PES Institute of Medical Sciences & Research
Kuppam- 517 425, Chittoor Dist., Andhra Pradesh
Tel: 08570 - 277999, 277799, 277666
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NAAC Criterion 8: Part B - Medical

8.1 Medical Indicator

8.1.4: The Institution has introduced objective methods to measure and certify attainment of specific clinical competencies by MBBS students/interns as stated in the undergraduate curriculum by the Medical Council of India

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Additional information

Logbook

INTERNSHIP RECORD

COMPULSORY ROTATORY RESIDENT INTERNSHIP

INTRODUCTION

This volume on Ordinance Governing MBBS Internship Training Programme is based on National Medical Commission notification, New Delhi, the 18th November 2021 published in the gazette of India: Extraordinary (Part III-sec.4)

After successfully completing Phase III - Part II Clinical subjects examination, MBBS students enter Internship. It is a compulsory one year period of rotational training wherein a candidate is expected to perform actual practice of medical and health care and acquire skills under supervision. It would enable him / her function as an independent member of the health care system. The intern will be periodically assessed and certified by the Heads of the Department concerned and on completion by the Head of the institution (see evaluation format in Appendix section).

GENERAL AIM

Internship aims to induct professional competence, professional accountability, administrative skills, social responsibility, humanism and ethics to medical students who are on the verge of becoming practicing physicians. At the end of internship training, the intern is expected to have a level of knowledge, skills, attitudes and behavior needed to embark on a career as an independent health care provider, or to pursue further training in a medical specialty.

SPECIFIC OBJECTIVES

1. Diagnose disease conditions commonly encountered in practice and to know to seek help from a senior physician when warranted.
2. Learn to use with discretion, essential drugs, infusions, blood or its substitutes and laboratory and other diagnostic services.
3. Manage emergencies - medical, surgical, obstetric, neonatal, pediatric, and other allied specialties by rendering first level care.
4. Demonstrate social accountability and develops skills in the implementation and monitoring of national health programmes and schemes, oriented to provide preventive health care services to the community.
5. Develop leadership qualities to function effectively as a leader of the health care team, delivering health and family welfare services in any existing socio-economic, political and cultural environment.
6. Practice clerking, case record keeping, maintenance of necessary registers for better patient care and to understand their medico-legal implications.
7. Understand the principles that govern ethical decision making, and of the major ethical issues that particularly arise at the beginning and end of life.
8. Develop an understanding of, and respect for, the roles of other health care professionals, and of the need to collaborate with others in caring for individual patients and in promoting the health of defined populations.
9. Demonstrate commitment to advocate at all times the interests of one's patients over one's own interests.
10. Develop the capacity to recognize and accept limitations in one's knowledge and clinical skills, and a commitment to continuously improve one's knowledge and ability.

INTERNSHIP RECORD

INTERNSHIP ROTATIONS AND RELATED DETAILS

COMPULSORY INTERNSHIP ROTATIONS AND THEIR DURATION

1.	Community Medicine	12 weeks
2.	General Medicine	6 weeks
3.	Psychiatry	2 weeks
4.	General surgery	6 weeks
5.	Anaesthesia	2 weeks
6.	Obstetrics & Gynaecology including Family Welfare Programme	7 weeks
7.	Pediatrics	3 weeks
8.	Orthopaedics, Physical Medicine & Rehabilitation	2 weeks
9.	Ophthalmology	2 weeks
10.	Oto-rhino-laryngology	2 weeks
11.	Emergency Medicine (Casualty)	2 weeks
12.	Forensic Medicine & Toxicology	1 week
13.	Dermatology, Venereology, Leprosy	1 week
14.	Elective postings*	4 week

Elective Postings*

1. Tuberculosis & Respiratory Diseases
2. Radio Diagnosis
3. Lab Medicine
4. Geriatric Medicine
5. AYUSH
6. Major Board specialties

INTERNSHIP AGREEMENT

The terms and conditions of the internship programme at PES Institute of Medical Sciences (P.E.S.I.M.S.R.) are laid in the Compulsory Rotatory Resident Internship Agreement. Signing and accepting the terms of the agreement is a prerequisite for undergoing internship at P.E.S.I.M.S.R..

TEMPORARY REGISTRATION

Every candidate must produce a provisional MBBS pass certificate and a temporary Registration certificate from the State Medical Council, prior to commencing internship. The State Medical Council will grant the Provisional Registration for a period of one year. *In the event of shortage of attendance or unsatisfactory work, the period of provisional registration of rotatory internship may be suitably extended*.

INTERNSHIP RECORD

THE INTERNSHIP SHALL BE COMPLETED WITHIN TWO YEARS FROM THE DATE OF PASSING THE FINAL M.B.B.S. EXAMINATION.

Under extraordinary circumstances, if further extension is required, a candidate shall apply for an extension of time to the Registrar, NTRUHS through the Principal. Such an application may be scrutinized carefully by the Principal and forwarded to the University with specific observations for further consideration. However permission is not guaranteed.

MIGRATION / TRANSFER

All parts of the internship shall be done in P.E.S.I.M.S.R. Claim for migration / transfer is not a right of the student. It is also not the policy of PESIMSR to allow such transfers either. *The management reserves the right to allow transfers under extenuating circumstances up to a maximum of 5% of the students who have passed the MBBS examination in the batch concerned.*

INTERN RESPONSIBILITY

Intern shall be entrusted with clinical responsibilities *under supervision* of a medical teacher / seniormedical officer. They shall not work independently. *Interns shall not issue medical certificate, death certificate or medico-legal documents*. *Every Intern shall maintain a record of work done in the prescribed diary / log book.* It shall be verified and certified by the supervisor under whom the internworks as per the *requirement by the Medical Council of India.*

ASSESSMENT OF INTERN PERFORMANCE

Assessment of intern's shall be carried out by every department in which an intern is posted. It shallbe based on a multi-parametric assessment module (see appendix) and the work log book. Based on the assessment reports, the Principal shall issue the certificate of satisfactory completion of Internship training. In the event the performance of the intern is unsatisfactory the Institution reserves the right to extend the internship period beyond the stipulated 365 days, to ensure completion of training of thegraduate.

AWARD OF DEGREE AND FULL REGISTRATION

After successful completion of Internship, students are eligible for the award of the degree of Bachelor of Medicine and Bachelor of Surgery (MBBS) and full registration by the University and the State Medical Council respectively.

INTERNSHIP RECORD

GENERAL INSTRUCTIONS TO INTERNS

1. ***Please be punctual in attending to your duties***. Report regularly by 8.30AM to the assigned department or unit and commence your care of patients.

2. The working hours are from 8.30 AM to 5 PM and the on-call duties are to be done as per the roster, including Sundays and public holidays.

3. ***You must wear your work (white) coats and the identification badge provided to you at all times***.

4. When "on-call", the Intern must stay in the hospital building to promptly attend to patient care issues. ***Staying in hostel rooms, canteen etc. is not acceptable and would constitute medical negligence. This could lead to disciplinary action and extension of internship.***

5. ***Dress code is a must and Interns are expected to look dignified.*** Male interns- black or brown leather shoes, shirts tucked in and should be clean shaven. Lady residents- dress modestly, wear short nails, and avoid adorning jewels and flowers. ***T-shirts, Jeans/corduroys or sneakers (e.g. Nike, Adidas etc.) are not allowed.***

6. Following night duty, the intern should round in the wards the following morning, to the satisfaction of the unit-in-charge, and then transfer care of his patients before taking post-duty off.

7. ***Sign the attendance register of respective departments daily***.

8. You are allowed to apply for 1 day of leave during your long postings (postings >30 days) only, which shall not exceed 1 day/month. *Get your leave sanctioned by the unit chief at least a week before availing it*. Last minute requests will not be considered favorably. Leave is subject to availability based on staffing requirements of P.E.S.I.M.S.R. Make sure your leave is recorded in this book by the Head of the Department.

9. This book provides a log diary to be maintained by you. Record your work daily in your procedure log book and transfer it to your diary. This is a medical council requirement. Kindly get it signed by the concerned unit Chief and Head of the department on the last day of your posting.

10. Get the "No Dues" certificate signed on the last day of your posting before leaving the departments.

11. On the satisfactory completion of one year of internship training, this book is to be submitted to the Principal, for issuance of Internship Completion Certificate necessary for obtaining your permanent Medical Registration. So keep it safe. Loss will entail repurchasing and rewriting the whole book.

