

LESOTHO MEDICAL DENTAL AND PHARMACY COUNCIL (LMDPC)

MEDICAL INTERNSHIP GUIDELINES



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Date of Approval : September 2020

Review Date : September 2023

Approved by : LMDPC President Name: _____ Signature: _____



MINISTRY OF HEALTH





PREFACE

On behalf of the Lesotho Medical Dental and Pharmacy Council (LMDPC), I have the pleasure of making this Handbook available to all Interns, Internship Director, Internship Coordinator and Accredited Rotation sites for Internship Training including relevant Health Authorities.

One of the functions of the LMDPC is to provide clear guidance in training of different cadres of health professionals including Internship. I therefore wish to thank all persons who contributed to the development of this document, namely members of LMDPC, LeBoHA, Internship Training Task team members and the Family Medicine Specialty Training Program faculty members.

The LMDPC looks forward to ongoing improvement in the nature and quality of internship training as part of its role and mission of “Protecting the Public and Guiding the Professions”.

The LMDPC would appreciate your input on this document. Please address your comments to Dr Nonkosi Tlale, Internship Director

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LMDPC President
September 2020

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List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AMCOA	African Medical Councils Association
DMO	District Management Officer
HIV	Human Immunodeficiency Virus
LeBoHA	Lesotho Boston Health Alliance
LMDPC	Lesotho Medical, Dental and Pharmacy Council
LQA	Lesotho Qualifications Authority
MoH	Ministry of Health
QMMH	Queen Mamohato Memorial Hospital
QII	Queen Elizabeth II Hospital
TB	Tuberculosis
WHO	World Health Organization

1 INTRODUCTION

Medical Internship is a period of supervised practical experience acquired in designated and accredited facilities, i.e. a hospital, clinic, health center and any specialized unit. The supervision is conducted by experienced and qualified personnel.

It is a prerequisite for newly-qualified doctors to undergo this training before they register as independent medical practitioners. In most Southern African countries this training takes two years (24 months).

A high-quality Internship training programme provides opportunities to further develop the interns' knowledge, skills, appropriate behaviour patterns and professional thinking. It helps the interns to gain insight, understanding and experience in patient care. It equips them to function as competent and safe medical practitioners.

In the Mountain Kingdom of Lesotho, the Internship training is standardised in accordance with the African Medical Councils Association (AMCOA) protocol on internship training (2018). It is however tailored to serve the health needs in Lesotho. It is comprehensive and complementary to the health care system that places emphasis on a primary health care approach and Universal Health Coverage.

1.1 General information on the Lesotho Medical, Dental and Pharmacy Council (LMDPC)

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 LMDPC regarding Internship Program is to:

- a. Accredite facilities for intern rotations
- b. Conduct visits to monitor and evaluate accredited facilities
- c. Provide necessary guidelines to the interns
- d. Liaise with hosts and supervisors of interns to ensure enabling environment
- e. Ensure that the required standards at all internship centres are maintained
- f. Ensure that the new internship training centres conform to agreed standard
- g. Verify completion of internship training
- h. Register successful interns as full practitioners

1.2 Layout of the guidelines

These guidelines comprise of four parts and appendices as follows:

Part I: Medical internship Guidelines

Part II: Dental Internship Guidelines

Part III: Pharmacy Internship Guidelines

Part IV: Annexes:

1. List of Internship Training Centres
2. Intern Evaluation Form
3. Accreditation requirements for intern training site
4. Internship log books
5. Medical internship training facility inspection form
6. Criteria for the appointment of evaluators of internship training

1.3 Purpose of the Guidelines

These guidelines are intended to provide direction to interns during the internship training. This ensures standardisation of internship training in various institutions at different levels of health care in the country.

1.4 Users of the Guidelines

They are meant for use by various cadres of practitioners namely:

- i. Intern Doctors
- ii. Supervisors
- iii. Internship coordinators
- iv. Medical superintendents /DMO's and Clinical directors
- v. Mentors
- vi. Teachers of medicine and dentistry (once the Lesotho medical school is established)
- vii. Other stakeholders in medical and dental service delivery.

1.5 Dissemination

These guidelines shall be disseminated by the LMDPC and intern coordinators to the users, particularly the interns before commencement of internship training. The guidelines will be available from the LMDPC offices and on the internship website.



2 MEDICAL INTERNSHIP

2.1 Definition

Internship is a period of supervised practical experience acquired in designated internship training centres. The graduates during this period consolidate their knowledge, skills and attitudes to enable them to become future competent practitioners.

2.2 The Goals of the Medical Internship are:

- a) To ensure that interns consolidate what they learned and become competent Practitioners.
- b) To 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) To familiarise interns to the Ministry of Health Standard Treatment Guidelines.

2.3 Coordination of the Internship Programme (MOU 2019 -2024)

Coordination of the internship programme is delegated to the Lesotho Boston Health Alliance to ensure the following key responsibilities;

- a) Liaise with intern supervisors in all training sites and strengthen their capacity in clinical teaching
- b) Prepare the rotation schedules through the Internship Coordinator
- c) Keep up to date record of movement of interns from one department to another.
- d) Ensure monitoring and evaluation of the internship programme
- e) Liaise with Ministry of Health and LMDPC for smooth running of the programme
- f) Ensure regular supervision of training sites by the LMDPC
- g) Ensure proper administration and management of the internship programme

2.4 Duration

The duration of internship program is 24 months for medical Interns with rotations in different disciplines.

2.5 Rotations

During the 24 months period the interns will rotate in various departments as follows:

- | | |
|-----------------------------|----------|
| 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 are Part of Family Medicine
- k) Psychiatry (Optional under Family Medicine) {1-month compulsory using mental health gap at MOU-mental observation unit}.

N: B. Internship shall not run for more than 36 months continuously.

2.6 Eligibility to the Internship Program

Eligibility to undergo internship is as prescribed by the LMDPC.

All applicants must produce relevant academic certificates and transcripts. In addition, the following must be satisfied: -

- a) Evidence of having completed an undergraduate course in a recognized medical school by AMCOA and WHO.
- b) Since in Lesotho all doctors and dentists are foreign trained and qualified, all qualifications will be verified and registered by the Lesotho Qualifications and Quality Council.
- c) Evidence of having signed the Hippocratic Oath

NOTE: All applicants who meet the above criteria will be issued with an internship registration certificate, which is mandatory for commencement of internship.

The LMDPC reserves the right to turn down an application for registration.

2.7 Minimum Requirements in Clinical Skills and Patient Care

These include the following;

- 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 principles
- h) Participate in Continuing Professional Development activities.

