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NAIROBI

MEDICAL INTERNSHIP TRAINING CENTRE INSPECTION/APPRAISAL /DATA FORM

SECTION 1: ADMINISTRATIVE INFORMATION
A. Facility Information
Name of institution:
Institutional head:
Medical Director/ Medical Superintendent:
Internship Coordinator:
Health Administrator (where applicable)……
Nursing Officer In-charge……
Approved Establishment for interns ----------

Current In-post for interns: _____			
Facility Ownership: GOK/Faith based/Private		License number;	License Expiration date:
Registration Number		Indemnity cover number:	Indemnity Expiration date:
Physical location details			
County:		Sub-County:	
Town:		Address:	
Building plot no:		Email:	
B. Facility Level and Details			
Level of facility		☐Level 4 ☐Level 5 ☐ Level 6	
Total Bed Capacity			
Bed occupancy rate			
Daily Outpatient Clinics patient attendance			
Daily Accident & Emergency patient attendance			
Outpatient attendance (daily average)			
Workload			
C. PRIVATE HOSPITAL			
Ratio of hospital -based patient to private patients			
D. BRIEF SUMMARY OF THE INSTITUTION			

Human Resource			
	SPECIALISTS	**NAME**	**REG. NO.**
1.	**Internal Medicine**		
2.	**Paediatrics**		
3.	**Obstetrics &** **Gynaecology**		
4.	**Surgery**		
5.	**Radiology**		
6.	**Pathology**		
7.	**Psychiatry**		
8.	**Family Medicine**		
9.	**Anaesthesia**		
10.	**Opthalmology**		

11.	**ENT**		
12.	**Other Specialists (specify)**		
	Total Number of Specialists		
13.	**Medical Officers**		
	Total Number of Medical Officers		
14.	**Other Health Cadres**		
15.	**Pharmacists**		
16.	**General Clinical Officers**		

17.	**Higher Diploma Clinical Officers**		
18.	**Nurses**		
19.	**Pharmaceutical Technologists**		
20.	**Radiographers**		
21.	**Sonographers**		
22.	**Nurse/ Clinical officer anaesthetists**		
23.	**Laboratory technologists/ technicians**		
24.	**Physiotherapists**		
25.	**Occupational Therapists**		
26.	**Plaster Technicians**	---------- ----------	
27.	**Public Health Officers**	----------	
28.	**Social Workers**	---------- ----------	
29.	**Nutritionists**	---------- ----------	
30.	**Others (specify)**	---------- ---------- ---------- ----------	

Physical Facilities/ Services			
	Wards	**Beds**	**Occupancy (%)**
Medical			
Surgical			

Obstetrics/ Gynaecology			
Paediatrics			
New Born Unit			
Others			

TOTAL BED CAPACITY/ WARDS		
Functional ICU		
Functional HDU		
Functional Renal Unit		
Specialised out patient clinics (specify)		
Accident and Emergency		
Functional Theatres (cases per month)		
Major Surgical Obstetric		
Minor Surgical Obstetric		
Pharmacies		
Laboratories		
Imaging Facilities (24hour)		

X-Ray		
Ultrasound		
CT Scan		
MRI		
Rehabilitative Facilities		
Electricity and Energy Backup		
Adequate running water		
Servicable Ambulances		
Mortuary		
Resource Center		
Sitting Capacity		
Current Journals/ Reference Books		
Internet Connection (35mbps with one WAP for every 20 users)		
ACCOMMODATION FOR INTERNS		
NO. OF FLATS/ HOUSES		
NO. OF CALL ROOMS		
REGISTRY		
STORES		

HOSPITAL **MAINTENANCE UNIT**		

INCINERATOR		
PLACENTA PIT/ MACERATOR		
SLUICE ROOMS		
SHARPS CONTAINER		
WASTE MANAGEMENT SYSTEM		
OTHERS (SPECIFY)		

REGISTERED AND RUNNING CPD PROGRAMMES		
CPD COORDINATOR **REG. NO:**		
AVAILABILITY OF STANDARD OPERATING PROCEDURES (SOPs)		
AVAILABILITY OF A STRATEGIC PLAN		

FINDINGS

CONCLUSIONS

RECOMMENDATIONS