12. In the event of unsatisfactory performance, P.E.S.I.M.S.R. reserves the right to extend the internship period beyond the mandatory twelve months.

11. In all matters of dispute the decision of the Head of the Department and / or the Principal is final.

12. ***Interns do not have the authority to issue medical certificates, death certificates or any other medico-legal document. They do not have the authority to offer discounts for services provided by P.E.S.I.M.S.R.***

INTERNSHIP RECORD

INTERNSHIP WARD DUTIES

Ward duties of interns include but are not limited to the following:

1. *Responsible for all aspects of health care delivered to the patients assigned to them* by the unit Head. ***This means that the intern will ensure that high quality health care is provided to the patient in a timely manner, as he or she would do for his/her own closefamily members.***

2. Serve as an advocate for their patients. They must place the interests of their patients abovetheir own interests. *Courteous, professional behavior towards patients and their relatives is expected and counts towards successful completion of internship*. Complaints in this regard will be taken seriously.

3. *Respect patient privacy*. Interns must not divulge patient information to anyone without prior permission from the patient.

4. Responsible for clerking patients (i.e. writing medical case records) on admission. *All case records must be completed within 2 hours of admission*.

5. *Must write daily progress notes on the patients* assigned to them. The note should be in the S.O.A.P. format. (see section on S.O.A.P. note).

6. *Prescription writing is the responsibility of the Intern. The unit nurse or students are not authorized to write prescriptions. It is illegal for them to do so.*

7. Responsible for completing discharge summaries at the time of patient discharge/transfer to another facility. *These summaries must contain all details on hospital course, diagnoses, test results, treatment advised and follow-up appointment. Non-compliance will amount to incomplete performance of duties.*

8. Responsible for ordering diagnostic tests and making note of the same in the case record. They should also follow-up and get the results of the tests ordered and enter them in the case record. *If results do not arrive on time, the intern is expected to contact the lab by phone or in person to get results and thereby prevent delays in patient care.*

9. *Responsible to immediately bring to the notice of the Unit Chief or designate of abnormal lab or radiology results or untoward incidents that happen to their patients.* This is to ensure prompt and appropriate patient care.

10. *Responsible for placing i.v. cannulae, drawing blood samples for tests, administering i.v. / i.m. drugs, and performing invasive tests and treatment under appropriate supervision.*

11. In addition to morning rounds, ***interns should again round in the evenings prior to their transferring care to the on-call intern.*** *This necessary to update case records with new testresults, modify treatment accordingly and to follow-up on treatment changes made during morning rounds*.

12. Must formally transfer the care of patients under their care to the on-call physician using the transfer of care sheet (see format on page 7) and the on-call intern should do so as well.

13. *Obtain informed consent from patients prior to performing invasive procedures*. Surgical department residents are to ensure that drugs and other *supplies needed for surgery are procured by the patient a day prior to surgery*.

14. *Perform on-call duties as per the official schedule provided by the respective department heads or designate.* If unable to perform an on-call duty, the unit head or designate must be immediately notified to make appropriate arrangements for substitute coverage. The casualty and casualty reception should be notified about the substitute doctor performing the on-call duty, so that he/she may be contacted regarding admissions.

15. *Show respect and courtesy to, and work co-operatively with, all members of the health care team* including, nurses, ward boys, lab technicians etc.

16. *Attend all meetings (academic and administrative) that have been organized for them. The unit chiefs have been instructed to allow all interns to attend meetings organized for them*. In the event they are unable to attend a meeting due to unforeseen clinical responsibilities, they must to produce a written note from the unit in-charge for being excused. Failure of attendance of at least 80% of these meetings will count toward failure of completion of internship.

17. Informing, advising, and guiding patients and families

a) Discussing diagnostic options and obtaining informed consent
b) Discussing test results, prognosis and management plan
c) Discharge conversation

18. Communicating and collaborating with colleagues

a) Patient handover documentation and presentation
b) Acting in inter-personal teams

19. Extraordinary Patient care

a) Establishing death
b) Basic life support

INTERNSHIP RECORD

TRANSFER OF CARE SHEET

Date:_____ Dr. _____ Dept. _____ Unit _____

NAME & IP NO.	DIAGNOSIS	LABS	TREATMENT	TO DO	COMMENTS

INTERNSHIP RECORD

PRINCIPLES OF GOOD MEDICAL CASE RECORD KEEPING

Good medical record keeping is an essential part of providing the best quality of care to our patients.

The patient's medical record (case sheet) is a legal document. In the event of a law suit the medical record is scrutinized in detail. Despite providing timely and good quality care to the patient, the law can, and has prosecuted physicians for negligent care due to incomplete documentation. This underscores the need for accurate and complete documentation.
Assessment of intern's performance includes scrutiny of case records for completeness of documentation. Failure to maintain good medical records will lead to extension of internship.

All entries on the medical case record must be legible to serve the fundamental purpose of their existence. Only standard abbreviations such as BP etc. should be used.

All pages of the medical case record must have the patient's name, IP/OP number, age, gender, medical unit and ward indicated. It is not the duty of the nurse to write this information.

All notes written on the case record ***must document the date and the time.***

All notes written by the intern ***must be signed by the intern and their provisional certificate number entered below the signature.*** A rubber-stamp with the intern's name and provisional certificate number will be made available by the institution for this purpose.

The progress note shall be in the S.O.A.P. format – Subjective, Objective, Assessment, &Plan. (see example provided in the following page).

The assessment & plan sections must reflect all medications being prescribed to the patient and their indications.

All tests ordered shall be indicated in the case record and their results be documented as well. This is a Medical Council Requirement.

All medications personally administered by the intern must be documented and the date and time recorded e.g. i.v. Antibiotic etc.

Changing or amending notes is allowed when information initially documented is incorrect. A clean strike through the incorrect note with the notation "error" and a signature with date and time are requirements (see example provided.)

The medical record is the property of PESIMSR and cannot be removed from its premises or given to the patient. The medical record cannot be copied or reproduced in any manner.

INTERNSHIP RECORD

HOW TO WRITE A GOOD, COMPREHENSIVE, DAILY PROGRESS NOTE

THE S.O.A.P. NOTE FORMAT

Progress notes are meant to document each and every physician-patient encounter. One of the most widely recommended methods for documenting a particular patient encounter is the **S**ubjective **O**bjective **A**ssessment **P**lan **(S.O.A.P.) format.**

Physicians should consider the following points when documenting their patient encounters:

Subjective Data

- Begin with a brief summary of the hospitalization;
- Changes in the patient's progress or health status since the last examination
- Patient present complaints in detail;
- Salient negative responses.

Objective Data

- Relevant vital signs;
- Physical examination appropriate to the presenting complaint;
- Positive physical findings;
- Significant negative physical findings as they relate to the problem.

Assessment

- ***List all active diagnoses*** for which the patient is being treated; should reflect all prescribed medications
- ***List all complaints that are not yet diagnosed*** and their provisional diagnosis/differential diagnosis;
- ***Review of medications***, if appropriate;
- ***Review of laboratory and procedure results***, if available;
- ***Review of consultation reports***, if available;
- Diagnosis, differential diagnosis, or problem statement in order of probability and reflective of the presenting complaint.

Plan

- Discussion of ***treatment options***;
- ***Tests or procedures ordered*** and explanation of significant complications, if relevant;
- ***Consultation requests*** including the reason for the referral, if relevant;
- ***New medications ordered and/or prescription repeats*** including dosage, frequency, duration and an explanation of potentially serious adverse effects;
- Any other ***patient advice or patient education*** (e.g., diet or exercise instructions, smoking cessation, contraceptive advice);
- ***Follow-up and future considerations***.
- Specific concerns regarding ***the patient including patient refusal to comply with your suggestions.***

INTERNSHIP RECORD

S.O.A.P. NOTE – EXAMPLE
(see page 11 for S.O.A.P. progress note format at our hospital)

DATE: 14/07/07
TIME: 0900 hrs.