2.8 Intern Competencies

2.8.1 General Patient Care:

The intern shall:

- a) Gather accurate, essential information from all sources
- b) Make informed recommendation about preventive, diagnostic and therapeutic options.
- c) Make intervention strategy and plans based on clinical judgement, scientific evidence with due reference to patient preferences
- d) Develop, negotiate and implement effective patient management plan taking full recognition of family and other relevant stakeholders
- e) Construct an individualised treatment plan

2.8.2 Medical Knowledge:

The intern should be able to:

- a) Evaluate a patient using all gathered information and supporting evidence that include laboratory, radiological and other relevant tests
- b) Present the patient's key complaints, assessment and differential diagnosis.
- c) Execute a care plan for a wide variety of illness that require hospitalisation
- d) Interpret a wide variety of relevant investigations
- e) Detect and act promptly on high risk conditions
- f) Recognise common minor anomalies relevant per specialty

2.8.3 Clinical Skills:

The intern shall:

- a) Learn to perform a variety of procedural skills
- b) Apply the acquired procedural skills in the outpatient and inpatient setting

2.8.4 Professionalism:

The intern should:

- a) Demonstrate sensitivity and responsiveness to patients, relatives and colleagues at times
- b) Adhere to principles of confidentiality, scientific/academic integrity and informed consent
- c) Recognise and identify deficiencies in peer performance and deliver constructive evaluation and criticism

2.9 Responsibilities of Medical Interns

The following are key responsibilities for every intern:

- a) Holistic patient care
- b) Presenting cases concisely, coherently and competently during ward rounds, grand rounds and at any other appropriate fora.
- c) Keep carefully documented notes on the spot (date and time) after assessing each patient. Recording must be a norm i.e. all activities performed on the patient must be recorded as proof or evidence.
- d) Follow up all investigations and ensure they are properly put in patients' charts.
- e) Cooperate with other health workers in delivering holistic care to patients
- f) Active role in ward rounds, grand rounds and other learning opportunities
- g) Be aware of limitations in knowledge and skill and show willingness to seek advice and guidance
- h) Make accurate discharge summary and follow up
- i) Avail themselves to all formal teaching
- j) Participating in continuing professional development activities
- k) Abide by the institutional and departmental rules and regulations
- l) Appropriately hand over patients
- m) Mandatory professional ethics and conduct
- n) Where possible obtain a consent from patient and document before performing any procedure

3 INTERNSHIP ROTATION SITES

3.1 The internship training facilities shall meet the following;

- a) All internship rotation sites shall have internet connection
- b) Each site shall have diagnostic, emergency and accidents services operating on a 24 hours basis where applicable
- c) The Laboratory, radiology and pharmacy department shall run on a 24-hour basis
- d) The availability of duty / staff rest rooms within the hospital
- e) Small medical library with current journals/reference books or/plus internet access

3.2 The minimum requirements in the training of Medical Interns;

- a) Specialists in the key disciplines involved in intern training
- b) Medical Officers supervising interns in each specialty of training
- c) Supervisors/Specialists must be readily available in all departments and accessible to teach.



- d) The Director General of Health Care Services shall ensure the availability of Specialists in the relevant disciplines at all times.
- e) Interns shall repeat failed rotations, not exceeding double the time allocated for the specific rotation.
- f) The Coordinator shall update the Council on the status of the interns.

3.3 List of Accredited Internship Rotation sites;

- a) Queen Mamohato Memorial Hospital
- b) Motebang District Hospital
- c) Mafeteng District Hospital
- d) Butha-Buthe District Hospital
- e) Queen II Paediatric Clinic
- f) Baylor Paediatric Clinic
- g) Maluti Adventist Hospital

Table 1: Allocations of rotations per discipline per duration and per site are as follows;

DOMAIN	Duration	ROTATION SITE
Internal Medicine	4 Months	QMMH
General Surgery	3 MONTHS	1 month in the districts and 2 months QMMH
Orthopaedics	2 Months	QMMH
Obstetrics and Gynaecology	5 months	2months in the districts and 3 months QMMH
Paediatrics	3 months	1month in QEII and Baylor; 2 months QMMH
Family Medicine	4 Months	In the districts
Accident and Emergency	1Month	QMMH
Anaesthesiology	1Month	QMMH

Ophthalmology & Oto-rhino-laryngology	1 Month	QMMH
HIV/AIDS & TB Management	Part of Family Medicine	In the districts
Psychiatry	Optional under Family Medicine	Districts mental and observation units and Mohlomi hospital

3.4 Accreditation of internship rotation sites

Lesotho Medical Dental Pharmacy Council is responsible for accreditation of facilities that serve as internship training sites. Internship is intended to provide training that will give the trainees opportunities to further develop knowledge, skills, and appropriate professional behaviors as well as a caring ethos and competent patient care. Against this background, the assessment of internship training facilities leading to accreditation shall be comprehensive taking into consideration multi-disciplinary team of adequately qualified, experienced and competent medical practitioners who render quality patient care, the essential physical structures, equipment, resources and administrative processes. Minimum criteria for accreditation will therefore be similar to what other countries in the region also use. It will also depend on what is expected at the type of the facility being assessed.

3.4.1 Facilities

Hospitals should have the following department (but not inclusively);

- a. Medicine
- b. Surgery
- c. Paediatrics
- d. Obstetrics and Gynaecology
- e. Accident and Emergency
- f. Rehabilitation
- g. 24-hour medical Laboratory



- h. 24-hour Diagnostic Imaging
- i. Orthopaedics and Trauma,
- j. Anaesthesiology,
- k. Public Health
- l. Outpatient clinics
- m. 24-hour Pharmacy
- n. Health Records and information
- o. Hospital administration and management
- p. Other essential but not compulsory departments
- q. Mental health
- r. Critical care
- s. ENT
- t. Ophthalmology
- u. Dermatology

3.4.1.1 The structures that have to be available include;

- I. Medical ward
- II. Surgical ward
- III. Paediatric ward
- IV. Maternity unit
- V. Gynaecology ward
- VI. Neonatal unit
- VII. Functional operating theatre
- VIII. Accident and emergency
- IX. Pharmacy
- X. Laboratory
- XI. Radiology –x-ray and ultrasound are mandatory
- XII. A resource centre/medical library
- XIII. The hospital must have a duty/staff rest room for interns

3.5 Continuing Medical Education

Internship Training Centres must be accredited as CPD Providers by the LMDPC.



3.6 Personnel in an Internship Training Site

- a) The five major specialists (General Surgery, Medicine, Paediatrics, Obstetrics & Gynaecology and Family Medicine) must be available at an internship training centre.
- b) Medical officers in each of the specialities be available in each of the four main specialities.
- a) There must be adequate numbers of technical and support staff

3.7 Monitoring and Evaluation of Training Sites by LMDPC

Regular visits/evaluations by the LMDPC to accredited facilities are conducted to ensure that the accredited facility is adequately fulfilling its training function and, if not, such status may be withdrawn.

Visits/evaluations at accredited facilities are carried out by Evaluators of Internship Training appointed by the Council for this purpose.

Criteria for the appointment of Evaluators for Internship Training are contained in Annexure 6

For the purpose of these visits/evaluations, Medical superintendents/CEO's/Hospital Managers are required to provide the Council with detailed information on the prescribed forms prior to a visit/evaluation taking place. This information must be the result of a self-analysis in terms of the ***Criteria of Accreditation of Facilities***. This information is essential and forms the basis for the assessment of a facility by the Evaluators of Internship Training for accreditation purposes.

4 INTERNSHIP SUPERVISION

- a) Interns should be supervised by a registered medical practitioner with at least three (3) years (post internship training) of clinical experience in that specific domain.
- b) The ratio of interns to supervisor for medical internship should be 4:1.
- c) Specialists, Medical Officers and other practitioners are, by virtue of their continual contact with interns, important components in their training and all of them are professionally obliged to participate in such training. This applies also to part-time appointees.

