



Promoting Compliance in Healthcare and Training Standards

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

Approved Log Book for Junior Resident Medical Officers

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

1st Edition, 2024

Foreword

Residency training plays a vital role in a medical doctor'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.

Residency training provides a platform for the resident to apply the skills learnt practically under the supervision of a specialist practitioner who is a mentor and a coach. Indeed, the resident'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 standardize Residency 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 a resident qualifies for full registration as Medical Doctor Practitioner.

These residency 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 residents during training. The Guidelines for Approval of Residency Sites, issued under **Section 76** of the Health Professions Act Number 24 of 2009, defines residency training and lays down the framework for residency training in Zambia a mandatory requirement before full registration as a medical doctor 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 medical doctors 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 (residents and supervisors alike) an exciting and fruitful time during the residency training period.



Prof. Mulindi Mwanahamuntu
Council Chairperson
Health Professions Council of Zambia

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28. Ms Meah Liseli Konoso- Health Professions Council of Zambia
- 29.



Pro. Fastone M Goma
Registrar/Chief Executive Officer
Health Professions Council of Zambia

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1 Introduction

A residency 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 Residency. It is an official document with a resident's collective performance, a record of all the work done, procedures conducted, and targets achieved provides criteria for the continuous assessment program of an residency. It is a snapshot of all the progress that the learner has had to move to the next phase in his medical practice journey.

1.1 Instruction for the Resident

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 Medical doctor. You are expected to spend specified rotation time in the following medical service areas translating into 12 months for you to complete the Internship as follows:

S/n	Rotation Site	Duration
1	Internship Medicine	Three (3) months
2	General Surgery	Three (3) months
3	Paediatrics and Child Health	Three (3) months
4	Obstetrics and Gynaecology	Three (3) months
5	Anaesthesia and Critical Care – (<i>Optional rotation where unit is available. The 1 month is expected to be gained from a reduction of two (2) week from general surgery and internal medicine.</i>)	1 month

As a Medical Resident, 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 ward rounds, grand 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 resident 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 of the Hints & Tips: Your Residency:

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 Residency 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 residents 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 Residency. As a Supervisor, you are responsible for the overall supervision of the residents in that rotational or placement unit or department and shall:

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

1.3 Objectives

At the end of the Residency Training programme, a resident Medical doctor 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 Professional Development (CPD) & 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 Resident

Interns Name _____ HPCZ Registration No _____

Internship Centre _____ HPCZ Licence No _____

Period of Rotation: Start: _____ End: _____

Name of Supervisor _____ Sign and Stamp: _____

2.2 Purpose of the Logbook

This log book is a documentary of the structured Residency 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 residency rotation.

2.3 The sections of the Logbook

The Logbook contains Five (5) sections representing the disciplines covered in the residency 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 residents 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 resident, the Supervisor and the resident coordinator shall review progress in the rotation to ensure the resident is on course to achieving the set requirements for the rotation. At the end of the rotation, the resident shall be assessed by the Supervisor, the resident coordinator and the medical director/superintendent on the performance during the rotation.

3 General Surgery Residency Rotation (3 Months or 2½ with Critical Care)

3.1 *Introduction:*

Surgery is a medical specialty that uses manual and instrumental techniques on a patient to investigate and/or treat a pathological condition such as disease or injury, or to help improve bodily function or appearance. An act of performing surgery may be called a **surgical procedure, operation**, or simply **surgery**. There are various sub-specialties of Surgery with which the resident doctor has to be conversant in order to provide optimum care to patients.

3.2 *Vision:*

The residency program in Surgery is meant to ensure that the newly qualified doctors acquire the necessary surgical competences to enable them provide quality clinical care to patients.

3.3 *Supervision of Residents*

The following are supervisory strategies for the residents in Surgery

- Consultant led major rounds minimum 8 hours/week
- Clinical experience (OPDs and In-patient under GMO/Specialist)
- Theatre experience 6 hours/week
- Morning reports (JRMO on call) 2.5 hours/week
- Clinical Meetings 2nd month
- Morbidity/Mortality Audit Monthly

3.5 Basic Information

Interns Name _____ HPCZ Registration No _____

Internship Centre _____ HPCZ Licence No _____

Period of Rotation: Start: _____ End: _____

Name of Supervisor _____ Sign and Stamp: _____

3.6 Grading Criteria for the General Surgery Rotation

- 3- The resident meets most of the criteria without assistance
- 2- The resident requires some assistance to meet the stated criteria
- 1- The resident 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 resident and the public.

