



*Promoting Compliance in Healthcare and Training Standards*

# HEALTH PROFESSIONS COUNCIL OF ZAMBIA

## Approved Log Book for Junior Resident Dental Surgeons

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 Dental Surgeon 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 dental 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**

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## Table of Contents

1	Foreword.....	2
	Acknowledgements.....	3
2	Table of Contents.....	4
3	Introduction .....	6
3.1	Message to Intern .....	6
3.2	Message to the Supervisor.....	7
3.3	Objectives.....	8
4	Outline of the Logbook.....	9
4.1	Personal Details Of The Intern.....	9
4.2	Purpose of the Logbook .....	9
4.3	The sections of the Logbook .....	9
4.4	Using the Logbook.....	9
5	Oral And Maxillofacial Surgery Department.....	10
5.1	Assessments for Oral and Maxillofacial Surgery Rotation.....	10
5.1.1	Basic Information.....	10
5.1.2	Grading: .....	10
5.1.3	Intern Involvement.....	10
5.1.4	Rotation Area Requirements:.....	10
5.2	Extraction of Permanent Teeth.....	11
5.3	Other Procedures-The intern observes/assists/performs all conditions/procedures below 13	
5.4	Evaluation of the Oral and Maxillofacial Surgery Rotation .....	15
5.4.1	Monthly review of the performance .....	15
5.4.2	Overall Assessment at the end of the rotation.....	16
6.1	Assessments for (Conservative/Restorative, Prosthodontics, Orthodontics & Paediatric Dentistry, Periodontology and Radiology).....	18
5.4.3	Basic Information .....	18
5.4.4	Grading: .....	18
5.4.5	Intern Involvement.....	18
5.4.6	Rotation Area Requirements:.....	18
6.1.1	Fillings.....	19
6.1.2	Endodontics Treatments - Root canal treatment (RCT) Procedure.....	21

6.2.1	Prosthodontic Procedures .....	22
6.2.2	Crown & Bridge Procedures .....	23
6.3	Orthodontics & Paediatric Dentistry.....	24
6.3.1	Orthodontics .....	24
5.3.2	Paediatric Dentistry- Restorative.....	24
5.3.3	Paediatric Dentistry- Oral Surgery .....	25
5.3.4	Oral Radiology .....	27
7.2	Evaluation of the Dental Rotation.....	28
7.1.1	Monthly review of the performance .....	28
7.1.2	Overall Assessment at the end of the rotation .....	31
8	Medical Emergency Department.....	33
8.1	Assessments for Medical Emergency Rotation.....	33
8.1.1	Basic Information .....	33
8.1.2	Grading: .....	33
8.1.3	Intern Involvement.....	33
8.1.4	Rotation Area Requirements:.....	33
8.2	Emergency Procedures.....	34
8.3	Evaluation of the Medical Emergency Rotation .....	36
8.3.1	Monthly review of the performance .....	36
8.3.2	Overall Assessment at the end of the rotation.....	37
	Clinical Presentations.....	39
9	Overall Assessment At Completion Of The Internship Program .....	40

# 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 Instructions 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 12 months for you to complete the Internship:

Sn	Rotation Sites	Duration	
1.	Dental Department	Conservative/Restorative Dentistry	8 months
		Prosthetics dentistry	
		Orthodontics and Paediatrics dentistry	
		Periodontology	
		Radiology	
2.	Oral and Maxillofacial Surgery	3 months	
3.	Hospital Emergency	1 month	

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

1. Clerking patients 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. Appropriate handing over of patients
7. Presenting cases concisely, coherently and competently during clinical practice, ward rounds or any other appropriate fora.
8. Participating in the development and implementation of community health programmes under the supervision
9. Reporting to and consulting with the intern Supervisor
10. Participating in continuing professional development activities
11. Maintaining professional demeanour and conduct
12. Participating in the activities of the relevant committees in the rotation sites
13. Performing any other relevant duties assigned by the Supervisor

The following are some Hints & Tips for 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 Instructions 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, Dental personnel 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 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. Continue self-education (CME) & improve skills to deliver.
13. Recognise emergencies and handle them appropriately.



