



**Rotatory Internship Programme  
and  
Logbook**

**Internship Training Programme with a logbook**

**Approved by**

**Bangladesh Medical & Dental Council**

## PREFACE

Internship training is a pre-requisite for BM&DC registration. It is desired that this training will fit the interns to serve the people at graduate level. The existing training programme which includes 6 months in medicine & 6 months in either surgery or gynae-obs does not meet the full requirement of the nation. In addition the training programme is not structured. There is no method for evaluation and feedback.

At first Further Improvement of Medical Colleges project (FIMC) took the initiative & developed an internship programme with a logbook. Later Medical Education for Essential Health Services (MEEHS) at Sylhet MAG Osmani Medical College reviewed the Internship programme and developed the entire Community placement portion and modified the overall pattern of the logbook to make it rotatory so that all the interns are exposed to all the major & minor disciplines. Thus rotatory internship training programme was piloted in Sylhet MAG Osmani Medical College Hospital for two years and was monitored by BM&DC and office of the Director General Health Services. Now after further review BM&DC has decided to implement rotatory internship training programme in all the medical colleges of Bangladesh.

I am grateful to Director FIMC & Dr. Colin H.W. Bullough for initial development of internship programme and the logbook. I am also grateful to Director Medical Education & MEEHS team leader Dr. Garth Manning for their continuous support for the rotatory internship programme. I recognise Professor Meer Mahbul Alam the academic co-ordinator of Sylhet MAG Osmani Medical College & Dr. Oyes Ahmed Choudhury the MEEHS coordinator at Sylhet for their hard work & enthusiasm throughout the whole process of development, piloting and implementation of the rotatory internship programme in Sylhet MAG Osmani Medical College Hospital. Finally I express my heartfelt thanks to all the members of BM&DC and other Participants for their active cooperation & support in accepting this internship programme for medical graduates of Bangladesh.

I do hope that this rotatory internship programme will have a role in equipping our future medical graduates with appropriate knowledge & skill to meet-up the demand of the country & the nation.

**Prof. Abu Ahmed Chowdhury**  
**President-BM&DC**

<b>Name of Intern</b>	:
<b>Year of Graduation</b>	:
<b>Name of Medical College Hospital</b>	:
<b>Placement Period:</b>	<b>: From ..... to .....</b>

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## OBJECTIVES

At the end of the Internship Training an intern will 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, with doctors and other health care providers at their working places.(Hospital, Primary Health Centers 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 carryout 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, X-ray room, in relation to radiation, and during the patient care with due regard to all concerned.
9. Recognize his/ her own limitations in patient care with appropriate referral.
10. Behave appropriately (attitude) with the patients and with their relatives considering Ethical and legal issues.
11. Continue self-education (CME) & improve skill to deliver ESP/PHC.
13. Diagnose the community problem and suggest appropriate measures.

## II. SCHEDULE OF INTERNSHIP TRAINING

MEDICINE		SURGERY		GYNAE & OBS	
Internal Medicine	12 Wks	General Surgery	12 Wks	Indoor	10 Wks
Paediatrics	04Wks	Ortho casualty	02 Wks	Family Planning	01 Wk
Elective	03 Wks	Anaesthesia	01 Wk	Obstetrics Emergency	01 Wk
19 Wks		Ophthalmology	01 Wk	Community	02 Wks
		Otolaryngorhinology	01 Wks	14 Wks	
		Elective	02 Wks		
		19 Wks			
52 Wks					

**Elective Subject:**

**Medicine-** Skin-VD, Psychiatry, Cardiology, Nephrology, Neuromedicine, Gastroenterology and any other allied subject. [Select any 4-discipline for 05 days each depending on availability of discipline]

**Surgery-** Paediatric Surgery, Neurosurgery, Urology, Radiology, Radiotherapy, Blood Transfusion and any other allied subject [Select any 02-discipline for 01-week each depending on availability of discipline]

**N.B:**

- If any Medical College has no discipline mentioned in the logbook, the same period/ periods of that discipline/ disciplines will spend in the major discipline.
- If the trainee selects such subject the task of which is not assigned in the logbook, the respective Head will assign the task for that period with consultation with Chairman, Curriculum Committee.

**Training arrangements**

The training program will be under the control of the Director, Medical College Hospital. Director hospital will make rota for intern with consultation with representatives from Surgery, Medicine and Gynae-Obstetrics. During placing interns at THC at least 2-female interns should be placed in one THC. All unit heads including head of subspecialty will be the named supervisor. The named supervisor will sign the logbook after successful training of his/her discipline. If any intern remains unauthorized absent in any discipline his / her logbook will not be signed by named supervisor before regularization of his/ her absent period. The named supervisor also gives grading number confidentially in the performance sheet supplied by Director Hospital for the purpose [Annex-1].

Assistant registrar/ IMO will be the immediate trainer of the interns. In the Thana Health Complex RMO, MO(s), MO(MCH) will be the immediate trainer. THFPO will be the named supervisor and HOD of community Medicine will have a supervisory role & he will countersign the community placement portion of the logbook. During the placement of the interns in the THCs the Civil Surgeons will be informed.

A one-day induction course will be arranged at Medical College Hospital and 2-3 hours induction course will be arranged at THC for interns during their first posting.

**Responsibility:**

The Director of the Medical College Hospital is responsible for running the course. The Head of Departments of major disciplines are responsible for training of interns of their department including subspecialty.

**Grading and Certification:**

All the named supervisors will send their Grading number and Head of Department of major discipline *give average mark* in the supplied form (annex-1) at the end of completion of task in his/her unit. He will consider the following parameters for grading of which *Number 1 is compulsory*.

**Parameters and Marking:**

Parameters	Marking
o Completion of task [Logbook]	3
o Professional knowledge [Assessment]	3
o Obedience & Behavior	2
o Punctuality & Responsibility	2

**Grading:**

Very good	Good	Satisfactory	Unsatisfactory
9-10	7-8	5-6	4 or below

- Director will collect grading number confidentially from all named supervisors and Heads of major disciplines. For easy identification of intern one passport size photograph should be attached to performance sheet and one passport size photograph to logbook.
- The Director Hospital will sign the internship completion certificate. He will consider the grading number of the Head of Department of major discipline and make final comments on performance in the training certificate. *Internship* training certificate may be issued as shown in Annex-2
- Director will not sign the completion certificate if any Head of the major discipline is not giving his average grading number on supplied form.
- Logbook must be surrendered to Director Hospital before taking internship certificate.
- If any intern remains absent from assessment examinations, 1 number will be deducted from each major discipline from average grading number given by Director Hospital.

**Assessment:**

After completion of each component the interns have to appear *Assessment* Examination by OSCE and feedback will be given to interns. A sample question for formative assessment is given in Annex-4. The assessment will be arranged by unit Head of the each component.

**Monitoring:**

Medical College Hospital will form a monitoring committee to monitor the state of the implementation program. The committee will be formed by Director Hospital, Intern Coordinator, Head of Department of Medicine, Surgery, Obstetrics- Gynaecology, Community Medicine and Deputy Director Hospital. Director Hospital will act as Chairman and Intern Coordinator will act as member secretary. The monitoring committee will select intern coordinator.