3.7 Resident Involvement

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

3.8 Rotation Area Requirements:

In this rotation, the Medical resident shall:

1. Be able to clerk, investigate and present patients during ward rounds
2. Be able to prepare patients undergoing various surgical procedures adequately
3. Be able to follow up with patients after surgery till discharge and be able to write a proper discharge summary
4. Participate in daily ward rounds, attend theatres and attend the surgical outpatient clinic
5. Attend and participate/present in all departmental CPD Programmes

In addition to the above, at the end of the rotation, one is expected to have participated in the following procedures:

3.9 General Surgery Rotation Procedures

Operations	# of Cases	File No.	Date	Resident involvement	Supervisors Name	Supervisors Signature
Surgical toilet- 10(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Suturing Wound- 10(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Incision and drainage of Abscess 1 (O) 2(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Insertion of chest tubes 3(p)	1.					
	2.					
	3.					
	4.					
	5.					
Removal of stitches 10(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	1.					

Operations	# of Cases	File No.	Date	Resident involvement	Supervisors Name	Supervisors Signature
Appendicectomy 2(A) and 1(P)	2.					
	3.					
Repair of inguinal hernias 3(a) 2(p)	1.					
	2.					
	3.					
	4.					
	5.					
Exploratory laparotomies 5(a) 1(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
Incision or Excision biopsy 5(P)	1.					
	2.					
	3.					
	4.					
	5.					
Proctoscopy 2(o) 1(p/a)	1.					
	2.					
	3.					
Haemorrhoid or Thrombosed Haemorrhoids management 3(P)	1.					
	2.					
	3.					
Gut resection and anastomosis 2(o/)	1.					
	2.					
Colostomy fashioning 2(o/a)	1.					
	2.					
Closure of colostomies 2(o/a)	1.					
	2.					
Cut down for venous access 1 (o) 2(p)	1.					
	2.					
	3.					
Urethral catheterization 10(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Suprapubic catheterization 2 (O) 2(P)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					

Operations	# of Cases	File No.	Date	Resident involvement	Supervisors Name	Supervisors Signature
Hydrocelectomy 2(A) and 1(P)	1.					
	2.					
	3.					
Tracheostomy 2(a)	1.					
	2.					
Circumcision 2(p)	1.					
	2.					
Skin graft 3(a) 1 (p)	1.					
	2.					
	3.					
	4.					
Burr holes 2(a) 1 (p)	1.					
	2.					
Epistaxis management 3(a) 2(p)	1.					
	2.					
	3.					
	4.					
	5.					
Endotracheal intubation 5(a) 3(p)	1.					
	2.					
	3.					
	4.					
	5.					
POCUS 2(o) 2(p)	1.					
	2.					
	3.					
	4.					
Splinting of lower limb fractures 10(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Splinting of upper limb fractures 10(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Application of plaster of Paris	1.					
	2.					
	3.					

Operations	# of Cases	File No.	Date	Resident involvement	Supervisors Name	Supervisors Signature
(POP) upper limb 5(p)	4.					
	5.					
Application of plaster of Paris (POP) lower limb 5(p)	1.					
	2.					
	3.					
	4.					
	5.					
Residential (Internal) fixation of fractures 5(a)	1.					
	2.					
	3.					
	4.					
	5.					
Any paediatric surgical Procedure 5(a)	1.					
	2.					
	3.					
	4.					
	5.					
Prostatectomy 3(a/o)	1.					
	2.					
	3.					
Skin traction 2(p)	1.					
	2.					
Limb amputation 2(a/o)	1.					
	2.					

3.4 Evaluation of the General Surgery Rotation

Instructions on completion of the Monthly review of performance table below

1. Comment by resident should cover the residents experience and availability of adequate teaching and learning resources of the residency program during that month
2. Comment by Supervisor should state the residents performance during the month
3. Comment by resident coordinator should take into account the residents and supervisors comment

3.4.1 Monthly review of the performance

Month	Comment by Resident	Comment by Supervisor	Comment by resident Coordinator
ONE (1)			
	Sign_____	Sign_____	Sign _____
	Date_____	Date_____	Date _____
	STAMP		
TWO (2)			
	Sign_____	Sign_____	Sign _____
	Date_____	Date_____	Date _____
	STAMP		
THREE (3)			
	Sign_____	Sign_____	Sign _____
	Date_____	Date_____	Date _____
	STAMP		

