MEDICAL PRACTITIONERS AND DENTISTS BOARD

GUIDELINES FOR MEDICAL INTERNS

Issued by:
The Medical Practitioners and Dentist Board

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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
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:

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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

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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 Nahwa - 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. Nhumba - 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 - Maasa 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
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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
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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.

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

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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 abscess
   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-Acidosisis (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; Gastro 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), myocardial 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, sepsicaemia, 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, sigmoidscopy 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. AlC Kijabe Hospital
5. AlC 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
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.
   - Medicine
   - Surgery
   - Pediatrics
   - Obstetrics and Gynecology
   - Accident and Emergency
   - Rehabilitation
   - 24 hour medical Laboratory
   - 24 hour Diagnostic Imaging
   - Orthopedics and Trauma,
   - Anesthesiology,
   - Public Health
   - Outpatient clinics
   - 24 hour Pharmacy
   - Health Records and information
   - Hospital administration and management

   Other essential but not compulsory departments
   - Mental health
   - Critical care
   - ENT
   - Ophthalmology
   - Dermatology

2. **Continuing Medical Education**

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

   The structures that have to be available include;
   - Medical ward
   - Surgical ward
   - Pediatric ward
   - Maternity unit
   - Gyne ward
   - Neonatal unit
   - Functional operating theater
   - Accident and emergency
   - Pharmacy
   - Laboratory
   - Radiology –xray and ultrasound is mandatory
   - A resource center/medical library
   - The hospital shall facilitate and make arrangements for suitable accommodation for interns
   - The hospital must have a call room for interns

**PERSONNEL IN AN INTERNSHIP TRAINING CENTRE**

- The four major specialists (General Surgery, Medicine, Pediatrics, 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:**

<table>
<thead>
<tr>
<th>Specialists</th>
<th>Names</th>
<th>Reg. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>Obstetrics/Gynaecology</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>Pathology</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>Anaesthesia</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>ENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Physicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Specialists</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2)</td>
<td></td>
</tr>
</tbody>
</table>

**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 Anaesthetist ____________________________
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 ..................

24 | Medical Internship Guidelines - 2014
- 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
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
INTERNERSHIP 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.

<table>
<thead>
<tr>
<th>I. KNOWLEDGE</th>
<th>GRADE</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Sciences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theoretical Knowledge in the Discipline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation in CPD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. CLINICAL SKILLS</th>
<th>GRADE</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) History Taking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Clinical examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Interpretation of laboratory Data and X-Ray findings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Patient notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Use of drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Patient Management</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• 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) 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

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>NUMBER OF CASES REQUIRED - (recommended)</th>
<th>NUMBER OF CASES DONE Primarily</th>
<th>Assisted</th>
<th>SUPERVISORS COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Surgical toilet</td>
<td>10(p)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Suturing of wounds</td>
<td>10(p)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Incision and drainage of abscess</td>
<td>10(p)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Insertion of chest tubes</td>
<td>5(p)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Removal of stitches</td>
<td>10(p)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Appendicectomy</td>
<td>2(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Repair of inguinal hernias</td>
<td>5(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Exploratory laparotomies</td>
<td>5(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Incision biopsy</td>
<td>5(p)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Excision of lumps</td>
<td>5(p)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Proctoscopy</td>
<td>5(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Haemorrhoidectomy</td>
<td>5(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Assist in gut anastomosis</td>
<td>2(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Colostomy fashioning</td>
<td>2(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Closure of colostomies</td>
<td>2(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Cut down for venous access</td>
<td>2(p)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Male urethral catheterization</td>
<td>10(p)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Suprapubic catheterization</td>
<td>5(p)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Hydrocelectomy</td>
<td>2(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Tracheostomy</td>
<td>2(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Circumcision</td>
<td>2(p)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>22 Skin graft</td>
<td></td>
<td>5(a)</td>
<td></td>
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<tr>
<td>23 Burr holes</td>
<td></td>
<td>2(a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Epistaxis management</td>
<td></td>
<td>3(a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Endotracheal intubation</td>
<td></td>
<td>5(a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Performance of abdominal US</td>
<td></td>
<td>3(a)</td>
<td></td>
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</tr>
<tr>
<td>27 Observation of postmortem</td>
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<td>1(a)</td>
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</tbody>
</table>
### Orthopaedic Surgery and Trauma (DONE AS THE PRIMARY)

