

4	PROFESSIONALISM					
	Demonstrated respect and compassion for patients, families and colleagues					
	Demonstrated appropriate communication skills with patients, families and staff members					
	Adhered to principles of confidentiality, scientific/academic integrity and informed consent					

1.1 Upon completion of internship application for full registration should be made with the following attachments:

- a. Signed evaluation form will be required and submitted to LMD&PC
- b. Signed procedure and case log book must also be submitted to LMD&PC

1.2 Failure to complete internship

- a. It is the responsibility of the Internship Training centre and the intern to inform the LMD&PC
- b. It is also the responsibility of Internship Training centre to report to LMD&PC incidences that may require intervention and disciplinary action against any intern.

NOTICE

1.0 The Lesotho Medical Dental & Pharmacy Council as a statutory body to ensure registration of appropriately trained doctors with proper credentials has a primary responsibility to ensure that the internship program in Lesotho is at a comparable level with other programs within AMCOA countries.

2.0 The Ministry of Health by an act of law has delegated the responsibility of screening credentials of doctors to LMD&PC. It is in this context that LMD&PC is directly advisory to the Minister of Health.

LESOTHO MEDICAL DENTAL & PHARMACY COUNCIL

GUIDELINES FOR INTERNSHIP PROGRAM

1.0 GENERAL INFORMATION

1.1 Lesotho Medical Dental & Pharmacy Council was established in 1970 with specific mandate to regulate the practice of Medicine, Dentistry and Pharmacy. In fulfilling this mandate the role of LMD&PC regarding Internship Program is to:

- a. Provide necessary guidelines to the interns
- b. Liaise with employers and supervisors of interns to ensure enabling environment
- c. Ensure that the required standards at all internship centres are maintained
- d. Ensure that the new internship training centres conform to agreed standard
- e. Verify completion of internship training
- f. Register successful interns as full practitioners

1.2 Ministry of Health as custodian of health has an important role to ensure that:

- a. The Internship Training Centres have adequate learning facilities
- b. The internship Training Centres have appropriate professional skill mix including specialists
- c. The internship candidates' welfare in terms of salaries and other needs is appropriately addressed.

1.3 Internship Training Centres

The minimum requirements for these key components in the training of doctors are:

- a. Specialists in the key disciplines involved in intern training
- b. Medical intern supervisors (medical officers) in each specialty of training
- c. Internship Program Supervisor responsible for allocation of interns
- d. Laboratory, radiology and pharmacy are key
- e. Small medical library with current journals/reference books or/plus internet access
- f. Training Centres:

- Queen Mamohato Memorial Hospital
- Motebang Family Medicine Specialty Program
- Bayler Children's Hospital – Children HIV/AIDS
- Maluti Adventist Hospital (Identified units that meet Accreditation criterion)
- Queen Elizabeth II Hospital (When fully functional – units that meet Accreditation criterion).

2.0 INTERNSHIP

2.1 Internship is a period of supervised practical experience acquired in designated internship training centres.

2.2 The graduates during this period consolidate their knowledge, skills and attitudes to enable them become competent practitioners of tomorrow.

2.3 The duration of internship program is 24 months with rotation in the following disciplines for intern doctors:

- a. Internal Medicine 4 Months
- b. General Surgery 3 MONTHS
- c. Orthopaedics 2 Months
- d. Obstetrics & Gynaecology 5 Months
- e. Paediatrics 3 Months
- f. Family Medicine 4 Months
- g. Accident & Emergency Care 1 Month
- h. Anaesthesiology 1 Month
- i. Ophthalmology & Oto-rhino-laryngology 1 Month
- j. HIV/AIDS & TB Management Part of Family Medicine
- k. Psychiatry Optional under Family Medicine

2.4 The goal of internship is:

- a. To ensure that interns consolidate what they learned and become competent doctors.
- b. Acquaint interns with commonly used medicines and their rational use
- c. To be conversant with Essential Drug List & Dangerous Drugs & Poison Act in addition to other formularies in use.
- d. Familiarise and use Ministry of Health Standard Treatment Guidelines including HIV/AIDS & TB Treatment Guidelines.

