GOVERNMENT MEDICAL COLLEGE KATHUA



COMPULSORY ROTATING MEDICAL INTERNSHIP

LOGBOOK

GOVERNMENT MEDICAL COLLEGE KATHUA



| Name : |
|------------------------|
| Phone Number : |
| |
| Email Address : |
| Batch : |
| Provisional Reg. No. : |
| Year : |
| Period From : to to |

1. Compulsory Rotating Medical Internship (CRMI):

Internship is a phase of training wherein a medical graduate will acquire the skills and competencies for practice of medical and healthcare under supervision in preparation for independent, unsupervised primary care.

The learning methods and modalities have to be initiated and inculcated during the MBBS course itself with larger number of hands-on-sessions and practice on simulators preceding actual clinical training.

2. Goal

The goal of the internship programme is to train medical students to fulfill their roles as doctors of first contact in the community.

Objectives: At the end of the internship period, the medical graduate will possess all competencies required of an Indian Medical Graduate, necessary to function as a:

- 1. Independently provide preventive, promotive, curative, palliative care with compassion.
- 2. Function as Leader and member of the health care team and health system.
- 3. Communicate effective with patients, families, colleagues and the community.
- 4. Be certified in diagnostic and therapeutic skills in different disciplines of medicine taught in the undergraduate programme.
- 5. Be a life long learner committed to continuous improvement of skills and knowledge.
- 6. Be a professional committed to excellence and is ethical, responsive and accountable to patients, community and profession.

3. Total Duration

Every candidate shall be required to undergo Compulsory Rotating Medical internship (CRMI) for a period of twelve months to the satisfaction of the College authorities and University concerned after passing the final Bachelor of Medicine and Bachelor (MBBS) examination/ National Exit Exam (NexT), so as to be eligible for the award of the MBBS degree by the respective universities

4. Period for Completion

- (a) The Internship shall be completed within 2 years of passing the Final MBBS or Foreign Medical Graduate Examination or NexT Step-I Examination, whenever in force.
- (b) The minimum duration of Compulsory Rotating Medical Internship may be extended appropriately by a reasonable period on recommendation by the College or University including but not limited to:
 - (i) Insufficient period of attendance; or
 - (ii) Any exigency such as disasters or unforeseen circumstances in the country as notified by the Government of India or any competent authority duly authorized to do so.
- (c) The duration of Internship may be curtailed or temporarily suspended or even withdrawn or cancelled at any time by the Institution or University according to prevailing rules or regulations of the relevant authority, provided-
 - (i) The registrant due to any reason whatsoever, desires not to pursue CRMI; or
 - (ii) The registrant is not found to have fulfilled eligibility requirements; or
 - (iii) There are proven acts of indiscipline; or
 - (iv) There are proven acts of professional misdemeanor or misconduct; or
 - (v) Any other acts or actions including those violating law of the land.
- (d) An intern shall be allowed to avail the following Leaves; -

A. Normal Leave

- (i) Interns shall be permitted a maximum of fifteen days leave with prior permission, during the entire period of internship.
- (ii) The entire period of fifteen days cannot be availed during any of the one week or two-week postings applicable to a single department or specialty.

B. Maternity Leave

- (i) Lady Interns may be permitted Maternity Leave according to prevailing rules and regulations of the Central or State Government as may be applicable
- C. Paternity Leave: Male interns may be permitted paternity leave for two weeks either in continuation or in intervals of one week each within one year of internship.

D. Medical Leave

- (i) Medical Leave shall be included within the 15 days of Normal leave
- (ii) Any Medical Leave beyond this period shall be recommended only by a duly constituted Medical Board.
- E. The internship shall be extended if the leave of absence of any kind exceeds beyond this period.
 - (i) The period of extension shall be equivalent to the period beyond permissible fifteen days of leave
 - (ii) The internship shall be repeated only in the department or specialty wherein the above extension is necessary
- Mentor- A mentor for intern shall possess postgraduate qualification in the subject concerned and shall be duly certified as a mentor for interns by Professor and Head of Department concerned.

6. Assessment

- (i) The intern shall maintain a record of work in a log book, which isto be verified and certified by the Mentor under whom he/she works.
- (ii) Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training.
 - (a) The assessments shall predominantly test clinical/practical skills.
 - (b) Feed-back mechanisms must be in place so that progress and deficiencies are conveyed to interns such that measures for correction and improvement can be instituted early and effectively.
 - (c) Based on the record of work and objective assessment at the end of each posting, the respective Head of the Unit and Head of the Department shall certify satisfactory completion of the posting.
 - (d) The Dean/Principal shall issue cumulative certificate of satisfactory completion of training at the end of internship.
 - (e) Interns shall have to undergo an eligibility licentiate test/ NExT step-2 whenever duly notified as a requisite to granting of Permanent Registration/License to practice.

7. Stipend

- (a) All interns shall be paid stipend as fixed by the appropriate authority applicable to the Institution/ University or State.
- (b) Stipend may not be paid during any period of extension except in the case of Maternity or Paternity Leave or Medical Leave, as may be recommended and approved by the Medical Board. Total stipend paid for the entire internship may be for fifty-two weeks (twelvemonths) only.

8. Training

(i) Internship training shall be supervised

- (a) The intern shall be entrusted with clinical responsibilities under direct supervision of a designated supervising physician or mentor in each department or supervisor who shall be a Faculty member.
- (b) The supervisor shall be responsible for any ethical and legal issues related to interns being supervised by them.
- (ii) Interns shall be given adequate opportunities to acquire competencies to become confident primary care physicians:
- (a) The emphasis during internship shall be hands-on training applying the scientific and theoretical background gained during the undergraduate course
- (b) Based on the progress of knowledge, skill acquisition, graded responsibility for patient care should be given
- (c) Interns shall be trained to independently handle common acute emergencies and be aware of individual limitations and necessity of proper and timely referral of such cases to appropriate centers
- (iii) Interns shall be mentored to acquire effective communication and other skills that are necessary for empathetic and compassionate clinical care

(iv) Each medical college must ensure that the intern gets learning experience in the community

- (a) These shall include community and outreach activities, collaboration with rural and urban community health centers, participation in government health programmes etc.
- (b) Internship should be increasingly scheduled to utilize clinical facilities available in District Hospital, Taluka Hospital, Community Health Centre and Primary Health Centre, in addition to Teaching Hospital.
- (c) A critical element of internship will be the acquisition of specific experiences and skill as listed in major areas.
- (d) Provided further that, for such trainee a certificate of satisfactory completion of training shall be obtained from the relevant administrative authorities which shall be countersigned by the Principal or Dean of College.

Distribution of Postings

Time Duration for Internship- An intern shall be posted by rotation as specified in the Tablebelow:-

| Sr. No. | Natureof Posting | nternship- An intern shall be posted Department/ Specialty | Duration | Remarks |
|------------|---|---|----------|---|
| (1) | (2) | (3) | (4) | (5) |
| 1. | Mandatory Exclusive | Community Medicine | 12 weeks | (a) Postings should be in Community Health Centres (CHC)/ Rural Health Centre (RHC) with a rotation of: 3 weeks- General Surgery 3 weeks- General Medicine 3 weeks- Obstetrics and Gynaecology (b) Not more than 15 interns at any given time in one centre (c) As provided in the Minimum Requirements for Annual MBBS Admissions Regulations (2020) Section A.1.14 related to Community Medicine must be followed. |
| 2. | Mandatory Exclusive | General Medicine | 6 weeks | Includes postings in out-patient, In- patient wards & admission day emergency and exposure to High Dependency Units (HDU) and Intensive Care Units (ICU) |
| 3. | Mandatory Exclusive | Psychiatry | 2weeks | Predominantly Out-patient postings with exposure to handling emergencies |
| 4. | Mandatory Exclusive | Pediatrics | 3 weeks | Includes postings in Out-patient, In-patient wards & Admission Day Emergency postings and exposure to neonatal or Pediatric High Dependency and Intensive Care Units (HDU/NICU/PICU) |
| 5. | Mandatory Exclusive | General Surgery | 6 weeks | Includes postings in Out-patient, In- patient wards, Admission Day Emergency and both Major and Minor Operation Theatres and exposure to High Dependency Units (HDUs) and Intensive Care Units(ICUs) |
| 6. | Mandatory Exclusive | Anesthesiology and Critical Care | 2weeks | Includes postings in Operation Theatre, Intensive Care Units, Basic Life Support (BSL) training and additionally Pain Clinic and Palliative Care, if available |
| 7. | Mandatory Exclusive | Obstetrics &Gynaecology including Family Welfare & Planning | 7 weeks | Includes postings in Out-patient, In- patient wards, Admission Day Emergency, Labour Room and Operation Theatres and exposure to High Dependency Units (HDU) and Intensive Care Units (ICU) and Family Planning methods |
| 8. | Mandatory Exclusive & Concurrent PMR with Orthopedics | Orthopaedics including Physical Medicine and Rehabilitation(PM&R) | 2 weeks | Includes postings in Out-patient, In- patient, Admission Day Emergency, Plaster Room and Operation Theatres Postings in Physical Medicine and Rehabilitation (PM&R) may run concurrent in afternoons/ mornings equivalent to 4 half-days (14% of total postings) |

| 9. | Mandatory Exclusive | Emergency/ Trauma/ Casualty | 2 weeks | Includes postings related to Resuscitation areas, Triage, In- patient wards and Operation Theatre, Basic Life Support as well as exposure to medico-legal procedures | | |
|-----|-------------------------|--------------------------------|--------------------------------------|--|--|--|
| 10. | Mandatory Exclusive | Forensic Medicine & Toxicology | 1 week | Includes Autopsy postings | | |
| 11. | Mandatory Exclusive | | | I Week | | Predominantly Out-patient postings With exposure to handling emergencies |
| 12. | Mandatory Concurrent | Otorhinolaryngology | 2 weeks | Pre-dominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres | | |
| 13. | Mandatory Concurrent | Ophthalmology | 2 weeks | Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres | | |
| 14. | Electives Exclusive* | Broad Specialties Group | 4 weeks total; 2 weeks minimum | Respiratory Medicine and Directly Observed Treatment Short Course in Tuberculosis (DOTS-TB) Centre Radiodiagnosis Lab Medicine Geriatric Medicine | | |
| 15. | Electives Exclusive* | Indian Systems of Medicine | 1 week each | May chose any: • Ayurveda • Yoga • Unani • Siddha • Homeopathy • Sowa Rigpa | | |

^{*}Note 1: Electives may be selected by candidates as per their choice:

• Distribution for electives:

- Major broad specialty: One minimum for 1 week.
- Remaining 3 weeks- Any broad specialty or 2 weeks for broad specialty and 1 week for AYUSH.
- Indian system of Medicine: Optional any one for 1 week. If the college does not have facilities for Electives in AYUSH, a
 Memorandum of Understanding (MOU) with any Government institution in the same town/city/ district may be established
 by the college; training must be certified by the mentor with the concurrence of college/institution where the candidate is
 enrolled for MBBS.

Note 2: Exposure of interns is mandatory in the following relevant areas during posting for training in clinical departments, namely:-

- (i) Laboratory Medicine and Clinical Biochemistry;
- (ii) Histopathology and Cytopathology;
- (iii) Hematology, and Transfusion Medicine/ Blood Bank;
- (iv) Microbiology (including Virology);
- (v) Hospital Infection Control, Biomedical Waste Management, Central Sterile Supply Units;
- (vi) Medical Record Keeping;
- (vii) Hospital Information Services.

Internship Discipline Related:

(a) Community Medicine

The aim of teaching the undergraduate student in Community Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses and recognize the importance of community involvement. He/she shall acquire competence to deal effectively with an individual and the community in the context of primary health care. This is to be achieved by hands-on experience in the District Hospital and Primary Health Centre. The details are asunder:-

- (i) 12 weeks (Total): Community Medicine(compulsory residence in center)
- (ii) 3 weeks: General Medicine
- (iii) 3 weeks: General Surgery
- (iv) 3 weeks: Obstetrics and Gynaeocology
- (v) 3 weeks: Community Medicine

District Hospital/ Community Health Centre:

A. Tasks an intern must be Able to do without assistance:

1. An intern must:

- (i) Be able to diagnose common ailments and advise primary care;
- (ii) Demonstrate knowledge on 'Essential drugs' and their usage;
- (iii) Recognize medical emergencies, resuscitate and institute initial treatment and refer to a suitable institution/ suggest to the patient an alternative health care facility if he/she wants to know about the same.
- 2. An intern must be familiar with all National Health Programmes (e.g. RCH, UIP, CDD, ARI, FP, ANC, Tuberculosis, Leprosy and others), as recommended by the Ministry of Health and Family Welfare.

3. An intern must:

- (i) Gain full expertise in immunization against infectious disease;
- (ii) Participate in programmes related to prevention and control of locally prevalent endemic diseases including nutritional disorders;
- (iii) Learn skills in family welfare planning procedures;

4. An intern must:

- (i) Gain capabilities to conduct programmes on health education;
- (ii) Gain capabilities to use Audiovisual aids;
- (iii) Acquire capability of utilization of scientific information for promotion of community health.

B. An intern must have observed or preferably assisted at the following:

- An intern should be capable of establishing linkages with other agencies as water supply, food distribution and other environmental/social agencies.
- (ii) An intern should acquire managerial skills including delegation of duties to and monitoring the activities of paramedical staff and other health care professionals.

Taluka Hospital/First Referral Unit/CHC

A. An intern must be Able to do without assistance:

- 1. An intern shall provide health education to an individual/community on:
 - (i) Tuberculosis;
 - (ii) Small family, spacing, use of appropriate contraceptives;
 - (iii) Applied nutrition and care of mothers and children;
 - (iv) Immunization.

