatory requirement prior to registration as a medical or dental practitioner.

DRAFT

It is important to also take note of "The Code of Professional Conduct and Discipline" which outlines the conduct expected of a doctor and subsequent disciplinary action in the event of any transgression of this code.

On behalf of the Council, I wish all users of these guidelines an exciting and fruitful time during the internship training period.

DR. EVA.W. NJENGA

CHAIR

MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

DRAFT

INTRODUCTION

THE MANDATE OF THE MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

The Medical Practitioners and Dentists Council is established under Cap 253 of the Laws of Kenya, with the mandate to regulate the practice of Medicine and Dentistry. It has the following roles among others: -

1. Assist the intern to attain full potential during internship
2. Provide the necessary guidance to the intern
3. Liaise with employers and supervisors of the intern to ensure that he or she has enabling work environment.
4. Supervise the process of internship through visits to the internship training centers.
5. Approve new internship training centers.
6. Ensure that the required standards at all internship training centers are maintained.
7. Verify completion of internship training and register those successful as medical and dental practitioners

DEFINITION OF INTERNSHIP

Internship is a prescribed period of employment during which a medical or dental graduate works under supervision to fulfill registration requirements. During this period, the graduates have an opportunity to consolidate their knowledge, skills and attitudes to enable them to be competent practitioners.

DURATION AND CONTENT OF INTERNSHIP

Every medical officer intern shall be required to undergo an internship training program for a period of twelve months (12), and an additional one calendar month of paid leave. The rotations are outlined as follows:

Internal Medicine including Dermatology - eleven (11) weeks

1. Surgery including ENT and Ophthalmology - eleven (11) weeks

DRAFT

2. Paediatrics and Child Health - eleven (11) weeks
3. Obstetrics and Gynaecology - eleven (11) weeks
4. Mental Health - eight (8) weeks

Every intern shall participate in community health practice as part of the internship programme. This shall be done every Friday of the week for the entire duration of internship (fifty-two weeks). The interns shall spend eight hours every week (total 416 hours for the year), supervised by the Family Health Physician/Dental Public Health Specialist, providing health services to the community.

INTERNSHIP GOALS

The interns shall be able to:-

1. Consolidate their knowledge, skills and attitudes to enable them to be competent medical or dental practitioners.
2. Acquire knowledge of commonly used drugs and their rational use, be conversant with the National Essential Drugs List and know the Dangerous Drugs & Poisons Act and its application.
3. Utilize the current Ministry of Health Standard Treatment Guidelines, WHO treatment guidelines and any other relevant standard guidelines in patient management

ELIGIBILITY TO ENTER INTERNSHIP PROGRAMME

Eligibility to undergo internship is as prescribed by the Medical Practitioners and Dentists Council in accordance with Cap 253 of the Laws of Kenya. All applicants must produce relevant academic certificates and transcripts. In addition the following must be satisfied:-

DRAFT

1. Evidence of having successfully attained an MBChB or its equivalent from a recognized medical school in Kenya or in the East African Community
2. Evidence of having successfully attained an MBChB or its equivalent from a medical school in Kenya or in the East African Community that is currently not recognized by the East African Community and passed the internship qualifying examination set by the Council
3. Doctors who, having attained the minimum requirement to study Medicine at high/secondary school as set out by the Council, successfully achieve an MBChB or its equivalent from outside the East African Community region from a University recognized by the council, and pass the internship qualifying examinations set by the Council
4. Evidence of having been oathed by the Council and signed the Hippocratic Oath

All applicants who meet the criteria will be issued with an internship license, which is a mandatory requirement for commencement of internship. The Council reserves the right to turn down an application for an internship license. It is illegal to do internship without an internship license.

GUIDELINES ON THE IMPLEMENTATION OF THE INTERNSHIP PROGRAMME

POSTING OF THE INTERN

The medical officer intern shall present the following documents to the designated officer in charge of the internship training centre upon reporting:

1. A posting letter from the Ministry of Health OR an offer letter from the internship training centre for private institutions
2. An internship license
3. A copy of the internship log-book

DRAFT

RESPONSIBILITIES OF AN INTERN

These include the following:-

1. Clerking patients
2. Performing relevant investigations
3. Guiding patients and relatives with regards to diagnosis, treatment and follow-up.
4. Documenting and regularly updating patients' notes
5. Writing accurate and informative case summaries.
6. Appropriate handing over patients
7. Presenting cases concisely, coherently and competently during ward rounds, grand rounds or any other appropriate fora.
8. Participating in the development and implementation of community health programmes under supervision
9. Reporting to and consulting with the intern supervisor
10. Participating in continuing professional development activities
11. Maintaining professional demeanor and conduct
12. Performing any other relevant duties assigned by the supervisor
13. Interns will be expected to go on leave upon completion of the twelve (12) months of rotations as outlined, except under special circumstances in which case they will have to compensate for the time away.
14. Providing quarterly reports to the council on the progress of internship on the internship feedback portal on the Council website

ROLE OF INTERNSHIP COORDINATORS

Each Intern Coordinator will do the following: -

1. Receive interns at the internship centre
2. Ensure there is appropriate orientation for the interns upon reporting to the internship centre
3. Organize minuted monthly progress meetings with interns and their supervisors
4. Ensure interns are given timely feedback on performance and assured of confidentiality
5. Ensure interns give feedback to the hospital
6. Ensure that interns are evaluated and internship logbooks filled appropriately at the end of each rotation/quarter.

DRAFT

7. Identify exceptional interns for recognition
8. Recognize the intern experiencing challenges and notify the Council in a timely fashion
9. Participate in disciplinary procedures for any intern experiencing disciplinary challenges
10. Chair meeting of intern supervisors to assess performance of the intern
11. Provide feedback to the Council concerning the programme through the online internship feedback portal on the Council website
12. Brief the designated institution in-charge and where necessary, the Council, on administrative issues touching on interns, intern supervisors or departments within the institution that hinder implementation of the programme
13. Ensure objective and fair assessment of the intern
14. Maintain records of meetings, issues and occurrences
15. Ensure matters concerning interns' welfare are met
16. Maintain an official email account for formal communication concerning internship programme.