- d) Access to supervisors should be available 24 hours per day. Interns should be supported by at least one medical officer or registrar on the hospital premises.
- e) After-hours - call - rosters should be drafted with an intern on duty, a medical officer on first call and a consultant on second call.
- f) An intern should not work alone in any critical areas such as casualty, labour ward, ICU or theatre.
- g) The person supporting him or her must therefore remain on the premises of the health facility (suitable duty rooms are imperative).
- h) In practice this may be a relatively junior person (Medical officers) that can support the intern. Note that the responsibility of supervision and patient care rests with a more senior person whether a medical officer or consultant. He or she should be available at all times and personally assist the intern as required.
- i) The senior person on call carries the medico-legal responsibility, since supervision means the acceptance of liability for the acts of another practitioner.

4.1 Responsibilities of Rotation Supervisors

- a) To welcome to and orientate the intern about the activities of the department or unit
- b) Provide the job description of the intern
- c) Draw up duty roster for the interns
- d) Supervise ward rounds, tutorials, clinical presentations, clinics and theatre
- e) Ensure interns are given timely feedback on performance and assured of confidentiality.
- f) Ensure interns give feedback to the hospital
- g) Ensure internship forms & logbooks are filled and sent to the Board on time.
- h) Identify exceptional interns for recognition
- i) Recognize the difficult intern and note in the assessment form.
- j) Participate in disciplinary procedures of any difficult interns
- k) Ensure objective and fair assessment of the intern
- l) Maintain records of meetings, issues and occurrences
- m) Ensure matters concerning intern's welfare are met
- n) Ensure interns are assessed immediately after a rotation
- o) Ensure cost awareness and rational use of available resources
- p) Make interns aware of medico-legal risks in medical practice
- q) Deal with day to day needs of the intern
- r) Manages time off for intern's overtime duties where applicable

- s) Handles complaints and refers complaints to the internship coordinator appropriately.

4.2 The Responsibilities of Internship Coordinator

This person, preferably an experienced member of the medical staff, fulfils a very important role in the training of interns. The responsibilities of the Intern Coordinator include the following;

- a) Ensuring that the training of interns takes place according to the prescribed guidelines.
- b) Serving as an easy channel of communication between management and interns.
- c) Acting as a spokesperson on behalf of interns.
- d) Organising the orientation programme for new interns at the commencement of the internship training year.
- e) Establishing a internship representative committee to meet monthly with the Intern Coordinator and keeping records of discussions.
- f) Ensuring that on-going evaluations of interns per domain are recorded and the evaluation forms, as per the Logbook for Interns, are returned to the supervisors for assessment and signature.
- g) Dealing with any personality problems, impairment or disciplinary issues pertaining to interns.
- h) Internship Program Coordinator responsible for allocation of interns
- i) To be available as a confidant to advise individual interns with serious personal or health problems.

The CEO/ Medical Superintendents/Hospital Manager and Intern Coordinators are to involve nursing staff in the orientation of interns at the commencement of the internship training year. The Intern Coordinator shall liaise with the various Matrons of accredited facilities regarding internship training.

5 MEDICAL DISCIPLINES/DEPARTMENTS

In clinical rotations in various disciplines, the emphasis is on the core values and skills namely:

- a) Comprehensive and proper history taking and physical examination
- b) Making an informed and evidence based clinical diagnosis
- c) Ordering of appropriate and cost-effective investigation

- d) Patient management of reputable standard based on standard management protocols of common conditions and appropriate use of Standard Treatment Guidelines and Essential Drug List/ Formulary
- e) Need for referral and follow up

5.1 Internal Medicine

The intern should:

- Record a minimum of one hundred and twenty patients.
- Present a minimum of ten detailed cases
- 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) Thoracentesis
 - 4) Lumbar 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

5.2 Paediatrics

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

- a) Management of respiratory emergencies (upper and lower airway obstruction, lung tissue disease, disorder of control of breathing).
- b) Recognition and management of shock (Hypovolaemic, Distributive, Cardiogenic, Septic and Neurogenic).
- c) Pneumonia
- d) Haematological conditions: Anaemia, Fanconi Anaemia, Haemophilia, ITP, etc.
- e) Other medical conditions presenting in paediatrics such as Diabetes Mellitus and Asthma
- f) Burns
- g) Cardiovascular conditions

- h) Seizure disorders
- i) Common paediatric malignancies
- j) Common neurological conditions
- k) Failure to thrive
- l) Gastroenteritis with different levels of dehydration
- m) Fluid management in a child
- n) HIV and related complications
- o) Tuberculosis
- p) Malnutrition
- q) Other infections including m, septicaemia, URTI, UTI and others
- r) Renal conditions: Nephrotic syndrome and/Nephritic Syndrome
- s) Immunizations
- t) Poisoning: paraffin, organophosphate and others

5.3 Common Neonatal 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

5.4 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 Caesarean section (uncomplicated).
- Perform salpingectomy for ectopic pregnancy.
- Induce labour and follow up Caesarean 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)

5.5 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.

5.6 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)

5.7 Otorhinolaryngology

The intern should:

- 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

5.8 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

5.9 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-centered 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)

5.9.1 Training sites

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

5.9.2 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 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.

5.10 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 managing medical, paediatric, surgical, obstetric and gynaecological emergencies.
- 7) Apply basics of Triage.
- 8) Proficiency in applying principles of ACLS, ATLS and PALS

6 ASSESSMENT DURING INTERNSHIP (PERFORMANCE MANAGEMENT)

It is the responsibility of the specialist in each discipline to supervise the interns in close collaboration with the medical officers.

The assessment tools (workbook, logbook and evaluation form) shall be duly completed and signed by the various supervisors at the end of each rotation. The Internship Coordinator in liaison with the rotation supervisors will be responsible for the safe custody of assessment tools. All the assessment tools used during the period must be submitted to the LMDPC within four (4) weeks of completion of internship

6.1 Underperforming Interns

This section deals with an intern who is underperforming due to –

- Lack of adequate knowledge
- Lack of commitment to work

Progressive evaluation through continuous assessment, mentorship and corrective measures by supervisors are the best way to address the situation. However, the formal process to assess performance is the midblock evaluation and end of block evaluation.

Corrective measures may include one or a combination of the following:

- i. Corrective supervision – close monitoring and evaluation that is aimed at giving guidance, instruction and support to the intern to address areas that are not performed up to the set standard.
- ii. Extension of training – internship may be extended for a further determinable period in order to close the gaps that have been identified by assessment and appraisals. Furthermore extension of training could be recommended when the intern was not able to complete the internship due to ill health or maternity confinement.
- iii. Such extension shall be implemented following a full appraisal hearing of the concerned intern during the midblock evaluation.
- iv. Approval or disapproval of extension shall depend on availability of space in the particular year that the intern is requesting such extension.
- v. Extension of training shall be recommended by the supervisor of domain in the first half of the rotation
- vi. The period of extension shall be decided by the Director of the Internship Programme upon advice from the Internship supervisor and the Internship Coordinator. Notification of the decision will be sent to the Internship task team for ratification and safe-keeping.
- vii. Extension of training shall not exceed the total duration of training in the specific discipline.