B. An intern must be Able to do with supervision:

An intern shall attend at least one school health programme with the medical officer.

Primary Health Centre/Urban Health Centre

A. An intern must be Able to do without assistance the following:

- (i) Participate in family composite health care (birth to death), inventory of events.
- (ii) Participate in use of the modules on field practice for community health e.g. safe motherhood, nutrition surveillance and rehabilitation, diarrheal disorders etc.
- (iii) Participate in and maintain documents related to immunization and cold chain.
- (iv) Acquirecompetenceindiagnosisandmanagementofcommonailmentse.g.malaria, tuberculosis, enteric fever, congestive heart failure, hepatitis, meningitis, acute renal failure etc.

B. An intern must be Able to do under supervision the following:

- (i) Acquire proficiency in Family Welfare Programmes (antenatal care, normal delivery, contraception etc.);
- (ii) Undergo village attachment of at least one week duration to understand issues of community health along with exposure to village health centres, ASHA Sub- Centres;
- (iii) Participate in Infectious Diseases Surveillance and Epidemic Management activities along with the medical officer.

(b) General Medicine

1. Goal:-The aim of posting of an intern in General Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses. He/she shall acquire competence in clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management; this would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and various system illnesses.

An intern must have observed/ assisted or preferably performed the following operations/ procedures:

- (i) Proctoscopy, Ophthalmoscopy/ Otoscopy, Indirect laryngoscopy.
- (ii) Therapeutic procedures
- (iii) Urethral catheterization, Insertion of Ryle's Tube, Pleural, Ascitic fluid aspiration,
- (iv) Cerebrospinal Fluid (CSF) aspiration, Airway tube installation,
- (v) Oxygen administration etc.
- (vi) Biopsy Procedures: Liver, Kidney, Skin, Nerve, Lymph node, and muscle biopsy, Bone marrow aspiration, Biopsy of Malignant lesions on surface, nasal/ nerve/ skin smear for leprosy under supervision.

3. Skills that an intern should be able to perform under supervision:

- Should be familiar with life-saving procedures, including use of aspirator, respirator and defibrillator, cardiac monitor, blood gas analyser.
- (ii) Should be able to advise about management and prognosis of acute& chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, myocardial infarction and angina, TIA and stroke, seizures, diabetes mellitus, hypertension renal and hepatic failure, thyroid disorders and hematological disorders. He should participate in counseling sessions for patients with non-communicable diseases and tuberculosis, HIV patients etc.
- (iii) Should be able to confirm death and demonstrate understanding of World Health Organization cause of death reporting and data quality requirements.
- (iv) Should be able to demonstrate understanding of the coordination with local and national epidemic management plans.
- (v) Should be able to demonstrate prescribing skills and demonstrate/awareness of pharmaco-vigilance, antibiotics policy, prescription audit and concept of essential medicines list.

(c) Psychiatry

1. Goal:- The aim of posting of an intern in Psychiatry is to impart such knowledge and skills that may enable him/her to diagnose and treat common psychiatric illnesses. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management. He/she should also be able to recognize the behavioral manifestations of systemic illnesses and differentiate them from psychiatric disorders.

2. Therapeutic-

A. An intern must have observed or preferably assisted at the following operations/Procedures

- (i) Diagnose and manage common psychiatric disorders;
- (ii) Identify and manage psychological reactions;
- (iii) Diagnose and manage behavioral disorders in medical and surgical patients;
- (iv) ECT administration;
- (v) Therapeutic counseling and follow-up.

(d) Pediatrics

1. Goal: The aim of posting of an intern in Pediatrics is to impart such knowledge and skills that may enable him/her to diagnose and treat common childhood illnesses including neonatal disorders. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management. This would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and various system illnesses.

2. An intern must have observed/ assisted or preferably performed the following procedures:

- Diagnose and manage common childhood disorders including neonatal disorders and acute emergencies, examining sick child making a record of information;
- (ii) Diagnostic techniques: blood collection (including from femoral vein and umbilical cord), drainage of abscess, collection of cerebrospinal, pleural and peritoneal fluids, supra pubic aspiration of urine;
- (iii) Techniques related to patient care: immunization, perfusion techniques, naso gastric tube insertion, feeding procedures, tuberculin testing & breast-feeding counseling;
- (iv) Use of equipments: vital monitoring, temperature monitoring, resuscitation at birth and care of children receiving intensive care.
- Institute early management of common childhood disorders with special reference to pediatric dosage and oral rehydration therapy;
- (vi) Screening of newborn babies and those with risk factors for any anomalies and steps for prevention in future; detect congenital abnormalities;
- (vii) Recognise growth abnormalities; recognize anomalies of psychomotor development;
- (viii) Assess nutritional and dietary status of infants and children and organize prevention, detection and follow-up of deficiency disorders both at individual and at community levels, such as:
 - protein-energy malnutrition
 - deficiencies of vitamins especially A, B, C and D;
 - · Iron deficiency

3. Skills that an intern should be able to perform under supervision:

- An intern should be familiar with life-saving procedures, including use of aspirator, respirator, cardiac monitor, blood gas analyser.
- (ii) An intern should be able to advise about management and prognosis of acute & chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, congenital heart diseases, seizures, renal and hepatic diseases, thyroid disorders and hematological disorders. She/he should participate in counseling sessions with parents including HIV counseling.

(e) General Surgery

1. Goal:- The aim of posting of an intern in General Surgery is to impart such knowledge and skills that may enable him to diagnose and treat common surgical ailments. He/she shall have ability to diagnose and suspect with reasonable accuracy all acute and chronic surgical illnesses.

2. Therapeutic-

A. An intern must have observed/assisted or preferably performed the following procedures:

- (i) venesection or venous access;
- (ii) tracheostomy and endotracheal intubation;
- (iii) catheterization of patients with acute retention or trocar cystostomy;
- (iv) drainage of superficial abscesses;
- (v) basic suturing of wound and wound management (including bandaging);
- (vi) biopsy of surface tumours;
- (vii) perform vasectomy.

B. Skills that an intern should be able to perform under supervision:

- Advise about prognosis of acute and chronic surgical illnesses, head injury, trauma, burns and cancer. Counsel
 patients regarding the same.
- (ii) Advise about rehabilitation of patients after surgery and assist them for early recovery.
- (iii) Should be able to demonstrate understanding of World Health Organization cause of death reporting and data quality requirements.
- (iv) Should be able to demonstrate understanding of the use of national and state/ local cause of death statistics.

C. An intern must have observed or preferably assisted at the following operations/procedures:

- (i) Resuscitation of critical patients;
- (ii) Basic surgical procedures for major and minor surgical illnesses;
- (iii) Wound dressings and application of splints;
- (iv) Laparoscopic/ Minimally Invasive surgery;
- (v) Lymph node biopsy.

(f) Anesthesiology

1. Goal:- The aim of posting of an intern in anaesthesia is to impart such knowledge and skills that may enable him to understand principles of anaesthesia and recognize risk and complications of anaesthesia. At the end of internship, he/she should be able to perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.

2. Therapeutic-

A. An intern must have observed or preferably assisted in:

- (i) Pre-anaesthetic check up and prescribe pre-anaesthetic medications;
- (ii) Venepuncture and set up intravenous drip;
- (iii) Laryngoscopy and endotracheal intubation;
- (iv) Lumbar puncture, spinal anaesthesia and simple nerve blocks;
- (v) Simple general anaesthetic procedures under supervision;
- (vi) Monitor patients during anaesthesia and in the post-operative period;
- (vii) Maintain anaesthetic records;
- (viii) Perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.

B. Skill that an intern should be able to perform under supervision:

- (i) Counseling and advise regarding various methods of anaesthesia;
- (ii) Recognise problems associated with emergency anaesthesia;
- (iii) Recognise and assist in treating complications in the post-operative period.

C. An intern must have observed or preferably assisted at the following operations/ procedures

(i) Anaesthesia for major and minor surgical and other procedures.

(g) Obstetrics and Gynaecology

1. Goal:- The aim of posting of an intern in Obstetrics & Gynaecology is to impart such knowledge and skills that may enable him/ her to diagnose and manage antenatal and post natal follow up; manage labor and detect intra-partum emergencies; diagnose and treat common gynaecologic ailments.

2. Therapeutic-

A. An intern must perform or assist in:

- Diagnosis of early pregnancy and provision of ante-natal care; antenatal pelvic assessment and detection of cephalo-pelvic disproportion;
- (ii) Diagnosis of pathology of pregnancy related to:
 - a. Abortion;
 - b. Ectopic pregnancy;
 - c. Tumours complicating pregnancy;
 - d. Acute abdomen in early pregnancy;
 - e. Hyperemesis gravidarum
- (iii) Detection of high risk pregnancy cases and give suitable advice e.g. PIH, hydraminos, antepartum haemorrhage, multiple pregnancies, abnormal presentations and intra-uterine growth retardation;
- (iv) Induction of labor and amniotomy under supervision, management of normal labor, detection of abnormalities, post-partum hemorrhage and repair of perineal tears.
- (v) Assist in forceps delivery;
- (vi) Detection and management of abnormalities of lactation;
- (vii) Evaluation and prescription oral contraceptives with counseling;
- (viii) Per speculum, per vaginum and per rectal examination for detection of common congenital, inflammatory, neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries.
- (ix) Medico-legal examination in Gynaecology and Obstetrics.

B. Skills that an intern should be able to perform under supervision

- (i) Dilatation and curettage and fractional curettage;
- (ii) Endometrial biopsy;
- (iii) Endometrial aspiration;
- (iv) Pap smear collection;
- (v) Intra-Uterine Contraceptive Device (IUCD) insertion;
- (vi) Minilap ligation;
- (vii) Uretheral catheterization;
- (viii) Suture removal in post-operative cases;
- (ix) Cervical punch biopsy.

C. An intern must have observed or preferably assisted at the following operations/procedure:

- (i) Major abdominal and vaginal surgery cases;
- (ii) Second trimester Medical Termination of Pregnancy (MTP) procedures e.g. Emcredyl Prostaglandin instillations, Caesarean section.

(h) Orthopedics

1. Goal:- The aim of posting of an intern in Orthopedics and Physical Medicine and Rehabilitation is to impart such knowledge and skills that may enablehim/hertodiagnose and treat common ailments. He/she shall have ability to diagnose and suspect presence of fracture, dislocation, actual osteomyelitis, acute poliomyelitis and common congential deformities such as congenital talipesequinovarus (CTEV) and dislocation of hip (CDH)

2. Therapeutic-

A. An intern must have observed or preferably assisted in:

- Splinting (plaster slab) for the purpose of emergency splintage, definitive splintage and postoperative splintage and application of Thomas splint;
- (ii) Manual reduction of common fractures- phalangeal, metacarpal, metatarsal and Colle's fracture;
- (iii) Manual reduction of common dislocations interphalangeal, elbow and shoulder dislocations;
- (iv) Plaster cast application for un-displaced fractures of arm, fore arm, leg and ankle;
- (v) Emergency care of a multiple injury patient;
- (vi) Transport and bed care of spinal cord patients.

B. Skills that an intern should be able to perform under supervision:

- (i) Advise about prognosis of poliomyelitis, cerebral palsy, CTEV and CDH;
- (ii) Advise about rehabilitation of amputees and multilating traumatic and leprosy deformities of hand.

C. An intern must have observed or preferably assisted at the following operations:

- (i) Drainage for acute osteomyelitis;
- (ii) Sequestrectomy in chronic oestomyelitis;
- (iii) Application of external fixation;
- (iv) Internal fixation of fractures of long bones.

(i) Physical Medicine and Rehabilitation

1. Goal:- The aim of posting of an intern in Physical Medicine and Rehabilitation is to impart such knowledge and skills that may enablehim/hertodiagnose and treat common rheumatologic, orthopedic and neurologic illness requiring physical treatment. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.

2. Therapeutic-

A. An intern must have observed or preferably assisted in:

- (i) Diagnosis and managing with competence clinical diagnosis and management based on detailed history and assessment of common disabling conditions like poliomyelitis, cerebral palsy, hemiplegia, paraplegia, amputations, etc.;
- (ii) Participation as a team leader in total rehabilitation including appropriate follow up of common disabling conditions;
- (iii) Procedures of fabrication and repair of artificial limbs and appliances.

B. An intern must have observed or preferably assisted at the following operations:

- (i) Use of self-help devices and splints and mobility aids;
- (ii) Accessibility problems and home-making for disabled;
- (iii) Simple exercise therapy in common conditions like prevention of deformity in polio, stump exercise in an amputee, etc.;
- (iv) Therapeutic counseling and follow-up.

(j) Otorhinolaryngology (ENT)-

1. Goal:-The aim of posting of an intern in ENT is to impart such knowledge and skills that may enable him to diagnose and treat common otorhinolaryngological conditions such as ear pain, foreign bodies and acquire ability for a, comprehensive diagnosis of common Ear, Nose and Throat (ENT) diseases including emergencies and malignant neo plasms of the head and neck.

2. Therapeutic

A. An intern must perform or assist in:

- (i) Ear syringing, antrum puncture and packing of the nose for epistaxis,
- (ii) Nasal douching and packing of the external canal,
- (iii) Removing foreign bodies from nose and ear,
- (iv) Observing or assisting in various endoscopic procedures and tracheostomy.

