REPUBLIC OF KENYA

MEDICAL PRACTITIONERS AND DENTISTS BOARD

GUIDELINES FOR MEDICAL INTERNS



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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

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4. Dr. Tom Ochola - Member
5. Dr. Samson Wanjala - Member
6. Dr. Elly Nyaim Opot - Member

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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
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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.

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.

MEDICAL DISCIPLINES

Minimum Requirements in Clinical Skills and Patient Care in Obstetrics/Gynaecology, Surgery, Paediatrics, Child Health and Internal Medicine.

The intern shall:

1. Take a full history, carry out a complete physical examination and reach differential diagnosis and a working diagnosis.
2. Order appropriate and relevant investigations and show competence in their interpretation and be able to formulate a definitive diagnosis.
   i. Total Blood Counts (TBC)
   ii. Urinalysis
   iii. Stool
   iv. Blood sugar
   v. Urea Electrolytes and Creatinine (UEC)
   vi. Pus swab for culture and sensitivity including blood culture
   vii. Coagulation screen
   viii. Chest radiograph
   ix. Plain abdominal radiograph
   x. Skull radiograph
   xi. Pelvic radiograph
   xii. Lower and upper limb radiograph
   xiii. Abdominal ultra sound
   xiv. Spine radiograph
   xv. Cervical spine radiograph

3. Show adequate knowledge in the management of commonly encountered conditions as per National Guidelines, best practices and shall consult and refer as necessary.
4. Be conversant with the National Essential Drugs List and Dangerous Drugs Act.
5. Be proficient in recording and regular updating of patient's notes and be able to write accurate and informative case summaries.
6. Present cases concisely, coherently and competently during ward rounds, grand rounds or any other appropriate fora.
7. Observe and uphold professional ethics and etiquette in interacting with colleagues, clients and the public.
8. Demonstrate basic leadership and administrative skills.
9. Practice continuing self learning skills and acquire basic research principles.
10. Participate in Continuous Professional Development (CPD) activities.

GENERAL SURGERY

The intern shall be able to: -

1. Take a full history, carry out complete physical examination and arrive at possible differential diagnoses.
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. Understand, prevent and manage complications arising from surgery.
6. Understand and practice infection prevention and control principles.
7. Use antibiotics and other drugs rationally.
8. Obtain informed consent for various procedures.
9. Recognize and institute the initial Management of common emergencies such as: -
    i. Patient with multiple injuries
    ii. Unconscious patient
    iii. Head and spinal injury
    iv. Acute abdomen (gastro-intestinal bleeding, intestinal obstruction, complicated hernia, appendicitis, peritonitis and abdominal trauma)
    v. Burns
    vi. Fractures (open fractures. Fracture-dislocations)
    vii. Epistaxis
    viii. Genitourinary emergencies (Urinary retention, torsion of the testis, orchitis)
    ix. Chest injuries (Pneumothorax, hemothorax, tension hemothorax)
    x. Foreign body in airway or oesophagus
    xi. Penetrating injuries (gunshots, stab wounds etc)

10. Demonstrate acquired skills as follows:-
    a) Show proficiency in the following skills; -
    i. Resuscitation and life support,
    ii. Various methods of peripheral intravenous access at different sites
    iii. Various methods of intravenous access (cut down, long line, central line)
    iv. Intraosseous access
    v. Insertion of chest tube
    vi. Tracheostomy
    vii. Taking lymph node and skin biopsies
    viii. Excision biopsy of common benign tumors(ganglion, lipoma, dermoid cyst)
    ix. Suturing of cuts and clean wounds
    x. Performing Surgical toilet
    xi. Appropriate use of sutures and suture techniques
    xii. Incision and drainage of abscesses
    xiii. Manipulation and splinting of common fractures
    xiv. Collection of specimens (stool, urine, blood, peritoneal fluid, cerebrospinal fluid)

xv. Passage of nasogastric tube
xvi. Proctoscopy
xvii. Urethral catheterization
xviii. Suprapubic catheterization
xix. Abdominal paracentesis and pleural tap
xx. Interpretation of laboratory data, imaging and histology reports
xxi. Aseptic technique and theatre practice (scrubbing, gloving, gowning, patient preparation)
xxii. Counseling for presenting conditions