## 2 Outline of the Logbook

### 2.1 Personal Details Of The Intern

Interns Name \_\_\_\_\_ HPCZ Registration No \_\_\_\_\_

Internship Centre \_\_\_\_\_ HPCZ Licence No \_\_\_\_\_

Period of Rotation: Start: \_\_\_\_\_ End: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Signature and Stamp: \_\_\_\_\_

### 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 Three (3) sections representing the disciplines covered in the internship training period. Each section is laid out 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 Superintendent on the performance during the rotation.

### 3 Oral And Maxillofacial Surgery Department

#### 3.1 Assessments for Oral and Maxillofacial Surgery Rotation

##### 3.1.1 Basic Information

Interns Name \_\_\_\_\_ HPCZ Registration No \_\_\_\_\_

Internship Centre \_\_\_\_\_ HPCZ Licence No \_\_\_\_\_

Period of Rotation: Start: \_\_\_\_\_ End: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Signature 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 as 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 Surgeon
- Assisted (A)- The Intern assisted the primary dental Surgeon in the procedure or treatment
- Observed (O)- The Intern observed the procedure or treatment

##### 3.1.4 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 surgical procedures adequately
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 meetings.
6. In addition to the above, at the end of the rotation, one is expected to have participated in the following procedures:

**Note:** The procedures below should be carried out in either Dental and Maxillofacial Department

### 3.2 Extraction of Permanent Teeth

Operations	# of Cases	File No.	Date	Intern involvement	Supervisors Name	Supervisors Signature
1 <sup>st</sup> Upper Premolar -(O1) (A1) (P5)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
2 <sup>nd</sup> Upper Premolar -(O1) (A1) (P5)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
1 <sup>st</sup> Upper Molar -(O1) (A1) (P5)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
2 <sup>nd</sup> Upper Molar -(O1) (A1) (P5)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
3 <sup>rd</sup> Upper Molar - (O1) (A1) (P5)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
1 <sup>st</sup> Lower Premolar -(O1) (A1) (P5)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
2 <sup>nd</sup> Lower Premolar -(O1) (A1) (P5)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					

Operations	# of Cases	File No.	Date	Intern involvement	Supervisors Name	Supervisors Signature
	7.					
1 <sup>st</sup> Lower Molar (O1) (A1) (P5)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
2 <sup>nd</sup> Lower Molar (O1) (A1) (P5)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
3rd lower Molar (O1) (A1) (P5)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
Impacted Tooth -(O2) (A3) (5P)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Retained Roots -(O1) (A1) (P3)	1.					
	2.					
	3.					
	4.					
	5.					

**3.3 Other Procedures-The intern observes/assists/performs all conditions/procedures below**

Procedures/ Diagnosis	# of Cases	File No.	Date	Intern involvement	Supervisors Name	Supervisors Signature
Suturing-(O1) (A2) (P7)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Splinting-(O2) (A2) (P6)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Inter-Maxillary Fixation -(O2) (A2) (P6)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
I&D -(O2) (A2) (P6)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Removal of Wires -(O1) (A2)	1.					
	2.					
	3.					

(P7)	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Biopsy -(O2) (A2) (P6)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Ludwig Angina (O1) (A1) (P4)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
Cyst enucleation (O2) (A2) (P2)	1					
	2					
	3					
	4					
	5					
	6					
	7					
CYST Marsupialisation (O2) (A3) (P2)	1					
	2					
	3					
	4					
	5					
ORIF -(O2) (A2) (P1)	1					
	2					
	3					
	4					
	5					
Benign Tumor management Under G.A -(O2) (A2) (P1)	1					
	2					
	3					
	4					
	5					

### 3.4 Evaluation of the Oral and Maxillofacial Surgery Rotation

#### 3.4.1 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		

### 3.4.2 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 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		
Overall Grade			

**Note:** Overall Grade of 24 and below is unsatisfactory performance and the resident's rotations shall be extended.



**Supervisor's Comment**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ HPCZ. No. \_\_\_\_\_

Signature \_\_\_\_\_



**Coordinator's Comment**

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<b>Grading</b>	<b>Tick what Applies</b>
Successfully Completed Rotation	
Unsuccessful	

Name \_\_\_\_\_ Qualification \_\_\_\_\_ HPCZ. No. \_\_\_\_\_

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



## 6. Dental Department Rotation

### 6.1 Assessments for (*Conservative/Restorative, Prosthodontics, Orthodontics & Paediatric Dentistry, Periodontology and Radiology*)