B. Skill that an intern should be able to perform under supervision-

- Intern shall have participated as a team member in the diagnosis of various ENT-related diseases and be aware
 of National programme on prevention of deafness,
- (ii) Intern shall acquire knowledge of various ENT related rehabilitative programmes.

C. An intern must have observed or preferably assisted at the following operations/ procedures:

 Intern shall acquire skills in the use of head mirror, otoscope and indirect laryngoscopy and first line of management of common Ear Nose and Throat (ENT) problems.

(k) Ophthalmology

1. Goal:- The aim of posting of an intern in Ophthalmology is to impart such knowledge and skills that may enable him/ her to diagnose and treat common ophthalmological conditions such as Trauma, Acute conjunctivitis, allergic conjunctivitis, xerosis, entropion, corneal ulcer, iridocyclitis, myopia, hypermetropia, cataract, glaucoma, ocular injury and sudden loss of vision.

2. Therapeutic-

A. An intern must have observed or preferably assisted in:

- (i) Sub-conjunctival injection;
- (ii) Ocular bandaging;
- (iii) Removal of concretions;
- (iv) Epilation and electrolysis;
- (v) Corneal foreign body removal;
- (vi) Cauterization of corneal ulcers;
- (vii) Chalazion removal;
- (viii) Entropion correction;
- (ix) Suturing conjunctival tears;
- (x) Lids repair;
- (xi) Glaucoma surgery (assisted);
- (xii) Enucleation of eye in cadaver.

B. Skills that an intern should be able to perform under supervision:

Advice regarding methods for rehabilitation of the blind.

C. An intern must have observed or preferably assisted at the following operations:

- (i) Assessment of refractive errors and advise its correction;
- (ii) Diagnose ocular changes in common systemic disorders;
- (iii) Perform investigative procedures such as tonometry, syringing;
- (iv) Direct oththalmoscopy, subjective refraction and fluorescin staining of cornea.

(I) Forensic Medicine and Toxicology

1. Goal:- The aim of posting of an intern in Forensic Medicine and Toxicology is to impart such knowledge and skills that may enable him/ her to identify and know the basic procedures related to medico-legal cases.

If the college/ institute is deficient in autopsy facilities, MOU shall be signed with center in the same district so as to provide training to interns.

2. Therapeutic-

A. An intern must have observed or preferably assisted in:

- (i) Documentation and certification of trauma;
- (ii) Diagnosis and certification of death;
- (iii) Legal documentation related to emergency cases;
- (iv) Certification of medico-legal cases e.g., Age estimation, sexual assault, etc.;
- (v) Establishing communication in medico legal cases with police, public health authorities, other concerned departments, etc.

B. An intern must have observed a medico-legal autopsy/ post-mortem.

(m) Casualty Services/ Emergency Medicine

1. Goal:- The aim of posting of an intern in Casualty is to impart such knowledge and skills that may enable him/ her to diagnose and treat common acute surgical/ medical ailments. He/ She shall have ability to diagnose and suspect, with reasonable accuracy, acute surgical illnesses including emergencies, resuscitate critically injured patient and a severely burned patient, control surface bleeding and manage open wounds and monitor and institute first line management of patients of head, spine, chest, abdominal and pelvic injury as well as acute abdomen.

2. Therapeutic-

A. An intern must perform or assist in:

- (i) Identification of acute emergencies in various disciplines of medical practice;
- (ii) Management of acute anaphylactic shock;
- (iii) Management of peripheral-vascular failure and shock;
- (iv) Management of acute pulmonary edema and Left Ventricular Failure (LVF);

- (v) Emergency management of drowning, poisoning and seizure;
- (vi) Emergency management of bronchial asthma and status asthmaticus;
- (vii) Emergency management of hyperpyrexia;
- (viii) Emergency management of comatose patients regarding airways, poisioning, prevention of aspiration and injuries;
- (ix) Assessment and administering emergency management of burns;
- (x) Assessing and implementing emergency management of various trauma victims;
- (xi) Identification of medico-legal cases and learn filling up of forms as well as complete other medico legal formalities in cases of injury, poisoning, sexual offenses, intoxication and other unnatural conditions.

B. Skill that an intern should be able to perform under supervision:

- Advise about prognosis of acute surgical illnesses, head injury, trauma and burns. Counsel patients regarding the same;
- (ii) Electrocardiogram (ECG);
- (iii) Routine radiographs of chest, abdomen, skull, etc.

C. An intern must have observed or preferably assisted at the following operations/ procedures

- (i) Resuscitation of critical patients;
- (ii) Documentation of medico legal cases;
- (iii) Management of bleeding and application of splints.

(n) Dermatology, Venereology & Leprosy

1. Goal:-The aim of posting of an intern in Dermatology, Venereology & Leprosy is to impart such knowledge and skills that may enable him to diagnose and treat common dermatological infections and leprosy. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management; this would include diseases common in tropics (parasitic, bacterial or viral infections, and cutaneous manifestations of systemic illnesses.

2. Therapeutic-

A. At the end of internship an intern must be able to:

- Conduct proper clinical examination; elicit and interpret physical findings, and diagnose common disorders and emergencies,
- (ii) Manage common diseases recognizing the need for referral for specialized care in case of in appropriateness of therapeutic response.

B. An intern must have observed or preferably assisted at the following operations/procedures:

- Perform simple, routine investigative procedures for making bedside diagnosis, specially the examination of scraping for fungus, preparation of slit smears and staining for AFB for leprosy patient and for STD cases;
- (ii) Skin biopsy for diagnostic purpose.

(0) Respiratory Medicine-

1. Goal:-The aim of posting of an intern in Respiratory Medicine is to impart such knowledge and skills that may enable him/her to diagnose and treat common respiratory illnesses. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.

2. Therapeutic-

A. An intern must perform or assist in:

- (i) Diagnosing and managing common respiratory disorders and emergencies,
- (ii) Simple, routine investigative procedures required for making bed side diagnosis, especially sputum collection, examination for etiological organism like AFB, interpretation of chest X-rays and respiratory function tests,
- (iii) Interpreting and managing various blood gases and pH abnormalities in various illnesses.

B. An intern must have observed or preferably assisted at the following operations/procedures:

- Laryngoscopy;
- (ii) Pleural aspiration, respiratory physiotherapy, laryngeal intubation and pneumo-thoracic drainage aspiration;
- (iii) Therapeutic counseling and follow up.

(p) Radio-Diagnosis

1. Goal:-The aim of posting of an intern in radio-diagnosis is to impart such knowledge and skills that may enable him/ her to understand principles of imageology and recognize risk and complications of radiologic procedures and the need for protective techniques. At the end of internship, he/ she should be able to counsel and prepare patients for various radiologic procedures.

A. An intern must acquire competency in:

- Identifying and diagnosing acute abdominal conditions clinically and choose appropriate imaging modality for diagnosis,
- (ii) Identifying and diagnosing acute traumatic conditions in bones and skull using X rays/ CT Scans with

emphasis on fractures and head injuries,

- (iii) Recognizing basic hazards and precautions in radio-diagnostic practices specially related to pregnancy,
- (iv) Demonstrating awareness of the various laws like Pre-conception and prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994).

(q) Lab Services Consisting of Clinical Pathology, Laboratory Medicine, Biochemistry and Haematology Services along with Blood Banking

An intern must be able to PERFORM without assistance and interpret the results of the following laboratory investigations:

- Blood: Complete blood count including Platelet count, peripheral blood smear preparation and examination including malarial parasites;
- (ii) Urine: (Routine chemical and microscopic examination);
- (iii) Stool: (for ova/ cyst and occult blood);
- (iv) Blood Banking: Blood grouping (manual), saline cross-matching;
- (v) Sputum and throat swab for Gram stain and acid-fast stain;
- (vi) Cerebrospinal Fluid (CSF) for proteins, sugar and smear.
- (vii) Performing blood sugar test by glucometer;
- (viii) Pleural and ascitic fluid for routine chemistry and microscopy;
- (ix) Draw blood by venepuncture independently and collect samples in appropriate bottles in proper order;
- (x) Correctly collect and transport samples and specimens for blood tests, culture, histopathology and cytopathology investigations;
- (xi) Fill requisition forms appropriately.

Certifiable Procedural Skills: - An intern must have observed or preferably assisted at the following operations/procedures, as given in Table below.

Table: Certifiable Procedural Skills

A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS)-Indian Medical Graduate that should be included in log books.

| Specialty | Procedure |
|------------------|---|
| | Venipuncture (I) |
| | Intra muscular injection(I) |
| | • Intra dermal injection(D) |
| | Subcutaneous injection(I) |
| | • Intra Venous (IV) injection(I) |
| | Setting up IV infusion and calculating drip rate (I) |
| | • Blood transfusion (O) |
| | • Urinary catheterization (D) |
| General Medicine | • Basic life support (D) |
| | Oxygen therapy (I) |
| | • Aerosol therapy/ nebulization (I) |
| | • Ryle's tube insertion (D) |
| | • Lumbar puncture (O) |
| | Pleural and ascitic aspiration (O) |
| | Cardiac resuscitation (D) |
| | Peripheral blood smear interpretation (I) |
| | • Bed side urine analysis (D) |
| | Basic suturing (I) |
| | Basic wound care (I) |
| General Surgery | Basic bandaging (I) |
| | Incision and drainage of superficial abscess (I) |
| | • Early management of trauma (I) and trauma life support (D) |
| | Application of basic splints and slings(I) |
| Orthopedics | Basic fracture and dislocation management (O) |
| • | Compression bandage (I) |
| | Per Speculum (PS) and Per Vaginal (PV) examination (I) |
| G 1 | Visual Inspection of Cervix with Acetic Acid (VIA) (O) |
| Gynecology | Pap Smear sample collection & interpretation (I) |
| | • Intra-Uterine Contraceptive Device (IUCD) insertion & removal (I) |

| | • Estimate glucose, creatinine, urea and total proteins, A:G ratio in serum (D) |
|---------------------|--|
| Applied Physiology | Perform, analyze, and interpret measurements of cardiac and vascular function (e.g HR, BP, ECG) (D) Interpret blood parameters (e.g hematocrit/ red blood cell count, lactate, glucose) (Perform, analyze, and interpret CNS function (e.g.nerve conduction velocity, EMG, cranial nerve examination) (D |
| | Perform, analyze, and interpret pulmonary function (e.g. FVC, MVV) (O) |
| Applied Anatomy | Identification of structures on X-rays/ ultrasound |
| Pharmacology | Writing a prescription (D) Audit of a given prescription (D) Recognize an adverse drug reaction (I) Be able to prepare a list of essential drugs for a health care facility |
| | ZN stained smear interpretation (I) Wet mount examination of stool for ova and cysts (I) Identification of blood parasites on PBS (I) |
| Microbiology | Gram's stained smear interpretation (I) KOH examination of scrapings for fungus (I) Dark ground illumination (O) |
| Banking | CSF examination (I) Blood grouping (I) Saline cross match method (I) |
| Pathology and Blood | Peripheral blood smear preparation, staining and interpretation (I) Urine routine and microscopy examination (I) Manual blood sugar estimation (I) |
| | Tissue smear (O) Cautery- Chemical and electrical (O) |
| Dermatology | Skill blopsy (O) Gram's-stained smear interpretation (I) KOH examination of scrapings for fungus (D) Dark ground illumination (O) |
| | Ocular bandaging (I) Slit skin smear for leprosy (O) Skin biopsy (O) |
| Ophthalmology | Epilation (O) Eye irrigation (I) Instillation of eye medication (I) |
| | Digital tonometry (D)Indirect ophthalmoscopy (O) |
| Otorhinolaryngology | Anterior nasal packing (D) Otoscopy (I) Visual acuity testing (I) |
| Forensic Medicine | Legal documentation related to emergency cases (D) Certification of medical-legal cases e.g. Age estimation, sexual assault etc. (D) Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc (D) |
| | Documentation and certification of trauma (I) Diagnosis and certification of death (D) |
| Pediatrics | Neonatal resuscitation (D) Setting up Pediatric IV infusion and calculating drip rate (I) Setting up Pediatric Intraosseous line (O) |
| Obstetrics | Episiotomy (I) Normal labor and delivery (including partogram) (I) |

- I- Independently performed on patients,
- O- Observed in patients or on simulations,
- D- Demonstration on patients or simulations and performance under supervision in patients

INSTRUCTIONS TO THE INTERNS:

- 1. Logbook is must for starting internship. Maintain the logbook throughout the training period.
- 2. Make the required entries and seek evaluation and signature of the Mentor/ Supervisor in the same day of the event.
- 3. Follow the classical paradigm of the step wise progression along the competency scale in acquiring the manual skills: observing (1) assisting (2) doing under supervision (3) doing independently (4).
- 4. Identify the required level of competence for each manual procedure, listed in each section, by carefully reading the related statements. Task to be "performed" repeatedly practiced to reach mastery level.
- 5. Make use of the given feedback to improve their clinical competencies, manual procedures, and communication skills.
- Assessment and evaluation of training will be undertaken by an objective approach using situation tests in knowledge, skills and attitude. Assessment will be ongoing, formative and summative.
- 7. On completion of the postings, the Intern must get the Unit Head's signature preferably on the last day itself.
- 8. The Intern must obtain the Completion Certificate from the H.O.D. immediately thereafter.
- 9. On completion of all the postings, the Log Book complete in all respects including the Certificates of Completion (printed in the Log Book itself) from each department duly signed by the Head of Department must be submitted to the Dean Office, in order to obtain Internship Completion Certificate.
- 10. Full registration shall only be given by the State Medical Council/ Medical Council of India/ NMC on the award of the MBBS degree by the University or its declaration that the candidate is eligible for it.