SUBJECTIVE:

Mr. K is a 45 y/o gentleman who was admitted on 14/7/07 with pneumonia. He has been treated for 5 days with iv Ampicillin with good clinical response. Today he complains of low back pain and constipation. The back pain is chronic and is worse on prolonged standing. Denies pain radiating to the thigh or gluteal region. No numbness, weakness or tingling in the lower extremities. His other problems include diabetes mellitus, hypertension, hyperlipidemia and ischemic heart disease.

OBJECTIVE:

O/E Comfortable at rest, Pulse- 86/min, BP- 170/90 mmHg, Temp- 99O F, Respirations-18/min
CVS: S1 and S2 normal. Grade 2/6 Ejection systolic murmur heard. No gallop. RS: No mediastinal shift, normal vesicular breath sounds, no adventitious sounds. Abdomen: Soft, no tenderness, no organomegaly, normal bowel sounds.
Musculoskeletal: Left paraspinal tenderness is present. Straight leg raising test is negative. Neurological: No evidence of sensory loss in the lower limbs. Muscle power is 5/5 in the lower limbs. The knee and ankle reflexes are normal.

ASSESSMENT & PLAN:

1. *Pneumonia*: Improved. No fever or leukocytosis. On day 3 of Ampicillin 500mg qid. Will continue for a total of 7 days.
2. *Back pain*: Probable spondylosis. Will obtain Xray of lumbar spine. Add Ibuprofen 400 mg q8 hrs after food for 5 days. Physiotherapy.
3. *Hypertension*: Inadequately controlled. Increase Metoprolol from 50mg to 100 mg q12h.
4. *Diabetes Mellitus*: Fasting glucose today – 148 mgs%. Increase Metformin from 500 mg to 1 gm q12h. Enalapril 5 mg q12 hrs for renal protection.
5. *IHD*: Stable angina. Continue Aspirin 75 mg and Metoprolol.
6. *Hyperlipidemia*: Last LDL on 12/2/2007 – 93mgs. Continue Atrovastatin 10mg qd.
7. *Constipation*: Will try Docusate sodium 10mg HS for 7 days.

Signature of doctor

Registration number/ Name stamp.

PES INSTITUTE OF MEDICAL SCIENCES
DAILY PROGRESS NOTE

NAME: **AGE:** **GENDER:**

WARD: **UNIT:** **IP no.:**

DATE	JUNIOR PHYSICIAN NOTE	SENIOR PHYSICIAN NOTE
	HISTORY AND COMPLAINTS:	
	PHYSICAL EXAMINATION:	

PULSE /min	BP mmHg	RR /min	TEMP °F	WEIGHT kg

GENERAL:

HEENT:

CVS:

RS:

ABD:

NEURO:

EXT:

PES INSTITUTE OF MEDICAL SCIENCES
DAILY PROGRESS NOTE

JUNIOR PHYSICIAN NOTE (cont'd)	MEDICATION LIST
DIAGNOSTIC TEST DATA:	
ASSESSMENT AND PLAN: (LIST PATIENT'S PROBLEMS & MANAGEMENT ADVICE)	SENIOR PHYSICIAN NOTE (cont'd)

NAME/ STAMP	SIGNATURE	NAME/STAMP	SIGNATURE
TIME:	DATE:	TIME:	DATE:

INTERNSHIP RECORD

HOW TO CORRECT WRONG ENTRIES IN THE MEDICAL CASE RECORD:

In the event that an incorrect entry has been made in the medical record of a patient, it is acceptable to acknowledge the error and correct the note as shown in the example below:

ASSESSMENT & PLAN:

- Pneumonia: Improved. No fever or leukocytosis. On day 3 of Amoxicillin 500mg bid. Will continue for a total of 7 days.
- Back pain: Probable spondylosis. Will obtain Xray of lumbar spine. Add Ibuprofen 400 mg q8 hrs after food for 5 days. Physiotherapy.
- Hypertension: Inadequately controlled. Increase Metoprolol from 50mg to 100 mg q 12h.
- Diabetes Mellitus: fasting glucose – 148 mgs%. Increase metformin from 500 mg to 1 gm q12h
- IHD: Stable angina. Continue Aspirin 75 mg and Metoprolol.
- Hyperlipidemia: last LDL on 12/2/2007 – 93mgs. Continue Atrovastatin 10mg qd.
- Constipation: Will try Docusate sodium 10 hs for 7 days.

ERROR, PLEASE OMIT

SIGNATURE HERE.

DATE & TIME

DRAW A CLEAN LINE THROUGH THE PART OF THE NOTE TO BE OMITTED.

DO NOT TRY TO HIDE THE TEXT BY SMUDGING IT/ERASING IT.

THIS LEADS TO LEGAL SUSPICIONS OF DELIBERATELY TRYING TO COVER-UP A FAULT !

DENOTE "ERROR" AND SIGN UNDERNEATH.

DATE AND TIME ARE IMPORTANT AS YOU COULD BE ASKED AS TO WHEN THE NOTE WAS AMENDED, IN A COURT OF LAW.

VERBALLY MENTIONING THE TIME AND DATE AT WHICH THE NOTE WAS WRITTEN WILL NOT BE ACCEPTED IN ANY COURT.

CUMULATIVE PROCEDURE / SKILL LOG

&

INTERNSHIP ROTATION COMPLETION CERTIFICATES

INTERNSHIP RECORD

INTERNSHIP WORK DIARY AND CUMULATIVE PROCEDURE LOG

(Skills/ abilities to be developed by interns during their rotations to different departments.)

DEPARTMENT OF COMMUNITY MEDICINE

From: …… To: ……

	Place of Postings	From	To	Absent/CL's	Remarks & Signature
UHTC/RHTC (3 weeks)					
General Medicine (3 weeks)					
General Surgery (3 weeks)					
OBG (3 weeks)					

S.No	Competencies	Place of postings	Observed / Assisted		Done under supervision/ able to perform independently		Remarks
			Date	No.	Date	No.	
1	Diagnosed common ailments and advised primary care.						
2	Demonstrated knowledge on essential drugs and usage.						
3	Recognized medical emergencies, resuscitated, instituted initial treatment and referred to a suitable institution.						
4	Familiar with National Health Programmes, as recommended by MoHFW						
5	Gained expertise in immunization against infectious diseases.						
6	Participated in programmes related to prevention and control of endemic diseases including nutritional deficiencies.						
7	Learnt skills in family welfare planning procedures.						
8	Learned skills of providing health education to patients.						
9	Acquired competence in diagnosis and management of common ailments.						
10	Participated in and maintained documents related to immunization and cold chain.						
11	Gained capabilities to conduct programmes on health education						

INTERNSHIP RECORD

	including Audio visual aids and capability to utilize scientific information for promotion of community health.						
12	Provided health education to an individual/community on: 1. Tuberculosis 2. Small family, spacing, use of appropriate contraceptives. 3. Applied Nutrition and care of mothers and children 4. Immunization, as applicable						
13	Participated in family composite health care						
14	Attended at least one school health programme with the Medical Officer						
15	Participated in use of the modules on field practice for community health						
16	Underwent village attachment of at least one week to understand issues of community health along with exposure to village health centres, ASHA Sub-Centres.						
17	Participated in Infectious Diseases Surveillance and/or Epidemic Management activities along with the Medical Officer.						
18	Seminar Presentation						
19	Research Work						
20	Health camps						
21	Health Days Observation						
22	Was able to establish linkages with other agencies as water supply, food distribution etc.						
23	Acquired managerial skills including delegation of duties to and monitoring the activities of paramedical staff and other healthcare professionals.						