#### 3.4.3 Basic Information

Interns Name \_\_\_\_\_ HPCZ Registration No \_\_\_\_\_

Internship Centre \_\_\_\_\_ HPCZ Licence No \_\_\_\_\_

Period of Rotation: Start: \_\_\_\_\_ End: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Signature and Stamp: \_\_\_\_\_

#### 3.4.4 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.

#### 3.4.5 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

#### 3.4.6 Rotation Area Requirements:

In this rotation, the Dental Intern shall:

1. Be able to clerk, investigate and present patients during in the clinic
2. Be able to follow up with the patients after Treatment
3. Attend and participate/present in all weekly departmental.
4. In addition to the above, at the end of the rotation, one is expected to have participated in the following procedures:

## 6.1 Conservative/Restorative Dentistry

### 6.1.1 Fillings

Filling Materials	Class	# Of Cases	Patient File No.	Intern involvement	Date	Supervisor Name	Supervisor Signature	
Glass Ionomer	I (O1)	1.						
		2.						
		3.						
		4.						
		5.						
		(A2)	6.					
			7.					
			8.					
		(P7)	9.					
			10.					
	II O1)	1.						
		2.						
		3.						
		4.						
		5.						
		(A2)	6.					
			7.					
			8.					
		(P7)	9.					
			10.					
	V O1)	1.						
		2.						
		3.						
		4.						
		5.						
		(A2)	6.					
			7.					
			8.					
		(P7)	9.					
			10.					
Composite-	I O1)	1.						
		2.						
		3.						
		4.						
		5.						
		(A2)	6.					
			7.					
			8.					
		(P7)	9.					
			10.					
	II	1.						
		2.						
		3.						
		4.						
		5.						
		6.						
		7.						
		8.						

<b>Filling Materials</b>	<b>Class</b>	<b># Of Cases</b>	<b>Patient File No.</b>	<b>Intern involvement</b>	<b>Date</b>	<b>Supervisor Name</b>	<b>Supervisor Signature</b>	
		9.						
		10.						
	III (O1)	(A2)	1.					
			2.					
			3.					
			4.					
			5.					
			6.					
			7.					
			8.					
			9.					
			10.					
	IV (O1)	(A2)	1.					
			2.					
			3.					
			4.					
			5.					
			6.					
			7.					
			8.					
9.								
10.								
Direct Pulp capping	(O1)	1.						
	A1)	2.						
		3.						
		4.						
		5.						
(P3)								
Indirect Pulp capping	(O1)	1.						
	A1)	2.						
		3.						
		4.						
		5.						
(P3)								

### 6.1.2 Endodontics Treatments - Root canal treatment (RCT) Procedure

Root Canal Treatment	# Of Cases	File #	Intern involvement	Date	Supervisor Name	Supervisor Signature
Anterior teeth - (O1) (A2) (P7)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Upper Premolar -(O1) (A1) (P3)	1.					
	2.					
	3.					
	4.					
	5.					
Lower Premolar -(O1) (A1) (P3)	1					
	2					
	3					
	4					
	5					
Upper Molar -(O1) (A1) (P3)	1.					
	2.					
	3.					
	4.					
	5.					
Lower Molar -(A1) (O1) (P1)	1					
	2					
	3					
	4					
	5					

### 6.2.1 Prosthodontic Procedures

Procedure	# Of Cases	File #	Intern involvement	Date	Supervisor Name	Supervisor Signature
Bite Registration (O1) (A1) (P3)	1.					
	2.					
	3.					
	4.					
	5.					
Trial Denture- (O1) (A2) (P3)	1.					
	2.					
	3.					
	4.					
	5.					
Denture delivery -(2) (4) (11)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					
	13.					
	14.					
	15.					
Denture Relining-(O1) (A1) (P2)	1.					
	2.					
	3.					
	4.					
	5.					
Impression Taking -(O1) (A2) (P7)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					

	9.					
	10.					
Denture Repair -(O1) (A1) (P3)	1					
	2					
	3					
	4					
	5					

