

SUBSIDIARY LEGISLATION

to the Gazette of the United Republic of Tanzania No. 46 Vol. 99 dated 16th November, 2018

Printed by the Government Printer, Dodoma, by Order of Government

GOVERNMENT NOTICE NO. 703 Published on 16 November, 2018

THE MEDICAL, DENTAL AND ALLIED HEALTH
PROFESSIONALS ACT
(ACT NO.11 OF 2017)

REGULATIONS

(Made under section 64(2)(e))

THE MEDICAL, DENTAL AND ALLIED HEALTH PROFESSIONALS (INTERNSHIP)
REGULATIONS, 2018

ARRANGEMENT OF REGULATIONS

Regulation Title

PART I
PRELIMINARY PROVISIONS

1. Citation.
2. Interpretation.

**PART II
CONDUCT OF INTERNSHIP**

3. Basic requirements for internship.
4. Medical Doctor Intern.
5. Dental Doctor.
6. Occupational Therapist.
7. Internship posts.
8. Role of an intern.
9. Role of internship training centres.
10. Dress code.
11. Allocation.
12. Duration of internship.
13. Assessment during internship.

**PART III
GENERAL PROVISIONS**

14. Working hours.
15. Postponement of rotation.
16. Repetition of Internship.
17. Interns allowance.

GOVERNMENT NOTICE NO. 703 Published on 16 November, 2018

THE MEDICAL, DENTAL AND ALLIED HEALTH
PROFESSIONALS ACT

(ACT No.11 OF 2017)

REGULATIONS

(Made under section 64(2)(e))

THE MEDICAL, DENTAL AND ALLIED HEALTH PROFESSIONALS (INTERNSHIP)
REGULATIONS, 2018

PART I
PRELIMINARY PROVISIONS

- Citation 1. These Regulations may be cited as the Medical, Dental and Allied Health Professionals (Internship) Regulations, 2018.
- Interpretation 2. In these regulations unless the context requires otherwise-
- Act No.11 of 2017 “Act” means the Medical, Dental and Allied Health Professionals Act;
“Internship” means a period of supervised practical experience for medical, dental or Allied Health graduates when they serve in the hospitals for specified periods before registration.

PART II
CONDUCT OF INTERNSHIP

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

Basic
requirements
for internship

3. A person shall be entitled to do internship training after fulfilling the following requirements-
- (a) has passed a pre-internship examination conducted by the Council;
 - (b) is registered in accordance with the requirements set under Section 20(b) of the Act and issued with provisional registration certificate;
 - (c) has complied with any such additional requirements relating to the acquisition of practical experience as the Council may direct from time to time or as the Minister may prescribe by rules.

Medical
Doctor Intern

4. A provisionally registered Medical Doctor Intern shall be required to undergo internship training program for a period of one (1) year to be conducted on a rotational basis in the following manner.
- (a) in respect of Medical and dental professional, a rotation comprising of three (3) months each covering the four (4) main disciplines namely Medicine, Surgery, Paediatrics and Child Health, and Obstetrics and Gynaecology;
 - (b) in Surgery, exposure to Ear, Nose and Throat (ENT) and Ophthalmology;
 - (c) in Medicine, exposure to Mental Health;
 - (d) any other additional disciplines as shall be recommended by the Council;
 - (e) exposure to Human Immune Virus (HIV) management and care in the course of each rotation.

Dental
Doctor

5. A provisionally registered dental intern shall be required to undergo internship training for a period of one (1) year to be conducted on a rotational basis comprising of three disciplines as follows:
- (a) Oral and Maxillofacial Surgery and Oral pathology to be done for the duration of six months;

- (b) Prosthetics and Conservative Dentistry including period ontology to be done for the duration of three months;
- (c) Paedodontics - (Paediatric Dentistry and Orthodontics) to be done for the duration of three months.

Occupational
Therapist

6. A provisionally registered occupational therapist shall be required to undergo internship training for a period of (1) year to be conducted on rotational basis comprising of four disciplines as follows:

- (a) Child and Adolescent for Child health to be done for the duration of three months;
- (b) Physical rehabilitation for 3 months;
- (c) Mental Health for 3months;
- (d) Community and Work for 3Months.

Internship
posts

7.-(1) A provisionally registered medical, dental or Allied health professional shall, within Fourteen days after being issued with provisional certificate, report and commence internship training in a designated facility.

(2) Failure to report and commence intership shall warrant the Medical Officer in charge of a facility to refuse acceptance of an intern unless he assigns justifiable reasons for such delay.

Role of an
intern

8.-(1) A provisionally registered medical, dental or allied health professional shall-

- (a) be available at the hospital at all time and carry out interns duties as assigned by the supervisor;
- (b) abide by hospital or training centres rules of work as well as adhere to the code of professional Ethics and Conduct of his profession;
- (c) clerk patients and perform relevant investigations as the case may be;
- (d) Present cases concisely, coherently and competently in any appropriate forum prescribed by the training

facility;

- (e) Prepare various medical reports;
- (f) write accurate and informative case summaries;
- (g) document and regularly up date patients notes;
- (h) Guiding patients and relatives with regards to diagnosis, treatment and follow-up;
- (i) participate in continuing professional development activities;
- (j) participate in triaging patients;
- (k) comply with any other directives or requirements issued by the Council or the respective internship centre.

(2) The intern shall be required to have health insurance cover throughout the internship training.

(3) The intern shall not-

- (a) during the period of training, engage in any trade or private practice, whether full or part time;
- (b) take any paid job in any hospital other than a facility to which he is posted to practice;
- (c) sign papers for insurance claims, police forms, cremations, death certificate or any other legal document except with a prior permission of the Senior Practitioner;
- (d) by way of omission endanger patient life or delay assistance when required;
- (e) leave the patients who are in the middle of treatment procedure without a proper handing over to other personnel for treatment continuation and go off duty.

Role of
internship
training
centres

9.-(1) Accredited internship centre shall at all time ensure that, it has conducive working and learning environment to enable an intern to acquire the requisite knowledge and practical skills.

(2) Without prejudice to sub-regulation (1), a Medical officer In charge of the training centre shall ensure that the centre-

- (a) has all required resources and equipment as approved by the Council;

- (b) makes arrangements for suitable accommodation for interns, including the setting up of call rooms within or outside the hospital;
- (c) report back to the Council at the end of training, an intern who encountered difficulties that requires special action including repetitions of some rotations;
- (d) submit general assessment report of all interns posted in to the facility;
- (e) has necessary occupational and work place safety including vaccinations and post exposure management;
- (f) has guidance and counselling systems for those with special social and economic challenges.

(3) Each Internship training centre shall appoint a senior medical, dental or allied health professional to co-ordinate internship training.

(4) The internship training centre shall have powers to take disciplinary measures against an intern who violates the internal administrative rules and internship guidelines.

(5) Where the internship training centre has taken any disciplinary measure against an intern it shall, within seven days from the date of its decision, notify the Council in writing.

(6) (a) Where an intern has committed a professional misconduct by doing a procedure independently which ordinarily would have required prior authorization or supervision of a supervisor, the Medical officer in charge of the facility shall immediately report such misconduct to the Council in writing.

(b) Upon receipt of the report from the Medical officer In charge, the Council shall institute inquiry proceedings against an intern in accordance with the inquiry rules.

(7) The following acts shall constitute Professional and General misconduct which may lead to disciplinary action:

- (a) inappropriate relationship with patients;
- (b) abuse of patient confidentiality and trust;
- (c) lack of a sense of responsibility;
- (d) lack of respect for patients, public or colleagues;

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

- (e) indiscipline such as absence from duty without good cause and lateness to work;
- (f) substance abuse;
- (g) indecent behaviour.

Dress code

10.-(1) An intern medical, dental or allied health practitioner, shall at all times in and outside the place of work, appear in smart, proper and decent dress and behave in a professional manner.

(2) Notwithstanding the provisions of sub-regulation (1) an intern shall at the place of work be required to present himself in official attire that will include proper uniform and identification tag.

(3) Failure to comply with the provisions of sub-regulation (1) and (2) shall warrant the Medical officer In charge to take disciplinary action against such intern.

Allocation

11.-(1) For purposes of ensuring equitable allocation, exposure and avoiding overload of medical, dental or allied health professionals in one geographical area, the Council shall, irrespective of the choice of an intern, have power to allocate such intern to any other geographical area within Mainland Tanzania.

(2) The Council shall have power to allocate an intern to more than one internship training centre with a view of assisting an intern to undertake the rotations.

Duration of
internship

12.-(1) All intern shall undergo an internship training program for a period of twelve consecutive months to be conducted on a rotational basis.

(2) The intern who fails a particular module shall repeat a rotation at the end of the 12 months internship period at his own costs and shall not repeat a failed module more than twice.

(3) The intern who fails a module more than twice shall be required to undergo remedial training for the failed module in a recognized medical, dental or allied health institution as recommended by the Council at his own cost.

Assessment
during
internship

13. An intern shall be assessed on rotational basis and subject to the fulfilment of requirements set out in the Schedule to these Regulations.

PART III
GENERAL PROVISIONS

Working
hours

14.-(1) The interns will be allowed to a total of not more than twenty eight days break during internship period with prior permission of Medical officer in charge.

(2) Subject to subregulation (1), the medical Officer in charge shall ensure that such break does not compromise with provision of service.

(3) The permission granted shall be deducted from the twenty eight days of the break.

(4) Subject to subregulation (1), the medical officer in charge may allow an intern to go on break under the unforeseeable events.

Postponemen
t of rotation

15.-(1) The interns will be allowed to postpone a rotation under special circumstances subject to Council's approval.

(2) Subject to subregulation (1) an postponement shall not exceed a period of one month contrary to which the intern shall be required to repeat the rotation training at his own cost.

Repetition of
Internship

16. An intern shall be required to repeat internship training if he fails in two third of the total rotations.

Interns
allowance

17. The Council shall not be responsible to carter for cost of living of an intern during the period of internship training.

—————
SCHEDULE
—————

(Made under regulation 13)
—————

PART I
MINIMUM REQUIREMENTS IN CLINICAL SKILLS AND PATIENT
CARE FOR MEDICAL INTERNS

1.0 ESSENTIAL SKILLS AND PROCEDURES

The Medical Intern doctor should be able to take a thorough history and carry out physical examination of a patient in the casualty, out-patient clinic and ward using minimum tools like stethoscope, blood pressure machine, a torch and patellar hammer. He should also be able to order for relevant laboratory and radiological investigations for diagnosis and management of the patient.