ROLE OF INTERNSHIP SUPERVISORS

The intern supervisors shall be responsible for:

1. Receiving the interns in the department and orient them
2. Documenting the duration the intern rotates through the department
3. Allocating duties and responsibilities to the intern during their time in the rotation
4. Providing theoretical teaching and demonstration of practical skills to the intern
5. Supervising the work of the intern in the department alongside the rest of team
6. Mentoring the intern into an all-rounded, moral and ethical professional
7. Together with the intern coordinator, conduct monthly progress meetings to review intern training
8. Assessing the intern at the end of the rotation and signing the log book as prescribed
9. Provide feedback to the intern concerning their assessment.

PROCESS OF EVALUATION OF THE INTERN

DRAFT

The intern shall be continuously evaluated in the period of internship. This shall be done as follows:

1. Continuous evaluation of the log procedures shall be done by signing of the log book daily
2. Monthly evaluation of overall progress of the intern in knowledge, skills, professional conduct, and communication skills which shall be signed in the log book
3. Verification of compliance with the rotation requirements. This shall be documented and duly signed by the intern, the immediate supervisor and the intern coordinator in the log book.
4. Overall evaluation of the performance of the intern in the rotation. This shall be done by the immediate supervisor, the intern coordinator and the medical director/superintendent.

OUTCOME OF THE EVALUATION

The outcome of the evaluation of the intern may be:

1. Satisfactory: the intern is permitted to progress to the next rotation
2. Unsatisfactory: an extension of the rotation/quarter in part or in full is recommended. The extension must be completed successfully prior to progressing to the next rotation
3. Irremediable: This is an intern who, despite repeated and concerted efforts to support them in learning, and a full extension of the rotation, the supervisors find the intern lacking ability to learn. The intern shall be referred back to the Council for further action.

SUCCESSFUL COMPLETION OF INTERNSHIP

An intern is deemed to have successfully completed internship after having satisfactorily completed all the prescribed requirements of the training. The Medical director/superintendent shall then recommend the intern for registration by signing the internship completion certificate.

FAILURE TO COMPLETE THE INTERNSHIP SUCCESSFULLY

DRAFT

An intern is deemed to have failed to complete internship if they do not meet the prescribed requirements and hence have unsatisfactory evaluations as described above. Some of the conditions that may contribute to unsuccessful completion include:

1. Professional incompetence which includes:-
    a. Demonstration of inadequate knowledge in the basic foundations of the science of medicine
    b. Inability to learn and sharpen skills necessary for the practice of medicine
    c. Failure to undertake the key procedures as prescribed in the log book.
2. Professional Negligence and General misconduct including:-
    a. Negligence in management of patients
    b. Inappropriate relationship with patients
    c. Abuse of patient confidentiality and trust
    d. Lack of a sense of responsibility
    e. Inappropriate dressing
    f. Lack of respect for patients, public and /or colleagues
    g. Indiscipline such as absence from duty without good cause and/or lateness to work
    h. Intoxication at work
3. Substance abuse

The intern is subject to the rules of employment with the relevant authorities under which they work. They will be subject to the usual disciplinary measures applicable in the institution.

COMMUNICATION

All communication to an intern, following an assessment resulting in failure to successfully complete internship, shall be communicated to the intern in writing, outlining the reasons for the failure. The communication shall include the recommendations made by the assessing team. This may include extension of the rotation, or referral back to the Council.

REGISTRATION OF THE PRACTITIONER

DRAFT

Upon completion of internship the practitioner shall apply for registration to the Board. Registration will be subject to successful completion of internship as evidenced by the signed internship completion certificate, rotation evaluation forms and log book.

GENERAL GUIDELINES FOR MEDICAL OFFICER INTERNS FOR ALL DISCIPLINES

These guidelines encompasse the minimum Requirements in Clinical Skills and Patient Care in Obstetrics & Gynaecology (Reproductive Health), Surgery, Paediatrics & Child Health, Internal Medicine, Mental Health and Community Health.

The intern shall:

1. Take a full history, carry out a complete physical examination and reach differential diagnoses and a working diagnosis.
2. Order investigations and where applicable, collect appropriate specimen.
3. Show competence in the interpretation of basic results as listed below and be able to formulate a definitive diagnosis:
    a) Hematology:
        i. Total Blood Counts (TBC)
        ii. Coagulation screen
    b) Microbiology
        i. Stool microscopy
        ii. Urinalysis
        iii. Culture and sensitivity for blood, stool, urine, CSF, pus swab
    c) Biochemistry
        i. Blood sugar
        ii. Urea Electrolytes and Creatinine (UEC)
        iii. Liver function tests
        iv. Profiles
        v. CSF Biochemistry
    d) Radiology and imaging:
        i. Chest radiograph
        ii. Plain abdominal radiograph
        iii. Skull radiograph

DRAFT

iv. Pelvic radiograph
v. Lower and upper limb radiograph
vi. Abdominal ultra sound
vii. Spine radiograph
viii. Cervical spine radiograph

4. Show adequate knowledge in the management of commonly encountered conditions as per National Guidelines, best practices and consult and refer as necessary
5. Be conversant with the National Essential Drugs List and Dangerous Drugs Act.
6. Be able to use antibiotics and other drugs rationally
7. Understand the principles and apply the practices of infection prevention and control.
8. Be proficient and prompt in recording and updating of patient's notes and be able to write accurate and informative case summaries.
9. Present cases concisely, coherently and competently during ward rounds, grand rounds and/or any other appropriate fora.
10. Observe and uphold professional ethics and etiquette in interacting with colleagues, clients and the public.
11. Obtain informed consent for various procedures.
12. Counsel patients and/or caregivers on presenting complaints, diagnosis, treatment plans and expected outcome.
13. Demonstrate basic leadership and administrative skills.
14. Practice self-directed learning and apply basic research principles.
15. Participate in Continuous Professional Development (CPD) activities.
16. Demonstrate competency in community case follow-up, community health education and care of patients within the community
17. Witness postmortem examination

GENERAL SURGERY

The intern shall be able to:

1. Apply all the principles described in the general guidelines section
2. Understand indications and contra-indications for surgery.
3. Properly document all procedures, peri-operative findings and follow-up notes.