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>NUMBER OF CASES REQUIRED</th>
<th>NUMBER OF CASES DONE</th>
<th>REMARKS BY SUPERVISOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Splinting of lower limb fractures</td>
<td>(10)p</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Splinting of upper limb fractures</td>
<td>(10)p</td>
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<tr>
<td>3 Application of plaster of Paris (POP) upper limb</td>
<td>(10)p</td>
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<td></td>
</tr>
<tr>
<td>4 Application of plaster of Paris (POP) lower limb</td>
<td>(10)p</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>NUMBER OF CASES REQUIRED</th>
<th>NUMBER OF CASES DONE</th>
<th>REMARKS BY THE SUPERVISOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Internal fixation of fractures</td>
<td>(5)a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Any paediatric surgical procedure</td>
<td>(5)a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Prostatectomy</td>
<td>(3)a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Skin traction</td>
<td>2(a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Limb amputation</td>
<td>2(a)</td>
<td></td>
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</tbody>
</table>

### VERIFICATION OF COMPLETION OF REQUIREMENTS

<table>
<thead>
<tr>
<th>COMMENTS OF INTERN</th>
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<tbody>
<tr>
<td>Name &amp; Signature of Intern</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>COMMENTS OF SUPERVISOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name &amp; Signature of Supervisor</td>
</tr>
</tbody>
</table>

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
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

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

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<th>NO.</th>
<th>PROCEDURE</th>
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<th>NUMBER OF CASES DONE</th>
<th>SUPERVISORS COMMENTS</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pap Smear</td>
<td>5(p)</td>
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</tbody>
</table>
## Medical Internship Guidelines - 2014

### Diagnostic Curettage
- Number of Cases Required: 5(p)

### Suction Curettage (MVA)
- Number of Cases Required: 20(p)

### Marsupialization for Batholinis Abscess
- Number of Cases Required: 3(p)

### Laparotomy for ectopic pregnancy
- Number of Cases Required: 5(p)

### Laparotomy for pelvic abscess
- Number of Cases Required: 2(p)

### Ovarian cystectomy
- Number of Cases Required: 3(a)

### Via/villi
- Number of Cases Required: 10(p)

### Delivery of multiple pregnancies
- Number of Cases Required: 2(a)

### ASSISTED IN THE FOLLOWING PROCEDURES

<table>
<thead>
<tr>
<th>No.</th>
<th>Procedure</th>
<th>Number of Cases Required</th>
<th>Number of Cases Done</th>
<th>Supervisors Comments</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tubal surgery</td>
<td>5(a)</td>
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<td>2.</td>
<td>Exploratory laparotomy</td>
<td>5(a)</td>
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<td>3.</td>
<td>Laparoscopic surgery</td>
<td>2(a)</td>
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<td>4.</td>
<td>Total abdominal hysterectomy</td>
<td>5(a)</td>
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<tr>
<td>5.</td>
<td>Vaginal hysterectomy</td>
<td>3(a)</td>
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<td>6.</td>
<td>Myomectomy</td>
<td>5(a)</td>
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<tr>
<td>7.</td>
<td>Observe a postmortem</td>
<td>1(a)</td>
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### 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*
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

<table>
<thead>
<tr>
<th>Procedure No</th>
<th>IP No</th>
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<th>Medical Officer/Resident/Consultant</th>
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I.V Cannulation
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**NG Tube Insertion (NBU)**

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<th>Procedure No</th>
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<th>Medical Officer /Resident/Consultant</th>
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</table>

**Vensection in neonatal (broken needle technique)**

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<th>Procedure No</th>
<th>IP No</th>
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</table>
### Venection in older children

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### Urinary Catheterization

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### Assist in exchange transfusion

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### Ward Presentations

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<tr>
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<th>Medical Officer /Resident/</th>
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</table>
### CASES MANAGED (To be marked as adequate/inadequate)

<table>
<thead>
<tr>
<th>CASE</th>
<th>Hx</th>
<th>Examn</th>
<th>Ix</th>
<th>Mx</th>
<th>Consultant</th>
<th>Sign</th>
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<tbody>
<tr>
<td>Stroke</td>
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<td>Meningitis</td>
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<td>Epilepsy</td>
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<td>ACS</td>
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<tr>
<td>Heart failure</td>
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<td>Pneumonia</td>
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<td>Asthma</td>
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<td>Liver failure</td>
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<td>Thyroid dse</td>
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<td>RA</td>
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<td>Renal failure</td>
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<td>CMV</td>
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### 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
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

<table>
<thead>
<tr>
<th>Procedure No</th>
<th>AK No</th>
<th>Date</th>
<th>Resident</th>
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Arterial Blood Gases

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**Pleural Taps**

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**Ascitic Taps**

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### Bone Marrow Aspirates

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### CASES MANAGED (To be marked as adequate/inadequate)

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### Medical Internship Guidelines - 2014

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**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