2.5 Eligibility to Internship Program

- a. The graduate must produce proof of completion of under graduate training.
- b. The graduate must have registered with LMD&PC and produce internship licence.

2.6 Minimum Requirements in Clinical Skills and Patient Care

- a. Full history; complete physical examination; differential diagnosis; and working diagnosis.
- b. Based on working diagnosis develop a treatment and management plan
- c. Order appropriate and relevant investigations; interpret them competently ; formulate a definitive diagnosis
- d. Be proficient in recording and regular updating of patient’s notes.
- e. Present cases concisely, coherently and competently
- f. Observe and uphold professional ethics and etiquette
- g. Acquire basic research principle
- h. Participate in Continuing Professional Development activities

2.7 Competencies

- a. General Patient Care:
The intern should:
 - 1) Gather accurate, essential information from all sources

- a. List and number of procedures done by intern as primary doctor and signed for by supervisor

2.8 Evaluation Form:

Upon completion the rating scale is used.

In all departments competence in patient care, medical knowledge, Clinical skill and professionalism should be rated accordingly.

Rating Scale:

Score	Level of training
5	Superior level of training
4	Above expected level of training
3	Appropriate for level of training
2	Below expected level of training
1	Unacceptable for level of training

In order to qualify an intern should score 3 or above

		1	2	3	4	5
1	PATIENT CARE					
	Gathered accurate, essential information from all sources					
	Made informed recommendation about preventive,diagnostic and therapeutic options					
	Made interventions based on clinical judgement, scientific evidence and patient preference					
	Developed effective patient management plans and integration of patient care					
2	MEDICAL KNOWLEDGE					
	Evaluated and effectively treated patients					
	Presented the patient’s medical issues in a concise problem based format					
	Executed a care plan for a variety of illness that required hospitalisation					
	Interpreted a wide variety of medical tests					
3	CLINICAL SKILL					
	Performed a variety of appropriate procedural skills					
	Completed the procedure log					

Intubate and manage airway	5	5	5	
IV access	10	10	10	
CPR adult advanced support	5	5	5	
CPR child advanced support	5	5	5	
Gastric lavage	3	3	3	
Insert NGT	5	5	5	
Insert chest drain	5	5	5	
Give oxygen	10	10	10	
Suture lacerations	10	10	10	
Urinary catheter insertion	5	5	5	
Immobilise spine	5	5	5	
Primary survey	10	10	10	
Secondary survey	10	10	10	
Fracture management	10	10	10	
Limb traction	5	5	5	
Interpret ECG	5	5	5	
Manage anaphylactic shock	3	3	3	
Relieve tension pneumothorax	2	2	2	
Interpret Trauma x-rays	10	10	10	
Interpret CT scans	5	5	5	
Log rolling	10	10	10	
Drugs used in emergency	10	10	10	
Manage snake bite	1	1	1	
Calculate % burn	3	3	3	
Management of choking	3	3	3	
Intraosseous access	5	5	5	

- 2) Make informed recommendation about preventive, diagnostic and therapeutic options.
 - 3) Make intervention strategy and plans based on clinical judgement, scientific evidence with due reference to patient preferences
 - 4) Develop, negotiate and implement effective patient management plan taking full recognition of family and other relevant stakeholders.
 - 5) Construct an individualised treatment plan.
- b. Medical Knowledge:
The intern should be able to:
- 1) Evaluate a patient using all gathered information and supporting evidence that include laboratory, radiological and other relevant tests
 - 2) Present the patient's key complaints, assessment and differential diagnosis.
 - 3) Execute a care plan for a wide variety of illness that require hospitalisation
 - 4) Interpret a wide variety of relevant investigations
 - 5) Detect and act promptly on high risk conditions
 - 6) Recognise common minor anomalies relevant per specialty
- c. Clinical Skills:
The intern should:
- 1) Learn to perform a variety of procedural skills
 - 2) Apply the acquired procedural skills in the outpatient and inpatient setting
- d. Professionalism:
The intern should:
- 1) Demonstrate sensitivity and responsiveness to patients, relatives and colleagues at times
 - 2) Adhere to principles of confidentiality, scientific/academic integrity and informed consent
 - 3) Recognise and identify deficiencies in peer performance and deliver constructive evaluation and criticism