DRAFT

4. Understand and participate in preoperative, intraoperative and postoperative care of patients.
5. Prevent, recognize and manage complications of surgery.
6. Obtain informed written consent for surgical procedures.
7. Recognize, institute the initial management and refer appropriately common surgical emergencies such as:
    a. Shock
    b. Acute blood loss
    c. Patient with multiple injuries
    d. Patient with blunt injury
    e. Unconscious patient
    f. Head and spinal injury
    g. Acute abdomen (gastro-intestinal bleeding, intestinal obstruction, complicated hernia, appendicitis, peritonitis and abdominal trauma)
    h. Burns
    i. Fractures (open fractures. Fracture-dislocations)
    j. Epistaxis
    k. Genitourinary emergencies (Urinary retention, torsion of the testis, orchitis)
    l. Chest injuries (Pneumothorax, hemothorax, tension hemothorax)
    m. Foreign body in airway, oesophagus, nose, eye & ear
    n. Penetrating injuries (gunshots, stab wounds) including the eye
8. Observe, assist and perform the following operations under supervision:
    a. Resuscitation and life support
    b. Choice and administration of appropriate intravenous fluid
    c. Venous access e.g. (cut down, long line, central line)
    d. Intraosseous access
    e. Insertion of chest tube
    f. Emergency tracheostomy and/or Intubation
    g. Performing FNA, lymph node and skin biopsies
    h. Excision of common benign tumors (ganglion, lipoma, sebaceous cyst)
    i. Suturing of cuts and clean wounds
    j. Surgical toilet
    k. Appropriate use of sutures and suture techniques
    l. Incision and drainage of abscesses
    m. Manipulation and splinting of common fractures
    n. Passage of nasogastric tube
    o. Proctoscopy
    p. Urethral catheterization
    q. Suprapubic catheterization

DRAFT

r. Abdominal paracentesis and pleural tap
s. Aseptic technique and theatre practice (scrubbing, gloving, gowning, patient preparation)
t. Herniorraphy (Inguinal and umbilical)
u. Appendicectomy
v. Exploratory Laparotomy for abdominal emergencies
w. Intramedullary nail insertion and external fixation for fractures
x. Resection and anastomosis of the bowel
y. Craniotomy/burr holes for subdural haematomas
z. Amputations
aa. Internal fixation of fractures
bb. Prostatectomy
cc. Tonsillectomy and adenoidectomy
dd. Removal of foreign bodies from the ear and/or nose

OBSTETRICS AND GYNAECOLOGY

The intern shall be able to:

1. Apply all the principles described in the general guidelines section
2. Understand indications and contra-indications for surgery
3. Properly document all procedures, peri-operative findings and follow-up notes
4. Understand and participate in preoperative, intraoperative and postoperative care of patients
5. Prevent, recognize and manage complications of surgery
6. Obtain informed written consent for surgical procedures
7. Recognize, institute the initial management and appropriately refer common obstetrical & gynecological emergencies such as:
   a. Ruptured uterus
   b. Vacuum delivery
   c. Genital tract trauma
   d. Severe pre-eclampsia and Eclampsia
   e. Post-partum haemorrhage
   f. Ante partum haemorrhage
   g. Puerperal sepsis
   h. Anaemia
   i. Postpartum depression and puerperal psychosis
   j. Thromboembolic events

DRAFT

k. Fetal distress/ non-reassuring fetal status
l. Ectopic pregnancy
m. penetrating injuries (e.g uterine and gut perforations)
n. sexual assault and rape, sodomy
o. Inevitable, Incomplete and septic Abortion
p. Molar pregnancy
q. Pelvic abscess
r. Bartholin's abscess
s. Haematocolpos and haematometra
t. Torsion of the ovary
u. Foreign bodies in the genital tract

8. Demonstrate competency in recognition and management of normal pregnancy, delivery and in peuperium.
9. Demonstrate competency in recognition and management of complicated pregnancy: e.g. multiple gestation, malpresentations and malpositions, IUFD, IUGR in the pre- intra and post-partum periods
10. Recognise and manage obstetrics and gynaecological conditions including:
    a. Medical conditions in pregnancy e.g. Endocrine disorders, infections, cardiac diseases, hematologic disorders, such as deep vein thrombosis, sickle cell disease.
    b. Genital tract fistulas
    c. Cancers of the reproductive tract
    d. Infertility
    e. Benign tumours of the reproductive tract e.g. fibroids, ovarian cysts
    f. Perimenopause and menopause
    g. Menstrual disorders and abnormal uterine bleeding
    h. Sexual dysfunction
    i. Recurrent pregnancy loss
11. Demonstrate competency in the principles of interval and immediate postpartum contraception management such as counseling, provision and referral
12. Demonstrate competency in the principles of Prevention of Mother To Child Transmission of HIV, Hepatitis and other infectious diseases
13. Demonstrate competency in the carrying out the following:
    a. Ante natal care
    b. Vaginal Examination
    c. Breast examination
    d. Management of Episiotomy
    e. Normal delivery

DRAFT

f. Postnatal care
g. Manual removal of placenta
h. Repair of perineal and vaginal tears
i. Vacuum aspiration of uterus (manual and electrical)
j. Resuscitation of the newborn
k. Drainage of pelvic abscess
l. Marsupialization of Bartholin's abscess
m. Insertion of Postpartum IUCD and family planning implants

14. Shall Observe, assist and perform the following operations under supervision:
    a. Caesarean section
    b. Repair of ruptured uterus
    c. Subtotal hysterectomy for ruptured uterus and intractable PPH (B-Lynch, Balloon Tamponade)
    d. Laparotomy for ectopic pregnancy, salpingectomy, pelvic abscess and benign ovarian cysts
    e. Mini laparotomy for Bilateral Tubal Ligation
    f. Dilatation and Curettage
    g. Repair of third-degree perineal tear
    h. Total Hysterectomy
    i. Tubal surgeries
    j. Myomectomy
    k. Repair of Vesico Vaginal Fistula
    l. Minimal access surgery (laparoscopy)
    m. Screening for breast, cervical and endometrial cancers.

