



# HEALTH PROFESSIONS COUNCIL OF ZAMBIA

## Approved Log Book for Emergency Care Interns

Regulating Professional Conduct of Health  
Practitioners, Health Facilities and Health Training  
Programmes to Quality Healthcare Service Provision  
for the wellbeing of the Public is our Prime Concern

1<sup>st</sup> Edition, 2024

## Foreword

Internship training plays a vital role in a dental surgeon's career. This legal requirement allows a practitioner to acquire critical practical skills that cannot be acquired within the precincts of a lecture room. During university training, an individual will acquire scientific knowledge and skills from various avenues.

Internship training provides a platform for the intern to apply the skills learnt practically under the supervision of a specialist practitioner who is a mentor and a coach. Indeed the intern's attitude during this period will determine the knowledge and skills acquired and subsequently bring out a well-grounded and competent doctor.

The Council has designed a logbook to standardise Internship training with a particular emphasis on core competencies and skills to be acquired during this period. The assessment report is useful feedback to the Council, which determines whether or not an intern qualifies for full registration Emergency Care Practitioner.

These internship logbooks cover what the Council considers important areas to be covered to ensure adequate knowledge and skills are acquired. They were developed and compiled by a team of experienced clinicians, teachers and other key stakeholders in the medicine and dentistry field.

The Council has made numerous legal strides to protect all interns during training. The Guidelines for Approval of Internship Sites, Issued under **Section 76** of the Health Professions Act Number 24 of 2009 of the Laws of Zambia, defines internship training and lays down the framework for internship training in Zambia a mandatory requirement before full registration as a dental surgeon practitioner.

It is important also to take note of "The Code of Professional Conduct and Discipline", which outlines the conduct expected of all health practitioners, including dental surgeons and subsequent disciplinary action in the event of any transgression of this code.

On behalf of the Council, I wish all users of this Logbook (interns and supervisors alike) an exciting and fruitful time during the internship training period.



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**Prof. Mulindi Mwanahamuntu**  
**Council Chairperson**  
**Health Professions Council of Zambia**

## Acknowledgements

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# 1 Introduction

An internship is a prescribed employment period during which graduates work under supervision to fulfil full registration requirements. During this period, the graduates can consolidate their knowledge, skills and attitudes to be competent practitioners. This Logbook will be used to document the progress of the Internship. It is an official document with an intern's collective performance, a record of all the work done, procedures conducted, and targets achieved provides criteria for the continuous assessment program of an internship. It is a snapshot of all the progress that the learner has had to move to the next phase in his dental surgery practice journey.

## 1.1 Introduction for the Intern

This Logbook will help to record your experiences and achievements on this placement. It is required to be filled in completely for you to be fully registered by the Council as a Dental Surgeon. You are expected to spend specified rotation time in the following dental service areas translating into 18 months for you to complete the Internship:

1. Patient evacuation: **3 months**
2. Accidents and Emergency: **2 months**
3. Anaesthesia and Critical Care: **2 months**
4. Obstetrics and gynaecology: **2 months**
5. Road Traffic Accident responses: **3 months**

As a paramedic Intern, your responsibilities include the following: -

1. Perform primary and secondary survey where applicable
2. Performing relevant investigations
3. Guiding patients and relatives with regard to diagnosis, treatment and follow-up
4. Documenting and regularly updating patients' notes
5. Writing accurate and informative case summaries.
6. Respond according to dispatcher instructions
7. Appropriate handing over of patients
8. Effective communication with receiving hospital
9. Presenting cases concisely, coherently and competently during ward rounds, grand rounds or any other appropriate fora.
10. Participating in the development and implementation of major incident programmes under the supervision
11. Reporting to and consulting with the intern Supervisor
12. Participating in continuing professional development activities
13. Maintaining professional demeanour and conduct
14. Participating in the activities of the relevant committees in the rotation sites
15. Performing any other relevant duties assigned by the Supervisor

The following are some of the Hints & Tips: Your Internship:

1. Get there in plenty of time
2. Dress smart
3. Make sure that you take this Logbook with you
4. Ask about your weekly roster
5. Check what work you will be doing
6. Make a note of your Supervisor's contact details
7. Regarding health and safety, here are a few common-sense rules you should follow while on your Internship to ensure that you do not become involved in an accident at work or that you are not the cause of an accident.
  - a. **Obey Any Safety Rules:** Find out if there are any particular rules where you work, such as wearing the correct clothing, where the fire exits are, etc., to know the rules and obey them. Listen carefully to the advice or instructions of your Supervisor, and don't be afraid to ask questions.
  - b. **First Aid:** If you injure yourself in any way, report it to your Supervisor immediately and obtain treatment.
  - c. **Cleanliness:** Always keep your work area clean and tidy. Remember to wash your hands regularly.
8. **Help:** What if the unexpected happens? For instance, Phone your Supervisor as soon as you know you will be late. It is the polite, professional thing to do

## 1.2 Instruction for the Supervisor

Please help the Interns to complete the appropriate pages of this Logbook to enable them to reflect on their experiences and to have a record of the progress of the Internship. As a Supervisor, you are responsible for the overall supervision of the interns in that rotational or placement unit or department and shall:

1. Maintains intern Progression Records for the rotation site
2. Update Internship Coordinator regularly on intern progress
3. Update Management and Internship Coordinator on matters administrative issues touching on interns, intern supervisors or departments within the institution that hinder the implementation of the programme
4. Ensure the interns comply with ethics in the health profession as required by statutory laws
5. Ensure there is an appropriate orientation for the interns upon reporting to the rotation site
6. Organise minutes of monthly progress meetings with interns
7. Ensure objective and fair Assessment of the intern. Further, ensure that interns are evaluated, and internship logbooks are filled appropriately during and at the end of each rotation.
8. Identify and recommend to management or internship coordinator exceptional interns for recognition or award
9. Participate in disciplinary proceedings for interns

### 1.3 Objectives

At the end of the Internship Training programme, an Intern Dental Surgeon should be able to:

1. Perceive the nature of the problems presented to them by the patients and make appropriate decisions.
2. Communicate effectively with the patients, their relatives, doctors and other health care providers at their working places(Hospital, Primary Health Centres and in the community)
3. Take and record the Patient's history
4. Perform clinical examinations competently.
5. Use laboratory and other diagnostic facilities efficiently.
6. Plan and carry out treatment, including rehabilitation if required and follow-up.
7. Use available facilities for disease prevention and health promotion.
8. Adopt safe practices in the laboratory, and X-ray room, in relation to radiation and during patient care with due regard to all concerned.
9. Recognise his/her limitations in patient care with an appropriate referral.
10. Behave appropriately (attitude) with the patients and with their relatives-
11. Considering Ethical and legal issues.
12. 11. Continue self-education (CME) & improve skills to deliver.
13. 12. Diagnose the community problem and suggest appropriate measures.
14. 13. Recognise emergencies and handle them appropriately.



## **2 Outline of the Logbook**

### **2.1 Personal Details Of the Intern**

Name \_\_\_\_\_

Internship License No. \_\_\_\_\_

Internship Centre \_\_\_\_\_

### **2.2 Purpose of the Logbook**

This log book is a documentary of the structured Internship Training Program. The Logbook aims to help you monitor your competence, recognise gaps, and address them. Further, it helps to describe the minimum competence level expected of you by the end of your internship rotation.

### **2.3 The sections of the Logbook**

The Logbook contains Seven (7) sections representing the disciplines covered in the internship training period. Each section is laid out in to cover the following domains:

1. Requirements of the discipline
2. The level of competence required and their interpretation:
  - a. Level 1: Observe the activity being carried out by a supervisor
  - b. Level 2: Assist in the procedures
  - c. Level 3: Carry out the whole activity/procedure under the direct supervision of a senior colleague, i.e. the senior colleague is present throughout
  - d. Level 4: Carry out the whole activity under indirect supervision, i.e. the senior colleagues need not be present throughout but should be available to provide assistance and advice
  - e. Level 5: Independent competence, no need for supervision
3. A log of the procedures to be completed
4. Assessment of the monthly progress in each discipline
5. Evaluation of the rotation performance and recommendations made

### **2.4 Using the Logbook**

The interns are expected to fill the competence levels daily as they achieve them and enter the appropriate date. The Supervisor shall sign off on all accomplished targets. Every month, the intern, the Supervisor and the intern coordinator shall review progress in the rotation to ensure the intern is on course to achieving the set requirements for the rotation. At the end of the rotation, the intern shall be assessed by the Supervisor, the intern coordinator and the medical director/superintendent on the performance during the rotation.

