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**NATIONAL GUIDELINES AND LOG BOOK FOR DENTAL OFFICER INTERNS**

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**2019**

## FOREWORD

Internship training plays a vital role in a doctor's career. This is a legal requirement that allows a practitioner to acquire critical practical skills that cannot be acquired within the precincts of a lecture room. During university training, an individual will acquire scientific knowledge and skills from various avenues.

Internship training therefore provides a platform for the intern to apply the skills learnt in a practical sense under the supervision of a specialist practitioner who is a mentor and a coach. Indeed the attitude of the intern during this period will determine the level of knowledge and skills acquired and subsequently bring out a well-grounded and competent doctor.


The Council has designed a log-book for purposes of standardizing internship training with a particular emphasis on core competencies and skills to be acquired during this period. The report of the assessment is a useful feedback to the council, which determines whether or not an intern qualifies for registration as a Medical or Dental Practitioner.

These internship training guidelines outline what the Medical Practitioners and Dentists Council (MP&DC) considers to be important areas that must be covered to ensure that adequate knowledge and skills have been acquired. They were developed and compiled by a team of experienced clinicians, teachers and other key stakeholders in medicine and dentistry.

The Council has made numerous legal strides to protect all interns during training. The Medical Practitioners and Dentists Act, CAP 253, Laws of Kenya defines internship training and lays down the framework for internship training in Kenya as a mandatory requirement prior to registration as a medical or dental practitioner.

It is important to also take note of "The Code of Professional Conduct and Discipline" which outlines the conduct expected of a doctor and subsequent disciplinary action in the event of any transgression of this code.

On behalf of the Council, I wish all users of these guidelines an exciting and fruitful time during the internship training period.



**DR. EVA.W. NJENGA**

**CHAIRPERSON**

**MEDICAL PRACTITIONERS AND DENTISTS COUNCIL**

## ACKNOWLEDGEMENTS

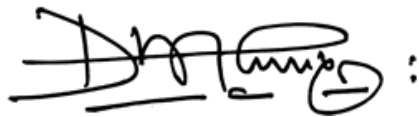
The Medical Practitioners and Dentists Council gratefully acknowledges the parties who have worked with dedication and commitment in the development of the National Guidelines and Log Book for Dental Officer Interns.

Appreciation goes to Dr. Eva Njenga, Chairperson MP&DC, Dr. John Masasabi, The Ag. Director General, Ministry of Health, Dr. Nelly Bosire, Chairperson, Training, Assessment, Registration and Human Resource Committee (TAR-HRC), Prof. Okello Agina, Prof. Lukoye Atwoli, Dr. Tonnie Mulli, Dr. Sanjeev Sharma and Dr. Tom Ocholla for providing leadership and technical support in this process. IN addition, acknowledgement goes to the Members of the Council for their critique and contributions.

We thank the following key stakeholders for their valuable contribution and inputs: Deans of medical and dental schools in Kenya, Internship Coordinators from various internship training centres across the country, Medical and Dental Professional Associations, The Kenya Medical Practitioners and Dentists Union and all other Health Regulatory Boards and Councils who were key to this exercise.

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**MEDICAL PRACTITIONERS AND DENTISTS COUNCIL**

## INTRODUCTION

### THE MANDATE OF THE MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

The Medical Practitioners and Dentists Council is established under Cap 253 of the Laws of Kenya, with the mandate to regulate the practice of Medicine and Dentistry. It has the following roles among others: -

1. Assist the intern to attain full potential during internship
2. Provide the necessary guidance to the intern
3. Liaise with employers and supervisors of the intern to ensure that he or she has enabling work environment.
4. Supervise the process of internship through visits to the internship training centers.
5. Approve new internship training centers.
6. Ensure that the required standards at all internship training centers are maintained.
7. Verify completion of internship training and register those successful as medical and dental practitioners

### DEFINITION OF INTERNSHIP

Internship is a prescribed period of employment during which a medical or dental graduate works under supervision to fulfill registration requirements. During this period, the graduates have an opportunity to consolidate their knowledge, skills and attitudes to enable them to be competent practitioners.

### DURATION AND CONTENT OF INTERNSHIP

Every dental intern shall be required to undergo an internship training programme for a period of twelve (12) months and an additional one calendar month of paid leave.

Due to the unique nature of dentistry, it is not possible to compartmentalize the internship training into block rotations as the clinical presentation of oral diseases does not occur in isolation based on specialties. For this reason a comprehensive approach to manage the patient as a whole as it happens in real life dental care will be the mainstay of the programme.

The intern will need to demonstrate competence in all areas of dentistry at general practice level. This shall encompass the following disciplines:

1. Oral and maxillofacial surgery
2. Conservative and prosthetics dentistry
3. Orthodontics and Paediatric dentistry
4. Periodontology

In addition, the following requirements shall be met:

1. Every intern shall participate in community health practice as part of the internship programme. This shall be done every Friday of the week for the entire duration of internship (fifty-two weeks). The interns shall spend eight hours every week (total 416 hours for the year), supervised by the Dental Public Health Specialist, providing health services to the community.
2. An intern shall be required to present at least 10 comprehensive cases during CMEs, workshops or journal clubs chaired by a panel of a minimum of 2 dental specialists involved in the supervision of the intern

## **INTERNSHIP GOALS**

The interns shall be able to:-

1. Consolidate their knowledge, skills and attitudes to enable them to be competent medical or dental practitioners.
2. Acquire knowledge of commonly used drugs and their rational use, be conversant with the National Essential Drugs List and know the Dangerous Drugs & Poisons Act and its application.
3. Utilize the current Ministry of Health Standard Treatment Guidelines, WHO treatment guidelines and any other relevant standard guidelines in patient management

## **ELIGIBILITY TO ENTER INTERNSHIP PROGRAMME**

Eligibility to undergo internship is as prescribed by the Medical Practitioners and Dentists Council in accordance with Cap 253 of the Laws of Kenya. All applicants must produce relevant academic certificates and transcripts. In addition the following must be satisfied:-

1. Evidence of having successfully attained a BDS or its equivalent from a recognized dental school in Kenya or in the East African Community
2. Evidence of having successfully attained a BDS or its equivalent from a Dental school in Kenya or in the East African Community that is currently not recognized by the East African Community and passed the internship qualifying examination set by the Council
3. Doctors who, having attained the minimum requirement to study Dental Surgery at high/secondary school as set out by the Council, successfully achieve a BDS or its equivalent from outside the East African Community region from a University recognized by the council, and pass the internship qualifying examinations set by the Council
4. Evidence of having been oathed by the Council and signed the Hippocratic Oath

All applicants who meet the criteria will be issued with an internship license, which is a mandatory requirement for commencement of internship. The Council reserves the right to turn down an application for an internship license. It is illegal to do internship without an internship license.

# **GUIDELINES ON THE IMPLEMENTATION OF THE INTERNSHIP PROGRAMME**

## **POSTING OF THE INTERN**

The dental officer intern shall present the following documents to the designated officer in charge of the internship training centre upon reporting:

1. A posting letter from the Ministry of Health OR an offer letter from the internship training centre for private institutions
2. An internship license
3. A copy of the internship log-book

## **RESPONSIBILITIES OF AN INTERN**

These include the following:-

1. Clerking patients
2. Performing relevant investigations
3. Guiding patients and relatives with regards to diagnosis, treatment and follow-up.
4. Documenting and regularly updating patients' notes
5. Writing accurate and informative case summaries.
6. Appropriate handing over patients
7. Presenting cases concisely, coherently and competently during ward rounds, grand rounds or any other appropriate fora.
8. Participating in the development and implementation of community health programmes under supervision
9. Reporting to and consulting with the intern supervisor
10. Participating in continuing professional development activities
11. Maintaining professional demeanor and conduct
12. Performing any other relevant duties assigned by the supervisor
13. Interns will be expected to go on leave upon completion of the twelve (12) months of rotations as outlined, except under special circumstances in which case they will have to compensate for the time away.
14. Providing quarterly reports to the council on the progress of internship on the internship feedback portal:  
<https://forms.gle/mh1BVUQ7MH4R11Hr9>

