REPUBLIC OF KENYA

MEDICAL PRACTITIONERS AND DENTISTS BOARD

GUIDELINES FOR DENTAL INTERNS

Issued by:
The Medical Practitioners
and Dentist Board

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GUIDELINES
FOR
DENTAL INTERNS

February 27, 2014

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FOREWORD

Internship is an important period in a doctor's career. During this period, many skills are learnt and the knowledge and skills acquired during training are consolidated. A proper attitude by the intern and good guidance given by the supervisors inducts and orientates an individual into the Medical and Dental professional life, which serves the doctor well throughout their career.

The task of acquiring further knowledge and sharpening the skills must remain an individual effort. The supervisors are like coaches, whose main role is to enhance one's professional performance, and bring out a well-grounded and competent doctor.Medicine and Dentistry are both a science and an art. The years spent in training are mainly to acquire scientific knowledge and skills from various avenues including lectures, practical sessions, supervisorials, books and other resources. Self-learning methods especially audio-visual material and computers have greatly enhanced the acquisition of this knowledge.

The foundational knowledge is the platform on which the art of practice will be based. The intern must then synthesize the science and art to create a smooth process in which the two are closely intertwined. During this period the interns sharpen their communication and clinical skills. This requires time, patience and commitment, which are important ingredients for perfection in practice.

It is important for interns to know and understand the law that governs internship licencing and registration particularly Chapter 253 of the Laws of Kenya. In addition all clinicians shall know other laws that govern practice in Kenya including the Dangerous Drugs Act and the Pharmacy and Poisons Act.

The Board 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 log book shall be signed by the relevant supervisors. There will be an assessment form for use by supervisors in addition to the log book.

The report of the assessment is a useful feedback to the board, which determines whether one qualifies for registration as a Medical or Dental Practitioner. All the complaints that may arise during the internship period shall be directed to the board by the intern, the supervisors or both as well as the institutions and the public.

These guidelines outline what the Medical Practitioners and Dentists Board (MP&DB) considers to be important areas that must be covered to ensure that adequate knowledge and skills have been acquired. They were compiled by a team of experienced clinicians and teachers in medicine and dentistry.

The Board has also published ***"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. It is required that all doctors acquaint themselves with these regulations.

It is hoped that through this process internship will be an exciting milestone in the life of the doctor. The Board welcomes suggestions on improvement of these guidelines.

On behalf of the Board , I wish all interns an exciting and fruitful internship period.

PROF. GEORGE A. O. MAGOHA, EBS. MBS
CHAIRMAN
MEDICAL PRACTITIONERS AND DENTISTS BOARD

INTRODUCTION

Users of the guidelines

These guidelines are intended to provide direction to interns during the internship training. This ensures standardization of internship training in various institutions at different levels of health care in the country. They are meant for use by various cadres of practitioners namely:

i. Doctor interns
ii. Supervisors
iii. Intern coordinators
iv. Medical superintendents/Directors
v. Mentors
vi. Teachers of medicine and dentistry
vii. Other stakeholders in medical and dental service delivery.

Layout of the guidelines

These guidelines comprise of four parts and appendices as follows:

Part I: General information on internship training

Part II: Minimum requirements in clinical skills and patient care for dental interns

Part III: Annexes

a) List of Internship Training Centres
b) Intern Assessment Form
c) Generic Dental log book
d) Inspection checklist for:-
    i. New Internship Training Centres
    ii. Existing Internship Training Centres

Dissemination

These guidelines shall be disseminated by the Board and intern coordinators to the users, particularly the interns before commencement of internship training. The guidelines will be available from the Board offices and on the Board's website.

General requirements for internship training

1. All Internship centres shall appoint an internship co-ordinator who shall co-ordinate internship training.
2. All internship training centres shall have equipped resource centres with internet connection.
3. Each centre shall have diagnostic services operating on a 24 hours basis.
4. The pharmacy department shall run on a 24 hour basis.
5. The hospitals shall make arrangements for suitable accommodation for interns. Call rooms shall set up within the hospital.
6. Centers shall inform the Board about interns with difficulties at the end of every rotation.
7. Supervisors/Specialists must be readily available in all departments and accessible to teach.
8. The Director of Medical Services shall ensure the availability of Specialists in the relevant disciplines in Medicine and Dentistry in the Internship Training Centers, at all times.
9. Interns shall repeat failed rotations before proceeding to the next one.
10. Centres must regularly update the Board on the status of the interns.

PROF. ALICE K. MUTUNGI
CHAIR – ASSESSMENT AND REGISTRATION COMMITTEE
MEDICAL PRACTITIONERS AND DENTISTS BOARD

Acknowledgment

Thanks to Prof. Magoha, Chairman of the Board and the following members of Assessment and Registration Committee (ARC) for providing leadership in the review process:

1. Prof. Alice Mutungi - Chair, ARC
2. Prof. Barasa K. Otsyula - Member
3. Prof. Evelyn Wagaiyu - Member
4. Dr. Tom Ochola - Member
5. Dr. Samson Wanjala - Member
6. Dr. Elly Nyaim Opot - Member

The Board also wishes to acknowledge the following paticipants for their input during the stakeholders workshop that was held on 27th February 2014 at The Kenya School of Law, Nairobi