PAEDIATRICS AND CHILD HEALTH

This rotation covers management of children whose age limit is defined by the existing national and institutional policies and guidelines. The intern shall be able to:

1. Apply all the principles described in the general guidelines section
2. Be competent in the application of principles of Emergency Triage and Treatment plus (ETAT+) in the management of childhood illnesses
3. Consistently apply national guidelines in the management of childhood illness
4. Consistently apply the principles of Essential Newborn Care
5. Manage paediatric emergencies in line with the current standard treatment guidelines (e.g. Convulsions, coma, cerebral malaria,

DRAFT

meningitis; Respiratory failure, foreign bodies in the airway, acute asthma, severe pneumonia, tension pneumothorax., pulmonary edema, severe Congestive Cardiac Failure (CCF), apnoea; Diabetic emergencies including hypoglycemia, Diabetic Keto-Acidosis (DKA); Dehydration; diarrhea and vomiting, acute abdomen, acute liver failure, hyperbilirubinemia; Sickle cell anaemia crisis, severe anaemia; acute poisoning; Respiratory Distress Syndrome; hypothermia, , including birth injury; abdominal pain)

6. Manage a child with chronic paediatric conditions in accordance with the current standard treatment guidelines including diabetes; asthma; hypertension; HIV/AIDS; neurodevelopmental conditions; chronic lung disease and chronic heart disease; chronic kidney diseases; dermatological conditions; genetic and congenital abnormalities
7. Follow up and provide preventive and promotive child health services including growth monitoring, well baby diet, nutrition and infant and young child feeding in HIV, vaccinations and immunization
8. Skills:
    a. Show competency in the following:
        i. Resuscitation, intubation and Life support skills
        ii. Vascular access
        iii. IM and IV injections
        iv. IV fluids prescription, administration and monitoring
        v. Lumbar puncture
        vi. Peritoneal aspirate
        vii. Lymph node and skin biopsy
        viii. Fine needle aspirate
        ix. Incision and drainage
        x. Collecting appropriate blood specimens
        xi. Catheterization
        xii. Blood transfusion
        xiii. Nasogastric tube insertion and gastric lavage
        xiv. Rectal examination
        xv. Prepare blood slide and examine for malaria parasites
    b. Have been shown, assisted and preferably done under supervision the following:
        i. Bone marrow aspiration
        ii. Exchange transfusion
        iii. Chest tube insertion
    c. Have witnessed the following:
        i. Liver Biopsy

DRAFT

ii. Renal Biopsy
iii. Splenic aspirate

INTERNAL MEDICINE

This rotation will cover adolescents, adults and geriatrics. The intern shall be able to:

1. Apply all the principles described in the general guidelines section
2. Manage acute medical emergencies including meningitis, convulsions, acute cerebrovascular accident, coma and cerebral malaria; severe congestive cardiac failure (CCF), mycocardial infarction, hypertensive encephalopathy, pulmonary oedema, pulmonary embolism, shock; acute asthma and respiratory failure, Pneumocystis carinii pneumonia, adult respiratory distress syndrome (ARDS); diabetic emergencies and hypoglycaemia; gastrointestinal bleed, diarrhoea, vomiting; septicaemia, poisoning (e.g. acute paracetamol, organophosphates, ethanol, methanol), acute kidney injury and acute liver failure; tetanus; anaphylactic reactions; and substance abuse.
3. Manage Common medical conditions in accordance with current standard clinical guidelines including but not limited to: Malaria, Anaemia, Pneumonia, Tuberculosis, Tetanus, Sexually Transmitted Diseases and HIV/AIDS, Hypertension, Cardiovascular Accident (CVA), Heart Failure, Rheumatic Heart Disease, Infectious Endocarditis, Myocardial Infarction, Hepatitis, Liver cirrhosis, Chronic Liver Disease, Hepatoma, Pulmonary oedema and bronchial asthma, Renal Failure, Skin disorders, Endocrine disorders including thyroid diseases, and oncological conditions.
4. Manage chronic medical conditions in accordance to current standard clinical guidelines. These conditions include diabetes, hypertension, dyslipidemia, chronic obstructive lung diseases, HIV, tuberculosis, dermatological conditions and obesity. Lifestyle interventions shall be a part of management of these conditions.
5. Participate in preventive and promotive health activities.
6. Be able to identify and manage in consultation with the supervisors Psychiatric emergencies and conditions such as suicidal tendencies ; substance abuse, depression, stress, anxiety, mood and affective disorders
7. Skills:
   a. Show competence in carrying out the following:

DRAFT

i. Triage
ii. Cardio-pulmonary resuscitation, intubation and vascular access
iii. IV fluids and blood transfusion,
iv. Nasogastric tube insertion and gastric lavage
v. Lumbar puncture
vi. Pleural, peritoneal and joint aspiration
vii. Bone marrow and fine needle aspiration
viii. Biopsy of lymphnodes and skin
ix. Prepare blood slide and examine for malaria parasites
x. Basic interpretation of special examinations of the alimentary, cardiovascular, central nervous, respiratory and genito-urinary systems, ECG, pericardial effusion

b. Shall have observed, assisted and preferably performed under supervision the following:
    i. Chest tube insertion
c. Shall have observed (where available) the following:
    i. Liver Biopsy
    ii. Renal Biopsy
    iii. Splenic aspirate

MENTAL HEALTH

This rotation will cover Psychiatry and Mental Health. The intern shall be able to:

1. Apply all the principles described in the general guidelines section
2. Manage acute mental health emergencies such as suicide, homicide, aggression, delirium and other behavioral emergencies, medication related disorders.
3. Manage Common mental health conditions such as schizophrenia and other psychotic disorders, mood disorders, anxiety disorders, trauma related disorders, sleep disorders, personality disorders
4. Skills:
    a. Shall have observed, assisted and performed under supervision:
        i. ECT(Electroconvulsive therapy)
        ii. Psychotherapy session

COMMUNITY HEALTH

DRAFT

This rotation will cover community-based interventions to prevent disease, promote good health and enhance medical care within a community setting. The intern shall be able to:

1. Demonstrate competency in community case follow-up, community health education and care of patients within the community
2. Demonstrate competency in chronic disease management, palliative care and end of life care
3. Formulation of community health intervention programmes and execute them
4. Carry out population mapping and community data management
5. Use of community e-health strategies to enhance patient care

DRAFT

LOG BOOK FOR MEDICAL OFFICER INTERNS

PERSONAL DETAILS OF THE INTERN

Name _____ Internship License No._____

Internship Centre_____

INTRODUCTION TO THE LOG BOOK

1. Purpose of the log book

This log book is a documentary of the structured Internship Training Program. The purpose of the log book is to help you monitor your own competence, to recognize gaps and address them. Further, it helps to describe the minimum competence level expected of you by the end of your internship rotation.