b) Perform and interpret the following laboratory procedures
i. Blood sugar
ii. HIV rapid tests
iii. Bed side coagulation tests
iv. Urinalysis
v. Rapid tests for Malaria Parasites
vi. Zeil Neilsen (ZN) stain for TB

c) Observe, assist and perform the following operations under supervision:
i. Herniorraphy (Inguinal and umbilical)
ii. Appendicectomy
iii. Exploratory Laparotomy for abdominal emergencies
iv. Thoracic catheter insertion
v. Intramedullary nail insertion and external fixation for fractures

d) Shall have assisted common operations with an emphasis on:-
i. Resectionmodule and anastomosis of the bowel
ii. Craniotomy/burr holes for intracranial haematomas
iii. Amputations
iv. Internal fixation of fractures
v. Prostatectomy

OBSTETRICS AND GYNAECOLOGY

The intern shall be able to: -

1. Take a full history, carry out complete physical examination and arrive at possible differential diagnoses and a working diagnosis
2. Properly document all procedures, peri-operative findings and follow-up notes
3. Understand indications and contra-indications for surgery
4. Understand and participate in preoperative, intraoperative and postoperative care of patients
5. Understand prevent and manage complications arising in surgery
6. Understand and practice infection prevention and control principles
7. Use antibiotics and other drugs rationally
8. Obtain informed consent for various procedures
9. Show proficiency in recognition and management of:-
   a) Normal pregnancy, delivery and postpartum period,
   b) Abnormal pregnancy : pre- intra and post-partum
   c) Common emergencies in obstetrics such as:
      i. Ruptured uterus
      ii. Severe pre-eclampsia and Eclampsia
      iii. Post-partum haemorrhage
      iv. Ante partum haemorrhage
      v. Puerperal sepsis
      vi. Anaemia
      vii. Abruption placenta
      viii. Placenta Praevia
      ix. Puerperal psychosis

d) common gynecological emergencies such as
   i. Ectopic pregnancy
   ii. Inevitable, Incomplete and septic Abortion
   iii. Pelvic abscess
   iv. Bartholin's abscess
   v. Haematocolpos and haematometra
   vi. Torsion of the ovary
   vii. Foreign bodies insertion

e) Common obstetrics and gynaecological conditions including:-
   i. Cancers of the reproductive tract
   ii. Infertility
   iii. Fibroids/ovarian cysts
   iv. Menopause
   v. Abnormal uterine bleeding
   vi. Menstrual disorders
   vii. Sexual dysfunction

f) Principles of Contraception

g) Prevention of Mother To Child Transmission

10. Demonstrate acquisition of skills
Show proficiency in the carrying out the following: -
   i. Ante natal care
   ii. Vaginal Examination
   iii. Breast examination
   iv. Episiotomy
   v. Normal delivery
   vi. Post natal care
   vii. Manual removal of placenta
   viii. Repair of episiotomy and vaginal tears
   ix. Vacuum aspiration of uterus (manual and electrical)
   x. Resuscitation of the newborn
   xi. Drainage of pelvic absess
   xii. Management of malpositions and malpresentation
   xiii. Vacuum extraction
   xiv. Identification and management of penetrating injuries (e.g uterine and gut perforations)
   xv. Identification and management of sexual assault and rape, sodomy
   xvi. Counselling for presenting conditions

11. Shall observe, assist and perform under supervision the following operations :
Caeserian section module, Repair of ruptured uterus, Subtotal hysterectomy for ruptured uterus, Laparotomy for ectopic pregnancy, pelvic abscess

12. Shall assist at common operations in particular: -
Repair of third degree tear, Total Hysterectomy, Salpingoplasty, Vesico Varginal Fistula repair, Laparoscopy, Laparotomy

13. Screening for common reproductive tract cancers (breast, cervical and prostrate cancers).

PAEDIATRICS AND CHILD HEALTH:

This rotation covers management of children up to 12 years.