1. Dr. Charles M. Rwenyonyi - Uganda Medical & Dental Practitioners Council
2. Dr. Fred Nyankori - Uganda Medical & Dental Practitioners Council
3. Prof. David Ngassapa - Medical Council of Tanganyika
4. Prof. Justin Wane - Rwanda Medical & Dental Council
5. Dr. Anisa A. Omar - Kilifi County Health Director
6. Dr. Victor A. Munala - AIC Litein Hospital
7. Dr. Biasha Athman - Coast Prov. Gen. Hospital
8. Dr. Michael O. Amolo - Aga Khan Hospital, Kisumu
9. Dr. Anthony Gikonyo - The Karen Hospital
10. Dr. Wafula Nalwa - Migori County Hospital
11. Dr. Wanjala E. Simiyu - Busia County Hospital
12. Dr. John Kaguthi - Vihiga District Hospital
13. Dr. Stanley Wamwea Mugo - Meru Level 5 Hospital
14. Dr. Peter M. Nthumba - AIC Kijabe Hospital
15. Dr. Chege M. John - Naivasha District Hospital
16. Dr. Benson M. Ngari - Karatina Sub-county Hospital
17. Dr. Tonnie K. Mulli - School of Dental Sciences, University of Nairobi
18. Dr. Einstein Tsuma - Maua Methodist Hospital
19. Dr. Paul M. Musila - Kerugoya District Hospital
20. Dr. Munyendo W. Alex - Webuye District Hospital
21. Dr. Cyrus G. Karuga - Kangundo Level IV Hospital
22. Dr. Irene Nzamu - The Mater Hospital
23. Dr. Charles Mwai - The Mater Hospital
24. Dr. Riro Mwita - Kiambu District Hospital
25. Dr. Patrick Mbuthia Mwangi - Mukurweini Sub-county Hospital
26. Dr. Audrey C. Kironget - Iten District Hospital
27. Sr. Caroline Muindi - PCEA Kikuyu Hospital
28. Dr. Teresiah Njoroge - Moi District Hospital, Voi
29. Dr. George M. Muia - Kapkatet District Hospital
30. Dr. Lucy W. Ng'ethe - Nanyuki Teaching & Referral Hospital
31. Dr. Leonard Gikera - Murang'a District Hospital
32. Dr. Wambugu Maranga - Nyeri Prov. Gen. Hospital
33. Dr. Emily Nyamu - Nyeri Prov. Gen. Hospital
34. Dr. Jacqueline Andhoga - Machakos Level 5 Hospital
35. Dr. James Wagude - Siaya District Hospital
36. Dr. Wobenjo Adili - Mwingi District Hospital
37. Dr. Prisca Amolo - Makueni District Hospital
38. Dr. Gakuo James - Kitui District Hospital
39. Dr. Enock Ondari - Kisii Level 5 Hospital

40. Dr. Peter Masaba - North Kinangop Catholic Hospital
41. Lt. Col. (Dr.) A. Odhiambo - Defence Forces Memorial Hospital
42. Mr. Tobias O. Panyako - Kendu Adventist Hospital
43. Dr. Elijah K. Terer - Tenwek Mission Hospital
44. Dr. Aaron Kelley - Tenwek Mission Hospital
45. Dr. Chira Douglas - Our Lady of Lourdes Mwea Hospital

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Last but not least, I wish to appreciate John Kariuki, Rose Wafukho, Duncun Mwai, Christine Muriu and Sarah Were for providing secretarial and other logistical support during the review process.

DANIEL M. YUMBYA
CHIEF EXECUTIVE OFFICER
MEDICAL PRACTITIONERS AND DENTISTS BOARD

PART I

GENERAL INFORMATION

THE MEDICAL PRACTITIONERS AND DENTISTS BOARD

The Medical Practitioners and Dentists Board 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: -

i. Assist the intern to attain full potential during internship
ii. Provide the necessary guidance to the intern
iii. Liaise with employers and supervisors of the intern to ensure that he or she has enabling work environment.
iv. Supervise the process of internship through visits to the internship training centers.
v. Approve new internship training centers.
vi. Ensure that the required standards at all internship training centers are maintained.
vii. Verify completion of internship training and register those successful as medical and dental practitioners.

INTERNSHIP

Internship is a period of supervised practical experience for medical/ dental graduates when they serve in the hospitals for specified periods before registration. During this period, the graduates have an opportunity to consolidate their knowledge, skills and attitudes to enable them be competent practitioners.

Every medical intern shall be required to undergo an internship training program for a period of one (1) year to be conducted on a rotational basis comprising of three (3) months each and covering the four (4) main disciplines namely Medicine, Surgery, Paediatrics and Child Health, and Obstetrics and Gynaecology as follows;-

i. In Surgery, exposure to ENT and Ophthalmology is recommended.

ii. In Medicine, exposure to Mental Health is recommended.

iii. There shall be relevant exposure to HIV management and care in the course of each rotation.

iv. Any other additional disciplines as shall be recommended by the Board.

Every dental intern shall be required to undergo an internship training program for a period of one (1) year to be conducted on a rotational basis comprising three (3) months each in the four areas as follows: -

i. Oral and Maxillofacial Surgery
ii. Prosthetics and Conservative Dentistry
iii. Periodontology
iv. Pediatric Dentistry and Orthodontics

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 in patient management

ELIGIBILITY TO ENTER INTERNSHIP PROGRAMME

Eligibility to undergo internship is as prescribed by the Medical Practitioners and Dentists Board 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:-

i. Evidence of having completed an undergraduate course in a recognized medical or dental school in Kenya
ii. Doctors qualified from Medical and Dental Schools within the EAC region and who qualify for reciprocal recognition
iii. Doctors who, having attained the minimum requirement for admission to universities in Kenya, qualify from outside the country and pass the internship qualifying examinations set by the Board
iv. Evidence of having signed the Hippocratic Oath

All applicants who meet the criteria will be issued with an internship license, which is a mandatory requirement before commencement of internship.

NOTE: - The Board reserves the right to turn down an application for a licence. It is illegal to do internship without an internship license.

RESPONSIBILITIES OF AN INTERN

These include the following:-

i. Clerking patients
ii. Performing relevant investigations
iii. Guiding patients and relatives with regards to diagnosis, treatment and follow-up.
iv. Documenting and regularly updating patients' notes
v. Writing accurate and informative case summaries.
vi. Presenting cases concisely, coherently and competently during ward rounds, grand rounds or any other appropriate fora.
vii. Participating in continuing professional development activities
viii. Appropriate handing over patients
ix. Reporting to and consulting with the supervisor
x. Maintaining professional demeanor and conduct
xi. Participating in triaging patients
xii. Performing any other duties assigned by the supervisor

Interns will be expected to go on leave at the end of the internship except under special circumstances in which case they will have to compensate for the time away.