2. The sections of the log book

The log book contains five (5) sections which represent the disciplines covered in the period of Internship Training. Each section is laid out in the following manner:

i. Requirements of the discipline
ii. The level of competence required and their interpretation:
    a. Level 1: Observe the activity being carried out by a supervisor
    b. Level 2: Assist in the procedures
    c. Level 3:Carry out the whole activity/procedure under direct supervision of a senior colleague, i.e. the senior colleague is present throughout
    d. Level 4:Carry out the whole activity under indirect supervision, i.e. the senior colleagues need not to be present throughout, but should be available to provide assistance and advice
    e. Level 5: Independent competence, no need for supervision
iii. A log of the procedures to be completed

DRAFT

iv. Assessment of the monthly progress in each discipline
v. Evaluation of the rotation performance and recommendations made

3. Using the log book

The intern is expected to fill the competence levels as he achieves them and enters the appropriate date. This shall be done on day to day basis. All accomplished targets shall be signed off by the supervisor. Every month, the intern, the supervisor and the intern coordinator shall review progress in the rotation to ensure the intern is on course to achieving the set requirements for the rotation. At the end of the rotation, the intern shall be assessed by the supervisor, the intern coordinator and the medical director/superintendent on the performance during the rotation.

DRAFT

(A) GENERAL SURGERY ROTATION PROCEDURE AND CASE LOG BOOK FOR MEDICAL OFFICER INTERNS

In this rotation, the medical officer intern shall:

i. Be able to clerk, investigate and present patients during ward rounds
ii. Be able to adequately prepare patients undergoing various surgical procedures
iii. Be able to follow up patients after surgery till discharge and be able to write a proper discharge summary
iv. Participate in daily ward rounds, attend theatres and attend surgical outpatient clinics (SOPC)
v. Attend and participate/present in all weekly departmental CMEs.

In addition to the above, at the end of the rotation one is expected to have participated in the following procedures:

	PROCEDURE AND RECOMMENDED NUMBER	ASSISTED/ PERFORMED	IDENTIFICATION NUMBER	SUPERVISOR'S SIGNATURE
1	Surgical toilet 10(p)			
2	Suturing of wounds 10(p)			

DRAFT

3	Incision and drainage of abscess 10(p)			
4	Insertion of chest tubes 5(p)			
5	Removal of stitches 10(p)			
6	Appendicectomy 2(a) 1(p)			
7	Repair of inguinal hernias 5(a) 2(p)			
8	Exploratory laparotomies 5(a) 2(p)			
9	Incision biopsy 5(p)			

DRAFT

10	Excision of lumps 5(p)			
11	Proctoscopy 5(a) 2(p)			
12	Haemorrhoidectomy 5(a) 2(p)			
13	Gut resection and anastomosis 2(a)			
14	Colostomy fashioning 2(a)			
15	Closure of colostomies 2(a)			
16	Cut down for venous access 2(p)			
17	Male urethral catheterization 10(p)			
18	Suprapubic catheterization 5(p)			
19	Hydrocelectomy 2(a) 1(p)			
20	Tracheostomy 2(a)			
21	Circumcision 2(p)			

DRAFT

22	Skin graft 5(a)			
23	Burr holes 2(a)			
24	Epistaxis management 3(a) 2(p)			
25	Endotracheal intubation 5(a) 3(p)			
26	Abdominal US 5(a) 5(p)			

DRAFT

27	Splinting of lower limb fractures 10(p)			
28	Splinting of upper limb fractures 10(p)			
29	Application of plaster of Paris (POP) upper limb 10(p)			

DRAFT

30	Application of plaster of Paris (POP) lower limb 10(p)			
31	Internal fixation of fractures 5(a)			
32	Any paediatric surgical procedure 5(a)			

DRAFT

33	Prostatectomy 3(a)			
34	Skin traction 2(a)			
35	Limb amputation 2(a)			
36	Observation of postmortem 1(o)			

Notes: ***p -*** ***means the intern does the case as the primary doctor***
a - ***means that the intern assists.***
o- ***means that the intern observes***

DRAFT

MONTHLY ASSESSMENT

MONTH	COMMENT BY INTERN	COMMENT BY SUPERVISOR	COMMENT BY INTERN COORDINATOR
ONE (1)			
	Sign_____	Sign_____	Sign_____
	Date_____	Date_____	Date_____
STAMP			
TWO			
	Sign_____	Sign_____	Sign_____
	Date_____	Date_____	Date_____
STAMP			

DRAFT

VERIFICATION OF COMPLETION OF GENERAL SURGERY REQUIREMENTS FORM

COMMENTS BY MEDICAL OFFICER INTERN	
NAME	
DATE AND SIGN	
COMMENTS BY MEDICAL SUPERVISOR	
NAME	
DATE, SIGN AND STAMP	
COMMENTS BY INTERNSHIP COODINATOR	
NAME	
DATE, SIGN AND STAMP	

DRAFT

EVALUATION OF PERFORMANCE IN THE GENERAL SURGERY ROTATION FORM

Names_____ Internship License No _____

Internship Centre_____ Discipline: **GENERAL SURGERY**

Period of Rotation: Start:_____
End:_____

Confirmed by (Supervisor) Sign and Stamp:,_____

GRADING: 3- Intern meets most of the criteria without assistance

2- Intern requires some assistance to meet stated criteria

1- Intern requires considerable assistance to meet stated criteria

0- Unable to meet the criteria completely

NB: Where the grading shall be for scale 0 or 1above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public at large.

	GRADE	REMARKS
I. KNOWLEDGE		
Basic Sciences		
Theoretical Knowledge in the Discipline		
Participation in CPD		
II. CLINICAL SKILLS		
a) History Taking		
b) Clinical examination		
c) Interpretation of laboratory Data and X-Ray Findings		
d) Patient notes		
e) Use of drugs		
f) Patient Management		
III. PROFESSIONAL CONDUCT		
a) To patients and caregivers		
b) To seniors, colleagues and other health workers		
c) To the public		
d) Punctuality, availability and Time management		

DRAFT

OVERRALL ASSESSMENT IN GENERAL SURGERY

ASSESSMENT BY SUPERVISOR

_____
_____
_____
_____

Name _____Qualification_____Reg. No. _____

Signature_____ Stamp_____ Date_____

ASSESSMENT BY INTERNSHIP COODINATOR

_____
_____
_____
_____

Name _____Qualification_____Reg. No. _____

Signature_____ Stamp_____ Date_____

ASSESSMENT BY MEDICAL DIRECTOR/SUPERINTENDENT

_____
_____

Successfully Completed Rotation	For extension of rotation	Irremediable

Name _____Qualification_____Reg. No. _____

Signature_____ Stamp_____ Date_____

DRAFT

(B) OBSTETRICS AND GYNAECOLOGY (REPRODUCTIVE HEALTH) ROTATION PROCEDURE AND CASE LOG BOOK FOR MEDICAL OFFICER INTERNS

In this rotation, the medical officer intern shall:

i. Be able to clerk, investigate and present patients during ward rounds
ii. Be able to adequately prepare patients undergoing various surgical procedures
iii. Be able to follow up patients after surgery till discharge and be able to write a proper discharge summary
iv. Be able to present patients during the ward rounds and also attend theatres
v. Attend and participate/present in all weekly departmental CMEs.