### 3 Patient Evacuation

#### 3.1 Assessments for Patient evacuation Rotation

##### 3.1.1 Basic Information

Intern Name \_\_\_\_\_ Internship License No \_\_\_\_\_

Internship Centre \_\_\_\_\_

Patient evacuation period: Start: \_\_\_\_\_ End: \_\_\_\_\_

Confirmed by (Supervisor) Sign and Stamp: \_\_\_\_\_

##### 3.1.2 Grading:

- 3- The intern meets most of the criteria without assistance
- 2- The intern requires some assistance to meet the stated criteria
- 1- The intern requires considerable assistance to meet the stated criteria
- 0- Unable to meet the criteria completely

NB: Where the grading shall be on a scale of 0 or 1 above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public.

##### 3.1.3 Intern Involvement

- Performed (P)- The intern does the work as the primary dental doctor
- Assisted (A)- The Intern assisted the primary dental doctor in the procedure or treatment
- Observed (O)- The Intern observed the procedure or treatment

##### 3.1.4 Rotation Area Requirements:

In this rotation, the Paramedic Intern shall:

1. Be able to perform primary assessment of the patient to identify life threatening conditions
2. Be able to prepare patients prior to departure if interhospital evacuation
3. Be able to safely package the patient before and during transfer
4. Be able to monitor the patient's condition during the evacuation
5. Attend to the patient's needs through the evacuation.
6. In addition to the above, at the end of the rotation, one is expected to have participated in the following procedures:

Procedures	# of Cases	File No.	Date	Intern involvement	Supervisors Name	Supervisors Signature
Ambulance Preparastion (Checklist)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Patient Assesdsment	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Patient Packaging	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Patient monitoring with standard monitors	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Interhospital communication	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					

Procedures	# of Cases	File No.	Date	Intern involvement	Supervisors Name	Supervisors Signature
	8.					
	9.					
	10.					
Patient handover	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
IV inserion/fluid therapy	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Intraosseous insertion	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Spinal immobilization using orthopaedic scoop	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Spinal immobilization using a spine board	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					

Procedures	# of Cases	File No.	Date	Intern involvement	Supervisors Name	Supervisors Signature
	8.					
	9.					
	10.					
Finger prick & glucose administration	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Nebulization	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Bag ET tube ventilations	1					
	2					
	3					
	4					
	5					
	11.					

### 3.2 Other Procedures-The intern assists in the other procedures below

Procedures/ Diagnosis	# of Cases	File No.	Date	Intern involvement	Supervisors Name	Supervisors Signature
Use of Nasal or, NR face mask)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Use of a pulse oximeter	1.					
	2.					
	3.					
	4.					

	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
IV access/ intraosseous	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
IV fluid administration	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
Administration of Medications	1.					
	2.					
	3.					
	4.					
	5.					
Setting up 3/12 lead ECG	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Administration of oxygen therapy	1.					
	2.					
	3.					
	4.					
	5.					

### 3.3 Evaluation of the patient evacuation Rotation

#### 3.3.1 Monthly review of the performance

Month	Comment by Intern	Comment by Supervisor	Comment by Intern Coordinator
<b>ONE (1)</b>			
	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	STAMP		
<b>TWO (2)</b>			
	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	STAMP		
<b>THREE (3)</b>			
	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	STAMP		

### 3.3.2 Overall Assessment at the end of the rotation

Assessment Area	Competence	Grade	Remarks
Knowledge	Basic Sciences		
	Theoretical Knowledge in the Discipline		
	Participation in CPD		
Clinical Skills	History Taking		
	Clinical examination		
	Interpretation of laboratory Data and other Findings		
	Basic Sciences		
	Theoretical Knowledge in the Discipline		
	Participation in CPD		
	Patient notes		
	Use of drugs		
	Patient Management		
Professional Conduct	To patients and caregivers		
	To seniors, colleagues and other health workers		
	To the public		
	Punctuality, availability and Time management		