The intern shall be able to:-

1. Triage
2. Clerk patients: Take a full history, carry out a complete physical examination, formulate provisional and differential diagnoses
3. Institute appropriate management and subsequent care in consultation with the supervisor:
    a. Be able to obtain informed consent from the guardian for tests and procedures
    b. Be able to request for appropriate diagnostic test including HIV testing
    c. Be able to decide on appropriate treatment plan based on diagnostic results
    d. Counsel the patient and care giver appropriately
    e. Hand over appropriately:
        i. Present the patient to the next clinician physically
        ii. Brief the incoming clinician on the management of the patient so far and document the same in the patient's notes.

4. Manage paediatric emergencies in line with the current standard treatment guidelines. Emergencies include: Convulsions, coma, cerebral malaria, 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;
5. Manage a child with chronic paediatric conditions in accordance with the current standard treatment guidelines. Chronic conditions include:diabetes;asthma; hypertension; HIV/AIDS;neurodevelopmental conditions;chronic lung disease and chronic heart disease; chronic kidney diseases; dermatological conditions
6. Genetic and congenital abnormalities
7. Manage common paediatric conditions in accordance to standard treatment guidelines such as Respiratory: Acute Respiratory Infections (ARI), asthma, otitis media, bronchiolitis; Gatro Intestino (GI): Diarrhoeal diseases, abdominal pain, abdominal mass;Cardiovascular: Heart failure, hypertension; Central Nervous System (CNS): Encephalitis;Infectious diseases: Malaria, tuberculosis, polio, measles, whooping cough, skin diseases, worm infestations, HIV/AIDS;Nutritional: protein-energy malnutrition, feeding the newborn and the preterm, weaning, childhood obesity;Endocrine;Neonate; Battered baby syndrome; Abdominal mass,
8. Discuss with supervisor on follow up, preventive and promotive child health services(growth monitoring, well baby diet, nutrition and infant and young child feeding in HIV, vaccinations and immunization)
9. Skills

a) Show proficiency in the following:-

i. Triage
ii. Resuscitation, intubation and Life support skills
iii. Vascular access
iv. I-M and I-V injections
v. I-V fluids prescription, administration and monitoring
vi. Lumbar puncture
vii. Pleural, peritoneal aspirate
viii. Lymph node and skin biopsy
ix. Bone marrow aspirate
x. Fine needle aspirate,
xi. Incision and drainage
xii. Collecting appropriate blood specimens
xiii. Supra-pubic urine collection
xiv. Catheterization
xv. Blood transfusion

xvi. Nasogastric tube insertion and gastric lavage
xvii. Perform and interpret mantoux and BCG tests
xviii. Rectal examination
xix. Examine and interpret stool, urine, sputum and CSF results
xx. Estimate levels of haemoglobin, glucose and bilirubin in blood
xxi. Prepare blood slide and examine for malaria parasites
xxii. Interpret routine radiographs of the chest, skull, abdomen, and the extremities with respect to trauma, infection and neoplasia.

b) Shall have been shown, assisted and preferably done under supervision the following:
   i. Bone marrow aspiration
   ii. Exchange transfusion
   iii. Chest tube insertion
c) Shall have witnessed the following: -
   i. Liver Biopsy
   ii. Renal Biopsy
   iii. Splenic aspirate
   iv. Post mortem examination

d) Demonstrate appropriate communication and counseling skills
e) Demonstrate ethical behaviour in line with the code of professional conduct and ethics

f) CPD

INTERNAL MEDICINE

This rotation will cover adolescents, adults and geriatrics.

The intern shall be able to:

1. Triage
2. Clerk patients: Take a full history, carry out a complete physical examination, formulate provisional and differential diagnoses
3. Institute appropriate management and subsequent care in consultation with the supervisor and appropriate hand over.
   a. Be able to obtain informed consent from the patient / guardian for tests and procedures
   b. Be able to request for appropriate diagnostic test including HIV testing
   c. Be able to decide on appropriate treatment plan based on diagnostic results
   d. Counsel the patient and care giver appropriately
   e. Hand over appropriately:
      i. Present the patient to the next clinician physically
      ii. Brief the incoming clinician on the management of the patient so far and document the same in the patient's notes.

4. Manage acute medical emergencies such as:
   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, pcp, 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.

