



KMPDC
Enhancing Quality Healthcare

NATIONAL GUIDELINES AND LOGBOOK FOR MEDICAL INTERNS

3RD EDITION | OCTOBER 2024

Cover page inlay

The Hippocratic Oath

"I, , solemnly pledge myself to consecrate my life to the service of humanity.
I will give to my teachers the respect and gratitude which is their due.
I will practice my profession with conscience and dignity.
The health of my patient will be my first consideration.
I will respect the secrets which are confided in me, even after the patient has died.
I will maintain, by all the means in my power, the honour and the noble tradition of the medical profession.
My colleagues will be my brothers and sisters.
I will not permit considerations of religion, nationality, race, ethnicity, gender, sexual orientation, party politics or social standing to intervene between me and my patient.
I will maintain the utmost respect for life from its beginning, even under threat, and I will not use my medical knowledge contrary to the laws of humanity.
I make these promises solemnly, freely and upon my honour.
So help me God."

Signature:

Date:

The Declaration of Geneva – The Physician's Pledge

Adopted by the 2nd General Assembly of the World Medical Association, Geneva, Switzerland, September 1948 and as amended by the 68th WMA General Assembly, Chicago, United States, October 2017

The Physician's Pledge

As a member of the medical profession:

I solemnly pledge to dedicate my life to the service of humanity;

The health and well-being of my patient will be my first consideration;

I will respect the autonomy and dignity of my patient;

I will maintain the utmost respect for human life;

I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;

I will respect the secrets that are confided in me, even after the patient has died;

I will practise my profession with conscience and dignity and in accordance with good medical practice;

I will foster the honour and noble traditions of the medical profession;

I will give to my teachers, colleagues, and students the respect and gratitude that is their due;

I will share my medical knowledge for the benefit of the patient and the advancement of healthcare;

I will attend to my own health, well-being, and abilities in order to provide care of the highest standard;

I will not use my medical knowledge to violate human rights and civil liberties, even under threat;

I make these promises solemnly, freely, and upon my honour.

FOREWORD

The Kenya Medical Practitioners and Dentists Council is mandated under the Medical Practitioners and Dentists Act (Cap. 253 Laws of Kenya) to regulate the training and practice of medicine and dentistry in Kenya. In fulfilment of this mandate, the Council continually develops and reviews standards, policies and guidelines aimed at strengthening the quality, safety and integrity of healthcare training and practice within the country.

Internship training is a critical transitional phase in the development of medical and dental practitioners. It provides newly qualified graduates with an opportunity to consolidate their knowledge, develop practical competencies, strengthen professional ethics and acquire the confidence necessary for independent practice under appropriate supervision. The quality of internship training therefore directly influences the competence of practitioners entering the healthcare system and ultimately impacts the quality of healthcare services delivered to the public.

This third edition of *National Guidelines for Medical and Dental Internship Training* have been developed to provide a comprehensive framework for the implementation, supervision, assessment and continuous improvement of internship training across all accredited internship training centres in Kenya. The *Guidelines* outline the minimum standards and expectations for internship training centres, internship coordinators, supervisors and interns, while promoting uniformity, accountability, professionalism and patient safety.

This revised edition reflects the evolving healthcare landscape, emerging training needs, current professional standards and stakeholder feedback received during implementation of previous editions. It further reinforces the Council's commitment to competency-based training, ethical practice, mentorship, intern welfare and the provision of people-centred, quality healthcare services.

The Council appreciates the invaluable contributions of the Ministry of Health, county governments, internship training centres, medical and dental training institutions, professional associations, Internship Coordinators, Internship Supervisors, Interns and all stakeholders who participated in the review and development of these *Guidelines*.

I call upon all institutions and stakeholders involved in internship training to fully implement these *Guidelines* in order to strengthen the quality of internship training and support the development of competent, ethical and responsive medical and dental practitioners for Kenya and beyond.

PROF. FREDRICK N. WERE

CHAIRPERSON

KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

PREFACE

These *National Guidelines for Medical and Dental Internship Training* have been developed to guide the implementation of internship training programmes in accredited medical and dental internship training centres across Kenya. The *Guidelines* provide a standardised framework for the coordination, supervision, assessment and evaluation of internship training with the aim of enhancing the quality and consistency of training experiences for interns nationwide.

Internship training is a mandatory requirement for registration as a Medical or Dental Practitioner in Kenya. It is during this period that graduates transition from undergraduate training into independent professional practice under supervision, while acquiring essential clinical, professional, leadership and communication competencies required for safe and effective healthcare delivery.

This third edition of the *Guidelines* has been reviewed and updated in response to changes in healthcare delivery systems, evolving professional standards, advances in medical and dental practice, stakeholder experiences and the need to strengthen governance and support mechanisms within internship training centres. Particular emphasis has been placed on competency-based training, structured assessment processes, intern welfare, mentorship, psychosocial support, and accountability of institutions responsible for internship training.

The *Guidelines* clearly define:

- the roles and responsibilities of key stakeholders;
- the minimum standards for accreditation of internship training centres;
- the expected competencies and learning outcomes for interns;
- the processes for supervision, assessment and evaluation, and
- mechanisms for continuous quality improvement in internship training.

It is anticipated that these *Guidelines* will support internship training centres in creating conducive learning environments that promote professionalism, ethical conduct, patient safety and excellence in healthcare delivery.

The Council extends sincere appreciation to all members of the Technical Working Group, internship coordinators, supervisors, training institutions, healthcare facilities, professional associations, Ministry of Health representatives, county governments, and stakeholders whose dedication,

expertise and valuable input contributed to the successful review and development of this document.

The Council remains committed to continuous engagement with stakeholders to ensure that internship training in Kenya remains responsive to national health priorities and aligned with global best practices.

DR DAVID G. KARIUKI
CHIEF EXECUTIVE OFFICER AND REGISTRAR
KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

ACKNOWLEDGEMENTS

The Kenya Medical Practitioners and Dentists Council wishes to acknowledge and appreciate all individuals and institutions who contributed to the review and development of the third edition of the *National Guidelines for Medical and Dental Internship Training*.

The Council expresses its sincere gratitude to the Ministry of Health, county governments, dental training internship training centres, internship coordinators, internship supervisors, professional associations, medical and dental interns, and other stakeholders for their invaluable technical input, professional expertise and continued commitment towards strengthening medical and dental internship training in Kenya.

Special appreciation is extended to the members of the Technical Working Group and all participants in the stakeholder consultative meetings and workshops whose dedication, experience and constructive contributions greatly enriched the review process and the quality of this document.

The Council further recognises the important role played by Internship Coordinators, Internship Supervisors, Medical and Dental Specialists, healthcare administrators and interns who shared practical experiences and recommendations that informed the development of these *Guidelines*.

The Council also acknowledges the contribution of its Secretariat staff for coordinating the review process, consolidating stakeholder feedback and providing technical and administrative support throughout the development of the document.

Finally, the Council appreciates all partners and stakeholders who continue to support initiatives aimed at promoting excellence in internship training, professional competence, ethical practice and quality healthcare service delivery in Kenya.

It is our expectation that these *Guidelines* will contribute significantly towards strengthening internship training systems and improving the quality of medical and dental practice for the benefit of the people of Kenya.

PROF. ROSE J. KOSGEI

CHAIRPERSON

TRAINING, ASSESSMENT, REGISTRATION AND HUMAN RESOURCE COMMITTEE

KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

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ABBREVIATIONS AND ACRONYMS

KMPDC	Kenya Medical Practitioners and Dentists Council (also referred to as “the Council”)
Cap. 253	Medical Practitioners and Dentists Act (Chapter 253, Laws of Kenya), also referred to as “the Act”
TAR&HRC	The Training, Assessment, Registration and Human Resource Committee of the Council
FTP	Fitness to practise
IPC	Internship Placement Committee
ITC	Internship Training Centre
OSP	KMPDC online service portal i.e. https://osp.kmpdc.go.ke
CME	Continuous medical education
CPD	Continuing professional development
EAC	East African Community
MOH	Ministry of Health
KMLTTB	Kenya Medical Laboratory Technologists and Technicians Board
CUE	Commission for University Education
BDS	Bachelor of Dental Surgery
MBChB	Bachelor of Medicine and Bachelor of Surgery
KCSE	Kenya Certificate of Secondary Education
ECFMG	Educational Commission for Foreign Medical Graduates
EPIC	Electronic Portfolio of International Credentials
CHMT/ SCHMT	County/ Sub-County Health Management Team
HMT	Hospital Management Team
ANC	Antenatal care
CCC	Comprehensive care centre
PMTCT	Prevention of mother to child transmission of HIV
GOPC	Gynaecologic outpatient clinic
MOPC	Medical outpatient clinic
OOPC	Obstetric outpatient clinic
POPC	Paediatric outpatient clinic
SOPC	Surgical outpatient clinic
BMA	Bone marrow aspiration
BTL	Bilateral tubal ligation
CMV	Cytomegalovirus
CVC	Central venous catheter
D&C	Dilatation and curettage

DKA	Diabetic ketoacidosis
DVT	Deep venous thrombosis
ECG	Electrocardiography
ECT	Electroconvulsive therapy
EEG	Electroencephalography
ETAT+	Emergency triage and treatment plus
FNA	Fine needle aspiration
HIV/ AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HONK/ HHS	Hyperosmolar non-ketotic coma/ Hyperosmolar hyperglycaemic state
IM	Intramuscular
IUCD	Intrauterine contraceptive device
IUFD	Intrauterine foetal demise
IUGR	Intrauterine growth retardation
IV	Intravenous
MCCOD	Medical certification of cause of death
NGT	Nasogastric tube
PCP/ PJP	<i>Pneumocystis carinii/ Pneumocystis jirovecii</i> pneumonia
PE	Pulmonary embolism
POP	Plaster of Paris
PPH	Postpartum haemorrhage
SLE	Systemic lupus erythematosus
TB	Tuberculosis
VIA/ VILI	Visualisation under acetic acid/ Lugol's iodine

DEFINITION OF TERMS

Continuing Professional Development (CPD)	Training that leads to broadening of knowledge and skills, and the enhancement of personal qualities resulting in continuous improvement in the performance of professional duties.
Internship Training Centre (ITC)	A health institution that is recognised and accredited by KMPDC where medical, dental and/or community oral health graduates undertake a prescribed theoretical and practical training programme in order to gain hands on experience and meet registration requirements.
Internship	A prescribed period of employment during which a medical, dental or community oral health graduate works under supervision to fulfil registration requirements. During this period, the graduates have an opportunity to consolidate their knowledge, skills and attitudes. During the internship training period, the graduate is referred to as an Intern .
Senior Registrar	A Medical or Dental Practitioner, who has successfully completed postgraduate specialty training, and is working under supervision in order to fulfil the requirements for recognition as a Specialist.
Medical or Dental Specialist	A Medical or Dental Practitioner who has completed an approved postgraduate training programme in a particular field of medicine or dentistry; who has thereafter gained sufficient experience and demonstrated to the Council's satisfaction adequate knowledge and skill in his/her chosen field, and who has subsequently been recognised by the Council as a Specialist.
Stakeholder	A person, group or organisation involved in and/or affected by the regulatory activities of the Council.

CHAPTER 1: INTRODUCTION

1.1. INTRODUCTION TO KMPDC

The Kenya Medical Practitioners and Dentists Council (KMPDC) is a body corporate established under Section 3 of the Medical Practitioners and Dentists Act (Chapter 253, Laws of Kenya) enacted in 1977. The Council is mandated by Cap. 253 to regulate the training and practice of medicine, dentistry and community oral health, and to regulate health facilities within the Republic of Kenya.

Its corporate philosophy is as indicated below:

Vision

Excellence in regulation of training and practice of medicine and dentistry

Mission

To regulate the training and practice of medicine and dentistry through registration, licensing and inspections for provision of people-centred, quality and ethical healthcare

Core values

- Excellence
- Professionalism
- Integrity and Impartiality
- Collaboration and Partnerships

Goal

Enhancing quality healthcare

Functions

The functions of the Council as indicated in Section 4 of CAP. 253 are to:

- a. establish and maintain uniform norms and standards on the learning of medicine and dentistry in Kenya;
- b. approve and register medical and dental schools for training of medical and dental practitioners, and community oral health officers;
- c. prescribe the minimum educational entry requirements for persons wishing to be trained as medical and dental practitioners, and community oral health officers;
- d. maintain a record of medical, dental and community oral health students;

- e. administer internship qualifying examinations, preregistration examinations, and peer reviews as deemed appropriate by the Council;
- f. inspect and accredit new and existing institutions for medical, dental and community oral health internship training in Kenya;
- g. license eligible medical, dental and community oral health interns;
- h. determine and set a framework for professional practice of medical and dental practitioners, and community oral health officers;
- i. register eligible medical and dental practitioners, and community oral health officers;
- j. regulate the conduct of registered medical and dental practitioners, and community oral health officers and take such disciplinary measures for any form of professional misconduct;
- k. register and license health institutions;
- l. carry out inspection of health institutions;
- m. regulate health institutions and take disciplinary action for any form of misconduct by a health institution;
- n. accredit continuous professional development providers;
- o. issue certificate of status to medical practitioners, dental practitioners, community oral health officers and health institutions, and
- p. do all such other things necessary for the attainment of all or any part of its functions.

1.2. FUNCTIONS OF KMPDC IN REGULATING INTERNSHIP TRAINING

In the regulation of medical and dental internship, the Council has the following functions. among others:

- a. Establish and maintain uniform norms and standards for medical and dental internship training;
- b. Accredit internship training centres (ITCs);
- c. Carry out regular inspections to ensure that the required standards are maintained at all internship training centres;
- d. Provide the necessary guidance and support to assist the intern to attain full potential during internship;
- e. Liaise with employers and supervisors of the intern to ensure that he/she has enabling learning and working environment;
- f. Supervise the process of internship through regular visits to the internship training centres;
- g. Verify completion of internship training, and
- h. Register those who complete the internship training successfully as medical or dental practitioners,

1.3. PURPOSE OF THE NATIONAL GUIDELINES AND LOGBOOK FOR MEDICAL INTERNS

These *National Guidelines and Logbook for Medical Interns* seek to support and standardise the execution of the medical internship training programme at the various health institutions that serve as accredited internship training centres with the aim of enhancing the quality of internship training in the country and the medical practitioners produced.

1.4. SCOPE OF APPLICATION

These *National Guidelines and Logbook for Medical Interns* are applicable to all medical graduates undertaking the medical internship training programme in the country, regardless of the level of healthcare facility or ownership. They should be read together with the *National Guidelines for Medical and Dental Internship Training Centres*. They are intended for use by:

- a. Medical Interns;
- b. Medical Internship Coordinators;
- c. Medical Internship Supervisors;
- d. The designated persons in charge of Medical Internship Training Centres;
- e. The Ministry of Health;
- f. The departments responsible for health in counties;
- g. Institutions involved in training medical practitioners, and
- h. All other stakeholders in medical internship training.

1.5. DISSEMINATION, FEEDBACK AND REVIEW

These *National Guidelines and Logbook for Medical Intern* are available on the KMPDC website under the Publications section at <https://kmpdc.go.ke/publicationsdownloads/>.

Feedback on the *Guidelines* or any aspect of the medical internship training programme is welcome and can be submitted through standards@kmpdc.go.ke and internship@kmpdc.go.ke.

The *Guidelines* will be reviewed at least once every five (5) years or when need arises.

CHAPTER 2: INTERNSHIP TRAINING

2.1. INTRODUCTION

This chapter provides guidelines for the medical internship training programme.

2.1.1. Definition of Internship

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

2.1.2. Purpose of Internship

By the end of the internship period, the intern is well equipped to utilise the current standard treatment guidelines issued by the Ministry of Health, World Health Organization and any other relevant authority for management of patients.