DEPARTMENT OF COMMUNITY MEDICINE

Duration of Posting: 12 weeks

| Durumon or rosting. | 12 WCCRS | |
|----------------------|------------------------------|--|
| (General Medicine: 0 | 3 weeks, General Surgery: 03 | weeks, Obstetrics and Gynaecology: 03 weeks, Community Medicine: 0 |
| weeks) | | |
| A. General Medicin | e (RHTC/ UHTC/ CHC) | |
| Posting w.e.f | to | Date of Reporting: |
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| S No. | Skills/ Activity | Numbers Recommended | Observed (Nos.) | Assisted (Nos.) | Done Under Supervision (Nos.) | Able to do independently (Nos.) | Remarks/ Comments |
| 1. | Patients Examined OPD Indoor | | | | | | |
| 2. | Emergencies Attended | | | | | | |
| 3. | Able to Recognize medical emergencies, resuscitate and institute initial treatment and refer to a suitable institution (CPR) | | | | | | |
| 4. | I/M Injection | | | | | | |
| 5. | I/V Injection | | | | | | |
| 6. | I.V.Cannulas | | | | | | |
| 7. | Oxygen Administration | | | | | | |
| 8. | Lab Investigations | | | | | | |
| 8.1 | Urine Examination | | | | | | |
| 8.2 | Stool Examination | | | | | | |
| 8.3 | Blood examination | | | | | | |
| 8.4 | AFB examination | | | | | | |
| 9. | Knowledge on 'Essential drugs and their usage' | | | | | | |
| 10. | Screening for NCDs | | | | | | |
| 11. | Analysis of Records | | | | | | |
| 12. | Inventory of Records | | | | | _ | _ |
| 13. | Prescription Audit | | | | | | |
| 14. | Others | | | | | _ | _ |
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Signature of HOD Signature of Intern Signature of In-charge

LOG OF ACTIVITIES

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| | Compulsory Rotating Medical Internship | | | | | | |
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| Posti | B. General Surgery (RH | TC/ UHTC/ CHO | C) | Date of Repor | ting: | | |
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| S No. | Skills/ Activity | Numbers Recommended | Observed (Nos.) | Assisted (Nos.) | Done Under Supervision (Nos.) | Able to do independently (Nos.) | Remarks/ Comments |
| 1. | Patients Examined OPD Indoor | | | | | | |
| 2. | Emergencies Attended | | | | | | |
| 3. | Dressing | | | | | | |
| 4. | Wound Stitched | | | | | | |
| 5. | Abscesses Drained | | | | | | |
| 6. | Medico Legal Cases Observed | | | | | | |
| 7. | Post Mortem Observed | | | | | | |
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Others

Signature of HOD Signature of In-charge Signature of Intern

LOG OF ACTIVITIES

| | Date | Activities performed by the Intern | | Signature | | |
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| C. 0 | Obstetrics and Gyn | aecology including Far | nily Planning and MCH Services (RHTC/ UHTC/ CHC) |
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| Posting w.e. | f | to | Date of Reporting: |

| | WORKDONE STATEMENT | | | | | | |
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| S No. | Skills/ Activity | Numbers Recommended | Observed (Nos.) | Assisted (Nos.) | Done Under Supervision (Nos.) | Able to do independently (Nos.) | Remarks/ Comments |
| 1. | Patients Examined OPD | | | | | | |
| | Indoor | | | | | | |
| 2. | Emergencies Attended | | | | | | |
| 3. | Antenatal check-ups | | | | | | |
| 4. | Deliveries Conducted | | | | | | |
| 5. | Episiotomies | | | | | | |
| 6. | Post-Natal Check-up | | | | | | |
| | Counseling ANC | | | | | | |
| 7. | PNC | | | | | | |
| | Family Planning | | | | | | |
| | Contraception Oral | | | | | | |
| 8. | IUD Insertion | | | | | | |
| | Injectable | | | | | | |
| 9. | Tubectomy attended | | | | | | |
| 10. | Vasectomy attended | | | | | | |
| 11. | Vaccines Administered | • | | | • | | |
| 11.1 | BCG | | | | | | |
| 11.2 | Polio | | | | | | |
| 11.3 | DPT | | | | | | |
| 11.4 | Measles | | | | | | |
| 11.5 | Tetanus/ Toxoid | | | | | | |
| 12. | Others | | | | | | |

Signature of In-charge Signature of HOD Signature of Intern

LOG OF ACTIVITIES

| | Date | Activities performed by the Intern | Signature | | |
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| D. Communi | ty Medicine/ Anti Rabies Clinic/ UHT | C | | | |
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| Posting w.e.f | to | Date of Reporting: | | | |
| WORKDONE STATEMENT | | | | | |

| S No. | Skills/ Activity | Numbers Recommended | Observed (Nos.) | Assisted (Nos.) | Done Under Supervision (Nos.) | Able to do independently (Nos.) | Remarks/ Comments |
|----------|--|------------------------|-----------------|--------------------|-------------------------------------|---------------------------------|----------------------|
| 1. | Patients Examined (ARC) | | | | | | |
| 2. | Administration of Anti- Rabies Vaccine Serum | | | | | | |
| 3. | School Health Check-up (Screening) | | | | | | |
| 4. | Awareness Activities (IEC/ Role Play etc.) | | | | | | |
| 5. | Sub Centre Visits Anganwadi Visits | | | | | | |
| 6. | Biomedical waste management | | | | | | |
| 7. | Seminars on National Health Programmes and Policies | | | | | | |
| 8. | Infectious Disease surveillance and Epidemic Management activities | | | | | | |
| 9. | Immunization and cold chain | | | | | | |
| 10. | Others | | | | | | |

LOG OF ACTIVITIES

| | Date | Activities performed by the Intern | Signature | | |
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Table: Certifiable Procedural Skills:

| Procedural Skill | Date of Completion | Rating- Below (B) expectations Meets (M) expectations Exceeds (E) expectations | Decision of Mentor Completed (C) Repeat (R) Remedial (Re) | Initial of Mentor and Date | Feedback Received Initial of Learner |
|--|-----------------------|--|---|----------------------------------|--|
| Segregation and disposal of sharps, plastics, OT material, HIV/ HBsAg/ HCV/ Corona Virus infected material (O) | | | | | |

| Strengths | Any remedial training needed (if yes, state the reason) |
|-----------|---|
| Comments | |

- I- Independently performed on patients
- O- Observed in patients or on simulators
- D- Demonstrated on patients or simulations and performance under supervision in patients.

| Signati | ure of Mentor |
|---------|---------------|
| Name _ | |

With date & seal

INTERNSHIP ASSESSMENT FORM

COMMUNITY MEDICINE

Twelve (12) weeks posting

| • From | // | to | //// | (total weeks) |
|--|--|-----------------------------|------------------|---------------|
| • From | // | to | // | (total weeks) |
| • From | // | to | // | (total weeks) |
| • From | / | to | / | (total weeks) |
| Name of Intern: | | | | |
| Leaves: | | days | Absence | days |
| Dates of Leaves: | | | | |
| | | RAT (Please rate on a so | <u>ING</u> | |
| A: Outstanding | B: Good | C: Average | D: Needs further | r training : |
| Scoring may be based (a) Knowledge (b) Patient Care (c) Procedural Ski (d) Independent ca (e) Communicatio (f) System Based I (g) Professionalism (h) Life-long Learn | ills are n Skills Practice n | | | |
| The Intern was | given | , | tension from | / to |
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Signature of In-charge

Signature of Head of Department with Stamp

DEPARTMENT OF GENERAL MEDICINE

Duration of Posting: 06 weeks

(General Medicine: 05 weeks, Laboratory Medicine and Clinical Biochemistry: 01 week)

| Posting w.e.f | to | Date of Reporting: |
|---------------|----|--------------------|

WORKDONE STATEMENT

| S No. | Skills/ Activity | Numbers Recommended | Observed (Nos.) | Assisted (Nos.) | Done Under Supervision (Nos.) | Able to do independently (Nos.) | Remarks/ Comments |
|-------|---|------------------------|--------------------|-----------------|-------------------------------------|---------------------------------|----------------------|
| 1 | OPD cases seen | | | | | | |
| 2 | Case sheets written | | | | | | |
| 3 | Number of follow ups written | | | | | | |
| 4 | Number of Discharge summaries written | | | | | | |
| 5 | Monitoring of critically ill patients | | | | | | |
| 6 | Injections (I.V. / I.M. / S.C.) | | | | | | |
| 7 | I.V. Cannulas inserted | | | | | | |
| 8 | Blood Transfusion given and monitored | | | | | | |
| 9 | Ryle's tube inserted | | | | | | |
| 11 | Cerebrospinal Fluid (CSF) aspiration | | | | | | |
| 12 | Air way tube installation | | | | | | |
| 13 | Kidney, skin, nerve and muscle biopsy | | | | | | |
| 14 | Catheterization done | | | | | | |
| 15 | Pleural/ Ascitic fluid aspirations done | | | | | | |
| 16 | Liver biopsy/ Bone marrow Aspirations/ | | | | | | |

| 17 | Nasal/nerve/skin smear for leprosy under supervision | | | |
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| 18 | Nebulization given | | | |
| 19 | Oxygen administration | | | |
| 20 | Observed under supervision, use of a. Aspirator b. Respirator c. Blood gas analyser d. Cardiac monitoring | | | |
| 21 | Assisted in CPR Intubation Defibrillation | | | |
| 22 | Resuscitation of patients in shock | | | |
| 23 | Recording and interpretation of ECGs done | | | |
| 24 | Emergencies Attended | | | |
| 25 | Counseling sessions with patients with non-communicable diseases, tuberculosis and HIV patients | | | |
| 26 | An intern must be able to do without assistance and interpret the results of following laboratory investigations: a) Blood: (Routine haematology smear and blood groups), b) Urine: (Routine chemical and microscopic examination), c) Stool: (for ova/cyst and occult blood), d) Sputum and throat swab for gram stain or acid-fast stain, e) Cerebrospinal Fluid (CSF) for smear, f) Electrocardiogram (ECG), g) Glucometer recording of blood sugar, h) Routine radiographs of chest, abdomen, skull. | | | |
| 20 | Deaths declared | | | |
| 28 | Attended and participated in Health Education Programmes | | | |

Signature of In-charge Signature of HOD Signature of Intern

LOG OF ACTIVITIES

| , , | Date | Activities performed by the Intern | | ature |
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| No. | 2 | Activities performed by the finerin | Intern | In-charge |
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Table: Certifiable Procedural Skills:

| Table: Certifiable Procedural Skills: Procedural Skill | Date of Completion | Rating- Below (B) expectations Meets (M) expectations Exceeds (E) expectations | Decision of Mentor Completed (C) Repeat (R) Remedial (Re) | Initial of Mentor and Date | Feedback Received Initial of Learner |
|---|--------------------|--|--|-------------------------------------|---|
| Venepuncture (I) | | | | | |
| Bedside urine analysis (D) | | | | | |
| Intramuscular injection (I) | | | | | |
| Intradermal injection (D) | | | | | |
| Subcutaneous injection (I) | | | | | |
| Intra venous (IV) injection (I) | | | | | |
| Setting up IV infusion and calculating drip rate (I) | | | | | |
| Blood Transfusion (O) | | | | | |
| Peripheral blood smear interpretation (I) | | | | | |
| Cardiac resuscitation (D) | | | | | |
| Pleural and ascitic fluid aspiration (O) | | | | | |
| Lumbar puncture (O) | | | | | |
| Ryle's tube insertion (D) | | | | | |
| Urinary catheterization (D) | | | | | |
| Aerosol therapy/ nebulization (I) | | | | | |
| Oxygen therapy (I) | | | | | |
| Basic life support (D) | | | | | |

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| Peripheral blood smear preparation, staining and interpretation (I) | | | |
| Urine routine and microscopy examination (I) | | | |
| Manual blood sugar estimation (I) | | | |
| CSF examination (I) | | | |
| Blood Grouping (I) | | | |
| Saline cross match method (I) | | | |
| Gram's-stained smear interpretation (I) | | | |
| ZN-stained smear interpretation (I) | | | |
| Wet mount examination of stool for ova and cysts (I) | | | |
| Identification of blood parasites on PBS (I) | | | |
| Estimate glucose, creatnine, urea and total proteins, A;G ratio in serum (D) | | | |
| Estimate serum total cholesterol, HDL cholesterol, triglycerides (D) | | | |
| Estimate serum bilrubin, SGOT/SGPT/alkaline phosphatase (D) | | | |
| Estimate calcium and phosphorous (D) | | | |
| Perform, analyze and interpret pulmonary functions (e.g. FVC, MVV) (O) | | | |
| Perform, analyze and interpret measurements of cardiac and vascular functions (e.g. HR, BP, ECG) (D) | | | |
| Interpret blood parameters (e.g. hematocrit/red blood cell count, lacate, glucose) (I) | | | |
| Perform, analyze and interpret CNS function (e.g. nerve conduction velocity, EMG, cranial nerve examination) (D) | | | |
| Writing a prescription (D) | | | |
| Audit of a given prescription (D) | | | |

| Recognize an adverse drug reaction (I) | | | | | | | | |
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| Be able to prepare a list of essential drugs for a healthcare facility | | | | | | | | |
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| Strengths | | Any r | emedial trainin | g needed (if ye | es, state | the reason) | | |
| Comments | | | | | | | | |
| I- Independently performed on patients | | | | | | | | |
| O- Observed in patients or on simulators | | | | | | | | |
| D- Demonstrated on patients or simulations an | d performance ur | ıder su | pervision in pa | tients. | | | | |
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| Certification of Skills: | | | | | | | | |
| Certified that Ms./ Mr. | worked | under | me from | to | | an | d perform | ed |
| Independently/ Observed/ Demonstrated/ Perfe | ormed under Supe | ervisio | n the above-me | ntioned Proce | dural S | kills satisfac | torily. | |
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INTERNSHIP ASSESSMENT FORM