In addition to the above, at the end of the rotation one is expected to have participated in the following procedures:

1. OBSTETRICS

NO.	PROCEDURE AND RECOMMENDED NUMBER	ASSISTED/PERFOMED	REGISTRATION NUMBER	SUPERVISOR'S SIGNATURE
1.	Normal delivery 10(p)			
2.	Episiotomy / Repair 10(p)			

DRAFT

3.	Examination under Anaesthesia for PPH 5(a) 5(p)			
4.	Delivery by Caeserian Section15(p)			
5.	Delivery by vacuum extraction 3(p)			
6.	Delivery of multiple pregnancies 2(a) 2(p)			

DRAFT

7.	McDonald Stitch insertion 3(a) 2(p)			
8	McDonald Stitch Removal 3(a) 2(p)			
9.	Postpartum family planning: PPIUD insertion post-placental 2(a) 2(p)			
10.	Postpartum family planning: PPIUD during caesarian section 2(a) 8(p			
11.	Interval postpartum family planning (any type) 10(p)			
12.	Insertion of implants 5(a) 5(p)			
13.	Be able to clerk, investigate and manage patients with pre-eclampsia 5(a) 5(p)			
14.	Be able to clerk, investigate and manage patients with eclampsia 2(p)			
15.	Be able to clerk, investigate and manage patients with cardiac disease			

DRAFT

	in pregnancy 2(p)			
16.	Be able to clerk, investigate and manage patients with HIV in pregnancy 5(p)			
17.	Manual removal of retained placenta 2(a) 2(p)			
18.	Repair of perineal tears 5(p)			
19.	Repair of cervical tears 2(a),2(p)			
20.	Obstetric ultrasound 5(a)			

2. GYNAECOLOGY

No.	PROCEDURE AND RECOMMENDED NUMBER	ASSISTED/ PERFORMED	REGISTRATION	SUPERVISOR'S SIGNATURE
1.	Pap smear 5(p)			
2.	Diagnostic curettage 5(p)			
3.	Suction Curettage (MVA) 20			

DRAFT

	(p)			
4.	Marsupialization for Bartholins abscess 3(p)			
5.	Laparatomy for ectopic pregnancy 5 (p)			
6.	Laparatomy for pelvic abscess 2(p)			
7.	Ovarian cystectomy 3(a)			
8.	VIA/VILI 10(p)			
9.	Tubal surgery 5(a)			

DRAFT

10.	Explorative laparotomy 5(a)			
11.	Laparascopic surgery 2(a)			
12.	Total abdominal hysterectomy 5(a)			
13.	Vaginal hysterectomy 3(a)			
14.	Myomectomy 5(a)			
15.	Postmortem 1(o)			

DRAFT

MONTHLY ASSESSMENT

MONTH	**COMMENT BY INTERN**	**COMMENT BY SUPERVISOR**	**COMMENT BY INTERN COORDINATOR**
ONE (1)			
	Sign_____	Sign_____	Sign_____
	Date_____	Date_____	Date_____
STAMP			
TWO (2)			
	Sign_____	Sign_____	Sign_____
	Date_____	Date_____	Date_____
STAMP			

DRAFT

VERIFICATION OF COMPLETION OF OBSTETRICS & GYNAECOLOGY REQUIREMENTS FORM

COMMENTS BY MEDICAL OFFICER INTERN	
NAME	
DATE AND SIGN	
COMMENTS BY MEDICAL SUPERVISOR	
NAME	
DATE, SIGN AND STAMP	
COMMENTS BY INTERNSHIP COODINATOR	
NAME	
DATE, SIGN AND STAMP	

DRAFT

DRAFT

EVALUATION OF PERFORMANCE IN THE OBSTETRICS AND GYNAECOLOGY ROTATION FORM

Names_____ Internship License No _____

Internship Centre_____ Discipline: **OBSTETRICS & GYNAECOLOGY**

Period of Rotation: Start:_____
End:_____

Confirmed by (Supervisor) Sign and Stamp:,_____

GRADING: 3- Intern meets most of the criteria without assistance

2- Intern requires some assistance to meet stated criteria

1- Intern requires considerable assistance to meet stated criteria

0- Unable to meet the criteria completely

NB: Where the grading shall be for scale 0 or 1above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public at large.

	GRADE	REMARKS
I. KNOWLEDGE		
Basic Sciences		
Theoretical Knowledge in the Discipline		
Participation in CPD		
II. CLINICAL SKILLS		
a) History Taking		
b) Clinical examination		
c) Interpretation of laboratory Data and X-Ray Findings		
d) Patient notes		
e) Use of drugs		
f) Patient Management		
III. PROFESSIONAL CONDUCT		
a) To patients and caregivers		
b) To seniors, colleagues and other health workers		
c) To the public		

DRAFT

d) Punctuality, availability and Time management		

DRAFT

OVERALL ASSESSMENT IN OBSTETRICS AND GYNAECOLOGY

ASSESSMENT BY SUPERVISOR

_____
_____
_____
_____

Name _____Qualification_____Reg. No. _____

Signature_____ Stamp_____ Date_____

ASSESSMENT BY INTERNSHIP COODINATOR

_____
_____
_____
_____

Name _____Qualification_____Reg. No. _____

Signature_____ Stamp_____ Date_____

ASSESSMENT BY MEDICAL DIRECTOR/SUPERINTENDENT

_____
_____

Successfully Completed Rotation	For extension of rotation	Irremediable

Name _____Qualification_____Reg. No. _____

Signature_____ Stamp_____ Date_____

DRAFT

(C) PAEDIATRICS AND CHILD HEALTH ROTATION PROCEDURE AND CASE LOG BOOK FOR MEDICAL OFFICER INTERNS

In this rotation, the medical officer intern shall:

i. Be able to clerk, investigate and present patients during ward rounds
ii. Be able to follow up patients from admission till discharge and be able to write a proper discharge summary
iii. Participate in daily ward round and attend paediatric outpatient clinics (POPC)
iv. Attend and participate/present in all weekly departmental CMEs.