5. Shall manage Common medical conditions in accordance with current standard clinical guidelines including but not limited to the following :

Malaria, Anaemia, Pneumonia, Tuberculosis, Tetanus, Sexually Transmitted Diseases and HIV/AIDS, Hypertension, Cardiovascular Accident (CVA), Heart Failure, Rheumatic Heart Disease, Infectious Endocarditis, Myocardia Infarction, Hepatitis, Liver cirrhosis, Chronic Liver Disease, Hepatoma, Pulmonary oedema and bronchial asthma, Renal Failure, Skin disorders. Endocrine disorders including, thyroid diseases, oncological conditions.

6. Shall 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, obesity and lifestyle interventions shall be a part of management of these conditions.

7. Participate in preventive and promotive health activities.

8. Shall 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 affective disorders

9. Skills

a) Show proficiency in carrying out the following: -

i. Triage
ii. Cardio-pulmonary resuscitation, intubation and vascular access
iii. Venepuncture and withdraw appropriate samples for investigations,
iv. I-V fluids and blood transfusion,
v. Nasogastric tube insertion and gastric lavage,
vi. Lumbar puncture
vii. Pleural, peritoneal and joint aspiration
viii. Bone marrow and fine needle aspiration,
ix. Biopsy of lymphnodes and skin;
x. Proctoscopy, sigmoidoscopy and rectal snip
xi. Examine and interpret stool, Urine, CSF and sputum results
xii. Estimate levels of haemoglobin, glucose and bilirubin in blood
xiii. Prepare blood slide and examine for malaria parasites.
xiv. Interpret routine radiographs of the chest, skull, abdomen, and the extremities with respect to trauma, infection and neoplasia.
xv. Basic interpretation of special examinations of the alimentary, cardiovascular, central nervous, respiratory and genito-urinary systems, ECG, pericardial effusion

g) Shall have observed, assisted and preferably performed under supervision the following:

i. Exchange transfusion
ii. Chest tube insertion

h) Shall have observed the following: -

i. Liver Biopsy
ii. Renal Biopsy
iii. Splenic aspirate
iv. Post moterm examination

i) Demonstrate appropriate communication and counseling skills
j) Demonstrate ethical behaviour in line with the professional code of conduct and ethics
k) Participate in continuous professional development activities.

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.

MEDICAL INTERNSHIP TRAINING CENTRES

1. Aga Khan Hospital – Kisumu
2. Aga Khan Hospital – Mombasa
3. Aga Khan University Hospital
4. AIC Kijabe Hospital
5. AIC Litein Hospital
6. Bungoma District Hospital
7. Busia District Hospital
8. Chuka District Hospital
9. Coast Provincial General Hospital
10. Consolata Hospital, Mathari
11. Defence Forces Memorial Hospital
12. Embu Provincial General Hospital
13. Garissa District Hospital
14. Gatundu District Hospital
15. Homabay District Hospital
16. Isiolo District Hospital
17. Iten District Hospital
18. Jaramogi Oginga Odinga Teaching & Referral Hospital
19. Kabarnet District Hospital
20. Kajiado District Hospital
21. Kakamega Provincial General Hospital
22. Kangundo District Hospital
23. Kapenguria District Hospital
24. Kapkatet District Hospital
25. Kapsabet District Hospital
26. Karatina District Hospital
27. Kendu Adventist Hospital
28. Kenyatta National Hospital
29. Kericho District Hospital
30. Kerugoya District Hospital
31. Kiambu District Hospital
32. Kilifi District Hospital
33. Kisii Level 5 Hospital
34. Kisumu District Hospital
35. Kitale District Hospital
36. Kitui District Hospital
37. Machakos Level 5 Hospital
38. Makueni District Hospital
39. Malindi District Hospital
40. Mama Lucy Kibaki Hospital
41. Maragua District Hospital
42. Maua Methodist Hospital
43. Mbagathi District Hospital
44. Meru District Hospital
45. Migori District Hospital
46. Moi Hospital - Voi
47. Moi Teaching & Referral Hospital
48. Mukurweini District Hospital
49. Murang'a District Hospital
50. Mwingi District Hospital
51. Naivasha District Hospital
52. Nakuru Provincial General Hospital
53. Nanyuki District Hospital
54. Narok District Hospital
55. Nazareth Mission Hospital
56. North Kinangop Catholic Hospital
57. Nyahururu District Hospital
58. Nyamira District Hospital
59. Nyeri Provincial General Hospital
60. Our Lady of Lourdes Mwea Hospital
61. PCEA Chogoria Hospital
62. PCEA Kikuyu Hospital
63. PCEA Tumutumu Hospital
64. Siaya District Hospital
65. Tenwek Mission Hospital
66. The Karen Hospital
67. The Mater Hospital
68. Thika Level 5 Hospital
69. Vihiga District Hospital
70. Webuye District Hospital