GENERAL MEDICINE Six (06) weeks posting

From....../.....to..../....../....(total weeks) Name of Intern: Leaves:days Absencedays Dates of Leaves: Dates of Absence: RATING (Please rate on a scale of A, B, C, D) A: Outstanding B: Good C: Average D: Needs further training:..... Scoring may be based on (a) Knowledge (b) Patient Care (c) Procedural Skills (d) Independent care (e) Communication Skills (f) System Based Practice (g) Professionalism (h) Life-long Learning :: In case of Extension/ Repetition :: Thedays of extension from

Signature of In-charge

Signature of Head of Department with Stamp

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| Six | (06) | weeks | nostin | σ |

Duration of Posting: 06 weeks

| Posting w.e.f | to | Date of Reporting: | |
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WORKDONE STATEMENT

| S No. | Skills | Numbers Recommended | Observed (Nos.) | Assisted (Nos.) | Done Under Supervision (Nos.) | Able to do independently (Nos.) | Remarks/ Comments |
|-------|---|------------------------|--------------------|-----------------|-------------------------------------|---------------------------------|----------------------|
| 1 | Resuscitation of a critically injured patient and a severe Burns patient | | | | | | |
| 2 | Control surface bleeding and manage open wound | | | | | | |
| 3 | Monitoring of patients of head, spine chest, abdominal and pelvic injury | | | | | | |
| 4 | Institute first line management of acute abdomen | | | | | | |
| 5 | Venesection | | | | | | |
| 6 | Tracheostomy and endotracheal intubation | | | | | | |
| 7 | Catheterize patients with acute urinary retention | | | | | | |
| 8 | Drain superficial abscess | | | | | | |
| 9 | Suture wound | | | | | | |
| 10 | Circumcision | | | | | | |
| 11 | Biopsy of surface tumours | | | | | | |
| 12 | Vasectomy | | | | | | |
| 13 | Trochar Cystostomy | | | | | | |
| 14 | Proctoscopy | | | | | | |
| 15 | Wound Dressing and application of Splints | | | | | | |
| 16 | Lymph Node Biopsy | | | | | | |
| 17 | Laparoscopic/ Minimal Invasive Surgery | | | | | | |

| 18 | Basic Surgical procedures for major and minor surgical illness | |
|----|---|--|
| 19 | Advise about prognosis of acute and chronic surgical illness, head injury, trauma, burns and cancer. Counsel patients regarding the same. | |
| 20 | Advise about rehabilitation of patients after Surgery and assist them for early recovery | |

Signature of In-charge Signature of HOD Signature of Intern

LOG OF ACTIVITIES

| | Date | Activities performed by the Intern | Signature | | | |
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| Sl | Date | Activities performed by the finerin | Intern | In-charge | | |
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Table: Certifiable Procedural Skills:

| Procedural Skill | Date of Completion | Rating- B expectatio (M) expe Exceed | ons Meets ctations ds (E) | Decision of Mentor Completed (C) Repeat (R) Remedial (Re) | Initial of Mentor and Date | Feedback Received Initial of Learner | | | |
|---|---|---|---------------------------------|---|----------------------------------|--|--|--|--|
| Basic suturing (I) | | | | | | | | | |
| Basic wound care (I) | | | | | | | | | |
| Basic bandaging (I) | | | | | | | | | |
| Incision and drainage of superficial abscess (I) | | | | | | | | | |
| Early management of trauma (I) and trauma life support (D) | | | | | | | | | |
| Segregation and disposal of sharps, plastics, OT material, HIV/HBsAg/ HCV/ corona virus infected material (O) | | | | | | | | | |
| Strengths | Strengths Any remedial training needed (if yes, state the reason) | | | | | | | | |
| Comments | | | | | | | | | |
| I- Independently performed or O- Observed in patients or or D- Demonstrated on patients | simulators | erformance u | nder superv | ision in patients. | | | | | |
| Certification of Skills: Certified that Ms./ Mr Independently/ Observed/ Des | | | | fromabove-mentioned Pro | | | | | |
| | | | | Signature of M | entor | | | | |
| | | | | Name | | | | | |
| | | | | With date & se | al | | | | |

INTERNSHIP ASSESSMENT FORM

GENERAL SURGERY Six (06) weeks posting

| • From | ////// | to | / | / | (total weeks) | |
|---|--|--------------------|------------------------------------|-------------------|---------------|------|
| • From | ///// | to | / | / | (total weeks) | |
| • From | // | to | / | / | (total weeks) | |
| Name of Intern: | | | | | | |
| Leaves: | | days | Absence | | | days |
| Dates of Leaves: | | | Dates of Absen | ce: | | |
| | | | ΓING | | | |
| A: Outstanding | B: Good | C: Average | D: Needs | s further trainin | ng: | |
| Scoring may be be (a) Knowledge (b) Patient Ca (c) Procedura (d) Independe (e) Communic (f) System Bas (g) Professions (h) Life-long I | e re I Skills nt care cation Skills sed Practice alism | | | | | |
| | | :: In case of Exte | nsion/ Repetition | | | |
| | as givenw | • | xtension from satisfactorily on | | / | |

Govt. Medical College, Kathua

Signature of In-charge

Signature of Head of Department with Stamp

| | | ANAESTHESIOLOGY & CRITICAL CARE |
|-----------------------------|----------|---------------------------------|
| Duration of Posting: | 02 weeks | |
| Posting w.e.f | to | Date of Reporting: |

WORKDONE STATEMENT

| | WORRDONE STATEMENT | | | | | | | | |
|----------|---|------------------------|-----------------|-----------------|-------------------------------------|---------------------------------|----------------------|--|--|
| S No. | Skills | Numbers Recommended | Observed (Nos.) | Assisted (Nos.) | Done Under Supervision (Nos.) | Able to do independently (Nos.) | Remarks/ Comments | | |
| 1. | Pre-anaesthetic check-up of all allotted patients and prescribe pre-anaesthetic medications | | | | | | | | |
| 2. | Simple general anaesthetic procedures under supervision | | | | | | | | |
| 3. | Perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest | | | | | | | | |
| 4. | Anaesthesia for major and minor surgical and other procedures | | | | | | | | |
| 5. | Recognize problems associated with emergency anaesthesia | | | | | | | | |
| 6. | Recognize and assist in treating complications in the post-operative period | | | | | | | | |
| 7. | Venepuncture & starting I.V. drip of all allotted patients | | | | | | | | |
| 8. | Laryngoscopy and endotracheal intubation | | | | | | | | |
| 9. | C.P.R. on mannequins and also on patients | | | | | | | | |
| 10. | Monitor patients during anaesthesia and post-operative period of all allotted patients | | | | | | | | |
| 11. | Maintain anaesthetic record of all allotted patients | | | | | | | | |
| 12. | Lumbar Puncture and spinal anaesthesia and spinal nerve blocks | | | | | | | | |
| 13. | Counsel and advise regarding various methods of anaesthesia | | | | | | | | |
| 14. | I.C.U. Postings for 3 days | | | | | | | | |

Signature of In-charge Signature of HOD Signature of Intern

LOG OF ACTIVITIES

| Sl | Date | Date Activities performed by the Intern | | | | |
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| 51 | Date | Activities performed by the intern | Intern | In-charge | | |
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INTERNSHIP ASSESSMENT FORM ANESTHESIOLOGY AND CRITICAL CARE Two (02) weeks posting

| •] | From | // | to | / | / | (total weeks) | |
|---|---|-----------------------------|-------------------------|-----------------|---------------|---------------|----|
| •] | From | // | to | / | / | (total weeks) | |
| •] | From | / | to | / | / | (total weeks) | |
| Name | of Intern: | | | | | | |
| Leaves | s: | | days | Absence | | da | ys |
| Dates | of Leaves: | | | Dates of Absenc | e: | | |
| ••••• | | | RAT (Please rate on a s | ING | | | |
| A: Ou | tstanding | B: Good | C: Average | D: Needs | further train | ing : | |
| (a) (b) (c) (d) (e) (f) (g) | ng may be based o Knowledge Patient Care Procedural Skills Independent car Communication System Based Pr Professionalism Life-long Learni | s e Skills ractice | | | | | |
| | | | :: In case of Exten | _ | | | |
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Signature of In-charge

Signature of Head of Department with Stamp

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY INCLUDING FAMILY WELFARE & PLANNING

| Dura | ttion of Posting: 07 weeks | | | | | | |
|--------------------|---|------------------------|--------------------|-----------------|-------------------------------------|---------------------------------|----------------------|
| Posti | Posting w.e.f | | | | | | |
| WORKDONE STATEMENT | | | | | | | |
| SI | Skills | Numbers Recommended | Observed (Nos.) | Assisted (Nos.) | Done Under Supervision (Nos.) | Able to do independently (Nos.) | Remarks/ Comments |
| 1 | Diagnosis of early pregnancy | | | | | | |
| 1 | Antenatal Care | | | | | | |
| | Diagnosis of pregnancy related to | | | | | | |
| | Abortions | | | | | | |
| | Ectopic Pregnancy | | | | | | |
| 2 | Tumours complicating pregnancy | | | | | | |
| | Acute abdomen in early pregnancy | | | | | | |
| | Hyper emesis gravidarum | | | | | | |
| | Selection of High Risk Pregnancy ca | ses and suitable a | dvice | | | ' | |
| | PIH | | | | | | |
| | Poly hydramnios | | | | | | |
| | Antepartum haemorrhage | | | | | | |
| 3 | Multiple pregnancies | | | | | | |
| | Abnormal presentations | | | | | | |
| | Intra uterine growth retardation | | | | | | |
| | Preterm labour | | | | | | |
| , | Antenatal pelvic assessment | | | | | | |
| 4 | Detection of Cephalo pelvic disproportion | | | | | | |
| 5 | Induction of labour and amniotomy | | | | | | |
| | Management of Normal Labour | | | | | | |
| 6 | Detection of abnormalities of labour | | | | | | |
| | Episiotomy | | | | | | |

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| | Post partum Haemorrhage | | | |
| | Repair of perineal tear | | | |
| 7 | Forceps delivery | | | |
| 8 | Caesarean section and postoperative care thereof | | | |
| 9 | Detection and management of abnormalities of lactation | | | |
| 10 | Non stress test during pregnancy | | | |
| 11 | Per speculum, per vaginum and per rectal examination for detection of common congenital inflammatory Neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries | | | |
| | Minor Procedures | | | |
| | Dilatation & Curettage and fractional curettage | | | |
| | Endometrial biopsy | | | |
| | Endometrial ablation | | | |
| | Pap smear collection | | | |
| 12 | IUCD insertion/Removal | | | |
| | Minilap Ligation | | | |
| | Urethral catheterization | | | |
| | Suture removal in post operative cases | | | |
| | Cervical punch biopsy | | | |
| | Cryotherapy | | | |
| 13 | Major abdominal and vaginal surgery cases in Obstetrics and Gynaecology | | | |
| 14 | Follow up post Operative cases of Obstetrics and Gynaecology | | | |
| 15 | Colposcopy | | | |
| 16 | Second trimester MTP proceures eg Emcredyl and prostaglandin instillations | | | |
| 17 | To evaluate and prescribe contraceptives | | | |

Signature of In-charge Signature of HOD Signature of Intern

LOG OF ACTIVITIES

| Sl | G OF ACTIVITIES Date | Activities performed by the Intern | Signature Intern In-charge | | | |
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Table: Certifiable Procedural Skills:

| Procedural Skill | Date of Completion | Rating- Below (B) expectations Meets (M) expectations Exceeds (E) expectations | Decision of Mentor Completed (C) Repeat (R) Remedial (Re) | Initial of Mentor and Date | Feedback Received Initial of Learner |
|---|-----------------------|--|---|----------------------------------|---|
| Obstetric examination (I) | | | | | |
| Episiotomy (I) | | | | | |
| Normal labour and delivery (including partogram) (I) | | | | | |
| Per Speculum (PS) and Per Vaginal (PV) examination (I) | | | | | |
| Visual inspection of Cervix with Acetic Acid (VIA) (O) | | | | | |
| Pap Smear sample collection & interpretation (I) | | | | | |
| Intra-Uterine Contraceptive Device (IUCD) insertion & removal (I) | | | | | |
| Strengths | | Any remedial t | raining needed (if yes | , state the reaso | n) |
| Comments | | | | | |
| I- Independently performed on patients O- Observed in patients or on simu D- Demonstrated on patients or simu | lators | nance under supervisior | n in patients. | | |
| Certification of Skills: Certified that Ms./ Mr Independently/ Observed/ Demonst | | vorked under me fro der Supervision the abo | | | and performed factorily. |
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| | | | Signature of Menton | r | |
| | | | Name | _ | |
| | | | With date & seal | | |