## ROLE OF INTERNSHIP COORDINATORS

Each Intern Coordinator will do the following: -

1. Receive interns at the internship centre
2. Ensure there is appropriate orientation for the interns upon reporting to the internship centre
3. Organize minuted monthly progress meetings with interns and their supervisors
4. Ensure interns are given timely feedback on performance and assured of confidentiality
5. Ensure interns give feedback to the hospital
6. Ensure that interns are evaluated and internship logbooks filled appropriately at the end of each rotation/quarter.
7. Identify exceptional interns for recognition
8. Recognize the intern experiencing challenges and notify the Council in a timely fashion
9. Participate in disciplinary procedures for any intern experiencing disciplinary challenges
10. Chair meeting of intern supervisors to assess performance of the intern
11. Provide feedback to the Council concerning the programme through the online internship feedback portal:  
<https://forms.gle/Dr9Li54mEYibcDbp9>
12. Brief the designated institution in-charge and where necessary, the Council, on administrative issues touching on interns, intern supervisors or departments within the institution that hinder implementation of the programme
13. Ensure objective and fair assessment of the intern
14. Maintain records of meetings, issues and occurrences
15. Ensure matters concerning interns' welfare are met
16. Maintain an official email account for formal communication concerning internship programme.

## ROLE OF INTERNSHIP SUPERVISORS

The intern supervisors shall be responsible for:

1. Receiving the interns in the department and orient them
2. Documenting the duration the intern rotates through the department
3. Allocating duties and responsibilities to the intern during their time in the rotation



4. Providing theoretical teaching and demonstration of practical skills to the intern
5. Supervising the work of the intern in the department alongside the rest of team
6. Mentoring the intern into an all-rounded, moral and ethical professional
7. Together with the intern coordinator, conduct monthly progress meetings to review intern training
8. Assessing the intern at the end of the rotation and signing the log book as prescribed
9. Provide feedback to the intern concerning their assessment.

## **PROCESS OF EVALUATION OF THE INTERN**

The intern shall be continuously evaluated in the period of internship. This shall be done as follows:

1. Continuous evaluation of the log procedures shall be done by signing of the log book daily
2. Monthly evaluation of overall progress of the intern in knowledge, skills, professional conduct, and communication skills which shall be signed in the log book
3. Verification of compliance with the quarterly requirements. This shall be documented and duly signed by the intern, the immediate supervisor and the intern coordinator in the log book.
4. Overall evaluation of the performance of the intern in the quarter. This shall be done by the immediate supervisor, the intern coordinator and the medical director/superintendent.

## **OUTCOME OF THE EVALUATION**

The outcome of the evaluation of the intern may be:

1. Satisfactory: the intern is permitted to progress to the next quarter
2. Unsatisfactory: an extension of the quarter in part or in full is recommended. The extension must be completed successfully prior to progressing to the next quarter
3. Irremediable: This is an intern who, despite repeated and concerted efforts to support them in learning, and a full extension of a quarter, the supervisors find the intern lacking ability to learn. The intern shall be referred back to the Council for further action.

## **SUCCESSFUL COMPLETION OF INTERNSHIP**

An intern is deemed to have successfully completed internship after having satisfactorily completed all the prescribed requirements of the training. The Medical director/superintendent shall then recommend the intern for registration by signing the internship completion certificate.

## **FAILURE TO COMPLETE THE INTERNSHIP SUCCESSFULLY**

An intern is deemed to have failed to complete internship if they do not meet the prescribed requirements and hence have unsatisfactory evaluations as described above. Some of the conditions that may contribute to unsuccessful completion include:

1. Professional incompetence which includes:-
  - a. Demonstration of inadequate knowledge in the basic foundations of the science of dentistry
  - b. Inability to learn and sharpen skills necessary for the practice of dentistry
  - c. Failure to undertake the key procedures as prescribed in the log book.
2. Professional Negligence and General misconduct including:-
  - a. Negligence in management of patients
  - b. Inappropriate relationship with patients
  - c. Abuse of patient confidentiality and trust
  - d. Lack of a sense of responsibility
  - e. Inappropriate dressing
  - f. Lack of respect for patients, public and /or colleagues
  - g. Indiscipline such as absence from duty without good cause and/or lateness to work
  - h. Intoxication at work
3. Substance abuse

The intern is subject to the rules of employment with the relevant authorities under which they work. They will be subject to the usual disciplinary measures applicable in the institution.

## **COMMUNICATION**

All communication to an intern, following an assessment resulting in failure to successfully complete internship, shall be communicated to the intern in writing, outlining the reasons for the failure. The communication shall include the recommendations made by the assessing team. This may include extension of the quarter, or referral back to the Council.

## **REGISTRATION OF THE PRACTITIONER**

Upon completion of internship the practitioner shall apply for registration to the Board. Registration will be subject to successful completion of internship as evidenced by the signed internship completion certificate, quarterly evaluation forms and log book.

## GENERAL GUIDELINES FOR DENTAL OFFICER INTERNS FOR ALL DISCIPLINES

These guidelines encompass the minimum Requirements in Clinical Skills and Patient Care in Oral and Maxillofacial surgery, Conservative and prosthetics dentistry, Orthodontics and Paediatric dentistry and Periodontology:

1. The interns are expected to consolidate their theoretical knowledge, approach the patient holistically and acquire competence in dentistry so as to work independently
2. The intern shall show proficiency in the main specialties, and be able to: -
  - a) Take a full history, carry out a complete physical examination and order appropriate investigations for dental patients
  - b) Interpret the radiological and laboratory data/reports to diagnose common dental problems.
  - c) Prepare proper records for patient's case history
  - d) Make a comprehensive treatment plan, prioritizing the needs of the patient and manage common dental problems.
  - e) Demonstrate acquired skills by being first on call to attend to emergencies
  - f) Consult and refer to the respective senior colleagues or specialist for further management.
  - g) To become clinically proficient in performing biopsy, venepuncture, intravenous infusion, resuscitation, intubation and life support
  - h) Acquire proficiency in infection control as well as occupational health and safety
  - i) Acquire practical experience in the usage of dental materials, essential medicines and medical supplies
  - j) Be a team player and exhibit leadership, management and communication skills while working within a multi-disciplinary health facility
  - k) Participate in promotive and preventive oral health care programs
  - l) Comply with the professional code of conduct and ethics
  - m) Obtain informed consent
  - n) Do patient counselling.
  - o) Participate in continuous professional development activities

In addition to the above broad guidelines, the following are specific objectives in particular disciplines:

## ORAL & MAXILLOFACIAL SURGERY INCLUDING ORAL MEDICINE / ORAL PATHOLOGY

### (A) Minor Oral Surgery

To become proficient in the following by performing the minimum number of procedures stipulated in the logbook:

- a. Dental extractions with forceps and elevators
- b. Surgical removal of teeth and roots after raising flaps
- c. Minor surgical procedures including dressing dry sockets, removal of epulis, apicectomies, splinting mobile teeth, closure of oro-antral fistulae and draining abscesses.
- d. Removal of sutures, wires, drains and dressing packs.
- e. Management of Temporomandibular Joint (TMJ) disorders.
- f. Minor pre-prosthetic surgical procedures

### (B) Major Oral Surgery

The intern shall observe, assist and carry out the following procedures under supervision:

- a. Treatment of mandibular and maxillofacial fractures by closed reduction and assist in open reduction
- b. Treatment of simple cysts, observe and assist in repair of cleft lip and clefts of the hard and soft palate
- c. Surgical management of tumors of the jaws and related structures
- d. Inpatient care
- e. Participate in operating theatre routine
- f. Participate in dental, multidisciplinary and grand ward rounds
- g. Osteotomies, ostectomies, major pre-prosthetic surgery, grafting procedures, flaps and reconstructive surgery
- h. Management of oro-facial pain
- i. Management of complex facial infections e.g. Ludwig's angina, necrotizing fasciitis