In addition to the above, at the end of the rotation one is expected to have participated in the following procedures:

NO.	PROCEDURE AND RECOMMENDED NUMBER	ASSISTED/PERFORMED	REGISTRATION	SUPERVISOR SIGN
1.	Lumbar puncture 5(p)			
2.	IV cannulation 30(p)			

DRAFT

3.	NG Tube insertion (NBU) 10(p)			
4.	Venesection in the neonate (broken needle technique) 10(p)			
5.	Venesection in older children 10(p)			

DRAFT

6.	Urinary Catheterization 5(a)			
7.	Exchange transfusion 2(a)			
8.	Blood transfusion 10(p)			
9.	Ascitic tap 2(p)			
10.	CME presentation 2(a)			
11.	Postmorterm 1(o)			

CASES MANAGED (To be marked as adequate/inadequate)

CASE	HISTORY	EXAMINATION	INVESTIGATIONS	MANAGEMENT	CONSULTANT SIGN	DATE
Meningitis						
Epilepsy						
ACS						
Heart failure						
Pneumonia						
Asthma						
Liver failure						
GI bleeding						
DKA						
Rheumatoid arthritis						
Renal failure						
TB						
HIV						
PCP						
CMV						

DRAFT

DRAFT

MONTHLY ASSESSMENT

MONTH	**COMMENT BY INTERN**	**COMMENT BY SUPERVISOR**	**COMMENT BY INTERN COORDINATOR**
ONE (1)			
	Sign_____	Sign_____	Sign_____
	Date_____	Date_____	Date_____
STAMP			
TWO (2)			
	Sign_____	Sign_____	Sign_____
	Date_____	Date_____	Date_____

DRAFT

STAMP		

DRAFT

VERIFICATION OF COMPLETION OF PAEDIATRICS AND CHILD HEALTH REQUIREMENTS FORM

COMMENTS BY MEDICAL OFFICER INTERN	
NAME	
DATE AND SIGN	
COMMENTS BY MEDICAL SUPERVISOR	
NAME	
DATE, SIGN AND STAMP	
COMMENTS BY INTERNSHIP COODINATOR	
NAME	

DRAFT

DATE, SIGN AND STAMP	

EVALUATION OF PERFORMANCE IN THE PAEDIATRICS & CHILD HEALTH ROTATION FORM

Names_____ Internship License No _____

Internship Centre_____ Discipline: **PAEDIATRICS & CHILD HEALTH**

Period of Rotation: Start:_____
End:_____

Confirmed by (Supervisor) Sign and Stamp:,_____

GRADING: 3- Intern meets most of the criteria without assistance

2- Intern requires some assistance to meet stated criteria

1- Intern requires considerable assistance to meet stated criteria

0- Unable to meet the criteria completely

NB: Where the grading shall be for scale 0 or 1above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public at large.

	GRADE	**REMARKS**
I. KNOWLEDGE		
Basic Sciences		
Theoretical Knowledge in the Discipline		
Participation in CPD		
II. CLINICAL SKILLS		

DRAFT

a) History Taking		
b) Clinical examination		
c) Interpretation of laboratory Data and X-Ray Findings		
d) Patient notes		
e) Use of drugs		
f) Patient Management		
III. PROFESSIONAL CONDUCT		
a) To patients and caregivers		
b) To seniors, colleagues and other health workers		
c) To the public		
d) Punctuality, availability and Time management		

DRAFT

OVERALL ASSESSMENT IN PAEDIATRICS & CHILD HEALTH

ASSESSMENT BY SUPERVISOR

_____
_____
_____
_____

Name _____Qualification_____Reg. No. _____

Signature_____ Stamp_____ Date_____

ASSESSMENT BY INTERNSHIP COODINATOR

_____
_____
_____
_____

Name _____Qualification_____Reg. No. _____

Signature_____ Stamp_____ Date_____

ASSESSMENT BY MEDICAL DIRECTOR/SUPERINTENDENT

_____
_____

Successfully Completed Rotation	For extension of rotation	Irremediable

Name _____Qualification_____Reg. No. _____

Signature_____ Stamp_____ Date_____

DRAFT

(D) INTERNAL MEDICINE ROTATION PROCEDURE AND CASE LOG BOOK FOR MEDICAL OFFICER INTERNS

In this rotation, the medical officer intern shall:

v. Be able to clerk, investigate and present patients during ward rounds

vi. Be able to follow up patients from admission till discharge and be able to write a proper discharge summary

vii. Participate in daily ward round and attend medical outpatient clinics (MOPC)

viii. Attend and participate/present in all weekly departmental CMEs.

In addition to the above, at the end of the rotation one is expected to have participated in the following procedures:

NO.	PROCEDURE AND RECOMMENDED NUMBER	ASSISTED/ PERFORMED	REGISTRATION	SUPERVISOR SIGN
1.	Lumbar puncture 10(p)			
2.	Pleural tap 5(p)			
3.	Ascitic tap 5(p)			

DRAFT

4.	Bone marrow aspirate 2(a)			
5.	Lymph node biopsy 5(p)			
6.	Diabetic foot care 5(p)			
7.	ECG 5(p)			
8.	Central venous catheter insertion 2(a)			
9.	Dialysis catheter insertion 2(a)			
10.	Post-mortem 1(o)			
11.	Arterial blood gases 5(p)			

CASES MANAGED (To be marked as adequate/inadequate)

CASE	HISTORY	EXAMINATION	INVESTIGATIONS	MANAGEMENT	CONSULTANT SIGN	DATE
Meningitis						
Epilepsy						
Stroke						
DVT/PTE						
Thyroid disease						
ACS						
Heart failure						
Pneumonia						

DRAFT

Asthma						
Liver failure						
GI bleeding						
DKA						
SLE						
Rheumatoid arthritis						
Renal failure						
TB						
HIV						
PCP						
CMV						

DRAFT

MONTHLY ASSESSMENT

MONTH	**COMMENT BY INTERN**	**COMMENT BY SUPERVISOR**	**COMMENT BY INTERN COORDINATOR**
ONE (1)			
	Sign_____	Sign_____	Sign_____
	Date_____	Date_____	Date_____
STAMP			
TWO (2)			
	Sign_____	Sign_____	Sign_____
	Date_____	Date_____	Date_____