**Code of conduct, Rules, Regulations and leave:**

The code of conduct, rules, regulations and leave will be applicable to intern as per G.O of MoHFW (Annex-3). In addition to Govt. order following rules are also applicable to interns.



1. If an intern remains absent due to unavoidable circumstances for more days than the allowed casual leave then an extra period of work will be required to complete the tasks in the relevant unit. In that situation he will have to complete the absentee period in the same placement unit after the completion of scheduled one-year internship. For absent period pay of intern will be suspended. After performing duty of absent period intern is allowed to draw his/her pay.
2. If an intern remains unauthorized absent, he/ she has to work extra double time of absent period or his/ her previous training in the respective discipline will be cancelled which ever decided by concerned named supervisor in consultation with Head of department of concerned major discipline and Director Hospital.
3. Duty of absent period should be completed within one month of completion of scheduled internship; failing which his/her training in concern major discipline will be cancelled

### **Instruction to the Trainer**

- The immediate trainers will maintain a register of the interns placed under him/her and make rota for the interns and distribute stipulated number of clinical bed under his care in consultation with named supervisor.
- The named supervisor will supervise the work and attendant register of the interns placed under him/her periodically.
- When the intern has performed task/ tasks, the immediate trainer will write the actual number of task in achievement column and will sign against each column.
- If any task is not achieved in that period, the reason should be noted in the remark column.
- The named supervisor will sign the logbook after completion of task of his/her discipline.
- The named supervisor will not sign the logbook if intern remain unauthorized absent. He/she will sign the logbook after regularization of absent period.
- The topic for community survey will be selected by intern in consultation of Head of Department of Community Medicine at the beginning of internship training. The monitoring committee should previously approve the topic.
- Head of Department of Community Medicine will not counter sign the log book unless intern submit report on community survey.

### **Instruction to the intern**

- Intern should bring their essential instruments and should wear white coat on duty
- During the first posting in the major discipline the interns are expected to become competent in a number of generic skills (See *sec. VI*) and attend specified small group discussion.
- Intern must keep a logbook and try to perform the total number of tasks/ activities mentioned in the logbook and take signature after completion of tasks. He/ She has to maintain diary for daily activity.
- He must attend small group discussion and take signature after end of each topic of small group discussion from resource person.
- The intern should work 72 hours /week. The intern will enjoy a day off after “one night posting and hand-over”.
- The intern should sign attendant registrar at the time of arrival and departure from duty.
- Orders/ notes/ certificates made by intern must be signed with legible name with date and time.
- The bonafied entries of the task mentioned in the logbook is entirely responsibility of the intern.
- The intern should take counter signature in his/her logbook from Head of Community Medicine after completion of task from THC.

## **Generic Skill**

*First major discipline* will be responsible to train the interns on the generic skill and arrange small group discussion during placement.

### **Guidelines for the departments:**

- Major Departments will organize the small session either in the morning or evening in their respective unit at least one in a week.
- Any resource person may be invited in some of these sessions.
- The department should ensure the attendance of the interns in small group sessions keeping register and the resource person will sign against his/her topic of discussion.
- The unit head will try to ensure the task mentioned in the generic skill within 1<sup>st</sup> two weeks of placement.

### **Guidelines for the interns:**

- The interns should attend the small group sessions and participate in discussion.
- The interns will acquire competence in performance of the tasks listed on generic skill by observing their trainers and practice them several times.
- They should take signature from immediate trainer after completion of task mentioned in the logbook.

## **Small Group Discussion**

<b>Topic</b>	<b>Name of teacher with Designation</b>	<b>Signature with date</b>
1. Communication skill		
2. Relief of pain		
3. Care of dying patients		
4. Breaking bad news		
5. Behavior Change Communication [BCC]		
6. Importance of impact of psychological and social factors in disease		
7. Record keeping		
8. Occupational hazards [Radiation, HBsAg, HIV etc]		
9. Medical Audit		
10. Referral technique		

### **Task on Generic skill:**

1. Dealing with common medical emergencies e.g CPR/ Endotracheal intubation using Model / Shock / Acute respiratory failure.

2. History taking and recording
3. Performing physical examination, interpretation of finding and initiate relevant investigation.
4. Arriving to a correct clinical diagnosis
5. Interpretation of common x-ray findings, laboratory finding, temperature chart.
6. Maintain intake and output fluid chart.
7. Perform I.M/ S.C/ I.V injection/ Venesection
8. Introduction of catheter/ Ryles' tube/ Flatus tube.
9. Do P/R examination.
10. Operate sucker machine and give Oxygen
11. Supervise Enema
12. Processing of blood for grouping and sending to blood bank.
13. Doing common bedside pathological tests e.g Hb%, ESR, Urine for albumin and sugar
14. Can write Admission, Follow up, Discharge and Death note properly.

### **Induction at Medical College Hospital**

On the first day of joining at Hospital the intern should undergo 01day induction course

**Objectives: -**

At the end of induction the new interns should have knowledge and understanding of Health Care Delivery System, the Hospital and code of medical ethics.

**Contents:**

1. Medical Ethics and Doctor-Patient relationship.
2. Code of conduct, Rules, Regulations and leave and Instructions to interns
3. Introduction to Bangladesh Health Service and linkage with other hospitals.
4. Organogram of Medical College Hospital and role of different categories of Hospital staff.
5. Role of nursing services and Doctor- Nurse relationship.
6. Hospital procedures.
7. Use of radiology and laboratory services.
8. Community survey

**Teaching Methodology/ Media**

- Lectures / Flip chart/ OHP

**Resource persons:**

1. Principal, Medical College
2. Director, Medical College Hospital.
3. Intern Coordinator
4. Head of the units where interns will be placed
5. Civil Surgeon.
6. Metron

## COMMUNITY PLACEMENT

Interns will be placed at Upazilla Health Complexes for at least 02 weeks. Department of Community Medicine and THFPO will be responsible for supervision of the interns in Upazilla Health Complex. Civil Surgeon will be duly informed.

### **The intern should be involved to the following duties and activities:**

1. Involvement with ESP (Essential Service Package) /PHC and other program running at UHC.
2. Community Diagnosis by a simple survey / Project.
3. Exposure in the outdoors, indoor and emergency with the Medical Officers.
4. Interactions with other health care providers at thana.

### **Induction:**

On the first day of placement at Upazilla Health Complex TH&FPO at Upazilla Health Complexes will arrange a 2 -3 hours orientation course.

### **Objective:**

At the end of this course the intern is able to-

- Understand the organization of THC and community clinic.
- Understand the importance of ESP and their role in delivery of Essential Health Service (EHS).

### **Contents:**

1. Organogram of Thana Health administration.
2. Role and responsibilities of different categories of Hospital staff including Nursing
3. Service available at UHC..
4. Linkage between Thana Health Complex and other hospitals (Community clinic, District hospital, Medical College Hospital, specialized hospital. etc)

### **Teaching Methodology:.**

- Lectures/Discussion/OHP/Flip Chart
- Visits to departments.