### 6.2.2 Crown & Bridge Procedures

Filling Materials	# Of Cases	Patient File No.	Intern involvement	Date	Supervisor Name	Supervisor Signature
Porcelain fused with metal -(O1) (A1) (P3)	1					
	2					
	3					
	4					
	5					
Ceramic - (O1) (A1) (P3)	1.					
	2.					
	3.					
	4					
	5					
Zirconia- (O1) (A1) (P3)	1.					
	2.					
	3.					
	4					
	5					

## 6.3 Orthodontics & Paediatric Dentistry

### 6.3.1 Orthodontics

Skill	# Of Cases	File #	Intern involvement	Date	Supervisor Name	Supervisor Signature
<b>Write comprehensive Treatment Plan</b>	<b>5</b>					
Adjustment of labial Bow, Adams clasp-(O1) (A1) (P3)	1.					
	2.					
	3.					
	4.					
	5.					
Designing of Removable appliance-(O1) (A1) (P3)	1					
	2					
	3					
	4					
	5					
Expansion of Removable appliance-(O1) (A1) (P3)	1					
	2					
	3					
	4					
	5					
Instructing Patient on the care of Removable appliance-(O1) (A1) (P3)	1					
	2					
	3					
	4					
	5					

### 5.3.2 Paediatric Dentistry- Restorative

Skill	# Of Cases	File #	Intern involvement	Date	Supervisor Name	Supervisor Signature
Pulpotomy-(O1) (A2) (P7)	<b>1.</b>					
	<b>2.</b>					
	<b>3.</b>					
	<b>4.</b>					
	<b>5.</b>					
	<b>6.</b>					
	<b>7.</b>					
	<b>8.</b>					
	<b>9.</b>					
	<b>10.</b>					



Skill	# Of Cases	File #	Intern involvement	Date	Supervisor Name	Supervisor Signature
Filling In Deciduous using GIC/ Composite-(02) (02) (P6)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Fissure Sealing -(O1) (A1) (P8)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					

### 5.3.3 Paediatric Dentistry- Oral Surgery

Extraction Of Deciduous Teeth	# Of Cases	File No.	Date	Supervisor Name	Supervisor Signature
Upper Incisors-(O1) (A1) (P3)	1.				
	2.				
	3.				
	4.				
	5.				
Upper Canine -(O1) (A1) (P3)	1.				
	2.				
	3.				
	4.				
	5.				
1 <sup>st</sup> Upper Molar -(O1) (A1) (P3)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
2 <sup>nd</sup> Upper Molar -(O1) (A1) (P3)	1.				
	2.				
	3.				
	4.				
	5.				
Lower Incisors -(O1) (A1) (P3)	1.				
	2.				
	3.				
	4.				
	5.				

Lower Canine -(O1) (A1) (P3)	1.				
	2.				
	3.				
	4.				
	5.				
1 <sup>st</sup> Lower Molar -(O1) (A1) (P3)	1.				
	2.				
	3.				
	4.				
	5.				
2 <sup>nd</sup> Lower Molar -(O1) (A1) (P3)	1.				
	2.				
	3.				
	4.				
	5.				

## 7.0 Periodontology

### 7.1 Periodontology Procedures

Procedure	# Of Cases	File #	Intern involvement	Date	Supervisor Name	Supervisor Signature
Scaling And Polishing -(O1) (O1) (P8)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Root planning and Curettage -(O1) (A1) (P8)	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
Gingivectomy -(O1) (A1) (P3)	1					
	2					
	3					
	4					
	5					

### 5.3.4 Oral Radiology

Procedure	# Of Cases	File No.	Date	Supervisor Name	Supervisor Signature
Taking an Intraoral x-ray -(O1) (A1) (P3)	1				
	2				
	3				
	4				
	5				
Interpret intraoral x-ray -(O1) (A1) (P8)	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
Interpret skull x-ray -(O1) (A1) (P8)	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
Interpret OPG -(O1) (A1) (P8)	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				

## 7.2 Evaluation of the Dental Rotation

### 7.1.1 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		
<b>FOUR (4)</b>			

	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	STAMP		
<b>FIVE (5)</b>	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	STAMP		
<b>SIX (6)</b>	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	STAMP		
<b>SEVEN (7)</b>	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	STAMP		

<b>EIGHT (8)</b>			
	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	<b>STAMP</b>		

**7.1.2 Overall Assessment at the end of the rotation**

<b>Assessment Area</b>	<b>Competence</b>	<b>Grade</b>	<b>Remarks</b>
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		
Overall Grade			