### (C) Oral Medicine/Oral Pathology

- a. Management of dental/oral diseases in patients with medical conditions
- b. Prevention, diagnosis and management of common oral conditions, including aphthous ulcer, lichen planus, pemphigoid, oral manifestation of HIV and other medical conditions

## CONSERVATIVE AND PROSTHETICS DENTISTRY

### 1. Conservative Dentistry and Crown & Bridge

To become proficient in the following by performing the minimum number of procedures stipulated in the logbook:

- a) Diagnosis, treatment planning and management of carious, malformed, traumatized and discolored teeth among others
- b) Restoration of teeth with composite, compomers, glass ionomer cements among other restorative materials
- c) Endodontic therapy in anterior and posterior teeth
- d) Restoration of teeth using crown and bridge

### 2. Prosthetics

To become proficient in the following by performing the minimum number of procedures stipulated in the logbook:

- a) Diagnosis, and treatment of partially dentate and edentulous patients
- b) Provision of partial and complete dentures
- c) Immediate dentures, denture repairs and relines

## ORTHODONTICS & PAEDIATRIC DENTISTRY

### 1. Orthodontics

To become proficient in the following by performing the minimum number of procedures stipulated in the logbook:

- a) Orthodontics case assessment; design, construction, delivery, follow up and activation of orthodontic appliances
- b) Space maintainers
- c) Functional appliances

### 2. Pediatric Dentistry

To become proficient in the following by performing the minimum number of procedures in patients under seventeen (17) years of age as stipulated in the logbook:

- a) Diagnosis, treatment planning and management of dental diseases in children and adolescents
- b) Behaviour management and dietary counselling in children and adolescents

## **PERIODONTOLOGY**

To become proficient in the following by performing the minimum number of procedures stipulated in the logbook:

1. Diagnosis, treatment planning, treatment & follow up of periodontal diseases and conditions
2. Splinting of periodontally involved teeth
3. Oral health education

## **COMMUNITY DENTISTRY**

To become proficient in the following by performing the minimum number of community activities stipulated in the logbook:

1. Undertaking community oral health talks that aim at preventing, halting or reverting oral disease and promoting good oral health care practices to the vulnerable groups and to the general population
2. Understanding the correlation between systemic chronic illnesses and oral diseases, do a follow-up and determine other risk factors that may exacerbate the burden of oral disease to the patient
3. Identifying the risk factors that cause oral/dental diseases at the family and the community level
4. Developing and implementing community level projects

# LOG BOOK FOR DENTAL OFFICERS INTERNS

## PERSONAL DETAILS

Name \_\_\_\_\_

Internship License No. \_\_\_\_\_

Internship Centre \_\_\_\_\_

## INTRODUCTION TO THE LOG BOOK

### 1. Purpose of log book

This log book is a part of structured Internship Training Program in Conservative Dentistry, Prosthetics Dentistry, Periodontology, Paediatric dentistry and Orthodontics and Oral and Maxillofacial Surgery. 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.

### 2. Sections of the log book

The log book contains four (4) sections which represent the disciplines covered in the period of Internship Training. Each section is laid out in the following manner:

- i. Requirements of the discipline
- ii. The level of competence required and their interpretation:
  - a. Level 1: Observe the activity being carried out by a supervisor
  - b. Level 2: Assist in the procedures
  - c. Level 3: Carry out the whole activity/procedure under direct supervision of a senior colleague, i.e. the senior colleague is present throughout
  - d. Level 4: Carry out the whole activity under indirect supervision, i.e. the senior colleagues need not to be present throughout, but should be available to provide assistance and advice
  - e. Level 5: Independent competence, no need for supervision
- iii. A log of the procedures to be completed

Further, the log book provides sections for evaluation of the progress of internship as follows:



- i. Assessment of the monthly progress across the four disciplines in each quarter
- ii. Evaluation of the quarterly performance across the four disciplines and recommendations made

### **3. Using the log book**

The intern is expected to fill the competence levels as he achieves them and enters the appropriate date. This shall be done on day to day basis. All accomplished targets shall be signed off by the supervisor. Every month, the intern, the supervisor and the intern coordinator shall review progress in the quarter across the four disciplines to ensure the intern is on course to achieving the set requirements for the quarter. At the end of the quarter, the intern shall be assessed by the supervisor, the intern coordinator and the medical director/superintendent on the performance during the quarter.

## (A) CONSERVATIVE DENTISTRY ROTATION PROCEDURE AND CASE LOG BOOK FOR DENTAL OFFICER INTERNS

| OBJECTIVES  | COMPETENCY LEVELS   |
|---|---|
| <p>The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this rotation. This shall include:</p> <ol style="list-style-type: none"> <li>1. eliciting accurate information, demonstrating skills in communicating with patient and parents and maintaining proper clinical records.</li> <li>2. obtaining relevant investigations and providing accurate diagnosis.</li> <li>3. Outlining an acceptable treatment plan including obtaining consent from patient.</li> <li>4. Demonstrating competence in operative skills, post-operative management and management of complications.</li> <li>5. Demonstrating punctuality, availability, communication skills and ethical behaviour</li> </ol> | <p>The Supervisor shall sign the daily log of procedures performed by the intern as well as carry out the regular assessments and evaluations as outlined.</p> <p><b>GRADING CRITERIA</b></p> <p>3-Intern meets most of the criteria without assistance<br/>                 2-Intern requires some assistance to meet stated criteria<br/>                 1-Intern requires considerable assistance to meet stated criteria<br/>                 0-Unable to meet the criteria completely</p> |

### PROCEDURES

| CODE    | PROCEDURE  | MINIMUM NUMBER REQUIRED | EXPECTED LEVEL OF COMPETENCE |
|---------|--|-------------------------|------------------------------|
| CONS 01 | Tooth coloured Restorations Posterior teeth  | 60                      | Level 5                      |
| CONS 02 | Tooth coloured restorations anterior teeth   | 20                      | Level 5                      |
| CONS 03 | Endodontic procedures (Anterior and Posterior)   | 20                      | Level 5                      |
| CONS 04 | Crown and Bridge work  | 5                       | Level 5                      |
| CONS 05 | Participation in Implant Dentistry team  | 2                       | Level 2                      |
| CONS 06 | Amalgam restorations   | 20                      | Level 5                      |
| CONS 07 | Other: Presentation of cases in clinico-pathological-radiological conferences, grand rounds etc. | 10                      | Level 5                      |

**LOG OF PROCEDURES**

| PROCEDURE   | SKILL LEVEL | REGISTRATION NO. | DATE | SUPERVISOR SIGN |
|---|-------------|------------------|------|-----------------|
| CONS 01: Tooth coloured Restorations, Posterior teeth |             |                  |      |                 |
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## LOG OF CASE REPORTS

| NO.     | CASE DESCRIPTION | DATE | SUPERVISOR SIGN |
|---------|------------------|------|-----------------|
| CASE 1  |                  |      |                 |
| CASE 2  |                  |      |                 |
| CASE 3  |                  |      |                 |
| CASE 4  |                  |      |                 |
| CASE 5  |                  |      |                 |
| CASE 6  |                  |      |                 |
| CASE 7  |                  |      |                 |
| CASE 8  |                  |      |                 |
| CASE 9  |                  |      |                 |
| CASE 10 |                  |      |                 |

## (B) PROSTHETIC DENTISTRY ROTATION PROCEDURE AND CASE LOG BOOK FOR DENTAL OFFICER INTERNS

| OBJECTIVES  | COMPETENCY LEVELS   |
|---|---|
| <p>The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this rotation. This shall include:</p> <ol style="list-style-type: none"> <li>1. Eliciting accurate information, demonstrating skills in communicating with patient and parents and maintaining proper clinical records.</li> <li>2. Obtaining relevant investigations and providing accurate diagnosis.</li> <li>3. Outlining an acceptable treatment plan including obtaining consent from patient.</li> <li>4. Demonstrating competence in operative skills, post-operative management and management of complications.</li> <li>5. Demonstrating punctuality, availability, communication skills and ethical behaviour</li> </ol> | <p>The Supervisor shall sign the daily log of procedures performed by the intern as well as carry out the regular assessments and evaluations as outlined.</p> <p><b>GRADING CRITERIA</b></p> <p>3-Intern meets most of the criteria without assistance<br/>                 2-Intern requires some assistance to meet stated criteria<br/>                 1-Intern requires considerable assistance to meet stated criteria<br/>                 0-Unable to meet the criteria completely</p> |