MEDICAL PRACTITIONERS AND DENTISTS BOARD

Generic Log Book for Medical Interns

LOG BOOK FOR MEDICAL 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 ACCREDITING INTERNSHIP TRAINING CENTRES

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

1. **Facilities**

Hospitals should have the following departments.

a. Medicine
b. Surgery
c. Pediatrics
d. Obstetrics and Gynecology
e. Accident and Emergency
f. Rehabilitation
g. 24 hour medical Laboratory
h. 24 hour Diagnostic Imaging
i. Orthopedics and Trauma,
j. Anesthesiology,
k. Public Health
l. Outpatient clinics
m. 24 hour Pharmacy
n. Health Records and information
o. Hospital administration and management

Other essential but not compulsory departments

a. Mental health
b. Critical care
c. ENT
d. Ophthalmology
e. Dermatology
f.

2. **Continuing Medical Education**

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

The structures that have to be available include;

a. Medical ward
b. Surgical ward
c. Pediatric ward
d. Maternity unit
e. Gyne ward
f. Neonatal unit
g. Functional operating theater
h. Accident and emergency
i. Pharmacy
j. Laboratory
k. Radiology –xray and ultrasound is mandatory
l. A resource center/medical library
m. The hospital shall facilitate and make arrangements for suitable accommodation for interns
n. The hospital must have a call room for interns

PERSONNEL IN AN INTERNSHIP TRAINING CENTRE

- The four major specialists (General Surgery, Medicine, Paediatrics, Obstetrics & Gynaecology) must be available at an internship training centre.
- Medical officers in each of the specialities be available in each of the four main specialities at the discretion of the Board*
- In the absence of other specialists, a Family Medicine specialist may step in.
- There must be adequate numbers of technical and support staff.

REPUBLIC OF KENYA **ANNEX I**



Telegram "MEDBOARD", Nairobi
Telephone: 2724994/ 2711478
0720 771478 / 0736 771478

E-Mail Address: ceo@kenyamedicalboard.org
Website: www.medicalboard.co.ke

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

MEDICAL 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) ……

2. Human Resource:

Specialists	Names	Reg. No.
Internal Medicine	(1) ----------	----------
	(2)----------	----------
Paediatrics	(1) ----------	----------
	(2)----------	----------
Obstetrics/Gynaecology	(1) ----------	----------
	(2)----------	----------
Surgery	(1) ----------	----------
	(2)----------	----------
Radiology	(1) ----------	----------
	(2)----------	----------
Pathology	(1) ----------	----------
	(2)----------	----------
Psychiatry	(1) ----------	----------
	(2)----------	----------
Anaesthesia	(1) ----------	----------
	(2)----------	----------
ENT		
Ophthalmology		
Family Physicians		
Other Specialists (specify)	(1) ----------	----------
	(2)----------	----------

Total Number of Specialists: _____

Medical Officers (1) ---------- ----------

(2)---------- ----------

(3) ---------- ----------

(4) ---------- ----------

(5) ---------- ----------

(6) ---------- ----------

(7) ---------- ----------

(8) ---------- ----------

Total Number of Medical Officers: _____

Other Health Cadres

1.	Pharmacists	.....
2.	General Clinical Officers	.....
3.	Higher Diploma Clinical Officers	.....
4.	Nurses	.....
5.	Pharmaceutical Technologists	.....
6.	Radiographers	.....
7.	Sonographer	.....
8.	Nurse/ Clinical Officer Anaesthesist	.....
9.	Laboratory technologists/technicians	.....
10.	Physiotherapists	.....
11.	Occupational Therapists	.....
12.	Plaster Technicians	.....
13.	Public Health Officer	.....
14.	Social Workers	.....
15.	Nutritionists	.....
16.	Others(*specify):*	.....