SUPERVISION OF INTERNSHIP

ROLE OF INTERNSHIP COORDINATORS

Each Intern Co-ordinator will do the following: -

i. Receive interns
ii. Organize orientation
iii. Organize regular meetings with interns (monthly)
iv. Ensure interns are given timely feedback on performance and assured of confidentiality
v. Ensure interns give feedback to the hospital
vi. Ensure internship forms & logbooks are filled and sent to the Board on time.
vii. Identify exceptional interns for recognition
viii. Recognize the difficult intern and notify the Board early.
ix. Participate in disciplinary procedures of any difficult interns
x. Chair meeting of Specialists to assess performance of the intern
xi. Prepare reports to the Board through the Medical Superintendent and give brief on matters touching on interns and difficult Specialists/ departments.
xii. Ensure objective and fair assessment of the intern
xiii. Maintain records of meetings, issues and occurrences
xiv. Ensure matters concerning interns welfare are met.
xv. Ensure interns are assessed immediately after a rotation

ASSESSMENT DURING INTERNSHIP

It is the responsibility of the specialist in each discipline to supervise the interns in close collaboration with the Hospital Administrator and the Medical Superintendent.

The assessment tools shall be duly completed and signed by the various supervisors and internship coordinators at the end of each rotation. The Internship Co-ordinator in liaison with the hospital administration will be responsible for the safe custody of assessment tools. All the assessment tools used during the period must be submitted to the Board within four (4) weeks after the end of the internship period.

REGISTRATION OF THE PRACTITIONER

On 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 completed assessment forms and signed log books and reports from the internship training centers.

FAILURE TO COMPLETE THE INTERNSHIP SUCCESSFULLY

Interns will be 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 and the country.

A doctor will fail internship under the following circumstances:-

(a) Professional incompetence which includes:-
   i. Performance below average in knowledge and/or skills
   ii. Failure to undertake most of the key activities prescribed in the log-book.

(b) Professional and General misconduct including:-
   i. Negligence in management of patients
   ii. Inappropriate relationship with patients
   iii. Abuse of patient confidentiality and trust
   iv. Lack of a sense of responsibility
   v. Inappropriate dressing
   vi. Lack of respect for patients, public and /or colleagues.
   vii. Indiscipline such as absence from duty without good cause and lateness to work.
   viii. Substance abuse

The aforementioned circumstances will lead to: -

i. Extension of internship period or
ii. Discontinuation from the programme or
iii. Being subjected to the Board disciplinary process or
iv. Being subjected to the Laws of the land.

GENERAL GUIDELINES FOR DENTAL OFFICER INTERNS

The following are the minimum objectives for the internship training in dentistry:

a) The interns are expected to consolidate their theoretical knowledge, approach the patient holistically and acquire competence in dentistry so as to work independently

b) The intern shall show proficiency in the main specialties, and be able to: -
   i. Take a full history, carry out a complete physical examination and order appropriate investigations for dental patients
   ii. Interpret the radiological and laboratory data/reports to diagnose common dental problems.
   iii. Prepare proper records for patient's case history
   iv. Make a comprehensive treatment plan, prioritizing the needs of the patient and manage common dental problems.
   v. Demonstrate acquired skills by being first on call to attend to emergencies
   vi. Consult and refer to the respective specialist for further management.
   vii. To become clinically proficient in performing biopsy, venepuncture, intravenous infusion, resuscitation, intubation and life support
   viii. Acquire proficiency in infection control as well as occupational health and safety
   ix. Acquire practical experience in the usage of essential medicines, medical supplies and dental materials
   x. Be a team player and exhibit leadership, management and communication skills while working within a multi-disciplinary health facility
   xi. Participate in promotive and preventive oral health care programs
   xii. Comply with the professional code of conduct and ethics
   xiii. Obtain informed consent
   xiv. Counsel
   xv. Participate in continuous professional development activities

In addition to the above broad guidelines, the following are specific objectives in particular disciplines:

ORAL & MAXILLOFACIAL SURGERY INCLUDING

ORAL MEDICINE / ORAL PATHOLOGY

(a) Minor Oral Surgery

To become proficient in the following by performing the minimum number of procedures stipulated in the logbook:

   i. Dental extractions with forceps and elevators
   ii. Surgical removal of teeth and roots after raising flaps
   iii. Minor surgical procedures including dressing dry sockets, removal of epulis, apicectomies, splinting mobile teeth, closure of oro-antral fistulae and draining abscesses.
   iv. Removal of sutures, wires, drains and dressing packs.
   v. Management of Temporomandibular Joint (TMJ) disorders.
   vi. Minor preprosthetic surgical procedures

(b) Major Oral Surgery

The intern shall observe, assist and carry out the following procedures under supervision:-

   i. Treatment of mandibular and maxillofacial fractures by closed reduction and assist in open reduction
   ii. Treatment of simple cysts, observe and assist in repair of cleft lip and clefts of the hard and soft palate
   iii. Surgical management of tumors of the jaws and related structures
   iv. Inpatient care
   v. Participate in operating theatre routine

vi. Participate in dental, multidisciplinary and grand ward rounds
vii. Osteotomies, ostectomies, major preprosthetic surgery, grafting procedures, flaps and reconstructive surgery
viii. Management of oro-facial pain
ix. Management of complex facial infections e.g. Ludwig's angina, necrotizing fasciitis

(c) Oral Medicine/Oral Pathology

i. Management of dental/oral diseases in patients with medical conditions
ii. Prevention, diagnosis and management of common oral conditions, including aphthous ulcer, lichen planus, pemphigoid, oral manifestation of HIV and other medical conditions

CONSERVATIVE AND PROSTHETICS DENTISTRY

(a) Conservative Dentistry and Crown & Bridge

To become proficient in the following by performing the minimum number of procedures stipulated in the logbook:

i. Diagnosis, treatment planning and management of carious, malformed, traumatized and discolored teeth among others
ii. Restoration of teeth with amalgams, composite, compomers, glass ionomer cements among other restorative materials
iii. Endodontic therapy in anterior and posterior teeth
iv. Restoration of teeth using crown and bridge

(b) Prosthetics

To become proficient in the following by performing the minimum number of procedures stipulated in the logbook:

i. Diagnosis, and treatment of partially dentate and edentulous patients
ii. Provision of partial and complete dentures
iii. Immediate dentures, denture repairs and relines