2.1.3. Duration and Rotations of Medical Internship Training

Each Medical or Dental Intern is required to undergo an internship training programme for a minimum period of twelve (12) calendar months, equivalent to fifty-two (52) weeks. The prescribed rotations and periods for medical internship training are as follows:

- a. Internal Medicine (including Dermatology) = **11 weeks**
 - b. Paediatrics = **11 weeks**
 - c. Obstetrics and Gynaecology = **11 weeks**
 - d. Surgery (including General, Orthopaedic, Urology and ENT Surgery) = **11 weeks**
 - e. Psychiatry AND Community Health = **8 weeks**
- Total = **52 weeks**

2.2. PREPARING FOR INTERNSHIP

This section provides guidance on preparing for the internship training programme.

2.2.1. Eligibility for Internship

By Law, each medical or dental graduate is required to successfully complete the prescribed internship training programme as part of fulfilling the requirements for registration as a Medical or Dental Practitioner. The eligibility criteria for Medical Internship in Kenya are as follows:

- a. Must be Kenyan citizens;

- b. Must have attained the minimum grades for admission to Bachelor of Medicine and Bachelor of Surgery (MBChB) programme as prescribed by the Council;
- c. Must hold a Bachelor of Medicine and Bachelor of Surgery (MBChB) or equivalent qualification from a recognised institution in Kenya or the East African Community (EAC) partner states, and
- d. Must have taken the Hippocratic Oath administered by the Council.

NOTE

As stated in Rule 6 of the *Medical Practitioners and Dentists (Training, Assessment and Registration) Rules, 2022*, the minimum entry requirements for all students admitted to the MBChB degree programmes or their equivalents in Kenya for Kenya Certificate of Secondary Education (KCSE) holders are:

- a. minimum university admission requirement of an **overall grade of C+ (plus)** and in addition,
- b. a minimum grade of **B plain in each** the of the following cluster subjects: Biology; Chemistry; Physics or Mathematics, and English or Kiswahili.

NOTE

As provided for in Section 6 (2) of Cap. 253, Kenyan citizens who hold a MBChB degree or equivalent qualification attained from:
 EITHER a university located within the EAC that is not recognised by the EAC Partner States Medical and Dental Boards and Councils,
 OR a university located outside the EAC,
 are required to first **sit and pass the Council's Internship Qualifying Examination (IQE)** so as to be eligible for internship.

2.2.2. Administration of the Hippocratic Oath

The Deans of Medical and Dental Schools located within Kenya and the EAC are required to submit to the CEO/Registrar of KMPDC the list of students who have successfully completed undergraduate medical or dental training. Upon confirmation of these lists and the list of the medical and dental graduates who have passed the Council's internship qualifying examination, KMPDC organises a ceremony for administration of the Hippocratic Oath to the graduands.

2.2.3. Placement, Posting and Variation

Placement and posting to the accredited internship training centres is conducted by the Ministry of Health in accordance with its policies and

guidelines, after which a posting order for all interns and a letter of appointment for each intern is generated.

Interns who are not satisfied with the Internship Training Centre which they have been placed and/or posted to can request for a change of their internship station either prior to the start of internship or at any point during the internship period. Such transfers are only permitted after approval by MOH. Where such requests are approved, the Interns are required to apply for an updated Internship Licence from KMPDC prior to reporting to the new station.

2.2.4. Application for Internship Licence

Each prospective intern is required to present a copy of the posting order and their individual letter of appointment to the Council for issuance of an Internship Licence.

Prospective interns who have been accepted to undertake internship training in private or military institutions will not be listed in the posting order issued by the Ministry of Health. Such interns are only required to present the letter of offer or appointment issued by the internship training centre.

The prospective intern will fill in and sign the Council's *Form IV: Application for Medical & Dental Practitioners Internship Licence* available on the KMPDC website under the Downloads section at: <https://kmpdc.go.ke/downloads/>.

They will attach the following documents to the filled form:

- a. Common requirements for all applicants:
 - i. Recent coloured passport size photograph;
 - ii. Copy of Kenya national identity card or passport;
 - iii. Certified copy of KCSE certificate or equivalent;
 - iv. Copy of signed Hippocratic Oath;
 - v. Copy of letter of appointment and posting order from MOH OR Copy of letter of appointment issued by private or military hospital;
 - vi. Proof of payment of the prescribed **Internship Licence Fee** to the Council.
- b. Additional requirements for those trained in Kenya:
 - i. Certified copy of degree certificate and transcripts or letter of completion from the university, and
 - ii. Must appear in the pass list submitted by Deans of accredited medical or dental schools.

- c. Additional requirements for those trained at recognised institutions within the EAC:
 - i. Certified copy of degree certificate and transcripts or letter of completion from a university within the EAC that qualifies for reciprocal recognition, and
 - ii. Must appear in the pass list submitted by Deans of accredited EAC medical or dental schools.
- d. Additional requirements for those trained outside the EAC or at unrecognised institutions within the EAC:
 - i. Certified copy of degree certificate and transcripts from a recognised university;
 - ii. Copy of letter from Commission for University Education (CUE);
 - iii. Evidence of passing the Council's Internship Qualifying Examination, and
 - iv. (for foreign-trained medical graduates) ECFMG EPIC verification.

The Intern will then submit the application documents to the Council in person for verification. All applicants who meet the criteria will be issued with an Internship Licence and are required to pick up the licence in person.

NOTE

- 1) The original academic certificates, degree certificate and national identity card or passport **must be sighted** before the application is accepted.
- 2) If the details on the certificates and transcripts are in a language other than English, they should be translated into English and the translation certified by the Embassy.
- 3) **The Council requires that all foreign-trained medical graduates have their certificates and transcripts verified through Educational Commission for Foreign Medical Graduates (ECFMG) using the Electronic Portfolio of International Credentials (EPIC) platform before submitting their applications.**
- 4) The Council reserves the right to issue or reject an application for an internship licence at its discretion.
- 5) The Internship Licence is valid for a period of **one year**, and only permits the holder to provide services **under supervision at their designated internship training centre.**

2.2.5. Reporting for Internship

Each Medical Intern should present the following documents to the designated officer in charge of the facility upon reporting to the internship training centre:

- a. A letter of appointment issued by the Ministry of Health OR (for private or military institutions) a letter of appointment or offer issued by the internship training centre;
- b. An Internship Licence issued by KMPDC indicating the name of the ITC that the intern has been posted to and the internship period;
- c. A copy of the *National Guidelines and Logbook for Medical Internship Training*, and
- d. Certified copies of their academic certificates and other documents required by the ITC to be placed in the Intern's personnel file.

In addition to these documents, each Medical Intern should carry the following items for their personal use during the internship period:

- a. At least two white lab coats with long sleeves and pockets, and whose length ranges from mid-thigh to knee length;
- b. A golden nametag with their full name printed in black block letters e.g. **"DR. ABCDEF M. N. UVWXYZ"**;
- c. At least two complete set of scrubs to be worn in theatre;
- d. A pair of clear safety goggles;
- e. Functional:
 - i. stethoscope;
 - ii. pen torch;
 - iii. patella hammer;
 - iv. analogue watch;
 - v. thermometer;
 - vi. tape measure, and
 - vii. pocket pulse oximeter;

NOTE

No Intern is allowed to start or undertake internship training without a letter of appointment, internship licence and internship logbook. **It is illegal to undertake internship training without a valid Internship Licence.**

2.3. GENERAL ROLES AND RESPONSIBILITIES OF A MEDICAL INTERN

The general roles and responsibilities of the Medical Intern include the following:

- a. Conducting themselves in a manner that upholds the dignity of the profession at all times;
- b. Adhering to all the Laws and regulations, as well as *The Code of Professional Conduct and Discipline*;
- c. Undertaking appropriate clinical history and physical examination;
- d. Documenting all findings and recommendations appropriately, ensuring that the patient record is up to date;
- e. Requesting for and/or performing relevant diagnostic investigations;
- f. Reporting to and consulting with the Internship Supervisor and the other practitioners in the department as appropriate;
- g. Communicating effectively with other health professionals to ensure continuity of care;
- h. Communicating effectively with patients and their relatives with regards to diagnosis, treatment and follow up;
- i. Writing accurate and informative case summaries, referral notes and discharge summaries;
- j. Appropriately handing over patients;
- k. Presenting cases concisely, coherently and competently during ward rounds, grand rounds, mortality audits, CPD or any other appropriate fora;
- l. Participating in the identification, development and implementation of community health programmes under supervision;
- m. Performing any other relevant duties assigned by the Supervisor;
- n. Promoting the practice of knowledge-based, evidence-based, quality and ethical healthcare;
- o. Participating in the Institution's CPD activities, research and innovation, and
- p. Providing feedback to the Internship Coordinator, Internship Supervisors, the Institution and the Council on the implementation and progress of internship training, with a view of improving the quality of internship training.

2.4. INTERNSHIP EVALUATION AND COMPLETION

The Intern's performance should be evaluated continuously throughout the internship period. The Council recommends that Interns are formally assessed every month, at mid-rotation and at the end of each rotation, as follows:

Continuous assessment	This takes place when the Intern's logbook is signed daily or soonest possible, after completing a task.
Monthly assessments	Monthly assessments of the overall progress of the Intern are useful for identifying any challenges that may arise and hinder them from completing the requirements of the rotation in good time. Where such challenges are noted, the Internship Supervisor and Internship Coordinator should institute corrective measures immediately to ensure successful completion.
Mid-rotation assessments	These help the Supervisor evaluate the Intern's progress and determine whether any remedial actions taken have been successful, or if additional measures are required to ensure successful completion.
End of rotation assessments	These are vital in determining whether or not the Intern has met the requirements and thus successfully completed the rotation. Where gaps are noted, the Intern should be added time in that rotation to complete the requirements, before moving on to the next rotation.
Overall evaluation of the Intern	This is done quarterly and at the end of the internship period.

2.4.1. Process of internship evaluation

The Intern's assessment or evaluation should take place in a formal meeting and should be documented in the logbook and a copy retained by the Internship Coordinator.

Meetings for the monthly and mid-rotation assessments should be attended by the Intern, the Internship Supervisor and the Internship Coordinator. Meetings for end of rotation assessments should be attended by the Medical Internship Coordinator, Internship Supervisor, and all the Medical Specialists and Medical Officers who supervised the Intern in that rotation. Meetings for the quarterly and final overall evaluation of the Intern should be attended by the Medical Internship Coordinator, all Medical Internship Supervisors and the Medical Superintendent/ Medical Director. Minutes of these meetings should be kept by the Medical Internship Coordinator.

During the meeting, the Intern should be given an opportunity to freely discuss their expectations and performance in the rotation, and any issues or challenges encountered that may hinder their performance. Both the Internship Coordinator and Internship Supervisor can review the Intern's logbook and give feedback to the Intern on their progress. Any gaps, issues or challenges noted, and the respective corrective measures to be instituted should be agreed upon and documented at the meeting.

2.4.2. Outcome of the internship evaluation

At the end of the evaluation, the intern's performance may be categorised as:

Category	Description	Recommended Action
SATISFACTORY	The Intern has completed most (if not all) of the requirements for the rotation; his/her performance is acceptable, and he/she is able to complete tasks without requiring assistance.	The Intern is permitted to progress to the next rotation or complete internship.
UNSATISFACTORY	EITHER • The Intern has not completed the requirements for the rotation, OR • His/her performance is not acceptable for some of the requirements, OR • He/she is unable to complete most tasks without assistance.	The Intern is subjected to remedial actions which may include: a. Extension of the rotation until the requirements are met; b. Targeted teachings, CPD or assignments; c. Closer or additional mentorship or coaching, and/or d. Any other action deemed appropriate in the circumstance.
IRREDEEMABLE	Following repeated and concerted remedial actions to support the Intern, he/she is still found to be lacking in ability to learn or practice medicine/dentistry.	The Intern is referred back to the Council for further action.

2.4.3. Successful completion of internship

An intern is deemed to have successfully completed internship after having satisfactorily completed all the prescribed requirements of the training programme.

Upon confirmation by the Medical Internship Coordinator that the Intern has successfully completed internship training, the Medical Superintendent/

Medical Director shall sign the verification of completion of medical internship training and recommend the intern for registration as a Medical Practitioner.

The Intern will then, within the shortest time possible after release from the internship training centre, present the completed logbook and signed verification form to KMPDC. After the documents are verified and found to be adequate evidence of completion of the prescribed internship training programme, the Intern will be issued with an Internship Completion Certificate. The Intern is then eligible to apply for registration as a Medical Practitioner in the prescribed manner.

2.4.4. Failure to complete internship successfully

Failure to complete internship successfully within the prescribed period may occur due to:

- a. Professional incompetence, i.e.:
 - i. Performance below average in knowledge and skills, and
 - ii. Failure to undertake most of the key activities prescribed in the logbook.
- b. Professional or general misconduct, including:
 - i. Negligence in management of patients;
 - ii. Engaging in inappropriate relationships with patients;
 - iii. Abuse of patient confidentiality and trust;
 - iv. Lack of sense of responsibility;
 - v. Inappropriate dressing;
 - vi. Lack for respect for patients, the public and colleagues;
 - vii. Indiscipline such as absence from duty without good cause and reporting late to work, and
 - viii. Substance abuse.
- c. Other justifiable reason such as illness, maternity leave, family issues, strikes occasioned by healthcare workers within the institution, etc.

Consequences of failure to complete internship include:

- a. Extension of internship period.
- b. Discontinuation from the programme.
- c. Being subject to the Council's assessment and disciplinary processes.
- d. Being subject to the Laws of the land.

NOTE

The Intern will not receive a salary during the additional period.

2.5. REGISTRATION AS A MEDICAL PRACTITIONER

Upon receipt of the Internship Completion certificate, the Intern may then apply for registration as a Medical Practitioner as follows:

- a. The Applicant will fill in and sign the *Form II: Application for Permanent Registration as a Medical or Dental Practitioner* available on the KMPDC website at:
https://kmpdc.go.ke/resources/Permanent_registration_as_a_Medical_or_Dental_Practitioner.pdf
- b. The Applicant will attach to the filled form the following:
 - i. Duly filled, signed and stamped Internship Logbook, Assessment forms and Verification form;
 - ii. Copy of Kenya national identity card or passport
 - iii. Recent coloured passport size photo
 - iv. Certified copies of the degree certificates and transcripts;
 - v. Certified copies of the KCSE certificate or equivalent;
 - vi. Where applicable:
 - 1) evidence of passing the Council's Internship Qualifying Examination,
 - 2) copy of letter from the Commission for University Education (CUE), and
 - 3) (for foreign-trained medical graduates) ECFMG EPIC verification; and
 - vii. Proof of payment of the prescribed **Application for Registration Fee** to the Council.

Successful applicants will be issued with a **Certificate of Registration as a Medical Practitioner** which must be collected in person. Thereafter, they need to apply for an **Annual Practice Licence** through the KMPDC online service portal (OSP) i.e. <https://osp.kmpdc.go.ke>.