3. Physical Facilities/ Services

(i)	**Wards**	**Beds**	**Occupancy (%)**
	Medical	----------	----------
	Surgical	----------	----------
	Obstetrics/Gynaecology	----------	----------
	Paediatrics General Newborn Unit	----------	----------
	Others	----------	----------

Total Bed Capacity/Wards: ……

Functional ICU/HDU (bed occupancy) ----------

Specialized Outpatient Clinics (specify) ----------

Accident and Emergency ……

(ii) Functional Theaters (cases per month)
- Major
- Minor

-Surgical ----------

-Obstetric ----------

(iii) (iv) Pharmacies ----------

(v) Laboratories

Main Lab ……

(vi) Imaging Facilities (24 hour)

-Xrays ----------

-Ultrasounds ----------

-CT scan ----------

-MRI ----------

(viii) Rehabilitative facilities ……

(ix) Electricity and Energy back-up ----------

(x) Enough water flowing ……

(xi) Serviceable ambulances ----------

(xii) Mortuary/Morgue ----------

(xiii) Resource Centre/medical library ----------

Seating Capacity ----------
Current Journals/ reference books_____ Internet connection

Yes	No

(xiv) Internal Accommodation for interns

(a) Number of flats/houses----------
(b) Night-call rooms----------

(xv) Registry _____
(xvi) Stores----------
(xvii) Hospital Maintenance Unit ----------
(xvi) Waste management

-Incinerator _____

-Placenta Pit/ macerator _____
-Sluice rooms _____
-Sharps container_____
-Other (specify) _____
- Waste management system ----------

4. Registered and running CPD Programs?

Yes	No

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

5. Availability of Standard Operating Procedures (SOPs)

Yes	No

6. Availability of a Strategic Plan?

Yes	No

7. 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 MEDICINE

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

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

Period of Rotation
From……..To…….

GRADE:-

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

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		

• onservative Dentistry		
• rosthetics Dentistry		
• eriodontology		
• aediatrics Orthodontics		
• ral 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) SURGERY ROTATION PROCEDURE AND CASE LOG BOOK FOR MEDICAL OFFICER INTERNS

Basic requirements for an intern in the Department of Surgery

Generally an intern should:

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, Surgical Out Patient Clinics (SOPC).
v. Must attend weekly departmental CMEs.

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

General Surgery (DONE AS THE PRIMARY)

	PROCEDURE	NUMBER OF CASES REQUIRED -(recommended)	NUMBER OF CASES DONE Primarily	Assisted	SUPERVISORS COMMENTS
1	Surgical toilet	10(p)			
2	Suturing of wounds	10(p)			
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)			
7	Repair of inguinal hernias	5(a)			
8	Exploratory laparotomies	5(a)			
9	Incision biopsy	5(p)			
10	Excision of lumps	5(p)			
11	Proctoscopy	5(a)			
12	Haemorrhoidectomy	5(a)			
13	Assist in gut 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)			
20	Tracheostomy	2(a)			
21	Circumcision	2(p)			
22 23	Skin graft Burr holes	5(a) 2(a)			
24	Epistaxis management	3(a)			
25	Endotracheal intubation	5(a)			
26	Performance of abdominal US	3(a)			
27.	Observation of postmortem	1(a)			

Orthopaedic Surgery and Trauma(DONE AS THE PRIMARY)

	PROCEDURE	NUMBER OF CASES REQUIRED	NUMBER OF CASES DONE	REMARKS BY SUPERVISOR
1	Splinting of lower limb fractures	(10)p		
2	Splinting of upper limb fractures	(10)p		
3	Application of plaster of Paris(POP) upper limb	(10)p		
4	Application of plaster of Paris(POP) lower limb	(10)p		

General Surgery, Trauma and Orthopaedic Surgery (AS AN ASSISTANT)

	PROCEDURE	NUMBER OF CASES REQUIRED	NUMBER OF CASES DONE	REMARKS BY THE SUPERVISOR
1	Internal fixation of fractures	(5)a		
2	Any paediatric surgical procedure	(5)a		
3	Prostatectomy	(3)a		
4	**Skin traction**	**2(a)**		
5	**Limb amputation**	**2(a)**		

VERIFICATION OF COMPLETION OF REQUIREMENTS

COMMENTS OF INTERN	
Name & Signature of Intern	

*COMMENTS BY INTERN COORDINATOR	
*Name & Signature of Coordinator	
*DATE	

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

Notes:-

p - means the intern does the case as the primary doctor
a - means that the intern assists.
**** Denotes areas to be completed by the Rotation Supervisor***

(b) OBSTETRICS AND GYNAECOLOGY ROTATION
PROCEDURE AND CASE LOG BOOK FOR MEDICAL OFFICER INTERNS

OBJECTIVES:
The medical officer intern rotating in the Department of Obstetrics and Gynaecology is required to fill in the log book as part of the requirement for successfully completing the rotation.