ORTHODONTICS & PAEDIATRIC DENTISTRY

(a) Orthodontics

To become proficient in the following by performing the minimum number of procedures stipulated in the logbook:

i. Orthodontics case assessment; design, construction, delivery, follow up and activation of removable and fixed appliances
ii. Space maintainers
iii. Functional appliances

(b) Pediatric Dentistry

To become proficient in the following by performing the minimum number of procedures in patients under twelve (12) years of age as stipulated in the logbook:

i. Diagnosis, treatment plan and management of dental diseases in children
ii. Behaviour management and dietary counselling in children

PERIODONTOLOGY

To become proficient in the following by performing the minimum number of procedures stipulated in the logbook:

i. Diagnosis, treatment planning treatment & follow up of periodontal diseases and conditions
ii. Periodontal surgery
iii. Splinting of periodontally involved teeth
iv. Oral health education

THE INTERN COORDINATOR

Definition: -
An appointee of the hospital who must be a specialist in a clinical discipline to carry out the following functions:-

Roles

i. Receive interns
ii. Organize orientation of interns
iii. Organize monthly meetings
iv. Ensure interns are given timely feedback on performance and assured of confidentiality
v. Ensure interns give feedback to the hospital
vi. Ensure internship forms & logbooks are filled and sent to the Board on time.
vii. Identify exceptional interns for recognition
viii. Recognize the difficult intern and notify the Board early
ix. Participate in disciplinary procedures of any difficult interns
x. Chair meetings of Specialists to assess performance of the intern
xi. Prepare reports to the Board through the Medical Superintendent and give brief on matters touching on interns and difficult Specialists/ departments
xii. Ensure objective and fair assessment of the intern
xiii. Maintain records of meetings, issues and occurrences
xiv. Ensure matters concerning welfare are met
xv. Ensure interns are assessed immediately after a rotation

INTERN WELFARE

Definition
These are effective measures taken to ensure that the intern settles in a centre as quickly as possible, is comfortable and safe during the internship year to facilitate adequate learning environment.

Welfare
Interns shall be posted as soon as possible or within one month after graduation or passing Board Internship Qualifying Exams.
Salaries shall be paid within two (2) months.

Orientation of interns
All internship training centres shall have a structured orientation program which must include:

i. Interface meetings with specialists, medical officers and nursing officer in- charge
ii. Orientation within various departments in the centre
iii. An overview of internship guidelines
iv. Scope of duties within each rotation
v. Election of interns representative

Mentors
The centre shall have a mentorship programme. Mentors shall be appointed amongst the specialists in each Department. Each intern shall be assigned a mentor.

Workload
The workload shall be adequate to ensure that the interns are exposed to common conditions that present in the centre.

Health
Medical Superintendent shall ensure that interns have: -

1. Necessary occupational and work place safety including Vaccinations, post exposure management
2. Guidance and counselling for those with social and economic challenges

Resource Materials
The hospital management shall ensure that the following facilities are in place:

i. A resource centre/medical library with current journals/reference books
ii. Internet connectivity and accessibility

Housing
The hospital management shall facilitate the availability of appropriate accommodation for interns.
Call rooms shall be available in all departments

Feedback
There shall be consultative monthly meetings involving interns, intern coordinators and supervisors.

Transfer of Interns
Where there is need to transfer an intern from one centre to another, the Ministry of Health shall collaborate with the Board. The intern shall require a licence for the new centre.

DENTAL INTERNSHIP TRAINING CENTRES

1. Coast Provincial General Hospital
2. Defence Forces Memorial Hospital
3. Jaramogi Oginga Odinga Teaching & Referral Hospital
4. Kakamega County General Hospital
5. Kenyatta National Hospital
6. Machakos Level 5 Hospital
7. Moi Teaching and Referral Hospital
8. Nyeri County General Hospital
9. Rift Valley County Provincial Hospital
10. University of Nairobi – School of Dental Sciences

N/B: please note that this will be updated from time to time

MEDICAL PRACTITIONERS AND DENTISTS BOARD

Generic Log Book for Dental Interns

LOG BOOK FOR DENTAL OFFICER INTERNS

Personal Details of Intern

Name ……..……..……..……
Date & Year of commencement …….
Index No.……Internship Licence No.……..

Introduction To The Internship Core Log Book

1. Purpose of the log book

This log book is a part of structured Internship Training Program, Conservative Dentistry, Prosthetics Dentistry, Periodontology, Paediatrics and Orthodontics and Oral and Maxillofacial Surgery .The main purpose of the log book is to help you monitor your own competence, to recognize gaps and address them. Its second purpose is to describe the minimum competence level expected of you by the end of your internship rotation.

2. The units of the log book

The log book contains 13 sections which make up the content of the Internship Training.

Each section is laid out in the following manner:-

1. Focus: Essential aim of the unit

2. Formal teaching: This will include additional courses, sessions or seminars that need to be completed in addition to regular sessions

3. Assessment: The method used to assess the unit

3. Levels of competence

Each intern is expected to reach the level of competence required in each section. Columns 1-5 represent the expected levels of competence and are to be interpreted as follows:

Level 1: Observe the activity being carried out by a supervisor
Level 2: Assist in the procedures
Level 3: Carry out the whole activity/procedure under direct supervision of a senior colleague, i.e. the senior colleague is present throughout
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
Level 5: Independent competence, no need for supervision

N/B:- Observing and assisting include understanding of what is being done and why and understanding the relevant principles in both basic and clinical sciences.

4. Using the log book

Each Section contains 5 levels of competence: skill targets 1 to 3 on the left, and targets 4 and 5 on the right. The intern is expected to fill the competence level 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. When the intern is ready for this it is his responsibility to organize, with your trainer, for these targets to be observed. When an entire section is completed (excluding any shaded boxes) request the supervisor to sign up the completed section. Each section commences on a separate page. Some sections have more than one page. The pages contain numbered training targets for the sections. Certain competence targets do not require the trainee to be level 5 (fully independent). These are identified by grey shading of the boxes.