### Supervisor's Comment

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_



**Coordinator's Comment**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**Head of Internship Site/Medical Director/Superintendent's Comment**

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<b>Grading</b>	<b>Tick what Applies</b>
Successfully Completed Rotation	
For extension of rotation	
Irremediable	

Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

## 4 Accidents and Emergency Rotation

### 4.1 Assessments for *Accidents and emergencies* Rotation

#### 4.1.1 Basic Information

Intern Name \_\_\_\_\_ Internship License No \_\_\_\_\_

Internship Centre \_\_\_\_\_

Accidents and Emergencies Rotation Period:  
Start: \_\_\_\_\_ End: \_\_\_\_\_

Confirmed by (Supervisor) Sign and Stamp: \_\_\_\_\_

#### 4.1.2 Grading:

- 3- The intern meets most of the criteria without assistance
- 2- The intern requires some assistance to meet the stated criteria
- 1- The intern requires considerable assistance to meet the stated criteria
- 0- Unable to meet the criteria completely

NB: Where the grading shall be on a scale of 0 or 1 above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public.

#### 4.1.3 Intern Involvement

- Performed (P)- The intern does the work as the primary dental doctor
- Assisted (A)- The Intern assisted the primary dental doctor in the procedure or treatment
- Observed (O)- The Intern observed the procedure or treatment

#### 4.1.4 Rotation Area Requirements:

In this rotation, the Dental Intern shall:

1. Be able to clerk, investigate and present patients during ward rounds or clinics
2. Be able to prepare patients undergoing various medical and surgical procedures adequately
3. Be able to receive a handover from referring hospital
4. Participate in daily ward rounds, attend emergency theatres
5. Attend and participate/present in all weekly departmental.
6. In addition to the above, at the end of the rotation, one is expected to have participated in the following procedures:

**4.2 Paramedic-intern to assist in the following procedures below**

<b>Diagnosis</b>	<b># of Cases</b>	<b>File No.</b>	<b>Intern involvement</b>	<b>Date</b>	<b>Supervisors Name</b>	<b>Supervisors Signature</b>
Receive handover	a	1.				
		2.				
		3.				
		4.				
		5.				
Assess patients		1				
		2				
		3				
		4				
		5				
Check vital signs		1				
		2				
		3				
		4				
Identify threatening conditions	life	1				
		2				
		3				
		4				
		5				
Treat threatening conditions	life	1				
		2				
		3				
		4				
		5				
Perform secondary survey		1				
		2				
		3				
		4				

### 4.3 Life saving Procedures

Procedures	# of Cases	File No.	Intern involvement	Date	Supervisors Name	Supervisors Signature
Airway control with manœuvres /adjuncts	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Ventilate with BVM	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Administer oxygen	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Needle decompression	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
Thoracentesis	1.					
	2.					

<b>Procedures</b>	<b># of Cases</b>	<b>File No.</b>	<b>Intern involvement</b>	<b>Date</b>	<b>Supervisors Name</b>	<b>Supervisors Signature</b>
	3.					
	4.					
	5.					
CPR (ALS)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Suturing	11.					
	12.					
	13.					
	14.					
	15.					

#### 4.4 Evaluation of the accidents and emergencies Rotation

##### 4.4.1 Monthly review of the performance

Month	Comment by Intern	Comment by Supervisor	Comment by Intern Coordinator
<b>ONE (1)</b>	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	STAMP		
<b>TWO (2)</b>	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	STAMP		
<b>THREE (3)</b>	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	STAMP		

#### 4.4.2 Overall Assessment at the end of the rotation

Assessment Area	Competence	Grade	Remarks
Knowledge	Basic Sciences		
	Theoretical Knowledge in the Discipline		
	Participation in CPD		
Clinical Skills	History Taking		
	Clinical examination		
	Interpretation of laboratory Data and other Findings		
	Basic Sciences		
	Theoretical Knowledge in the Discipline		
	Participation in CPD		
	Patient notes		
	Use of drugs		
	Patient Management		
Professional Conduct	To patients and caregivers		
	To seniors, colleagues and other health workers		
	To the public		
	Punctuality, availability and Time management		