2.8 DEPARTMENTS

INTERNAL MEDICINE

The intern should:

- Clerk a minimum of one hundred and twenty patients.
- Present a minimum of ten detailed case
- Participate in daily rounds and the grand rounds
- Master the following bedside techniques
 - 1) Insertion of intercostal drain
 - 2) Insertion of ordinary IV lines
 - 3) Thoracocentesis

- 4) Lumber puncture
- 5) Gastric lavage
- 6) Cardio-pulmonary resuscitation (CPR)
- 7) Insertion of nasogastric tubes
- 8) Central vein catheter placement
- 9) Interpretation of basic ECG patterns
- 10) Interpretation of basic spirometry
- 11) Basic fundoscopy

INTERNAL MEDICINE LOG OF ACTIVITIES & PROCEDURES

Activities & Procedures	Minimum Number Required	Signature of Senior Medical Officer	Signature of Consultant/Specialist
Number of patients clerked	120		
Daily Rounds	120		
Weekly Grand Rounds	16		
Case presentation	Minimum 10		
Journal/Medical/Literature Presentation	Minimum 10		
Insertion of Thoracic Drain	Master		
Central Catheter Placement	Observed		
Insertion of Ordinary IV Line	Master at least 30		
Thoracocentesis	Master		
Lumbar Puncture	Master		
Inserting of Nasogastric Tube	Master at least 15		
Gastric Lavage	Observed		
Paracentesis	Master		
CPR	Master		
Do and interpret basic ECG Patterns	Master		
Interpretation of Blood Tests including ABG Results	Master		
Basic Fundoscopy	Master		
Basic HIV Counselling	Master		
HIV and TB Management	Master		
Pericardiocentesis	Observe		
Interpretation of CXR	Master		
Basic interpretation of other imaging modalities	10		
Neurological examination	10		

expected to work in the outpatient department, casualty, theatre, and inpatient wards depending on the training site and supervisor. They will be expected to present patients to supervising physicians, as well as participate in hospital meetings inclusive of grand rounds, M&M presentations, quality improvement, and others. Interns will also be expected to participate in COPC research in a team led by family medicine registrars. A portfolio will be utilized by the intern to track patient encounters, procedures, and competencies.

Department		
Casualty	Integrated with calls	Management of accident & emergency patients
Inpatient wards	2 months	Management of pediatric, adult, maternity, and surgical patients
Outpatient department – at hospital	Longitudinal	Understand management of common chronic conditions and national protocols at a district level
Outpatient department – at health centre	Longitudinal	Understand operation of the health centre and its function within the continuum of the health system
Community exposure	1 month	Understand the functioning of a community within the continuum of care including community diagnosis

ACCIDENT & EMERGENCY

The intern should:

- 1) Take relevant focused history in an emergency setting
- 2) Make proficient examination and detection of key vital signs
- 3) Demonstrate knowledge of relevant anatomy and physiology
- 4) Interpret relevant blood tests and ABGs
- 5) Order and interpret relevant investigations according to provisional diagnosis
- 6) Develop and demonstrate competency in handling medical, paediatric, surgical, obstetric and gynaecological emergencies.
- 7) Apply basics of Triage

EMERGENCY LOG PROCEDURES

Procedure	Number Required observed	Number Required Assisted	Number Required Performed	Signature Consultant/ Registrar
Measure the GCS scale	10	10	10	
Intubate and manage airway	5	5	5	

Perform spinal anaesthesia	5 under supervision		
Perform epidural catheterisation	5 under supervision		
Central line	3 under supervision		
Arterial gas sampling and interpretation			
ECG basic interpretation of common rhythms			
Capnography interpretation			

FAMILY MEDICINE

Family medicine is a unique medical specialty that combines the clinical aspects of many fields and integrates whole-person care, district health management, and community health.