DRAFT

STAMP		

DRAFT

VERIFICATION OF COMPLETION OF INTERNAL MEDICINE REQUIREMENTS FORM

COMMENTS BY MEDICAL OFFICER INTERN	
NAME	
DATE AND SIGN	
COMMENTS BY MEDICAL SUPERVISOR	
NAME	
DATE, SIGN AND STAMP	
COMMENTS BY INTERNSHIP COODINATOR	
NAME	
DATE, SIGN AND STAMP	

DRAFT

EVALUATION OF PERFORMANCE IN THE INTERNAL MEDICINE ROTATION FORM

Names_____ Internship License No _____

Internship Centre_____ Discipline: **INTERNAL MEDICINE**

Period of Rotation: Start:_____
End:_____

Confirmed by (Supervisor) Sign and Stamp:,_____

GRADING: 3- Intern meets most of the criteria without assistance

2- Intern requires some assistance to meet stated criteria

1- Intern requires considerable assistance to meet stated criteria

0- Unable to meet the criteria completely

NB: Where the grading shall be for scale 0 or 1above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public at large.

	GRADE	**REMARKS**
I. KNOWLEDGE		
Basic Sciences		
Theoretical Knowledge in the Discipline		
Participation in CPD		
II. CLINICAL SKILLS		
a) History Taking		
b) Clinical examination		
c) Interpretation of laboratory Data and X-Ray Findings		

DRAFT

d) Patient notes		
e) Use of drugs		
f) Patient Management		
III. PROFESSIONAL CONDUCT		
a) To patients and caregivers		
b) To seniors, colleagues and other health workers		
c) To the public		
d) Punctuality, availability and Time management		

DRAFT

OVERALL ASSESSMENT IN INTERNAL MEDICINE

ASSESSMENT BY SUPERVISOR

_____
_____
_____
_____

Name _____Qualification_____Reg. No. _____

Signature_____ Stamp_____ Date_____

ASSESSMENT BY INTERNSHIP COODINATOR

_____
_____
_____
_____

Name _____Qualification_____Reg. No. _____

Signature_____ Stamp_____ Date_____

ASSESSMENT BY MEDICAL DIRECTOR/SUPERINTENDENT

_____
_____

Successfully Completed Rotation	For extension of rotation	Irremediable

Name _____Qualification_____Reg. No. _____

Signature_____ Stamp_____ Date_____

DRAFT

(E)PSYCHIATRY AND MENTAL HEALTH ROTATION PROCEDURE AND CASE LOG BOOK FOR MEDICAL OFFICER INTERNS

In this rotation, the medical officer intern shall:

ix. Be able to clerk, investigate and present patients during ward rounds

x. Be able to adequately prepare patients undergoing various mental health procedures

xi. Be able to follow up patients till discharge and be able to write a proper discharge summary

xii. Be able to present patients during the ward rounds

xiii. Attend and participate/present in all weekly departmental CMEs.

In addition to the above, at the end of the rotation one is expected to have participated in the following procedures:

NO.	PROCEDURE AND RECOMMENDED NUMBER	ASSISTED/PERFORMED	REGISTRATION	SUPERVISOR SIGN
1.	ECT 10(p)			
2.	Psychotherapy 10(p)			

DRAFT

CASES MANAGED (To be marked as adequate/inadequate)

CASE	HISTORY	EXAMINATION	INVESTIGATIONS	MANAGEMENT	CONSULTANT SIGN	DATE
Substance related disorders						
Schizophrenia and other related psychotic disorders						
Mood disorders						
Anxiety disorders						
Trauma related disorders						
Sleep disorders						
Personality disorders						

DRAFT

MONTHLY ASSESSMENT

MONTH	**COMMENT BY INTERN**	**COMMENT BY SUPERVISOR**	**COMMENT BY INTERN COORDINATOR**
ONE (1)			
	Sign_____	Sign_____	Sign_____
	Date_____	Date_____	Date_____
STAMP			
TWO (2)			
	Sign_____	Sign_____	Sign_____
	Date_____	Date_____	Date_____

DRAFT

STAMP		

DRAFT

VERIFICATION OF COMPLETION OF PSYCHIATRY AND MENTAL HEALTH REQUIREMENTS FORM

COMMENTS BY MEDICAL OFFICER INTERN	
NAME	
DATE AND SIGN	
COMMENTS BY MEDICAL SUPERVISOR	
NAME	
DATE, SIGN AND STAMP	
COMMENTS BY INTERNSHIP COODINATOR	
NAME	

DRAFT

DATE, SIGN AND STAMP	

EVALUATION OF PERFORMANCE IN THE PSYCHIATRY & MENTAL HEALTH ROTATION FORM

Names_____ Internship License No _____

Internship Centre_____ Discipline: **PSYCHIATRY & MENTAL HEALTH**

Period of Rotation: Start:_____
End:_____

Confirmed by (Supervisor) Sign and Stamp:,_____

GRADING: 3- Intern meets most of the criteria without assistance

2- Intern requires some assistance to meet stated criteria

1- Intern requires considerable assistance to meet stated criteria

0- Unable to meet the criteria completely

NB: Where the grading shall be for scale 0 or 1above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public at large.

	GRADE	**REMARKS**
I. KNOWLEDGE		
Basic Sciences		
Theoretical Knowledge in the Discipline		
Participation in CPD		
II. CLINICAL SKILLS		

DRAFT

a) History Taking		
b) Clinical examination		
c) Interpretation of laboratory Data and X-Ray Findings		
d) Patient notes		
e) Use of drugs		
f) Patient Management		
III. PROFESSIONAL CONDUCT		
a) To patients and caregivers		
b) To seniors, colleagues and other health workers		
c) To the public		
d) Punctuality, availability and Time management		

DRAFT

OVERALL ASSESSMENT IN OBSTETRICS AND GYNAECOLOGY

ASSESSMENT BY SUPERVISOR

_____
_____
_____
_____

Name _____Qualification_____Reg. No. _____

Signature_____ Stamp_____ Date_____

ASSESSMENT BY INTERNSHIP COODINATOR

_____
_____
_____
_____

Name _____Qualification_____Reg. No. _____

Signature_____ Stamp_____ Date_____

ASSESSMENT BY MEDICAL DIRECTOR/SUPERINTENDENT

_____
_____

Successfully Completed Rotation	For extension of rotation	Irremediable

Name _____Qualification_____Reg. No. _____

Signature_____ Stamp_____ Date_____

DRAFT

DRAFT