#### Supervisor's Comment

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**Coordinator's Comment**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**Head of Internship Site/Medical Director/Superintendent's Comment**

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<b>Grading</b>	<b>Tick what Applies</b>
Successfully Completed Rotation	
For extension of rotation	
Irremediable	

Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_



## 5 Anaesthesia and critical care Rotation

### 5.1 Assessments for Anaesthesia and critical care Rotation

#### 5.1.1 Basic Information

Intern Name \_\_\_\_\_ Internship License No \_\_\_\_\_

Internship Centre \_\_\_\_\_

Restorative dentistry Rotation Period: Start: \_\_\_\_\_ End: \_\_\_\_\_

Confirmed by (Supervisor) Sign and Stamp: \_\_\_\_\_

#### 5.1.2 Grading:

- 3- The intern meets most of the criteria without assistance
- 2- The intern requires some assistance to meet the stated criteria
- 1- The intern requires considerable assistance to meet the stated criteria
- 0- Unable to meet the criteria completely

NB: Where the grading shall be on a scale of 0 or 1 above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public.

#### 5.1.3 Intern Involvement

- Performed (P)- The intern does the work as the primary dental doctor
- Assisted (A)- The Intern assisted the primary dental doctor in the procedure or treatment
- Observed (O)- The Intern observed the procedure or treatment

#### 5.1.4 Rotation Area Requirements:

In this rotation, the Paramedic Intern shall:

1. Be able to clerk, investigate and present patients during ward rounds or clinics
2. Be able to prepare patients undergoing various surgical adequately procedures
3. Be able to follow up with the patients after surgery till discharge and be able to write a proper discharge summary
4. Participate in daily ward rounds, attend theatres and attend surgical outpatient clinics
5. Attend and participate/present in all weekly departmental.
6. In addition to the above, at the end of the rotation, one is expected to have participated in the following procedures:

## 5.2 Patient preparation

Procedures	# Of Cases	Patient File No.	Intern involvement	Date	Supervisor Name	Supervisor Signature
Patient assessment	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Canulation	11.					
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
10.						
IV fluid administration	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Induction With Ketamine	1.					
	2.					
	3.					
	4.					
	5.					
Patient sedation	6.					
	7.					
	8.					
	9.					

Procedures	# Of Cases	Patient File No.	Intern involvement	Date	Supervisor Name	Supervisor Signature
	10.					
Patient positioning	1					
	2					
	3					
	4					
	5					
Preoxygenation	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Oral/nasal Intubation	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Opiod administration	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					

### 5.3 Critical care procedures

Procedures	# Of Cases	Patient File No.	Intern involvement	Date	Supervisor Name	Supervisor Signature
Patient transportation	1.					
	2.					
	3.					
	4.					
	5.					
Setting up a ventilator	1.					
	2.					
	3.					
	4.					
	5.					
Care of a patient on a ventilator	1.					
	2.					
	3.					
	4.					
	5.					
Use of an infusion pump	1.					
	2.					
	3.					
	4.					
	5.					

### 5.4 Advanced Cardiac Life support procedures

	# Of Cases	Patient File No.	Intern involvement	Date	Supervisor Name	Supervisor Signature
CPR	1.					
	2.					
	3.					
	4.					
	5.					
Defibrillation	1					
	2					
	3					
	4					
	5					
Administration of adrenaline /amiodarone	1					
	2					
	3					
	4					
	5					
Administration Of dopamine	1					
	2					
	3					
	4					
	5					
Asynchronous	1					

defibrillation	2					
	3					
	4					
	5					
	6					
Pacing	1					
	2					
	3					
	4					
	5					
Cardioversion	1					
	2					
	3					
	4					
	5					
Automated external defibrillator	1					
	2					
	3					
	4					
	5					

## 5.5 Evaluation of the Anaesthesia and critical care Rotation

### 5.5.1 Monthly review of the performance

Month	Comment by Intern	Comment by Supervisor	Comment by Intern Coordinator
<b>ONE (1)</b>			
	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	<b>STAMP</b>		
<b>TWO (2)</b>			
	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	<b>STAMP</b>		