INTERNSHIP ASSESSMENT FORM OBSTETRICS AND GYNAECOLOGY INCLUDING FAMILY WELFARE AND PLANNING Seven (07) weeks posting

| • From | // | to | / | (total weeks) | |
|---|--|---------------------------|----------------|--------------------|------|
| • From | / | to | / | (total weeks) | |
| • From | // | to | / | (total weeks) | |
| Name of Intern: | | | | | |
| Leaves: | | days | Absence | | days |
| Dates of Leaves: | | | | e: | |
| | | RATI (Please rate on a sc | <u>NG</u> |) | |
| A: Outstanding | B: Good | C: Average | D: Needs | further training : | |
| Scoring may be based (a) Knowledge (b) Patient Care (c) Procedural Ski (d) Independent ca (e) Communicatio (f) System Based I (g) Professionalism (h) Life-long Learn | ills are n Skills Practice n | | | | |
| The Intern was | given | | ension from | // | |
| | / wh | icn ne/sne completed sa | usiactorily on | // | |

Signature of In-charge

Signature of Head of Department with Stamp

DEPARTMENT OF PAEDIATRICS

| | <u>DEPARTMENT OF PAEDIATRICS</u> |
|---|----------------------------------|
| Duration of Posting: 03 weeks | |
| (07 days: Indoor, 07 days: NICU, PNC/ L | abour Ward, 07 days: OPD) |
| Posting w.e.f to | Date of Reporting: |
| - | WORKDONE STATEMENT |

| SI | Skills | Numbers Recommended | Observed (Nos.) | Assisted (Nos.) | Done Under Supervision (Nos.) | Able to do independently (Nos.) | Remarks/ Comments |
|----|--|------------------------|--------------------|-----------------|-------------------------------------|---------------------------------|----------------------|
| 1 | Drawing of Blood Samples | | | | | | |
| 2 | I.V. Cannulation | | | | | | |
| 3 | Blood Transfusion and Monitoring | | | | | | |
| | Injections giving IV | | | | | | |
| | IM | | | | | | |
| 4 | SC | | | | | | |
| | ID | | | | | | |
| 5 | Vaccine Administration | | | | | | |
| 6 | Nasogastric tube insertion | | | | | | |
| 7 | Lumbar puncture | | | | | | |
| 8 | Assessment of dehydration And Oral rehydration therapy | | | | | | |
| 9 | Assessment of Respiratory Distress & Scoring | | | | | | |
| 10 | Vital signs monitoring in ICU | | | | | | |
| 11 | Assessment of nutritional status and Preparation of diet charts Malnutrition | | | | | | |
| | Renal failure | | | | | | |
| 12 | Management and prognosis of acute and chronic illnesses like viral fevers, gastroenteritis, pneumonias, seizures and hematological disorders | | | | | | |
| 13 | Tuberculin testing and reading | | | | | | |
| 14 | Health Education and Nutritional Education | | | | | | |
| 15 | Urine examination | | | | | | |
| 16 | Peripheral smear | | | | | | |

| 17 | Stool examination | | | | | | | | |
|----|---|---------|--|--|--|--|--|--|--|
| · | DESIRABLE TO DO/ASSIST/ | ODCEDVE | | | | | | | |
| | DESIRABLE TO DO/ASSIST/ | OBSERVE | | | | | | | |
| | Pleural tap | | | | | | | | |
| | Ascitic tap | | | | | | | | |
| | Bone Marrow Aspiration | | | | | | | | |
| | Liver Biopsy | | | | | | | | |
| 18 | Peritoneal dialysis | | | | | | | | |
| | Intra-osseous infusion | | | | | | | | |
| | Recognise growth abnormalities | | | | | | | | |
| | Recognise anomalies of Psychomotor development | | | | | | | | |
| | Recognise congenital abnormalities | | | | | | | | |
| | NEONATOLOGY | | | | | | | | |
| | Assessment of new born normal and sick and making a record of information collected | | | | | | | | |
| | Infant feeding Gavage/otherwise | | | | | | | | |
| | Breast feeding counselling | | | | | | | | |
| 19 | Neonatal resuscitation | | | | | | | | |
| | Phototherapy | | | | | | | | |
| | Exchange Transfusion | | | | | | | | |
| | Preterm care | | | | | | | | |

Signature of In-charge Signature of HOD Signature of Intern

LOG OF ACTIVITIES

| SI | Date | Activities performed by the Intern | | Signature | | |
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| | | personned by the intern | Intern | In-charge | | |
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Table: Certifiable Procedural Skills:

| Procedural Skill | Date of Completion | Rating- Below (B) expectations Meets (M) expectations Exceeds (E) expectations | | Date of ompletion expectations Meets (M) expectations Exceeds (E) | | Decision of Mentor Completed (C) Repeat (R) Remedial (Re) | Initial of Mentor and Date | Feedback Received Initial of Learner |
|--|-----------------------|--|--------------|---|------------------|---|----------------------------------|---|
| Neonatal resuscitation (D) | | • | | | | | | |
| Setting up Pediatric IV infusion and calculating drip rate (I) Setting up Pediatric Intraossenous line (O) | | | | | | | | |
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| Strengths | | | Any remed | lial training needed (i | f yes, state the | reason) | | |
| Comments | | | | | | | | |
| I- Independently performed or O- Observed in patients or on D- Demonstrated on patients o | simulators | performance u | under superv | ision in patients. | | | | |
| Certification of Skills: Certified that Ms./ Mr Independently/ Observed/ Den | | | | | | | | |
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Signature of Mentor

Name _____

With date & seal

INTERNSHIP ASSESSMENT FORM PEDIATRICS Three (03) weeks posting

| • | From | | .// | to | / | / | (total weeks) | |
|---|---|---|----------------------------|-----------------------|-------------------|--------------------|---------------|-------|
| • | From | | .// | to | / | / | (total weeks) | |
| • | From | | .// | to | / | / | (total weeks) | |
| Name | e of Intern: | | | | | | | |
| Leave | es: | | | days | Absence | | | .days |
| Dates | of Leaves | : | | | Dates of Absen | ce: | | |
| | | | | RAT | <u> TING</u> | | | ••••• |
| A: O | utstanding | 3 | B: Good | C: Average | D: Needs | s further training | : | |
| (a) (b) (c) (d) (e) (f) (g) | ng may bo) Knowle) Patient) Procedu) Indepen) Commu o System) Professi) Life-lon | dge Care Tral Skills Ident care Inication Based Proposition | s e Skills actice | | | | | |
| | | | | :: In case of Exter | sion/ Repetition | :: | | |
| The | Intern | was g | iven | days of ex | tension from | / | / | to |
| | / | / | wł | nich he/she completed | satisfactorily on | | / | |

Govt. Medical College, Kathua

Signature of Head of Department with Stamp

Signature of In-charge

DEPARTMENT OF ORTHOPAEDICS INCLUDING PHYSICAL MEDICINE AND REHABILITATION (PM&R) Duration of Posting: 02 weeks

Signature of In-charge

| Postir | ng w.e.f to | _ | | ate of Rep | oorting: | | |
|--------|---|------------------------|----------|------------|-------------------------------------|---------------------------------|----------------------|
| SI | Skills | Numbers Recommended | Observed | | Done Under Supervision (Nos.) | Able to do independently (Nos.) | Remarks/ Comments |
| 1 | Examination of patients | | | | | | |
| 2 | Application of plasters for undisplaced fracture of arm, forearm, leg and ankle | | | | | | |
| 3 | Manual reduction of common dislocations: interphalangeal, metacarpo phalangeal, elbow, shoulder | | | | | | |
| 4 | Intra-articular injections | | | | | | |
| 5 | Emergency care of patients with multiple injuries | | | | | | |
| 6 | Transportation of a patient with spine injury | | | | | | |
| 7 | Advice to patients with Poliomyelitis, cerebral palsy, Rehabilitation of Amputees, leprosy deformity etc. | | | | | | |
| 8 | Application and maintenance of traction | | | | | | |
| 9 | Reduction of Colle's fracture | | | | | | |
| 10 | Reduction of anterior dislocation of shoulder and elbow | | | | | | |
| 11 | Management of green stick fractures | | | | | | |
| 12 | Skin closure | | | | | | |
| 13 | Drainage for acute osteomyelitis | | | | | | |
| 14 | Sequesterectomy | | | | | | |
| 15 | Internal and external fixation | | | | | | |
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Signature of HOD

Signature of Intern

LOG OF ACTIVITIES

| Sl | OF ACTIVITIES Date | Activities performed by the Intern | | Signature Intern In-charge | | | | |
|-----|---------------------|-------------------------------------|--|----------------------------|--|--|--|--|
| 31 | Date | Activities performed by the fintern | | | | | | |
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DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION (PM&R)

Interns are expected to acquire the following skills:

- 1. Competence for clinical diagnosis based on detailed history and assessment of common disabling conditions like poliomyelitis, cerebral palsy, hemiplegia, paraplegia, amputations etc.
- 2. Participation as a team member in total rehabilitation including appropriate follow up of common disabling conditions.
- 3. Procedures of fabrication and repair of artificial limbs and appliances.
- 4. Various therapeutic modalities.
- 5. Use of self-help devices and splints and mobility aids.
- 6. Familiarity with accessibility problems and home making for the disabled.
- 7. Ability to demonstrate simple exercise therapy in common conditions like prevention of deformity in polio, stump exercises in amputees etc.

DAILY LOG OF ACTIVITIES

| SI | Date | Activities performed by the Intern | Sig | Signature | | |
|----|------|------------------------------------|--------|-----------|--|--|
| 31 | Date | Activities performed by the Intern | Intern | In-charge | | |
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| | compulsory Rotating Medical Internship | |
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| Гable: Certifiable Procedural Skills: | | |

| Procedural Skill | Date of Completion | Rating- Below (B) expectations Meets (M) expectations Exceeds (E) expectations | Decision of Mentor Completed (C) Repeat (R) Remedial (Re) | Initial of Mentor and Date | Feedback Received Initial of Learner |
|---|-----------------------|--|---|----------------------------------|---|
| Application of basic splints and slings (I) | | | | | |
| Basic fracture and dislocation management (O) | | | | | |
| Compression bandage (I) | | | | | |
| | | | | | |

| Strengths | | | Any remed | lial training needed (in | f yes, state the | e reason) |
|---|---------------------|-------------------------|---------------------------|-----------------------------|-----------------------|------------------------------|
| Comments | | | | | | |
| I- Independently performed on patients O- Observed in patients or on simulators D- Demonstrated on patients or simulations and performance under supervision in patients. | | | | | | |
| Certification of Skills: Certified that Ms./ Mr Independently/ Observed/ Den | nonstrated/ Perforn | worked ned under Sup | under me pervision the | from to above-mentioned Pro | to ocedural Skills | and performs satisfactorily. |
| | | | | | | |
| | | | | Signature of Mo | entor | |
| | | | | Name | | |
| | | | | With date & sea | al | |

Govt. Medical College, Kathua

INTERNSHIP ASSESSMENT FORM ORTHOPAEDICS INCLUDING PHYSICAL MEDICINE AND REHABILITATION (PM&R) One (01) week posting

| • From | // | to | / | / | (total weeks) |
|--|---|-------------------------|--------------------|-----------------|---------------|
| • From | // | to | / | / | (total weeks) |
| • From | / | to | / | / | (total weeks) |
| Name of Intern: | | | | | |
| Leaves: | | days | Absence | | days |
| Dates of Leaves: | | | Dates of Absence | e: | |
| | | RAT (Please rate on a s | 'ING | | |
| A: Outstanding | B: Good | C: Average | D: Needs | further trainin | g : |
| Scoring may be based (a) Knowledge (b) Patient Care (c) Procedural Sk (d) Independent co (e) Communication (f) System Based (g) Professionalism (h) Life-long Lear | ills are on Skills Practice n | | | | |
| The Intern was | given | :: In case of Exten | sion/ Repetition : | | tc |
| / | ./ wh: | ich he/she completed | satisfactorily on | / | |

Signature of In-charge

Signature of Head of Department with Stamp

DEPARTMENT OF OPHTHALMOLOGY

Duration of Posting: 02 weeks

| Posting w.e.f | to | Date of Reporting: |
|---------------|----|--------------------|

WORKDONE STATEMENT

| | WORKDONE STATEMENT Numbers Observed Assisted Done Under Able to do Demonto. | | | | | | | |
|----|--|------------------------|--------------------|-----------------|---|-------------------------|----------------------|--|
| Sl | Skills | Numbers Recommended | Observed (Nos.) | Assisted (Nos.) | | independently (Nos.) | Remarks/ Comments | |
| 1 | Diagnose and Management | | ı | 1 | | | | |
| | Trauma & Ocular Emergencies | | | | | | | |
| | Acute Conjunctivitis | | | | | | | |
| | Allergic Conjunctivitis | | | | | | | |
| | Xerosis | | | | | | | |
| | Entropion | | | | | | | |
| | Corneal Ulcer | | | | | | | |
| | Iridocyclitis | | | | | | | |
| | Myopia | | | | | | | |
| | Hypermetropia | | | | | | | |
| | Cataract | | | | | | | |
| | Glaucoma | | | | | | | |
| | Ocular injury | | | | | | | |
| | Sudden loss of vision | | | | | | | |
| 2 | Assessment of refractive errors | | | | | | | |
| 3 | Investigative procedures | | | | | | | |
| | Tonometry | | | | | | | |
| | Syringing | | | | | | | |
| | Direct Ophthalmoscopy | | | | | | | |
| | Fluorescene staining of cornea | | | | | | | |
| 4 | Procedures | | T | ı | T | T | | |
| | Sub conjunctival injection | | | | | | | |
| | Ocular bandaging | | | | | | | |
| | Removal of concretion | | | | | | | |

| Epilation and Electrolysis | | | |
|--------------------------------|--|--|--|
| Corneal foreign body removal | | | |
| Cauterization of corneal ulcer | | | |
| Chalazion removal | | | |
| Entropion correction | | | |
| Suturing tear of conjunctiva | | | |
| Lid repair | | | |
| Glaucoma surgery | | | |
| Enucleation of eyes in cadaver | | | |