3.4.2 Details of Clinical/Audit Meetings Presented

Each resident is required to make at least 1 presentation in all the systems

<u>Date</u>	<u>Topic</u>	<u>Venue</u>	<u>Consultant</u>	<u>Signature</u>

3.4.3 Details of Teaching Rounds Attended

<u>Date</u>	<u>Ward Round</u>	<u>Residents Signature</u>	<u>Consultant/ Supervisor</u>	<u>Signature</u>

Overall Assessment at the end of the rotation

Key

1. Grade shall be as provided 3.6
2. Remarks (Satisfactory or Unsatisfactory)

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		
	Manifests sincerity, integrity and honest in acts and deeds		
	To the public		
	Punctuality, availability and Time management		
Leadership qualities	Takes initiative		
	Knowledge and adherence to institutional policies and regulations		
	Mentorship of juniors and other professionals		
Overall Score			

Note: Overall Score of 30 and below is unsatisfactory performance and the resident's rotations shall be extended.

Supervisor's Comment

Name _____ Qualification _____ HPCZ. No. _____

Signature _____

Date Stamp

Coordinator's Comment

Grading	Tick what Applies
Successfully Completed Rotation	
Unsuccessful -(State Extension Period Recommended)	

**Note that where a rotation has been graded as "Unsatisfactory", the resident shall proceed to the next department then after completion of the next department, shall be required to return the that departments considered unsatisfactory. The Extension shall only be for the competencies where the Resident is deemed unsatisfactory and shall not exceed 3 months.*

Name _____ Qualification _____ HPCZ. No. _____

Signature _____ Date _____

Date Stamp

4 Obstetrics & Gynaecology (Reproductive Health) Rotation (3 Months)

4.1 Introduction:

Obstetrics and Gynaecology is the medical speciality dealing with the fields of **obstetrics** and **gynaecology**. Obstetrics deals with pregnancy, childbirth and postpartum period, including care of the newborn, whereas gynaecology deals with the health of the female reproductive and sexual systems. The rotation in this combined medical speciality prepares the resident doctor to be conversant with the health care of the female reproductive organs and with the management of obstetric complications, which may involve surgery.

4.2 Vision:

The residency programme in obstetrics and gynaecology is meant to ensure that newly qualified doctors acquire the necessary competences that will enable them provide quality care to patients.

4.3 Supervision of Residents

The following are supervisory strategies for the residents in Surgery

- Consultant led major rounds minimum 8 hours/week
- Clinical experience (OPDs and In-patient under GMO/Specialist)
- Theatre experience 6 hours/week
- Morning reports (JRMO on call) 2.5 hours/week
- Clinical Meetings 4/month
- Morbidity/Mortality Audit Monthly

3.5 Basic Information

Interns Name _____ HPCZ Registration No _____

Internship Centre _____ HPCZ Licence No _____

Period of Rotation: Start: _____ End: _____

Name of Supervisor _____ Sign and Stamp: _____

4.3.1 Grading:

- 3- The resident meets most of the criteria without assistance
- 2- The resident requires some assistance to meet the stated criteria
- 1- The resident 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 resident and the public.

4.3.2 Resident Involvement

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

4.3.3 Rotation Area Requirements:

In this rotation, the Medical resident shall:

1. Be able to clerk, investigate, make a diagnosis and develop a treatment plan for the patient.
2. Be able to demonstrate broad based knowledge and understanding of the basic sciences relevant to the principles and practice of OBGYN.
3. Be able to adequately prepare patients planned or emergency OBGYN procedures or treatment.
4. Be able to identify obstetric and gynaecological emergencies and institute appropriate treatment.
5. Be able to follow up patients till successful discharge from treatment and be able to write a proper discharge summary.
6. Be able to present patients during the ward rounds, departmental clinical mortality and morbidity meetings, and acquire surgical skills.
7. Attend and participate/present in all departmental CPD Programmes

In addition to the above, at the end of the rotation, one is expected to have acquired the following skills and competences :

4.4 Obstetrics & Gynaecology Rotation Procedures

4.4.1 Obstetric Rotation Procedures

Operations	# of Cases	File No.	Date	Resident involvement	Supervisors Name	Supervisors Signature
1. Normal delivery 10(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
2. Episiotomy Repair- 5 (P)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
3. Management of PPH 3(a) 5(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
4. Delivery by Caesarean Section 10(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					
	13.					