NOTE

- 1) The original academic certificates, degree certificate and transcripts, and national ID/ passport **must be sighted** before the application is accepted.
- 2) If the details on the certificates and transcripts are in a language other than English, they should be translated into English and the translation certified by the Embassy.
- 3) **The Council requires that all foreign-trained medical graduates have their certificates and transcripts verified through Educational**

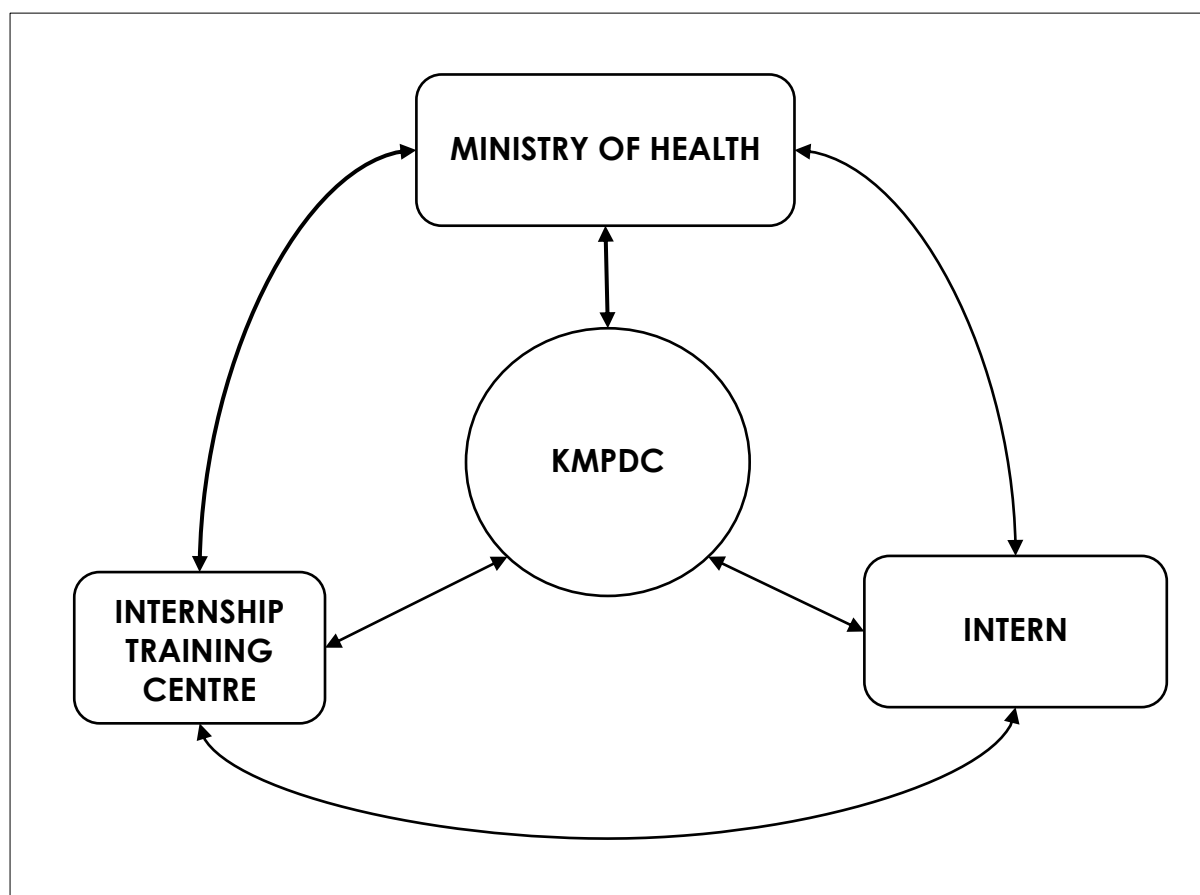
Commission for Foreign Medical Graduates (ECFMG) using the Electronic Portfolio of International Credentials (EPIC) platform before submitting their applications.

- 4) The Council reserves the right to issue or reject an application for registration or annual practice licence at its discretion.
- 5) The Annual Practice Licence permits the holder to provide services at any registered and licensed health institution in the country.
- 6) The annual licensing period runs from 1st January to 31st December of every year.
- 7) An application for renewal of the annual practice licence renewal should be submitted at least thirty (30) days before the end of the licence period.
- 8) It is illegal to practice medicine or dentistry in Kenya without a valid Registration and Licence.**

CHAPTER 3: IMPLEMENTATION OF INTERSHIP TRAINING

3.1. OVERVIEW OF THE INTERSHIP TRAINING FRAMEWORK

Implementation of intership training requires concerted efforts by various stakeholders. Most importantly, KMPDC acts as the liaison between all the stakeholders, particularly the Ministry of Health, the Internship Training Centre and the Intern as summarised in the figure below:



The Ministry of Health:

- Provides policy framework for implementation of intership training;
- Posts the intern to the accredited intership training centres, and
- Provides remuneration for the intern for the prescribed duration.

The Internship Training Centre is the designated location where intership training takes place. Key persons at the ITC include the Internship Coordinator, Internship Supervisors, and the Medical Superintendent/ Medical Director.

The Intern is the medical or dental graduate undertaking the prescribed intership training programme at the accredited Internship Training Centre.

3.2. INTERNSHIP TRAINING CENTRES

Internship Training Centres (ITCs) are recognised and accredited health institutions where medical and dental graduates undertake theoretical and practical training in order to gain hands on experience and meet registration requirements. In execution of its mandate, KMPDC sets the minimum standards for accreditation and approval of Internship Training Centres. The list of accredited Medical Internship Training Centres is available on the Council website at: <https://kmpdc.go.ke/internship/>.

3.2.1. Minimum Mandatory Requirements for Medical Internship Training Centres

The minimum requirements for Medical Internship Training Centres are as follows:

- a. **At least one full-time Medical Specialist in each** of the following disciplines:
 - i. Internal Medicine;
 - ii. General Surgery;
 - iii. Paediatrics, and
 - iv. Obstetrics and Gynaecology.
- b. Arrangements for implementation of the Psychiatry rotation:
 - i. May have a full-time or visiting Psychiatrist;OR
 - ii. Provide evidence of linkage with another internship training centre that has a full-time Psychiatrist and an inpatient unit where the interns attend at least one major ward round and one outpatient clinic per week.
- c. Arrangements for implementation of the Community Health rotation:
 - i. Evidence of linkage with the County/Sub-County Health Management Team (CHMT/SCHMT);
 - ii. Evidence of the interns' involvement in CHMT/SCHMT-led preventive or promotive activities;
 - iii. Evidence of linkage with a Level 2 or 3 health facility (dispensary or health centre) where the interns will provide primary care services under the supervision of a Family Physician;
 - iv. Evidence of interns' involvement in preventive or promotive activities within the hospital, and
 - v. Evidence of the interns attending the hospital management team (HMT) meetings.

- d. Adequate infrastructure and functional equipment to support diagnosis and treatment, including:
 - i. Inpatient departments: Internal Medicine, Paediatrics, New-Born Unit, Surgery, Obstetrics, Gynaecology, ±Psychiatry;
 - ii. Specialist outpatient clinics;
 - iii. Laboratory licensed by KMLTTB at Class E, which offers: Haematology and blood transfusion; Microbiology and parasitology; Biochemistry; Special chemistry e.g. tumour markers, hormone profile; ±Pathology;
 - iv. Functional x-ray and ultrasound, and
 - v. Functional theatres.
- e. Adequate inpatient and outpatient case mix and workload to support the approved number of interns.
- f. Adequate pharmaceutical and non-pharmaceutical supplies to support management of patients.
- g. Active CPD programme that is accredited and licensed by the Council.
- h. Functional Internship welfare and support systems including:
 - i. Accommodation for the interns;
 - ii. Transport and security for the interns to attend to night calls;
 - iii. Interns' orientation/ induction programme upon arrival at the institution;
 - iv. Regular meetings with Internship Coordinator (with minutes);
 - v. Regular evaluation by Internship Supervisors at mid- and end of each rotation (with minutes);
 - vi. Formal mentorship programme;
 - vii. Psychosocial support framework;
 - viii. Safe learning and working environment, including occupational health and safety (i.e. an environment that is free from all forms of discrimination, intimidation, bullying, harassment, verbal abuse, physical violence, and sexual harassment);
 - ix. Safe working hours, including adequate rest time;
 - x. Representation of the Interns in the Hospital Management Team;
 - xi. Mechanism for providing feedback to Institution and Supervisors on the interns' experience, and
 - xii. Safe complaint/ dispute resolution mechanism.

NOTE

“Evidence of linkage with another facility” refers to formal documentation of the arrangements made, such as a memorandum of understanding between the ITC and the other facility, for the interns to rotate at the other facility in order to fulfil the requirements of internship training. The agreement should indicate details such as:

- a. the agreement to have the Interns rotate there;
- b. the facility’s workload;
- c. the period of the rotation;
- d. what activities the Interns will be involved in;
- e. who will supervise them, and
- f. what the obligation of the ITC to the other facility will be.

3.3. ROLES AND RESPONSIBILITIES

Each Internship Training Centre should have a designated Internship Coordinator and designated Internship Supervisors for each rotation. Where an ITC offers both medical and dental internship training, the ITC should have a Medical Internship Coordinator and a Dental Internship Coordinator.

3.3.1. Roles and responsibilities of the Internship Coordinator

The Medical Internship Coordinator:

- a. should be Medical Specialist or Senior Registrar who is in full-time employment at the ITC;
- b. should not be a designated Internship Supervisor, the Medical Superintendent/ Medical Director or the Head of the Institution, and
- c. should have an approachable demeanour.

The roles and responsibilities of the Internship Coordinator include:

- a. Act as a liaison between the interns, the Institution and the KMPDC;
- b. Receive Interns at the ITC both in writing and through their OSP;
- c. Ensure that all the Interns have Internship Licences, Guidelines and Logbooks, and that no intern is permitted to start internship without these documents;
- d. Ensure that there is appropriate induction/ orientation for the interns upon reporting to the ITC and at the beginning of each rotation;
- e. Organise minuted monthly meetings with Interns to discuss their experience;
- f. Ensure that interns are given timely feedback on performance and assured of confidentiality;
- g. Ensure that interns give feedback to the Hospital and ensure that their concerns are addressed appropriately;

- h. Ensure that interns are assessed objectively, and internship logbooks filled appropriately during and at the end of each rotation;
- i. Identify exceptional interns for recognition;
- j. Recognise the interns experiencing challenges; assess them and institute appropriate supportive measures, and notify the Council in a timely fashion;
- k. Participate in disciplinary procedures for any Intern experiencing disciplinary challenges;
- l. Chair meeting of Internship Supervisors to assess performance of the interns;
- m. Brief the head of the Institution and where necessary, the Council, on administrative issues touching on Interns, Internship Supervisors or departments within the Institution that hinder implementation of the programme;
- n. Regularly apprise the Council on the progress of each cohort of Interns;
- o. Provide feedback to the Council concerning the programme through internship@kmpdc.go.ke;
- p. Maintain records of internship matters at the Institution, including Interns personnel files; minutes of evaluation and progress meetings; documentation of challenges and incidents; measures instituted; feedback; institutional policies on internship training, welfare and support; communication with the Council;
- q. Clear interns from the ITC, both in writing and through the OSP, upon successful completion, or otherwise.

3.3.2. Roles and responsibilities of an Internship Supervisor

Traditionally, the designated Internship Supervisors have been the Heads of the Departments in which interns rotate. However, the Medical Superintendent/ Medical Director is at liberty to appoint another Medical Specialist serving in full-time capacity within that department to be the designated Internship Supervisor.

The roles and responsibilities of the Internship Supervisor include:

- a. Receiving and orienting the Interns in the department;
- b. Allocating duties and responsibilities to the Intern during their time in the rotation;
- c. Documenting the period that the Intern rotates through the department;
- d. Providing theoretical and practical teaching of skills to the Intern;
- e. Supervising the work of the Intern in the department alongside the rest of team;

- f. Mentoring the Intern into an all-rounded, moral and ethical professional;
- g. Ensuring that the Intern puts in the required time at work and also gets adequate breaks from work to ensure he/she is well rested, effective at work, and safe for the patient;
- h. Together with the Internship Coordinator, conduct monthly progress meetings to review interns training and performance;
- i. Assessing the Intern during the rotation and upon completion of the prescribed period and signing the logbook as guided, and
- j. Provide feedback to the Intern concerning their assessment.

3.3.3. Roles and responsibilities of the designated head of the Internship Training Centre

The Internship Training Centre may be headed by a chief executive officer, a director, a medical director, a medical superintendent or any other title as may be deemed appropriate by the institution itself. This designated officer in-charge is responsible for:

- a. Overall coordination, management and provision of resources to facilitate the internship programme;
- b. Ensuring smooth communication with KMPDC and with the Interns;
- c. Ensuring a smooth handing over processes when necessary;
- d. Providing institution contacts and maintain open communication channels at all times;
- e. Receiving official communication for the institution and disseminating the information to the necessary persons;
- f. Maintaining an institutional internship file where all written communication with the interns shall be kept and future reference can be made as and when necessary;
- g. Updating the Council at all times of any administrative changes that may impact on the implementation of the internship programme, and
- h. Applying to the Council for consideration of the institution as an internship centre or for adjusting the capacity.

3.3.4. Roles and responsibilities of KMPDC

The roles and responsibilities of KMPDC in the implementation of the internship programme include:

- a. Develop, implement and review policies, standards, guidelines, logbooks and procedures for internship training;
- b. Routinely inspect and accredit internship training centres to ensure that they maintain the required standards to support quality internship training;

- c. Administer the Hippocratic Oath to eligible interns;
- d. Issue licences to eligible interns;
- e. Sensitise and train internship coordinators and internship supervisors to facilitate internship training;
- f. Monitor and evaluate implementation of internship training;
- g. Manage interns who have been found to have challenges that affect their performance;
- h. Verify successful completion of internship training and issue internship completion certificates;
- i. Register and license eligible practitioners, and
- j. Act as a liaison between all stakeholders involved in internship training.

3.3.5. Roles and responsibilities of the Ministry of Health

The Ministry of Health works in collaboration with KMPDC to oversee the implementation of internship training. Its responsibilities include:

- a. Placement, posting to and variation of internship stations;
- b. Remunerate the interns for the duration of internship, and
- c. Liaise with relevant stakeholders, including internship training centres and county governments, to ensure successful implementation of internship training.

CHAPTER 4: EXPECTATIONS OF MEDICAL INTERNSHIP TRAINING

4.1. OVERVIEW

This section stipulates both the general and specific expectations in each rotation for the Intern to fulfil the minimum requirements for Medical Internship Training.

4.2. GENERAL EXPECTATIONS

In addition to the specific expectations in each rotation, the Medical Intern is required to:

- a. Conduct themselves in a manner that upholds the dignity of the profession at all times;
- b. Adhere to all the Laws and regulations, as well as *The Code of Professional Conduct and Discipline*;
- c. Take a full history, carry out a complete physical examination and reach differential diagnoses and a working diagnosis;
- d. Order appropriate diagnostic investigations and, where applicable, collect appropriate specimens;
- e. Show competence in the interpretation of routine diagnostic investigations and be able to formulate a definitive diagnosis;
- f. Formulate comprehensive plans for the management of the patient;
- g. Consult with and refer to senior colleagues as necessary and for further management;
- h. Show adequate knowledge in the management of commonly encountered conditions in accordance with accepted national and global standard treatment guidelines and best practices;
- i. Be conversant with the *Kenya Essential Medicines List* and Dangerous Drugs Act;
- j. Be able to use antibiotics, other drugs and other resources rationally;
- k. Understand the principles and apply the practices of infection prevention and control;
- l. Be proficient and prompt in recording and updating of patient's notes and be able to write accurate and informative case summaries;
- m. Present cases concisely, coherently and competently during ward rounds, grand rounds, CPD, morbidity and mortality audits, and any other appropriate fora;
- n. Obtain and record informed consent for various procedures;
- o. Counsel patients and/or caregivers on presenting complaints, diagnosis, treatment plans and expected outcome;
- p. Demonstrate basic leadership and administrative skills;
- q. Practice self-directed learning and apply basic research principles;

- r. Participate in the Institution's CPD, research and innovation activities;
- s. Demonstrate competency in community case follow-up, community health education and care of patients within the community;
- t. Apply the principles of medical certification of cause of death (MCCOD), and
- u. Witness postmortem examination.