The following are the general objectives for the medical intern training:

- a) The Interns are expected to consolidate their theoretical knowledge, approach the patient holistically and acquire competence in medicine so as to work independently.
- b) The Intern shall show proficiency in the main specialties, and be able to:
 - i. Take a full history, carry out a complete physical examination and order appropriate investigations for medical patients.
 - ii. Interpret the radiological and laboratory data/reports to diagnose common dental problems.
 - iii. Prepare proper records for patient's case history.
 - iv. Make a comprehensive treatment plan, prioritizing the needs of the patient and manage common medical problems.
 - v. Demonstrate acquired skills by being first on call to attend to emergencies.
 - vi. Consult and refer to the respective specialist for further management.
 - vii. To become clinically proficient in performing biopsy, venepuncture, intravenous infusion, resuscitation, intubation and life support.
 - viii. Acquire proficiency in infection control as well as occupational health and safety.

- ix. Acquire practical experience in the usage of essential medicines and medical supplies.
- x. Be a team player and exhibit leadership, management and communication skills while working within a multi-disciplinary health facility.
- xi. Participate in promotive and preventive health care programs.
- xii. Comply with the professional code of conduct and ethics including obtaining informed consent and patient counselling.
- xiii. Participate in continuous professional development activities.

2.0 INTERNAL MEDICINE

This rotation will cover adolescents, adults and geriatrics and will last for a continuous period of three months; two months in internal medicine and one month in psychiatry.

2.1 OBJECTIVES

At the end of the rotation the intern doctor should be able to:

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. Haematological blood test such as full blood picture, peripheral blood smear, Coagulation screen.
 - ii. Biochemical tests such as Blood sugar, Urea Creatinine, Electrolytes, lipid profile
 - iii. Microbiological tests such as AFB, blood and urine culture, CSF, pus swab for culture and sensitivity.
 - iv. Parasitological tests such as Urine and Stool analysis, blood slides for parasites.
 - v. HIV rapid test.
 - vi. Basic radiological investigation such as Chest radiograph, Plain abdominal radiograph, Skull radiograph etc.
3. Manage medical 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, birth injury; abdominal pain;
4. Discuss with supervisor on follow up, preventive and promotive health services

5. Skills.
Show proficiency in the following:-
 - i. Triage.
 - ii. Resuscitation, intubation and Life support skills.
 - iii. I-M and I-V injections.
 - iv. I-V fluids prescription, administration and monitoring.
 - v. Lymph node and skin biopsy.
 - vi. Incision and drainage.
 - vii. Collecting appropriate blood specimens.
 - viii. Bone marrow aspirate.
 - ix. Fine needle aspirate.
 - x. Catheterization.
 - xi. Blood transfusion.
 - xii. Nasogastric tube insertion and gastric lavage.
 - xiii. Perform and interpret tuberculin skin tests.
 - xiv. Rectal examination.
 - xv. Examine and interpret stool, urine, sputum and CSF results.
 - xvi. Estimate levels of haemoglobin, glucose and bilirubin in blood.
 - xvii. Prepare blood slide and examine for malaria parasites.
 - xviii. Interpret routine radiographs of the chest, skull, abdomen, and the extremities with respect to trauma, infection and neoplasia.
6. Show adequate knowledge in the management of commonly encountered conditions as per National Guidelines, best practices and shall consult and refer as necessary.
7. Be conversant with the National Essential Drugs List and Dangerous Drugs Act.
8. Be proficient in recording and regular updating of patient's notes and be able to write accurate and informative case summaries.
9. Present cases concisely, coherently and competently during ward rounds, grand rounds or any other appropriate fora.
10. Observe and uphold professional ethics and etiquette in interacting with colleagues, clients and the public.
11. Demonstrate basic leadership and administrative skills.
12. Practice continuing self learning skills and acquire basic research principles.
13. Participate in Continuous Professional Development (CPD) activities.

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

2.2 SPECIFIC PROCEDURES

The Intern doctor is required to learn and master to perform some basic essential diagnostic and therapeutic procedures tabulated below:

Discipline	Procedures	Recommended Minimum Number
INTERNAL MEDICINE	Routine Laboratory tests (stool examination, urinalysis, WBC and RBC count, Hb, ESR, sputum examination and blood film for malaria parasites and spirochaetes)	20 (each)
	Venepuncture including femoral vein	20
	Set i/v line	20
	Lumbar puncture and intrathecal administration of drugs	5
	Bladder catheterization	5
	Abdominal paracentesis	5
	Thoracocentesis	5
	Perform and interpret ECG	10
	Observe pleural biopsy	3
	Observe peritoneal biopsy	3
Observe Ultrasound	3	

3.0 PAEDIATRICS AND CHILD HEALTH (3 months rotation)

This rotation covers management of children up to 14 years and lasts for three month

3.1 OBJECTIVES

At the end of the rotation the intern doctor should be able to:

1. Clerk patients: Take a full history, carry out a complete physical examination, formulate provisional and differential diagnosis.
2. 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.
3. 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; diarrhoea and vomiting, acute abdomen, acute liver failure, hyperbilirubinemia; Sickle cell crisis, severe anaemia; acute poisoning; Respiratory Distress Syndrome; hypothermia, birth injury; abdominal pain; resuscitation of the newborn;
4. Genetic and congenital abnormalities.
5. Manage common paediatric conditions in accordance to standard treatment guidelines such as Respiratory: Acute Respiratory Infections (ARI), asthma, otitis media, bronchiolitis; Gastrointestinal disorders: 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; child abuse.
6. Discuss with supervisor on follow up, preventive and promotive child health services i.e growth monitoring, nutrition, vaccinations and immunization.
7. Skills
 - a) Show proficiency in the following:-
 - i. Triage.
 - ii. Resuscitation, intubation and Life support skills.
 - iii. I-M and I-V injections.
 - iv. I-V fluids prescription, administration and monitoring.
 - v. Lymph node and skin biopsy.
 - vi. Incision and drainage.
 - vii. Collecting appropriate blood specimens.
 - viii. Supra-pubic urine collection.

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

- ix. Bone marrow aspirate.
- x. Fine needle aspirate.
- xi. Catheterization.
- xii. Blood transfusion.
- xiii. Nasogastric tube insertion and gastric lavage.
- xiv. Perform and interpret tuberculin skin tests.
- xv. Rectal examination.
- xvi. Examine and interpret stool, urine, sputum and CSF results.
- xvii. Estimate levels of haemoglobin, glucose and bilirubin in blood.
- xviii. Prepare blood slide and examine for malaria parasites.
- xix. Interpret routine radiographs of the chest, skull, abdomen, and the extremities with respect to trauma, infection and neoplasia.

3.2 SPECIFIC PROCEDURES

The intern doctor is required to learn and master to perform some basic essential diagnostic and therapeutic procedures tabulated below:

Discipline	Procedures	Recommended Minimum Number
PAEDIATRICS AND CHILD HEALTH	Lumbar Puncture	5
	Intravenous/Intra-osseous infusion	10
	Blood Transfusion	10
	Ascitic Tap	5
	Pleural Tap	5
	Femoral /Venopuncture	10
	Resuscitation	10
	Supportive measures (Oxygen administration, Nasogastric tube insertion and urethral catheter catheterization)	10
	Perform ECG and recognize abnormalities	5
	Bone marrow aspirate	1
	Fine needle aspirate,	1

4.0 SURGERY

This rotation will cover adolescents, adults and geriatrics and will last for a continuous period of three months; two months in general surgical principles and one month in Orthopaedics and Trauma.

4.1 OBJECTIVES

At the end of the rotation the intern doctor should 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, orthopaedics and trauma.
3. Participate in preoperative, intraoperative and postoperative care of patients.
4. Properly document all procedures, peri-operative findings and follow-up notes.
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. Multiple injury patients, open fractures, common orthopaedic conditions.
 - ii. Acute abdomen (gastro-intestinal bleeding, intestinal obstruction, complicated hernia, appendicitis, peritonitis and abdominal trauma).
 - iii. Burns.
 - iv. Epistaxis.
 - v. Genitourinary emergencies (Urinary retention, torsion of the testis, orchitis).
 - vi. Chest injuries (Pneumothorax, hemothorax, tension Pneumothorax).
 - vii. Foreign body in airway or oesophagus.
 - viii. Penetrating injuries (gunshots, stab wounds etc).
 - ix. Unconscious patient.
 - x. Head and spinal injury.
 - xi. Fractures (open fractures. Fracture-dislocations).
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.

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

- 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 and Suprapubic catheterization.
 - xviii. Abdominal paracentesis and pleural tap.
 - xix. Interpretation of laboratory data, imaging and histology reports.
 - xx. Aseptic techniques and theatre practice (scrubbing, gloving, gowning, patient preparation).
 - xxi. Patient Counseling.
- 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. AFB staining for TB.
- c) Observe, assist and perform the following operations under supervision:
- i. Herniorrhaphy (Inguinal and umbilical).
 - ii. Appendectomy.
 - iii. Exploratory Laparotomy for abdominal emergencies.
 - iv. Thoracic catheter insertion.
 - v. Intramedullary nail insertion and external fixation for fractures.
 - vi. Resection and anastomosis of the bowel.
 - vii. Prostatectomy.

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

- viii. Skin grafting.
- ix. Laparoscopy.
- x. Craniotomy/burr holes for intracranial haematomas.
- xi. Amputations.
- xii. Internal fixation of fractures.

4.2 SPECIFIC PROCEDURES

The Intern doctor is required to learn and master to perform some basic essential diagnostic and therapeutic procedures tabulated below:

Discipline	Procedures	Recommended Minimum Number
GENERAL SURGERY	- Stitching of wounds incision and drainage	20
	- Intravenous lines	20
	- Suprapubic puncture	10
	- Excision of cysts and lumps	10
	- Biopsy	10
	- Bouginage of urethra	5
	- Circumcision	5
	- Cut down of vein	5
	- Hydrocoelelectomy	5
	- Appendicectomy	2
	- Tracheostomy	1
	- Herniorrhaphy	5
	- Laparotomy	2
ORTHOPAEDICS AND TRAUMA	Emergency surgical debridement	10
	Other emergencies (dislocations, closed fracture reduction)	10
	Elective operations	8
	Minor procedures performed personally	8
	Ward procedures performed e.g. Steinmans Pin insertion, closed reduction of fractures	10

5.0 OBSTETRICS AND GYNAECOLOGY

This rotation will last for a continuous period of three months.