Signature of In-charge Signature of HOD Signature of Intern

| SI | OF ACTIVITIES Date | Activities performed by the Intern | the Intern Signs | | | |
|-----|---------------------|------------------------------------|------------------|-----------|--|--|
| 31 | Date | Activities performed by the intern | Intern | In-charge | | |
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Table: Certifiable Procedural Skills:

| Procedural Skill | Date of Completion | Rating- B expectation (M) expe Exceed | ons Meets ectations ds (E) | Decision of Mentor Completed (C) Repeat (R) Remedial (Re) | Initial of Mentor and Date | Feedback Received Initial of Learner |
|--|-----------------------|--|----------------------------------|---|----------------------------------|---|
| Visual acuity testing (I) | | | | | | |
| Digital tonometry (D) | | | | | | |
| Indirect Ophthalmoscopy (O) | | | | | | |
| Epilation (O) | | | | | | |
| Eye irrigation (I) | | | | | | |
| Instillation of eye medication (I) | | | | | | |
| Ocular bandaging (I) | | | | | | |
| | | | | | | |
| Strengths | | | Any remed | dial training needed (i | f yes, state the | reason) |
| Comments | | | | | | |
| I- Independently performed on pa O- Observed in patients or on sin D- Demonstrated on patients or si | nulators | performance u | ınder superv | ision in patients. | | |
| Certification of Skills: Certified that Ms./ Mr. Independently/ Observed/ Demon | | | | | | |
| | | | | Signature of M | entor | |
| | | | | Name | | |
| | | | | With date & se | al | |

$\frac{\textbf{INTERNSHIP ASSESSMENT FORM}}{\textbf{OPHTHALMOLOGY}}$

Two (02) week posting

| • | From | | / | / | to | / | / | (total weeks) | |
|---|--|--|-------------------------------|---------|----------------------------|-------------------|------------------|---------------|----|
| • | From | | / | / | to | / | / | (total weeks) | |
| • | From | | / | / | to | / | / | (total weeks) | |
| Nam | e of Intern | : | | | | | | | |
| Leav | es: | | | | days | Absence | | da | ys |
| Date | | | | | | | | | |
| | | ••••• | | | RAT | <u> TING</u> | | | |
| A: 0 | utstandin | ıg | B: G00 | d | C: Average | D: Need | s further traini | ng: | •• |
| (a (b (c (d (e (f) (g | ing may be the control of the contro | edge Care ural Skill ndent car unication Based P | ls re Skills ractice | | | | | | |
| | | | | | In case of Exter | sion/ Repetition | | | |
| The | Intern | | J | which h | days of exne/she completed | satisfactorily on | | / | to |

Govt. Medical College, Kathua

Signature of Head of Department with Stamp

Signature of In-charge

| DEPARTMENT OF OTORH | INILARYNGOLOGY (E.N.T.) |
|-------------------------------|-------------------------|
| Duration of Posting: 02 weeks | |
| Posting w.e.f to | Date of Reporting: |
| WORKDONE | ESTATEMENT |

| SI | Skills | Observed (Nos.) | Assisted (Nos.) | Done Under Supervision (Nos.) | Able to do independently (Nos.) | Remarks/ Comments |
|----|--|--------------------|-----------------|-------------------------------------|---------------------------------|----------------------|
| 1 | Use of Head Mirror | | | | | |
| 2 | Use of Otoscope | | | | | |
| 3 | Use of indirect laryngoscope | | | | | |
| 4 | Ear syringing | | | | | |
| 5 | Antrum puncture | | | | | |
| 6 | Packing for epistaxis | | | | | |
| 7 | Packing of external auditory canal | | | | | |
| 8 | Removal of foreign body from nose and ear | | | | | |
| 9 | Endoscopy procedures | | | | | |
| 10 | Tracheostomy | | | | | |
| 11 | Rehabilitative programmes for ENT problems | | | | | |

Signature of In-charge Signature of HOD Signature of Intern

| SI | OF ACTIVITIES Date | Activities performed by the Intern | | nature |
|-----|---------------------|------------------------------------|--------|-----------|
| 31 | Date | Activities performed by the Intern | Intern | In-charge |
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| Table | Certifia | hle Pr | rocedura | I Skille. |
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| Procedural Skill | Date of Completion | Rating- E expectation (M) expe Exceed expect | ons Meets ectations ds (E) | Decision of Mentor Completed (C) Repeat (R) Remedial (Re) | Initial of Mentor and Date | Feedback Received Initial of Learner | |
|---|-----------------------|--|----------------------------------|---|----------------------------------|---|--|
| Anterior nasal packing (D) | | | | | | | |
| Otoscopy (I) | | | | | | | |
| Strengths Any remedial training needed (if yes, state the reason) | | | | | | | |
| Comments | | | | | | | |
| I- Independently performed of O- Observed in patients or of D- Demonstrated on patients | n simulators | performance u | ınder superv | ision in patients. | | | |
| Certification of Skills: Certified that Ms./ Mr Independently/ Observed/ De | monstrated/ Perforn | | | | to ocedural Skills | | |
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| | | | | Signature of Mo | entor | | |
| | | | | Name | | | |
| | | | | With date & sea | al | | |

INTERNSHIP ASSESSMENT FORM OTORHINILARYNGOLOGY (E.N.T.)

Two (02) week posting

| • From | / | to | / | /(total weeks) |
|--|--|------------|---------------------------|-----------------|
| • From | // | to | / | ./(total weeks) |
| • From | // | to | / | /(total weeks) |
| | | | | |
| Name of Intern: | | | | |
| Leaves: | | days | Absence | days |
| Dates of Leaves: | | | Dates of Absence: | |
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| | | | CING scale of A, B, C, D) | |
| A: Outstanding | B: Good | C: Average | D: Needs furt | her training : |
| Scoring may be based (a) Knowledge (b) Patient Care (c) Procedural Ski (d) Independent ca (e) Communicatio (f) System Based I (g) Professionalism (h) Life-long Lear | ills are n Skills Practice n | | | |
| The Intern was | given | | asion/ Repetition :: | /to |
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Govt. Medical College, Kathua

Signature of Head of Department with Stamp

Signature of In-charge

DEPARTMENT OF EMERGENCY/ TRAUMA/ CASUALTY

Duration of Posting: 02 weeks

| Posting w.e.f to | | Date of Reporting: | |
|--------------------|--|--------------------|--|
| WORKDONE STATEMENT | | | |
| | | | |

| Sl | Skills | Numbers Recommended | Observed (Nos.) | Assisted (Nos.) | Done Under Supervision (Nos.) | Able to do independently (Nos.) | Remarks/ Comments |
|-----|--|------------------------|-----------------|-----------------|-------------------------------------|---------------------------------|----------------------|
| 1. | Assessment and management of Airway and Ventilation | | | | | | |
| 2. | Basic Adult Resuscitation | | | | | | |
| 3. | Basic Pediatric Resuscitation | | | | | | |
| 4. | Knowledge of vital signs patient monitoring and monitoring devices | | | | | | |
| 5. | Identification of various emergencies in various Disciplines of medical practice | | | | | | |
| 6. | Management of Acute Anaphylactic Shock | | | | | | |
| 7. | Management of Peripheral Vascular Failure and Shock | | | | | | |
| 8. | Management of patients with Hypertension | | | | | | |
| 9. | Emergency management of Drowning | | | | | | |
| 10. | Emergency management of Poisoning | | | | | | |
| 11. | Emergency management of Seizure and Status Epilepticus | | | | | | |
| 12. | Emergency management of Bronchial Asthma and Status Asthmaticus | | | | | | |
| 13. | Emergency management of Hyper pyrexia and Hypothermia | | | | | | |
| 14. | Assessment and management of Hyperpyrexia and Hypothermia | | | | | | |
| 15. | Assessment and management of acute chest pain | | | | | | |
| 16. | Emergency management of comatose patient a) Airway Management b) Positioning c) Prevention of aspiration d) Prevention of injuries | | | | | | |
| 17. | Assessment and management of Burns including electrical burn | | | | | | |
| 18. | Assessment of Trauma Victims as per ATLS guidelines | | | | | | |
| 19. | Management of Trauma victims as per ATLS guidelines | | | | | | |
| 20. | Assessment and management of Acute Abdominal Pain | | | | | | |
| 21. | Assessment and management of Diarrhea | | | | | | |

| 22. | Assessment and management of Stroke patients | | | |
|-----|---|--|--|--|
| 23. | Assessment and management of Hypoglycemia and Hyperglycemia | | | |
| 24. | Assessment and management of Toxicological emergencies | | | |
| 25. | Identification of Medico legal cases and knowledge of other medico legal formalities in (a) Injuries (b) Poisoning (c) Sexual offences (d) Drowning (e) Alcohol intoxication (f) Hanging (g) Other unnatural conditions Mass casualty, TRIAGE, seek help properly | | | |
| 27. | IV Cannulation, Blood sampling | | | |
| 28. | IM, IV, SC Injections | | | |
| 29. | Basic emergency procedures Ryle's tube insertion a) Foley's Catheterization b) Gastric Lavage c) Patient positioning and transport d) Intubation | | | |
| 30. | Communication skills with sick patients and their relatives | | | |

Signature of In-charge Signature of HOD Signature of Intern

| | OF ACTIVITIES | A stirition monformed by the Intern | Sig | Signature | | |
|-----|---------------|-------------------------------------|--------|-----------|--|--|
| Sl | Date | Activities performed by the Intern | Intern | In-charge | | |
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INTERNSHIP ASSESSMENT FORM EMERGENCY/ TRAUMA/ CASUALTY

Two (02) week posting

| • From | / | to | / | /(total weeks) |
|--|--|------------|---------------------------|-----------------|
| • From | // | to | / | ./(total weeks) |
| • From | // | to | / | /(total weeks) |
| | | | | |
| Name of Intern: | | | | |
| Leaves: | | days | Absence | days |
| Dates of Leaves: | | | Dates of Absence: | |
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| | | | CING scale of A, B, C, D) | |
| A: Outstanding | B: Good | C: Average | D: Needs furt | her training : |
| Scoring may be based (a) Knowledge (b) Patient Care (c) Procedural Ski (d) Independent ca (e) Communicatio (f) System Based I (g) Professionalism (h) Life-long Lear | ills are n Skills Practice n | | | |
| The Intern was | given | | asion/ Repetition :: | /to |
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Govt. Medical College, Kathua

Signature of Head of Department with Stamp

Signature of In-charge

| | DEPARTMENT OF DERMA | ATOLOGY, VENEROLOGY AND LEPOROLOGY | _ |
|-------------------------|---------------------|------------------------------------|---|
| Duration of Post | ing: 01 week | | |
| Posting w.e.f | to | Date of Reporting: | |
| WORKDO | NE STATEMENT | | |

| | Activity | Numbers Recommended | Observed (Nos.) | Assisted (Nos.) | Done Under Supervision (Nos.) | Able to do independently (Nos.) | Remarks/ Comments |
|----|-----------------------|------------------------|-----------------|-----------------|-------------------------------------|---------------------------------|----------------------|
| 1. | Clinical examination, | | | | | | |
| | diagnosis and | | | | | | |
| | management of | | | | | | |
| | common | | | | | | |
| | dermatological | | | | | | |
| | infections and | | | | | | |
| | leprosy | | | | | | |
| 2. | Perform simple | | | | | | |
| | procedures | | | | | | |
| a) | Scraping for fungus | | | | | | |
| b) | Slit smear and | | | | | | |
| | staining for AFB for | | | | | | |
| | leprosy patient and | | | | | | |
| | STD cases | | | | | | |
| 3. | Skin biopsy | | | | | | |

Signature of In-charge Signature of HOD Signature of Intern

DAILY LOG OF ACTIVITIES

| Sl | Date | Activities performed by the Intern | Sign | Signature | | |
|----|------|-------------------------------------|--------|-----------|--|--|
| 51 | Date | Activities performed by the filtern | Intern | In-charge | | |
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Table: Certifiable Procedural Skills:

| Procedural Skill | Date of Completion | Rating- E expectation (M) expect Exceenses | ons Meets ectations ds (E) | Decision of Mentor Completed (C) Repeat (R) Remedial (Re) | Initial of Mentor and Date | Feedback Received Initial of Learner |
|---|-----------------------|---|----------------------------------|---|----------------------------------|---|
| Slit skin smear and staining for AFB for leprosy and STD cases (O) | | | | | | |
| Grahm's stained smear interpretation (I) | | | | | | |
| Skin biopsy (O) | | | | | | |
| KOH examination of scrapings for fungus (D) | | | | | | |
| Dark ground illumination (O) | | | | | | |
| Tissue smear (O) | | | | | | |
| Cautery – Chemical and electrical (O) | | | | | | |
| Strengths | | | Any remed | dial training needed (i | f yes, state the | reason) |
| Comments | | | | | | |
| I- Independently performed on O- Observed in patients or on sD- Demonstrated on patients or | simulators | performance t | ınder superv | rision in patients. | | |
| Certification of Skills: Certified that Ms./ Mr worked under me from to and performed Independently/ Observed/ Demonstrated/ Performed under Supervision the above-mentioned Procedural Skills satisfactorily. | | | | | | |
| | | | | Signature of M | entor | |
| | | | | Name | | |
| | | | | With date & se | al | |