4.3. MINIMUM EXPECTATIONS IN THE INTERNAL MEDICINE ROTATION

The intern will rotate in the Internal Medicine, Dermatology, Oncology, Renal, Critical Care and Emergency Departments. This rotation will cover the medical management of adolescent, adult and geriatric patients. The intern is expected to:

- a. Manage acute medical emergencies including:
 - i. meningitis, convulsions, acute cerebrovascular accident, coma and cerebral malaria;
 - ii. severe congestive cardiac failure, myocardial infarction, hypertensive encephalopathy, pulmonary oedema, pulmonary embolism, shock;
 - iii. acute asthma and respiratory failure, Pneumocystis carinii pneumonia, adult respiratory distress syndrome;
 - iv. diabetic emergencies and hypoglycaemia;
 - v. gastrointestinal bleed, diarrhoea, vomiting;
 - vi. septicaemia;
 - vii. poisoning (e.g. acute paracetamol, organophosphates, ethanol, methanol);
 - viii. acute kidney injury;
 - ix. acute liver failure;
 - x. tetanus;
 - xi. anaphylactic reactions, and
 - xii. substance abuse.
- b. Manage common medical conditions in accordance with current standard clinical guidelines including but not limited to:
 - i. Malaria;
 - ii. Anaemia;
 - iii. Pneumonia;
 - iv. Tuberculosis;
 - v. Tetanus;
 - vi. Sexually transmitted diseases and HIV/AIDS;
 - vii. Hypertension;
 - viii. Cerebrovascular accident;
 - ix. Heart failure;

- x. Rheumatic heart disease;
 - xi. Infectious endocarditis;
 - xii. Myocardial infarction;
 - xiii. Hepatitis;
 - xiv. Liver cirrhosis;
 - xv. Chronic liver disease;
 - xvi. Hepatoma;
 - xvii. Pulmonary oedema;
 - xviii. Bronchial asthma;
 - xix. Renal failure;
 - xx. Skin disorders;
 - xxi. Endocrine disorders including thyroid diseases, and
 - xxii. Oncological conditions.
- c. Manage chronic medical conditions in accordance to current standard clinical guidelines incorporating lifestyle interventions, including:
- i. Diabetes;
 - ii. Hypertension;
 - iii. Dyslipidaemia;
 - iv. Chronic obstructive lung diseases;
 - v. HIV/ AIDS;
 - vi. Tuberculosis;
 - vii. Dermatological conditions;
 - viii. obesity.
- d. Participate in preventive and promotive health activities.
- e. Skills:
- i. Show competence in carrying out the following:
 - 1) Triage;
 - 2) Cardiopulmonary resuscitation, intubation and vascular access;
 - 3) Administration of IV fluids and blood transfusion;
 - 4) Nasogastric tube insertion and gastric lavage;
 - 5) Lumbar puncture;
 - 6) Pleural, peritoneal and joint aspiration;
 - 7) Bone marrow and fine needle aspiration;
 - 8) Biopsy of lymph nodes and skin;
 - 9) Prepare blood slide and examine for malaria parasites;
 - 10) Basic interpretation of special examinations of the alimentary, cardiovascular, central nervous, respiratory and genitourinary systems, ECG, pericardial effusion.

- ii. Observe, assist and preferably perform under supervision the following:
 - 1) Chest tube insertion;
 - 2) bone marrow aspirate.
- iii. Shall have observed (where available) the following:
 - 1) Liver Biopsy;
 - 2) Renal Biopsy;
 - 3) Splenic aspirate.

4.4. MINIMUM EXPECTATIONS IN THE OBSTETRICS AND GYNAECOLOGY ROTATION

The intern is expected to:

- a. Understand indications and contraindications for surgery.
- b. Properly document all procedures, peri-operative findings and follow-up notes.
- c. Understand and participate in preoperative, intraoperative and postoperative care of patients.
- d. Prevent, recognise and manage complications of surgery.
- e. Obtain written informed consent for surgical procedures.
- f. Recognise, institute the initial management and appropriately refer common obstetrical and gynaecological emergencies such as:
 - i. Ruptured uterus;
 - ii. Vacuum delivery;
 - iii. Genital tract trauma;
 - iv. Severe pre-eclampsia and Eclampsia;
 - v. Postpartum haemorrhage;
 - vi. Antepartum haemorrhage;
 - vii. Puerperal sepsis;
 - viii. Anaemia;
 - ix. Postpartum depression and puerperal psychosis;
 - x. Thromboembolic events;
 - xi. Foetal distress/ non-reassuring foetal status;
 - xii. Ectopic pregnancy;
 - xiii. Penetrating injuries (e.g. uterine and gut perforations);
 - xiv. Sexual assault, rape and sodomy;
 - xv. Inevitable, incomplete and septic abortion;
 - xvi. Molar pregnancy;
 - xvii. Pelvic abscess;
 - xviii. Bartholin's abscess;
 - xix. Haematocolpos and haematometra;
 - xx. Torsion of the ovary;

- xxi. Foreign bodies in the genital tract.
- g. Demonstrate competency in recognition and management of normal pregnancy, delivery and in puerperium.
- h. Demonstrate competency in recognition and management of complicated pregnancy: e.g. multiple gestation, malpresentations and malpositions, IUFD, IUGR in the pre-, intra- and post-partum periods.
- i. Recognise and manage obstetrics and gynaecological conditions including:
 - i. Medical conditions in pregnancy e.g. Endocrine disorders, infections;
 - ii. cardiac diseases, hematologic disorders, such as deep vein thrombosis, sickle cell disease;
 - iii. Genital tract fistulas;
 - iv. Cancers of the reproductive tract;
 - v. Infertility;
 - vi. Benign tumours of the reproductive tract e.g. fibroids, ovarian cysts;
 - vii. Perimenopause and menopause;
 - viii. Menstrual disorders and abnormal uterine bleeding;
 - ix. Sexual dysfunction;
 - x. Recurrent pregnancy loss.
- j. Demonstrate competency in the principles of interval and immediate postpartum contraception management such as counselling, provision and referral.
- k. Demonstrate competency in the principles of prevention of mother to child transmission (PMTCT) of HIV, Hepatitis and other infectious diseases.
- l. Demonstrate competency in the carrying out the following:
 - i. Antenatal care;
 - ii. Vaginal examination;
 - iii. Breast examination;
 - iv. Management of episiotomy;
 - v. Normal delivery;
 - vi. Postnatal care;
 - vii. Manual removal of placenta;
 - viii. Repair of perineal and vaginal tears;
 - ix. Vacuum aspiration of uterus (manual and electrical);
 - x. Resuscitation of the newborn;
 - xi. Drainage of pelvic abscess;
 - xii. Marsupialisation of Bartholin's abscess;
 - xiii. Insertion of Postpartum IUCD and contraceptive implants.

- m. Observe, assist and perform the following operations under supervision:
 - i. Caesarean section;
 - ii. Repair of ruptured uterus;
 - iii. Subtotal hysterectomy for ruptured uterus and intractable PPH (B-Lynch, Balloon tamponade);
 - iv. Laparotomy for ectopic pregnancy, salpingectomy, pelvic abscess and benign ovarian cysts;
 - v. Mini laparotomy for bilateral tubal ligation;
 - vi. Dilatation and curettage;
 - vii. Repair of third-degree perineal tear;
 - viii. Total hysterectomy;
 - ix. Tubal surgeries;
 - x. Myomectomy;
 - xi. Repair of vesicovaginal fistula;
 - xii. Minimal access surgery (laparoscopy);
 - xiii. Screening for breast, cervical and endometrial cancers.

4.5. MINIMUM EXPECTATIONS IN THE PAEDIATRICS AND CHILD HEALTH ROTATION

This rotation covers management of children whose age limit is defined by the existing national and institutional policies and guidelines. The intern shall be able to:

- a. Be competent in the application of principles of Emergency Triage and Treatment plus (ETAT+) in the management of childhood illnesses.
- b. Consistently apply national guidelines in the management of childhood illness.
- c. Consistently apply the principles of Essential Newborn Care.
- d. Manage paediatric emergencies in line with the current standard treatment guidelines, including:
 - i. Convulsions;
 - ii. Coma;
 - iii. Cerebral malaria;
 - iv. Meningitis;
 - v. Respiratory failure;
 - vi. Foreign bodies in the airway;
 - vii. Acute asthma;
 - viii. Severe pneumonia;
 - ix. Tension pneumothorax;
 - x. Pulmonary oedema;
 - xi. severe Congestive Cardiac Failure;
 - xii. Apnoea;

- xiii. Diabetic emergencies including hypoglycaemia, Diabetic Keto-Acidosis (DKA), HONK/ HHS;
- xiv. Dehydration;
- xv. Diarrhoea and vomiting;
- xvi. Acute abdomen;
- xvii. Acute liver failure;
- xviii. Hyperbilirubinemia;
- xix. Sickle cell anaemia crisis,
- xx. Severe anaemia;
- xxi. Acute poisoning;
- xxii. Respiratory distress syndrome;
- xxiii. Hypothermia;
- xxiv. Neonatal emergencies including birth asphyxia and birth injury;
- xxv. Abdominal pain.
- e. Manage a child with chronic paediatric conditions in accordance with the current standard treatment guidelines including:
 - i. Diabetes;
 - ii. Asthma;
 - iii. Hypertension;
 - iv. HIV/AIDS;
 - v. Neurodevelopmental conditions;
 - vi. Chronic lung disease
 - vii. Chronic heart disease;
 - viii. Chronic kidney diseases;
 - ix. Dermatological conditions;
 - x. Genetic and congenital abnormalities.
- f. Follow up and provide preventive and promotive child health services including:
 - i. growth monitoring;
 - ii. well baby diet;
 - iii. nutrition;
 - iv. infant and young child feeding in HIV;
 - v. vaccinations and immunisation.
- g. Skills:
 - i. Show competency in the following:
 - 1) Resuscitation, intubation and life support skills;
 - 2) Vascular access;
 - 3) IM and IV injections;
 - 4) IV fluids prescription, administration and monitoring;
 - 5) Lumbar puncture;
 - 6) Peritoneal aspirate;

- 7) Lymph node and skin biopsy;
- 8) Fine needle aspirate;
- 9) Incision and drainage;
- 10) Collecting appropriate blood specimens;
- 11) Catheterisation;
- 12) Blood transfusion;
- 13) Nasogastric tube insertion and gastric lavage;
- 14) Rectal examination;
- 15) Prepare blood slide and examine for malaria parasites.
- ii. Have been shown, assisted and preferably done under supervision the following:
 - 1) Bone marrow aspiration;
 - 2) Exchange transfusion;
 - 3) Chest tube insertion.
- iii. Have witnessed the following:
 - 1) Liver biopsy;
 - 2) Renal biopsy;
 - 3) Splenic aspirate.

4.6. MINIMUM EXPECTATIONS IN THE SURGERY ROTATION

The Intern will be able to rotate in the different surgical disciplines (mainly General, Orthopaedic, Urology and ENT Surgery), and the Accident and Emergency Department. He/she will handle both adult and paediatric surgical patients and is expected to:

- a. Understand indications and contraindications for surgery.
- b. Properly document all procedures, peri-operative findings and follow-up notes.
- c. Understand and participate in preoperative, intraoperative and postoperative care of patients.
- d. Prevent, recognise and manage complications of surgery.
- e. Obtain written informed consent for surgical procedures.
- f. Recognise, institute the initial management and refer appropriately common surgical emergencies such as:
 - i. Shock;
 - ii. Acute blood loss;
 - iii. Patient with multiple injuries;
 - iv. Patient with blunt injury;
 - v. Unconscious patient;
 - vi. Head and spinal injury;

- vii. Acute abdomen (gastro-intestinal bleeding, intestinal obstruction, complicated hernia, appendicitis, peritonitis and abdominal trauma);
- viii. Burns;
- ix. Fractures (open fractures. Fracture-dislocations);
- x. Epistaxis;
- xi. Genitourinary emergencies (Urinary retention, torsion of the testis, orchitis);
- xii. Chest injuries (Pneumothorax, haemothorax, tension haemothorax);
- xiii. Foreign body in airway, oesophagus, nose, eye and ear;
- xiv. Penetrating injuries (gunshots, stab wounds) including the eye.
- g. Observe, assist and perform the following operations under supervision:
 - i. Resuscitation and life support;
 - ii. Choice and administration of appropriate intravenous fluid;
 - iii. Venous access (e.g. cut down, long line, central line);
 - iv. Intraosseous access;
 - v. Insertion of chest tube;
 - vi. Emergency tracheostomy and/or Intubation;
 - vii. Performing FNA, lymph node and skin biopsies;
 - viii. Excision of common benign tumours (ganglion, lipoma, sebaceous cyst);
 - ix. Suturing of cuts and clean wounds;
 - x. Surgical toilet;
 - xi. Appropriate use of sutures and suture techniques;
 - xii. Incision and drainage of abscesses;
 - xiii. Manipulation and splinting of common fractures;
 - xiv. Passage of nasogastric tube;
 - xv. Proctoscopy;
 - xvi. Urethral catheterisation;
 - xvii. Suprapubic catheterisation;
 - xviii. Abdominal paracentesis and pleural tap;
 - xix. Aseptic technique and theatre practice (scrubbing, gloving, gowning, patient preparation);
 - xx. Herniorrhaphy (Inguinal and umbilical);
 - xxi. Appendicectomy;
 - xxii. Exploratory laparotomy for abdominal emergencies;
 - xxiii. Intramedullary nail insertion and external fixation for fractures;
 - xxiv. Resection and anastomosis of the bowel;
 - xxv. Craniotomy/ burr holes for subdural haematomas;
 - xxvi. Amputations;

- xxvii. Internal fixation of fractures;
- xxviii. Prostatectomy;
- xxix. Tonsillectomy and adenoidectomy;
- xxx. Removal of foreign bodies from the ear and/or nose.

4.7. MINIMUM EXPECTATIONS IN THE PSYCHIATRY ROTATION

The intern is expected to:

- a. Manage acute mental health emergencies such as:
 - i. Suicide;
 - ii. Homicide;
 - iii. Aggression;
 - iv. Delirium and other behavioural emergencies;
 - v. Substance use disorder;
 - vi. Medication related disorders.
- b. Manage Common mental health conditions such as:
 - i. Schizophrenia and other psychotic disorders;
 - ii. Mood disorders;
 - iii. Anxiety disorders;
 - iv. Trauma-related disorders;
 - v. Sleep disorders;
 - vi. Personality disorders.
- c. Observe, assist and perform under supervision:
 - i. ECT (Electroconvulsive therapy);
 - ii. Psychotherapy session.

4.8. MINIMUM EXPECTATIONS IN THE COMMUNITY HEALTH ROTATION

This rotation will cover community-based interventions to prevent disease, promote good health and enhance medical care within a community setting.

The intern is expected to:

- a. Demonstrate competency in community case follow-up, community health education and care of patients within the community.
- b. Demonstrate competency in chronic disease management, palliative care and end-of-life care.
- c. Formulate and execute community health intervention programmes and execute them.
- d. Carry out population mapping and community data management.
- e. Use community e-health strategies to enhance patient care.

CHAPTER 5: CASE AND PROCEDURE LOGBOOK FOR MEDICAL INTERNSHIP TRAINING

5.1. INTERN'S DETAILS

Full name of Intern

National ID/ Passport no. Internship licence no.

e-mail address

Internship training centre

Internship period from (date month year) to

DECLARATION

(to be filled in at the start of the internship period)

By appending my signature below, I confirm that I understand that this Case and Procedure Logbook is evidence of my performance during the Medical Internship Training Programme, and undertake to complete the prescribed tasks and fill in the logbook truthfully. I am aware that any deliberate presentation of falsehoods in this logbook will constitute professional misconduct and is punishable by sanctions such as:

- a. extension of the internship period by up to twelve (12) months;
- b. discontinuation of the internship training or expulsion from the internship training programme, and
- c. subsequent ineligibility for registration as a Medical Practitioner under Cap. 253.

I am also aware that only those who complete internship training successfully and meet the criteria stipulated by KMPDC will be eligible for registration as Medical Practitioners.

Signature Date

Witnessed by the Medical Internship Coordinator:

Name Signature Date

5.2. INTRODUCTION TO THE CASE AND PROCEDURE LOGBOOK

5.2.1. Purpose of the Case and Procedure Logbook

The purpose of the Case and Procedure Logbook is to:

- provide structure for the implementation of the internship training programme;
- prescribe the tasks that the Intern should undertake, and the minimum level of competence expected in each rotation;
- help the Intern monitor their own progress, recognise gaps and address them, and
- help the Internship Supervisor and Internship Coordinator keep track of the Intern's progress through continuous assessment of their performance.

5.2.2. Format of the Logbook

The Logbook contains six (6) sections, one for each rotation in the Medical Internship Training Programme, which is laid out as follows:

- Overview of the rotation.
- The required level of competence.
- Log of cases and procedures to be completed.
- Monthly, mid-rotation and end of rotation assessment forms.
- Overall evaluation of performance in the rotation form.