Basic requirements for an intern in the Department of Obstetrics and Gynaecology
Generally an intern should:

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. Must attend weekly departmental CMEs.

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

A. OBSTETRICS

It is expected to monitor labour by use of a partogram

NO.	PROCEDURE	NUMBER OF CASES REQUIRED	NUMBER OF CASES DONE	SUPERVISORS COMMENTS
1.	Normal delivery	10(p)		
2.	Episiotomy / Repair	10(p)		
3.	Examination under Anaesthesia for PPH – 3	5(a)		
4.	Delivery by Caeserian Section	15(p)		
5.	Delivery of patient by Vacuum Extraction	3(p)		
6.	MacDonald Stitch	3(p)		
7.	Be able to clerk, investigate and manage patient with Pre-eclampsia – 3 Eclampsia – 2 during admission Pregnant patient with HIV	5(p)		
8.	**Obstetric ultrasound**	**5(a)**		

B. GYNAECOLOGY

NO.	PROCEDURE	NUMBER OF CASES REQUIRED	NUMBER OF CASES DONE	SUPERVISORS COMMENTS
1.	Pap Smear	5(p)		

2.	Diagnostic Curettage	5(p)		
3.	Suction Curettage (MVA)	20(p)		
4.	Marsupialization for Batholinis Abscess	3(p)		
5.	Laparotomy for ectopic pregnancy	5(p)		
6.	Laparotomy for pelvic abscess	2(p)		
7.	Ovarian cystectomy	3(a)		
8	Via/villi	10(p)		
9	Delivery of multiple pregnancies	2(a)		

ASSISTED IN THE FOLLOWING PROCEDURES

NO.	PROCEDURE	NUMBER OF CASES REQUIRED	NUMBER OF CASES DONE	SUPERVISORS COMMENTS
1.	Tubal surgery	5(a)		
2.	Exploratory laparotomy	5(a)		
3.	Laparoscopic surgery	2(a)		
4.	Total abdominal hysterectomy	5(a)		
5.	Vaginal hysterectomy	3(a)		
6.	Myomectomy	5(a)		
7.	Observe a postmortem	1(a)		

VERIFICATION OF COMPLETION OF REQUIREMENTS

COMMENTS OF INTERN	
Name & Signature of Intern	

*COMMENTS BY INTERN COORDINATOR	
*Name & Signature of Coordinator	
*DATE	

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

Notes:-

p - means the intern does the case as the primary doctor

a - means that the intern assists.

**** Denotes areas to be completed by the Rotation Supervisor***

(c) PAEDIATRICS ROTATION PROCEDURE AND CASE LOG BOOK FOR MEDICAL OFFICER INTERNS

OBJECTIVES:
The medical officer intern rotating in the Department of Paediatrics is required to fill in the log book as part of the requirement for successfully completing the rotation.

Basic requirements for an intern in the Department of Paediatrics
Generally an intern should:

vi. Be able to clerk, investigate and present patients during ward rounds.
vii. Be able to adequately prepare patients undergoing various surgical procedures
viii. Be able to follow up patients after surgery till discharge and be able to write a proper discharge summary
ix. Be able to present patients during the ward rounds and also attend theatres
x. Must attend weekly departmental CMEs.