### PROCEDURES

| CODE   | PROCEDURE   | MINIMUM NUMBER REQUIRED | EXPECTED LEVEL OF COMPETENCY |
|--------|---|-------------------------|------------------------------|
| PROS 1 | Complete dentures   | 3                       | Level 5                      |
| PROS 2 | Removable partial dentures  | 10                      | Level 5                      |
| PROS 3 | Repairs, relines, immediate dentures  | 20                      | Level 5                      |
| PROS 4 | Participation in implant dentistry, overdenture, orofacial prostheses teams, obturators | 2                       | Level 2                      |

### LOG OF PROCEDURES

| PROCEDURE                 | SKILL LEVEL | REGISTRATION NO. | DATE | SUPERVISOR SIGN |
|---------------------------|-------------|------------------|------|-----------------|
| PROS 1: Complete dentures |             |                  |      |                 |
|                           |             |                  |      |                 |
|                           |             |                  |      |                 |
| PROS 2: Removable         |             |                  |      |                 |

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| partial dentures  |  |  |  |  |
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| PROS 3: Repairs, relines, dentures immediate  |  |  |  |  |
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| PROS 4: Participation in implant overdenture, prostheses obturators dentistry, orofacial teams, |  |  |  |  |
|   |  |  |  |  |



## LOG OF CASE REPORTS

| NO.     | CASE DESCRIPTION | DATE | SUPERVISOR SIGN |
|---------|------------------|------|-----------------|
| CASE 1  |                  |      |                 |
| CASE 2  |                  |      |                 |
| CASE 3  |                  |      |                 |
| CASE 4  |                  |      |                 |
| CASE 5  |                  |      |                 |
| CASE 6  |                  |      |                 |
| CASE 7  |                  |      |                 |
| CASE 8  |                  |      |                 |
| CASE 9  |                  |      |                 |
| CASE 10 |                  |      |                 |

## (C) PERIODONTOLOGY ROTATION PROCEDURE AND CASE LOG BOOK FOR DENTAL OFFICER INTERNS

| <b>OBJECTIVES</b>   | <b>COMPETENCY LEVELS</b>  |
|---|---|
| <p>The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this Discipline. This shall include:</p> <p>The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this Discipline.</p> <ol style="list-style-type: none"> <li>1. The intern is expected to elicit accurate information, demonstrating skills in communicating with patient and maintaining proper clinical records.</li> <li>2. He/She should obtain relevant investigations and provide accurate diagnosis.</li> <li>3. Outline an acceptable treatment plan including obtaining consent from patient.</li> <li>4. Demonstrate competence in Periodontics, post-operative management and management of complications of periodontal diseases.</li> <li>5. In addition, other skills such as punctuality, appointment management infection control, communication, ethical behaviour among others will be evaluated</li> </ol> | <p>The Supervisor shall assess the competence of the Intern on a regular basis (daily or weekly basis) and tick appropriately when completing the log below.</p> <p><b>GRADING CRITERIA</b></p> <p>3-Intern meets most of the criteria without assistance</p> <p>2-Intern requires some assistance to meet stated criteria</p> <p>1-Intern requires considerable assistance to meet stated criteria</p> <p>0-Unable to meet the criteria completely</p> |

### PROCEDURES

| <b>CODE</b> | <b>PROCEDURE</b>  | <b>MINIMUM NUMBER REQUIRED</b> | <b>EXPECTED LEVEL OF COMPETENCE</b> |
|-------------|---|--------------------------------|-------------------------------------|
| PER<br>01   | Diagnosis/Treatment planning/Periodontal maintenance/Counselling and followup   | 50                             | Level 5                             |
| PER<br>02   | Management of periodontal disease in patients with systemic disease   | 10                             | Level 5                             |
| PER<br>03   | Non-surgical periodontal procedures: scaling and polishing, occlusal adjustments, root planning.<br>Post-operative procedures: splinting of | 50                             | Level 5                             |

|        |  |   |         |
|--------|--|---|---------|
|        | periodontally involved teeth.  |   |         |
| PER 04 | Surgical periodontal procedures: gingivectomy, gingivoplasty, frenectomy           | 5 | Level 5 |
| PER 05 | Periodontal flap surgery, Osseous surgery, Mucogingival surgery, gingival grafting | 5 | Level 2 |
| PER 06 | Implant dentistry team   | 2 | Level 2 |

### LOG OF PROCEDURES

| PROCEDURE  | SKILL LEVEL | REGISTRATION NO. | DATE | SUPERVISOR SIGN |
|--|-------------|------------------|------|-----------------|
| PER 01: Diagnosis/Treatment planning/Periodontal maintenance/Counselling and follow-up |             |                  |      |                 |
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## LOG OF CASE REPORTS

| NO.     | CASE DESCRIPTION | DATE | SUPERVISOR SIGN |
|---------|------------------|------|-----------------|
| CASE 1  |                  |      |                 |
| CASE 2  |                  |      |                 |
| CASE 3  |                  |      |                 |
| CASE 4  |                  |      |                 |
| CASE 5  |                  |      |                 |
| CASE 6  |                  |      |                 |
| CASE 7  |                  |      |                 |
| CASE 8  |                  |      |                 |
| CASE 9  |                  |      |                 |
| CASE 10 |                  |      |                 |

## (D) ORTHODONTICS AND PAEDIATRIC DENTISTRY

| OBJECTIVES   | COMPETENCY LEVELS   |
|--|---|
| <p>The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this Discipline. This shall include:</p> <p>The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this Discipline.</p> <ol style="list-style-type: none"> <li>1. The intern is expected to elicit accurate information, demonstrating skills in communicating with patient and parents and maintaining proper clinical records.</li> <li>2. He/She should obtain relevant investigations and provide accurate diagnosis.</li> <li>3. Outline an acceptable treatment plan including obtaining consent from Parent/Guardian.</li> <li>4. Demonstrate competence in operative skills, post-operative management and management of complications.</li> <li>5. In addition, other skills such as punctuality, availability, communication as well as ethical behaviour will be evaluated</li> </ol> | <p>The Supervisor shall assess the competence of the Intern on a regular basis (daily or weekly basis) and tick appropriately when completing the log below.</p> <p><b>GRADING CRITERIA</b></p> <p>3-Intern meets most of the criteria without assistance</p> <p>2-Intern requires some assistance to meet stated criteria</p> <p>1-Intern requires considerable assistance to meet stated criteria</p> <p>0-Unable to meet the criteria completely</p> |

### PROCEDURES

| CODE   | PROCEDURE  | MINIMUM NUMBER REQUIRED | EXPECTED LEVEL OF COMPETENCE |
|--------|--|-------------------------|------------------------------|
| PAED 1 | Behaviour management, diet counselling, phobia management, oral health education | 20                      | Level 5                      |
| PAED 2 | Extractions  | 20                      | Level 5                      |
| PAED 3 | Management of dental fluorosis   | 5                       | Level 5                      |
| PAED 4 | Pulpotomy procedures   | 10                      | Level 5                      |
| PAED 5 | Pulpectomy procedures  | 10                      | Level 5                      |
| PAED 6 | Restorations: composites, glass ionomer cement (GIC)                             | 20                      | Level 5                      |
| PAED 7 | Preventive procedures: silver diamine fluoride, fissure                          | 80                      | Level 5                      |

|         |   |   |         |
|---------|---|---|---------|
|         | sealants, fluoride treatments, mouth guards             |   |         |
| PAED 8  | Paediatric crowns: stainless steel, zirconia            | 5 | Level 4 |
| PAED 9  | Emergency treatment of traumatized teeth                | 5 | Level 3 |
| PAED 10 | Management of paediatric cases under general anesthesia | 1 | Level 3 |