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____

Student/Intern ID: _____

Supervisor: _____

Department/Specialty: _____

Unit: ____ Dates: ___/____/_____ to ____/____/_____

Leaves: _____ days Absent:_____days

INTERNSHIP RECORD

RATING* (Rating as shown in appendix)

Repeat Posting: From_____ To _____

FEED-BACK

Strengths:

_____

_____

_____

_____

Areas of improvement needed:

_____

_____

_____

Comments:

_____

_____

_____

Student: _____ Date: _____

Signature of Unit Chief **Signature of H.O.D.** **Official Seal**

INTERNSHIP RECORD

GENERAL MEDICINE

Skill	Observed		Assisted		Done under supervision		Able to do independently		Remarks/ Comments/ Signature of supervisor
	Date	No	Date	No	Date	No	Date	No	
Venipuncture (I)									
Intramuscular injection (I)									
Intradermal injection (D)									
Subcutaneous injection (I)									
Intra Venous (IV) injection(I)									
Setting up IV infusion and calculating drip rate (I)									
Blood transfusion (O)									
Urinary catheterization (D)									
Basic life support (D)									
Oxygen therapy (I)									
Aerosol therapy / nebulization (I)									
Ryle's tube insertion (D)									
Lumbar puncture (O)									
Pleural aspiration (O)									
Asciticfluid aspiration (O)									
Cardiac resuscitation (D)									
Peripheral blood smear interpretation (I)									
Bedside urine analysis (D									
Ophthalmoscopy / Otoscopy / Indirect laryngoscopy, each									
CSF tap									
Biopsy: Liver, Kidney, Lymph Node, Skin, etc									
Use of defibrillator cardiac monitor									

INTERNSHIP RECORD

Skill	Observed		Assisted		Done under supervision		Able to do independently		Remarks/ Comments/ Signature of supervisor
	Date	No	Date	No	Date	No	Date	No	
Motivation of blood donor									
Motivation for clinical post-mortem									
Counselling the relatives of terminally ill patients									
Family planning counselling									

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____

Student/Intern ID: _____

Supervisor: _____

Department/Specialty: _____

Unit: ____ Dates: ___/____/_____ to ____/____/_____

Leaves: _____ days Absent: _____days

RATING* ☐ (Rating as shown in appendix)

Repeat Posting: From_____ To _____

FEED-BACK

Strengths:

_____

_____

_____

_____

Areas of improvement needed:

_____

_____

_____

INTERNSHIP RECORD

Comments:

_____

_____

_____

Student: _____ Date: _____

Signature of Unit Chief **Signature of H.O.D.** **Official Seal**

INTERNSHIP RECORD

PSYCHIATRY

	O	A	PA	PI	SUPERVISOR'S SIGNATURE
1)Ability to take history, elicit clinical features, diagnose and manage					
i. Psychosis/schizophrenia/Mania					
ii) Depression/Anxiety/OCD					
iii) Substance dependence- alcohol/cannabis/tobacco					
iv) Psychosomatic disorders					
2)Psychiatric emergencies					
i)Suicidal ideations/ Suicide attempt					
ii) Delirium tremens					
iii) Aggressive/ Agitated patients					
iv) Behavioral disturbances in other specialty wards					
3)Procedures/ Therapies					
i) ECT/Biofeedback					
ii) Stress management, CBT, Supportive psychotherapy Motivational Enhancement Therapy					
iii) Cognitive Assessment					
Periodic Assessment (weekly once)					
Week 1:	Week 2:				
Rating : A- OUTSTANDING B –GOOD C – AVERAGE D-NEEDS FURTHER TRAINING					

INTERNSHIP RECORD

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____

Student/Intern ID: _____

Supervisor: _____

Department/Specialty: _____

Unit: ____ Dates: ___/____/_____ to ____/____/_____

Leaves: _____ days Absent: _____days

RATING* ☐ (Rating as shown in appendix)

Repeat Posting: From_____ To _____

FEED-BACK

Strengths:

_____

_____

_____

_____

Areas of improvement needed:

_____

_____

_____

Comments:

_____

_____

_____

Student: _____ Date: _____

Signature of Unit Chief **Signature of H.O.D.** **Official Seal**

INTERNSHIP RECORD

GENERAL SURGERY

PROCEDURES / SKILLS	O	No.	A	No.	PA	No.	PI	No.	Supervisor's Signature
Resuscitation of critically injured / burns patients									
Monitoring patients of Head, chest, spine, abdomen and pelvic injury									
First-line management of acute abdomen									
Peri-operative care & monitoring									
Venesection									
Drainage of superficial abscess									
Suturing of wound									
Excision of simple cyst									
Excision of skin tumours									
Hydrocele operation									
Circumcision									
Biopsy of surface tumours									
Supra-pubic trocar insertion									
Vasectomy									
Intercostal tube insertion									
Urinary Catheterization									
Naso-Gastric tube placement									

INTERNSHIP RECORD

Diagnostic Proctoscopy									
Surgical knots									
Wounds dressing									

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____

Student/Intern ID: _____

Supervisor: _____

Department/Specialty: _____

Unit: ____ Dates: ___/____/_____ to ____/____/_____

Leaves: _____ days Absent: _____days

RATING* ☐ (Rating as shown in appendix)

Repeat Posting: From_____ To _____

FEED-BACK

Strengths:

_____

_____

_____

_____

Areas of improvement needed:

_____

_____

_____

Comments:

INTERNSHIP RECORD

_____

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Student: _____ Date: _____

Signature of Unit Chief **Signature of H.O.D.** **Official Seal**

INTERNSHIP RECORD

ANAESTHESIA AND ICU

PROCEDURES / SKILLS	O	No.	A	No.	PA	No.	PI	No.	Supervisor's Signature
Pre-anaesthesthetic assessment & prescription of pre-anaesthetic medications									
Perform veni-puncture and set-up intravenous infusions									
Perform laryngoscopy & endotracheal intubation									
Perform lumbar puncture, spinal anaesthesia and simple nerve blocks									
Conduct simple general anaesthesia procedures under supervision									
Monitor patients during anaesthesia and post operative period									
Recognise and manage problems associated with emergency anaesthesia									
Maintain anaesthetic records									
Cardioversion and Defibrillation									
Recognition and treatment of cardiac arrhythmias									

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____

Student/Intern ID: _____

Supervisor: _____

Department/Specialty: _____

Unit: ____ Dates: ___/____/_____ to ____/____/_____

Leaves: _____ days Absent: _____days

RATING* ☐ (Rating as shown in appendix)

Repeat Posting: From_____ To _____

INTERNSHIP RECORD

FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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Student: _____ Date: _____

Signature of Unit Chief **Signature of H.O.D.** **Official Seal**

INTERNSHIP RECORD

ORTHOPAEDICS (including Physical Medicine & Rehabilitation)

SL. NO	SKILL	OBSEVED		ASSISTED		DONE UNDER SUPERVISION		ABLE TO DO INDEPENDENTLY		REMARKS/ COMMENTS
		DATE	NO	DATE	NO	DATE	NO	DATE	NO	
1	Splinting (plaster slab) emergency splintage, definitive splintage, postoperative Splintage, Thomas splint									
2	Manual reduction of common fractures – phalangeal, metacarpal, metatarsal, Colles' fracture									
3	Manual reduction of common dislocations – interphalangeal, metacarpo-phalangeal, elbow & shoulder									
4	Plaster cast application for un-displaced fractures of arm, fore arm, leg and ankle									
5	Emergency care of a multiple injury patient									
6	Transport and bed care of spinal cord injury patients									
7	Advise about prognosis of poliomyelitis, cerebral palsy, CTEV and CDH									
8	Advise about rehabilitation of amputees and mutilating traumatic and leprosy deformities of hand									
9	Physiotherapy and rehabilitation in traumatic and other orthopaedic and medical illnesses. Knowledge of modalities of physiotherapy in use.									
10	Drainage for acute osteomyelitis									
11	Sequestrectomy in									

	chronic osteomyelitis									
12	Application of external fixation									
13	Internal fixation of fractures of long bones									
14	Compression bandage									
15	Wound dressing									
16	Removal of plaster casts									
17	Joint Aspiration									
18	Use of self help devices, splints and mobility aids									
19	Diagnosing and managing with competence clinical diagnosis and management based on detailed history and assessment of common disabling conditions like poliomyelitis, cerebral palsy, hemiplegia, paraplegia, amputations									
20	Procedures of fabrication and repair of artificial limbs and appliances									
21	Simple exercise therapy in common conditions like prevention of deformity in polio, stump exercise in an amputee									
22	Therapeutic counselling and follow-up									
23	Participation as a team member in total rehabilitation including appropriate follow up of common disabling conditions									
24	Accessibility problems and home-making for disabled									

INTERNSHIP RECORD

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____

Student/Intern ID: _____

Supervisor: _____

Department/Specialty: _____

Unit: ____ Dates: ___/____/_____ to ____/____/_____

Leaves: _____ days Absent: _____days

RATING* ☐ (Rating as shown in appendix)

Repeat Posting: From_____ To _____

FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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Student: _____ Date: _____