5.1 OBJECTIVES

At the end of the rotation the intern doctor should be able to:

1. Take a full history, carry out complete physical examination and arrive at possible differential diagnoses and a working diagnosis.
2. Understand indications and contra-indications of obstetrics and gynaecological surgery.
3. Participate in preoperative, intraoperative and postoperative care of patients.
4. Properly document all procedures, peri-operative findings and follow-up notes.
5. 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 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.

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 maternal and newborn 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. Counseling for presenting conditions,

11. Observe, assist and perform under supervision the following operations:

Caesarian section module, Repair of ruptured uterus, Subtotal hysterectomy for ruptured uterus, Laparotomy for ectopic pregnancy, pelvic abscess.

12. Assist at common operations in particular: -

Repair of third degree tear, Total Hysterectomy, Salpingoplasty, Vesico-vaginal Fistula repair, Laparoscopy, Laparotomy.

13. Screen for common reproductive tract cancers (breast, cervical and uterine cancers).

5.2 SPECIFIC PROCEDURES

The Intern doctor is required to learn and master to perform some basic essential diagnostic and therapeutic procedures tabulated below:

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

Discipline	Procedures	Recommended Minimum Number
OBSTETRICS AND GYNAECOLOGY	Evacuation of incomplete abortion	5
	Assist myomectomy and hysterectomy	3
	Diagnostic dilation and curettage	5
	Antenatal care	10
	Perform normal deliveries	20
	Breech deliveries	5
	Multiple pregnancy delivery	1
	Vacuum extraction	1
	Assist Caesarean section	10
	Perform Caesarean section	5
	Observe operation for uterine rupture	2
	Induction of labour	3
	Repair of perineal/vaginal tears/episiotomy	10
	Manual removal of placenta	2
	Double set up examination under anaesthesia for antepartum haemorrhage	2
	Laparotomy for ectopic pregnancy	2
	Drainage of pelvic abscess by laparotomy or colpotomy	2
	Marsupialisation of Bartholin's abscess or cyst	2
	Assist postpartum tubal ligation	5
	Perform postpartum tubal ligation	2
Perform PAP smear	5	

PART II
MEDICAL LOGBOOK
LOG BOOK FOR MEDICAL INTERN DOCTORS

Personal Details of Intern

Name

Date of commencement

Provisional Registration No.....

Introduction

1. Purpose of the log book

This log book is part of a structured Internship Training Program to help you monitor your own competence, progress, 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.

Level 1-5 represent the expected competences 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.

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

(1) INTERNAL MEDICINE ROTATION

PROCEDURE AND CASE LOG BOOK FOR MEDICAL 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 CARRIED OUT

1. Arterial Blood Gases		10
2. Lumbar Punctures	10	
3. Pleural Taps(Thoracocentesis)	5	
4. Ascitic Taps		5
5. Synovial fluid aspirates		5
6. Lymphnode biopsies		5
7. Diabetic foot debridement	5	
8. Perform and interpret ECG	10	

PROCEDURES OBSERVED

1. Central Venous Catheter Insertion	5
2. Dialysis Catheter Insertion	5
3. Trepine Biopsies/Bone Marrow Aspirates	2

A: PROCEDURES SUCCESSFULLY CARRIED OUT

1. ARTERIAL BLOOD GASES						
Optimum required:10; Performed:---/10; Level of Competence Score: ---/50						
S/No	Date	Patient Reg. No.	Level of Competence (LoC)	Remarks	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

2. Lumbar Puncture					
Optimum required:10; Performed:---/10; Level of Competence Score: ---/50					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature

Medical, Dental And Allied Health Professionals Act

Gn. No. 703 (Contd)

1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

3. PLEURAL TAP					
Optimum required:5; Performed:---/5; Level of Competence Scored: ---/25					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					

4. ASCITIC TAP					
Optimum required:5; Performed:---/5; Level of Competence Scored: ---/25					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					

5. SYNOVIAL FLUID ASPIRATON					
Optimum required:5; Performed:---/5; Level of Competence Scored: ---/25					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

6. ELECTROCARDIOGRAM PERFORMED AND INTERPRETED					
Optimum required: 10; Performed:---/10; Level of Competence Scored: ---/50					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

7. LYMPH NODE BIOPSIES					
Optimum required: 5; Performed:---/5; Level of Competence Scored: ---/25					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					

8. DIABETIC FOOT DEBRIDEMENT					
Optimum required: 5; Performed:---/5; Level of Competence Scored: ---/25					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					

B: PROCEDURES OBSERVED

1. CENTRAL VENOUS CATHETER INSERTION						
Optimum required: 5; Performed:---/5; Level of Competence Scored: ---/5						
S/No	Date	Patient Reg. No.	Level of Competenc	Remarks	Supervisor Name	Signature

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

			e			
1.						
2.						
3.						
4.						
5.						
6.						
2. DIALYSIS CATHETER INSERTION						
Optimum required: 5; Performed:---/5; Level of Competence Scored: ---/5						
S/No	Date	Patient Reg. No.	Level of Competence	Remarks	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
11. TREPHINE BIOPSIES						
Optimum required: 2; Performed:---/2; Level of Competence Scored: ---/2						
S/No	Date	Patient Reg. No.	Level of Competence	Remarks	Supervisor Name	Signature
1.						
2.						
12. PLEURAL BIOPSIES						
Optimum required: 3; Performed:---/3; Level of Competence Scored: ---/3						
S/No	Date	Patient Reg. No.	Level of Competence	Remarks	Supervisor Name	Signature
1.						
2.						
3.						
13. PERITONEAL BIOPSIES						
Optimum required: 3; Performed:---/3; Level of Competence Scored: ---/3						
S/No	Date	Patient Reg. No.	Level of Competence	Remarks	Supervisor Name	Signature
1.						
2.						
3.						
14. ABDOMINAL ULTRASOUND						

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

Optimum required: 3; Performed:---/3; Level of Competence Scored: ---/3						
S/No	Date	Patient Reg. No.	Level of Competence	Remarks	Supervisor Name	Signature
1.						
2.						
3.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

CASES MANAGED (To be marked as adequate/inadequate)

CASE	Hx	Exam ⁿ	Ix	Mx	Supervisor	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						
Severe Malaria						

*NOTE: Fill in any other common conditions in the area you have attended to.

VERIFICATION OF COMPLETION OF REQUIREMENTS

INTERN DOCTOR

NAME	COMMENTS OF INTERN	SIGNATURE

Medical, Dental And Allied Health Professionals Act

Gn. No. 703 (Contd)

--	--	--

INTERNSHIP SUPERVISOR

NAME	COMMENTS OF SUPERVISOR AND DATE	SIGNATURE

INTERNSHIP COORDINATOR

NAME	COMMENTS OF COORDINATOR AND DATE	SIGNATURE AND OFFICIAL STAMP

CASES MANAGED

No:	Date	Patient Name	Hosp #	Diagnosis	Rating	Supervisor	Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							

Medical, Dental And Allied Health Professionals Act

Gn. No. 703 (Contd)

18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							

NB: Grading: 6= Excellent, 5= Very Good, 4= Good, 3=Fair, 2=Poor, 1= Very poor

EDUCATIONAL SESSIONS ATTENDED					
No:	Date	Type of session	Topic	Supervisor	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

INVESTIGATIONS ORDERED							
No :	Date	Patient Name	Hosp #	Diagnosis/Indica tion	Type of investigatio n ordered	Supervis or	Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							

Medical, Dental And Allied Health Professionals Act

Gn. No. 703 (Contd)

PREPARATION OF PATIENTS FOR SURGERY (ELECTIVE AND EMERGENCIES)								
No:	Date	Patient Name	Hosp #	Age	Diagnosis	Nature of Surgery	Supervisor	Signature
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

CLINIC ATTENDANCE							
No:	Date	Patient Name	Hosp #	Clinic	Diagnosis	Supervisor	Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

PANEL ASSESSMENT

NAME OF THE INTERN

DOCTOR.....

DEPARTMENT:.....

PERIOD OF ROTATION FROM:.....TO:

A. Patient Assessment & Care	Grade	Remarks if any
History & Physical examination		
Clinical judgment & Decision		
Emergency Care		
Investigations		
Documentation		
B. Professional Attitude		
General appearance		
Physician –Patient Relationship		
Team relationship		
Sense of responsibility		
Self confidence		
Confidentiality		
Compliance		
Punctuality		
Initiative		
Ability to contribute in discussion		
C. Technical competence		
Manual skills related to procedures		
Use of equipment		
D: Attendance		

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

Clinics		
Ward rounds		
Clinical Meetings		
Grand rounds		
Journal club		
E. Knowledge of work and performance		
Sufficient knowledge to discharge work efficiently		
How well understands his/her work		
Interest in work		
TOTAL MARKS		

NB: Grading: 6= Excellent, 5= Very Good, 4= Good, 3=Fair, 2=Poor, 1= Very poor

Maximum Score = 138

Pass Mark = 80 with a pass (at least 4) in every section

Overall Assessment and Comment by the supervisor

Name:.....Signature..... Date:.....

Designation:.....Medical Practice Reg. No:.....

Recommendation by the Intern coordinator

Name:.....Signature..... Date:.....

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

Designation:.....Medical Practice Reg. No:.....

(2) PAEDIATRICS AND CHILD HEALTH ROTATION

PROCEDURE AND CASE LOG BOOK FOR MEDICAL 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:

- 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:

PROCEDURES CARRIED OUT

1. Lumbar Punctures	10	
2. Intravenous/Intra-osseous infusion	10	
3. Blood transfusion	10	
4. Ascitic Tap		5
5. Pleural Tap		5
6. Femoral/Venoepuncture		20
7. Resuscitation		10
8. Perform and interpret ECG	5	
9. Bone marrow aspiration		1
10. Fine needle aspiration		1
11. Ward presentations	20	
12. CME presentations	2	

1. LUMBAR PUNCTURE

Optimum required:5; Performed:.....; Level of Competence Scored: ---/25;

S/No	Date	Patient Reg. No.	Level of Competence	of	Supervisor Name	Signature
------	------	------------------	---------------------	----	-----------------	-----------

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

1.					
2.					
3.					
4.					
5.					