- viii. If at the end of the maximum allowed period of extension in that discipline the intern is still found to be underperforming, then the matter should be referred to the Lesotho Medical Dental Pharmacy Council.

6.2 Misconduct

Instances of misconduct shall be dealt with according to provisions contained in the Lesotho Medical Internship Code of Conduct which at all times has to be read in line with these Guidelines.

7 REGISTRATION OF THE MEDICAL PRACTITIONER

- 7.1. On completion of internship the practitioner shall apply for registration to the LMDPC.
- 7.2. Registration will be subject to
- 72.1. Successful completion of internship as evidenced by the completed assessment forms and signed log books and reports from the internship training centres. In special cases, internship exit examination will be held at the discretion of the LMDPC.
- 72.2. Issuing of the completion clearance from the internship programme

7.1. Application for full registration should be made with the following documents:

- a) Application letter
- b) Valid Internship Registration Certificate
- c) Internship logbook signed by specialists in clinical rotations
- d) Signed evaluation form in each medical discipline or department.
- e) Internship programme completion clearance letter / certificate

8 FAILURE TO COMPLETE THE INTERNSHIP SUCCESSFULLY

An intern will be expelled from internship under the following circumstances:

- a) Professional incompetence which includes: -
 - i. Performance below average in knowledge and/or skills
 - ii. Failure to undertake most of the key activities prescribed in the workbook.

- b) Professional and General misconduct as provided for in the Lesotho Medical Internship Code of Conduct.

9 INTERNS WELFARE

9.1 Definition

These are effective measures taken to ensure that the intern settles in at the rotation site as quickly as possible, is comfortable and safe during the internship period to facilitate adequate learning environment.

9.1.1 Engagement of interns

Engagement of interns is the responsibility of the Internship provider, Lesotho Boston Health Alliance. The Ministry of Health shall be the sponsor of the intern to complete the internship by providing for an internship stipend/allowance, medical insurance and transport between internship rotation sites and housing.

The Internship Provider shall ensure the following:

- a) The Internship rotation sites are adequately equipped to fulfil the requirements of the intern training facilities
- b) The internship rotation sites have appropriate professional skill mix including specialists.

9.1.2 Welfare

Interns shall be enrolled when there are available intern vacancies at the Ministry of Health, spaces available at the rotation sites and have fulfilled the internship registration requirements with the Lesotho Medical Dental Pharmacy Council (LMDPC).

9.1.3 Orientation of interns

Upon completion of registration for internship with the LMDPC a general orientation for interns will be conducted for a period of two days or more at the discretion of the internship coordination team. A second orientation will be conducted at the internship rotation sites.

9.1.3.1 The structure of the general orientation

- i) Purpose of the internship
- ii) Internship Guidelines
- iii) Ministry of Health; National treatment guidelines and standards
- iv) LMDPC
- v) Clinical skills etc.

- vi) Election of intern's representative

9.1.3.2 The structure for the internship sites orientation

- i) Interface meetings with specialists, medical officers and nursing officer in-charge
- ii) Orientation within various departments in the rotation sites
- iii) An overview of the departmental log and workbooks
- iv) Scope of duties within each rotation as per the departmental workbooks and log books.

9.1.3.3 Mentors

The centre shall have a mentorship programme. Mentors shall be appointed amongst the specialists and general practitioners. Each intern shall be assigned a mentor. **Refer to the Mentorship guidelines ANNEX 7.**

9.1.3.4 Workload

- i. The workload shall be adequate to ensure that the interns are exposed to common conditions present at the rotation site. A maximum of 25 beds per intern should not be exceeded.
- ii. Each department/rotation site should, in conjunction with the Medical Superintendent/Medical Manager, draw up a job description for interns, specifying duties, as well as the structured training programme which will be offered
- iii. Departments should also decide how to prevent and deal with stress and unreasonable demands on the interns.

9.1.3.5 Health

Medical Superintendent shall ensure that interns: -

- i) Are attended to locally for all their health care needs
- ii) Have occupational and work place safety including Vaccinations, post exposure management
- iii) Get guidance and counselling for those with social and economic challenges

9.1.3.6 Resource Materials

The hospital management shall ensure that the following facilities are in place:

- i) A resource centre/medical library with current journals/reference books
- ii) Internet connectivity and accessibility

9.1.3.7 Housing

The health facilities shall avail call/staff rest rooms during night calls.



Where available interns will be provided with staff quarters.

9.1.3.8 Feedback

There shall be consultative monthly meetings involving interns, intern coordinators and supervisors on Quarterly basis.



ANNEX 1 LIST OF ACCREDITED INTERNSHIP ROTATION SITES;

Must be removed as they appear above in the document

- Queen Mamohato Memorial Hospital
- Motebang District Hospital
- Mafeteng District Hospital
- Butha-Buthe District Hospital
- Queen II Paediatric Clinic
- Baylor Paediatric Clinic
- Maluti Adventist Hospital



11 ANNEX 2: INTERNSHIP EVALUATION

Lesotho National Internship Program

Evaluation Form

Rotation Site: _____

Rotation: _____ Dates: _____

Intern: _____

Upon completion of the rotation, each intern is to be evaluated by the rotation director, with input from other clinical supervisors, using the following scale:

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

In order to pass the rotation, the intern must average a 3 or above.

1	Patient Care	1	2	3	4	5
	Gathered accurate, essential information from all sources					
	Made informed decisions about preventive, diagnostic, and therapeutic options					
	Made interventions based on clinical judgment, scientific evidence, and patient preference					



	Developed effective patient management plans and integration of patient care					
2	Medical Knowledge					
	Evaluated and effectively treated patients					
	Presented patients' medical issues in a concise, organized, problem-based format					
	Executed a care plan for a variety of illnesses that required hospitalization					
	Interpreted a wide variety of medical tests					
3	Clinical Skills					
	Performed a wide variety of appropriate procedures					
	Completed procedure log					
4	Professionalism					
	Demonstrated respect and compassion for patients, families, hospital staff, and colleagues					
	Demonstrated appropriate communication skills with patients, families, and staff members					
	Adhered to principles of confidentiality, academic integrity, and informed consent					
	Completed all shifts and calls assigned in a timely fashion					

OVERALL SCORE (taking the average from 14 items above) = _____

I, _____ (*rotation director name*) certify that this



Intern, _____ (*intern name*),

has (**PASSED / FAILED**) (*circle one*) their rotation at Motebang Hospital in the area of

_____.

ADDITIONAL COMMENTS:

Rotation Director Signature

Date

12 ANNEX 3. ACCREDITATION REQUIREMENTS FOR INTERN TRAINING SITES

NAME OF INSTITUTION _____

TYPE / CATEGORY _____

TELEPHONE _____ E- Mail _____

LICENSED TO OPERATE AS _____

WHEN THE HOSPITAL/FACILITY STARTED _____

BED CAPACITY _____ PHYSICAL ADDRESS _____

NUMBER OF FULL-TIME STAFF _____

ACCREDITATION STANDARDS - HOSPITALS DEPARTMENTS	YES	N O	POINTS SCORED	REMARKS
• Medicine				



• Surgery				
• Paediatrics				
• Obstetrics & Gynaecology				
• Accident & Emergency				
• Orthopaedics & Trauma				
• Anaesthesiology				
• 24 hour Diagnostic Imaging				
• 24 hour Medical Laboratory				
• 24 hour Pharmacy				
• Public Health				
• Outpatient Clinics				
• Rehabilitation				
• Health Records & Information				
• Hospital Administration & Management				
• Other Essential Services but not compulsory Departments				
• Mental Health				