Signature of Unit Chief **Signature of H.O.D.** **Official Seal**

INTERNSHIP RECORD

OBSTETRICS AND GYNAECOLOGY (including Family Welfare)

PROCEDURES / SKILLS	O	No.	A	No.	PA	No.	PI	No.	Supervisor's Signature
OBSTETRICS									
Diagnosis of early pregnancy									
Diagnosis of pathological conditions of pregnancy - Abortions, Ectopic pregnancy Molar pregnancy, tumor with pregnancy									
Diagnosis of high risk pregnancy									
Antenatal care (AN) and advice									
AN pelvic assessment and diagnosis of cephalo-pelvic disproportion									
Induction of labour and amniotomy									
Labor monitoring and partogram									
Conduction of normal delivery									
Suturing of Episiotomy and perineal tear									
Forceps / Vacuum / Breech delivery									
Lower Segment Cesarean Section									
Prevention and management of PPH									
Postnatal care and advice									
Lactation management									
Obstetrics Ultra sound interpretation									
CTG and USG interpretation									
First trimester MTP									
LTO									
TO									
Oral contraceptive pills counseling									
IUCD Insertion									
Collection of blood samples									
IM injection									
IV Injection									
Blood transfusion promotion and monitoring transfusion									

INTERNSHIP RECORD

GYNAECOLOGY									
P/V and P/S examination									
Vaginal Smear									
PAP Smear									
Catheterization									
Pre and Post Operative care including consent for surgery									
Colposcopy, Hysteroscopy and Laparoscopy									
Minor Gynaecologic surgery									
Major Gynaecologic surgery									
MLC									

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____

Student/Intern ID: _____

Supervisor: _____

Department/Specialty: _____

Unit: ____ Dates: ___/____/_____ to ____/____/_____

Leaves: _____ days Absent: _____days

RATING* ☐ (Rating as shown in appendix)

Repeat Posting: From_____ To _____

FEED-BACK

Strengths:

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INTERNSHIP RECORD

Areas of improvement needed:

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Comments:

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Student: _____ Date: _____

Signature of Unit Chief **Signature of H.O.D.** **Official Seal**

INTERNSHIP RECORD

PAEDIATRICS

PROCEDURES / SKILLS	O	No.	A	No.	PA	No.	PI	No.	Supervisor's Signature
PROCEDURES									
I V Cannulation									
Passing naso-gastric tube									
Administer oxygen									
Use of nebulizer									
Administer IM injection									
Mantoux testing									
Immunization – BCG DPT/ PolioMeasles Others									
Cardiopulmonary resuscitation									
Lumbar Puncture									
Bone marrow aspiration									
Pleural tap									
Peritoneal tap									
Photo therapy									
Exchange transfusion									
Ventilator care									
Liver biopsy									
Peritoneal biopsy									
CLINICAL SKILLS									
Assessment of dehydration									
Administration of oral rehydration therapy									

INTERNSHIP RECORD

Assessment gestational age in newborn									
Care of newborn and recognition of high risk status									
Recognition of pneumonia and institution of appropriate treatment of respiratory insufficiency									
Assessment of nutritional status									
Growth assessment and monitoring									
To assist mothers in establishing lactation									
Pediatric emergencies 1. Shock 2. Seizures 3. Status Asthmaticus 4. CHF									

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____

Student/Intern ID: _____

Supervisor: _____

Department/Specialty: _____

Unit: ____ Dates: ___/____/_____ to ____/____/_____

Leaves: _____ days Absent: _____days

RATING* ☐ (Rating as shown in appendix)

Repeat Posting: From_____ To _____

INTERNSHIP RECORD

FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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Student: _____ Date: _____

Signature of Unit Chief **Signature of H.O.D.** **Official Seal**

INTERNSHIP RECORD

OPHTHALMOLOGY

Procedures / Skills	O	No	A	No	PA	No	PI	No	Supervisior's Signature
Diagnosis and Management									
Acute Conjunctivitis, Allergic conjunctivitis									
Corneal Ulcer									
Uveitis									
Glaucoma									
Refractive error									
Ocular injury									
Trauma									
Xerosis									
Entropion									
Iridocyclitis									
Myopia, Hypermetropia									
Cataract									
Sudden Loss of vision									
Rehabilitation of blind									
Investigative Procedures									
Assessment of visual acuity									
Tonometry									
Direct Ophthalmoscopy									
Indirect Ophthalmoscopy									
Gonioscopy									
Retinoscopy									

INTERNSHIP RECORD

Subjective Refraction									
Keratomitry									
Lacrimal Syringing									
Fluorescein staining of cornea									
Surgical Procedures									
Chalazion Incision and curettage									
Lid tear repair									
Conjunctival tear repair									
Corneal Foreign body removal									
Removal of concretions									
Epilation and lectrolysis									
Dacryocystectomy									
Extracapsular cataract extraction									
Glaucoma Surgery									
Entropion correction									
Ectropion correction									
Pterygium excision									
Glaucoma surgery									
Ocular bandaging									
Cauterisation of corneal ulcer									
Enucleation of eye in cadaver									

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____

Student/Intern ID: _____

Supervisor: _____

Department/Specialty: _____

Unit: ____ Dates: ___/____/_____ to ____/____/_____

INTERNSHIP RECORD

Leaves: _____ days Absent: _____days

RATING* ☐ (Rating as shown in appendix)

Repeat Posting: From_____ To _____

FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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Student: _____ Date: _____

Signature of Unit Chief **Signature of H.O.D.** **Official Seal**

INTERNSHIP RECORD

OTORHINOLARYNGOLOGY

PROCEDURES / SKILLS	O	No	A	No	PA	No	PI	No	SUPERVISOR'S SIGNATURE
Anterior nasal packing (D)									
Otoscopy (I)									
Simple suturing and suture removal Suture of ear, lobes, tears etc									
Assisting tracheostomy									
Drainage of simple mastoidabscess									
I & D of quinsy & other simple neck abscesses									
Simple nasal packing for epistaxis & post nasal packing									
Excision of benign cyst, lymph nodes & biopsy									
Antral lavage									
Biopsy if simple tumors									
Simple examination and diagnosing by otoscopy									
Post nasal examination & indirect laryngoscopy									
Preparing for patient emergency surgery									
Simple FB removal OP ear & nose									
Wax removal									
Assist of cricothyrotomy (or) mini tracheostomy									
Assist for DNE & VLS									

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____

Student/Intern ID: _____

Supervisor: _____

Department/Specialty: _____

Unit: ____ Dates: ___/____/_____ to ____/____/_____

Leaves: _____ days Absent: _____days

RATING* ☐ (Rating as shown in appendix)

INTERNSHIP RECORD

Repeat Posting: From_____ To _____

FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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Student: _____ Date: _____

Signature of Unit Chief **Signature of H.O.D.** **Official Seal**

INTERNSHIP RECORD

EMERGENCY MEDICINE (CASUALTY)

Procedures / Skills	**O**	No.	**A**	No.	**PA**	No.	**PI**	No.	Supervisors Signature
Triage of patients									
Perform veni-puncture and set-up intravenous infusions									
Cardiopulmonary resuscitation									
Defibrillation									
Synchronized Cardioversion									
Urinary Catheterisation									
Stomach wash									
Assessment of trauma patients									
Thrombolytic therapy									
Nebulizer therapy									
Suturing and dressing of wounds									

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____

Student/Intern ID: _____

Supervisor: _____

Department/Specialty: _____

Unit: ____ Dates: ___/____/_____ to ____/____/_____

Leaves: _____ days Absent: _____days

RATING* ☐ (Rating as shown in appendix)

Repeat Posting: From_____ To _____

INTERNSHIP RECORD

FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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Student: _____ Date: _____

Signature of Unit Chief **Signature of H.O.D.** **Official Seal**

INTERNSHIP RECORD

FORENSIC MEDICINE

PROCEDURES / SKILLS	O	No	A	No	PA	No	PI	No	SUPERVISOR'S SIGNATURE
Sickness & fitness certification									
Police information									
Medico legal autopsy									
Autopsy report viscera preservation									
Communication with police, public & authorities									
Documentation									
Death certificate									
Certification of cod									
Visit to E R /accident register									
Injury/ drunkenness certification									
Visit to E R /poisoning case									
Age estimation									
Age certification									
Sexual offence certification									
Case presentation									