### **Resource persons:**

1. Thana Health and Family Planning Officer
2. Consultant Surgery, Medicine, and Gynaecology and Obstetrics
3. Resident Medical Officer.
4. Senior Nurse Supervisor.
5. Health Inspector

# Logbook

**MEDICINE AND ALLIED**  
**[19 Weeks]**

Task	Target			Achievement			Remarks	Signature of Immediate trainer
	Ob	Sup	Ind	Observed/ Assisted [Ob]	Supervised [Sup]	Independent [Ind]		
<b>A. Internal Medicine (12 Weeks)</b>								
<b><i>I. Ward routine</i></b>								
<b><i>History taking and recording</i></b>	1	1	12					
Follow up	1	2	14					
Blood transfusion	1	1	5					
Oxygen inhalation	1	1	4					
Oropharyngeal suction	1	1	2					
Blood sample collection	1	2	6					
Peripheral blood film preparation	1	1	2					
Skin sensitivity test	1	1	0					
ECG recording	1	2	1					
Inhaler & Nebuliser administration	1	1	1					
<b><i>II. Special Procedure</i></b>								
Stomach wash	1	1	0					
Lumbar puncture	2	1	0					
Bone marrow puncture	1	1	0					
Pleural fluid aspiration	1	2	0					
Paracentesis	1	2	0					
Liver abscess aspiration	1	1	0					
<b><i>III. Emergency Management</i></b>								
Acute asthma	1	3						
Status epilepticus	1	1						
CVD	4	2						
Diabetic coma	1	1						
Haematemesis -Malaena	1	1						
Poisoning	1	2						
Intercostal needle aspiration	1	1						
Acute Renal failure	1	1						
Snake bite	1	0	0					
<b><i>IV. General Management Skill</i></b>								
Hypertension	1	2	0					
Br. Asthma	1	2	1					
COPD	2	2	1					
Pleural effusion	1	1	1					
Peptic ulcer	1	4	2					
Diarrhoea	2	1	1					
Viral hepatitis	1	1	1					
Diabetes Mellitus	1	2	2					
Rheumatoid arthritis	1	2	1					
PUO	1	1	0					

## MEDICINE AND ALLIED

Task	Target			Achievement			Remarks	Signature of Immediate trainer
	Ob	Sup	Ind	Observed/ Assisted [Ob]	Supervised [Sup]	Independent [Ind]		
<b><i>Typhoid</i></b>	1	1	0					
Pulmonary tuberculosis	1	1	1					
Malaria	1	1	0					
Kalaazar	1	1	0					
Filaria	1	1	0					
Nephrotic Syndrome	1	1	0					
Urinary tract infection	1	1	1					
Cor Pulmonale	1	1	0					
Hepatic Encephalopathy	1	1	0					
Meningitis	1	1	0					
<b><i>V. Interpretative Skill</i></b>								
Urine report	1	2	2					
Haematological report	1	2	2					
Biochemical report	1	2	2					
X-ray Chest, Ba-Meal, Ba-enema, IVU et.	3	7	5					
Ultrasonogram	5	0	0					
Thyroid function test	1	2	0					
<b>B. Skin and VD (05 days)</b>								
STD	1	2	2					
Scabies	1	2	2					
Ring worm	1	2	2					
Eczema	1	2	2					
<b>C. Psychiatry (05 days)</b>								
Schizophrenia	2	2	0					
Affective disorder	2	2	0					
Neurosis	2	2	0					
<b>D. Cardiology (05 days)</b>								
Interpretation of ECG	4	4	2					
IHD	2	2	0					
Congestive heart failure	1	1	0					
Cardiac Monitor handling	3	2	1					
Cardiac defibrillator use	1	0	0					

Signature of Named  
Supervisor of Medicine

Signature of Named Supervisor  
Of Skin-VD

Signature of Named  
Supervisor of Psychiatry

**MEDICINE AND ALLIED**

Task	Target			Achievement			Remarks	Signature of Immediate trainer
	Ob	Sup	Ind	Observed/ Assisted [Ob]	Supervised [Sup]	Independent [Ind]		
<b>E. Gastroenterology (05 days)</b>								
<b>Abdominal pain</b>	1	1	1					
CLD and Encephalopathy	1	1	0					
<b>Viral hepatitis</b>	1	1	0					
Hepatocellular carcinoma	1	1	0					
Diarrhoea	1	1	0					
Upper GIT endoscopy	2	0	0					
<b>F. Nephrology (05 days)</b>								
Assessment of kidney function	1	2	-					
Management of Ac. Renal failure	1	1	-					
Management of Chr. Renal failure	1	2	-					
Nephrotic syndrome	1	1	-					
<b>G. Neuromedicine (05 days)</b>								
Neurological Examination	2	2	-					
Peripheral Neuropathy	1	1	-					
CVD	2	2	-					

Signature of Named Supervisor of  
SCardiology

Signature of Named Supervisor  
Of Gastroenterology

Signature of Named Supervisor of Nephrology

Signature of Named Supervisor  
Of Neuro Medicine

**MEDICINE AND ALLIED**



[ Paediatrics]

<b>Paediatrics (04 Weeks)</b>							
<b><i>I. Ward routine/ Procedure</i></b>							
History taking and record	1	2	12				
Lumbar puncture	2	2	1				
Aspiration of pleural fluid	1	1	1				
Aspiration of bone marrow	1	1	1				
Throat swab collection	2	1	2				
Blood sample collection	2	3	10				
N-G tube introduction and Nasogastric feeding	2	3	5				
BCG/ MT	1	2	2				
Transportation of specimen to proper place (CSF, Blood, Biopsy materials)	1	2	7				
<b><i>Administration of fluid and drugs</i></b>							
<b><i>Intravenous</i></b>	2	3	10				
Per rectal	2	1	2				
<b><i>Intradermal/ Skin sensitivity test</i></b>	1	1	1				
Intrathecal	2	0	0				
Transfusion of blood	2	1	7				
O <sub>2</sub> administration	1	1	6				
Suction procedure	1	2	7				
Inhaler and Nebulization	1	2	2				
Liver biopsy	1	0	0				
Abdominal paracentesis	1	0	0				
Stomach wash	1	0	0				
ESR	1	1	3				
Hb%	1	1	2				
Glucose	1	1	1				
Slide (Film) preparation	1	1	1				
Photo therapy	1	2	2				
Incubator operation	2	1	2				
ORS preparation	1	3	6				
<b><i>II. Interpretative skill</i></b>							
Common laboratory investigations	2	2	6				
X- ray chest	2	3	5				
<b><i>III. Emergency Management skill</i></b>							
Febrile convulsion	2	2	2				
Accidental poisoning	2	1	2				
Near drowning	1	1	0				
Epilepsy	1	1	1				
Shock	1	1	1				
Water seal drainage	1	1	0				
Snake bite	1	1					
Assessment of dehydration	1	2	7				