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

2. INTRAVENOUS/INTRAOSSEUS INFUSION

Optimum required:10; Performed:.....; Level of Competence Scored: ---/50;

S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

3. BLOOD TRANSFUSION

Optimum required:10; Performed:.....; Level of Competence Scored: ---/50;

S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

4. ASCITIC TAP

Optimum required:5; Performed:.....; Level of Competence Scored: ---/25;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

5. PLEURAL TAP

Optimum required:5; Performed:.....; Level of Competence Scored: ---/25;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

6. VENOPANCTURE

Optimum required:20; Performed:.....; Level of Competence Scored: ---/100;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

16.					
17.					
18.					
19.					
20.					

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

7. RESUSCITATION

Optimum required:10; Performed:.....; Level of Competence Scored: ---/50;

S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

8. SUPPORTIVE MEASURES (Oxygen administration, NGT Insertion, Urethral Catheterization)

Optimum required:10; Performed:.....; Level of Competence Scored: ---/50;

S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

9. ECG PROCEDURE

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

Optimum required:3; Performed:.....; Level of Competence Scored: ---/15;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

10. BONE MARROW ASPIRATION BIOPSY/FINE NEEDLE ASPITATION BIOPSY

Optimum required:3; Performed:.....; Level of Competence Scored: ---/15;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Ward Presentations

Procedure No	IP No	Date	Medical Officer /Resident/	Signature

VERIFICATION OF COMPLETION OF REQUIREMENTS

INTERN DOCTOR

NAME	COMMENTS OF INTERN	SIGNATURE

INTERNSHIP SUPERVISOR

NAME	COMMENTS OF SUPERVISOR AND DATE	SIGNATURE

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

--	--	--

INTERNSHIP COORDINATOR

NAME	COMMENTS OF COORDINATOR AND DATE	SIGNATURE AND OFFICIAL STAMP

CASES MANAGED

No:	Date	Patient Name	Hosp #	Diagnosis	Rating	Supervisor	Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

26.							
27.							
28.							
29.							
30.							

NB: Grading: 6= Excellent, 5= Very Good, 4= Good, 3=Fair, 2=Poor, 1= Very poor

EDUCATIONAL SESSIONS ATTENDED					
No:	Date	Type of session	Topic	Supervisor	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

INVESTIGATIONS ORDERED							
No:	Date	Patient Name	Hosp #	Diagnosis/Indication	Type of investigation ordered	Supervisor	Signature
1.							
2.							
3.							
4.							

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							

PREPARATION OF PATIENTS FOR SURGERY (ELECTIVE AND EMERGENCIES)								
No:	Date	Patient Name	Hosp #	Age	Diagnosis	Nature of Surgery	Supervisor	Signature
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

CLINIC ATTENDANCE							
No:	Date	Patient Name	Hosp #	Clinic	Diagnosis	Supervisor	Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

Medical, Dental And Allied Health Professionals Act

G.N. No. 703 (Contd)

PANEL ASSESSMENT

NAME OF THE INTERN DOCTOR.....

DEPARTMENT:.....

PERIOD OF ROTATION FROM:..... TO:

A. Patient Assessment & Care	Grade	Remarks if any
History & Physical examination		
Clinical judgement & Decision		
Emergency Care		
Investigations		
Documentation		
B. Professional Attitude		
General appearance		
Physician –Patient Relationship		
Team relationship		
Sense of responsibility		
Self confidence		
Confidentiality		
Compliance		
Punctuality		
Initiative		
Ability to contribute in discussion		
C. Technical competence		
Manual skills related to procedures		
Use of equipment		
D: Attendance		
Clinics		
Ward rounds		
Clinical Meetings		
Grand rounds		
Journal club		
E. Knowledge of work and performance		
Sufficient knowledge to discharge work efficiently		
How well understands his/her work		

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

Interest in work		
TOTAL MARKS		

NB: Grading: 6= Excellent, 5= Very Good, 4= Good, 3=Fair, 2=Poor, 1= Very poor

Maximum Score = 138

Pass Mark = 80 with a pass (at least 4) in every section

Overall Assessment and Comment by the supervisor

Name:..... Signature..... Date:.....

Designation:.....Medical Practice Reg No:.....

Recommendation by the Intern coordinator

Name:..... Signature..... Date:.....

Designation:.....Medical Practice Reg No:.....

(3) SURGERY ROTATION PROCEDURE AND CASE LOG BOOK FOR MEDICAL 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.

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

- 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

	PROCEDURE	NUMBER OF CASES REQUIRED	NUMBER OF CASES DONE	SUPERVISORS COMMENTS
1	Surgical toilet	20		
2	Suturing of wounds	20		
3	Incision and drainage of abscess	20		
	Insertion of chest tubes	5		
5	Removal of stitches	20		
6	Appendectomy	5		
7	Repair of inguinal hernias	5		
8	Exploratory laparotomies	2		
9	Incision biopsy	5		
10	Excision of lumps	5		
11	Proctoscopy	5		
12	Haemorrhoidectomy	5		
13	Assist in gut anastomosis	2		
14	Colostomy fashioning	2		
15	Closure of colostomies	2		
16	Cut down for venous access	10		
17	Male urethral catheterization	20		
18	Suprapubic catheterization	10		
19	Hydrocelectomy	5		

GENEARAL SURGERY (DONE AS THE PRIMARY)

Surgical toilet

Optimum required:20; Performed:.....; Level of Competence Scored: ---/100;

S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Suturing of wounds

Optimum required:20; Performed:.....; Level of Competence Scored: ---/1000;

S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

15.					
16.					
17.					
18.					
19.					
20.					

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Incision and drainage of abscesses

Optimum required:20; Performed:.....; Level of Competence Scored: ---/100;

S/No	Date	Patient No.	Reg. No.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Insertion of chest tube

Optimum required:5; Performed:.....; Level of Competence Scored: ---/25;

S/No	Date	Patient No.	Reg. No.	Level of Competence	Supervisor Name	Signature
1.						

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

2.					
3.					
4.					
5.					

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Removal of stiches

Optimum required:20; Performed:.....; Level of Competence Scored: ---/100;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Appendectomy

Optimum required:5; Performed:.....; Level of Competence Scored: ---/25;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

5.					
6.					
7.					
8.					

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Repair of inguinal hernia

Optimum required:5; Performed:.....; Level of Competence Scored: ---/25;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Laparotomy

Optimum required:2; Performed:.....; Level of Competence Scored: ---/10;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Incision biopsy

Optimum required:5; Performed:.....; Level of Competence Scored: ---/25;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

8.					
----	--	--	--	--	--

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Excision of lumps

Optimum required:5; Performed:.....; Level of Competence Scored: ---/25;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Proctoscopy

Optimum required:5; Performed:.....; Level of Competence Scored: ---/25;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Haemorrhoidectomy

Optimum required:5; Performed:.....; Level of Competence Scored: ---/25;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Assist in gut anastomosis

Optimum required:2; Performed:.....; Level of Competence Scored: ---/8;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Colostomy

Optimum required:2; Performed:.....; Level of Competence Scored: ---/10;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Closure colostomy

Optimum required:2; Performed:.....; Level of Competence Scored: ---/10;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Cut down for venous access

Optimum required:10; Performed:.....; Level of Competence Scored: ---/50;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

4.					
5.					
6.					
7.					
8.					
9.					
10.					

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Male urethral catheterization

Optimum required:10; Performed:.....; Level of Competence Scored: ---/50;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Suprapubic catheterization

Optimum required:5; Performed:.....; Level of Competence Scored: ---/25;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

Hydrocelectomy

Optimum required:5; Performed:.....; Level of Competence Scored: ---/25;

S/No	Date	Patient No.	Reg.	Level of Competence	of	Supervisor Name	Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

ORTHOPAEDIC AND TRAUMA PROCEDURES (DONE AS PRIMARY)

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

1. Surgical toilet and debridement

Optimum required:10; Performed:.....; Level of Competence Scored: ---/50;

S/No	Date	Patient No.	Reg.	Level of Competence	of	Supervisor Name	Signature
1.							
2.							
3.							
4.							
5.							
6.							

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

7.					
8.					
9.					
10.					

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

2. Splinting of lower limb fractures

Optimum required:10; Performed:.....; Level of Competence Scored: ---/50;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

3. Splinting of upper limb fractures

Optimum required:10; Performed:.....; Level of Competence Scored: ---/50;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

4. Application of Plaster of Paris (POP) Upper limbs

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

Optimum required:10; Performed:.....; Level of Competence Scored: ---/50;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

5. Application of plaster of Paris (POP) lower limbs

Optimum required:10; Performed:.....; Level of Competence Scored: ---/50;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

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

	PROCEDURE	NUMBER OF CASES REQUIRED
1	Internal fixation of fractures	5
2	Any paediatric surgical procedure	5
3	Prostatectomy	5

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

4	Thoracotomy	5
---	-------------	---

1. Internal fixation of fractures (Open/Closed)

Optimum required:2; Performed:.....; Level of Competence Scored: ---/; 8

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

2. Any paediatric major surgical procedures

Optimum required:2; Performed:.....; Level of Competence Scored: ---/8;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

3. Prostatectomy

Optimum required:2; Performed:.....; Level of Competence Scored: ---/8;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

4. Thoracotomy

Optimum required:2; Performed:.....; Level of Competence Scored: ---/8;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

3.					
----	--	--	--	--	--

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

VERIFICATION OF COMPLETION OF REQUIREMENTS

INTERN DOCTOR

NAME	COMMENTS OF INTERN	SIGNATURE

INTERNSHIP SUPERVISOR

NAME	COMMENTS OF SUPERVISOR AND DATE	SIGNATURE

INTERNSHIP COORDINATOR

NAME	COMMENTS OF COORDINATOR AND DATE	SIGNATURE AND OFFICIAL STAMP

PANEL ASSESSMENT

NAME OF THE INTERN DOCTOR.....

DEPARTMENT:.....

PERIOD OF ROTATION FROM:.....TO:

A. Patient Assessment & Care	Grade	Remarks if any
History & Physical examination		
Clinical judgement &Decision		
Emergency Care		
Investigations		

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

Documentation		
B. Professional Attitude		
General appearance		
Physician –Patient Relationship		
Team relationship		
Sense of responsibility		
Self confidence		
Confidentiality		
Compliance		
Punctuality		
Initiative		
Ability to contribute in discussion		
C. Technical competence		
Manual skills related to procedures		
Use of equipment		
D: Attendance		
Clinics		
Ward rounds		
Clinical Meetings		
Grand rounds		
Journal club		
E. Knowledge of work and performance		
Sufficient knowledge to discharge work efficiently		
How well understands his/her work		
Interest in work		
TOTAL MARKS		

NB: Grading: 6= Excellent, 5= Very Good, 4= Good, 3=Fair, 2=Poor, 1= Very poor
 Maximum Score = 138
 Pass Mark = 80 with a pass (at least 4) in every section

Overall Assessment and Comment by the supervisor

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

Name:.....Signature..... Date:.....