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____

Student/Intern ID: _____

Supervisor: _____

Department/Specialty: _____

Unit: ____ Dates: ___/____/_____ to ____/____/_____

Leaves: _____ days Absent: _____days

RATING* ☐ (Rating as shown in appendix)

Repeat Posting: From_____ To _____

INTERNSHIP RECORD

FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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Student: _____ Date: _____

Signature of Unit Chief **Signature of H.O.D.** **Official Seal**

INTERNSHIP RECORD

Dermatology Venereology and Leprosy

PROCEDURES / SKILLS	O	No	A	No	PA	No	PI	No	SUPERVISOR'S SIGNATURE
Wood's lamp Exam									
KOH Preparation									
Chemical cautery									
Electro-cautery									
Skin biopsy									
Tzanck smear									
Gram's stain									
Slit skin smear									
Z N Stain									
Cryo-Surgery									
Photo- Therapy									
Path testing									
Dark ground microscopy									
Tissue smear									

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____

Student/Intern ID: _____

Supervisor: _____

Department/Specialty: _____

Unit: ____ Dates: ___/____/_____ to ____/____/_____

Leaves: _____ days Absent: _____days

RATING* [ ] (Rating as shown in appendix)

INTERNSHIP RECORD

Repeat Posting: From_____ To _____

FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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Student: _____ Date: _____

Signature of Unit Chief **Signature of H.O.D.** **Official Seal**

INTERNSHIP RECORD

TUBERCULOSIS & RESPIRATORY DISEASES

Skill	Observed		Assisted		Done under supervision		Able to do independently		Remarks/ Comments/ Signature of supervisor
	Date	No	Date	No	Date	No	Date	No	
Examination for etiological organism like AFB									
Interpretation of chest X-rays									
interpretation of Respiratory function tests									
Interpretation of ABG									
Laryngoscopy									
Pleural aspiration									
Respiratory physiotherapy									
Laryngeal intubation									
Pneumo- thoracic drainageaspiration									
Therapeutic counseling and follow up									

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____

Student/Intern ID: _____

Supervisor: _____

Department/Specialty: _____

Unit: ____ Dates: ___/____/_____ to ____/____/_____

Leaves: _____ days Absent: _____days

RATING* ☐ (Rating as shown in appendix)

Repeat Posting: From_____ To _____

INTERNSHIP RECORD

FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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Student: _____ Date: _____

Signature of Unit Chief **Signature of H.O.D.** **Official Seal**

INTERNSHIP RECORD

RADIODIAGNOSIS

PROCEDURES / SKILLS	O	No.	A	No.	PA	No.	PI	No.	Supervisor's Signature
OBSTETRICS									
Plain X-rays									
USG of Abdomen and Pelvis									
Neurosonogram									
Mammography									
CT & MRI									
IVP									
Barium Meal									
Barium Enema									
Doppler									
USG of Thyroid									
USG of Scrotum									
USG guided Pleurocentesis									
USG guided Liver abscess drainage									

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____

Student/Intern ID: _____

Supervisor: _____

Department/Specialty: _____

Unit: ____ Dates: ___/____/_____ to ____/____/_____

Leaves: _____ days Absent: _____days

RATING* ☐ (Rating as shown in appendix)

Repeat Posting: From_____ To _____

INTERNSHIP RECORD

FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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Student: _____ Date: _____

Signature of Unit Chief **Signature of H.O.D.** **Official Seal**

INTERNSHIP RECORD

LAB MEDICINE

PROCEDURES / SKILLS	O	No.	A	No.	PA	No.	PI	No.	Supervisor's Signature
Complete blood count									
Routine chemical and microscopic examination of urine									
Stool examination for ova/cyst and occult blood									
Blood banking: Blood grouping (manual), saline cross-matching									
Sputum and throat swab for gram stain and acid-fast stain									
Cerebrospinal fluid (CSF) for proteins, sugar and smear									
Performing blood sugar test by glucometer									
Pleural and ascetic fluid for routine chemistry and microscopy									
Collecting different samples and its transport									
Drawing blood by venepuncture									
Filling requestion forms appropriately									
KOH examination of scrapings for fungus									
Identification of blood parasites on PBS									

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____

Student/Intern ID: _____

Supervisor: _____

Department/Specialty: _____

Unit: ____ Dates: ___/____/_____ to ____/____/_____

Leaves: _____ days Absent: _____days

RATING* ☐ (Rating as shown in appendix)

Repeat Posting: From_____ To _____

INTERNSHIP RECORD

FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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Student: _____ Date: _____

Signature of Unit Chief **Signature of H.O.D.** **Official Seal**

INTERNSHIP RECORD

GERIATRIC MEDICINE

INTERNSHIP RECORD

AYUSH

INTERNSHIP RECORD

MAJOR BROAD SPECIALTY:…….

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____

Student/Intern ID: _____

Supervisor: _____

Department/Specialty: _____

Unit: ____ Dates: ___/____/_____ to ____/____/_____

Leaves: _____ days Absent: _____days

RATING* ☐ (Rating as shown in appendix)

Repeat Posting: From_____ To _____

FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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Student: _____ Date: _____

Signature of Unit Chief **Signature of H.O.D.** **Official Seal**

APPENDIX

INTERNSHIP RECORD

*PLEASE RATE ON A SCALE OF A, B, C, D WITH

A: Outstanding
B: Good
C: Average
D: Needs further training

*Scoring may be based on – Knowledge, Patient Care, Procedural skills, Independent care, Communication skills, System Based Practice, Professionalism, Life-long learning

INTERNSHIP RECORD

INTERN ASSESSMENT RECORD

NAME OF INTERN: ..... PROV. REG. NO.: ……

POSTING……

PARAMETER	MAX SCORE	SCORE AWARDED**
Attendance	10	
Punctuality	10	
Ability to work effectively with the health care team	10	
Emergency Duties	10	
Outpatient and inpatient care delivered	10	
Medical case record maintenance	10	
Procedures performed, Assisted and observed	10	
Subject Knowledge / Clinical Discussion	10	
Professional behaviour toward patient and relatives	10	
Attendance of hospital meetings	10	
Total Score	**100**	
Signature of Head of Unit / Dept.		

For assessment, please use the scoring scale given below**

Poor	Below average	Average	Superior
0-30	31-50	51-70	71-100

Note: A s*core of 50 or less represents unsatisfactory completion of work*.

- The Heads of the departments are to ensure that this form is filled and Confidentially sent to the academic registrar's office for permanent filing.
- The score awarded to be reduced to the maximum score allotted for eachdepartment and entered in the relevant column in the Internship Comprehensive Score Card.
- *This score card will be the basis for the generation of all future letters of reference/ testimonials given to the intern* (e.g. For PG application, overseasexaminations etc.)

INTERNSHIP RECORD

INTERNSHIP COMPREHENSIVE SCORE CARD

NAME OF INTERN: **PROV. REG. NO.:**

DEPARTMENT	MAXIMUM SCORE	SCORE AWARDED
Community Medicine	10	
General Medicine	10	
Psychiatry	10	
General Surgery	10	
Anaesthesia	10	
OB and Gynae. and Family Planning	10	
Paediatrics	10	
Orthopaedics, Physical Medicine & Rehabilitation	10	
Ophthalmology	10	
Oto-rhino-laryngology	10	
Emergency Medicine (Casualty)	10	
Forensic Medicine & Toxicology	10	
Dermatology, Venereology, Leprosy	10	

INTERNSHIP RECORD

Elective postings*		
a)Tuberculosis & Respiratory Diseases	10	
b) Radio Diagnosis	10	
c) Lab Medicine	10	
d) Geriatric Medicine	10	
e) AYUSH	10	
f) Major Board specialties	10	
Total	**190**	

(TO BE MAINTAINED BY PRINCIPAL)

INTERNSHIP RECORD

COMPULSORY ROTATORY RESIDENT INTERNSHIP COMPLETION CERTIFICATE (FORMAT)

PHOTO

Name of the Intern :

Batch :

College :

Permanent Address :

Provisional Registration No. :

Date of Commencement of Internship training:

Date of Completion of Internship training:

Internship Performance Score (out of 100):

This is to certify that above candidate has successfully completed one year of compulsoryrotatory resident internship training at P.E.S. Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, and is eligible for Permanent Registration.