The intern should:

- Gain an understanding of the district health system and its position within the larger national health system
- Develop a holistic and patient-centred approach to patient care, caring for the patient as part of his/her family, community, and ecosystem
- Become aware of their limitations as medical practitioners and the appropriate use of consultation with other health care providers
- Form the habit of continuing professional development as a means to maintain and improve their professional skills throughout their careers
- Learn an approach to optimize utilization of health care resources for the health of the community
- Learn to evaluate and manage patients with undifferentiated and specific problems common in the community
- Conduct all aspects of health care in an ethical and professional manner
- Develop skills and competence in management of chronic diseases
- Participate in community-oriented primary care (COPC)

Training sites

- District hospitals/CHAL hospitals
- Community health centres
- Family medicine department at Motebang Hospital

Exposure and Responsibilities

Interns rotating in family medicine will be exposed to a variety of patients and procedures across the continuum of care, and will be expected to perform any appropriate procedures. Interns will be

PAEDIATRICS

The intern should be familiar with the following topics either through experience, didactic sessions or reading:

- 1) Management of respiratory emergencies (upper and lower airway obstruction, lung tissue disease, disorder of control of breathing).
- 2) Recognition and management of shock (Hypovolaemic, Distributive, Cardiogenic, Septic and Neurogenic).
- 3) Pneumonia
- 4) Haematological conditions: Anaemia, Fanconi Anaemia, Haemophilia, ITP, etc.
- 5) Other conditions presenting paediatrics such as Diabetes Mellitus and Asthma
- 6) Burns
- 7) Cardiovascular conditions
- 8) Seizure disorders
- 9) Common paediatric malignancies
- 10) Common neurological conditions
- 11) Failure to thrive
- 12) Gastroenteritis with different levels of dehydration
- 13) Fluid management in a child
- 14) HIV and related complications
- 15) Tuberculosis
- 16) Malnutrition
- 17) Other infections including m, septicaemia, URTI,, UTI and others
- 18) Renal conditions: Nephrotic syndrome and/Nephritic Syndrome
- 19) Immunizations
- 20) Poisoning: paraffin, organophosphate and others

Common Paediatric Conditions

The intern must be able to anticipate, diagnose and manage the following:

- 1) Birth Asphyxia
- 2) Congenital cardiac conditions
- 3) Congenital abnormalities including neural defects
- 4) Jaundice
- 5) Meconium Aspiration
- 6) Neonatal hypoglycaemia
- 7) Neonatal fluid management
- 8) Septicaemia including NEC, meningitis, pneumonia
- 9) Seizures
- 10) Prematurity
- 11) Hyaline membrane disease
- 12) Resuscitation
- 13) Necrotic Enterocolitis
- 14) Large for gestational age and infant of Diabetic Mother
- 15) Congenital pneumonia
- 16) Hypoxic Ischaemic encephalopathy

PAEDIATRIC LOG PROCEDURES

Procedure	Number Required	Signature Senior Medical Officer	Signature Consultant/Specialist
Number of patients clerked	15		
Daily Rounds	50		
Grand Rounds	10		
Case Presentation	5		
Bag Valve	3		
Lumbar Puncture	5		
Umbilical Catheterisation	3		
Pleural Tap	5		
Resuscitation	5		
Venipuncture	25		
Placement of peripheral IV line	25		
Placement of NG tube	5		
Exchange transfusion	Optional		
Use and indication of CPAP			

OBSTETRICS & GYNAECOLOGY

The intern should:

- Be able to clerk patients and make presentations.
- Manage normal delivery and labour.
- Partogram use and monitoring.
- Conduct vaginal delivery including complicated deliveries.
- Conduct a vacuum assisted vaginal delivery.
- Manage incomplete abortion with Manual Vacuum Aspiration.
- Perform examination under anaesthesia (EUA)
- Do biopsy for cancer of cervix and clinical staging.
- Perform marsupialisation of Bartholin's Cyst.
- Perform Ceasarean section (uncomplicated).
- Perform salpingectomy for ectopic pregnancy.
- Induce labour and follow up Ceasarean section if indicated.
- Manage post-partum haemorrhage from uterine atony and vaginal lacerations.
- Repair episiotomy and or second degree perineal tear.
- Diagnose and manage miscarriage.
- Manage HIV in pregnancy.
- Screen and identify High Risk Pregnancies and manage accordingly.
- Manage ante-partum haemorrhage
- Manage high blood pressure in pregnancy.
- Basic surgical skills training
- Basic ultrasound training level 1
- Essential steps in management of obstetric emergencies training (ESMOE)

- Acquire skill and ability to perform standard ENT examination – neck, nose and ear examination;
- Use of otoscope, oropharyngoscope and anterior rhinoscopy
- Conduct hearing assessment.
- Knowledge and ability to manage common conditions – Epistaxis, tonsillitis, otitis media, upper airway obstruction, acute epiglottitis and facial nerve palsy.
- Removal of foreign bodies (ear, nose, Airways).
- Manage post operation complications of tonsillitis
- Awareness, diagnosis and management of HIV related conditions

OTORHINO LARYNGOLOGY LOG PROCEDURES

Procedure	Number Required	Signature Senior Medical Officer	Signature Consultant/Specialist
ENT Examination	5		
Removal of FB	2		
Otoscope	5		
Anterior Rhinoscopy	3		
Epistaxis Packing	2		
Hearing Assessment	2		
Peripheral line insertion	10		
Tonsillectomy	2 (observed)		

ANAESTHESIOLOGY

The intern should:

- Be Able to perform standard pre-operation assessment.
- Identify patients risk status
- Plan on anaesthesia technique that best suits the patient

ANAESTHESIOLOGY LOG OF PROCEDURES

Procedure	Minimum Required	Signature of Senior Medical Officer	Signature of Consultant/Specialist
ACLS Algorithm	3		
Bag Musk ventilation	10		
Airway examination Advanced airway examination	15 10ETT 5 LMA		
Cricothyrodoctomy	1		
Eishmann use in ETT placement	5		
Peripheral line insertion	20		
Conduct general anaesthesia	5 under supervision		
Perform spinal anaesthesia	5 under supervision		

OPHTHALMOLOGY

The intern should:

- Know basic anatomy and physiology of the eye
- Make clinical assessment of a patient with eye problem
 - 1) Taking history of patient with eye problem
 - 2) Testing visual acuity
 - 3) Testing pupillary reaction
 - 4) A systematic approach to examining eyes
 - 5) Direct ophthalmoscopy
- Use of slit lamp
- Identify eye injuries including emergency management of chemical burns
 - 1) Classification
 - 2) Clinical assessment and proper timing of referral
- Know
 - Refractive errors classification and causes and referral to consultant/specialist.
 - Swellings of an eye lid – Meibomian cyst, Hordeolum/stye, orbit cellulitis and others.
 - Red eye causes, assessment, differential diagnosis and management.
 - Cataract definition, classification, assessment and surgical options.
 - Glaucoma definition, significance and impact; glaucoma and blindness; testing intraocular pressure.
 - Blindness causes and rehabilitation
 - Minor surgical interventions (epilation, I&D abscess, removal of foreign body, curettage of chalazion principles of basic lid repair).
 - Ocular manifestation of selected systemic diseases (AIDS, Diabetes, Hypertension)

OPHTHALMOLOGY LOG OF PROCEDURES

Procedure	Number Required	Signature Consultant/Specialist
History taking relating to eye disorder	8	
Systematic Eye examination	8	
Testing visual acuity	8	
Ophthalmoscopy	8	
Use of slit lamp	10	
Epilation	1	
I&D abscess	1	
Cataract surgery	1	
Chalazion curettage	1	
Removal of foreign body	5	