Designation:.....Medical Practice Reg No:.....

Recommendation by the Intern coordinator

Name:.....Signature.....

Date:.....

*Designation:..... Medical Practice Reg
No:.....*

(4) OBSTETRICS AND GYNAECOLOGY ROTATION

PROCEDURE AND CASE LOG BOOK FOR MEDICAL 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

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

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

PROCEDURES CARRIED OUT

A) OBSTETRICS

1. Normal deliveries	20
2. Episiotomy/Perineal tear repair	10
3. Examination under anaesthesia	
i. For antepartum haemorrhage	2
ii. For postpartum haemorrhage	3
4. Delivery by caesarian section	5
5. Delivery by vacuum extraction	2
6. MacDonald's suture	3

B) GYNAECOLOGY

1. Pap smear		5
2. Diagnostic dilatation and curettage	5	
3. Suction curettage (MVA)	5	
4. Marsupialization of Bartholin's abscess	5	
5. Laparotomy for Ectopic Pregnancy	2	
6. Laparotomy/ Colpotomy for pelvic abscess	2	
7. Ovarian cystectomy		2

PROCEDURES ASSISTED

1. Tubal surgery	5
2. Exploratory laparotomy	5
3. Laparoscopic surgery	20
4. Total abdominal hysterectomy	5
5. Vaginal hysterectomy	20
6. Myomectomy	10

1. PROCEDURES CARRIED OUT

A. OBSTETRICS

1. NORMAL DELIVERIES (It is expected to monitor labour by use of a partogram)

Optimum required: 20; Performed... ; Level of Competence Scored: ---/100;

S/No	Date	Patient Reg. No.	Level of Competence	of	Supervisor Name	Signature
1.						

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

2. EPISIOTOMY/PERINEAL TEAR REPAIR

Optimum required: 10; Performed... ; Level of Competence Scored: ---/50;

S/No	Date	Patient No.	Reg. No.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

3. EXAMINATION UNDER ANAESTHESIA FOR ANTEPARTUM HAEMORRHAGE (APH)

Optimum required: 2; Performed... ; Level of Competence Scored: ---/10;

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

S/No	Date	Patient No.	Reg.	Level of Competence	of	Supervisor Name	Signature
1.							
2.							

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

4. EXAMINATION UNDER ANAESTHESIA POSTPARTUM HAEMORRHAGE (PPH)

Optimum required: 3; Performed... ; Level of Competence Scored: ---/15;

S/No	Date	Patient No.	Reg.	Level of Competence	of	Supervisor Name	Signature
1.							
2.							
3.							

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

5. DELIVERY BY CAESARIAN SECTION

Optimum required: 5; Performed... ; Level of Competence Scored: ---/25;

S/No	Date	Patient No.	Reg.	Level of Competence	of	Supervisor Name	Signature
1.							
2.							
3.							
4.							
5.							

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

6. DELIVERY BY VACUUM EXTRACTION

Optimum required: 1; Performed... ; Level of Competence Scored: ---/5;

S/No	Date	Patient No.	Reg.	Level of Competence	of	Supervisor Name	Signature
1.							

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

7. ABNORMAL DELIVERIES

Optimum required: 5; Performed... ; Level of Competence Scored: ---/25;

S/No	Date	Patient No.	Reg.	Level of Competence	of	Supervisor Name	Signature
1.							

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

2.					
3.					
4.					
5.					

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

8. CERVICAL CERCLAGE

Optimum required: 3; Performed... ; Level of Competence Scored: ---/15;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

B. GYNAECOLOGY

1. PAP SMEAR

Optimum required: 5; Performed... ; Level of Competence Scored: ---/25;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

2. DIAGNOSTIC CURETTAGE

Optimum required: 5; Performed... ; Level of Competence Scored: ---/25;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

3. SUCTION CURETTAGE (MVA)

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

Optimum required: 5; Performed... ; Level of Competence Scored: ---/25;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

4. MARSUPIALIZATION FOR BARTHOLIN'S ABSCESS

Optimum required: 5; Performed... ; Level of Competence Scored: ---/25;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

5. LAPAROTOMY FOR ECTOPIC PREGNANCY

Optimum required: 2; Performed... ; Level of Competence Scored: ---/10;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

6. LAPAROTOMY/COLPOTOMY FOR PELVIC ABSCESS

Optimum required: 2; Performed... ; Level of Competence Scored: ---/10;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

7. OVARIAN CYSTECTOMY

Optimum required: 2; Performed... ; Level of Competence Scored: ---/10;

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

S/No	Date	Patient No.	Reg.	Level of Competence	of	Supervisor Name	Signature
1.							
2.							

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

C. PROCEDURES ASSISTED SUCCESSFULLY

1. TUBAL SURGERY

Optimum required: 5; Performed... ; Level of Competence Scored: ---/10;

S/No	Date	Patient No.	Reg.	Level of Competence	of	Supervisor Name	Signature
1.							
2.							
3.							
4.							
5.							

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

2. EXPLORATORY LAPAROTOMY

Optimum required: 5; Performed... ; Level of Competence Scored: ---/10;

S/No	Date	Patient No.	Reg.	Level of Competence	of	Supervisor Name	Signature
1.							
2.							
3.							
4.							
5.							

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

3. LAPAROSCOPIC SURGERY

Optimum required: 20; Performed... ; Level of Competence Scored: ---/100;

S/No	Date	Patient No.	Reg.	Level of Competence	of	Supervisor Name	Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

4. TOTAL ABDOMINAL HYSTERECTOMY

Optimum required: 5; Performed... ; Level of Competence Scored: ---/10;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

5. VAGINAL HYSTERECTOMY

Optimum required: 20; Performed... ; Level of Competence Scored: ---/100;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

6. MYOMETOMY

Optimum required: 10; Performed... ; Level of Competence Scored: ---/20;

S/No	Date	Patient No.	Reg.	Level of Competence	Supervisor Name	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

** Level 1: Observed, Level 2: Assisted, Level 3: Carried procedure under direct supervision, Level 4: Carried procedure under indirect supervision, Level 5: Performed Independently*

CASES MANAGED (To be marked as adequate/inadequate)

CASE	Hx	Exam ⁿ	Ix	Mx	Supervisor	Sign
Pre-eclampsia						
Eclampsia						
PPH						
APH						
Anemia in Preg						

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

*NOTE: Fill in any other common conditions in the area you have attended to.

VERIFICATION OF COMPLETION OF REQUIREMENTS

INTERN DOCTOR

NAME	COMMENTS OF INTERN	SIGNATURE

INTERNSHIP SUPERVISOR

NAME	COMMENTS OF SUPERVISOR AND DATE	SIGNATURE

INTERNSHIP COORDINATOR

NAME	COMMENTS OF COORDINATOR AND DATE	SIGNATURE AND OFFICIAL STAMP

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

--	--	--

CASES MANAGED							
No:	Date	Patient Name	Hosp #	Diagnosis	Rating	Supervisor	Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

30.							
-----	--	--	--	--	--	--	--

NB: Grading: 6= Excellent, 5= Very Good, 4= Good, 3=Fair, 2=Poor, 1= Very poor

EDUCATIONAL SESSIONS ATTENDED						
No:	Date	Type of session	Topic	Supervisor	Signature	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

INVESTIGATIONS ORDERED							
No :	Date	Patient Name	Hosp #	Diagnosis/Indication	Type of investigation ordered	Supervisor	Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							

PART III

MINIMUM REQUIREMENTS IN CLINICAL SKILLS AND PATIENT CARE FOR DENTAL INTERN DOCTORS

Every dental intern shall be required to undergo an internship training program for a period of one (1) year to be conducted on a rotational basis comprising of three disciplines as follows: -

- (d) Oral and Maxillofacial Surgery and Oral pathology – six months.
- (e) Prosthetics and Conservative Dentistry including periodontology – three months.
- (f) Paedodontics – (Paediatric Dentistry and Orthodontics) – three months.

ESSENTIAL SKILLS AND PROCEDURES

The dental intern doctor should be able to take a thorough history and carry out oral and perioral examination of a patient in the out patient clinic and ward using minimum tools like a dental probe, dental mirror, blood pressure machine. He should also be able to order relevant laboratory and radiological investigations for diagnosis and management of the patient.

The following are the minimum/general objectives for the dental intern training:

- a) An intern is expected to consolidate the theoretical knowledge, approach the patient holistically and acquire competence in dentistry so as to work independently.
- b) The intern shall show proficiency in the main specialties, and be able to: -

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

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

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

1.0 ORAL AND MAXILLOFACIAL SURGERY AND ORAL PATHOLOGY

This rotation will last for a continuous period of six months.

1.1 OBJECTIVES

At the end of the rotation the dental intern should be able to:

- (a) Minor Oral Surgery
 - Become proficient in the following by performing the minimum number of procedures stipulated in the logbook:
 - i. Dental extractions with forceps and elevators.
 - ii. Surgical removal of teeth and roots after raising flaps.
 - iii. Minor surgical procedures including dressing dry sockets, removal of epulis, apicectomies, splinting mobile teeth, closure of oro-antral fistulae and draining abscesses.
 - iv. Removal of sutures, wires, drains and dressing packs.

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

- v. Management of Temporomandibular Joint (TMJ) disorders.
- vi. Minor preprosthetic surgical procedures.
- vii. Remove minor tumours and cysts.

(b) Major Oral Surgery

Observe, assist and carry out the following procedures under supervision:-

- i. Treatment of mandibular and maxillofacial fractures by closed reduction and assist in open reduction.
- ii. Treatment of simple cysts, repair of cleft lip and palate.
- iii. Surgical management of tumors of the jaws and related structures.
- iv. Inpatient care.
- v. Participate in operating theatre routine.
- vi. Participate in dental, multidisciplinary and grand ward rounds.
- vii. Osteotomies, ostectomies, major preprosthetic surgery, grafting procedures, flaps and reconstructive surgery.
- viii. Management of oro-facial pain.
- ix. Management of complex facial infections e.g. Ludwig's angina, necrotizing fasciitis.