Operations	# of Cases	File No.	Date	Resident involvement	Supervisors Name	Supervisors Signature
	14.					
	15.					
5. vacuum Delivery 3(p)	1.					
	2.					
	3.					
6. Delivery of multiple pregnancies 2(a) or 2(p)	1.					
	2.					
	3.					
	4.					
7. McDonald Stitch insertion 3(a) and 2(p)*	1.					
	2.					
	3.					
	4.					
	5.					
8. McDonald Stitch Removal 3(a) 2(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
Postpartum family planning: PP- IUD Insertion	1.					
	2.					
	3.					
	4.					
9. Counselling clients on family planning methods 8(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
10. Performing the following FP procedures 1. Norplant/Jadelle insertion and Removal 2. IUCD insertion/removal 3. Prescribing oral or injectable FP 3. 5(a) and 5(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
11. Be able to clerk, investigate and manage patients with	1.					
	2.					
	3.					
	4.					
	5.					

Operations	# of Cases	File No.	Date	Resident involvement	Supervisors Name	Supervisors Signature
pre-eclampsia 3(a) and 5(p) 12. Add management of Malaria in pregnancy 3(P)	6.					
	7.					
	8.					
	9.					
	10.					
13. Be able to clerk, investigate and manage patients with eclampsia 2(p) 14. Management of Anemia in pregnancy 5(p).	1.					
	2.					
15. Investigate & manage pregnant patients with cardiac disease 2(p)	1.					
	2.					
16. Be able to clerk, investigate and manage patients with HIV in pregnancy 5(p) (EMTCT)	1.					
	2.					
	3.					
	4.					
	5.					
17. Manual removal of retained placenta 2(a) and 2(p)	1.					
	2.					
	3.					
	4.					
18. Repair of perineal tears 5(p)	1.					
	2.					
	3.					
	4.					
	5.					
19. Repair of cervical tears all degrees 2(a),2(p)	1.					
	2.					
	3.					
	4.					
20. Obstetric ultrasound 5(p) (Fetal presentation, placenta location, Fetal viability, liquor volume).	1.					
	2.					
	3.					
	4.					
	5.					

4.4.2 Gynaecology Rotation Procedures

Operations	# of Cases	File No.	Date	Resident involvement	Supervisors Name	Supervisors Signature
1. Pap Smear 5(p)	1.					
	2.					
	3.					
	4.					
	5.					
2. Diagnostic curettage 5(p)	1.					
	2.					
	3.					
	4.					
	5.					
3. Suction Curettage (MVA) AO5 & 15 (p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					
	13.					
	14.					
	15.					
	16.					
	17.					
	18.					
	19.					
	20.					
4. Marsupialization for Bartholins abscess 2(p)	1.					
	2.					
	3.					
5. Laparotomy for ectopic pregnancy 3 (p)	1.					
	2.					
	3.					
	4.					
	5.					
6. Laparotomy for pelvic abscess 2(p)	1.					
	2.					
7. Ovarian cystectomy 3(a)	1.					
	2.					
	3.					
8. VIA (visual inspection with	1.					
	2.					
	3.					

Operations	# of Cases	File No.	Date	Resident involvement	Supervisors Name	Supervisors Signature
acetic acid) and VILI (visual inspection using Lugol's iodine) 5(p)	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
9. Tubal ligation surgery 3(a/p)	1.					
	2.					
	3.					
	4.					
	5.					
10. Exploratory laparotomy 5(a)	1.					
	2.					
	3.					
	4.					
	5.					
11. Laparoscopic surgery 2(a)	1.					
	2.					
12. Total abdominal hysterectomy 5(a)	1.					
	2.					
	3.					
	4.					
	5.					
13. Vaginal hysterectomy 3	1.					
	2.					
	3.					
15. Myomectomy 5(a)	1.					
	2.					
	3.					
	4.					
	5.					
16. Vescicle Vaginal Fistula repair 1(a)	1.					