**MEDICINE AND ALLIED  
[ Paediatrics]**

Task	Target			Achievement			Remarks	Signature of Immediate trainer
	Ob	Sup	Ind	Observed/ Assisted [Ob]	Supervised [Sup]	Independent [Ind]		
<b>IV. Neonatal case management</b>								
<b>Term, Preterm &amp; LBW</b>	2	2	6					
Birth asphyxia	2	2	1					
<b>Neonatal jaundice</b>	2	1	2					
Neonatal convulsion	1	2	2					
Neonatal infection and sepsis	1	2	2					
Ophthalmia neonatorum	1	2	0					
<b>V. Management skill.</b>								
Breast feeding consultation	2	2	6					
Diarrhoea	1	2	7					
PEM/ Vitamin A deficiency	1	2	2					
ARI	1	2	7					
Helminthiasis	1	2	7					
AGN	1	3	3					
Nephrotic syndrome	1	2	2					
Rheumatic fever	1	1	1					
Meningitis/ encephalitis	1	2	2					
Discharge certificate	2	8	0					
Referral note	1	2	0					

Named Supervisor of Paediatrics

**SURGERY AND ALLIED**  
**[19 Weeks]**

Task	Target			Achievement			Remarks	Signature of Immediate trainer
	Ob	Sup	Ind	Observed/ Assisted [Ob]	Supervised [Sup]	Independent [Ind]		
<b>A. General Surgery [12 Weeks]</b>								
<b>I. Ward routine</b>								
History writing	1	1	18					
Aseptic dressing	2	2	16					
Stitch removal	2	2	12					
Removal of drain	2	2	10					
Per rectal examination	2	2	6					
Proctoscopy	2	2	2					
Catheterization Urethral	2	2	6					
Ryles' tube introduction	2	2	12					
Flatus tube insertion	2	2	1					
Blood transfusion	1	1	8					
Wound swab for C/S	2	2	6					
Writing discharge certificate	2	18	-					
Writing death note- certificate	2	2	-					
<b>II. General Surgical care</b>								
Attending SOPD	1	2	0					
Taking informed consent	1	1	0					
Writing preoperative order	1	3	10					
Writing and sending operation list	1	1	10					
Checking anaesthetist's asking	4	2	8					
Writing operation note	1	4	4					
Writing postoperative order	1	10	5					
Postoperative follow-up	1	2	10					
<b>III. Management skill</b>								
Management of Superficial Wound	1	5	5					
Management of burn	1	3	-					
Hernial obstruction	1	2	0					
Gut obstruction	1	2	1					
Gut perforation	2	2	-					
Acute retention of urine	1	1	1					
Acute appendicitis	1	4	2					
Acute cholecystitis	2	1	1					
Pyloric stenosis	1	1	1					
Carcinoma Stomach	1	2	2					
Bleeding per rectum	1	2	1					
Haematuria	1	1	0					
Chest injury	1	2	-					

## SURGERY AND ALLIED

Task	Target			Achievement			Remarks	Signature of Immediate trainer
	Ob	Sup	Ind	Observed/ Assisted [Ob]	Supervised [Sup]	Independent [Ind]		
<b>IV. Operative Skill</b>								
Scrubbing, Gowning, Gloving	1	2	12					
Skin stitch	2	2	10					
Wound debridement	1	5	3					
Abscess drainage	1	3	3					
Subcutaneous cyst, lipoma, wart etc	2	3	3					
Bandage	1	3	10					
Vaginal Hydrocele	2	3	-					
Circumcision	2	3	2					
No. Of operation witness	20							
No. of operation assisted	20							
Nail Avulsion	1	1	1					
Assist Cystoscopy	5							
Assist Laparoscopic Cholecystectomy	5							
<b>B. Orthopaedic and Traumatology 02 weeks]</b>								
History taking and recording	2	2	8					
Application of roll bandage	2	2	8					
Application of triangular sling	1	2	8					
Application of plaster cast	2	4	4					
Removal of cast	1	2	6					
Surface traction	1	1	1					
Primary management of open fracture	1	2	-					
Assist reduction of Colle's fracture	1	2	-					
Assist reduction of Supracondylar fracture	1	2	-					
Assist Skeletal traction	1	2	-					
Assist Reduction of shoulder dislocation	1	2	-					
Assist operation	10							
<b>C. Neuro-Surgery [01 weeks]</b>								
History taking and recording	1	1	3					
Manage Head Injury	2	2	-					
Manage Spinal injury	1	2	-					
Diagnose raised Intra cranial pressure	1	2	-					

Signature of Named  
Supervisor of Surgery

Signature of Named Supervisor  
Of Orthopaedic Surgery

Signature of Named  
Supervisor of Neurosurgery

## SURGERY AND ALLIED

Task	Target			Achievement			Remarks	Signature of Immediate trainer
	Ob	Sup	Ind	Observed/ Assisted [Ob]	Supervised [Sup]	Independent [Ind]		
<b>D. Paediatric Surgery [01 Weeks]</b>								
History taking and recording	1	2	3					
I.V Infusion	1	5	5					
Diagnose congenital anomalies	1	1	-					
Intestinal obstruction	1	1	-					
Bleeding P/R	1	1	-					
Attend OPD	01 day							
<b>E. Anaesthesiology [01 Weeks]</b>								
Preanaesthetic Assessment	1	5	-					
Anaesthetic care during operation	1	5	-					
Post Anaesthetic care	1	5	-					
O <sub>2</sub> therapy & IPPV	2	5	-					
<b>F. Ophthalmology [01 Weeks]</b>								
Examination of anterior segment of eye	1	2	-					
Epilation of cilia	1	1	1					
Removal of extra ocular FB	1	1	-					
Manage conjunctivitis	1	2	-					
Manage corneal Ulcer	1	2	-					
Diagnosis of cataract	1	2	-					
Manage chr. dacryocystitis	1	1	-					
Pad bandage of eye	1	2	2					
Observe operation	2							
Assist operation	3							
<b>G. Otorhinolaryngology [01 Weeks]</b>								
Removal of FB from Ear	1	2	-					
Ear toileting	1	2	-					
Nasal pack for epistaxis	1	2	-					
Acute/ Chr. Otitis media	1	1	-					
Ac. /Chr. Tonsilitis	1	2	-					
Acute / chronic rhinitis	1	2	-					
Acute/chronic sinusitis	1	2	-					
Observe operation	2							
Assist operation	3							

Signature of Named  
Supervisor of Paediatric Surgery

Signature of Named  
Supervisor of Anaesthesiology

Signature of Named  
Supervisor of Ophthalmology

Signature of Named  
Supervisor of Otorhinolaryngology

**OBSTETRICS –GYNAECOLOGY AND ALLIED  
[12 WEEKS]**

Task	Target			Achievement			Remarks	Signature of Immediate trainer
	Ob	Sup	Ind	Observed/ Assisted [Ob]	Supervised [Sup]	Independent [Ind]		
<b>A. Obsterics [06 Weeks]</b>								
<b>History taking and recording</b>	2	2	18					
Antenatal care	2	2	12					
Postnatal care	2	2	12					
Assist Forceps delivery	2	4	-					
Examination of congenital abnormality of new born	1	1	-					
Management of abortion	2	5	-					
First aid for APH	2	3	-					
First aid for PPH	1	2	-					
Retain placenta	2	2	-					
Resuscitation of newborn	2	2	-					
P.E.T	1	2	-					
Eclampsia	1	2	-					
Preoperative order	2	2	10					
Post operative order	2	2	10					
Assist LUCS	10							
Writing operation note	10							
Assist Obstetrics operation	10							
<b>B. Labour Emergency [01 Week]</b>								
Assessment of progress of labour	2	5	-					
Catheterization	1	2	5					
Normal labour conduction	2	5	5					
Abnormal Labour conduction	2	2	-					
Writing confinement note	2	5	5					
Episiotomy	2	4	2					