(c) Oral Medicine/Oral Pathology

- i. Manage dental/oral diseases in patients with medical conditions.
- ii. Institute preventive measures, diagnose common oral conditions, including aphthous ulcer, lichen planus, pemphigoid, oral manifestation of HIV and other medical conditions.

1.2 SPECIFIC PROCEDURES

The dental intern is required to learn and master some basic essential diagnostic and therapeutic procedures as tabulated below:

Discipline	Procedures	Recommended Minimum Number
ORAL AND MAXILLOFACIAL SURGERY AND ORAL PATHOLOGY	Venepuncture	20
	Intubations and resuscitation	10
	Infusion	20
	Cystectomies	4
	Dysimpactions	6
	Apicectomies	3
	Biopsies	10
	Incision and Drainage	15

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

Manage dry Socket and bleeding socket	10
Manage Fracture of alveolar bone	3
Manage Zygomatic arch fracture	1
Management of TMJ dislocations	5
Treat lacerations and abrasions	10
Exodontia	50
Tumour case presentation	10
Plan for major operation	5
Assist in major operations	5
Splinting of mobile teeth	3

Removal of sutures, wires, drains	15
Treatment of mandibular and maxillary fractures – Closed reduction	3
Observe and assist Treatment of mandibular and maxillary fractures – open reduction	4
Observe and assist surgical management of tumours of the jaws and related structures and pre-prosthetic surgery	5

2.0 RESTORATIVE DENTISTRY

This rotation will last for a continuous period of three months. This includes conservative dentistry, prosthetics, and periodontology.

2.1 OBJECTIVES

At the end of the rotation the dental intern should be able to:

(a) Conservative Dentistry

Become proficient in the following by performing the minimum number of procedures stipulated:

- i. Diagnose and manage carious, malformed, traumatized and discolored teeth among others.
- ii. Restore teeth with amalgams, composite, compomers, glass ionomer cements among other restorative materials.
- iii. Perform endodontic therapy in anterior and posterior teeth.

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

(b) Prosthetics

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

- i. Diagnose and provide treatment of partially dentate and edentulous patients.
- ii. Construct acrylic partial and complete dentures.
- iii. Provide immediate dentures and perform denture repairs and relines.

(c) Periodontology

- i. Diagnose, manage and follow up of periodontal diseases.
- ii. Periodontal surgery.
- iii. Splinting of periodontally involved teeth.
- iv. Oral health education.

2.2 SPECIFIC PROCEDURES

The dental intern is required to learn and master to perform some basic essential diagnostic and therapeutic procedures tabulated below:

Discipline	Procedures	Recommended Minimum Number
RESTORATIVE DENTISTRY		
Conservative dentistry	Class I amalgam filling	10
	Class II amalgam filling	8
	Class I composite filling	4
	Class III composite filling	3
	Class IV composite filling	3
	Class III glass ionomer filling	4
	Class V glass ionomer filling	6
	Root Canal Treatment upper molar	3

Conservative dentistry	Root Canal Treatment lower molar	3
	Root Canal Treatment premolar	4
	Root Canal Treatment incisor/canine	4
Prosthetics	Upper partial denture	3
	Lower partial denture	3
	Upper full denture	2
	Lower full denture	2

Medical, Dental And Allied Health Professionals Act

GN. NO. 703 (Contd)

Periodontology	Scalling/polishing – full mouth	6
	Scalling/polishing – half mouth	3

3.0 PAEDODONTICS

This rotation will last for a continuous period of three months. This includes orthodontics and paediatric dentistry.

3.1 OBJECTIVES

At the end of the rotation the dental intern should be able to:

(a) Orthodontics

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

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

(b) Pediatric Dentistry

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

- i. Diagnose and manage dental diseases in children.
- ii. Institute behaviour management and dietary counselling in children.

3.2 SPECIFIC PROCEDURES

The dental intern is required to learn and master some basic essential diagnostic and therapeutic procedures tabulated below:

Discipline	Procedures	Recommended Minimum Number
PAEDODONTICS (ORTHODONTICS AND PAEDIATRIC DENTISTRY)		
Orthodontics	Diagnosis, treatment planning, and management of dental malocclusions.	5
	Orthodontics case assessment; design, construction, use and control of removal appliances.	5
	Space maintenance.	3
	Functional appliances.	5

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

	Fixed orthodontics.	5
Paediatric Dentistry	Dental fillings, pulpotomies and use of stainless steel crowns.	10
	Extractions and space maintenance.	5
	Management of dental fluorosis in children.	5
Paediatric Dentistry	Endodontics in deciduous and permanent dentition.	5
	Preventive dentistry, caries control and dietary advice.	20
	Management of acute infections and traumatic injuries to the dental tissues.	5
	Dental management of handicapped children	5
	Provision of prostheses and obturators.	3

PART IV:
DENTAL LOGBOOK
LOG BOOK FOR DENTAL INTERN DOCTORS

Personal Details of Intern
Name

.....
Date and Year of commencement

.....
Index No..... Internship Licence No.....

1.0 Introduction to The Internship Core Log Book

1. Purpose of the log book

This log book is a part of structured Internship Training Program, Oral Surgery and Oral Pathology, Restorative Dentistry and Paedodontics (Orthodontics and Paediatrics Dentistry). 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:-

4. Focus: Essential aim of the unit

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

5. Formal teaching: This will include additional courses, sessions or seminars that need to be completed in addition to regular sessions
6. 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.

1.1 SPECIFIC PROCEDURES

The dental intern is required to learn and master some basic essential diagnostic and therapeutic procedures as tabulated below:

ORAL AND MAXILLOFACIAL SURGERY AND ORAL PATHOLOGY

A: PROCEDURES TO BE CARRIED OUT

1. EXODONTIA					
Optimum required:50; Performed:---/50; Level of Competence Score: ---/250					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					

Medical, Dental And Allied Health Professionals Act

Gn. No. 703 (Contd)

3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					
41.					
42.					
43.					
44.					

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

45.					
46.					
47.					
48.					
49.					
50.					

2. DRY SOCKET MANAGEMENT					
Optimum required:5; Performed:---/5; Level of Competence Scored: ---/25					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					

3. BLEEDING SOCKET MANAGEMENT					
Optimum required:5; Performed:---/5; Level of Competence Scored: ---/25					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					

4. WOUND DRESSING					
Optimum required:20; Performed:---/20; Level of Competence Scored: ---/100					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Medical, Dental And Allied Health Professionals Act

Gn. No. 703 (Contd)

8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

5. SUTURING OF ORO-FACIAL WOUNDS					
Optimum required:10; Performed:---/10; Level of Competence Scored: ---/100					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

6. INCISION AND DRAINAGE					
Optimum required: 5; Performed:---/5; Level of Competence Scored: ---/25					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					

7. REMOVAL OF WIRES FROM SPLINTED JAWS					
Optimum required: 5; Performed:---/5; Level of Competence Scored: ---/25					

Medical, Dental And Allied Health Professionals Act

Gn. No. 703 (Contd)

S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					

8. SPLINTING OF MOBILE TEETH Optimum required: 5; Performed:---/5; Level of Competence Scored: ---/25					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					

9. CLOSED REDUCTION OF JAW FRACTURES Optimum required: 5; Performed:---/5; Level of Competence Scored: ---/25					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					

10. TISSUE BIOPIES Optimum required: 10; Performed:---/10; Level of Competence Scored: ---/100					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

11. DISIMPACTION					
Optimum required: 10; Performed:---/10; Level of Competence Scored: ---/100					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

12. REDUCTION OF DISLOCATED TMJ					
Optimum required: 4; Performed:---/4; Level of Competence Scored: ---/20					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					

13. APICECTOMY					
Optimum required: 5; Performed:---/5; Level of Competence Scored: ---/25					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					

B: PROCEDURES OBSERVED

14. REPAIR OF CLEFT LIP AND PALATE					
Optimum required:2; Observed:---/2; Level of Competence Scored: ---/10					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor	Signature

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

				Name	
1.					
2.					

15. OPEN REDUCTION OF JAW FRACTURES					
Optimum required:3; Observed:---/2; Level of Competence Score: ---/2					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					

** Level 1:Observed, Level 2:Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

RESTORATIVE DENTISTRY

A: PROCEDURES TO BE CARRIED OUT:

1. CLASS I AMALGAM					
Optimum required:10; Performed:---/10; Level of Competence Score: ---/50					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

2. CLASS II AMALGAM					
Optimum required:8; Performed:---/8; Level of Competence Score: ---/40					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

3. CLASS I COMPOSITE					
Optimum required:4; Performed:---/4; Level of Competence Scored: ---/20					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					

4. CLASS II COMPOSITE					
Optimum required:3; Performed:---/3; Level of Competence Scored: ---/15					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					

5. CLASS III COMPOSITE					
Optimum required:3; Performed:---/3; Level of Competence Scored: ---/15					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					

6. CLASS III GLASS IONOMER					
Optimum required: 4; Performed:---/4; Level of Competence Scored: ---/20					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor	Signature

Medical, Dental And Allied Health Professionals Act

Gn. No. 703 (Contd)

				Name	
1.					
2.					
3.					
4.					

7. CLASS VI GLASS IONOMER Optimum required: 6; Performed:---/6; Level of Competence Scored: ---/30					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					

8. ROOT CANAL TREATMENT UPPER MOLAR Optimum required: 3; Performed:---/3; Level of Competence Scored: ---/15					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					

9. ROOT CANAL TREATMENT LOWER MOLAR Optimum required: 3; Performed:---/3; Level of Competence Scored: ---/15					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					

10. ROOT CANAL TREATMENT PREMOLAR Optimum required: 4 Performed:---/4; Level of Competence Scored: ---/20					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

2.					
3.					
4.					