**LOG OF PROCEDURES**

| PROCEDURE  | SKILL LEVEL | REGISTRATION NO. | DATE | SUPERVISOR SIGN |
|--|-------------|------------------|------|-----------------|
| PAED 1: Behaviour management, diet counselling, phobia management, oral health education |             |                  |      |                 |
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| PAED 2: Extractions  |             |                  |      |                 |
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| PAED 9: Emergency treatment of traumatized teeth                 |  |  |  |  |
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| PAED 10: Management of paediatric cases under general anesthesia |  |  |  |  |

### LOG OF CASE REPORTS

| NO.     | CASE DESCRIPTION | DATE | SUPERVISOR SIGN |
|---------|------------------|------|-----------------|
| CASE 1  |                  |      |                 |
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| CASE 8  |                  |      |                 |
| CASE 9  |                  |      |                 |
| CASE 10 |                  |      |                 |

**(E) ORAL & MAXILLOFACIAL SURGERY/ORAL MEDICINE/PATHOLOGY/ORAL DIAGNOSIS ROTATION PROCEDURE AND CASE LOG BOOK FOR DENTAL OFFICER INTERNS**

| <b>OBJECTIVES</b>  | <b>COMPETENCY LEVELS</b>  |
|--|---|
| <p>The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this Discipline. This shall include:</p> <ol style="list-style-type: none"> <li>1. The intern is expected to elicit accurate information, demonstrating skills in communicating with patient and maintaining proper clinical records.</li> <li>2. He/She should obtain relevant investigations and provide accurate diagnosis.</li> <li>3. Outline an acceptable treatment plan including obtaining consent from patient.</li> <li>4. Demonstrate competence in surgical skills, post-operative management and management of complications of orofacial diseases.</li> <li>5. The intern shall also be expected to be competent in phlebotomy, resuscitation skills, and pathology laboratory routine and to spend sufficient time rotating in Microbiology and Histopathology laboratories.</li> <li>6. In addition, other skills such as punctuality, appointment management, infection control, communication, ethical behaviour among others will be evaluated</li> <li>7. Particular attention shall also be given to theatre routine including infection control, occupational safety, inpatient care as well as call duties.</li> </ol> | <p>The Supervisor shall assess the competence of the Intern on a regular basis (daily or weekly basis) and tick appropriately when completing the log below.</p> <p><b>GRADING CRITERIA</b></p> <p>3-Intern meets most of the criteria without assistance<br/>                 2-Intern requires some assistance to meet stated criteria<br/>                 1-Intern requires considerable assistance to meet stated criteria<br/>                 0-Unable to meet the criteria completely</p> |

**PROCEDURES**

| <b>CODE</b> | <b>PROCEDURE</b>                                    | <b>MINIMUM NUMBER REQUIRED</b> | <b>EXPECTED LEVEL OF COMPETENCE</b> |
|-------------|---|--------------------------------|-------------------------------------|
| OMF 1       | Oral diagnosis/treatment planning/case presentation | 200                            | Level 5                             |
| OMF 2       | Dental extractions                                  | 20                             | Level 5                             |
| OMF 3       | Dry socket management                               | 5                              | Level 5                             |
| OMF 4       | Suturing oro-facial cuts                            | 10                             | Level 5                             |

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| OMF 5  | Change of dressing  | 5  | Level 5 |
| OMF 6  | Management of bleeding sockets                            | 5  | Level 5 |
| OMF 7  | Incision and Drainage                                     | 5  | Level 5 |
| OMF 8  | Intermaxillary fixation                                   | 3  | Level 4 |
| OMF 9  | Surgical removal of teeth                                 | 10 | Level 3 |
| OMF 10 | Diagnostic rotation: pathology, microbiology, radiology   | 10 | Level 3 |
| OMF 11 | Incision and excision Biopsy                              | 10 | Level 3 |
| OMF 12 | Closed reduction of jaw fractures                         | 5  | Level 3 |
| OMF 13 | Management of TMJ dislocations                            | 4  | Level 3 |
| OMF 14 | Surgery under local anesthesia: apicectomy, alveoloplasty | 5  | Level 3 |
| OMF 15 | Repair of cleft lip and palate                            | 2  | Level 3 |
| OMF 16 | Open reduction of jaw fractures                           | 3  | Level 3 |
| OMF 17 | Care of in-patients and theatre routine                   | 10 | Level 5 |
| OMF 18 | Casualty and emergency care calls                         | 10 | Level 5 |

**LOG OF PROCEDURES**

| PROCEDURE  | SKILL LEVEL | REGISTRATION NO. | DATE | SUPERVISOR SIGN |
|--|-------------|------------------|------|-----------------|
| OMF 1: Oral diagnosis/treatment planning/case presentation |             |                  |      |                 |
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| OMF 8: Intermaxillary fixation                                  |  |  |  |  |
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| OMF 9: Surgical removal of teeth                                |  |  |  |  |
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| OMF 10: Diagnostic rotation: pathology, microbiology, radiology |  |  |  |  |
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| OMF 11: Incision and excision Biopsy                            |  |  |  |  |
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| OMF 12: Closed reduction of jaw fractures                       |  |  |  |  |
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| OMF 13: Management of TMJ dislocations                          |  |  |  |  |
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| OMF 14: Surgery under local anesthesia: apicectomy, alveoplasty |  |  |  |  |
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## (F) COMMUNITY DENTISTRY

| OBJECTIVES   | COMPETENCY LEVELS  |
|--|--|
| <p>The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this Discipline. This shall include:</p> <ol style="list-style-type: none"> <li>1. Undertaking community oral health talks that aim at preventing, halting or reverting oral disease and promoting good oral health care practices to the vulnerable groups and to the general population</li> <li>2. Understanding the correlation between systemic chronic illnesses and oral diseases, do a follow-up and determine other risk factors that may exacerbate the burden of oral disease to the patient</li> <li>3. Identifying the risk factors that cause oral/dental diseases at the family and the community level</li> <li>4. Developing and implementing community level projects</li> </ol> | <p>The Supervisor shall assess the competence of the Intern on a regular basis (monthly and quarterly) and tick appropriately when completing the log below.</p> |

| NO. | ACTIVITY   | DATE | SUPERVISOR |
|-----|--|------|------------|
| 1.  | Primary school talk on oral health   |      |            |
| 2.  | High school talk on oral health  |      |            |
| 3.  | Community oral health talk   |      |            |
| 4.  | Child nutrition education and oral assessment of children under 5          |      |            |
| 5.  | Oral health education to pregnant mothers at the ANC in level 3 facilities |      |            |
| 6.  | Health talk on tobacco and its impact on oral health                       |      |            |