REQUIRED LEVEL OF COMPETENCE	DESCRIPTION
Level 1 "O"	The Intern observes the procedure or activity being carried out by the Internship Supervisor or a senior colleague.
Level 2 "A"	The Intern assists the Internship Supervisor or senior colleague in performing the procedure.
Level 3 "P"	The Intern carries out the whole activity/ procedure under direct supervision of the Internship Supervisor or a senior colleague , i.e. the Supervisor or senior colleague is present throughout.
Level 4 "P"	The Intern carries out the whole activity/ procedure under indirect supervision of the Internship Supervisor or a senior colleague , i.e. the Supervisor or senior colleague need not be present throughout but should be available to provide assistance and advice.
Level 5 "P"	The Intern carries out the whole activity/ procedure independently , with no need for supervision .

Grading of intern's competence:

GRADE	DESCRIPTION
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
NOTE: <i>Where the Supervisor grades the Intern's competence as 0 or 1, the Supervisor is required to give reasons for the said finding and make recommendations in the best interest of the Intern and the public at large.</i>	

5.2.3. Using the Logbook

The Intern is expected to fill in the logbook, indicating the competence levels achieved, and have it signed by the Supervisor on a daily basis.

Further, the Intern is expected to produce the logbook at each monthly, mid-rotation and end-of-rotation assessment for verification by the Internship Supervisor and Internship Coordinator. The assessment forms should be filled in and signed during these assessment meetings.

5.3. INTERNAL MEDICINE ROTATION

5.3.1. Intern's details

Full name of Intern

National ID/ Passport no. Internship licence no.

Internship training centre

Rotation period from (date month year) to

5.3.2. Overview of the Internal Medicine rotation

In this rotation, the Medical Intern is expected to:

- clerk, investigate and present patients during ward rounds;
- participate in the daily ward rounds and the medical outpatient clinics;
- follow up patients from admission until discharge;
- write informative patient notes, discharge summaries and case reports;
- participate in the procedures listed in the case and procedure log and achieve the expected level of competence, and
- participate in and present cases in weekly departmental CMEs, grand rounds, and morbidity and mortality meetings.

5.3.3. Required level of competence

S/No.	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
1.	Lumbar puncture	10	Level 5
2.	Nasogastric tube (NGT) insertion	10	Level 5
3.	NGT insertion with gastric lavage	5	Level 5
4.	Chest tube insertion	5	Level 5
5.	Pleural tap	5	Level 5
6.	Ascitic tap	5	Level 5
7.	Diabetic foot care	5	Level 5
8.	Electrocardiography (ECG)	5	Level 5
9.	Arterial blood gases	5	Level 4
10.	Lymph node biopsy	5	Level 4
11.	Bone marrow aspiration (BMA)	2	Level 2
12.	Central venous catheter (CVC) insertion	2	Level 2
13.	Dialysis catheter insertion	2	Level 2

S/No.	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
14.	Medical certification of cause of death of adolescents and adults	10	Level 5
15.	Postmortem examination of adolescents and adults	5	Level 2

5.3.4. Case and procedure log

A. Procedure log

Key: **O** = Observe; **A** = Assist; **P** = Perform (Intern is the primary doctor)

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Lumbar puncture (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Nasogastric tube (NGT) insertion (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
NGT insertion with gastric lavage (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Chest tube insertion (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Pleural tap (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Ascitic tap (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Diabetic foot care (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Electro-cardiography (ECG) (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Arterial blood gases (Min, req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Lymph node biopsy (Min, req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Bone marrow aspiration (BMA) (Min. req. 2; A)	1.				
	2.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Central venous catheter (CVC) insertion (Min. req. 2; A)	1.				
	2.				
Dialysis catheter insertion (Min. req. 2; A)	1.				
	2.				
Medical certification of cause of death (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Postmortem examination (Min. req. 5; A)	1.				
	2.				
	3.				
	4.				
	5.				

B. Case log

NOTE: "Management" encompasses appropriate history taking, physical examination, request for diagnostic investigations and their interpretation, treatment, follow up and discharge.

CASE TYPE	NO. OF CASES MANAGED	COMPETENCY LEVEL ACHIEVED	SUPERVISOR SIGNATURE	DATE DD/MM/YYYY
Pneumonia				
Asthma				
Meningitis				
HIV/ AIDS				
Tuberculosis				
DKA or HHS/HONK				

CASE TYPE	NO. OF CASES MANAGED	COMPETENCY LEVEL ACHIEVED	SUPERVISOR SIGNATURE	DATE DD/MM/YYYY
Gastrointestinal bleeding				
Epilepsy				
Stroke				
Acute coronary syndrome (ACS)				
Heart failure				
Deep venous thrombosis (DVT)/ Pulmonary embolism (PE)				
Renal failure				
Liver failure				
Thyroid disease				
Rheumatoid arthritis				
Systemic lupus erythematosus				
PCP				
CMV				

5.3.5. Log of Case Reports

S/No.	CASE DESCRIPTION	DATE DD/MM/YYYY	SUPERVISOR SIGNATURE
1.			
2.			
3.			
4.			
5.			

5.3.6. Evaluation of the intern's performance in the Internal Medicine rotation

5.3.6.1. Monthly Assessment in the Internal Medicine rotation

MONTH ONE: DateTime	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
NameSignatureDate	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
NameSignatureDate	
C. REMARKS BY MEDICAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
NameSignatureDate	

MONTH TWO: DateTime	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
NameSignatureDate	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
NameSignatureDate	
C. REMARKS BY MEDICAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
NameSignatureDate	

5.3.6.2. Mid-Rotation Assessment in the Internal Medicine rotation

Full name of intern

National ID/ passport no. Internship Licence no.

Internship Training Centre

Rotation period from (date month year) to

REMARKS BY INTERN ON THEIR EXPERIENCE AND PERFORMANCE

.....
.....
.....
.....
.....

Signature Date

REMARKS BY INTERNSHIP SUPERVISOR

.....
.....
.....
.....
.....

Name Signature Date

REMARKS BY MEDICAL INTERNSHIP COORDINATOR

.....
.....
.....
.....
.....

Name Signature Date

5.3.6.3. End-of-Rotation Evaluation in Internal Medicine

Full name of intern

National ID/ passport no. Internship Licence no.

Internship Training Centre

Rotation period from (date month year) to

GRADE	DESCRIPTION
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
<i>NOTE: Where the Internship Supervisor grades the Intern's competence as 0 or 1, the Supervisor is required to give reasons for the said finding and make recommendations in the best interest of the Intern and the public at large.</i>	

CRITERIA	GRADE	REMARKS
1. KNOWLEDGE		
a. Basic sciences		
b. Theoretical knowledge in the discipline		
c. Participation in CPD		
2. CLINICAL SKILLS		
a. History taking		
b. Clinical examination		
c. Interpretation of laboratory and imaging results		
d. Overall patient management		
e. Prudent use of drugs and non-pharmaceutical supplies		
f. Patient notes		
g. Case report writing		
3. PROFESSIONAL CONDUCT		
a. With patients and their caregivers		
b. With senior colleagues, fellow interns and other healthcare professionals		
c. With the public		
d. Punctuality, availability and time management		
OVERALL GRADE		

INTERNSHIP SUPERVISOR'S RECOMMENDATION

.....

Name Signature Date

5.3.7. Overall assessment in the Internal Medicine rotation

Full name of intern
National ID/ passport no. Internship Licence no.
Internship Training Centre
Rotation period from (date month year) to

ASSESSMENT BY INTERNSHIP SUPERVISOR

.....
.....
.....

Name
Qualification KMPDC Reg. No.
Signature Date Stamp

ASSESSMENT BY MEDICAL INTERNSHIP COORDINATOR

.....
.....
.....

Name
Qualification KMPDC Reg. No.
Signature Date Stamp

ASSESSMENT BY MEDICAL SUPERINTENDENT/ MEDICAL DIRECTOR

.....
.....

SELECT ONE:	
☐	The Intern has successfully completed the rotation
☐	To extend rotation by a period of
☐	Irredeemable. Refer back to Council for further action.

Name
Qualification KMPDC Reg. No.
Signature Date Stamp

5.4. OBSTETRICS AND GYNAECOLOGY (REPRODUCTIVE HEALTH) ROTATION

5.4.1. Intern's details

Full name of Intern

National ID/ Passport no. Internship licence no.

Internship training centre

Rotation period from (date month year) to

5.4.2. Overview of the Obstetrics and Gynaecology rotation

In this rotation, the Medical Intern is expected to:

- clerk, investigate and present patients during ward rounds;
- attend the obstetric and gynaecologic outpatient clinics;
- adequately prepare patients undergoing various surgical procedures, including administering informed consent;
- follow up patients after surgery or admission until discharge;
- write informative patient notes, theatre notes, discharge summaries and case reports;
- participate in the procedures listed in the case and procedure log and achieve the expected level of competence;
- observe, assist and (where applicable) perform surgical procedures in theatre, and
- participate in and present cases in weekly departmental CMEs, grand rounds, and Maternal and perinatal death audits.

5.4.3. Required level of competence

S/No.	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
A.	Obstetric procedures		
1.	Normal delivery	10	Level 5
2.	Episiotomy and repair	10	Level 5
3.	Delivery by Caesarean section	20	Level 5
4.	Delivery by vacuum extraction	3	Level 5
5.	Delivery of multiple pregnancy	4	Level 5 (2 A, 2 P)

S/No.	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
6.	Examination under anaesthesia for PPH	10	Level 5 (5 A, 5 P)
7.	Manual removal of retained placenta	4	Level 5 (2 A, 2 P)
8.	Repair of perineal tears	5	Level 5
9.	Repair of cervical tears	4	Level 5 (2 A, 2 P)
10.	McDonald stitch insertion	5	Level 5 (3 A, 2 P)
11.	McDonald stitch removal	5	Level 5 (3 A, 2 P)
12.	Counselling and administration of interval contraceptive of any type	10	Level 5
13.	Insertion of IUCD insertion	10	Level 5 (2 A, 8 P)
14.	Insertion of contraceptive implants	10	Level 5 (5 A, 5 P)
15.	Management of patients with preeclampsia	10	Level 5 (5 A, 5 P)
16.	Management of patients with eclampsia	2	Level 5
17.	Management of patients with HIV in pregnancy	5	Level 5
18.	Management of patients with cardiac disease in pregnancy	2	Level 4
19.	Obstetric ultrasound	5	Level 3
20.	Maternal and perinatal death audit	2	Level 3
21.	Medical certification of cause of maternal death	2	Level 5
22.	Postmortem examination of maternal death	2	Level 1
B.	Gynaecologic procedures		
1.	Manual vacuum aspiration (MVA)	20	Level 5
2.	Dilatation and curettage (D&C)	3	Level 5
3.	Laparotomy for ectopic pregnancy	5	Level 5
4.	Paracentesis	5	Level 5
5.	Mini laparotomy for bilateral tubal ligation (BTL)	3	Level 5
6.	Laparotomy for pelvic abscess	2	Level 4
7.	Marsupialisation for Bartholin abscess	3	Level 4
8.	Visualisation under acetic acid/ Lugol's iodine (VIA/ VILI)	10	Level 4

S/No.	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
9.	Suction curettage	2	Level 3
10.	Diagnostic curettage	5	Level 3
11.	Pap smear	5	Level 3
12.	Exploratory laparotomy	5	Level 2
13.	Total abdominal hysterectomy	5	Level 2
14.	Myomectomy	5	Level 2
15.	Tubal surgery	5	Level 2
16.	Ovarian cystectomy	3	Level 2
17.	Vaginal hysterectomy	3	Level 2
18.	Laparoscopic gynaecologic surgery	2	Level 2

Key: **O** = Observe; **A** = Assist; **P** = Perform (Intern is the primary doctor)

5.4.4. Case and Procedure Log

A. Obstetric procedures

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Normal delivery (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Episiotomy and repair (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Delivery by Caesarean section (Min. req. 20; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
	15.				
	16.				
	17.				
	18.				
	19.				
	20.				
Delivery by vacuum extraction (Min. req. 3; P)	1.				
	2.				
	3.				
Delivery of multiple pregnancy (Min. req. 4; 2A, 2 P)	1.				
	2.				
	3.				
	4.				
Examination under anaesthesia for PPH (Min. req. 10; 5 A, 5 P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Manual removal of retained placenta (Min. req. 4; 2 A, 2 P)	1.				
	2.				
	3.				
	4.				
Repair of perineal tears (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Repair of cervical tears (Min. req. 4; 2 A, 2 P)	1.				
	2.				
	3.				
	4.				
Management of patients with HIV in pregnancy (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Management of patients with preeclampsia (Min. req. 10; 5 A, 5 P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Management of patients with eclampsia (Min. req. 2; P)	1.				
	2.				
Management of patients with cardiac disease in pregnancy (Min. req. 2; P)	1.				
	2.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
McDonald stitch insertion (Min. req. 5; 3 A, 2 P)	1.				
	2.				
	3.				
	4.				
	5.				
McDonald stitch removal (Min. req. 5; 3 A, 2 P)	1.				
	2.				
	3.				
	4.				
	5.				
Insertion of IUCD (Min. req. 10; 2 A, 8 P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Counselling and administration of Interval contraceptive of any type (Min. req.10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Insertion of contraceptive implants (Min. req. 10; 5 A, 5 P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
	9.				
	10.				
Obstetric ultrasound (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Maternal and perinatal death audit (Min. req. 2; P)	1.				
	2.				
Medical certification of cause of maternal death (Min. req. 2; P)	1.				
	2.				
Postmortem of a maternal death (Min. req. 2; A)	1.				
	2.				

B. Gynaecologic procedures

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Manual vacuum aspiration (MVA) (Min. req. 20; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
	15.				
	16.				
	17.				
	18.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
	19.				
	20.				
Dilatation and curettage (D&C) (Min. req. 3; P)	1.				
	2.				
	3.				
Laparotomy for ectopic pregnancy (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Paracentesis (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Mini laparotomy for bilateral tubal ligation (BTL) (Min. req. 3; P)	1.				
	2.				
	3.				
Laparotomy for pelvic abscess (Min. req. 2; P)	1.				
	2.				
Marsupialisation for Bartholin abscess (Min. req. 3; P)	1.				
	2.				
	3.				
Visualisation under acetic acid/ Lugol's iodine (VIA/ VILI) (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Suction curettage (Min. req. 2; P)	1.				
	2.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Diagnostic curettage (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Pap smear (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Exploratory laparotomy (Min. req. 5; A)	1.				
	2.				
	3.				
	4.				
	5.				
Total abdominal hysterectomy (Min. req. 5; A)	1.				
	2.				
	3.				
	4.				
	5.				
Myomectomy (Min. req. 5; A)	1.				
	2.				
	3.				
	4.				
	5.				
Tubal surgery (Min. req. 5; A)	1.				
	2.				
	3.				
	4.				
	5.				
Ovarian cystectomy (Min. req. 3; A)	1.				
	2.				
	3.				
Vaginal hysterectomy (Min. req. 3; A)	1.				
	2.				
	3.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Laparoscopic gynaecologic surgery (Min. req. 2; A)	1.				
	2.				
	3.				

5.4.5. Log of Case Reports

S/No.	CASE DESCRIPTION	DATE DD/MM/YYYY	SUPERVISOR SIGNATURE
1.			
2.			
3.			
4.			
5.			

5.4.6. Evaluation of the intern's performance in the Obstetrics and Gynaecology rotation

5.4.6.1. Monthly Assessment in the Obstetrics and Gynaecology rotation

MONTH ONE: Date Time	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
Name Signature Date	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
Name Signature Date	
C. REMARKS BY MEDICAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
Name Signature Date	

MONTH TWO: DateTime	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
NameSignatureDate	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
NameSignatureDate	
C. REMARKS BY MEDICAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
NameSignatureDate	

5.4.6.2. Mid-Rotation Assessment in the Obstetrics and Gynaecology rotation

Full name of intern

National ID/ passport no. Internship Licence no.