11. ROOT CANAL TREATMENT INCISOR/CANINE					
Optimum required: 4; Performed:---/4; Level of Competence Scored: ---/20					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					

12. UPPER PARTIAL DENTURE					
Optimum required: 3; Performed:---/3; Level of Competence Scored: ---/15					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					

13. LOWER PARTIAL DENTURE					
Optimum required: 3; Performed:---/3; Level of Competence Scored: ---/15					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					

14. UPPER FULL DENTURE					
Optimum required: 2; Performed:---/2; Level of Competence Scored: ---/10					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					

15. LOWER FULL DENTURE					
Optimum required: 2; Performed:---/2; Level of Competence Scored: ---/10					

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					

16. SCALING AND POLISHING FULL MOUTH					
Optimum required: 6; Performed:---/6; Level of Competence Scored: ---/30					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					

17. SCALING AND POLISHING HALF MOUTH					
Optimum required: 6; Performed:---/6; Level of Competence Scored: ---/30					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					

B: PROCEDURES OBSERVED – RESTORATIVE DENTISTRY

1. PERIODONTAL SURGERY					
Optimum required: 2; Observed:---/1; Level of Competence Scored: ---/1					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					

** Level 1: Observed, Level 2: Assisted, Level 3:Carried procedure under direct supervision, Level 4:Carried procedure under indirect supervision, Level 5:Performed Independently*

**A: PROCEDURES SUCCESSFULLY CARRIED OUT
PAEDODONTICS**

1. EXODONTIA					
Optimum required:50; Performed:---/50; Level of Competence Scored: ---/250					

Medical, Dental And Allied Health Professionals Act

Gn. No. 703 (Contd)

S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

2. ORTHODENTICS					
Optimum required:3; Performed:---/3; Level of Competence Scored: ---/15					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					

3. FRACTURED TEETH					
Optimum required:4; Performed:---/4; Level of Competence Scored: ---/20					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					

4. CLASS 1 AMALGAM					
Optimum required:10; Performed:---/10; Level of Competence Scored: ---/50					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

8.					
9.					
10.					

5. CLASS II AMALGAM					
Optimum required:8; Performed:---/8; Level of Competence Scored: ---/40					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

3. COMPOSITE RESIN					
Optimum required:10; Performed:---/10; Level of Competence Scored: ---/50					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

4. PULP CAPPING					
Optimum required:5; Performed:---/5; Level of Competence Scored: ---/25					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

5. ROOT CANAL TREATMENT					
Optimum required:3; Performed:---/3; Level of Competence Scored: ---/15					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					

6. GLASS IONOMER					
Optimum required: 18; Performed:---/18; Level of Competence Scored: ---/90					
S/No	Date	Patient Reg. No.	Level of Competence	Supervisor Name	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					

CASES MANAGED							
No:	Date	Patient Name	Hosp #	Diagnosis	Rating	Supervisor	Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Medical, Dental And Allied Health Professionals Act

G.N. No. 703 (Contd)

8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							

NB: Grading: 6= Excellent, 5= Very Good, 4= Good, 3=Fair, 2=Poor, 1= Very poor

EDUCATIONAL SESSIONS ATTENDED					
No:	Date	Type of session	Topic	Supervisor	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

14.					
15.					

INVESTIGATIONS ORDERED							
No:	Date	Patient Name	Hosp #	Diagnosis/Indication	Type of investigation ordered	Supervisor	Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							

PREPARATION OF PATIENTS FOR SURGERY (ELECTIVE AND EMERGENCIES)								
No:	Date	Patient Name	Hosp #	Age	Diagnosis	Nature of Surgery	Supervisor	Signature

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

CLINIC ATTENDANCE							
No:	Date	Patient Name	Hosp #	Clinic	Diagnosis	Supervisor	Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

16.							
17.							
18.							
19.							
20.							

PANEL ASSESSMENT

NAME OF THE INTERN DOCTOR.....

DEPARTMENT:.....

PERIOD OF ROTATION FROM:.....TO:

.....

A. Patient Assessment & Care	Grade	Remarks if any
History & Physical examination		
Clinical judgement & Decision		
Emergency Care		
Investigations		
Documentation		
B. Professional Attitude		
General appearance		
Physician –Patient Relationship		
Team relationship		
Sense of responsibility		
Self confidence		
Confidentiality		
Compliance		
Punctuality		
Initiative		
Ability to contribute in discussion		
C. Technical competence		
Manual skills related to procedures		
Use of equipment		
D: Attendance		
Clinics		
Ward rounds		
Clinical Meetings		
Grand rounds		
Journal club		

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

E. Knowledge of work and performance		
Sufficient knowledge to discharge work efficiently		
How well understands his/her work		
Interest in work		
TOTAL MARKS		

NB: Grading: 6= Excellent, 5= Very Good, 4= Good, 3=Fair, 2=Poor, 1= Very poor

Maximum Score = 138

Pass Mark = 80 with a pass (at least 4) in every section

Overall Assessment and Comment by the supervisor

Name:.....Signature..... Date:.....

Designation:.....Medical Practice Reg No:.....

Recommendation by the Intern coordinator

Name:.....Signature..... Date:.....

Designation:.....Medical Practice Reg No:.....



MEDICAL COUNCIL OF TANGANYIKA

Guiding the profession, Protecting the public
(Communications to be addressed to THE REGISTRAR)

P.O. Box 9083 Dar es Salaam, Tanzania
Tel: +255 22 2120261-7 Ext.1721
Direct Line: +255 22 21126673
Fax: + 255 22 2112731
Email: mcouncil@moh.go.tz

INTERNSHIP ASSESSMENT FORM DENTISTRY

Names.....

.....

Provision Reg. No Internship Centre.....

Discipline.....

Period of Rotation From.....To.....

GRADE: A-Very Good B-Good C- Satisfactory D –Unsatisfactory

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		
History Taking		
Clinical examination		
Interpretation of laboratory Data and X-Ray findings		
Patient notes		
Use of drugs		
Patient Management		

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

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

Reg. No. Qualification

Signature.....

Date.....

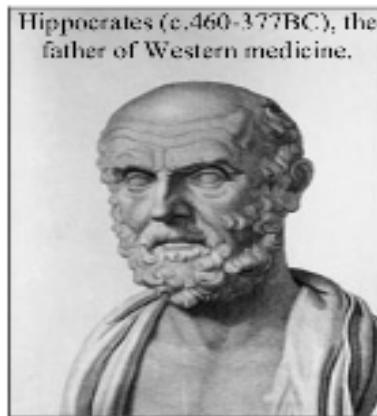
B) RECOMMENDATIONS BY THE INTERN COORDINATOR

Name

Reg. No. Qualification

Signature.....

Date.....



HIPPOCRATIC OATH

I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

PART V
PHYSIOTHERAPY LOGBOOK
MINIMUM REQUIREMENTS IN CLINICAL SKILLS AND PATIENT CARE FOR
PHYSIOTHERAPY INTERNS

1.0 ESSENTIAL SKILLS AND PROCEDURES

The physiotherapy Intern should be able to take a thorough history and carry out physical examination of a patient in outpatient clinic and ward using minimum tools like stethoscope, blood pressure machine, weighing scale, and patellar hammer. He should also be able to order for basic radiological investigations i.e. X-ray for diagnosis and management of the patient. He should know when to refer patient to the respective clinic or specialist based on the presentations of the patient.

The following are the general objectives for the Physiotherapy intern training:

- a) The Interns are expected to consolidate their theoretical knowledge, approach the patient holistically and acquire competence in the field of physiotherapy and rehabilitation so as to work independently.
- b) The Intern shall show proficiency in the main specialties, and be able to:
 - i. Take a full history, and carry out a complete physical examination of patients.
 - ii. Prepare proper records for patient's case history.
 - iii. Make a comprehensive treatment plan, prioritizing the needs of the patient and manage common conditions that require physiotherapy intervention.
 - iv. To become clinically proficient in life support
 - v. Acquire proficiency in infection control as well as occupational health and safety.

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

- vi. Acquire practical experience in the usage of essential electrotherapy machines, thermal machines, and other physiotherapeutic equipments in management of Patients.
- vii. Participate in promotive and preventive health care programs.
- viii. Participate in continuous professional development activities organized by physiotherapy association and other organizations accredited by the council.

2.0: General Learning outcomes

At the end of the internship, the intern physiotherapists should be able to assume the following:

Professional Practice

- Demonstrate autonomous practice ability in handling patients by making sound, independent judgements related to the commencement, ending and alteration of physiotherapy interventions and/or interactions.
- Apply principles of client-focussed care, informed, shared decision-making and the right of clients/patients to informed consent and information privacy/confidentiality
- Observe practices within the regulatory, legal and ethical frameworks of health profession
- Apply knowledge of health law and ethical principles to client-focussed practice in a manner that prevents issues of negligence or liability including harassment and abuse of any kind, and support of clients' rights e.g. informed consent and privacy.
- Demonstrate best practice by critically evaluating published research relevant to physiotherapy and apply the knowledge gained to clinical practice
- Provide physiotherapy services within the profession's scope of practice and personal competence
- Demonstrating a heightened awareness of disability and human rights issues in everyday practice and identify advocacy issues and opportunities
- Demonstrate professional integrity by accepting responsibility for own actions and decisions including seeking out performance appraisal by peers and superiors
- Present oneself as professional with regards to dress, communication style and professional conduct

Professional and ethical reasoning

- Interpret clinical findings, establish and interpret a functional diagnosis and prognosis using an accepted clinical decision making method
- Incorporate ethical decision-making principles into clinical decision-making process
- Identify personal values and how these influence interactions with patients and colleagues

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

- Demonstrate ability to integrate professional and ethical principles including management, resource allocation, best practice and ethical reasoning in challenging situations e.g. caseload prioritization
- Practices in a safe and secure manner that minimizes risk to clients, self and others

Ethical Practice

- Demonstrate respect for personal and professional boundaries
- Integrate personal and professional values with the Code of Ethics of the council Association and applicable regulatory codes of ethics
- Make defensible moral and ethical decisions using established methods and approaches
- Manage client care by concurrent practitioners with sensitivity, professionalism and in the client's best interest
- Employ ethical decision-making principles to manage conflicts of interest effectively

Professional Communication

- Demonstrate effective communication strategies with clients and professionals that reflect integration of the many influencing factors e.g. language and cultural barriers
- Apply knowledge of general documentation guidelines for each area of practice to the specific documentation requirements of a variety of practice settings including clinics, home care and acute care
- Produce documentation to support the delivery of physiotherapy services that is clear, accurate, concise and timely
- Use Information and Communication Technology that supports effective communication, reflects professionalism and complies with applicable confidentiality and legal requirements
- Employ strategies to enhance professional communication and interprofessional practice
- Resolve conflict using mechanisms that demonstrate sensitivity and respect for opposing points of view, negotiation and problem-solving skills

Reflective Practice

- Demonstrate self-reflection in professional and continuing development
- Use self-awareness and self-evaluation to guide and modify practice
- Modify behaviour based on self-regulation and external feedback

2.0 MEDICAL ROTATION (Two months)

This rotation will cover adolescents, adults and geriatrics and will last for a continuous period of two months.