• Critical Care				
• ENT				
• Ophthalmology				
• Dermatology				
• 24 hour Operating Theatre				
• Resource centre/Library				
• Internet connection				
STAFF IN AN INTERNSHIP TRAINING SITE				
• General Surgeon (Compulsory)				
• Specialist in Medicine (Compulsory)				
• Paediatrician (Compulsory)				
• Obstetrician /Gynaecologist (Compulsory)				
• Specialist in Family Medicine (Compulsory)				
• Ophthalmologist				
• ENT Specialist				
• Anaesthesiologists				



• Anaesthetic Technicians/Nurses				
• Radiologists				
• Dentists				
• Medical Officers (≥3 years' experience in the Department)				
• Medical Officers				
• Laboratory Technicians				
• Radiographers				
• Pharmacist				
• Pharmacy Technologists				
• Physiotherapist				
• Occupational Therapist				
• BSc Nursing				
• Health records staff				
• Ophthalmic Nurses				
• Social Workers				

Other health cadres

- Public Health nurses
- Sonographers
- Audiologists
- Nurse clinicians
- Nutritionists
- Dieticians
- Occupational Health nurse
- Counsellors
- Plaster technician

PHYSICAL INFRASTRUCTURE	RECOMMENDED POINTS	POINTS AWARDED	REMARKS
BUILDING			
1. Approved to operate as a health facility by relevant authority	2		
2.Design approved by public works or relevant authority to be a health facility	5		
3. Rooms are well ventilated allowing adequate natural light	3		
4.Corridors are wide enough and well lit, allowing free movement	2		
5. Floors are even and easy to clean with antiseptics	2		
6. Clean washable interior walls	3		



7. Availability of functioning and serviced firefighting equipment in every unit	3		
8. presence of flushable toilets	2		
ENVIRONMENT			
1. Secure perimeter fence with a secure gate	3		
2. Well-kept and clean compound	3		
3. Treated sewage is discharged into an approved public sewerage system	4		
3. Waste is segregated and appropriately managed	1		
4. Clinical waste is labelled and can be traced back to its point of origin	1		
5. Clinical waste is kept in designated areas in lockable containers awaiting disposal	1		
6. The health facility has a functional incinerator	2		
POWER SOURCE			
1. Electricity (connection to National Grid	2		
2. power back up (Generator or solar)	3		



WATER SUPPLY			
1.Reliable source of water	3		
2.Running water at point of use	2		
3.Water storage facility in place	2		
COMMUNICATION			
1 The facility has a reliable emergency communication(land line, mobile ,radio	5		
2.The facility has internet connectivity	2		
QUALITY ASSURANCE			
1. The facility must have policies, guidelines , protocols or standard operating procedures that guide compliance to all its activities	5		
EXAMINATION/CONSULTATION ROOMS			
1. Examination rooms must be designed to offer privacy to the patients	2		
2.The facility must have clear guidelines on patient handling including admissions and non-admission processes	3		
EQUIPMENT IN CONSULTATION ROOM			



1. Basic examination equipment and required consumables.			
➤ examination coach with a screen	1		
➤ BP machine with a stethoscope	1		
➤ Diagnostic set	1		
➤ Gloves & alcohol swabs	1		
➤ Sink with running water and soap/antiseptic	1		
➤ Examination light	1		
➤ Relevant furniture	1		
➤ Segregated waste disposal system	1		
ACCIDENT & EMERGENCY ROOM			
1.The facility must have a clear patient triage system	5		
2. There is evidence of staff trained in emergency care	4		
3.Sink with running water and soap/antiseptic	2		
4.Refrigerator, iv fluids and emergency drugs	3		
RESCUSITATION ROOM			
1.There is functioning resuscitation equipment			



➤ Airway management equipment & drugs	1		
➤ Patient monitoring equipment	1		
➤ Suction machine	1		
➤ Stretcher/wheelchair	1		
➤ Adjustable bed	1		
➤ Ambu bags/masks	1		
➤ Oxygen supply	1		
➤ Daily updated emergency trolley	1		
➤ Defibrillator	1		
➤ Sink with running water and soap/antiseptic	1		
➤ Stocks consumables and protective gear (Resuscitation drugs, Gloves, sutures, sterile kits, aprons, eye protection)	1		
➤ Well-illustrated guidelines on how to handle various medical/surgical Emergencies	1		
OBSERVATION/RECOVERY ROOM			
1.A minimum of 3 beds	5		
LABORATORY (QUALITY ASSURANCE)			



1. Evidence of qualified and experienced laboratory staff	3		
2 The laboratory has established reference ranges for each test performed, and the range is included in the report	4		
3. The facility has in place the expected turnaround time for test results and that these results are reported within a time frame.	4		
4. Evidence of continuous training on new procedures & quality assurance.	3		
5. There is written safety program in place	3		
6. Appropriate safety measures are in place and the laboratory staff is well oriented to safety procedures and practices	3		
7. Quality control procedures are in place for validating test methods	4		
LABORATORY EQUIPMENT AND TOOLS			
1. Chemistry analyser	1		
2. Haematology analyser	1		
3. Blood gas analyser	1		
4, Immuno- assay analyser	1		



5. Coagulation analyser	1		
6. Cardiac enzymes analyser	1		
7. Centrifuge machine	1		
8. Incubator	1		
9. Distillation machine(deionizer)	1		
10. Blood bank	1		
11. refrigerator & freezer	1		
12. Water bath	1		
13. Microscopes	1		
14. Others e.g. test tubes, slides, pipettes, racks etc.	1		
RADIOLOGY SERVICES (QUALITY ASSURANCE)			
1. Documented evidence of continuous (24 hrs) medical imaging services.	3		
2. There is a radiology safety program	3		
3. The staff who perform and/or interpret imaging results are identified, appropriately trained and experienced.	3		
4. The health facility has established the expected report time for radiological results and that these results are reported within a time frame.	3		



5. There is a radiology equipment management program	3		
6. Evidence of continuous training on new imaging procedures	3		
7. Quality control procedures are in place for validating imaging methods	3		
RADIOLOGICAL SERVICES			
1.X-ray			
➤ Skull	3		
➤ Spine	3		
➤ Chest	3		
➤ Abdomen	3		
➤ Pelvic	2		
➤ Extremities	3		
➤ Dental	3		
SPECIALISED EXAMINATIONS			
➤ Ultra sounds	3		
➤ Doppler	1		
➤ CT- Scans	3		
➤ M.R.I	1		
➤ Mammogram	2		
➤ Angiogram	1		
➤ Fluoroscopy	1		