Internship Training Centre

Rotation period from (date month year) to

REMARKS BY INTERN ON THEIR EXPERIENCE AND PERFORMANCE

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Signature Date

REMARKS BY INTERNSHIP SUPERVISOR

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Name Signature Date

REMARKS BY MEDICAL INTERNSHIP COORDINATOR

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Name Signature Date

5.4.6.3. End-of-Rotation Evaluation in Obstetrics and Gynaecology

Full name of intern

National ID/ passport no. Internship Licence no.

Internship Training Centre

Rotation period from (date month year) to

GRADE	DESCRIPTION
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
<i>NOTE: Where the Internship Supervisor grades the Intern's competence as 0 or 1, the Supervisor is required to give reasons for the said finding and make recommendations in the best interest of the Intern and the public at large.</i>	

CRITERIA	GRADE	REMARKS
1. KNOWLEDGE		
a. Basic sciences		
b. Theoretical knowledge in the discipline		
c. Participation in CPD		
2. CLINICAL SKILLS		
a. History taking		
b. Clinical examination		
c. Interpretation of laboratory and imaging results		
d. Overall patient management		
e. Prudent use of drugs and non-pharmaceutical supplies		
f. Patient notes		
g. Case report writing		
3. PROFESSIONAL CONDUCT		
a. With patients and their caregivers		
b. With senior colleagues, fellow interns and other healthcare professionals		
c. With the public		
d. Punctuality, availability and time management		
OVERALL GRADE		

INTERNSHIP SUPERVISOR'S RECOMMENDATION

.....

Name Signature Date

5.4.7. Overall assessment in the Obstetrics and Gynaecology rotation

Full name of intern
National ID/ passport no. Internship Licence no.
Internship Training Centre
Rotation period from (date month year) to

ASSESSMENT BY INTERNSHIP SUPERVISOR

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.....

Name
Qualification KMPDC Reg. No.
Signature Date Stamp

ASSESSMENT BY MEDICAL INTERNSHIP COORDINATOR

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Name
Qualification KMPDC Reg. No.
Signature Date Stamp

ASSESSMENT BY MEDICAL SUPERINTENDENT/ MEDICAL DIRECTOR

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SELECT ONE:	
☐	The Intern has successfully completed the rotation
☐	To extend rotation by a period of
☐	Irredeemable. Refer back to Council for further action.

Name
Qualification KMPDC Reg. No.
Signature Date Stamp

5.5. PAEDIATRICS AND CHILD HEALTH ROTATION

5.5.1. Intern's details

Full name of Intern

National ID/ Passport no. Internship licence no.

Internship training centre

Rotation period from (date month year) to

5.5.2. Overview of the Paediatrics and Child Health rotation

In this rotation, the medical intern is expected to:

- clerk, investigate and present patients during ward rounds;
- follow up patients from admission until discharge;
- write informative discharge summaries and case reports;
- participate in daily ward round and attend paediatric outpatient clinics (POPC);
- participate in the procedures listed in the case and procedure log and achieve the expected level of competence. and
- attend and participate/present in all weekly departmental CMEs, grand rounds, perinatal death audits, and morbidity and mortality meetings.

5.5.3. Required level of competence

S/No.	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
1.	IV cannulation	30	Level 5
2.	Venesection in neonates (broken needle technique)	10	Level 5
3.	Venesection in older children	10	Level 5
4.	Nasogastric tube insertion in neonates	10	Level 5
5.	Nasogastric tube insertion with gastric lavage in older children	5	Level 5
6.	Lumbar puncture	5	Level 5
7.	Urinary catheterisation	5	Level 4
8.	Blood transfusion	10	Level 5
9.	Exchange transfusion	2	Level 2
10.	Ascitic tap	2	Level 5

S/No.	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
11.	Medical certification of cause of death in children aged 0 to 12 years	10	Level 5
12.	Postmortem examination of children aged 0 to 12 years	2	Level 2

5.5.4. Case and procedure log

A. Procedure log

Key: **O** = Observe; **A** = Assist; **P** = Perform (Intern is the primary doctor)

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
IV cannulation (Min. req. 30; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
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	19.				
	20.				
	21.				
	22.				
	23.				
	24.				
	25.				
	26.				
	27.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
	28.				
	29.				
	30.				
Venesection in neonates (broken needle technique) (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Venesection in older children (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Nasogastric tube insertion with gastric lavage in neonates (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Nasogastric tube insertion with gastric lavage in older children (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Lumbar puncture (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Urinary catheterisation (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Blood transfusion (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Exchange transfusion (Min. req. 2; A)	1.				
	2.				
Ascitic tap (Min. req. 2; P)	1.				
	2.				
Medical certification of cause of death in children (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Postmortem examination of children (Min. req. 2; A)	1.				
	2.				

B. Case log

NOTE: "Management" encompasses appropriate history taking, physical examination, request for diagnostic investigations and their interpretation, treatment, follow up and discharge.

CASE TYPE	NO. OF CASES MANAGED	COMPETENCY LEVEL ACHIEVED	SUPERVISOR SIGNATURE	DATE DD/MM/YYYY
Preterm neonates				
Birth complications in term neonates				
Pneumonia				
Gastroenteritis				
Meningitis				
HIV/ AIDS				
Tuberculosis				
Malnutrition				
Asthma				
Other pulmonary conditions e.g. bronchiolitis				
Diabetes mellitus and its complications				
Gastrointestinal bleeding				
Epilepsy				
Cardiac disease				
Renal disease				
Liver failure				
Rheumatoid arthritis				
Autoimmune conditions				
PCP				
CMV				

5.5.5. Log of Case Reports

S/No.	CASE DESCRIPTION	DATE DD/MM/YYYY	SUPERVISOR SIGNATURE
1.			
2.			
3.			
4.			
5.			

5.5.6. Evaluation of the intern's performance in the Paediatrics and Child Health rotation

5.5.6.1. Monthly Assessment in the Paediatrics and Child Health rotation

MONTH ONE: Date Time	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
Name Signature Date	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
Name Signature Date	
C. REMARKS BY MEDICAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
Name Signature Date	

MONTH TWO: DateTime	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
NameSignatureDate	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
NameSignatureDate	
C. REMARKS BY MEDICAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
NameSignatureDate	

5.5.6.2. Mid-Rotation Assessment in the Paediatrics and Child Health rotation

Full name of intern

National ID/ passport no. Internship Licence no.

Internship Training Centre

Rotation period from (date month year) to

REMARKS BY INTERN ON THEIR EXPERIENCE AND PERFORMANCE

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Signature Date

REMARKS BY INTERNSHIP SUPERVISOR

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Name Signature Date

REMARKS BY MEDICAL INTERNSHIP COORDINATOR

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Name Signature Date

5.5.6.3. End-of-Rotation Evaluation in Paediatrics and Child Health

Full name of intern

National ID/ passport no. Internship Licence no.

Internship Training Centre

Rotation period from (date month year) to

GRADE	DESCRIPTION
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
<i>NOTE: Where the Internship Supervisor grades the Intern's competence as 0 or 1, the Supervisor is required to give reasons for the said finding and make recommendations in the best interest of the Intern and the public at large.</i>	

CRITERIA	GRADE	REMARKS
1. KNOWLEDGE		
a. Basic sciences		
b. Theoretical knowledge in the discipline		
c. Participation in CPD		
2. CLINICAL SKILLS		
a. History taking		
b. Clinical examination		
c. Interpretation of laboratory and imaging results		
d. Overall patient management		
e. Prudent use of drugs and non-pharmaceutical supplies		
f. Patient notes		
g. Case report writing		
3. PROFESSIONAL CONDUCT		
a. With patients and their caregivers		
b. With senior colleagues, fellow interns and other healthcare professionals		
c. With the public		
d. Punctuality, availability and time management		
OVERALL GRADE		

INTERNSHIP SUPERVISOR'S RECOMMENDATION

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Name Signature Date

5.5.7. Overall assessment in the Paediatrics and Child Health rotation

Full name of intern
National ID/ passport no. Internship Licence no.
Internship Training Centre
Rotation period from (date month year) to

ASSESSMENT BY INTERNSHIP SUPERVISOR

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Name
Qualification KMPDC Reg. No.
Signature Date Stamp

ASSESSMENT BY MEDICAL INTERNSHIP COORDINATOR

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Name
Qualification KMPDC Reg. No.
Signature Date Stamp

ASSESSMENT BY MEDICAL SUPERINTENDENT/ MEDICAL DIRECTOR

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SELECT ONE:	
☐	The Intern has successfully completed the rotation
☐	To extend rotation by a period of
☐	Irredeemable. Refer back to Council for further action.

Name
Qualification KMPDC Reg. No.
Signature Date Stamp

5.6. SURGERY ROTATION

5.6.1. Intern's details

Full name of Intern

National ID/ Passport no. Internship licence no.

Internship training centre

Rotation period from (date month year) to

5.6.2. Overview of the Surgery rotation

In this rotation, the Medical Intern is expected to:

- clerk, investigate and present patients during ward rounds;
- attend the surgical, orthopaedic and ENT outpatient clinics;
- attend to patients in the accident and emergency unit;
- adequately prepare patients undergoing various surgical procedures, including administering informed consent;
- follow up patients after surgery or admission until discharge;
- write informative patient notes, theatre notes, discharge summaries and case reports;
- participate in the procedures listed in the case and procedure log and achieve the expected level of competence;
- observe, assist and (where applicable) perform surgical procedures in theatre, and
- participate in and present cases in weekly departmental CMEs, grand rounds, and morbidity and mortality meetings.

5.6.3. Required level of competence

S/No.	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
1.	Surgical toilet and debridement	20	Level 5
2.	Suturing of wounds	10	Level 5
3.	Removal of stitches	10	Level 5
4.	Incision and drainage of abscess	10	Level 5
5.	Chest tube insertion	5	Level 5
6.	Incision biopsy	5	Level 5
7.	Excision of lumps	5	Level 5

S/No.	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
8.	Male circumcision	2	Level 5
9.	Cutdown for venous access	2	Level 5
10.	Abdominal ultrasound	10	Level 4 (5 A, 5 P)
11.	Repair of inguinal hernia	7	Level 4 (5 A, 2P)
12.	Exploratory laparotomy	7	Level 4 (5 A, 2P)
13.	Proctoscopy	7	Level 4 (5 A, 2P)
14.	Haemorrhoidectomy	7	Level 4 (5 A, 2P)
15.	Appendicectomy	4	Level 3 (2 A, 2 P)
16.	Skin graft	5	Level 2
17.	Gut resection and anastomosis	2	Level 2
18.	Colostomy fashioning	2	Level 2
19.	Closure of colostomy	2	Level 2
20.	Burr hole	2	Level 2
21.	Endotracheal intubation	10	Level 5 (4 A, 6 P)
22.	Management of epistaxis	5	Level 4 (3 A, 2 P)
23.	Tracheostomy	2	Level 2
24.	Male urethral catheterisation	10	Level 5
25.	Suprapubic catheterisation	5	Level 5
26.	Hydrocelectomy	2	Level 2
27.	Prostatectomy	3	Level 2
28.	Splinting of lower limb fractures	10	Level 5
29.	Splinting of upper limb fractures	10	Level 5
30.	Application of plaster of Paris (POP) on lower limb	10	Level 5
31.	Application of POP on upper limb	10	Level 5
32.	Internal fixation of fractures	5	Level 2
33.	Skin traction	2	Level 2
34.	Limb amputation	2	Level 2
35.	Any paediatric surgical procedure	5	Level 2
36.	Medical certification of cause of death	10	Level 5
37.	Postmortem examination	5	Level 2

Key: **O** = Observe; **A** = Assist; **P** = Perform (Intern is the primary doctor)

5.6.4. Case and procedure log

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Surgical toilet and debridement (Min. req. 20; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
	15.				
	16.				
	17.				
	18.				
	19.				
	20.				
Suturing of wounds (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Removal of stitches (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Incision and drainage of abscess (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Chest tube insertion (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Incision biopsy (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Excision of lumps (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Male circumcision (Min. req. 2; P)	1.				
	2.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Cutdown for venous access (Min. req. 2; P)	1.				
	2.				
Abdominal ultrasound (Min. req. 10; 5 A, 5 P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Repair of inguinal hernia (Min. req. 7; 5 A, 2 P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
Exploratory laparotomy (Min. req. 7; 5 A, 2 P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
Proctoscopy (Min. req. 7; 5 A, 2 P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
Appendicectomy (Min. req. 4; 2 A, 2 P)	1.				
	2.				
	3.				
	4.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Haemorrhoid-ectomy (Min. req. 7; 5 A, 2 P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
Skin graft (Min. req. 5; A)	1.				
	2.				
	3.				
	4.				
	5.				
Gut resection and anastomosis (Min. req. 2; A)	1.				
	2.				
Colostomy fashioning (Min. req. 2; A)	1.				
	2.				
Closure of colostomy (Min. req. 2; A)	1.				
	2.				
Burr hole (Min. req. 2; A)	1.				
	2.				
Endotracheal intubation (Min. req. 10; 4 A, 6 P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Management of epistaxis (Min. req. 5; 3 A, 2 P)	1.				
	2.				
	3.				
	4.				
	5.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Tracheostomy (Min. req. 2; A)	1.				
	2.				
Male urethral catheterisation (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Suprapubic catheterisation (Min. req. 5; P)	1.				
	2.				
	3.				
	4.				
	5.				
Hydrocelectomy (Min. req. 2; 2 A)	1.				
	2.				
Prostatectomy (Min. req. 3; A)	1.				
	2.				
	3.				
Splinting of lower limb fractures (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Internal fixation of fractures (Min. req. 5; A)	1.				
	2.				
	3.				
	4.				
	5.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Splinting of upper limb fractures (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Application of POP on lower limb (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Application of POP on upper limb (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Paediatric surgical procedures (Min. req. 5; A)	1.				
	2.				
	3.				
	4.				
	5.				
Skin traction (Min. req. 2; A)	1.				
	2.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Limb amputation (Min. req. 2; A)	1.				
	2.				
Medical certification of cause of death (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Postmortem examination (Min. req. 5; A)	1.				
	2.				
	3.				
	4.				
	5.				

5.6.5. Log of Case Reports

S/No.	CASE DESCRIPTION	DATE DD/MM/YYYY	SUPERVISOR SIGNATURE
1.			
2.			
3.			
4.			
5.			

5.6.6. Evaluation of the intern's performance in the Surgery rotation

5.6.6.1. Monthly Assessment in the Surgery rotation

MONTH ONE: DateTime	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
NameSignatureDate	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
NameSignatureDate	
C. REMARKS BY MEDICAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
NameSignatureDate	

MONTH TWO: DateTime	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
NameSignatureDate	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
NameSignatureDate	
C. REMARKS BY MEDICAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
NameSignatureDate	

5.6.6.2. Mid-Rotation Assessment in the Surgery rotation

Full name of intern

National ID/ passport no. Internship Licence no.

Internship Training Centre

Rotation period from (date month year) to

REMARKS BY INTERN ON THEIR EXPERIENCE AND PERFORMANCE

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Signature Date

REMARKS BY INTERNSHIP SUPERVISOR

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Name Signature Date

REMARKS BY MEDICAL INTERNSHIP COORDINATOR

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Name Signature Date

5.6.6.3. End-of-Rotation Evaluation in Surgery

Full name of intern

National ID/ passport no. Internship Licence no.