2.1 OBJECTIVES

At the end of the rotation the intern physiotherapist should be able to:

1. Take a full history, carry out a complete physical examination and identify functional problems that could lead to reach functional diagnosis.
2. Understand relevant basic radiological investigations and show competence in their interpretation and be able to formulate a functional diagnosis.
 - i. Understand Blood sugar level, Blood pressure and BMI in relation to physiotherapy intervention
 - ii. Understand basic electrolyte balance, platelets in relation to physiotherapy procedures
 - iii. Read basic radiological investigation such as Chest radiograph
3. Assess movement limitations and quality of movements
4. Identify possible limitations of physiotherapeutic interventions
5. Manage medical conditions that requires physiotherapy interventions within 24 hours such as stroke
6. Discuss with supervisor on follow up, preventive and promotion of health services
7. Skills.

Show proficiency in the following:-

- i. Identify functional limitations and plan accordingly
 - ii. Identify the end feel
 - iii. Identify the cause of movement limitations
 - iv. Plan short and long term plans in the management of medical conditions
 - v. Basic Life support skills.
 - vi. Read and interpret vitals
 - vii. Ability to describe physiotherapy intervention to the medical specialist and discuss the discharge procedures
 - viii. Ability to work in a team
 - ix. Interpret routine radiographs of the chest, and the extremities with respect to trauma, and infection.
8. Show adequate knowledge in the management of commonly encountered conditions as per National Guidelines, best practices and shall consult and refer as necessary.
 9. Be proficient in recording and regular updating of patients notes and be able to write accurate and informative case summaries.

10. Present cases concisely, coherently and competently during patient's discussion i.e. ward rounds, clinical discussion or any other appropriate forum.
11. Observe and uphold professional ethics and etiquette in interacting with colleagues, clients and the public.
12. Practice continuing self learning skills and acquire basic research principles.
13. Understand medical referral procedures
14. Ability to perform respiratory care when needed
15. Participate in Continuous Professional Development (CPD) activities.

3.0 PAEDIATRICS AND CHILD HEALTH (3 months rotation)

This rotation covers management of children up to 14 years and lasts for three months covering neonate, under five and above five years children. The main aim is to attend cases that are considered neurological, orthopedics, and respiratory and infections. .

3.1 OBJECTIVES

At the end of the rotation the intern physiotherapist should be able to:

1. Clerk patients: Take a full history, carry out a complete physical examination, and formulate provisional and differential diagnosis.
2. Awareness and understanding of normal child developmental milestone
3. Institute appropriate physiotherapeutic management and subsequent care in consultation with the senior physiotherapist:
 - a. Be able to decide on appropriate physiotherapy treatment plan based on diagnosis and functional problems.
 - b. Describe physiotherapeutic procedures to the care giver and its significance
 - c. Instruct care giver simple exercises/ positions that can be performed during the day
 - d. Counsel the patient and care giver appropriately.
4. In collaboration with other medical practitioners, perform assessment and plan management of neonates
5. Manage all paediatric conditions that require physiotherapy interventions
6. Ability to perform respiratory care when needed

7. Identify and plan management of Genetic and congenital abnormalities in relation to physiotherapy intervention
8. Discuss with supervisor on follow up, preventive and promotive child health services i.e. developmental milestone, growth monitoring and nutrition
9. Skills
 - a) Show proficiency in the following:-
Show proficiency in the following:-
 - i. Identify functional limitations of a child and plan accordingly
 - ii. Identify predisposing factors to the long term disability
 - iii. Rule out conditions that requires early physiotherapeutic interventions
 - iv. Early identification of disability and plan accordingly
 - v. Plan short and long term physiotherapy plans in the management of neonatal and paediatric conditions
 - vi. Basic Life support skills.
 - vii. Read and interpret vital signs
 - viii. Ability to describe physiotherapy intervention to the neonatologist / paediatrician and discuss the discharge procedures
 - ix. Interpret routine radiographs of the chest, and the extremities with respect to trauma, and infection.

4.0 GENERAL SURGERY & ORTHOPAEDIC ROTATION (three months)

This rotation will cover adolescents, adults and geriatrics and will last for a continuous period of three months; two months in general surgery and burns and one month in Orthopaedics, and Trauma.

4.1 OBJECTIVES

At the end of the rotation the intern physiotherapist should be able to:

1. Take a full history, carry out complete physical examination and arrive at possible functional problems both pre and post operatively.
2. Understand indications and contra-indications for physiotherapy interventions to patients underwent skin graft for burn cases, surgery, orthopaedics and post trauma.
3. Participate in preoperative and postoperative / post skin graft physiotherapy care of patients.
4. Understand post surgery complications that can affect physiotherapy interventions.
5. Understand and practice infection prevention and control principles.

6. Demonstrate acquired skills as follows:-
 - a) Show proficiency in the following skills; -
 - i. Basic life support.
 - ii. Identify functional limitations post surgery
 - iii. Identify pre operative chest complications and plan accordingly
 - iv. Rule out conditions that requires early physiotherapeutic interventions
 - v. Plan short and long term physiotherapy plans in the management of burns, chest surgery, general surgeries and orthopedic procedures.
 - vi. Read and interpret vital signs
 - vii. Ability to describe physiotherapy intervention to the surgeon and discuss the discharge procedures
 - viii. Interpret routine radiographs of the chest, and the extremities with respect to trauma, and infection.
 - ix. Explain to the patient on the significant of physiotherapy in pre operative and post operative
 - x. Patient Counseling.

5.0 OBSTETRICS, GYNAECOLOGY & WOMEN'S HEALTH ROTATION (two months)

This rotation will last for a continuous period of two months.

5.1 OBJECTIVES

At the end of the rotation the intern physiotherapist should be able to:

1. Take a full history, carry out complete physical examination and arrive at possible functional problem and a working diagnosis.
2. Understand indications and contra-indications of physiotherapy in obstetrics and gynecological cases.
3. Participate in preoperative and postoperative physiotherapy care of patients when needed.
4. Prepare health awareness to the pregnant women for post delivery therapy
5. Explain best positions to the pregnant women
6. Properly document all physiotherapeutic procedures and follow-up notes.
7. Understand and practice infection prevention and control principles.
8. Provide counselling to the patients
9. Show proficiency in recognition and management of patients with poor pelvic floor muscles and urine incontinence.

6.0 OUTPATIENT CLINIC (OPD) (One month)

This rotation will last for a continuous period of one month.

6.1 OBJECTIVES

At the end of the rotation the intern physiotherapist should be able to:

1. Take a full history, carry out a complete physical examination and identify functional problems that could lead to reach functional diagnosis.
2. Understand relevant basic radiological investigations and show competence in their interpretation and be able to formulate a functional diagnosis.
 - iv. Understand normal Blood pressure and BMI in relation to physiotherapy intervention
 - v. Read basic radiological investigation such as Chest, cervical, lumbar and bone radiographs
3. Assess movement limitations and quality of movements
4. Identify possible limitations of physiotherapeutic interventions
5. Assess patient and identify relevant electrotherapeutic equipment in relation to the condition of the patient
6. Discuss with supervisor on follow up, preventive and promotion of health services
7. Skills.

Show proficiency in the following:-

- x. Identify functional limitations and plan accordingly
 - xi. Identify the end feel
 - xii. Identify the cause of movement limitations
 - xiii. Plan short and long term plans in the management of medical conditions
 - xiv. Basic Life support skills.
 - xv. Read and interpret vitals
 - xvi. Ability to describe physiotherapy intervention to the medical specialist and discuss the discharge procedures
 - xvii. Ability to work in a team
 - xviii. Use of electrotherapeutic equipments
 - xix. Interpret routine radiographs of the chest, and the extremities with respect to trauma, and infection.
8. Show adequate knowledge in the management of commonly encountered conditions as per National Guidelines, best practices and shall consult and refer as necessary.
 9. Be proficient in recording and regular updating of patients notes and be able to write accurate and informative case summaries.
 10. Present cases concisely, coherently and competently during patient's discussion i.e. ward rounds, clinical discussion or any other appropriate forum.
 11. Observe and uphold professional ethics and etiquette in interacting with colleagues, clients and the public.

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

12. Practice continuing self learning skills and acquire basic research principles.
13. Understand medical referral procedures
14. Ability to perform respiratory care when needed
15. Prepare home programme
16. Prepare discharge programme
17. Manage patients with musculoskeletal problems
18. Prepare case report and present to the supervisor
19. Participate in Continuous Professional Development (CPD) activities.

INTERN PHYSIOTHERAPISTS WELFARE

General

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.

Posting and Allowances

Interns shall be registered by the Council and posted as soon as possible or within one month after passing final Medical and dental examination. Foreign qualified physiotherapists will be registered by the Medical Council of Tanganyika after their academic qualifications have been evaluated and recognized by the Tanzania Commission for Universities.

An Intern shall be entitled to monthly allowance payable after verification of the intern reporting. Government Policy and Circulars on allowances and other payment shall apply.

Housing

The hospital management shall facilitate the availability of appropriate accommodation for interns. An intern shall be responsible to pay rent allowance and bear his own cost of living during internship period.

Call rooms shall be available in all departments.

Health

Hospital management shall ensure that intern physiotherapist has:-

Medical, Dental And Allied Health Professionals Act

GN. No. 703 (Contd)

1. Necessary occupational and work place safety including Vaccinations, post exposure management
2. Guidance and counseling for those with social and economic challenges
3. Valid health insurance coverage. An intern shall be responsible to pay for his own Insurance premium.

Resource Materials

The hospital management shall ensure the availability of resource centre or medical library with journals or reference books.

Workload

The hospital management shall ensure that:-

1. Intern physiotherapist rotates through the various departments and acquire the requisite skills and experience which are necessary for efficient practice.
2. The workload is adequate to ensure that the interns are exposed to common conditions that are present in the centre.
3. Interns progress is monitored frequently and the progress reports are written and communicated to respective intern.

Orientation of interns

All internship training centers shall have a structured orientation program which must include:

- i. Interface meetings with physiotherapists, 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.

Dodoma,
23th October, 2018

UMMY A. MWALIMU
*Minister for Health, Community
Development, Gender, Elderly and Children*