➤ Barium tests	1		
PHARMACY SERVICES9QUALITY ASSURANCE)			
1. The facility operates a licensed pharmacy	3		
2. There is a written medicines policy and procedure, accessible to staff, covering all aspects of medicines systems in the facility including ordering, procurement, receipt, storage, prescription, administration, disposal of medicines and other pharmaceutical products.	3		
3. Records of ordering, receipt, supply, administration and disposal of all medicines and medical supplies in order to maintain an audit trail are kept	3		
4. Lockable cupboard is provided for all controlled drugs	3		
5. There are policies and procedures in place to govern the documentation and management of any medication brought into the facility.	3		
6. Pharmacist /technologist licensed by LMDPC supervises the storage, preparation, and dispensing of medications	3		



7. Medications prescribed and administered to the patient are written in the patient's records	3		
8. The pharmacy stores essential drugs and medical supplies as required by its level of operation	3		
OPERATING THEATRE			
THEATRE LAYOUT			
➤ 1. Receiving area/reception	3		
➤ 2. Changing room	3		
➤ 3. Scrubbing room/area	3		
➤ 4. Operating room.	3		
➤ 5. Recovery room	3		
➤ 6. Sluice room	3		
➤ 7. Doctors' room	3		
➤ 8. Store	3		
THEATRE QUALITY ASSURANCE			
1. There is a theatre equipment management program that includes the selection and acquisition; inventorying, inspecting, testing; calibrating and maintenance.	3		



2. Written policies and procedures address compliance with applicable standards, laws and regulations, including maintenance of sterility and safety	3		
3. The theatre services are available for emergencies after normal working hours	3		
4. Daily record of all surgeries performed in theatre, and by whom, is kept	3		
CENTRAL STERILE SERVICES DEPARTMENT			
1. The facility has a sterilization room where sterile instruments are processed	3		
2. The unit maintains a separate area for processing, decontamination, and storage of supplies, and is restricted to properly attired authorized personnel	2		
3. The facility has developed and implemented written policies and procedures for the cleaning, antimicrobial processing, and storage of supplies and equipment to prevent the transmission of infection through their use	3		
4. Instructions for the operation of autoclaves are posted near the equipment.	2		



THEATRE EQUIPMENT			
➤ Standard operating tables	3		
➤ Operating lamps/lights	3		
➤ Anaesthetic machine	3		
➤ Suction machine	3		
➤ Oxygen supply	3		
➤ Sterilizers/ autoclave	3		
➤ Diathermy machine	3		
➤ Cardio-pulmonary monitor	3		
➤ Endoscopes	3		
➤ Drip stands	3		
➤ Varied operating sets	3		
➤ Defibrillator	3		
➤ Essential instruments sets for surgeries	3		
THEATRE OPERATIONS			
1. General surgeries	10		
2. Orthopaedic surgeries	10		
3. Obstetric/gynaecological surgeries	10		
4. Ear, Nose and Throat operations	10		
5. Ophthalmology operations	10		



6. Maxillo-facial operations	10		
ORTHOPAEDICS			
1. Reduction of joints, fractures and POP immobilization/splinting	3		
2. Traction	2		
FOOD AND NUTRITION			
QUALITY ASSURANCE ON FOOD AND NUTRITION			
1. Guideline on food appropriate for the patient and consistent with his/her clinical care is available, including orders for nil by mouth, a regular diet, a special diet, and parenteral or nasogastric tube nutrition	3		
2. There is a qualified nutritionist/dietician involved in preparing patients' meals	2		
3. Persons handling patients' food have appropriate uniforms and are medically examined every six months	3		
4. Nursing staff assist in feeding patients unable to feed themselves	3		
5. Food preparation, handling, storage, and distribution are safe and comply	3		



with regulations, and current acceptable practices			
6. The facility identifies patients at nutrition risk and commences them on nutrition therapy	3		
PHYSIOTHERAPY SERVICES			
1. The facility offers physiotherapy services			
➤ Special Examination Assessment	2		
➤ Heat Therapy	2		
➤ Exercise Therapy	2		
➤ Manipulative Therapy	2		
➤ Chest physiotherapy	2		
OCCUPATIONAL THERAPY SERVICES			
1. Physical Disabilities	5		
2. Rehabilitation	5		
ICU UNIT			
1. Cardio pulmonary monitor	5		
2. Ventilator	5		
3. Automatic vital signs monitor	5		



4. Blood Gas Analyser	5		
5. Defibrillator.	5		
6. Emergency trolley with drugs and supplies	5		
7. Infusion pumps	5		
8. A minimum of 2 ICU beds	5		
LABOUR WARD			
QUALITY ASSURANCE IN LABOUR WARD			
1. The department has in place guidelines and procedures for dealing with clients with obstetric emergency or immediate needs including APH, PPH, PET, eclampsia, obstructed labour, cardiac disease, foetal distress etc	5		
2. The department has in place policies and procedures addressing use of analgesia in prenatal and post natal care of clients	5		
3. The department has in place policies and procedures for obtaining patient's information and records of the patient's care (including partogramming) and response to care is documented and shared among medical, nursing and other care providers during each shift	5		



EQUIPMENT			
1. Standard Delivery Bed(s)	3		
2. Baby resuscitoir.	1		
3 Suction machines.	1		
4. Resuscitation Kit	2		
5. Vacuum Extractor	1		
6. Cord clamps	1		
7. Baby name tags	2		
8. Sterile delivery packs	3		
9. Ergometrine, syntocinone, i.v. fluids, syringes and needles, gloves, eye protection	2		
10. Maternity pads.	1		
11. Baby weighing scale	2		
12. Waste bins	2		
13. Examination light	1		
14. Running water	2		
15. Sluice room	2		
16. Quick access to theatre	2		
17. Quick access to nursery	2		
HUMAN RESOURCE			



1. There are procedures for orientation of all staff members to the facility and to their specific job responsibilities at the appointment of new staff	4		
2. There is a written policy on how the facility determines the number types, and desired qualification of their staff	5		
3. There is a program to ensure staff members receive ongoing in-service and continuous education	3		
4. The facility has an effective job description policy.	3		
CATEGORIES OF FULL TIME STAFF IN THE STAFF LIST, PHYSICAL PRESENCE AND EVIDENCE OF QUALIFICATION			
1. Obstetric/ gynaecologists			
2.General Surgeons			
3.Orthopaedic Surgeons			
4. Physicians			
5. Paediatricians			
6. Family Physicians			
7. ENT Specialists			
8. Radiologists			



9. Ophthalmologists			
10. Anaesthesiologist			
11. Dentists			
12. General Medical Officers. ≥ 3 year experience			
13. Medical officers			
14. Pharmacists			
15. Pharmacy Technologists			
16. Laboratory Technicians			
17. Radiographers			
18. Physiotherapists			
19. Occupational Health Technicians			
20. Social Workers			
21. Dietitians/Nutritionists			
22. Anaesthetic Technicians			
23. Counsellors			
Administrative Staff			
1. Administrator			
2.Accounts Officer			
3.Procurement Officer			
4. Human Resources Officer			
5.Public Relations Officer			