Internship Training Centre

Rotation period from (date month year) to

GRADE	DESCRIPTION
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
<i>NOTE: Where the Internship Supervisor grades the Intern's competence as 0 or 1, the Supervisor is required to give reasons for the said finding and make recommendations in the best interest of the Intern and the public at large.</i>	

CRITERIA	GRADE	REMARKS
1. KNOWLEDGE		
a. Basic sciences		
b. Theoretical knowledge in the discipline		
c. Participation in CPD		
2. CLINICAL SKILLS		
a. History taking		
b. Clinical examination		
c. Interpretation of laboratory and imaging results		
d. Overall patient management		
e. Prudent use of drugs and non-pharmaceutical supplies		
f. Patient notes		
g. Case report writing		
3. PROFESSIONAL CONDUCT		
a. With patients and their caregivers		
b. With senior colleagues, fellow interns and other healthcare professionals		
c. With the public		
d. Punctuality, availability and time management		
OVERALL GRADE		

INTERNSHIP SUPERVISOR'S RECOMMENDATION

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Name Signature Date

5.6.7. Overall assessment in the Surgery rotation

Full name of intern
National ID/ passport no. Internship Licence no.
Internship Training Centre
Rotation period from (date month year) to

ASSESSMENT BY INTERNSHIP SUPERVISOR

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Name
Qualification KMPDC Reg. No.
Signature Date Stamp

ASSESSMENT BY MEDICAL INTERNSHIP COORDINATOR

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Name
Qualification KMPDC Reg. No.
Signature Date Stamp

ASSESSMENT BY MEDICAL SUPERINTENDENT/ MEDICAL DIRECTOR

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SELECT ONE:	
☐	The Intern has successfully completed the rotation
☐	To extend rotation by a period of
☐	Irredeemable. Refer back to Council for further action.

Name
Qualification KMPDC Reg. No.
Signature Date Stamp

5.7. PSYCHIATRY (MENTAL HEALTH) ROTATION

5.7.1. Intern's details

Full name of Intern

National ID/ Passport no. Internship licence no.

Internship training centre

Rotation period from (date month year) to

5.7.2. Overview of the Psychiatry rotation

In this rotation, the Medical Intern is expected to:

- a. clerk, investigate and present patients during ward rounds;
- b. attend the psychiatry outpatient clinics and substance use disorder group therapy sessions;
- c. attend to emergency psychiatric cases;
- d. follow up patients after admission until discharge;
- e. write informative patient notes, theatre notes, discharge summaries and case reports;
- f. participate in the tasks listed in the case and procedure log and achieve the expected level of competence, and
- g. participate in and present cases in weekly departmental CMEs, grand rounds, and morbidity and mortality meetings.

5.7.3. Required level of competence

S/No.	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
1.	Electroconvulsive therapy (ECT)	10	Level 3
2.	Psychotherapy	10	Level 3

5.7.4. Case and procedure log

A. Procedure log

Key: **O** = Observe; **A** = Assist; **P** = Perform (Intern is the primary doctor)

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
ECT (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
Psychotherapy (Min. req. 10; P)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				

B. Case log

NOTE: "Management" encompasses appropriate history taking, physical examination, request for diagnostic investigations and their interpretation, treatment, follow up and discharge.

CASE TYPE	NO. OF CASES MANAGED	COMPETENCY LEVEL ACHIEVED	SUPERVISOR SIGNATURE	DATE DD/MM/YYYY
Substance related disorders				
Anxiety disorders				
Mood disorders				

CASE TYPE	NO. OF CASES MANAGED	COMPETENCY LEVEL ACHIEVED	SUPERVISOR SIGNATURE	DATE DD/MM/YYYY
Schizophrenia and other psychotic disorders				
Trauma related disorders				
Suicide and deliberate self-harm				
Sleep disorders				
Personality disorders				

5.7.5. Log of Case Reports

CASE NO.	CASE DESCRIPTION	DATE DD/MM/YYYY	SUPERVISOR SIGNATURE
1.			
2.			
3.			
4.			

5.7.6. Evaluation of the intern's performance in the Psychiatry rotation

5.7.6.1. Monthly Assessment in the Psychiatry rotation

MONTH ONE: Date Time	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
Name Signature Date	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
Name Signature Date	
C. REMARKS BY MEDICAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
Name Signature Date	

5.7.6.2. Mid-Rotation Assessment in the Psychiatry rotation

Full name of intern

National ID/ passport no. Internship Licence no.

Internship Training Centre

Rotation period from (date month year) to

REMARKS BY INTERN ON THEIR EXPERIENCE AND PERFORMANCE

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Signature Date

REMARKS BY INTERNSHIP SUPERVISOR

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Name Signature Date

REMARKS BY MEDICAL INTERNSHIP COORDINATOR

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Name Signature Date

5.7.6.3. End-of-Rotation Evaluation in Paediatrics and Child Health

Full name of intern

National ID/ passport no. Internship Licence no.

Internship Training Centre

Rotation period from (date month year) to

GRADE	DESCRIPTION
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
<i>NOTE: Where the Internship Supervisor grades the Intern's competence as 0 or 1, the Supervisor is required to give reasons for the said finding and make recommendations in the best interest of the Intern and the public at large.</i>	

CRITERIA	GRADE	REMARKS
1. KNOWLEDGE		
a. Basic sciences		
b. Theoretical knowledge in the discipline		
c. Participation in CPD		
2. CLINICAL SKILLS		
a. History taking		
b. Clinical examination		
c. Interpretation of laboratory and imaging results		
d. Overall patient management		
e. Prudent use of drugs and non-pharmaceutical supplies		
f. Patient notes		
g. Case report writing		
3. PROFESSIONAL CONDUCT		
a. With patients and their caregivers		
b. With senior colleagues, fellow interns and other healthcare professionals		
c. With the public		
d. Punctuality, availability and time management		
OVERALL GRADE		

INTERNSHIP SUPERVISOR'S RECOMMENDATION

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Name Signature Date

5.7.7. Overall assessment in the Psychiatry rotation

Full name of intern
National ID/ passport no. Internship Licence no.
Internship Training Centre
Rotation period from (date month year) to

ASSESSMENT BY INTERNSHIP SUPERVISOR

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Name
Qualification KMPDC Reg. No.
Signature Date Stamp

ASSESSMENT BY MEDICAL INTERNSHIP COORDINATOR

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Name
Qualification KMPDC Reg. No.
Signature Date Stamp

ASSESSMENT BY MEDICAL SUPERINTENDENT/ MEDICAL DIRECTOR

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SELECT ONE:	
☐	The Intern has successfully completed the rotation
☐	To extend rotation by a period of
☐	Irredeemable. Refer back to Council for further action.

Name
Qualification KMPDC Reg. No.
Signature Date Stamp

5.8. COMMUNITY HEALTH ROTATION

5.8.1. Intern's details

Full name of Intern

National ID/ Passport no. Internship licence no.

Internship training centre

Rotation period from (date month year) to

5.8.2. Overview of the Community Health rotation

In this rotation, the Intern is expected to participate in community-based interventions to prevent disease, promote good health and enhance healthcare within the community setting. The Medical Intern is expected to:

- a. Demonstrate competency in community case follow-up, community health education and care of patients within the community;
- b. Demonstrate competency in chronic disease management, palliative care and end-of-life care;
- c. Formulate community-based intervention programmes and execute them using appropriate care delivery models;
- d. Carry out population mapping and community data management, and
- e. Use community e-health strategies to enhance patient care.

5.8.3. Required level of competence

Level 4: The Intern is expected to participate actively in the activities, under the supervision of a Family Physician or Public Health Specialist.

5.8.4. Log of Community Health activities

S/NO.	ACTIVITY	DATE DD/MM/YYYY	SUPERVISOR SIGNATURE
1.	Primary school health education talk		
2.	Secondary school health education talk		
3.	Community health education and screening for hypertension		
4.	Community health talk and screening for diabetes		

S/NO.	ACTIVITY	DATE DD/MM/YYYY	SUPERVISOR SIGNATURE
5.	Community health education on nutrition and health		
6.	Community health education on water, sanitation and hygiene (WASH)		
7.	Child under 5 nutrition education and assessment at level 3 facility		
8.	Nutrition education to mothers at Level 2/3 facility		
9.	Screening for breast, cervical and prostate cancer at Level 3 facility		
10.	CHMT/ SCHMT-led supportive supervision at Level 2/3 facility		
11.	Attend HMT meeting		
12.	Attend CHMT/SCHMT meeting		

5.8.5. Log of Case follow up

CASE TYPE	ACTIVITY	CASE NO.	DATE DD/MM/YYYY	SUPERVISOR SIGNATURE
Surgical case follow-up	a. Case identification	Case 1		
		Case 2		
		Case 3		
		Case 4		
	b. Preparation of genogram or family tree for identification of key relationships	Case 1		
		Case 2		
		Case 3		
		Case 4		
	c. Home visitation and report	Case 1		
		Case 2		
		Case 3		
		Case 4		
	d. Follow-up of patient during the hospital/ clinic review	Case 1		
		Case 2		
		Case 3		
		Case 4		

CASE TYPE	ACTIVITY	CASE NO.	DATE DD/MM/YYYY	SUPERVISOR SIGNATURE
Obstetric case follow up	a. Case identification	Case 1		
		Case 2		
	b. Preparation of genogram or family tree for identification of key relationships	Case 1		
		Case 2		
	c. Home visitation and report	Case 1		
		Case 2		
	d. Follow-up of patient during the hospital/ clinic review	Case 1		
		Case 2		
Gynaecologic case follow up	a. Case identification	Case 1		
		Case 2		
	b. Preparation of genogram or family tree for identification of key relationships	Case 1		
		Case 2		
	c. Home visitation and report	Case 1		
		Case 2		
	d. Follow-up of patient during the hospital/ clinic review	Case 1		
		Case 2		
Paediatric case follow up	a. Case identification	Case 1		
		Case 2		
		Case 3		
		Case 4		
	b. Preparation of genogram or family tree for identification of key relationships	Case 1		
		Case 2		
		Case 3		
		Case 4		
	c. Home visitation and report	Case 1		
		Case 2		
		Case 3		
		Case 4		
	d. Follow-up of patient during the hospital/ clinic review	Case 1		
		Case 2		
		Case 3		
		Case 4		
Internal medicine case follow- up	a. Case identification	Case 1		
		Case 2		
		Case 3		
		Case 4		

CASE TYPE	ACTIVITY	CASE NO.	DATE DD/MM/YYYY	SUPERVISOR SIGNATURE
	b. Preparation of genogram or family tree for identification of key relationships	Case 1		
		Case 2		
		Case 3		
		Case 4		
	c. Home visitation and report	Case 1		
		Case 2		
		Case 3		
		Case 4		
	d. Follow-up of patient during the hospital/ clinic review	Case 1		
		Case 2		
		Case 3		
		Case 4		
Mental health case follow up	a. Case identification	Case 1		
		Case 2		
		Case 3		
		Case 4		
	b. Preparation of genogram or family tree for identification of key relationships	Case 1		
		Case 2		
		Case 3		
		Case 4		
	c. Home visitation and report	Case 1		
		Case 2		
		Case 3		
		Case 4		
	d. Follow-up of patient during the hospital/ clinic review	Case 1		
		Case 2		
		Case 3		
		Case 4		
Terminal illness patient for palliative care follow up	a. Case identification	Case 1		
		Case 2		
	b. Preparation of home-based care plan with multidisciplinary input	Case 1		
		Case 2		
	c. Home visitation and report	Case 1		
		Case 2		
	d. Follow-up of patient during the hospital/ clinic review	Case 1		
		Case 2		

5.8.6. Log of Weekly Reports

S/No.	ACTIVITY REPORTED	DATE	SUPERVISOR SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

5.8.7. Evaluation of the intern's performance in the Community Health rotation

5.8.7.1. Monthly Assessment in the Community Health rotation

MONTH ONE: DateTime	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
Name Signature Date	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
Name Signature Date	
C. REMARKS BY MEDICAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
Name Signature Date	

5.8.7.2. Mid-Rotation Assessment in the Community Health rotation

Full name of intern

National ID/ passport no. Internship Licence no.

Internship Training Centre

Rotation period from (date month year) to

Remarks by Intern on their experience and performance

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Signature Date

REMARKS BY INTERNSHIP SUPERVISOR

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Name Signature Date

REMARKS BY MEDICAL INTERNSHIP COORDINATOR

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Name Signature Date

5.8.7.3. End-of-Rotation Evaluation in the Community Health rotation

Full name of intern

National ID/ passport no. Internship Licence no.

Internship Training Centre

Rotation period from (date month year) to

GRADE	DESCRIPTION
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
<i>NOTE: Where the Internship Supervisor grades the Intern's competence as 0 or 1, the Supervisor is required to give reasons for the said finding and make recommendations in the best interest of the Intern and the public at large.</i>	

CRITERIA	GRADE	REMARKS
1. KNOWLEDGE		
a. Basic principles of public health and its importance in clinical practice		
b. Basic principles of epidemiology		
c. Participation in CPD		
2. APPLICATION OF COMMUNITY HEALTH PRINCIPLES		
a. Case identification		
b. Preparation of genogram		
c. Counselling, education and patient support		
d. Preparation of a care plan and monitoring its implementation		
e. Participation in health education and health promotion activities		
f. Case report writing		
3. PROFESSIONAL CONDUCT		
a. With patients and their caregivers		
b. With senior colleagues, fellow interns and other healthcare professionals		
c. With the public		
d. Punctuality, availability and time management		
OVERALL GRADE		

INTERNSHIP SUPERVISOR'S RECOMMENDATION

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Name Signature Date

5.8.8. Overall assessment in the Community Health rotation

Full name of intern
National ID/ passport no. Internship Licence no.
Internship Training Centre
Rotation period from (date month year) to

ASSESSMENT BY INTERNSHIP SUPERVISOR

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Name
Qualification KMPDC Reg. No.
Signature Date Stamp

ASSESSMENT BY MEDICAL INTERNSHIP COORDINATOR

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Name
Qualification KMPDC Reg. No.
Signature Date Stamp

ASSESSMENT BY MEDICAL SUPERINTENDENT/ MEDICAL DIRECTOR

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SELECT ONE:	
☐	The Intern has successfully completed the rotation
☐	To extend rotation by a period of
☐	Irredeemable. Refer back to Council for further action.

Name
Qualification KMPDC Reg. No.
Signature Date Stamp

5.9. END OF MEDICAL INTERNSHIP TRAINING EVALUATION

Full name of intern
National ID/ passport no. Internship Licence no.
Internship Training Centre
Internship period from (date month year) to

ASSESSMENT AND RECOMMENDATION BY MEDICAL INTERNSHIP COORDINATOR

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Name
Qualification KMPDC Reg. No.
Signature Date Stamp

ASSESSMENT AND RECOMMENDATION BY MEDICAL SUPERINTENDENT/ MEDICAL DIRECTOR

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SELECT ONE:	
☐	The Intern has successfully completed Medical Internship Training and is recommended for registration by the Council as a Medical Practitioner.
☐	The Intern has not completed Medical Internship Training and the is recommended for extension by a period of so as to fulfil the requirements.
☐	The Intern's performance is deemed irredeemable , and he/she is referred back to Council for further action.

Name
Qualification KMPDC Reg. No.
Signature Date Stamp

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5.10. VERIFICATION OF COMPLETION OF MEDICAL INTERNSHIP TRAINING



KMPDC
Enhancing Quality Healthcare

KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

KMPDC Complex, Woodlands Road, off Lenana Road.

P. O. Box 44839 - 00100, Nairobi.

(+254) 0727 666 444 | 0111 052 222

e-mail: info@kmpdc.go.ke | Website: www.kmpdc.go.ke

Internship queries: internship@kmpdc.go.ke

COMPLETION OF MEDICAL INTERNSHIP TRAINING

Full name of intern
National ID no. Internship licence no.
e-mail address
Internship training centre
Internship period from (date month year) to

This is to verify that the above-named person has successfully completed the prescribed **Medical Internship Training** programme at this institution with the internship rotations as follows:

	Rotation	Start date DD/MM/YYYY	End date DD/MM/YYYY	Medical Internship Coordinator's remarks
1.	Internal Medicine			
2.	Obstetrics and Gynaecology			
3.	Paediatrics and Child Health			
4.	Surgery			
5.	Psychiatry			
6.	Community Health			

As verified by the Medical Superintendent/ Medical Director:

Name: KMPDC Reg. no.:

Signature: Date:

Hospital stamp:

----- FOR OFFICIAL USE -----

Verified by the Directorate of Registration and Licensing

Name: Sign Date:

Assistant Director, Professional Assessment

KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

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APPENDICES

APPENDIX I: MENTORSHIP AND PSYCHOSOCIAL SUPPORT

In addition to designated Internship Coordinator and Supervisors, each ITC should institute a formal mentorship and psychosocial support programme.