## CASE LOG OF COMMUNITY HEALTH ACTIVITIES

| NO.  | ACTIVITY                                | TARGET   |                                | DATE   | SUPERVISOR SIGN |  |  |
|--|---|--|--------------------------------|--|-----------------|--|--|
| 1.   | Diabetes Case follow-up                 | Case identification  | Case 1                         |  |                 |  |  |
|  |   |  | Case 2                         |  |                 |  |  |
|  |   |  | Case 3                         |  |                 |  |  |
|  |   |  | Case 4                         |  |                 |  |  |
|  |   | Preparation of genogram or family tree for identification of key relationships | Case 1                         |  |                 |  |  |
|  |   |  | Case 2                         |  |                 |  |  |
|  |   |  | Case 3                         |  |                 |  |  |
|  |   |  | Case 4                         |  |                 |  |  |
|  |   | Home visitation and report   | Case 1                         |  |                 |  |  |
|  |   |  | Case 2                         |  |                 |  |  |
|  |   |  | Case 3                         |  |                 |  |  |
|  |   |  | Case 4                         |  |                 |  |  |
|  |   | Follow-up of patient during the hospital/clinic review                         | Case 1                         |  |                 |  |  |
|  |   |  | Case 2                         |  |                 |  |  |
|  |   |  | Case 3                         |  |                 |  |  |
|  |   |  | Case 4                         |  |                 |  |  |
| 2.   | Hypertension Case Follow-up             | Case identification  | Case 1                         |  |                 |  |  |
|  |   |  | Case 2                         |  |                 |  |  |
|  |   | Preparation of genogram or family tree for identification of key relationships | Case 1                         |  |                 |  |  |
|  |   |  | Case 2                         |  |                 |  |  |
|  |   | Home visitation and report   | Case 1                         |  |                 |  |  |
|  |   |  | Case 2                         |  |                 |  |  |
|  |   | Follow-up of patient during the hospital/clinic review                         | Case 1                         |  |                 |  |  |
|  |   |  | Case 2                         |  |                 |  |  |
|  |   | 3.   | Cardiac disease case follow-up | Case identification  | Case 1          |  |  |
|  |   |  |                                |  | Case 2          |  |  |
|  |   |  |                                | Preparation of genogram or family tree for identification of key relationships | Case 1          |  |  |
|  |   |  |                                |  | Case 2          |  |  |
| Home visitation and report                             | Case 1                                  |  |                                |  |                 |  |  |
|  | Case 2                                  |  |                                |  |                 |  |  |
| Follow-up of patient during the hospital/clinic review | Case 1                                  |  |                                |  |                 |  |  |
|  | Case 2                                  |  |                                |  |                 |  |  |
| 4.   | Child with special needs case follow-up |  |                                | Case identification  | Case 1          |  |  |
|  |   |  |                                |  | Case 2          |  |  |
|  |   |  |                                |  | Case 3          |  |  |
|  |   |  |                                |  | Case 4          |  |  |
|  |   | Preparation of genogram or family tree for identification of key relationships | Case 1                         |  |                 |  |  |
|  |   |  | Case 2                         |  |                 |  |  |
|  |   |  | Case 3                         |  |                 |  |  |
|  |   |  | Case 4                         |  |                 |  |  |

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|    |  | Home visitation and report   | Case 1 |  |  |
|    |  |  | Case 2 |  |  |
|    |  |  | Case 3 |  |  |
|    |  |  | Case 4 |  |  |
|    |  | Follow-up of patient during the hospital/clinic review                         | Case 1 |  |  |
|    |  |  | Case 2 |  |  |
|    |  |  | Case 3 |  |  |
|    |  |  | Case 4 |  |  |
| 5. | HIV case follow-up                     | Case identification  | Case 1 |  |  |
|    |  |  | Case 2 |  |  |
|    |  |  | Case 3 |  |  |
|    |  |  | Case 4 |  |  |
|    |  | Preparation of genogram or family tree for identification of key relationships | Case 1 |  |  |
|    |  |  | Case 2 |  |  |
|    |  |  | Case 3 |  |  |
|    |  |  | Case 4 |  |  |
|    |  | Home visitation and report   | Case 1 |  |  |
|    |  |  | Case 2 |  |  |
|    |  |  | Case 3 |  |  |
|    |  |  | Case 4 |  |  |
|    |  | Follow-up of patient during the hospital/clinic review                         | Case 1 |  |  |
|    |  |  | Case 2 |  |  |
|    |  |  | Case 3 |  |  |
|    |  |  | Case 4 |  |  |
| 6. | Smoking and tobacco use Case follow-up | Case identification  | Case 1 |  |  |
|    |  |  | Case 2 |  |  |
|    |  |  | Case 3 |  |  |
|    |  |  | Case 4 |  |  |
|    |  | Preparation of genogram or family tree for identification of key relationships | Case 1 |  |  |
|    |  |  | Case 2 |  |  |
|    |  |  | Case 3 |  |  |
|    |  |  | Case 4 |  |  |
|    |  | Home visitation and report   | Case 1 |  |  |
|    |  |  | Case 2 |  |  |
|    |  |  | Case 3 |  |  |
|    |  |  | Case 4 |  |  |
|    |  | Follow-up of patient during the hospital/clinic review                         | Case 1 |  |  |
|    |  |  | Case 2 |  |  |
|    |  |  | Case 3 |  |  |
|    |  |  | Case 4 |  |  |
| 7. | Oral cancer Case follow-up             | Case identification  | Case 1 |  |  |
|    |  |  | Case 2 |  |  |
|    |  | Preparation of a home-based care plan with multi-disciplinary input            | Case 1 |  |  |
|    |  |  | Case 2 |  |  |
|    |  | Home visitation and report   | Case 1 |  |  |



|  |  |  |        |  |  |
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|  |  |  | Case 2 |  |  |
|  |  | Follow-up of patient during the hospital/clinic review | Case 1 |  |  |
|  |  |  | Case 2 |  |  |

## QUARTER ONE (1) ASSESSMENT

### MONTHLY ASSESSMENT

| <b>MONTH</b>   | <b>COMMENT BY<br/>INTERN</b> | <b>COMMENT BY<br/>SUPERVISOR</b> | <b>COMMENT BY<br/>INTERN<br/>COORDINATOR</b> |
|----------------|------------------------------|----------------------------------|--|
| <b>ONE (1)</b> |                              |                                  |  |
|                | Sign_____                    | Sign_____                        | Sign_____                                    |
|                | Date_____                    | Date_____                        | Date_____                                    |
| STAMP          |                              |                                  |  |
| <b>TWO</b>     |                              |                                  |  |
|                | Sign_____                    | Sign_____                        | Sign_____                                    |
|                | Date_____                    | Date_____                        | Date_____                                    |
| STAMP          |                              |                                  |  |

**VERIFICATION OF COMPLETION OF QUARTER ONE (1) REQUIREMENTS FORM**

|   |  |
|---|--|
| <b>COMMENTS BY<br/>MEDICAL<br/>OFFICER INTERN</b> |  |
| <b>NAME</b>                                       |  |
| <b>DATE AND SIGN</b>                              |  |
| <b>COMMENTS BY<br/>MEDICAL<br/>SUPERVISOR</b>     |  |
| <b>NAME</b>                                       |  |
| <b>DATE, SIGN AND<br/>STAMP</b>                   |  |
| <b>COMMENTS BY<br/>INTERNSHIP<br/>COORDINATOR</b> |  |
| <b>NAME</b>                                       |  |
| <b>DATE, SIGN AND<br/>STAMP</b>                   |  |

**EVALUATION OF PERFORMANCE IN QUARTER ONE (1) FORM**

Name \_\_\_\_\_

Internship License No \_\_\_\_\_

Internship Centre \_\_\_\_\_

Quarter: **ONE (1)**

Period of Rotation:

Start: \_\_\_\_\_ End: \_\_\_\_\_

Confirmed by (Supervisor) Sign and Stamp: \_\_\_\_\_

- GRADING:**
- 3- Intern meets most of the criteria without assistance
  - 2- Intern requires some assistance to meet stated criteria
  - 1- Intern requires considerable assistance to meet stated criteria
  - 0- Unable to meet the criteria completely

NB: Where the grading shall be for scale 0 or 1 above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public at large.

|   | GRADE | REMARKS |
|---|-------|---------|
| <b>I. KNOWLEDGE</b>                                     |       |         |
| Basic Sciences  |       |         |
| Theoretical Knowledge in the Discipline                 |       |         |
| Participation in CPD                                    |       |         |
| <b>II. CLINICAL SKILLS</b>                              |       |         |
| a) History Taking                                       |       |         |
| b) Clinical examination                                 |       |         |
| c) Interpretation of laboratory Data and X-Ray Findings |       |         |
| d) Patient notes  |       |         |
| e) Use of drugs   |       |         |
| f) Patient Management                                   |       |         |
| <b>III. PROFESSIONAL CONDUCT</b>                        |       |         |
| a) To patients and caregivers                           |       |         |
| b) To seniors, colleagues and other health workers      |       |         |
| c) To the public  |       |         |
| d) Punctuality, availability and Time management        |       |         |

**OVERALL ASSESSMENT IN QUARTER ONE (1)**

**ASSESSMENT BY SUPERVISOR**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**ASSESSMENT BY INTERNSHIP COODINATOR**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**ASSESSMENT BY MEDICAL DIRECTOR/SUPERINTENDENT**