6. Security Officer			
Other Supportive Staff			
1.Records			
2.Kitchen			
3.cleaning			
4.Laundry etc.			
WARDS			
1.ICU	5		
2.High dependency unit	5		
3.Male surgical ward(s)	2		
4.Male medical ward(s)	2		
5.Female medical ward(s)	2		
6.Female surgical ward(s)	2		
7.Obstetric ward(s)	2		
8.Gynaecological ward(s)	2		
9.Paediatric medical ward(s)	2		
10.Paediatrics surgical ward(S)	2		
11.Neonatal ward	2		
12.Ophthalmology ward	2		



HOUSE KEEPING			
BED QUALITY			
1.Metallic	3		
2.Firm	3		
3.Adjustable	3		
4.Has wheels	3		
5.Of good height(21-29 inches) from the floor	3		
6.Has wheels	3		
7.Width at least 91 cm(36 inches)	2		
8.Length (80 inches)	2		
9.Spaces between beds at least 1.5 meters	2		
LINEN			
QUALITY ASSURANCE IN LINEN PROVISIONS			
1.There are written guidelines on the cleaning and disinfection of linen	5		
2. There is enough stock of assorted linen (theatre, sheets, blankets, bed covers, pillow slips etc.)	5		
3.The linen is clean and well pressed (ironed)	3		



4.The linen is well labelled with facility's name and department	3		
5.The linen is not torn	2		
6.There is a responsible person who controls the use of linen	2		
7.The facility has a functioning laundry	2		
WHEEL CHAIRS			
1.There is at least one-wheel chair per ward	2		
2.Presence of wheel chairs but not one per ward	1		
MORTUARY			
1.The facility has training program for the mortuary attendants on receiving, documentation, storage and release of bodies	3		
2.The facility has training program for the mortuary attendant on infection prevention and control	3		
3.The facility has enough stock of protective gear for the mortuary attendant	3		
4.There is a mortuary equipment management program	3		



5.The mortuary has running water & sink with soap and disinfectant	3		
OTHER SERVICES			
1.Patient transport(Ambulance well equipped)	3		
2.MCH/FP (Maternal-Child Health/Family Planning	3		
3.HTC services	3		
4.PMTCT(Prevention of Mother –To-Child- Transmission of HIV)	3		
5.Anti-Retroviral Therapy (ART)	3		
6. Infectious Diseases (TB etc.)	3		
RECORDS & INFORMATION SYSTEMS			
A. QUALITY ASSURANCE IN RECORDS AND INFORMATION SYSTEMS			
1.The facility has policy that identifies those authorized to make entries in the patient clinical record and determines the record’s content and format	5		
2.The facility initiates and maintains a clinical record, which contains all information for every patient, assessed and/or treated (files	5		



3. The facility has systems in place to ensure maintenance of confidentiality of patients' data and information.	5		
4. The facility contributes to external databases (e.g. reports to DHMT notifiable diseases) and produces relevant reports			
5. The facility has systems in place to ensure maintenance of confidentiality of patients' data and information	5		
MEDICAL RECORDS			
1. Availability, usage and keeping of necessary records	3		
2. Health Management Information systems in place and up-to-date	3		
3. In-patient/outpatient registers	3		
MAINTENANCE			
1. The facility has a maintenance department (electrician, plumber, medical engineer, carpenter etc.	5		
FUNCTIONAL COMMITTEES			
INFECTION CONTROL			
1. The committee is constituted of persons from all departments, with a	2		



person qualified in infection control as the leader			
2.The facility has identified the procedures and processes associated with the risk of infection and the strategies to reduce infection risk	2		
MORTALITY REVIEW			
1.The committee is constituted of persons from all concerned department(s) , and a qualified doctor/ clinical officer/nurse is the leader	2		
2.Scheduled mortality meetings	2		
QUALITY IMPROVEMENT TEAM			
1.There is a written plan for the facility's quality improvement program	5		
2.The hospital management participates in planning and monitoring a quality improvement and patient safety program	5		
3. All departments collaborate in planning and carrying out the quality improvement program.	5		
OTHER COMMITTEES			
Hospital Board	4		



Hospital Management Team	4		

13 ANNEX 4 INTERNSHIP LOG BOOKS

The main purpose of the log book is to help you monitor your own competence, to recognize gaps and address them. Its second purpose is to describe the minimum competence level expected of you by the end of your internship rotation. Submission of the completed Logbook forms part of the prerequisites for registration as a medical practitioner

1. INTERNAL MEDICINE

The medical intern rotating in the Department of Medicine is required to fill in the log book as part of the requirement for successfully completing the rotation

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
 - 12) Insertion of intercostal drain
 - 13) Insertion of ordinary IV lines
 - 14) Thoracocentesis
 - 15) Lumbar puncture
 - 16) Gastric lavage
 - 17) Cardio-pulmonary resuscitation (CPR)
 - 18) Insertion of nasogastric tubes

- 19) Central vein catheter placement
- 20) Interpretation of basic ECG patterns
- 21) Interpretation of basic spirometry
- 22) 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		

1. PAEDIATRICS

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

- u) Management of respiratory emergencies (upper and lower airway obstruction, lung tissue disease, disorder of control of breathing).

- v) Recognition and management of shock (Hypovolaemic, Distributive, Cardiogenic, Septic and Neurogenic).
- w) Pneumonia
- x) Haematological conditions: Anaemia, Fanconi Anaemia, Haemophilia, ITP, etc.
- y) Other conditions presenting paediatrics such as Diabetes Mellitus and Asthma
- z) Burns
- aa) Cardiovascular conditions
- bb) Seizure disorders
- cc) Common paediatric malignancies
- dd) Common neurological conditions
- ee) Failure to thrive
- ff) Gastroenteritis with different levels of dehydration
- gg) Fluid management in a child
- hh) HIV and related complications
- ii) Tuberculosis
- jj) Malnutrition
- kk) Other infections including m, septicaemia, URTI, UTI and others
- ll) Renal conditions: Nephrotic syndrome and/Nephritic Syndrome
- mm) Immunizations
- nn) Poisoning: paraffin, organophosphate and others

Common Paediatric Conditions

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

- 17) Birth Asphyxia
- 18) Congenital cardiac conditions
- 19) Congenital abnormalities including neural defects
- 20) Jaundice
- 21) Meconium Aspiration
- 22) Neonatal hypoglycaemia
- 23) Neonatal fluid management
- 24) Septicaemia including NEC, meningitis, pneumonia
- 25) Seizures



- 26) Prematurity
- 27) Hyaline membrane disease
- 28) Resuscitation
- 29) Necrotic Enterocolitis
- 30) Large for gestational age and infant of Diabetic Mother
- 31) Congenital pneumonia
- 32) 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			

2. 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 Caesarean section (uncomplicated).
- Perform salpingectomy for ectopic pregnancy.
- Induce labour and follow up Caesarean 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)

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	10	10	60	
Complicated Delivery	5	5	2	
Vaginal Delivery	10	10	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	5	5	
Management of PPH	5	5	5	
Repair episiotomy 2 nd degree tear	10	10	10	

3. 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 	10	10	5	



▪ Undisplaced fracture of ankle				
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			

4. OPHTHALMOLOGY

The intern should:

- Know basic anatomy and physiology of the eye
- Make clinical assessment of a patient with eye problem
 - 6) Taking history of patient with eye problem
 - 7) Testing visual acuity