Principal's signature *College Seal*

COMPULSORY ROTATORY INTERNSHIP AGREEMENT

PREAMBLE

I, Dr. _____(hereinafter referred to as the "Intern") son/daughter of Mr. _____bearing provisional registration number _____ was a bonafide student of_____ _____(College) from _____ to _____(dates).

I have passed the final M.B.B.S. examination of _____University held in _____ (month & year) and wish to undergo Compulsory Rotatory Internship training at P.E.S Institute of Medical Sciences (hereinafter referred to as "P.E.S.I.M.S.R.").

RECITALS

a) P.E.S.I.M.S.R. offers Compulsory Rotatory Resident Internship training ("C.R.R.I. Training") in accordance to the statutory rules set forth by the Medical Council of India.

b) P.E.S.I.M.S.R. has offered C.R.R.I. training to the Intern, and the Intern has agreed to accept the position, on the terms and conditions set forth in this agreement.

c) In consideration of the mutual promises contained in this Internship Agreement and intending to be legally bound, P.E.S.I.M.S.R. and Intern agree that Intern shall assume a position in the C.R.R.I. training on the terms and conditions set forth below.

OPERATIVE PROVISIONS

1. Acceptance of Position

The Intern accepts the C.R.R.I. training for the period _____ (date) through _____(date) . During the term of this Intern Agreement, the Intern agrees to perform all duties assigned by P.E.S.I.M.S.R. and its affiliated institutions which are part of the C.R.R.I. training, conscientiously, and to the best of the Intern's ability, adhering to the highest standards of professional ethics. A certificate will be issued to the Intern on the successful completion of the mandatory one year of C.R.R.I. training, in accordance to the expected standards set forth for the Interns by P.E.S.I.M.S.R.

2. Intern Physician Responsibilities

2.1 Assigned Duties and Duty Hours
The Intern shall be present and available for duties assigned to him/her by the Unit Chief, including night, weekend or any special duty assignment which the Intern may be given at the discretion of the Unit Chief or Senior Hopsital Administrators. The Unit Chief is responsible for the appropriate scheduling of duty time, including provision of adequate off-duty hours. When "on-call" the Intern will stay in the hospital, in the duty doctor's room provided to them.

COMPULSORY ROTATORY INTERNSHIP AGREEMENT

A detailed description of duties and expectations will be found in the *internship guide* provided by P.E.S.I.M.S.R.

The Intern understands and agrees that the hours of duty will vary with the clinical area to which the Intern is assigned from time to time. P.E.S.I.M.S.R. shall, however, maintain an environment conducive to the health and well being of the Intern and will make its best efforts to limit assigned duty to the customary and usual schedule for the Intern physicians on the service to which Intern is assigned at that time. No transfer to another institution will be permitted during internship.

2.2 Biometric attendance

The presence of the Intern on duty will be verified by his/ her punching in and out at the beginning
And end of his/ her duty in the respective Biometric devices. A delay of more than 15 minutes
While punching in will be considered as absence of the full day and will be made to repeat the
days of absence. While on night duty, an Intern will punch in at least once more in the night duty hours to confirm performance of duty. Issue of Internship Certificate would be subject to the presence of Intern as per Biometric data.

2.3 Signing Departmental Attendance Registers

In addition to punching in their presence in the Biometric devices, the Intern will sign the attendance registers kept for the purpose of the interns in each of the departments, they are posted to. Attendance marked in the registers, will be compared with Biometric attendance. In case of difference, only consideration will be Biometric attendance.

2.4 Patient Care

The Intern shall participate in safe, effective and compassionate patient care under the super-vision
of a senior physician, commensurate with Intern's level of advancement and responsibility. The
Intern agrees to abide by all the rules and regulations of the P.E.S. I.M.S.R. and its affiliated
institutions to which the Intern may be assigned from time to time, and agrees to render all service
under the direction of the Unit Chief and of the director or coordinator of the service to which the
Intern is assigned.

2.5 Educational Activities

The Intern shall participate fully in the educational activities of the C.R.R.I. training and, as required, assume responsibility of educational assignments provided to him/her. *The clinical conferences, CME programs and particularly the morbidity/mortality meetings and other quality improvement initiatives held by P.E.S.I.M.S.R are mandatory for Interns to attend. Attendance of these meetings will count towards successful completion of C.R.R.I. training.*

2.6 Medical Staff Programs

The Intern shall participate in the P.E.S.I.M.S.R.'s institutional programs and activities involving the medical staff and follow all practices, procedures and policies of P.E.S.I.M.S.R.

2.7 Self-Study
The Intern shall develop a personal program of self study and professional growth with guidance from the teaching staff.

2.8 Committee Participation
The Intern shall participate, when invited, in institutional committees and councils, especially those that relate to patient care review and medical education activities.

2.9 Sports & Co-Curricular Activities
PESIMSR believes in all round development of Medical professional and encourages participation of Interns in sports and extra-curricular as per their aptitude. The participation will however be subject to permissions obtained from the Dean & Principal/Medical Superintendent/ Vice-Principal/ Respective Heads of departments.

3. Benefits

3.1 Benefits and Support Services
P.E.S.I.M.S.R. agrees to provide the Intern with the following benefits during the term of this agreement. These are subject to change from time to time at the discretion of the institution. P.E.S.I.M.S.R. will use its best efforts to notify Intern of significant changes as they occur with respect to such benefits and support services.

3.2 Boarding and Lodging
Shared, rental accommodation will be provided on the Hospital Campus for the Interns working in the Hospital. Those working in the rural health centre will be provided accommodation on site as well. Similarly dining facility will be available. *The Intern will have to pay for these facilities before commencing internship, for the whole year.*

3.3 Casual Leave
Each Intern is granted one day of leave per month in keeping with P.E.S.I.M.S.R. policy. Not more than two days of casual leave can be availed at a stretch. The leave cannot be accumulated for any purpose.

3.4. Application for Casual Leave
Prior sanction of the respective head of the department for casual leave is mandatory.
Proceeding on casual leave without prior sanction will entail extension of posting.

3.5 Liability Insurance
P.E.S.I.M.S.R. has a comprehensive medical malpractice insurance which shall also be extended to the Intern.

3.6 Health Care benefits
Interns are eligible for 50% discount for the personal health care they receive at P.E.S.I.M.S.R. This discount does not extend to pharmacy purchases.

3.7Sick Leave

Period of absence due to sickness will be considered as sick leave subject to production of a valid sickness certificate by the treating physician. The period of absence, however, will mandate extension by corresponding period without any penal provision.

3.8 APMC-Provisional Registration

Andhra Pradesh Provisional Medical Registration is valid for only one year. For further extension of Internship for any reasons the Andhra Pradesh Provisional Registration should be revalidated. Responsibility of the same lies with the Intern.

3.9 Hepatitis B Immunization

All interns will be eligible to get free Hepatitis B immunization provided by P.E.S.I.M.S.R. This is recommended for all interns, but is not mandatory. A consent form will be signed by Interns who seek this benefit.

4. Professional Activities outside the C.R.R.I Program

The Intern may not provide medical services outside the scope of the educational activities and regularly assigned duties of this Agreement. Private practice or medical practice in other organizations/ institutions is not permitted during the C.R.R.I training period and is a breach of this contract.

5. Sexual Harassment

It is the policy of P.E.S.I.M.S.R. that sexual harassment will not be tolerated. Complaints or concerns regarding sexual harassment may be submitted to the Unit Chief, the Medical Superintendent or the Dean & Principal, or designated sexual harassment contact person. Conduct by a Intern which constitutes sexual harassment shall be grounds for dismissal or other disciplinary action including reporting to the police.

6. Ragging

Ragging is a criminal offence punishable by law as per the Supreme Court of India mandate. Any Intern involved in ragging will be reported and handed over to the police for arrest. P.E.S.I.M.S.R. will prosecute the intern to the fullest possible extent. The management of P.E.S.I.M.S.R. takes this policy very seriously and reserves the right to dismiss any Intern involved in such behavior unbecoming of a physician-in-the-making.