Signature of Named  
Supervisor of Obstetrics

Signature of Named  
Supervisor of Labour Emergency

**OBSTETRICS –GYNAECOLOGY AND ALLIED  
[12 WEEKS]**

Task	Target			Achievement			Remarks	Signature of Immediate trainer
	Ob	Sup	Ind	Observed/ Assisted [Ob]	Supervised [Sup]	Independent [Ind]		
<b>C. Gynaecology [04 weeks]</b>								
<b>History and recording</b>	2	2	8					
Preoperative order	2	2	8					
Post operative order	2	2	8					
Writing operation note	2	2	8					
Preoperative management	2	2	8					
Postoperative management	2	2	8					
Taking cervical swab	2	2	2					
Stitch cutting	2	2	10					
Speculum examination	2	2	1					
Making and sending operation list	2	2	5					
Puerperal sepsis	1	2	-					
Menstrual disorder	1	3	-					
Leucorrhoea	1	2	2					
Assist D&C Operation	5							
<b>C. Family Planning [01 Weeks]</b>								
Counselling of family planning method	1	3	-					
Selection of appropriate client for oral contraceptive pill	1	1	-					
Assist insertion of IUCD	1	1	-					
Assist removal of IUCD	1	1	-					
Assist M.R	1	1	-					

Signature of Named  
Supervisor of Gynaecology

Signature of Named  
Supervisor of Family Planning

## COMMUNITY PLACEMENT (02 weeks)

Name of Thana/Upazilla Health Complex .....

From.....to.....

Task	Target			Achievement			Remarks	Signature of Immediate trainer
	Ob	Sup	Ind	Observed/ Assisted [Ob]	Supervised [Sup]	Independent [Ind]		
<b>Thana/Upazilla Health Complexes [14 days]</b>								
<i>I. Reproductive Health/ Child Health/ Communicable disease/ Limited curative care</i>								
<b>Report on Community survey [Compulsory]-01</b>								
Leucorrhoea	1							
Menstrual Disorder	1							
Counselling for family planning	3							
EPI	5							
Manage diarrhea with referral knowledge	2							
Wound care	3							
First Aids	2							
Abscess drainage	1							
CSOM with referral knowledge	2							
Scabies	2							
Ringworm	1							
STD	1							
Referral knowledge for IHD	1							
ARI management	1							
Worm infestation	1							
Observe and participation in BCC	2							
<b>II. Interaction with other health care provider</b>								
G.P's	1							
TBA /Traditional healer	1							
Homeopath/ Kabiraj	1							
Community Clinic staff	2							

Signature of head of  
department of Community Medicine

Signature of Named  
Supervisor



**Annex -1.**

.....**Medical College Hospital.**

Certified that Dr.....worked  
in the department for the period noted against during one year internship training  
from..... to.....

Name of Departments	Period		Grading number [Out of 10]	Signature of named Supervisor	Average or overall grading number		Signature of Head of dept
	From	To					
<b>INTERNAL MEDICINE</b>					<b>Medicine</b>		
Paediatrics							
<b>GENERAL SURGERY</b>					<b>Surgery</b>		
Ortho-Casualty							
Anaesthesia							
Ophthalmology							
ENTD							
<b>GYNAE-OBSTETRICS</b>					<b>Gynaecology and Obstetrics</b>		
Labour Emergency							
Family Planning							
Community placement (THC)							

- Please select grading according to parameter of performance of the trainee.

## Annex-1 (Contd)

### **Instruction to named Supervisor:**

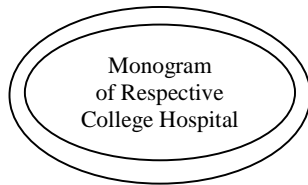
Named supervisor will consider the following parameters for grading of which *Number 1 is compulsory*. Parameters carry 2 to 3 marks. Marks may be given on personal judgement from 0 to 3.

### **Parameters and Marking:**

<b>Parameters</b>	<b>Marking</b>
1. Completion of task	3
2. Punctuality & Responsibility	2
3. Obedient & Behavior	2
4. Professional knowledge	3

### **Grading:**

<b>Very good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>
9-10	7-8	5-6	4 or below



**Annex-2**

----- **Medical College Hospital**

**Certificate of one year Internship Training Completion**

*Certified that Dr. ....M.B.B.S. Son/Daughter of*

.....

*Completed his/her scheduled Internship Training for a period of one year in wards/ departments as under*

Placement	Duration of Training		Total Weeks	Name & Designation of the Professor/Assoc. Professor/Asst. Professor.
	From	To		
Medicine			Weeks	
Surgery			Weeks	
Obstetrics-Gynaecology Including Community			Weeks	

*His / Her Training was whole time residential. He/She was responsible to the Medical Officer/ Asst. Registrar of wards / Department of the care of patients under direct supervision of the professor-in-charge of the wards /Departments. His/her training was found*

.....

Dated -----  
The -----200  
Hospital

Written by-----  
Checked by intern coordinator -----

Director  
----- Medical College

## **Annex-2 [Contd]**

### ***Explanation of grading of performance***

#### **Unsatisfactory**

Means an internee's performance is constantly unsatisfactory and does not measure up to the requirements of the job. Job assignments are not accomplished in a timely manner and are generally incomplete.

#### **Satisfactory**

Interns' performance occasionally meets the standards required for the job. Performance of duties is slightly below what is considered acceptable. Improvement is necessary in many material aspect of the job. Assignments are not generally completed on time and are lacking in several respects. There is lacking in understanding many of the job functions and overall objectives of the jobs.

#### **Good**

Interns' performance of most of the duties is adequate. Consistently meets most standards in an acceptable manner. Rarely exceeds the required standard. Some improvement is necessary in certain aspect of the job. Assignments are generally completed on time and in a comprehensive manner. Understands most duties and overall objectives of the job. Is able to make meaningful contributions within his or her sphere of operation.

#### **Very Good**

An Intern performs all duties and carries out responsibilities in a comprehensive and efficient manner. Little room for improvement. Is able to complete assignments on schedule. Works consistently above standard. Very occasionally standard of work is not made. Generally works independently.