### 5.5.2 Overall Assessment at the end of the rotation

Assessment Area	Competence	Grade	Remarks
Knowledge	Basic Sciences		
	Theoretical Knowledge in the Discipline		
	Participation in CPD		
Clinical Skills	History Taking		
	Clinical examination		
	Interpretation of laboratory Data and X-Ray Findings		
	Basic Sciences		
	Theoretical Knowledge in the Discipline		
	Participation in CPD		
	Patient notes		
	Use of drugs		
	Patient Management		
Professional Conduct	To patients and caregivers		
	To seniors, colleagues and other health workers		
	To the public		
	Punctuality, availability and Time management		

**Supervisor's Comment**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**Coordinator's Comment**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**Head of Internship Site/Medical Director/Superintendent's Comment**

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<b>Grading</b>	<b>Tick what Applies</b>
Successfully Completed Rotation	
For extension of rotation	
Irremediable	

Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_



## 6 Emergency Obstetrics and Gynaecology

### 6.1 Assessments for Obstetrics Rotation

#### 6.1.1 Basic Information

Intern Name \_\_\_\_\_ Internship License No \_\_\_\_\_

Internship Centre \_\_\_\_\_

Maxillofacial surgery Rotation Period: Start: \_\_\_\_\_ End: \_\_\_\_\_

Confirmed by (Supervisor) Sign and Stamp: \_\_\_\_\_

#### 6.1.2 Grading:

- 3- The intern meets most of the criteria without assistance
- 2- The intern requires some assistance to meet the stated criteria
- 1- The intern requires considerable assistance to meet the stated criteria
- 0- Unable to meet the criteria completely

NB: Where the grading shall be on a scale of 0 or 1 above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public.

#### 6.1.3 Intern Involvement

- Performed (P)- The intern does the work as the primary dental doctor
- Assisted (A)- The Intern assisted in the procedure or treatment
- Observed (O)- The Intern observed the procedure or treatment

#### 6.1.4 Rotation Area Requirements:

In this rotation, the Intern shall:

7. Be able to participate in clerking, investigating and presenting patients during rounds
8. Be able to prepare patients undergoing various obstetrical procedures adequately
9. Be able to follow up with the patients after surgery till discharge
10. Participate in daily ward rounds, attend theatres and attend surgical outpatient clinics
11. Attend and participate/present in all weekly departmental.
12. In addition to the above, at the end of the rotation, one is expected to have participated in the following procedures:

## 6.2 Obstetric Procedures

Procedure	# Of Cases	File #	Intern involvement	Date	Supervisor Name	Supervisor Signature
Transportation of an obstetric patient	1.					
	2.					
	3.					
	4.					
	5.					
Application of a spider harness in pregnancy	1.					
	2.					
	3.					
	4.					
	5.					
Use of a spine board and wedging of pregnant patient	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Application of Non pneumatic antishock garmet	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
Participate In Vaginal delivery	1.					
	2.					
	3.					
	4.					
	5.					
New born care/resuscitation	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					

	11.					
	12.					
Administer Magnesium sulphate I.M.	1.					
	2.					
	3.					
	4.					
	5.					
	6.					

**6.3 Evaluation of the obstetric Rotation**

**6.3.1 Monthly review of the performance**

Month	Comment by Intern	Comment by Supervisor	Comment by Intern Coordinator
<b>ONE (1)</b>			
	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	STAMP		
<b>TWO (2)</b>			
	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	STAMP		

### 6.3.2 Overall Assessment at the end of the rotation

Assessment Area	Competence	Grade	Remarks
Knowledge	Basic Sciences		
	Theoretical Knowledge in the Discipline		
	Participation in CPD		
Clinical Skills	History Taking		
	Clinical examination		
	Interpretation of laboratory Data and X-Ray Findings		
	Basic Sciences		
	Theoretical Knowledge in the Discipline		
	Participation in CPD		
	Patient notes		
	Use of drugs		
	Patient Management		
Professional Conduct	To patients and caregivers		
	To seniors, colleagues and other health workers		
	To the public		
	Punctuality, availability and Time management		

### Supervisor's Comment

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**Coordinator's Comment**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**Head of Internship Site/Medical Director/Superintendent's Comment**