4.5 Evaluation of the Obstetrics & Gynaecology Rotation

4.5.1 Monthly review of the performance

Month	Comment by Resident	Comment by Supervisor	Comment by resident Coordinator
ONE (1)			
	Sign_____	Sign_____	Sign _____
	Date_____	Date_____	Date _____
	STAMP		
TWO (2)			
	Sign_____	Sign_____	Sign _____
	Date_____	Date_____	Date _____
	STAMP		
THREE (3)			
	Sign_____	Sign_____	Sign _____
	Date_____	Date_____	Date _____
	STAMP		

4.5.2 Details of Clinical/Audit Meetings Presented

Each resident is required to make at least 1 presentation in all the systems

<u>Date</u>	<u>Topic</u>	<u>Venue</u>	<u>Consultant</u>	<u>Signature</u>

4.5.3 Details of Teaching Rounds Attended

<u>Date</u>	<u>Ward Round</u>	<u>Residents Signature</u>	<u>Consultant/ Supervisor</u>	<u>Signature</u>

4.5.4 Overall Assessment at the end of the rotation

Key

1. Grade shall be as provided 4.31 (1,2,3 or 4)
2. Remarks (Satisfactory or Unsatisfactory)

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		
Professional Conduct	Patient Management		
	To patients and caregivers		
	To seniors, colleagues and other health workers		
	Manifests sincerity, integrity and honest in acts and deeds		
	To the public		
Leadership qualities	Punctuality, availability and Time management		
	Takes initiative		
	Knowledge and adherence to institutional policies and regulations		
	Mentorship of juniors and other professionals		
Average Overall Grade (Total Grade/20)			

Note: An average overall grade of 30 and below is unsatisfactory performance and the resident's rotations shall be extended.

Supervisor's Comment

Name _____ Qualification _____ HPCZ. No. _____

Signature _____

Date Stamp

Coordinator's Comment

Grading	Tick what Applies
Successfully Completed Rotation	
Unsuccessful -(State Extension Period Recommended)	

**Note that where a rotation has been graded as "Unsatisfactory", the resident shall proceed to the next department then after completion of the next department, shall be required to return the that departments considered unsatisfactory. The Extension shall only be for the competencies where the Resident is deemed unsatisfactory and shall not exceed 3 months.*

Name _____ Qualification _____ HPCZ. No. _____

Signature _____ Date _____

Date Stamp

5 Paediatrics and Child Health Rotation (3 Months)

5.1 *Introduction:*

Paediatrics And Child Health deals with the art of diagnosis and medical management of diseases affecting children. There are various sub-specialties of Paediatrics and Child Health with which the resident doctor needs to be conversant in order to provide optimum care to patients.

5.2 *Vision:*

The vision of the residency program in Paediatrics and Child Health is to ensure that quality patient care is provided by newly qualified doctors whilst imparting good clinical values in the doctors. This is achieved by close supervision of the resident doctors who shall be apprentices.

5.3 *Supervision of Residents*

The following are supervisory strategies for the residents in Paediatrics and Child Health

- Consultant led major rounds minimum 8 hours/week
- Clinical experience (OPDs and In-patient under GMO/Specialist)
- Morning reports (JRMO on call) 2.5 hours/week
- Clinical Meetings 4/month
- Morbidity/Mortality Audit Monthly

5.4 Paediatrics and Child Health Rotation

5.4.1 Basic Information

Interns Name _____ HPCZ Registration No _____

Internship Centre _____ HPCZ Licence No _____

Period of Rotation: Start: _____ End: _____

Name of Supervisor _____ Sign and Stamp: _____

5.4.2 Grading:

- 3- The resident meets most of the criteria without assistance
- 2- The resident requires some assistance to meet the stated criteria
- 1- The resident 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 there sident and the public.

5.4.3 Resident Involvement

- Performed (P)- The resident does the work as the primary medical doctor
- Assisted (A)- The resident assisted the primary Medical Doctor in the procedure or treatment
- Observed (O)- The resident observed the procedure or treatment

5.4.4 Rotation Area Requirements:

In this rotation, the Medical resident shall:

1. Be able to clerk, investigate and present patients during ward rounds
2. Be able to follow up patients from admission till discharge and be able to write a proper discharge summary
3. Participate in daily ward round and attend paediatric outpatient clinics (POPC)
4. Attend and participate/present in all departmental CPD Programmes

In addition to the above, at the end of the rotation, one is expected to have participated in the following procedures:

5.5 Paediatrics and Child Health Rotation Procedures and Case Management

5.5.1 Paediatrics and Child Health Rotation Procedures

Operations	# of Cases	File No.	Date	Resident involvement	Supervisors Name	Supervisors Signature
1. Lumbar puncture 3(p)	1.					
	2.					
	3.					
	4.					
	5.					
2. IV cannulation 10(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					
	13.					
	14.					
	15.					
	16.					
	17.					
	18.					
	19.					
	20.					
	21.					
	22.					
	23.					
	24.					
	25.					
	26.					
	27.					
	28.					
	29.					
	30.					
3. NG Tube insertion (NBU) 10(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					