## Annex-3

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার  
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়  
পার - ২ শাখা

মেডিকেল কলেজ / ডেন্টাল কলেজ হইতে এম.বি.বি.এস / বি.ডি.এস পাশ করার পর বাস্তব প্রশিক্ষণের জন্য ইন্টার্নী ডাক্তারদের শৃংখলা ও  
আচরন বিধি :

যেহেতু ইন্টার্নী ডাক্তারগণ সরকারী আদেশ বলে সরকারী প্রতিষ্ঠানে কর্মরত থাকেন এবং সরকার হইতে নিয়মিত নির্ধারিত  
ভাতা পাইয়া থাকেন, সেহেতু তাহাদের বাস্তব প্রশিক্ষণকালীন সময়ের জন্য সংস্থাপন মন্ত্রণালয়ের সহিত পরামর্শক্রমে নিম্নোক্ত  
শৃংখলা ও আচরন বিধি প্রনয়ন করা হইল।

- ১। সংক্ষিপ্ত শিরোনামা ও পূর্বতন :-
  - (১) ইহা ইন্টার্নী ডাক্তার (শৃংখলা ও আচরন) বিধিমালা ১৯৯৮ নামে অবিহিত হইবে।
  - (২) ইহা অবিলম্বে কার্যকর হইবে।
- ২। প্রয়োগ :- বাংলাদেশ সকল মেডিকেল কলেজ / ডেন্টাল কলেজ হইতে এম.বি.বি.এস / বি.ডি.এস. পাশ করার পর বাস্তব প্রশিক্ষণে  
নিয়োজিত সকল ইন্টার্নী ডাক্তার এর ক্ষেত্রে প্রযোজ্য হইবে।
- ৩। অঙ্গীকার পত্র :- (১) প্রত্যেক ইন্টার্নী ডাক্তার তাহার প্রশিক্ষণের জন্য হাসপাতাল পরিচালকের নিকট যোগদানকালে এই মর্মে অঙ্গীকার নামা  
দাখিল করিবেন যে, আমি ----- এই মর্মে অঙ্গীকার করিতেছি যে,  
ইন্টার্নীশীপ ট্রেনিং চলাকালীন সময়ে আমি ইন্টার্নী ডাক্তারদের জন্য প্রণীত শৃংখলা ও আচরন বিধি ও ডিসিপ্লিনারী কমিটির সকল সিদ্ধান্ত মানিতে  
বধ্য থাকিব।
- ৪। শৃংখলা ও আচরন :- (১) কোন ইন্টার্নী ডাক্তার মেডিকেল কলেজ বা ডেন্টাল কলেজ অথবা হাসপাতালের কলুষিত অথবা শৃংখলা ভঙ্গের  
কোন কাজে লিপ্ত থাকিতে অথবা অন্যকে উক্তরূপে কোন কাজে উস্কানী দিতে পারিবেন না, বলিয়া অসদাচরন বলিয়া গন্য হইবে।
  - (২) প্রত্যেক ইন্টার্নী ডাক্তারকে সংশ্লিষ্ট কর্তৃপক্ষের নির্দেশ মোতাবেক নিয়োজিত কাজে হাজির থাকিতে হইবে এবং কর্তৃপক্ষের বিনা  
অনুমতিতে কেহ কর্মস্থল ত্যাগ করিতে পারিবেন না।
  - (৩) ) কোন ইন্টার্নী ডাক্তার তাহার কার্যকালের (ডিউটির) সময় ব্যতীত কর্তৃপক্ষের পূর্ণ অনুমতি ছাড়া হাসপাতালে অবস্থান করিতে  
পারিবেন না।
  - (৪) ইন্টার্নী ডাক্তারগণ কর্মদিবস ও সরকারী ছুটির দিনে হাসপাতালের পরিচালক কর্তৃক জারীকৃত কার্যকালসূচী ( (ডিউটি রোষ্টার)  
অনুযায়ী কর্তব্যে নিয়োজিত থাকিবে।
  - (৫) প্রত্যেক ইন্টার্নী ডাক্তার তাহার এক বৎসর এর প্রশিক্ষনকালে বিশেষ প্রয়োজনে মোট ১৫ দিনের ছুটি ভোগ করিতে পারিবেন, কিন্তু  
এক সপ্তকে কেহ ৩ (তিন) দিনের অধিক ছুটি ভোগ করিতে পারিবেন না।
  - (৬) ) কোন ইন্টার্নী ডাক্তার মেটরনিটি কারণে যতদিন অনুপস্থিত থাকিবেন পরবর্তীতে ঠিক ততদিন কাজ করিয়া তাহার ইন্টার্নীশীপ  
সমাপ্ত করিবেন। অনুপস্থিত কালীন সময়ের জন্য তিনি কোন ভাতা পাইবেন না।
  - (৭) ইন্টার্নী ডাক্তারগণ কোন বিষয়ে যৌথ আবেদন করিতে পারিবেন না।
  - (৮) যথাযথ কর্তৃপক্ষের মাধ্যম ব্যতীত উর্ধতন কর্তৃপক্ষের সঙ্গে যোগাযোগ করা যাইবে না।
- ৫। দন্ড সমূহ :- (১) এই শৃংখলা আচরন বিধির পরিপন্থি কার্যকলাপ ও অসদাচরনের জন্য ডিসিপ্লিনারী কমিটির সিদ্ধান্ত অনুযায়ী কোন ইন্টার্নী  
ডাক্তারের ইন্টার্নীশীপ সম্পূর্ণ বাতিল করা যাইতে পারে অথবা তাহাকে দেয় ভাতা আংশিক বা সম্পূর্ণ কর্তন করা যাইতে পারে বা তাহাকে দেয়  
ভাতা বন্ধ করিয়া দেওয়া যাইতে পারে।
  - (২) অননুমোদিত অনুপস্থিত কালীন সময়ের জন্য ভাতা কর্তন করা যাইতে পারে।
  - (৩) উপরোক্ত উপবিধি (১) ও (২) এ উল্লেখিত ডিসিপ্লিনারী কমিটির সিদ্ধান্ত চূড়ান্ত বলিয়া গন্য হইবে।
- ৬। ডিসিপ্লিনারী কমিটি :- ইন্টার্নী ডাক্তারগণের শৃংখলা ও আচরন সংক্রান্ত বিষয়ের তদন্ত ও উহার উপর সিদ্ধান্ত এবং এই বিধিমালা যথাযথভাবে  
অনুসৃত হইতেছেন কি না তৎসম্পর্কে প্রতিবেদন দাখিল করার জন্য নিম্নবর্ণিত সদস্যগণের সমন্বয়ে দুইটি পৃথক ডিসিপ্লিনারী কমিটি গঠিত হইবে।

(ক) ডিসিপ্লিনারী কমিটি মেডিকেল কলেজ হাসপাতাল।

- ১। পরিচালক, সংশ্লিষ্ট মেডিকেল কলেজ হাসপাতাল -----সভাপতি
- ২। অধ্যক্ষ, সংশ্লিষ্ট মেডিকেল কলেজ -----সদস্য
- ৩। অধ্যাপক, (জ্যেষ্ঠতম) মেডিসিন, সংশ্লিষ্ট মেডিকেল কলেজ -----সদস্য