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<b>Grading</b>	<b>Tick what Applies</b>
Successfully Completed Rotation	
For extension of rotation	
Irremediable	

Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

## 7 Road Traffic Accident (RTA) Response

### 7.1 Assessments for RTA response Rotation

#### 7.1.1 Basic Information

Intern Name \_\_\_\_\_ Internship License No \_\_\_\_\_

Internship Centre \_\_\_\_\_

Maxillofacial surgery Rotation Period: Start: \_\_\_\_\_ End: \_\_\_\_\_

Confirmed by (Supervisor) Sign and Stamp: \_\_\_\_\_

#### 7.1.2 Grading:

- 3- The intern meets most of the criteria without assistance
- 2- The intern requires some assistance to meet the stated criteria
- 1- The intern requires considerable assistance to meet the stated criteria
- 0- Unable to meet the criteria completely

NB: Where the grading shall be on a scale of 0 or 1 above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public.

#### 7.1.3 Intern Involvement

- Performed (P)- The intern does the work as the primary dental doctor
- Assisted (A)- The Intern assisted the primary dental doctor in the procedure or treatment
- Observed (O)- The Intern observed the procedure or treatment

#### 7.1.4 Rotation Area Requirements:

In this rotation, the Dental Intern shall:

13. Be able to clerk, investigate and present patients during ward rounds or clinics
14. Be able to prepare patients undergoing various surgical adequately procedures
15. Be able to follow up with the patients after surgery till discharge and be able to write a proper discharge summary
16. Participate in daily ward rounds, attend theatres and attend surgical outpatient clinics
17. Attend and participate/present in all weekly departmental.
18. In addition to the above, at the end of the rotation, one is expected to have participated in the following procedures:

## 7.2 RTA Response

Procedure	# Of Cases	File #	Intern involvement	Date	Supervisor Name	Supervisor Signature
Scene size up	1.					
	2.					
	3.					
	4.					
	5.					
Triage and labelling	1					
	2					
	3					
	4					
	5					
Application of pneumatic antishock garment	1					
	2					
	3					
	4					
	5					
Application of cervical collar	1					
	2					
	3					
	4					
	5					
Application of head blocks	1					
	2					
	3					
	4					
	5					
Airway suctioning	1					
	2					
	3					
	4					
Needle decompression	1					
	2					
	3					
	4					
	5					
IV access	1					
	2					
	3					
	4					
	5					
Vital signs assessment	1					
	2					
	3					
	4					
	5					



Finger sweep	1					
	2					
	3					
	4					
	5					
Jaw thrust	1					
	2					
	3					
	4					
	5					
Application of traction splint	1					
	2					
	3					
	4					
	5					
Application of Kedrick Extrication device	1					
	2					
	3					
	4					
	5					
Wear appropriate PPE						

7.3 Evaluation of the obstetric Rotation

7.3.1 Monthly review of the performance

Month	Comment by Intern	Comment by Supervisor	Comment by Intern Coordinator
<b>ONE (1)</b>			
	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	STAMP		
<b>TWO (2)</b>			
	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	STAMP		

### 7.3.2 Overall Assessment at the end of the rotation

Assessment Area	Competence	Grade	Remarks
Knowledge	Basic Sciences		
	Theoretical Knowledge in the Discipline		
	Participation in CPD		
Clinical Skills	History Taking		
	Clinical examination		
	Interpretation of laboratory Data and X-Ray Findings		
	Basic Sciences		
	Theoretical Knowledge in the Discipline		
	Participation in CPD		
	Patient notes		
	Use of drugs		
	Patient Management		
Professional Conduct	To patients and caregivers		
	To seniors, colleagues and other health workers		
	To the public		
	Punctuality, availability and Time management		

**Supervisor's Comment**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**Coordinator's Comment**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**Head of Internship Site/Medical Director/Superintendent's Comment**

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<b>Grading</b>	<b>Tick what Applies</b>
Successfully Completed Rotation	
For extension of rotation	
Irremediable	

Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**8 Clinical Presentations**

<b>Date</b>	<b>Topic</b>	<b>Mark*</b>	<b>Supervisor's Name/ Signature</b>

All interns should at least make 5 clinical presentations