7. Performance Evaluation

7.1 Periodic Evaluation

Feedback on the Intern’s performance will be provided to them on a day to day basis, a mandatory written evaluation will be made and submitted to the Principal at the end of each rotation. This written evaluation by the respective Unit Chief will assess Intern's punctuality, medical knowledge, technical skills, clinical competence, professional character, interpersonal skills and/or any other factors deemed necessary or desirable to complete the requirements of the C.R.R.I. training. The evaluation process is intended to establish standards for Intern's

performance and his readiness to be dependable and independent practitioner of medicine. The process will, to the extent reasonably possible, provide early identification of deficiencies in the Intern's knowledge, skills or professional character, and to the extent reasonably possible, allow remedial action to enable a Intern to satisfactorily complete the requirements of the Program.

In these evaluations, the Intern should meet the minimum standards set forth by P.E.S.I.M.S.R., to successfully complete the C.R.R.I. training program, failing which the training period will be extended beyond the 12 month period, until such time the Intern has shown sufficient improvement in performance and achieved the necessary competence to be an independent and dependable physician.

These evaluations or a summary of them will be saved by the institution to provide any future letters of recommendations that the graduated physician may need in his professional career.

7.2 Endorsements in Log books and Internship schedule
The Interns will record their progress of Internship training in the Log book provided and obtain endorsement from respective heads of the department, both on the log books and their individual internship schedule form immediately after successful completion of each departmental tenure.

7.3 Annual In-Training Examination
The Intern may be required to take the annual in-training examination to assess Intern's medical knowledge. Other acceptable performance standards will be determined by the Unit Chief.

7.4Monthly Feedback
The HR department, respective heads of the departments and individual Interns will submit the biometric data and manual records of Intern attendance on Log books and individual Internship forms of each calendar by the second of the successive month. A summary of the monthly attendance, absence, leave and extension of all Interns will be displayed on the Vice-Principal's Notice board by the 10^{th} of the successive month for Intern feedback.

7.5 Feedback regarding Intern's professional performance
Unit Chiefs or faculty advisors are encouraged to provide feedback through personal conferences and to obtain the Intern's evaluation of preceptors and the C.R.R.I. training.

8. Grievance Procedures

The Intern is encouraged to seek resolution of grievances relating to duties. "Grievances" means any difference between the Intern and P.E.S.I.M.S.R. with respect to the interpretation or application of, or compliance with the provisions of this Agreement. The procedure is as follows:

8.1 Intern to Unit Chief or Head of the Department - Intern with a grievance is urged to first discuss it with the Unit Chief of relevance. Issues can best be resolved at this stage and every effort should be made to effect a mutually agreeable solution.

8.2 Intern to Medical Superintendent – In situations when the concern relates to the Unit Chief, and Intern believes that it cannot be presented to the Unit Chief, Intern may present the grievance directly to the Medical Superintendent for guidance.

8.3 Intern to Dean & Principal – If, after discussion with the Unit Chief or the Medial Superintendent, the grievance is not resolved to the satisfaction of Intern, Intern has the option to present the grievance to the Dean & Principal.

8.4 Upon failure to satisfactorily resolve the concern with the above mentioned authorities the Intern may request that the concern be brought before the management of P.E.S.I.M.S.R.. In such cases a committee will be determined by the management will investigate the concern(s) by appropriate methods and reach a decision by simple majority vote. The decision of the committee shall be reached within a reasonable time period, and be final and binding upon the parties and documented. During the investigation, Intern status will remain unchanged unless suspended from clinical duties for cause.

9. Suspension or Disciplinary Action

9.1 Suspension
P.E.S.I.M.S.R. may suspend participation of the Intern in the C.R.R.I. training program, for cause for failure to fulfill any obligation of this Agreement, including but not limited to, those specified in Section 9.2.1. In such case the C.R.R.I. training days will be extended beyond the specified 12 months to the extent of the suspension period and again subject to satisfactory performance of the intern. P.E.S.I.M.S.R. also reserves the right to vacate the intern from its hostels / accommodation/ campus.

9.2 Dismissal

9.2.1 For Cause
Disciplinary action against the Intern may be taken by P.E.S.I.M.S.R., including dismissal for cause during the period of appointment. Examples of causes for disciplinary action and dismissal include, but are not limited to, the following:

9.2.1.AFailure of Intern to meet the performance or conduct standards of the C.R.R.I. training;

9.2.1.B violation of the rules and regulations of the P.E.S.I.M.S.R. or a violation of the directions of the Unit Chief or designate of the service to which the Intern is assigned;

9.2.1.C An abuse or assault of any patient, patient's kin, colleague or institution staff;

9.2.1D Intoxication with drugs or alcohol, *while on or off duty within the P.E.S.I.M.S.R or its affiliated campuses.*
9.2.1E Refusal of rehabilitation for substance abuse;

9.2.1F Any conduct which is or would be detrimental to the operations, activities or interests of P.E.S.I.M.S.R.;

9.2.1G Any breach of this Agreement;

9.2.1H Deficiencies in maintaining current medical records, including discharge summaries;
9.2.1I Lack of evidence of continuing self-education;

9.2.1J Persistent strife in professional relations; or
9.2.1K Lack of progress in developing acceptable clinical judgment

9.2.2 Dismissal procedure
If the Disciplinary committee constituted by P.E.S.I.M.S.R or its designate makes the decision that the Intern shall not continue in the Program, the Principal shall notify the Intern in writing immediately by issuing him/her a show cause notice. The dismissal notice shall include a summary of the specific charge(s) and shall advise the Intern of the right of appeal. Once dismissed, P.E.S.I.M.S.R., reserves the right to vacate the Intern from the premises of the campus and the Resident quarters. ***Any such disciplinary action will also be communicated to the University and the State Medical Councils for their records.***

9.2.3 Appeal
Appeal of a dismissal or suspension of fifteen (15) days or more may be filed within seven (7) days of receipt of the dismissal or suspension notice by submitting a written notice of appeal to the Principal. If an appeal is filed, the dismissal will be suspended pending conclusion of the appeal; provided, that when the cause of dismissal creates reasonable grounds to believe that there is a threat to the safety of patients, Intern, or other persons or property, or a threat to disrupt the essential operations of P.E.S.I.M.S.R., the Principal may direct that all or part of Intern's duties be suspended pending conclusion of the appeal. Failure to file written notice of appeal within seven (7) days of receipt of the dismissal or suspension notice shall constitute a waiver of Intern's opportunity to resort to the Appeal Board and Review procedure detailed in 9.2.4 – 9.2.6.

9.2.4 Appointment of Appeal Board
Upon receipt of an appeal, an Appeal Board will be appointed by the Dean & Principal consisting of the following: Dean & Principal, the Registrar of Academic affairs, Medical Superintendent, the Medical Director or Associate director of P.E.S.I.M.S.R., an Intern in the same program as the appealing Intern, and two senior members of the teaching faculty of the P.E.S.I.M.S.R.

9.2.5 Opportunity to Present Statements
The Appeal Board shall provide the Intern an opportunity to present oral and written statements by the Intern and other persons in support of the appeal. The Dean & Principal, or a designee, shall by responsible for presenting evidence in support of the dismissal. Specific procedures applicable to the appeal shall be adopted by the Appeal Board and furnished to the Intern and the Department Chair.

9.2.6 Recommendation
The recommendation of the Appeal Board shall be submitted to the management who, shall make the final decision with respect to the Interns continuation in the program.

10. Certification of Completion

Certification of completion of the program will be contingent upon Intern successfully completing the C.R.R.I. training in accordance of the rules mentioned above and returning all property of the P.E.S.I.M.S.R. such as books, keys, equipment, etc., having completed all

medical records for which he or she is responsible, and having settled any other professional or financial obligations to the P.E.S.I.M.S.R.

This Agreement constitutes the entire Agreement between the parties and supersedes all prior understandings. Any changes or alterations to this Agreement must be in writing and signed by the parties.

Acknowledgment of Agreement **The Intern acknowledges reading this Agreement prior to signing hereunder:** **Intern Signature:_____** **Intern Name:_____** **University Reg. No.:_____** **Date:_____**	**Dean & Principal's Signature** **Official Seal**
……	
Acknowledgment of Agreement **The Intern acknowledges reading this Agreement prior to signing hereunder:** **Intern Signature:_____** **Intern Name:_____** **University Reg. No.:_____** **Date:_____**	**Dean & Principal's Signature** **Official Seal**