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| Successfully Completed Rotation | For extension of rotation | Irremediable |
|---------------------------------|---------------------------|--------------|
|                                 |                           |              |

Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

## QUARTER TWO (2) ASSESSMENT

### MONTHLY ASSESSMENT

| <b>MONTH</b>   | <b>COMMENT BY INTERN</b> | <b>COMMENT BY SUPERVISOR</b> | <b>COMMENT BY INTERN COORDINATOR</b> |
|----------------|--------------------------|------------------------------|--------------------------------------|
| <b>ONE (1)</b> |                          |                              |                                      |
|                | Sign_____                | Sign_____                    | Sign_____                            |
|                | Date_____                | Date_____                    | Date_____                            |
| <b>STAMP</b>   |                          |                              |                                      |
| <b>TWO</b>     |                          |                              |                                      |
|                | Sign_____                | Sign_____                    | Sign_____                            |
|                | Date_____                | Date_____                    | Date_____                            |
| <b>STAMP</b>   |                          |                              |                                      |

**VERIFICATION OF COMPLETION OF QUARTER TWO (2) REQUIREMENTS FORM**

|   |  |
|---|--|
| <b>COMMENTS BY<br/>MEDICAL<br/>OFFICER INTERN</b> |  |
| <b>NAME</b>                                       |  |
| <b>DATE AND SIGN</b>                              |  |
| <b>COMMENTS BY<br/>MEDICAL<br/>SUPERVISOR</b>     |  |
| <b>NAME</b>                                       |  |
| <b>DATE, SIGN AND<br/>STAMP</b>                   |  |
| <b>COMMENTS BY<br/>INTERNSHIP<br/>COORDINATOR</b> |  |
| <b>NAME</b>                                       |  |
| <b>DATE, SIGN AND<br/>STAMP</b>                   |  |

**EVALUATION OF PERFORMANCE IN QUARTER TWO (2) FORM**

Name \_\_\_\_\_

Internship License No \_\_\_\_\_

Internship Centre \_\_\_\_\_

Quarter: **TWO (2)**

Period of Rotation:

Start: \_\_\_\_\_ End: \_\_\_\_\_

Confirmed by (Supervisor) Sign and Stamp: \_\_\_\_\_

- GRADING:**
- 3- Intern meets most of the criteria without assistance
  - 2- Intern requires some assistance to meet stated criteria
  - 1- Intern requires considerable assistance to meet stated criteria
  - 0- Unable to meet the criteria completely

NB: Where the grading shall be for scale 0 or 1 above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public at large.

|   | GRADE | REMARKS |
|---|-------|---------|
| <b>I. KNOWLEDGE</b>                                     |       |         |
| Basic Sciences  |       |         |
| Theoretical Knowledge in the Discipline                 |       |         |
| Participation in CPD                                    |       |         |
| <b>II. CLINICAL SKILLS</b>                              |       |         |
| a) History Taking                                       |       |         |
| b) Clinical examination                                 |       |         |
| c) Interpretation of laboratory Data and X-Ray Findings |       |         |
| d) Patient notes  |       |         |
| e) Use of drugs   |       |         |
| f) Patient Management                                   |       |         |
| <b>III. PROFESSIONAL CONDUCT</b>                        |       |         |
| a) To patients and caregivers                           |       |         |
| b) To seniors, colleagues and other health workers      |       |         |



|  |  |  |
|--|--|--|
| c) To the public                                 |  |  |
| d) Punctuality, availability and Time management |  |  |

**OVERALL ASSESSMENT IN QUARTER TWO (2)**

**ASSESSMENT BY SUPERVISOR**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**ASSESSMENT BY INTERNSHIP COODINATOR**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**ASSESSMENT BY MEDICAL DIRECTOR/SUPERINTENDENT**

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| Successfully Completed Rotation | For extension of rotation | Irremediable |
|---------------------------------|---------------------------|--------------|
|                                 |                           |              |

Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

## QUARTER THREE (3) ASSESSMENT

### MONTHLY ASSESSMENT

| <b>MONTH</b>   | <b>COMMENT BY<br/>INTERN</b> | <b>COMMENT BY<br/>SUPERVISOR</b> | <b>COMMENT BY<br/>INTERN<br/>COORDINATOR</b> |
|----------------|------------------------------|----------------------------------|--|
| <b>ONE (1)</b> |                              |                                  |  |
|                | Sign_____                    | Sign_____                        | Sign_____                                    |
|                | Date_____                    | Date_____                        | Date_____                                    |
| STAMP          |                              |                                  |  |
| <b>TWO</b>     |                              |                                  |  |
|                | Sign_____                    | Sign_____                        | Sign_____                                    |
|                | Date_____                    | Date_____                        | Date_____                                    |
| STAMP          |                              |                                  |  |

**VERIFICATION OF COMPLETION OF QUARTER THREE (3) REQUIREMENTS FORM**

|  |  |
|--|--|
| <p><b>COMMENTS BY<br/>MEDICAL<br/>OFFICER INTERN</b></p> |  |
| <p><b>NAME</b></p>                                       |  |
| <p><b>DATE AND SIGN</b></p>                              |  |
|  |  |
| <p><b>COMMENTS BY<br/>MEDICAL<br/>SUPERVISOR</b></p>     |  |
| <p><b>NAME</b></p>                                       |  |
| <p><b>DATE, SIGN AND<br/>STAMP</b></p>                   |  |
|  |  |
| <p><b>COMMENTS BY<br/>INTERNSHIP<br/>COORDINATOR</b></p> |  |
| <p><b>NAME</b></p>                                       |  |
| <p><b>DATE, SIGN AND<br/>STAMP</b></p>                   |  |

**EVALUATION OF PERFORMANCE IN QUARTER THREE (3) FORM**

Name \_\_\_\_\_

Internship License No \_\_\_\_\_

Internship Centre \_\_\_\_\_

Quarter: **THREE (3)**

Period of Rotation:

Start: \_\_\_\_\_ End: \_\_\_\_\_

Confirmed by (Supervisor) Sign and Stamp: \_\_\_\_\_

- GRADING: 3- Intern meets most of the criteria without assistance  
 2- Intern requires some assistance to meet stated criteria  
 1- Intern requires considerable assistance to meet stated criteria  
 0- Unable to meet the criteria completely

NB: Where the grading shall be for scale 0 or 1 above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public at large.

|   | GRADE | REMARKS |
|---|-------|---------|
| <b>I. KNOWLEDGE</b>                                     |       |         |
| Basic Sciences  |       |         |
| Theoretical Knowledge in the Discipline                 |       |         |
| Participation in CPD                                    |       |         |
| <b>II. CLINICAL SKILLS</b>                              |       |         |
| a) History Taking                                       |       |         |
| b) Clinical examination                                 |       |         |
| c) Interpretation of laboratory Data and X-Ray Findings |       |         |
| d) Patient notes  |       |         |
| e) Use of drugs   |       |         |
| f) Patient Management                                   |       |         |
| <b>III. PROFESSIONAL CONDUCT</b>                        |       |         |
| a) To patients and caregivers                           |       |         |
| b) To seniors, colleagues and other health workers      |       |         |
| c) To the public  |       |         |
| d) Punctuality, availability and Time management        |       |         |

**OVERALL ASSESSMENT IN QUARTER THREE (3)**

**ASSESSMENT BY SUPERVISOR**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**ASSESSMENT BY INTERNSHIP COODINATOR**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**ASSESSMENT BY MEDICAL DIRECTOR/SUPERINTENDENT**

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| Successfully Completed Rotation | For extension of rotation | Irremediable |
|---------------------------------|---------------------------|--------------|
|                                 |                           |              |

Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

## QUARTER FOUR (4) ASSESSMENT

### MONTHLY ASSESSMENT

| <b>MONTH</b>   | <b>COMMENT BY<br/>INTERN</b> | <b>COMMENT BY<br/>SUPERVISOR</b> | <b>COMMENT BY<br/>INTERN<br/>COORDINATOR</b> |
|----------------|------------------------------|----------------------------------|--|
| <b>ONE (1)</b> |                              |                                  |  |
|                | Sign_____                    | Sign_____                        | Sign_____                                    |
|                | Date_____                    | Date_____                        | Date_____                                    |
| STAMP          |                              |                                  |  |
| <b>TWO</b>     |                              |                                  |  |
|                | Sign_____                    | Sign_____                        | Sign_____                                    |
|                | Date_____                    | Date_____                        | Date_____                                    |
| STAMP          |                              |                                  |  |

**VERIFICATION OF COMPLETION OF QUARTER FOUR (4) REQUIREMENTS FORM**

|   |  |
|---|--|
| <b>COMMENTS BY<br/>MEDICAL<br/>OFFICER INTERN</b> |  |
| <b>NAME</b>                                       |  |
| <b>DATE AND SIGN</b>                              |  |
| <b>COMMENTS BY<br/>MEDICAL<br/>SUPERVISOR</b>     |  |
| <b>NAME</b>                                       |  |
| <b>DATE, SIGN AND<br/>STAMP</b>                   |  |
| <b>COMMENTS BY<br/>INTERNSHIP<br/>COORDINATOR</b> |  |
| <b>NAME</b>                                       |  |
| <b>DATE, SIGN AND<br/>STAMP</b>                   |  |



**EVALUATION OF PERFORMANCE IN QUARTER FOUR (4) FORM**

Name \_\_\_\_\_

Internship License No \_\_\_\_\_

Internship Centre \_\_\_\_\_

Quarter: **FOUR (4)**

Period of Rotation:

Start: \_\_\_\_\_ End: \_\_\_\_\_

Confirmed by (Supervisor) Sign and Stamp: \_\_\_\_\_

- GRADING:**
- 3- Intern meets most of the criteria without assistance
  - 2- Intern requires some assistance to meet stated criteria
  - 1- Intern requires considerable assistance to meet stated criteria
  - 0- Unable to meet the criteria completely

NB: Where the grading shall be for scale 0 or 1 above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public at large.

|   | GRADE | REMARKS |
|---|-------|---------|
| <b>I. KNOWLEDGE</b>                                     |       |         |
| Basic Sciences  |       |         |
| Theoretical Knowledge in the Discipline                 |       |         |
| Participation in CPD                                    |       |         |
| <b>II. CLINICAL SKILLS</b>                              |       |         |
| a) History Taking                                       |       |         |
| b) Clinical examination                                 |       |         |
| c) Interpretation of laboratory Data and X-Ray Findings |       |         |
| d) Patient notes  |       |         |
| e) Use of drugs   |       |         |
| f) Patient Management                                   |       |         |
| <b>III. PROFESSIONAL CONDUCT</b>                        |       |         |
| a) To patients and caregivers                           |       |         |
| b) To seniors, colleagues and other health workers      |       |         |
| c) To the public  |       |         |
| d) Punctuality, availability and Time management        |       |         |

**OVERALL ASSESSMENT IN QUARTER FOUR (4)**

**ASSESSMENT BY SUPERVISOR**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**ASSESSMENT BY INTERNSHIP COODINATOR**

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**ASSESSMENT BY MEDICAL DIRECTOR/SUPERINTENDENT**

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| Successfully Completed Rotation | For extension of rotation | Irremediable |
|---------------------------------|---------------------------|--------------|
|                                 |                           |              |

Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

**QUARTERLY ASSESSMENT OF COMMUNITY DENTISTRY DISCIPLINE**

| QUARTER | COMMENT BY INTERN | COMMENT BY SUPERVISOR | COMMENT BY INTERN COORDINATOR |
|---------|-------------------|-----------------------|-------------------------------|
| ONE (1) |                   |                       |                               |
|         | Sign_____         | Sign_____             | Sign_____                     |
|         | Date_____         | Date_____             | Date_____                     |
| STAMP   |                   |                       |                               |
| TWO (2) |                   |                       |                               |
|         | SIGN_____         | SIGN_____             | SIGN_____                     |
|         | DATE_____         | DATE_____             | DATE_____                     |
| STAMP   |                   |                       |                               |

|                  |            |            |            |
|------------------|------------|------------|------------|
| <b>THREE (3)</b> |            |            |            |
|                  | SIGN _____ | SIGN _____ | SIGN _____ |
|                  | DATE _____ | DATE _____ | DATE _____ |
| STAMP            |            |            |            |
| <b>FOUR (4)</b>  |            |            |            |
|                  | Sign _____ | Sign _____ | Sign _____ |
|                  | Date _____ | Date _____ | Date _____ |
| STAMP            |            |            |            |

**VERIFICATION OF COMPLETION OF COMMUNITY DENTISTRY REQUIREMENTS FORM**

|   |  |
|---|--|
| <b>COMMENTS BY<br/>MEDICAL<br/>OFFICER INTERN</b> |  |
| <b>NAME</b>                                       |  |
| <b>DATE AND SIGN</b>                              |  |
|   |  |
| <b>COMMENTS BY<br/>MEDICAL<br/>SUPERVISOR</b>     |  |
| <b>NAME</b>                                       |  |
| <b>DATE, SIGN AND<br/>STAMP</b>                   |  |
|   |  |
| <b>COMMENTS BY<br/>INTERNSHIP<br/>COORDINATOR</b> |  |
| <b>NAME</b>                                       |  |
| <b>DATE, SIGN AND<br/>STAMP</b>                   |  |

## EVALUATION OF PERFORMANCE IN THE COMMUNITY DENTISTRY ROTATION FORM

Name \_\_\_\_\_

Internship License No \_\_\_\_\_

Internship Centre \_\_\_\_\_

Discipline: **COMMUNITY DENTISTRY**

Period of Rotation:

Start: \_\_\_\_\_ End: \_\_\_\_\_

Confirmed by (Supervisor) Sign and Stamp: \_\_\_\_\_

### GRADING:

3- Intern meets most of the criteria without assistance

2- Intern requires some assistance to meet stated criteria

1- Intern requires considerable assistance to meet stated criteria

0- Unable to meet the criteria completely

NB: Where the grading shall be for scale 0 or 1 above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public at large.

|   | GRADE | REMARKS |
|---|-------|---------|
| <b>I. KNOWLEDGE</b>   |       |         |
| Basic principles of public health importance in clinical practice |       |         |
| Basic principles of epidemiology                                  |       |         |
| Participation in oral health promotion activities                 |       |         |

**II. COMMUNITY DENTISTRY PRINCIPLES**

|  |  |  |
|--|--|--|
| a) History Taking                                  |  |  |
| b) Oral examination                                |  |  |
| c) Preparation of a genogram                       |  |  |
| d) Patient care plan                               |  |  |
| e) Health education                                |  |  |
| f) Patient follow-up                               |  |  |
| <b>III. PROFESSIONAL CONDUCT</b>                   |  |  |
| a) To patients and caregivers                      |  |  |
| b) To seniors, colleagues and other health workers |  |  |
| c) To the public                                   |  |  |
| d) Punctuality, availability and Time management   |  |  |

## OVERALL ASSESSMENT IN COMMUNITY DENTISTRY

### ASSESSMENT BY SUPERVISOR

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

### ASSESSMENT BY INTERNSHIP COODINATOR

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Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

### ASSESSMENT BY MEDICAL DIRECTOR/SUPERINTENDENT

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| Successfully Completed Rotation | For extension of rotation | Irremediable |
|---------------------------------|---------------------------|--------------|
|                                 |                           |              |

Name \_\_\_\_\_ Qualification \_\_\_\_\_ Reg. No. \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_



**EDITORIAL TEAM:**

1. Dr. Nelly Bosire - Chair, Training, Assessment & Registration Committee
2. Dr Sanjeev Sharma - Member, Training, Assessment & Registration Committee
3. Dr. Tonnie K. Mulli - University of Nairobi Dental School
4. Eunice Muriithi - Legal Services Manager
5. Esther Mutheu - Legal Services Officer
6. John Mburu - Human Resource Manager
7. Sarah Were - CPD Officer