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

PROCEDURES SUCCESSFULLY CARRIED OUT

1.	Lumbar Punctures	10(p)
2.	IV Cannulation	30(a)
3.	NG Tube insertion (NBU)	10(p)
4.	Venesection in neonatal (broken needle technique)	10(a)
5.	Venesection in older children	10(p)
6.	Urinary catheterization	5(a)
7.	Assist in exchange transfusion	2(a)
8.	CME presentations	2(a)
9.	Pleural taps	2(p)
10.	Blood transfusion	10(p)
11.	Ascitic taps	2(p)
12.	Observe a postmortem	1(a)

Lumbar Puncture

Procedure No	IP No	Date	Medical Officer /Resident/Consultant	Signature

I.V Cannulation

Procedure No	IP No	Date	Medical Officer /Resident/Consultant	Signature

NG Tube Insertion (NBU)

Procedure No	IP No	Date	Medical Officer /Resident/Consultant	Signature

Vensection in neonatal (broken needle technique)

Procedure No	IP No	Date	Medical Officer /Resident/Consultant	Signature

Vensection in older children

Procedure No	IP No	Date	Medical Officer /Resident/Consultant	Signature

Urinary Catheterization

Procedure No	IP No	Date	Medical Officer /Resident/Consultant	Signature

Assist in exchange transfusion

Procedure No	IP No	Date	Medical Officer /Resident/Consultant	Signature

Ward Presentations

Procedure No	IP No	Date	Medical Officer /Resident/	Signature

CASES MANAGED (To be marked as adequate/inadequate)

CASE	Hx	Examⁿ	Ix	Mx	Consultant	Sign
Stroke						
Meningitis						
Epilepsy						
ACS						
Heart failure						
DVT/PTE						
Pneumonia						
Asthma						
Liver failure						
GI bleed						
DKA						
Thyroid dse						
SLE						
RA						
Renal failure						
TB						
HIV						
PCP						
CMV						

COMMENTS OF INTERN	
Name & Signature of Intern	

VERIFICATION OF COMPLETION OF REQUIREMENTS

*COMMENTS BY INTERN COORDINATOR	
*Name & Signature of Coordinator	
*DATE	

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

Notes:-

p - means the intern does the case as the primary doctor

a - means that the intern assists.

**** Denotes areas to be completed by the Rotation Supervisor***

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

OBJECTIVES:
The medical officer intern rotating in the Department of Internal Medicine is required to fill in the log book as part of the requirement for successfully completing the rotation.

PROCEDURES SUCCESSFULLY CARRIED OUT

1. Lumbar Punctures 10(p)
2. Pleural Taps 5(p)
3. Ascitic Taps 5(p)
4. Bone Marrow Aspirates 2(a)
5. Lymph node biopsies 5(p)
6. Diabetic foot care 5(p)
7. Perform ECG 5(p)

PROCEDURES OBSERVED

1. Central Venous Catheter Insertion 2(a)
2. Dialysis Catheter Insertion 2(a)
3. Observe a post-mortem 1(a)

Lumbar Puncture

Procedure No	AK No	Date	Resident	Signature

Arterial Blood Gases

Procedure No	AK No	Date	Resident	Signature

Pleural Taps

Procedure No	AK No	Date	Resident	Signature

Ascitic Taps

Procedure No	AK No	Date	Resident	Signature

Bone Marrow Aspirates

Procedure No	AK No	Date	Resident	Signature

CVC Insertion

Procedure No	AK No	Date	Resident	Signature

Dialysis Catheter Insertion

Procedure No	AK No	Date	Resident	Signature

Trephine Biopsy

Procedure No	AK No	Date	Resident	Signature

Lymph Node Biopsy

Procedure No	AK No	Date	Resident	Signature

Diabetic Foot Debridement

Procedure No	AK No	Date	Resident	Signature

CASES MANAGED (To be marked as adequate/inadequate)

CASE	Hx	Exam^{n}	Ix	Mx	Consultant	Sign
Stroke						
Meningitis						
Epilepsy						
ACS						
Heart failure						
DVT/PTE						
Pneumonia						

Asthma						
Liver failure						
GI bleed						
DKA						
Thyroid dse						
SLE						
RA						
Renal failure						
TB						
HIV						
PCP						
CMV						

VERIFICATION OF COMPLETION OF REQUIREMENTS

COMMENTS OF INTERN	
Name & Signature of Intern	

*COMMENTS BY INTERN COORDINATOR	
*Name & Signature of Coordinator	
*DATE	

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

Notes:-

p - means the intern does the case as the primary doctor

a - means that the intern assists.

**** Denotes areas to be completed by the Rotation Supervisor***