OTORHINOLARYNGOLOGY

The intern should:

OBSTETRICS AND GYNAECOLOGY LOG OF PROCEDURES

Procedure	Number Required Observed	Number Required Assisted	Number Required Performed	Signature Consultant/Specialist
Number of clerked patients			150	
Daily Rounds			30	
Grand Rounds			10	
Presentations			5	
Managed normal pregnancy and labour			60	
Complicated Delivery	5	5	2	
Vaginal Delivery			30	
Vacuum assisted vaginal delivery	2	2	2	
Evacuation of uterus	15	15	15	
EUA	3	3	3	
Marsupialisation	3	3	3	
Caesarean Section	20	20	20	
Salpingectomy	3	3	3	
Induction of Labour			5	
Management of PPH			5	
Repair episiotomy 2 nd degree tear	10	10	10	

GENERAL SURGERY & ORTHOPAEDICS

The intern should:

- Clerk all patients admitted to the wards with detailed history and full examination.
- Make a differential diagnosis.
- Order relevant investigations to the provisional diagnosis and follow up the results.
- Institute proper management of patients and make changes if necessary in consultation with the Registrar and the consultant/specialist.
- Keep progress records in the patient's file
- Explain to the patient and relatives if present the diagnosis, nature of surgery and answer their queries.

- Refer difficult cases to the consultant/specialist.
- On discharge, explain in detail to the patient the surgical procedure carried out, further treatment and follow up date as required.
- Attend clinical meetings every Friday morning
- During mortality review meeting present the case history, cause of death and lessons learned of the deaths the previous month
- Present a well-researched minimum 4 topics in the clinical meeting.
- Attend major rounds of the department.

GENERAL SURGERY AND ORTHOPAEDICS LOG OF PROCEDURES

Procedure	Number Required	Signature Consultant/Specialist
Number clerked	80	
Daily rounds	50	
Grand rounds	10	
Case presentation	5	
Number managed in HDU	30	
Journal/ medical literature	3	

GENERAL SURGERY

Procedure	Number required Observed	Number Required Assisted	Number Required Performed	Signature Consultant/Specialist
Incision & Drainage Abscesses	10	5	10	
Male Catheterisation	10	5	10	
Chest intercostal drainage	5	10	10	
Circumcision Adults	5	5	10	
Children	3	5	5	
Excision of cysts & lipomas	5	10	10	
Trucut needle biopsy	5	10	5	
Lymph node or superficial biopsy	5	10	5	
Hydrocoelectomy	10	15	5	
Debridement of wound	5	10	5	
Secondary suturing	5	10	5	
Suprapubic catheterisation	10	10	2	

Stitching of skin wound	10	20	20	
Nail & nail bed procedure	10	5	5	
Breast abscess drainage	5	5	2	
Breast lump excision	10	15	5	
Tracheotomy	5	5	1	
Stitching deep laceration	10	15	5	
Endoscopy	5	10		
Colonoscopy	5	10		
Major surgical operations	20	30	0	

ORTHOPAEDIC SURGERY

Procedure	Number Required Observed	Number Required Assisted	Number Required Performed	Signature Consultant/Specialist
Application of skin traction for fractures	10	5	5	
Application of Gallous traction	5	5	2	
Application of POP for <ul style="list-style-type: none"> ▪ Undisplaced Fracture Tibi&Fibula ▪ Undisplaced Fracture of forearm ▪ Undisplaced fracture of ankle 	10	10	5	
Application of POP spica	5	5	3	
Application of POP for T.E.V	3	2	2	
Reduction and POP for supracondylar fracture	5	5	3	
Reduction of dislocated shoulder, elbow, hip and knee	5	5	3	
Management of compound fracture	10	5	5	
Aspiration of bone marrow	5			
Insertion of Steinman pin in tibia & calcaneum	10			