CRITERIA FOR ACCREDITATION OF DENTAL INTERNSHIP TRAINING CENTRES

Internship Training Centers are key components in the training of dentist therefore the hospitals must attain minimum requirements which include :

1. PHYSICAL FACILITIES

Hospitals should have the following departments.

a. Oral and Maxillofacial Surgery, Oral Medicine and Oral Pathology
b. Paediatrics and Orthodontics
c. Conservative and Prosthetics
d. Periodontology
e. Accident and Emergency
f. Dental Laboratory
g. Diagnostic Imaging
h. Anesthesiology,
i. Public Health
j. Outpatient clinics
k. Pharmacy
l. Health Records and information
m. Hospital administration and management
n. Disinfection and sterilization services
o. Sluice room
    - Sluicing sink
    - Availability of running water
    - Decontamination buckets available
    - SoPs

Other essential but not compulsory departments

Pathology lab

2. CONTINUING MEDICAL EDUCATION

Internship Training Centres must be accredited as CPD Providers by the Board.

The facilities/equipment that have to be available include;

a. Ward facilities
b. Cabinets/lockers for security of consumables and documents
c. Accessible Emergency tray with all requirements
d. Oxygen cylinder and flowmeter
e. Firefighting equipment
f. Occupational safety and health
g. Fully operational dental Clinic – one dental chair per two interns
h. Functional operating theater
i. Accident and emergencyunit

j. 24 hour Pharmacy
k. Laboratory
l. Radiology –intra- oral xray and panoramic (or existing arrangements)
m. A resource center/medical library
n. The hospital shall facilitate and make arrangements for secure suitable accommodation for interns
o. The hospital must have a call room for interns

Others
Infection prevention and control protocol
Policies, guidelines and SOPs
(Including reporting procedures, handling / labelling / storage / disposal of specimens and safety program)

Equipment management program (manuals, inventory, service contract, calibration)

Dental waste management programs
- Available Waste bins
- coded bins with proper lining
- Good segregation practice
- All of the above with SoPs

Referral system including Ambulance facility
Feedback mechanism on services offered in place

Utilities
Safe and clean water
Electricity supply and backup generator
Adequate Ventilation and lighting in the clinic
Washroom facilities and sanitary facilities for both staff and clients
Catering service and laundry
State of floor – cement floor

General management
Strategic plan with Vision/Mission/values/ Objectives identified
Organization chart available
Service charter displayed
List of all staff working, including position and qualifications
Licenses - Premises & devices

Quality assurance

Quality control practiced (Equipment / reagent registered, validated, calibrated and quality control of tests, well maintained equipment, storage)

PERSONNEL IN AN INTERNSHIP TRAINING CENTRE

- The four major specialists (Oral Maxillofacial Surgery, Paediatrics and Orthodontics, Periodontology, Conservative and Prosthetics should be available at an internship training centre but a minimum of two.
- Dental officers must be available in any two main specialties*
- There must be adequate numbers of technical, nursing and support staff, one nurse per clinic
- Valid practicing licenses
- Indemnity is recommended

REPUBLIC OF KENYA

ANNEX I

Telegram "MEDBOARD", Nairobi
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E-Mail Address: ceo@kenyamedicalboard.org
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MEDICAL PRACTITIONERS
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NAIROBI

DENTAL INTERNSHIP TRAINING FACILITY INSPECTION /APPRAISAL DATA FORM

1. DATA

Name of Institution…….

Postal Address ……

Physical Address…….

Telephone No……..Fax……..

E-Mail ……

……County……..Town……

Medical Director/Medical Superintendent ……

Internship coordinator …….

Health Administrator (*where applicable)*…….

Nursing Officer In-charge……

Category of Institution----------number of interns ----------

Brief summary of the institution

Location, catchment area, workload, bed capacity, ……

……

……

……

Out-Patient attendance (daily average) ……

1. **Human Resource**

Recognized Specialists	**Names**	**Reg.No.**
(a) Oral and Maxillofacial Surgery	(1) ----------	----------
	(2)----------	----------
(b) Paediatric Dentistry and Orthodontics	(1) ----------	----------
	(2)----------	----------
(c) Conservative and Prosthetic Dentistry	(1) ----------	----------
	(2)----------	----------
(d) Periodontolgy	(1) ----------	----------
	(2)----------	----------
(e) Others (specify)	(1)----------	----------
	(2) ----------	----------
	(3)----------	----------
	Total No. _____	

Dental Officers Intern	(1) ----------	----------
	(2)----------	----------
	(3) ----------	----------
	(4) ----------	----------
	(5) ----------	----------
	(6) ----------	----------

Auxiliary Health Personnel

(a) Community Oral Health Officers- ----------

(b) Nurses.....

(c) Dental Laboratory Technologists- ----------

(d) Other (Specify)…….……..

2. **Physical Facilities**

i. Fully Functional Dental Chair ----------

(one unit per intern)

ii. Amalgamator (s) ----------

iii. Light cure machine(s) ----------

iv. Ultra sound Scaler(s) ----------

v. Full range of instruments/accessory equipment ----------

vi. Dental materials and supplies ----------

vii. Electricity and energy back-up .....

viii. Water source .....

ix. Resource centre/library with dental literature ----------

a. Seating capacity ----------
b. Current Journals/ reference books_____ Internet connection

Yes	No

x. Internal Accommodation for interns
a. Number of flats/houses----------
b. Night-call rooms----------
c. Medical Insurance

Yes	No

xi. Waste management
-Incinerator _____
-Placenta Pit _____
-Sluice rooms _____
-Sharps container _____
-Amalgam disposal _____
-Coded bins _____

Support Facilities

i. Dental Radiology (Intra oral and Panoramic x-ray equipment ----------
ii. Dental Prosthetic laboratory ----------
iii. In patient facility ----------
iv. Theatre ----------
iv. Pharmacies ----------
v. Pathology laboratory ----------
vi. Accident and emergency facilities ----------