Operations	# of Cases	File No.	Date	Resident involvement	Supervisors Name	Supervisors Signature
	9.					
	10.					
4. Intravenous cannulation 5(p) 5. Intraosseus cannulation 1(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
6. Phlebotomy 10(p) in neonates (5) and older children (5)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
7. Urinary Catheterisation 5(a)	1.					
	2.					
	3.					
	4.					
	5.					
8. Ascitic tap 2(p)	1.					
	2.					
9. Exchange transfusion 2(p)	1.					
	2.					
10. Blood transfusion 10(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
11. Clinical Presentation 9(p) (At least one presentation from each system).	1.					
	2.					
12.	1.					

Operations	# of Cases	File No.	Date	Resident involvement	Supervisors Name	Supervisors Signature
Operations	# of Cases	File No.	Date	Resident involvement	Supervisors Name	Supervisors Signature
Lumbar puncture 3(p)	1.					
	2.					
	3.					
	4.					
	5.					
2. IV cannulation 10(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
3. NG Tube insertion (NBU) 10(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
4. Intravenous cannulation 5(p) 5. Intraosseus cannulation 1(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
6. Phlebotomy 10(p) in neonates (5) and older children (5)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
7. Urinary Catheterisation 5(a)	1.					
	2.					
	3.					
	4.					
	5.					

Operations	# of Cases	File No.	Date	Resident involvement	Supervisors Name	Supervisors Signature
8. Ascitic tap 2(p)*	1.					
	2.					
9. Exchange transfusion 2(p)*	3.					
	4.					
10. Blood transfusion 10(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
11. Clinical Presentation 9(p) (At least one presentation from each system).	1.					
	2.					

5.5.2 Paediatrics and Child Health Rotation Case Management

Case	History	Examination	Investigations	Management	Consultant Sign	Date
Meningitis						
Epilepsy						
Acute Coronary						
Heart failure						
Pneumonia						
Asthma						
Liver failure						
GI bleeding						
DKA						
Rheumatoid arthritis						
Renal failure						
TB						
HIV						
PCP						
CMV						
Severe malaria						
Severe Anemia						
Sepsis						
Jaundice						
Convulsi						
Sickle cell crisis						
Septic shock						
Neonatal hypothermi						

Neonatal Hypoglycemia						
Birth Asphyxia						
Severe Acute						
Comatose Child						
Neonatal resuscitation						
Status epilepticus						
Pulmonary edema						

5.6 Evaluation of the Paediatrics and Child Health Rotation

5.6.1 Monthly review of the performance

Month	Comment by Resident	Comment by Supervisor	Comment by resident Coordinator
ONE (1)			
	Sign_____	Sign_____	Sign _____
	Date_____	Date_____	Date _____
	STAMP		
TWO (2)			
	Sign_____	Sign_____	Sign _____
	Date_____	Date_____	Date _____
	STAMP		
THREE (3)			
	Sign_____	Sign_____	Sign _____
	Date_____	Date_____	Date _____
	STAMP		

5.6.2 Overall Assessment at the end of the rotation

Key

1. Grade shall be as provided 5.4.2 (1,2,3 or 4)
2. Remarks (Satisfactory or Unsatisfactory)

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		
	Manifests sincerity, integrity and honest in acts and deeds		
	To the public		
	Punctuality, availability and Time management		
Leadership qualities	Takes initiative		
	Knowledge and adherence to institutional policies and regulations		
	Mentorship of juniors and other professionals		
Average Overall Grade (Total Grade/20)			

Note: An average overall grade of 30 and below is unsatisfactory performance and the resident's rotations shall be extended.

Supervisor's Comment

Name _____ Qualification _____ HPCZ. No. _____

Signature _____

Date Stamp

Coordinator's Comment

Grading	Tick what Applies
Successfully Completed Rotation	
Unsuccessful -(State Extension Period Recommended)	

**Note that where a rotation has been graded as "Unsatisfactory", the resident shall proceed to the next department then after completion of the next department, shall be required to return the that departments considered unsatisfactory. The Extension shall only be for the competencies where the Resident is deemed unsatisfactory and shall not exceed 3 months.*

Name _____ Qualification _____ HPCZ. No. _____

Signature _____ Date _____

Date Stamp

6 Internal Medicine Rotation (3 Months or 2½ with Critical Care)

6.1 *Introduction:*

Internal medicine deals with the art and science of diagnosing managing of diseases affecting adults without the use of surgical operations. There are various diseases and procedures the resident doctor needs to be conversant with in order to provide optimum care to patients.