- 8) Testing pupillary reaction
- 9) A systematic approach to examining eyes
- 10) Direct ophthalmoscopy
 - Use of slit lamp
 - Identify eye injuries including emergency management of chemical burns
 - 3) Classification
 - 4) 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 Senior Medical officer	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		

5. OTORHINOLARYNGOLOGY

The intern should:

- 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)		

6. 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	15		
Advanced airway examination	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		
Perform epidural catheterisation	5 under supervision		
Central line	3 under supervision		
Arterial gas sampling and interpretation			
ECG basic interpretation of common rhythms			
Capnography interpretation			

7. 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 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

8. ACCIDENT & EMERGENCY

The intern should:

- 9) Take relevant focused history in an emergency setting
- 10) Make proficient examination and detection of key vital signs
- 11) Demonstrate knowledge of relevant anatomy and physiology
- 12) Interpret relevant blood tests and ABGs
- 13) Order and interpret relevant investigations according to provisional diagnosis
- 14) Develop and demonstrate competency in handling medical, paediatric, surgical, obstetric and gynaecological emergencies.
- 15) 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	
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	

14 ANNEX 5. MEDICAL INTERNSHIP TRAINING FACILITY INSPECTION FORM

1. DATA

Name of Institution -----

Postal Address-----

Physical Address-----

Telephone No----- E-Mail-----

.

District-----

Medical Director/Medical Superintendent-----

.

Internship coordinator-----

Nursing Officer In-charge-----

Category of Institution-----number of interns -----

Brief summary of the institution

Location	Catchment area	Workload	Bed capacity



Out-Patient attendance (daily average) -----

9. Human Resource:

Specialists	No.	Names	Registration No.
General. Surgery	1		
	2		
	3		
Orthopaedics	1		
	2		
Internal Medicine	1		
	2		
	3		
	4		
Paediatrics	1		



	2		
	3		
Obstetrics & Gynaecology	1		
	2		
	3		
Family Medicine	1		
	2		
Anaesthesia	1		
	2		
	3		
Ophthalmology	1		
	2		
ENT	1		
	2		
Radiology	1		
	2		
Dentists	1		



	2		
	3		
Diploma Medical officers	1		
	2		
Medical officers	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
	13		



	14		
	15		
	16		

Total number of medical officers: -----

Other Health Cadres:

Numbers

1	Medical Engineer	
2	Degree Nurses	
3	Pharmacists	
4	Degree Radiographers	
5	Audiologist	
6	Physiotherapists	
7	Social Workers	
8	Occupational therapists	
9	Laboratory Technologists/Technicians	
10	Radiographers	
11	Anaesthesia Technicians	
12	Nurse Clinicians Nurses	
13	Diploma Nurses	
14	Ophthalmic Nurses	
15	Occupational Health officer	
16	IPC Nurse	
17	Public Health Nurse	
18	Sonographers	
19	Nurse Anaesthetists	



20	Dietician	
21	Nutritionist	
22	Pharmacy Technologists	
23	Nursing Assistants	
24	Counsellors	
25	Plaster Technician	
26	Mortuary Attendant	
27	Kitchen staff	
28	Laundry staff	
29	Cleaners	
30	Medical Records staff	
31	HR officers	
32	Admin Officers	
34	Administrator	
	Others – (specify)	

10. Physical Facilities/ Services

I. Wards

Wards	Beds	Occupancy (%)
Medical		
Surgical		
Obstetrics & Gynaecology		
paediatrics		
Neonatal unit		
ICU		
Accident & Emergency		

Specialized outpatient Clinics (specify) _____ Cases/month

Accident & Emergency: _____ Cases/month

II. Functional Theatres: (cases/month)



	Major	Minor
Surgical		
Obstetric		
Gynaecological		
Ophthalmology		
ENT		
Dental		

III. Pharmacies: _____cases/month

IV. Laboratory: _____cases/month

V. Imaging facilities (24 hours)

• X-rays: _____cases/month

• Ultrasound: _____cases/month

• CT scan: _____cases/month

• MRI: _____cases/month

VI. Rehabilitative facilities; (specify) _____YES NO

VII. Electricity & energy back-up _____YES NO

VIII. Flowing water _____YES NO

IX. Enough water storage _____YES NO

X. Functioning & serviceable ambulances _____YES NO



XI. Resource centre/library _____ YES NO

- Seating capacity _____ ()
- Internet connection _____ YES NO
- Reference books; _____ YES NO

XII. Mortuary; _____ YES NO

XIII. Night call/staff rest room: _____ YES NO

XIV. Registry; _____ YES NO

XV. Stores: _____ YES NO

XVI. Maintenance Unit: _____ YES NO

XVII. Waste Management

- Waste management system: _____ YES NO
- Incinerator: _____ YES NO
- Placenta pit/macerator: _____ YES NO
- Sluice room: _____ YES NO
- Sharp container: _____ YES NO
- Other (specify)

11. Availability of Standard Operating Procedures: _____ YES NO

12. Remarks

Name _____ Date _____ Signature _____



OFFICIAL USE BY BOARD

Comments by interns

Comments by intern supervisor, Specialist, Medical Officers

:

Findings

Recommendations

15 ANNEX 6 CRITERIA FOR THE APPOINTMENT OF EVALUATORS FOR INTERNSHIP TRAINING

1. The evaluator is an appointee of LMDPC with a current registration with the council



2. He/she must be an experienced appropriately qualified individual with interest in developing quality in medical training
3. The appointee must have good ethics and exemplary professional practice
4. The appointee must be oriented and knowledgeable about requirements for accreditation of a health facility for training interns
5. He/she must be a keen observer, with ability to identify enabling teaching and learning environment
6. The appointee must be knowledgeable about Lesotho health system and the practice guidelines
7. He/she must be able to assess the enabling role of a facility (presence of protocols, equipment, team work, positive attitudes, availability and approachability of senior medical officers for coaching interns etc.)
8. Knowledgeable about advances in medicine and ability to assess competences, supervision and support given to interns during training
9. Familiar with quality, infection prevention and control and risk management in health setting

16 ANNEX 7 MENTORSHIP GUIDELINES

1. A Mentor has to understand what the internship programme expects of him/her:
 - Time and availability to provide a role as a consultant, counsellor, and a supporter to the intern
2. Discuss expectations for the mentoring relationship in the first meeting with the intern.
 - Listen for what the intern expects, be clear on what he/she expects
 - Come to an agreement about how the relationship with the intern will work
 - Agree on schedule and prepare topics for discussion at each meeting

3. A mentor must have relevant expertise or knowledge & skills and enthusiasm for sharing
4. He/she must have a respectful attitude and eagerness to invest in others
5. He/she must exhibit professionalism in all interactions with interns and provide coaching
6. A mentor must have the ability to give honest and direct feedback which is constructive
7. Have reflective listening and empathy, ask more questions and learn more about the intern to elicit where help is needed
8. Never miss a scheduled meeting, having regular discussions ensure that you develop a positive relationship with your mentee, the intern.
9. Offer options and explain pros and cons of each option so that an intern can learn to make his own decision.
10. A mentor must help connect an intern with the right people who have the required skills and knowledge
11. A mentor must maintain confidentiality about issues the intern wishes to keep confidential while ensuring the best interest of the intern