2. Registered and running Continuing Professional Development (CPD) Programs?

Yes	No

CPD Coordinator Name:----------Reg. No.----------

4. Availability of Standard Operating Procedures (SOPs)

Yes	No

5. Availability of a Strategic Plan?

Yes	No

6. Presence of a Maintenance Unit (with Technologist competent in Dental Units)

Yes	No

7. **Presence of Registry and Stores**

Yes	No

8. **Availability of Occupational Safety Facilities**
   -Gown, eye goggles, Eye wash facility/exposure control protocol, Masks, Fire Safety Equipment

9. **Remarks:**

Names: -_____**Date:** _____**Signature:**_____

Medical Director/Medical Superintendent

OFFICIAL USE ONLY BY BOARD

Comments by Interns

Comments by intern supervisors, Specialists, MOs

FINDINGS

RECOMMENDATIONS

ANNEX II

REPUBLIC OF KENYA

Telephone: 2724994/ 2728752
2724938 / 2711478
Fax: 2724938
E-Mail Address: info@kenyamedicalboard.org

MEDICAL PRACTITIONERS
AND DENTISTS BOARD
MP & DB HOUSE
WOODLANDS RD, OFF LENANA RD,
P.O. Box 44839 – 00100
NAIROBI

Website: www.medicalboard.co.ke

When replying please quote

INTERNSHIP ASSESSMENT FORM
DENTISTRY

Names---------- License No ---------- Internship Licence No ----------

Internship Centre----------Discipline----------

Period of Rotation
From……..To……

GRADE:-

A- Intern meets most of the criteria without assistance
B- Intern requires some assistance to meet stated criteria
C- Intern requires considerable assistance to meet stated criteria
D- Unable to meet the criteria completely

N/B: Where the grading shall be for scale **D** above, 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		
•		

Conservative Dentistry		
• Prosthetics Dentistry		
• Periodontology		
• Paediatrics Orthodontics		
• Oral Maxillofacial Surgery		
III. PROFESSIONAL CONDUCT		
(a) To patients		
(b) To seniors, colleagues and other health workers		
(c) To public		
(d) Punctuality & availability		

A) OVERALL ASSESSMENT BY THE SUPERVISOR

Name ----------Qualification----------Reg. No. ----------

Signature…….Date……

B) RECOMMENDATIONS BY THE INTERN COORDINATOR

Name ----------Qualification----------Reg. No. ----------

Signature…….Date……

C) HOSPITAL DIRECTOR/MEDICAL SUPERINTENDENT

I certify that the above named officer was engaged in full-time training employment in the discipline specified above, in accordance with Section II of Cap 253 and is hereby recommended/not recommended for registration *(delete if not applicable)*

……

……

……

……

……

……

QUALIFICATIONS----------REG. NO.----------

NAME----------Signature----------Date----------

Official Stamp

(a) CONSERVATIVE DENTISTRY ROTATION PROCEDURE AND CASE LOG BOOK FOR DENTALOFFICER INTERNS

OBJECTIVES	COMPETENCY LEVELS
The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this rotation. *i. The intern is expected to elicit accurate information, demonstrating skills in communicating with patient and parents and maintaining proper clinical records.* *ii. He/She should obtain relevant investigations and provide accurate diagnosis.* *iii. Outline an acceptable treatment plan including obtaining consent from patient.* *iv. Demonstrate competence in operative skills, post-operative management and management of complications.* *v. In addition, other skills such as punctuality, availability, communication, ethical behaviour will be evaluated*	***The Supervisor shall assess the competence of the Intern on a regular basis (daily or weekly basis) and tick appropriately when completing the log below.*** **GRADING CRITERIA** **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

ROTATION PERIOD:

DATE	MONTH	YEAR

PROCEDURES:

CODE	PROCEDURE	Min No. Req.	Tick	Actual No. completed	Expected level of competence	Grade
CONS 01	Amalgam Restorations	60			Level 5	
CONS 02	Tooth coloured restorations	60			Level 5	
CONS 03	Endodontic procedures (Anterior and Posterior)	20			Level 5	
CONS 04	Crown and Bridge work	5			Level 5	
CONS 04	Participation in Implant Dentistry team	2			Level 2	
CONS 05	Other (*Presentation of cases in clinico-pathological-radiological conferences; authorship and publication, Grand rounds etc.)*	*	*			

LOG OF CASES - Amalgam Restorations (Level 5 Procedure)

Case	Date completed	Patient Reg no.	*Grade (0-3)	*Signature of Supervisor
1.				
2.				
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59.				
60.				

LOG OF CASES - Tooth coloured restorations (Level 5 Procedure)

Case	Date completed	Patient Reg no.	*Grade (0-3)	*Signature of Supervisor
1.				
2.				
3.				
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57.				
58.				
59.				
60.				

LOG OF CASES - Endodontic procedures (Anterior and Posterior) (Level 5 Procedure)

Case	Date completed	Patient Reg no.	*Grade (0-3)	*Signature of Supervisor
1.				
2.				
3.				
4.				
5.				
6.				
7.				
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9.				
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16.				
17.				
18.				
19.				
20.				

LOG OF CASES - Crown and Bridge work (Level 5 Procedure)

Case	Date completed	Patient Reg no.	*Grade (0-3)	*Signature of Supervisor
1.				
2.				
3.				
4.				
5.				

6.				
7.				
8.				

LOG OF CASES - Participation in Implant Dentistry team (Level 5 Procedure)

Case	Date completed	Patient Reg no.	*Grade (0-3)	*Signature of Supervisor
1.				
2.				