- ৪। অধ্যাপক, (জ্যেষ্ঠতম) গাইনী, সংশ্লিষ্ট মেডিকেল কলেজ -----সদস্য  
৫। অধ্যাপক, (জ্যেষ্ঠতম) সার্জারী, সংশ্লিষ্ট মেডিকেল কলেজ -----সদস্য  
৬। উপ-পরিচালক, সংশ্লিষ্ট মেডিকেল কলেজ হাসপাতাল -----সদস্য

(খ) ডিসিপ্লিনারী কমিটি ডেন্টাল কলেজ :

- ১। অধ্যক্ষ, ডেন্টাল কলেজ ----- সভাপতি  
২। অধ্যাপক, (জ্যেষ্ঠতম/সহযোগী অধ্যাপক (জ্যেষ্ঠতম) -----সদস্য  
৩। সহযোগী অধ্যাপক (জ্যেষ্ঠতম) -----সদস্য  
৪। সচিব, ডেন্টাল কলেজ -----সদস্য

৫। প্রতিবেদন :- (১) এই বিধিমালা সঠিকভাবে প্রতিপালিত হইতেছে কি না সে বিষয়ে ডিসিপ্লিনারী কমিটিকে প্রতি ৪ (চার) মাস অন্তর স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়ের নিকট প্রতিবেদন প্রেরণ করিতে হইবে।

(২) হাসপাতালের পরিচালক, ইন্টারগীশীপ শেষ হওয়ার পর প্রত্যেক ইন্টারগী ডাক্তারের কার্য সম্পাদনের উপর গোপন প্রতিবেদন প্রদান করিবেন।

স্বাঃ  
(মনজুরুল উল করীম)  
সচিব

**Annex-4**  
**Examples of some model station for assessment**

**Station No. 1**

**Instruction to examinee:** The woman is a case of 36 weeks pregnancy. Perform an abdominal examination.

**Checklist for the observer:**

Procedure station

**Instruction to observer:** Please write the Number of the examinee.  
**Please observe the student examining and tick the appropriate boxes.**

Examinee's Number:

<b>Points</b>	<b>Ticks</b>
Explanation of the procedure	
Consent	
Positioning of the woman properly	
Fundal height	
Fundal grip	
Lateral grip	
First pelvic grip	
Second pelvic grip	
Abdominal girth	
Auscultaion of fetal heart sound	

**Marks for each point-1**

**Marks obtained: /10**

**Requirement:**

1. Observer
2. Patient
3. Patient bed
4. Two chairs
5. Table
6. Stethoscope
7. Checklist
8. Measuring tape
10. Student instruction on the door
11. Student instruction on the table

**Station No. 2**

**Instruction to examinee:** Do a per-vaginal examination in the dummy. Give your commentary.

**Checklist for the observer:**

Procedure station

**Instruction to observer:** Please write the name and Number of the examinee.  
Please observe the student examining, listen to the commentary and tick the appropriate boxes. Sequence is important here.

**Examinee's Name:**

**Examinee's Number:**

<b>Points</b>	<b>Ticks</b>
Inspect the genitalia	
Put on the gloves	
Lubricate index and middle fingers	
Proper positioning of finger	
Expose the introitus by left hand	
Introduce finger gently	
Press over symphysis pubis by left hand	
Feel fornices and cervix and uterus	

**Marks for each tick-1.**

**Marks obtained: /8**

**Requirement:**

1. Observer
2. Dummy
3. Patient bed
4. One chair
5. Table
6. Gloves
7. Lubricant
8. Checklist
9. Student instruction on the door
10. Student instruction on the table



**Station No. 3**

- Instruction to Examinee:**
1. Write your number.
  2. A woman named Falani aged 26 years came to you with complaints of per vaginal whitish discharge with itching vulvae. Advise her appropriate laboratory tests.
  3. Drop the answer sheet in the box at the door.

**Examinee's number:**

<b>Advice for laboratory investigation</b>	<b>Tick correct answers (will be filled by examiner)</b>	<b>Correct answers</b>
		Falani
		26 years
		VDRL
		High vaginal swab for gram stain and C/S
		Blood sugar
		Urine R/E

Marks obtained: /9

Marks for each point=1.5

**Requirement:**

1. Table
2. Chair
3. Student instruction on the table
4. Student instruction on the door
5. Box at the door

**Station No. 4**

**Instruction to examinee:** This pregnant lady has a history of caesarian section delivery.  
Counsel her for hospital delivery.

**Checklist for the observer:**

Procedure station

**Instruction to observer:** Please write the Number of the examinee.  
Please observe the student counseling, and tick the appropriate boxes.

**Examinee's Number:**

Points	Ticks
You have not delivered normally in the past	
This time you may not deliver normally	
This time you may need caesarian section delivery	
Hospital is the place for this operation	
If you wait for normal delivery at home you may fall in serious problem	

**Marks for each tick-2.**

**Marks obtained: /10**

**Requirement:**

1. Table
2. Three chairs
3. Student instruction on the table
4. Student instruction on the door
5. Patient
6. Observer
7. Checklist

**Station No. 5**

**Instruction to examinee:** The woman is a case of 34 weeks pregnancy with proteinuria and headache. She is a suspected case of PET. Examine her to confirm diagnosis.

**Checklist for the observer:**

Procedure station

**Instruction to observer:** Please write the Number of the examinee.

Please observe the student examining, and tick the appropriate boxes. Sequence is important here.

**Examinee's Number:**

Points	Ticks
Explain the procedure to the patient and take consent	
See odema in leg	
Measure blood pressure	
Putting hand cuff in proper place	
Palpate pulsation on the front of the elbow	
Put chest piece of the stethoscope on the place	
Pump appropriately	
Repeat the process	

Marks for each tick-1.

Marks obtained: /8

**Requirement:**

1. Observer
2. Patient
3. Patient bed
4. Two chairs
5. Table
6. Stethoscope
7. B.P instrument
8. Checklist
10. Student instruction on the door

**Station No. 6**

**Instruction to examinee:** This patient complains of weakness of both the lower limbs.  
Examine patient's right knee jerk.

**Checklist for the observer:**

Procedure station

**Instruction to observer:** Please write the Number of the examinee.  
Please observe the student examining, and tick the appropriate boxes.

**Examinee's Number:**

Points	Ticks
Explain the procedure	
Take consent	
Expose the leg	
Keeping left hand under the fold of right knee joint	
Distract attention	
Hammer on the tendon appropriately	
See the jerk	

**Marks obtained: /10**

**Marks for each of the first four points -1and for last three 2.**

**Requirement:**

1. Observer
2. Patient
3. Patient bed
4. Two chairs
5. Table/board
6. Hammer
7. Checklist
8. Student instruction on the door

**Station No. 7**

- Instruction to Examinee:**
1. Write your number.
  2. A blood count report is supplied. Write your comment on blood picture.
  3. Drop the answer sheet in the box at the door.

**Examinee's number:**

**Blood report**

**Hb:** 10 gm/dl.

**TC:** 10000 / Cumm.

**DC: N:** 62%

**L:** 34%

**E:** 02%

**M:** 02%

**Platelet count:** less than 40000/cumm.

<b>Comment</b>	<b>Tick correct answer (will be filled by examiner)</b>	<b>Correct answer</b>
		Thrombocytopenia

Marks obtained: /10

Marks for each tick-10.