Appendix 1.1: Mentorship

Mentorship is defined as a relationship in which a more experienced or senior professional (the mentor) takes time to assist the professional and personal development of a younger or junior professional (the mentee). The relationship is built on trust and involves an exchange of knowledge, skills and advice to enable the mentee to develop their capacity to successfully navigate the challenges that lie ahead in their professional and personal lives.

Each intern should be assigned a designated mentor from the available Medical/Dental Specialists and Senior Medical/Dental Officers, for the purpose of internship, to provide the support that they need to successfully complete internship training. **For effectiveness, every Intern should be assigned a mentor, but no mentor should have more than two mentees at any given time.**

The institution should provide a mechanism for:

- a. providing feedback on the mentorship;
- b. amicably breaking mentorship relationships that are not working, and
- c. assigning new mentors for that intern.

Appendix 1.2: Psychosocial Support

Compared to the general public, all health professionals are at a higher risk of and are more vulnerable to suffering adverse mental health conditions due to the stressful nature of their work (including long working hours, increased risk of exposure to infectious diseases, distressing and emotionally draining activities like handling dying patients and their relatives, etc) coupled with its effects like the lack of time to rest adequately, take good care of themselves and maintain their social lives.

Psychosocial support aims at protecting the mental health of health professionals so that they can:

- a. cope with the stresses of their professional and personal lives;
- b. learn and work well;
- c. realise their full potential, and
- d. contribute to their community.

KMPDC recommends that all health facilities should provide a psychosocial support framework for all its health professionals, and that all health professionals should routinely use the services availed.

Therefore, each ITC should institute a Psychosocial Support Framework that includes:

- a. Designated counsellors, psychologists or psychiatrists to provide the services to interns and other health professionals working in the hospital;
- b. A framework for early identification of interns and health professionals with psychosocial problems;
- c. A nudge mechanism to prompt all health professionals to take up the psychosocial support services available on a regular basis (e.g. once every six months);
- d. Sensitising the staff on common mental health problems, how to identify them and the psychosocial support services available;
- e. Creating a culture that promotes disclosure, acceptance, confidentiality and support for interns and health professionals with psychosocial problems;
- f. Routine debriefing after adverse events, and
- g. A mechanism for collecting feedback on the implementation of the psychosocial support services with the view to improve the quality of psychosocial support services provided.

APPENDIX II: HANDLING INTERNS WHO HAVE CHALLENGES

(a.k.a. Fitness to Practise for Interns)

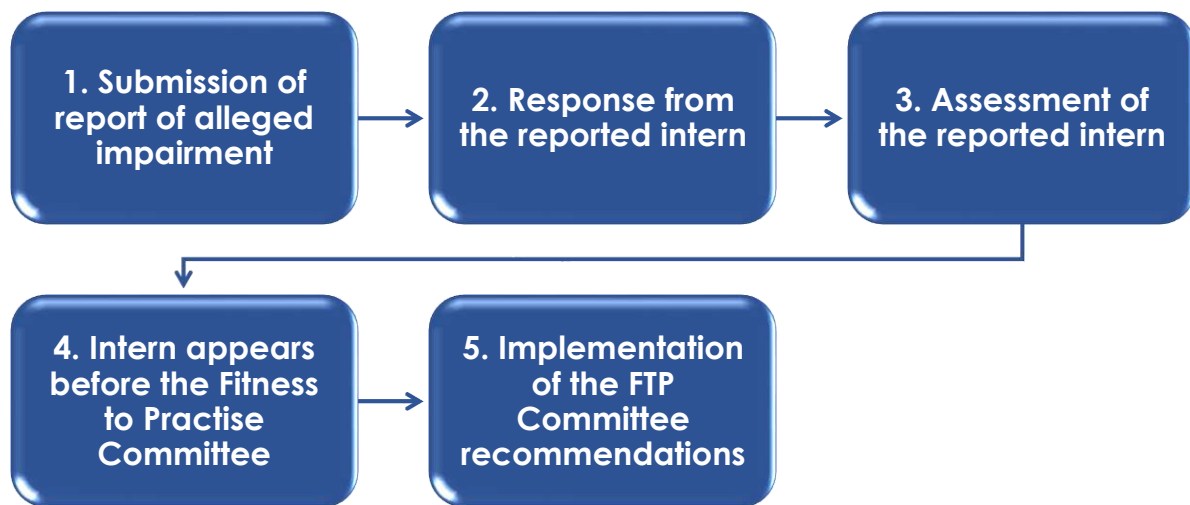
The Internship Training Centre can bring to the attention of the Council issues pertaining to a particular intern that affect their performance. Such issues may include:

- a. serious or persistent failure to meet institutional or professional minimum standards of practice;
- b. reckless or deliberate acts that potentially affect or harm self, colleagues and patients, relatives of patients and others;
- c. concealing professional errors or impeding investigations into the same;
- d. sexual misconduct or indecency;
- e. improper relationships with service users or colleagues;
- f. failure to respect the autonomy of service users;
- g. violence or threatening behaviour;
- h. dishonesty, fraud or an abuse of trust;
- i. exploitation of a vulnerable person;
- j. substance abuse or misuse;
- k. health problems which the intern has not addressed, and which may affect safety or confidence of the service users, or
- l. any other equally serious activities, behaviours or utterances which undermine public confidence in the medical or dental profession.

The complaint from the ITC is usually submitted to KMPDC after appropriate corrective measures have been attempted unsuccessfully. Such corrective measures include but are not limited to:

- a. Targeted teachings, CPD or assignments;
- b. Closer or additional mentorship or coaching;
- c. Appearance before the Institution's disciplinary committee;
- d. Prescribed counselling or psychosocial support;
- e. Rehabilitation for substance use disorder;
- f. Treatment of other conditions affecting the intern, and
- g. Extension of the period of internship.

The process of handling Interns who have challenges is as follows:



1. Complaint submitted by the Internship Training Centre

The Medical Superintendent and/or the Internship Coordinator of the ITC will write to the CEO/Registrar of the Council informing him/her of the intern with issues. They will attach the following:

- a. Minutes of the meeting where the intern's issues were discussed by the Internship Supervisors and their recommendations;
- b. Evidence and outcome of corrective measures taken e.g. additional classes, additional weeks, counselling, rehabilitation, appearance before staff disciplinary committee, etc., and
- c. Any other supporting documents e.g. internship assessment forms, incident reports, reports from the supervisors, etc.

2. Response from the Intern

Upon receipt of such a complaint, the Council, through the Professional Assessment Department, will:

- a. inform the Intern that a complaint has been filed and the nature of the complaint, and
- b. request them to submit a written response and any supporting documents within two (2) weeks.

3. Assessment of the Intern

- a. The intern will then be referred for assessment:

- i. Medical Assessment

Interns alleged to have a medical condition affecting their performance will be referred for medical evaluation by at least two (2) Council-appointed Specialists /Assessors.

ii. Knowledge-Gap Assessment

Interns alleged to have a knowledge gap will undergo an interview by at least two (2) Assessors appointed from the Council's Panel of Experts or Examination Board to assess the Interns skills and knowledge.

- b. The Professional Assessment Department will forward these evaluation reports to Chair of the Council's Training, Assessment, Registration and Human Resource Committee (TAR&HRC).

4. Appearance before the Fitness to Practise Committee

- a. Chair, TAR&HRC will convene an ad hoc Fitness to Practise Committee which sits quarterly.

- b. The Interns who have been assessed will be required to appear before the Committee sitting, either in person or virtually, to present their case.

Note:

- i. *The Assessors will present their reports to the FTP Committee for discussion.*
- ii. *The intern is at liberty to invite relevant witnesses as deemed necessary.*
- iii. *The Internship Coordinator or a designated representative of the Internship Training Centre will also be present.*
- c. The FTP Committee may make any or a combination of the following **recommendations** about the Intern:
- i. that the Intern is **fit to practise**;
- ii. that the Intern should **continue with internship** at the initial internship station;
- iii. that the Intern should be **transferred** to a different internship station;
- iv. that the Intern is unfit to practise independently and requires to **practise under close supervision while undergoing an intervention** for a prescribed period;
- v. that the Intern is temporarily unfit to practise and should have their **licence withdrawn temporarily** for the duration of an intervention to facilitate their return to fitness; or
- vi. that the Intern is permanently unfit to practise and should have their **licence permanently withdrawn** and undergo any other interventions as may be deemed necessary.

- d. Such interventions recommended by the FTP Committee include:
 - i. Remedial training (including repeating undergraduate training) for a period not exceeding twelve (12) months;
 - ii. Psychosocial support in the form of mentorship or counselling for a designated period;
 - iii. Treatment of medical condition, including psychiatric treatment, as may be required, and/or
 - iv. Rehabilitation e.g. for substance use disorder.
- e. A Fitness to Practise Committee Recommendation Report, shall be generated and signed at the end of the meeting. The report shall clearly state the steps to be taken for each Intern and monitoring of their implementation.

5. Implementation of FTP Committee Recommendations

- a. The Council, through the Professional Assessment Department, will write to both the Intern and the Internship Training Centre informing them of the recommendations of the FTP Committee.
- b. Where change of internship station is recommended, it shall be done as prescribed under the *Process of Changing Internship Stations* above.

APPENDIX III: LIST OF CONTRIBUTORS

Appendix 3.1: Technical Working Group for review of the National Guidelines for Medical and Dental Internship Training

The CEO/Registrar of the Council appointed a Technical Working Group (TWG) to spearhead the process of reviewing the *National Guidelines and Logbook for Dental Officer Interns (2019)* comprising of the following:

1. Dr Juliet Gathara	11. Ms. Agnes Jacob
2. Dr Linus Ndegwa	12. Adv. Esther Mutheu
3. Dr Margaret Mbugua	13. Ms. Sarah Were
4. Mr. John Mburu	14. Mr. Tonny Lugalia
5. Mr. Simon Kiraithe	15. Mr. Tom Ondimu
6. Dr John Otieno	16. Mr. Peter Wauna
7. Dr Wangechi King'ori	17. Ms. Gathoni Mwangi
8. Mr. Duncan Mwai	18. Ms. Beverlyne Khakusuma
9. Mr. Mohamed-Qadar Ahmed	19. Ms. Elmer Ochieng
10. Dr Stella Kanja	20. Ms. Evelyn Gikunda

The Council acknowledges the invaluable efforts of the Team that spearheaded the development of the *National Guidelines and Logbook for Dental Officer Interns (2019)* which formed the basis for this review, comprising of:

1. Dr Nelly Bosire
2. Dr Sanjeev Sharma
3. Dr Tonnie K. Mulli
4. Mr. John K. Mburu
5. Adv. Eunice Muriithi
6. Adv. Esther Mutheu
7. Ms. Sarah Were

Appendix 3.2: List of participants at the Internship Coordinators and Stakeholders Workshop

The Council appreciates the presence and contributions of the following participants at the Internship Coordinators and Stakeholders Workshop held on 28th and 29th July 2022 at the Windsor Golf Hotel and Country Club in Nairobi:

S/No.	Name	Institution
1.	Dr Jack Okumu	Aga Khan Hospital, Kisumu
2.	Dr Nelson Nyamu	Aga Khan University Hospital, Nairobi
3.	Dr Paul Koyo	Baringo County Referral Hospital
4.	Dr Wilson Libutsi	Bungoma County Referral Hospital
5.	Dr Charlene Njeri Kuria	Defence Forces Memorial Hospital
6.	Dr Mary Njoroge	Embu Level 5 Hospital
7.	Dr Ambrose Misore	Garissa County Referral Hospital
8.	Dr Julius O. Ondigo	Homa Bay County Referral Hospital
9.	Dr Abdirahman H. Farah	Isiolo County Referral Hospital
10.	Dr Matilda Auma Wendo	Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH)
11.	Dr Henry Ng'eno	Kajiado County Referral Hospital
12.	Dr Cecilia Kiilu	Kapenguria County Referral Hospital
13.	Dr Stephen Warui	Karatina Sub-County Hospital
14.	Dr Mary Kanini	Kenyatta National Hospital
15.	Dr Naftaly Munene	Kerugoya County Referral Hospital
16.	Dr Massawa Thaddeus	Kisumu County Referral Hospital
17.	Dr Anthony Wamalwa	Kitale County Referral Hospital
18.	Dr Weldon K. Kirui	Longisa County Referral Hospital
19.	Dr Shamsa Ahmed	M. P. Shah Hospital
20.	Dr Joseph Gatura	Makindu County Referral Hospital
21.	Dr Mohammed Gongo	Makueni County Referral Hospital
22.	Dr Loise Moguche	Mama Lucy Kibaki Hospital
23.	Dr Molly Ondiwa	Mathari National Teaching and Referral Hospital
24.	Dr Jane Wamai	Nairobi County
25.	Dr D. M. Munge	Nakuru County
26.	Dr Aisha Maina	Nakuru County Referral Hospital
27.	Dr James Waweru	Nakuru County Referral Hospital
28.	Dr Samuel Wanjara	Nakuru County Referral Hospital
29.	Dr James Nyabanda	Nazareth Hospital
30.	Dr Rhoda Masaku	North Kinangop Catholic Hospital

S/No.	Name	Institution
31.	Dr Yumbe R. K.	Nyeri County Referral Hospital
32.	Dr Anne Mburu	PCEA Chogoria Hospital
33.	Dr John Kaguthi	PCEA Tumutumu Hospital
34.	Dr Christine Kangangi	St. Mary's Mission Hospital
35.	Dr Kuria Karime H.	St. Mary's Mission Hospital
36.	Dr Kennedy Bussi	St. Theresa Mission Hospital, Kiirua
37.	Dr Bernard Munyao	Taita Taveta County Referral Hospital
38.	Dr Andrew Karani	The Karen Hospital
39.	Dr Joyce Muthama	Thika Level 5 Hospital
40.	Dr Regina Mutave	University of Nairobi Dental Hospital
41.	Dr Alex Munyendo	Webuye County Referral Hospital
42.	Dr Akali Elikana	Dental Intern
43.	Dr Michelle Kigotho	Medical Intern
44.	Ms. Sarah Omache	Kisii County
45.	Dr Essam Said	Nairobi Metropolitan Services
46.	Lt. Col. (Dr) Angela Githua	Kenya Defence Forces (KDF)
47.	Dr Elizabeth Gitau	Kenya Medical Association (KMA)
48.	Mr. Edwin Syendo	Kenya Healthcare Federation (KHF)
49.	Dr Richard Owino	University of Nairobi
50.	Dr Yusuf Hemed	Vital Strategies
51.	Dr Abdi Mohamed Abdi	Kenya Medical Practitioners and Dentists Council (KMPDC)
52.	Dr Jacqueline Kitulu, OGW	KMPDC
53.	Dr Juliet Gathara	KMPDC
54.	Dr Linus Ndegwa	KMPDC
55.	Dr Nelly Bosire	KMPDC
56.	Dr Daniel M. Yumbya, EBS	KMPDC
57.	Dr Margaret Mbugua	KMPDC
58.	Mr. John Mburu	KMPDC
59.	Mr. Simon Kiraithe	KMPDC
60.	Dr John Otieno	KMPDC
61.	Dr Wangechi King'ori	KMPDC
62.	Mr. Duncan Mwai	KMPDC
63.	Dr Stella Kanja	KMPDC
64.	Ms. Agnes Jacob	KMPDC
65.	Adv. Esther Mutheu	KMPDC

S/No.	Name	Institution
66.	Ms. Sarah Were	KMPDC
67.	Ms. Gathoni Mwangi	KMPDC
68.	Mr. Tom Ondimu	KMPDC
69.	Mr. Harun Liluma	KMPDC
70.	Ms. Beverlyne Khakusuma	KMPDC
71.	Ms. Elmer Ochieng	KMPDC
72.	Ms. Evelyn Gikunda	KMPDC

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