VERIFICATION OF COMPLETION OF REQUIREMENTS

COMMENTS BY INTERN	
Name & Signature of Intern	

*COMMENTS BY INTERN CO-ORDINATOR	
*Name & Signature of Co-ordinator	
*DATE	

*COMMENTS BY SUPERVISOR	
*Name & Signature of Supervisor	
*DATE	STAMP OF INTERNSHIP CENTRE

* Denotes areas to be completed by the Rotation Supervisor

(b) PROSTHETIC DENTISTRY ROTATION PROCEDURE AND CASE LOG BOOK FOR DENTALOFFICER INTERNS

OBJECTIVES	COMPETENCY LEVELS
The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this rotation. i. *The intern is expected to elicit accurate information, demonstrating skills in communicating with patient and parents and maintaining proper clinical records.* ii. *He/She should obtain relevant investigations and provide accurate diagnosis.* iii. *Outline an acceptable treatment plan including obtaining consent from patient.* iv. *Demonstrate competence in operative skills, post-operative management and management of complications.* v. *The intern must also demonstrate an understanding of Laboratory procedures and communicate effectively with Laboratory Technologists.* vi. *In addition, other skills such as punctuality, availability, communication, ethical behaviour will be evaluated*	***The Supervisor shall assess the competence of the Intern on a regular basis (daily or weekly basis) and tick appropriately when completing the log below.*** ***GRADING CRITERIA*** **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 complete the procedure

ROTATION PERIOD:

DATES	MONTH	YEAR

PROCEDURES:

CODE	PROCEDURE	Min No.	Tick	Actual No. completed	Expected Level of Competence	Grade
PROS 01	Complete dentures	10			Level 5	
PROS 02	Removable partial dentures	20			Level 5	
PROS 03	Repairs, relines, immediate dentures	2			Level 5	
PROS 04	Participation in implant dentistry/overdenture/orofacial prostheses teams/ obturators	2			Level 2	
PROS 05	Other (specify) (*presentation of cases in clinico-pathological-radiological conferences; authorship and publication, grand rounds etc.)*	*	*			

LOG OF CASES Complete dentures **(Level 5 Procedure)**

Case	Date completed	Patient Reg no.	*Grade (0-3)	*Signature of Supervisor
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

LOG OF CASES - Removable partial dentures (Level 5 Procedure)

Case	Date completed	Patient Reg no.	*Grade (0-3)	*Signature of Supervisor
1.				
2.				
3.				
4.				
5.				
6.				
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15.				

16.				
17.				
18.				
19.				
20.				

LOG OF CASES - Repairs, relines, immediate dentures (Level 5 Procedure)

Case	Date completed	Patient Reg no.	*Grade (0-3)	*Signature of Supervisor
1.				
2.				

LOG OF CASES - Participation in implant dentistry/overdenture/orofacial prostheses teams/ obturators - (Level 2 Procedure)

Case	Date completed	Patient Reg no.	*Grade (0-3)	*Signature of Supervisor
1.				
2.				

VERIFICATION OF COMPLETION OF REQUIREMENTS

COMMENTS BY INTERN	
Name & Signature of Intern	

*COMMENTS BY INTERN CO-ORDINATOR	
*Name & Signature of Co-ordinator	
*DATE	
*COMMENTS OF SUPERVISOR	
*Name & Signature of Supervisor	
*DATE	STAMP OF INTERNSHIP CENTRE

* Denotes areas to be completed by the Rotation Supervisor

(c) PERIDONTOLOGY ROTATION PROCEDURE AND CASE LOG BOOK FOR DENTALOFFICER INTERNS

OBJECTIVES	COMPETENCY LEVELS
The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this rotation. i. *The intern is expected to elicit accurate information, demonstrating skills in communicating with patient and maintaining proper clinical records.* ii. *He/She should obtain relevant investigations and provide accurate diagnosis.* iii. *Outline an acceptable treatment plan including obtaining consent from patient.* iv. *Demonstrate competence in Periodontics, post-operative management and management of complications of periodontal diseases.* v. *In addition, other skills such as punctuality, appointment management infection control, communication, ethical behaviour among others will be evaluated*	***The Supervisor assess assess the competence of the Intern on a regular basis (daily or weekly basis) and tick appropriately when completing the log below.*** **GRADING CRITERIA** **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 complete the procedure

ROTATION PERIOD:

DATE	MONTH	YEAR

PROCEDURES:

CODE	PROCEDURE	Min No.	Tick	Actual No. completed
PER 01	Diagnosis/Treatment Planning/ Periodontal maintenance procedures/Counseling and follow up	50		
PER 02	Management of periodontal disease in patients with systemic disease	10		
PER 03	Non surgical periodontal procedures *Scaling and polishing, Occlusal adjustment, Root planning, Gingival Curettage, Post operative procedures, splinting of periodontally involved teeth*	30		
PER 04	Surgical Periodontal Procedures *Gingivectomy,; Gingivoplasty, Periodontal flap surgery, Osseous Surgery, Mucogingival surgery, Gingival grafting, Frenectomy*	5		
PER 07	Participation in Implant Dentistry team	1		
PER 08	Other (specify) (*Presentation* of cases in clinico-pathological-radiological conferences, Authorship and publication etc.) Grand Rounds	*	*	

LOG OF CASES

	Date completed	Patient Reg no.	Competency level (0-3)	*Signature of Supervisor
CASE 1				
CASE 2				
CASE 3				
CASE 4				
CASE 5				
CASE 6				
CASE 7				
CASE 8				
CASE 9				
CASE 10				

VERIFICATION OF COMPLETION OF REQUIREMENTS

COMMENTS BY INTERN	
Name & Signature of Intern	

*COMMENTS BY INTERN CO-ORDINATOR	
*Name & Signature of Co-ordinator	
*DATE	

*COMMENTS BY SUPERVISOR	
*Name & Signature of Supervisor	
*DATE	STAMP OF INTERNSHIP CENTRE

* Denotes areas to be completed by the Rotation Supervisor

(d) PAEDIATRIC & ORTHODONTICS ROTATION
PROCEDURE AND CASE LOG BOOK FOR DENTAL OFFICER INTERNS

OBJECTIVES	COMPETENCY LEVELS
The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this rotation. *i. The intern is expected to elicit accurate information, demonstrating skills in communicating with patient and parents and maintaining proper clinical records.* *ii. He/She should obtain relevant investigations and provide accurate diagnosis.* *iii. Outline an acceptable treatment plan including obtaining consent from Parent/Guardian.* *iv. Demonstrate competence in operative skills, post-operative management and management of complications.* *v. In addition, other skills such as punctuality, availability, communication as well as ethical behaviour will be evaluated*	***The Supervisor shall assess the competence of the Intern on a regular basis (daily or weekly basis) and tick appropriately when completing the log below.*** **GRADING CRITERIA** **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 complete the procedure

ROTATION PERIOD:

DATE	MONTH	YEAR

A. PAEDIATRIC DENTISTRY

CODE	PROCEDURE	MIN No REQ.	Tick code being evaluated	Actual No. completed
PAED 001	Behaviour management, diet counseling, phobia management, oral health education.	20		
PAED 002	Extractions	10		
PAED 003	Management of dental fluorosis	5		
PAED 004	Pulpotomy procedures	10		
PAED 005	Pulpectomy procedures	10		
PAED 006	Restorations (amalgam, composites, Glass Ionomer Cement (GIC) etc	20		
PAED 007	Preventive procedures *fissure sealants, fluoride Rx, mouth guards)*	5		
PAED 008	Stainless steel crowns	5		

PAED 009	Emergency treatment of traumatized teeth	5		
PAED 010	Management of pediatrics case under General Anaesthesia	1		
PAED 011	Other (*presentation* of cases in seminars, conferences; authorship and publication , grand rounds etc)	*		

LOG OF CASES (Include only cases relevant for code being evaluated)

	Date completed	Patient Reg no.	* Competency Level (0-3)	*Signature of Supervisor/date
CASE 1				
CASE 2				
CASE 3				
CASE 4				
CASE 5				
	Date completed	Patient Reg no.	*Competency level (0-3	Signature of Supervisor/date
CASE 6				
CASE 7				
CASE 8				
CASE 9				
CASE 10				

VERIFICATION OF COMPLETION OF REQUIREMENTS

COMMENTS OF INTERN	
Name & Signature of Intern	

*COMMENTS BY INTERN CO-ORDINATOR	
*Name & Signature of Co-ordinator	
*DATE	

*COMMENTS OF SUPERVISOR	
*Name & Signature of Supervisor	
*DATE	STAMP OF INTERNSHIP CENTRE

* Denotes areas to be completed by the Rotation Supervisor

(e) ORAL & MAXILLOFACIAL SURGERY/ORAL MEDICINE/PATHOLOGY/ORAL DIAGNOSIS ROTATION PROCEDURE AND CASE LOG BOOK FOR DENTALOFFICER INTERNS

OBJECTIVES	COMPETENCY LEVELS
The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this rotation. *i. The intern is expected to elicit accurate information, demonstrating skills in communicating with patient and maintaining proper clinical records.* *ii. He/She should obtain relevant investigations and provide accurate diagnosis.* *iii. Outline an acceptable treatment plan including obtaining consent from patient.* *iv. Demonstrate competence in surgical skills, post-operative management and management of complications of orofacial diseases.* *v. The intern shall also be expected to be competent in phlebotomy, resuscitation skills, and pathology laboratory routine and to spend sufficient time rotating in Microbiology and Histopathology laboratories.* *vi. In addition, other skills such as punctuality, appointment management, infection control, communication, ethical behaviour among others will be evaluated* *vii. Particular attention shall also be given to theatre routine including infection control, occupational safety, inpatient care as well as call duties.*	***The Supervisor shall assess the competence of the Intern on a regular basis (daily or weekly basis) and tick appropriately when completing the log below.*** **GRADING CRITERIA** **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 complete the procedure

ROTATION PERIOD:

DATE	MONTH	YEAR

SECTION 1: ROUTINE ORAL SURGERY PROCEDURES:

CODE	PROCEDURE	MINIMUM CASES REQUIRED	TICK	Actual No. completed
OMF 001	Oral diagnosis/treatment planning/case presentation	200		
OMF 002	Extractions	100		
OMF 003	Dry socket management	5		
OMF 004	Suturing oro-facial cuts	10		

OMF 005	Change of dressing	10		
OMF 006	Management of bleeding sockets	5		
OMF 007	Incision and drainage	5		
OMF 008	Removal of wires	5		
OMF 009	Splinting of mobile teeth	5		
OMF 010	Other (eg. histopathology/microbiology lab and oral radiology rotations)	*		

LOG OF CASES

	Date completed	Patient Reg no.	*Competency level (0-3)	*Signature of Supervisor
CASE 1				
CASE 2				
CASE 3				
CASE 4				
CASE 5				
CASE 6				
CASE 7				
CASE 8				
CASE 9				
CASE 10				

VERIFICATION OF COMPLETION OF REQUIREMENTS

COMMENTS OF INTERN	
Name & Signature of Intern	

*COMMENTS BY INTERN CO-ORDINATOR	
*Name & Signature of Co-ordinator	
*DATE	

*COMMENTS OF SUPERVISOR	
*Name & Signature of Supervisor	
*DATE	STAMP OF INTERNSHIP CENTRE

* Denotes areas to be completed by the Rotation Supervisor

SECTION 2: SUPERVISED PROCEDURES:

CODE	PROCEDURE	Min No.	Tick	Actual No. completed
OMF 001	Incision and excision Biopsy	10		
OMF 002	Disimpactions (open & closed)	10		
OMF 003	Closed reduction of jaw fractures	5		
OMF 004	Management of TMJ dislocations	4		
OMF 005	Surgery under local anesthesia (apicectomy, alveoloplasty etc	5		
OMF 006	Repair of cleft lip and palate	2		
OMF 007	Open reduction of jaw fractures	3		
OMF 008	Care of in-patients and theatre routine	10		
OMF 009	Call, casualty and emergency care	10		
OMF 010	Other (specify) (*Presentation* of cases in clinico-pathological-radiological conferences; Authorship and publication etc.) Grand Rounds	*	*	

LOG OF CASES

	Date completed	Patient Reg no.	*Competency level (0-3)	*Signature of Supervisor
CASE 1				
CASE 2				
CASE 3				
CASE 4				
CASE 5				
CASE 6				
CASE 7				
CASE 8				
CASE 9				
CASE 10				

VERIFICATION OF COMPLETION OF REQUIREMENTS

COMMENTS BY INTERN	
Name & Signature of Intern	

*COMMENTS BY INTERN CO-ORDINATOR	
*Name & Signature of Co-ordinator	
*DATE	

*COMMENTS BY SUPERVISOR	
*Name & Signature of Supervisor	
*DATE	STAMP OF INTERNSHIP CENTRE

* Denotes areas to be completed by the Rotation Supervisor.