**Requirement:**

1. Table
2. Chair
3. Student instruction on the table
4. Student instruction on the door
5. Box at the door

**Station No. 8**

**Instruction to examinee:** Demonstrate cardiopulmonary resuscitation on the dummy. The examiner will observe your performance.

**Checklist for the observer:**

Procedure station

**Instruction to observer:** Please write the Number of the examinee.

Please observe the student examining and tick the appropriate boxes.

**Examinee's Number:**

Points	Ticks
Positions the dummy properly	
Extend the neck	
Lift the jaw	
Mark the site of cardiac compression	
Perform external cardiac massage	
Hold the mask properly	
Assist ventilation with AMBU bag and mask	
Checks the effectiveness of ventilation(chest moves)	
Uses correct cardiopulmonary ratio	
Sequence of procedures	

**Marks for each correct activity-1.      Marks obtained:      /10**

**Requirement:**

1. Table
2. Chair
3. Student instruction on the table
4. Student instruction on the door
5. Dummy
6. AMBU bag and mask
7. Observer
8. Checklist

**Station No. 9**

**Instruction to examinee:** A 12 months old girl is brought to you with the complaints of loose motion. Take a relevant history from her mother.

**Checklist for the observer:**

History taking station

**Instruction to observer:** Please write the Number of the examinee.

**Please observe the student taking history and ticks appropriate boxes.**

**Examinee's Number:**

<b>Points</b>	<b>Tick</b>
Patient's name	
Patient's age	
Duration of loose motion	
Frequency	
Blood in stool	
Type of food the child is taking	
History about fluid intake	
Drug history	
Asking about urination	
Asking about fever	
Attention paid to answer	
Rapport with the mother	

Marks obtained: /12

Marks for each ticks=1

**Requirement:**

1. Observer
2. Patient's mother/father
3. Three chairs
4. Table
5. Checklist
6. Student instruction on the door
7. Student instruction on the table

**Station No. 10**

**Instruction to examinee:** Manna a 10 months old boy is admitted with acute watery diarrhoea. Examine the child to assess the state of dehydration. Give your commentary.

**Checklist for the observer:**

Procedure station

**Instruction to observer:** Please write the Number of the examinee. Please observe the student examining, listen to the commentary and tick the appropriate boxes. Sequence is important here.

**Examinee's Number:**

Points	Ticks
Explain the procedure to the mother	
Take her consent	
Skin pinch	
Fontanel examination	
Eye examination	
Tongue examination	
Pulse rate and volume examination	

**Marks for each tick-1.**

**Marks obtained: /7**

**Requirement:**

1. Observer
2. Patient
3. Patient bed
4. Two chairs
5. Table
6. Checklist
7. Student instruction on the door
8. Student instruction on the table



**Station No. 11**

- Instruction to Examinee:**
1. Write your number.
  2. An x-ray film of Mr. Baral is focused in the view box. Write the findings and diagnosis.
  3. Drop the answer sheet in the box at the door.

**Examinee's number:**

**X-ray**

<b>Findings</b>	<b>Tick correct answers (will be filled by examiner)</b>	<b>Correct answers</b>
		Mr. Baral
		X-ray abdomen AP view including both domes of diaphragm in erect posture
		Multiple fluid and gas levels are seen
<b>Diagnosis</b>		
		Intestinal obstruction

**Marks obtained: /10**

Marks for each of the findings=2 and for diagnosis=4

**Requirement:**

1. Table
2. Chair
3. Student instruction on the table
4. Student instruction on the door
5. Box at the door
6. X-ray film with intestinal obstruction
7. View box

**Station No. 12**

**Instruction to examinee:** The patient is having an ulcer. Examine the ulcer. Give your commentary.

**Checklist for the observer:**

Procedure station

**Instruction to observer:** Please write the Number of the examinee.

**Please observe the student examining, listen to the commentary and tick the appropriate boxes. Sequence is important here.**

**Examinee's Number:**

<b>Points</b>	<b>Ticks</b>
Explain the procedure to the patient and take consent	
Uncover the area	
Site	
Size	
Shape	
Margin	
Floor	
Base	
Surrounding skin	
Regional lymph node	

**Marks for each points-1**

**Marks obtained: /10**

**Requirement:**

1. Observer
2. Patient
3. Patient bed
4. Two chairs
5. Table
6. Checklist
7. Student instruction on the door

**Station No. 13**

**Instruction to examinee:** The patient has fractured left clavicle. Give him first aid.

**Checklist for the observer:**

Procedure station

**Instruction to observer:** Please write the Number of the examinee.

**Please observe the student giving first aid and tick the appropriate boxes.  
Sequence is important here.**

**Examinee's Number:**

<b>Points</b>	<b>Ticks</b>
Explain the procedure to the patient and take consent	
Collection of bandage and cotton	
Prepare sling for collar and cuff	
Ask the patient to sit	
Apply sling in sequence	
Maintain 90 degree angle of the elbow	
Ask for comfort	
Take action as the patient desires	

**Marks for each points-1.**

**Marks obtained: /8**

**Requirement:**

1. Observer
2. Patient
3. Gauze bandage
4. Two chairs
5. Table
6. Checklist
7. Student instruction on the door

**Station No. 14**

**Instruction to examinee:** The patient has retention of urine (Dummy). Catheterize to relieve his retention of urine. Give your commentary.

**Checklist for the observer:**

Procedure station

**Instruction to observer:** 1. Please write the Number of the examinee.  
2. Please observe the student catheterizing, listen to the commentary and tick the appropriate boxes. Sequence is important here.

**Examinee's Number:**

Points	Ticks
Explain the procedure to the patient and take consent	
Uncover the genitalia	
Putting on gloves	
Antiseptic wash of the genitalia	
Anaesthetize the urethra and Lubricate the catheter	
Hold the catheter by right hand	
Hold the genitalia by left hand	
Insert the catheter gently	

**Marks for each tick-1.**

**Marks obtained: /8**

**Requirement:**

1. Observer
2. Dummy (male)
3. Patient bed
4. Two chairs
5. Table
6. Urinary catheter
7. Gloves
8. Lubricant
9. Forceps
10. Checklist
11. Student instruction on the door

**Station No. 15**

**Instruction to examinee:** Put on gloves over your both hands. Give your commentary.

**Checklist for the observer:**

Procedure station

**Instruction to observer:** 1. Please write the Number of the examinee.  
2. Please observe the student wearing gloves listen to the commentary and tick the appropriate boxes. Sequence is important here.

**Examinee's Number:**

Points	Ticks
Selection of appropriate size of gloves	
Application of powder over hands	
Selection of site of gloves	
Folding the gloves	
Holding gloves by its inner aspect	
Putting the hand into the gloves	
Removal of gloves	

**Marks for each tick-1.**

**Marks obtained:** /7

**Requirement:**

1. Observer
2. Two chairs
3. Table
4. Pairs of gloves
5. Powder
6. Checklist
7. Student instruction on the door