6.2 *Vision:*

The vision of the residency program in internal medicine is to ensure that quality patient care is provided by newly qualified doctors whilst imparting good clinical values in the doctors. This is achieved by close supervision of the resident doctors who shall be apprentices.

6.3 *Supervision of Residents*

The following are supervisory strategies for the residents in Surgery

- Consultant led major rounds minimum 8 hours/week
- Clinical experience (OPDs and In-patient under GMO/Specialist)
- Morning reports (JRMO on call) 2.5 hours/week
- Clinical Meetings 4/month
- Morbidity/Mortality Audit Monthly

6.3.1 Basic Information

Interns Name _____ HPCZ Registration No _____

Internship Centre _____ HPCZ Licence No _____

Period of Rotation: Start: _____ End: _____

Name of Supervisor _____ Sign and Stamp: _____

6.3.2 Grading:

- 3- The resident meets most of the criteria without assistance
- 2- The resident requires some assistance to meet the stated criteria
- 1- The resident 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 resident and the public.

6.3.3 Resident Involvement

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

6.3.4 Rotation Area Requirements:

In this rotation, the Medical resident shall:

1. Be able to clerk, investigate and present patients during ward rounds
2. Be able to follow up with patients from admission till discharge and be able to write a proper discharge summary
3. Participate in daily ward rounds, attend theatres and attend the internal medicine outpatient clinic
4. Attend and participate/present in all departmental CPD Programmes

In addition to the above, at the end of the rotation, one is expected to have participated in the following procedures:

6.4 Internal Medicine Rotation Procedures and Case Management

6.4.1 Internal Medicine Rotation Procedures

Operations	# of Cases	File No.	Date	Resident involvement	Supervisors Name	Supervisors Signature
1. Lumbar puncture 5(p)	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
2. Pleural tap 5(p)	1.					
	2.					
	3.					
	4.					
	5.					
3. Bone marrow aspirate 2(a)	1.					
	2.					
4. Lymph node biopsy 5(p)	1.					
	2.					
	3.					
	4.					
	5.					
5. Diabetic foot care 5(p)	1.					
	2.					
	3.					
	4.					
	5.					
6. ECG 5(p)	1.					
	2.					
	3.					
	4.					
	5.					
7. Ascitic tap 5(p)	1.					
	2.					
	3.					
	4.					
	5.					
8. Central venous catheter insertion 2(a)	1.					
	2.					
9. Dialysis catheter insertion 2(a)	1.					
	2.					
	1.					
	2.					

10. Arterial blood gases 5(p)	3.					
	4.					
	5.					
11. Post-mortem 1(o)	2.					
12. CPR (a and P)	1.					
13. NGT insertion (P)	2.					
14. Femoral Tap (P)	3.					
15. JVP cannulation (P)	2.					
16. Nebulization (p)	5.					
17. Fundoscopy (p)	3.					
18. Urethral Catheterization (p)	4.					
19. ECG (p)	5.					
20. Pericardiocentesis (a)	1.					

6.4.2 Internal Medicine Rotation Case Management

Case	History	Examination	Investigations	Management	Consultant Sign	Date
Meningitis						
Epilepsy						
ACS						
Heart failure						
Pneumonia						
Asthma						
Liver failure						
GI bleeding						
DKA						
Rheumatoid arthritis						
Renal failure						
TB						
HIV						
PCP						
CMV						

6.5 Evaluation of the internal Medicine Rotation

6.5.1 Monthly review of the performance

Month	Comment by Resident	Comment by Supervisor	Comment byresident Coordinator
ONE (1)			
	Sign_____	Sign_____	Sign _____
	Date_____	Date_____	Date _____
	STAMP		
TWO (2)			
	Sign_____	Sign_____	Sign _____
	Date_____	Date_____	Date _____
	STAMP		
THREE (3)			
	Sign_____	Sign_____	Sign _____
	Date_____	Date_____	Date _____
	STAMP		

6.5.2 Overall Assessment at the end of the rotation

Key

1. Grade shall be as provided 6.3.2 (1,2,3 or 4)
2. Remarks (Satisfactory or Unsatisfactory)

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		
Professional Conduct	Patient Management		
	To patients and caregivers		
	To seniors, colleagues and other health workers		
	Manifests sincerity, integrity and honest in acts and deeds		
	To the public		
Leadership qualities	Punctuality, availability and Time management		
	Takes initiative		
	Knowledge and adherence to institutional policies and regulations		
	Mentorship of juniors and other professionals		
Average Overall Grade (Total Grade/20)			

Note: An average overall grade of 30 and below is unsatisfactory performance and the resident's rotations shall be extended.