INTERNSHIP ASSESSMENT FORM DERMATOLOGY, VENEROLOGY AND LEPOROLOGY

One (01) week posting

| • From | // | to | / | (total weeks) | |
|--|-----------------------------------|-------------------------|--------------------|--------------------|------|
| • From | // | to | / | (total weeks) | |
| • From | / | to | / | (total weeks) | |
| Name of Intern: | | | | | |
| Leaves: | | days | Absence | c | lays |
| Dates of Leaves: | | | Dates of Absence | e: | |
| | | RAT (Please rate on a s | ING |) | •••• |
| A: Outstanding | B: Good | C: Average | | further training : | |
| (a) Knowledge (b) Patient Care (c) Procedural Skil (d) Independent ca (e) Communication (f) System Based P (g) Professionalism (h) Life-long Learn | lls re 1 Skills Practice | | | | |
| | | :: In case of Exten | sion/ Repetition : | : | |
| | givenwł | | etension from | | to |

Signature of In-charge

Signature of Head of Department with Stamp

DEPARTMENT OF FORENSIC MEDICINE AND TOXICOLOGY

| Durat | Ouration of Posting: 01 week | | | | | | |
|--------|--|------------------------|--------------------|-----------------|-------------------------------------|---------------------------------|----------------------|
| Postin | g w.e.f to | | Date of Reporting: | | | | |
| | WORKDONESTATEMENT | | | | | | |
| SI | Skills | Numbers Recommended | Observed | Assisted (Nos.) | Done Under Supervision (Nos.) | Able to do independently (Nos.) | Remarks/ Comments |
| 1 | Documentation and certification of trauma | | | | | | |
| 2 | Diagnosis and certification of death | | | | | | |
| 3 | Legal documentation related to emergency cases | | | | | | |
| 4 | Certification of medical- legal cases e.g. Age estimation, sexual assault etc. | | | | | | |
| 5 | Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc | | | | | | |
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| Sig | nature of In-charge | | | Signature o | f HOD | Signati | ire of Intern |

| SI | De ACTIVITIES | Sign | nature | |
|------------|---------------|------------------------------------|--------|-----------|
| Sl Date | | Activities performed by the Intern | Intern | In-charge |
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INTERNSHIP ASSESSMENT FORM FORENSIC MEDICINE AND TOXICOLOGY One (01) week posting

| • From | //. | to | // | /(tot | al weeks) |
|---|---|---------------------|------------------------------------|-------------------|-----------|
| • From | //. | to | / | /(tot | al weeks) |
| • From | //. | to | / | /(tot | al weeks) |
| Name of Intern: | | | | | |
| Leaves: | | days | Absence | | days |
| Dates of Leaves: | | | Dates of Absenc | e: | |
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| | | (Please rate on a s | <u>FING</u> scale of A, B, C, D |) | |
| A: Outstanding | B: Good | C: Average | D: Needs | further training: | |
| Scoring may be base (a) Knowledge (b) Patient Care (c) Procedural SI (d) Independent (e) Communicati (f) System Based (g) Professionalis (h) Life-long Lea | kills care ion Skills I Practice sm | | | | |
| T | | :: In case of Exter | _ | | |
| The Intern was | givenw | - | satisfactorily on | // | |

Signature of In-charge

Signature of Head of Department with Stamp

| | DE | PARTMENT OF PSYCHIATRY | |
|-----------------------------|----------|------------------------|--|
| Duration of Posting: | 02 weeks | | |
| Posting w.e.f | to | Date of Reporting: | |

WORKDONESTATEMENT Done Under Able to do Numbers Observed Assisted Remarks/ Sl Skills Supervision independently Recommended (Nos.) (Nos.) Comments (Nos.) (Nos.) Diagnosis and management of 1 common psychiatric disorders Identify and manage psychological reaction and psychiatric disorders in medical 2 and surgical patients Psychological counseling skills & psychotherapy 3 4 Managing psychiatric emergencies Enhancement of academic knowledge through participation in case conferences, seminars, 5 deptt. Academic calendar

Signature of In-charge Signature of HOD Signature of Intern

| | Doto | Date Activities performed by the Intern | | | |
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| SI | Date | Activities performed by the fittern | Intern | In-charge | |
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INTERNSHIP ASSESSMENT FORM PSYCHIATRY One (01) week posting

| • From | //. | to | / | / | (total weeks) | |
|--|---|----------------------|-----------------------------|-----------------|---------------|-----|
| • From | //. | to | / | / | (total weeks) | |
| • From | //. | to | / | / | (total weeks) | |
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| Name of Intern: | | | | | | |
| Leaves: | | days | Absence | | da | ıys |
| Dates of Leaves: | | | Dates of Absence | e: | | ••• |
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| | | · | TING scale of A, B, C, E |)) | | |
| A: Outstanding | B: Good | C: Average | D: Need | s further train | ning : | •• |
| Scoring may be based (a) Knowledge (b) Patient Care (c) Procedural Sk (d) Independent communication (f) System Based (g) Professionalism (h) Life-long Lear | ills are on Skills Practice n | | | | | |
| | | :: In case of Exte | nsion/ Repetition | :: | | |
| The Intern was | given | days of e | extension from | / | | to |
| / | / w | hich he/she complete | d satisfactorily on | / | / | |
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Signature of Head of Department with Stamp

Signature of In-charge

ELECTIVES (BROAD SPECIALITIES GROUP): 1

$\frac{\text{DEPARTMENT OF RESPIRATORY MEDICINE AND DIRECTLY OBSERVED TREATMENT SHORT COURSE IN}{\text{TUBERCULOSIS (DOTS-TB) CENTER}}$

| Dura | tion of Posting: 02 weeks | | | | | | | | |
|--------|--|------------------------|--------------------|-----------------|-------------------------------------|---------------------------------|----------------------|--|--|
| Postir | ng w.e.fto | | Date of Reporting: | | | | | | |
| | | WOF | RKDONE ST | ATEMENT | | | | | |
| SI | Skills | Numbers Recommended | Observed (Nos.) | Assisted (Nos.) | Done Under Supervision (Nos.) | Able to do independently (Nos.) | Remarks/ Comments | | |
| 1 | History, Clinical examination, Diagnosis, Management of common Respiratory disorders &emergencies | | | | | | | | |
| 2 | Spot diagnosis and approach to management | | | | | | | | |
| 3 | Sputum collection, Staining method & Examination of AFB under microscope | | | | | | | | |
| 4 | Interpretation of chest X-Rays | | | | | | | | |
| 5 | Interpretation of CECT of Thorax | | | | | | | | |
| 6 | Performing & Interpretation of PFT | | | | | | | | |
| 7 | Pleural Aspiration | | | | | | | | |
| 8 | Bronchoscopy | | | | | | | | |
| 9 | Chest Tube Insertion | | | | | | | | |
| 10 | Interpret and manage various blood gases and pH abnormalities | | | | | | | | |
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Govt. Medical College, Kathua

Signature of HOD

Signature of In-charge

Signature of Intern

| SI | OF ACTIVITIES Date | Activities performed by the Intern | Sig Intern | Signature Intern In-charge | | |
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|)JI | Date | Pate Activities performed by the Intern | | | | |
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INTERNSHIP ASSESSMENT FORM RESPIRATORY MEDICINE AND DIRECTLY OBSERVED TREATMENT SHORT COURSE IN TUBERCULOSIS (DOTS-TB) CENTER Two (02) weeks posting

| • From | | / | /to | // | / | (total weeks) |
|---|--|------------------|--------------------|------------------------------|----------------|---------------|
| • From | | / | /to | / | / | (total weeks) |
| • From | | / | /to | / | / | (total weeks) |
| Name of Inter | n: | | | | | |
| Leaves: | | | days | Absence | | days |
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| | | | | TING scale of A, B, C, D) | | |
| A: Outstandi | ng | B: Good | C: Average | D: Needs | further traini | ng: |
| (d) Indepo(e) Comm(f) System(g) Profes | ledge it Care dural Skills endent care nunication S n Based Pra | Skills actice | | | | |
| | | | :: In case of Exte | nsion/ Repetition :: | | |
| The Intern | Č | | · | | | / to |

Signature of In-charge

Signature of Head of Department with Stamp

ELECTIVES (BROAD SPECIALITIES GROUP): II

DEPARTMENT OF RADIO-DIAGNOSIS

| Duration of Posting: | 01 week | |
|-----------------------------|---------|--------------------|
| Posting w.e.f | to | Date of Reporting: |
| | | WORKDONESTATEMENT |

| | | WORKDO | NESTATEN | IEN I | | | |
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| SI | Skills | Numbers Recommended | Observed (Nos.) | Assisted (Nos.) | Done Under Supervision (Nos.) | Able to do independently (Nos.) | Remarks/ Comments |
| 1 | Identify and diagnosing acute abdominal conditions clinically and choose appropriate imaging Modality for diagnosis | | | | | | |
| 2 | Identify and diagnosing acute traumatic conditions in bones and skull using X-rays/ CT Scans with emphasis on fractures and head injuries | | | | | | |
| 3 | Recognize basic hazards and precautions in radio- diagnostic practices specially related to pregnancy | | | | | | |
| 4 | Various clinical procedures like myelogram | | | | | | |
| 5 | Learn procedures of sophisticated like Sonography, MRI, X-Ray And CT Scan | | | | | | |

Signature of In-charge Signature of HOD Signature of Intern

| Sl Date | | Activities noufourned by the Intern | Sig | Signature | | |
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| 31 | Date | Date Activities performed by the Intern | | In-charge | | |
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Table: Certifiable Procedural Skills:

| Procedural Skill | Date of Completion | Rating- Below (B) expectations Meet (M) expectations Exceeds (E) expectations | | Decision of Mentor Completed (C) Repeat (R) Remedial (Re) | Initial of Mentor and Date | Feedback Received Initial of Learner |
|--|--------------------------------------|---|-----------|---|----------------------------------|---|
| Identification of structures on X-rays/ ultrasound (O) | | | | | | |
| Strengths | | | Any remed | lial training needed (i | f yes, state the | reason) |
| Comments | | | | | | |
| I- Independently performed or O- Observed in patients or on D- Demonstrated on patients of Certification of Skills: Certified that Ms./ Mr Independently/ Observed/ Den | n simulators or simulations and p | worked | under me | from to |) ocedural Skills | and performed satisfactorily. |
| | | | | Signature of M | entor | |
| | | | | Name | | |
| | | | | With date & se | al | |

INTERNSHIP ASSESSMENT FORM RADIO DIAGNOSIS One (01) week posting

| •] | From | / | to | / | / | (total weeks) | |
|---|---|---|---------------------------|-----------------|----|---------------|-------|
| • I | From | / | to | / | / | (total weeks) | |
| • I | From | / | to | / | / | (total weeks) | |
| Name | of Intern: | | | | | | |
| Leaves | s: | | days A | Absence | | | .days |
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| | | | RATI (Please rate on a sc | <u>NG</u> | | | |
| A: Ou | tstanding | B: Good | C: Average | | | ning : | |
| (a) (b) (c) (d) (e) (f) (g) | ng may be base Knowledge Patient Care Procedural S Independent Communicat System Based Professionalis Life-long Lea | kills care ion Skills I Practice sm | | | | | |
| | | | :: In case of Extens | ion/ Repetition | :: | | |
| The | Intern was | givenwł | • | | | | |

Signature of Head of Department with Stamp

Signature of In-charge

ELECTIVES : III INDIAN SYSTEM OF MEDICINE

Ayurveda/ Yoga/ Unani/ Siddha/ Homeopathy/ Sowa Rigpa

| Duration of Posting | : 01 week |
|----------------------------|-----------|
|----------------------------|-----------|

| Posting w.e.f | to | Date of Reporting: | |
|---------------|----|--------------------|--|

| SI | Date | Activities performed by the Intern | Signature | | |
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INTERNSHIP ASSESSMENT FORM INDIAN SYSTEM OF MEDICINE

<u>Avurveda/ Yoga/ Unani/ Siddha/ Homeopathy/ Sowa Rigpa</u> One (01) week posting

| • From | // | to | // | (total weeks) | |
|---|---|---------------------------------------|------------------------|-----------------------|-----|
| • From | / | to | / | (total weeks) | |
| • From | / | to | / | (total weeks) | |
| Name of Intern: | | | | | |
| Leaves: | | days Abso | ence | da | ıys |
| Dates of Leaves: | | | | | |
| | | RATING | <u> </u> | | ••• |
| A: Outstanding | B: Good | (Please rate on a scale C: Average | | aining: | |
| (a) Knowledge (b) Patient Care (c) Procedural Sk (d) Independent c (e) Communicatio (f) System Based (g) Professionalist (h) Life-long Lear | tills eare on Skills Practice m | | | | |
| | | :: In case of Extension | Repetition :: | | |
| The Intern was | given | • | | /// / | to |
| Signature o | of In-charge | | Signature of Head of D | Department with Stamp | |

DETAILS OF CASUAL LEAVES OF INTERNS (TO BE FILLED DURING POSTING ONLY)

| S. No. | Department | Internship Period | | Date & No. of Casual Leave | | Balance CL | Signature of |
|-----------|------------|-------------------|----|-------------------------------|-----|------------|--------------|
| | | From | To | Date | No. | | HOD |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | _ | | |
| 14. | | | | | | | |
| 15. | | | | | | | |
| 16. | | | | | | | |

Note:

- 1. The interns are entitled for only15 days casual leave in whole Internship Period. They cannot take more than 5 days leave at a time and cannot go on leave without prior permission from HOD.
- 2. Leave cannot be availed under any circumstances during short postings and elective postings.