**Note:** Overall Grade of 24 and below is unsatisfactory performance and the resident's rotations shall be extended.

**Supervisor's Comment**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ HPCZ. No. \_\_\_\_\_

Signature \_\_\_\_\_

Date Stamp

**Coordinator's Comment**

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<b>Grading</b>	<b>Tick what Applies</b>
Successfully Completed Rotation	
Unsuccessful	

Name \_\_\_\_\_ Qualification \_\_\_\_\_ HPCZ. No. \_\_\_\_\_

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

Date Stamp



## 8 Medical Emergency Department

### 8.1 Assessments for Medical Emergency Rotation

#### 8.1.1 Basic Information

Interns Name \_\_\_\_\_ HPCZ Registration No \_\_\_\_\_

Internship Centre \_\_\_\_\_ HPCZ Licence No \_\_\_\_\_

Period of Rotation: Start: \_\_\_\_\_ End: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Sign and Stamp: \_\_\_\_\_

#### 8.1.2 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.

#### 8.1.3 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

#### 8.1.4 Rotation Area Requirements:

In this rotation, the Dental Intern shall:

1. Be able to clerk, investigate and present patients in the emergency room
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. Attend and participate/present in all weekly departmental.
5. In addition to the above, at the end of the rotation, one is expected to have participated in the following procedures:

## 8.2 Emergency Procedures

Skill	Standard	File No.	Intern involvement	Date	Supervisors Name	Supervisors Signature
Use of pulse oximeter O1 A1 P5	1					
	2					
	3					
	4					
	5					
	6					
	7					
Blood pressure measurements O1 A1 P8	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
Peripheral intravenous cannulation O1 A1 P3	1					
	2					
	3					
	4					
	5					
Intravenous drug administration O1 A1 P3	1					
	2					
	3					
	4					
	5					
Intramuscular drug administration O1 A1 P3	1					
	2					
	3					
	4					
	5					
Intramuscular drug administration O1 A1 P3	1					
	2					
	3					
	4					
	5					
Subcutaneous drug administration O1	1					
	2					
	3					

A1 P5	4					
	5					
	6					
	7					
Finger prick and glucose measurement O1 A1 P5	1					
	2					
	3					
	4					
	5					
	6					
	7					
Suction of airway O1 A1 P5	1					
	2					
	3					
	4					
	5					
Airway obstruction removal technique O1 A1 P3	1					
	2					
	3					
	4					
	5					
Vital sign assessment O1 A1 P3	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
CPR O1 A1 P3	1					
	2					
	3					
	4					
	5					

### 8.3 Evaluation of the Medical Emergency Rotation

#### 8.3.1 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> _____
	<b>STAMP</b>		
<b>TWO (2)</b>			
	Sign_____	Sign_____	<b>Sign</b> _____
	Date_____	Date_____	<b>Date</b> _____
	<b>STAMP</b>		

**8.3.2 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		
Overall Grade			

**Note:** Overall Grade of 24 and below is unsatisfactory performance and the resident's rotations shall be extended.

**Supervisor's Comment**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_

HPCZ. No. \_\_\_\_\_

Signature \_\_\_\_\_



**Coordinator's Comment**

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Grading	Tick what Applies
Successfully Completed Rotation	
Unsuccessful	

Name \_\_\_\_\_ Qualification \_\_\_\_\_

HPCZ. No. \_\_\_\_\_

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



### Clinical Presentations

Date	Topic	Mark*	Supervisor's Name/ Signature

**Note:** All interns should at least make 5 clinical presentations

**9 Overall Assessment At Completion Of The Internship Program**

Interns Name \_\_\_\_\_ HPCZ Licence No \_\_\_\_\_

Internship Centre: \_\_\_\_\_ HPCZ Licence No \_\_\_\_\_

Period of Internship: Start: \_\_\_\_\_ End: \_\_\_\_\_

**Coordinator's Comment**

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**Coordinators Recommendations**

<b>Grading</b>	<b>Tick what Applies</b>
Successfully Completed Rotation	
Unsuccessful	
Irremediable	

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

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

Stamp

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

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<b>Grading</b>	<b>Tick what Applies</b>
Successfully Completed Rotation	
Unsuccessful	
Irremediable	

Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_

Date Stamp