Supervisor's Comment

Name _____ Qualification _____ HPCZ. No. _____

Signature _____

Date Stamp

Coordinator's Comment

Grading	Tick what Applies
Successfully Completed Rotation	
Unsuccessful -(State Extension Period Recommended)	

**Note that where a rotation has been graded as "Unsatisfactory", the resident shall proceed to the next department then after completion of the next department, shall be required to return the that departments considered unsatisfactory. The Extension shall only be for the competencies where the Resident is deemed unsatisfactory and shall not exceed 3 months.*

Name _____ Qualification _____ HPCZ. No. _____

Signature _____ Date _____

Date Stamp

6.6 Anaesthesia and Critical Care Rotation (two weeks)

(This rotation shall be optional where the department/unit is available)

6.6.1 Basic Information

Interns Name _____ HPCZ Registration No _____

Internship Centre _____ HPCZ Licence No _____

Period of Rotation: Start: _____ End: _____

Name of Supervisor _____ Sign and Stamp: _____

6.6.2 Grading:

- 3- The resident meets most of the criteria without assistance
- 2- The resident requires some assistance to meet the stated criteria
- 1- The resident 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 resident and the public.

6.6.3 Resident Involvement

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

6.6.4 Rotation Area Requirements:

In this rotation, the Medical resident shall:

5. Be able to clerk, investigate and present patients during ward rounds
6. Be able to follow up with patients from admission till discharge and be able to write a proper discharge summary
7. Participate in daily ward rounds, attend theatres and attend the internal medicine outpatient clinic
8. Attend and participate/present in all departmental CPD Programmes

In addition to the above, at the end of the rotation, one is expected to have participated in the following procedures:

6.7 Critical Care Rotation Procedures and Case Management

6.7.1 Critical Care Rotation Procedures

Skills	# of Cases	File No.	Date	Resident involvement	Supervisors Name	Supervisors Signature
Basic Life Support O 2 PA 2 P 5	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Spinal Anaesthesia O 5 PA 10 P 10	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
Sedation O 5 PA 10 P 10	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					

6.8 Evaluation of the Internal Medicine Rotation

6.8.1 Monthly review of the performance

Month	Comment by Resident	Comment by Supervisor	Comment by resident Coordinator
ONE (1)			
	Sign_____	Sign_____	Sign_____
	Date_____	Date_____	Date_____
	STAMP		

6.8.2 Overall Assessment at the end of the rotation

Key

3. Grade shall be as provided 6.6.2 (1,2,3 or 4)
4. Remarks (Satisfactory or Unsatisfactory)

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		
	Manifests sincerity, integrity and honest in acts and deeds		
	To the public		
	Punctuality, availability and Time management		
Leadership qualities	Takes initiative		
	Knowledge and adherence to institutional policies and regulations		
	Mentorship of juniors and other professionals		
Average Overall Grade (Total Grade/20)			

Note: An average overall grade of 30 and below is unsatisfactory performance and the resident's rotations shall be extended.

Supervisor's Comment

Name _____ Qualification _____ HPCZ. No. _____

Signature _____

Date Stamp

Coordinator's Comment

Grading	Tick what Applies
Successfully Completed Rotation	
Unsuccessful -(State Extension Period Recommended)	

**Note that where a rotation has been graded as "Unsatisfactory", the resident shall proceed to the next department then after completion of the next department, shall be required to return the that departments considered unsatisfactory. The Extension shall only be for the competencies where the Resident is deemed unsatisfactory and shall not exceed 3 months.*

Name _____ Qualification _____ HPCZ. No. _____

Signature _____ Date _____

Date Stamp

7 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

Coordinators Recommendations

Grading	Tick what Applies
Successfully Completed Rotation	
Unsuccessful	
Irremediable	

Name _____ Qualification _____ Reg. No. _____

Signature _____ Date _____



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

Grading	Tick what Applies
Successfully Completed Rotation	
Unsuccessful	
Irremediable	

Name _____ Position _____

Signature _____

