

**NATIONAL MEDICAL COMMISSION
UNDERGRADUATE MEDICAL EDUCATION BOARD**

22th April 2021

DRAFT REGULATIONS FOR COMPULSORY ROTATING INTERNSHIP, 2021

No. NMC _____ In exercise of the powers conferred by Section 57 of the National Medical Commission Act, 2019 (30 of 2019), the National Medical Commission through the Undergraduate Medical Education Board under the provisions of Section 24 of the National Medical Commission Act 2019 hereby makes the following regulations namely:

**CHAPTER I
PRELIMINARY**

1. GENERAL

1.1 Short title:

These regulations may be called the *Compulsory Rotating Internship Regulations, 2021*.

1.2 Commencement:

These Regulations shall come into force from the date of publication in the Official Gazette.

1.3 Jurisdiction:

These regulations shall apply to all the medical colleges/institutions/universities conducting undergraduate medical courses (hereinafter referred to as the Medical College) in accordance with the provisions of the NMC Act 2019 in India

2. DEFINITIONS

- 2.1 "Competencies" in these Regulations mean the ability to do specific tasks related to the practice of medicine well and efficiently ensuring quality.
- 2.2 "Curriculum" means a statement of the intended aims and objectives, content, assessment, experiences, outcomes and processes of an educational programme, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The curriculum should set out the knowledge, skills and professional qualities the trainee is to achieve. *This is distinguished from a syllabus which is a statement of content to be taught and learnt.*
- 2.3 "Foreign Medical Graduate" or "FMG" is a person who has graduated with a Primary Medical Qualification outside India having fulfilled the applicable requirements in accordance with the *Screening Test Regulations, 2002* and the *Eligibility Requirement for taking admission in an undergraduate medical course in a Foreign Medical Institution Regulations, 2002* of the erstwhile Medical Council of India with amendments duly recognized by the NMC under Section 61(2) of the NMC Act, 2019 superseded by the *Foreign Medical Graduates Regulations 2021* of the NMC whenever this regulation comes into force and is equivalent to *International Medical Graduates* terminology used elsewhere.
- 2.4 "Indian Medical Graduate" or "IMG" is a person who has graduated with a Primary Medical Qualification in India having fulfilled the applicable requirements as recognized by the NMC in

accordance with the “*Graduate Medical Education, 1997*” and “*Regulations on Graduate Medical Education (Amendment), 2019*” with subsequent amendments, if any, duly recognized by the National Medical Commission under Section 61(2) of the NMC Act, 2019.

- 2.5 “Intern” means a medical graduate who is undergoing a period of training, “Compulsory Rotating Internship” or “Internship” as provided in these Regulations.
- 2.6 “Log book” in these Regulations mean an official document chronicling the performance of an Intern over time and is a record of the work done, procedures performed and competencies achieved.
- 2.7 “MBBS” means the degree of Bachelor of Medicine and Bachelor of Surgery of a university or an approved institution from India in accordance with the “*Graduate Medical Education, 1997*” and “*Regulations on Graduate Medical Education (Amendment), 2019*” with subsequent amendments, if any, duly recognized by the National Medical Commission under Section 61(2) of the NMC Act.
- 2.8 “Medical institution” or “Medical college” or “Institution” or “College” in this regulation means any institution within or outside India which grants degrees, diplomas or licenses in medicine and include affiliated colleges and deemed to be Universities.
- 2.9 “Medicine” means modern scientific system of medicine or allopathy in all its branches and includes surgery and obstetrics, but does not include veterinary medicine and surgery.
- 2.10 “National Medical Commission” or “NMC”: means a Commission, known as the National Medical Commission, constituted by the Central Government to exercise the powers conferred upon, and to perform the functions assigned to it, as under Section 3 (1) of the National Medical Commission Act, 2019.
- 2.11 “NMC Act” or “Act” means the National Medical Commission Act 2019 of the Parliament that has received the assent of the President of India and duly published in The Gazette of India on 8th August 2019.
- 2.12 “Notification” means notification published in the Official Gazette and the expression “notify” shall be construed accordingly.
- 2.13 “Permanent Registration” is the registration of eligible persons with a duly recognized primary medical qualification as regulated under Chapter VI of the National Medical Commission Act 2019, that permits or provides license to the individual to independently practice modern scientific system of medicine / allopathy in India, as regulated under the Permanent Medical Regulations, 2021 of the NMC.
- 2.14 “Prescribed” means prescribed by rules made under the NMC Act, 2019 and these Regulations.
- 2.15 “Primary Medical Qualification” means a medical graduation degree such as MBBS conferred in India or an equivalent qualification of any country other than India or an erstwhile licentiate qualification of India granted, under the Indian Medical Council Act, 1956, which are in force as on the date of commencement of the NMC Act, 2019 that continues to be in force till the date of their expiry for all purposes, as if they had been issued or granted under the provisions of this Act or the rules or regulations made thereunder.
- 2.16 Provisional Registration is licence / registration for supervised practice of modern system of medicine / allopathy granted by appropriate State Medical Councils for a period limited to the period

of Compulsory Rotating Internship as applicable under the *Regulations for Compulsory Rotating Internship, 2021* to those who fulfil the necessary eligibility requirements.

- 2.17 “Recognised medical qualification” means a medical qualification recognised under Section 35 or Section 36 or Section 37 or Section 40 of the NMC Act, 2019 as the case may be.
- 2.18 “Regulations” means the regulations made by the Commission under this Regulations.
- 2.19 “Skills” or “Clinical Skills” may contain one or several different domains such as: physical examination skills, practical procedure, communication skills, and management, and consists of procedural knowledge and its performance, application of underlying basic science knowledge and clinical reasoning in the context of patient care.
- 2.20 “State Medical Council” means a medical council constituted under any law for the time being in force in any State regulating the registration of practitioners of medicine.
- 2.21 “Supervisor” or “Mentor” means an appropriately qualified and trained medical teacher, senior to the trainee, who guides the trainee’s education and/skill enhancement / research work.
- 2.22 “Undergraduate Medical Education Board” or “UGMEB”: means an autonomous board constituted under Section 16 of the National Medical Commission Act 2019.
- 2.23 “University” shall have the same meaning as assigned to it in clause (f) of section 2 of the University Grants Commission Act, 1956 and includes a Health University in India or an equivalent institution outside India that has a Medical faculty duly recognized in that country.

CHAPTER II GENERAL

3. INTERNSHIP

Internship is a phase of training wherein a medical graduate will acquire the skills and competencies for practice of medical and health care under supervision in preparation for independent, unsupervised primary care.

The learning methods and modalities have to be initiated and inculcated during the MBBS course itself with larger number of hands-on-sessions and practice on simulators preceding actual clinical training.

3.1 Goal

The goal of the internship programme is to train medical graduates to fulfill their roles as doctors of first contact in the community.

3.2 Objectives

At the end of the internship period, the medical graduate will possess all competencies required of an Indian

Medical Graduate, necessary to function as a:

- (a) Clinician who understands and independently provides safe preventive, promotive, curative, palliative and holistic care with compassion and is confident of handling common acute

emergencies.

- (b) Leader and member of the health care team and health system.
- (c) Effective communicator with patients, families, colleagues and the community.
- (d) Clinician with reliable competencies in diagnostic and therapeutic skills in different disciplines of medicine, appropriate for a primary care physician.
- (e) Lifelong learner committed to continuous improvement of skills and knowledge.
- (f) Professional who is committed to excellence and is ethical, responsive and accountable to patients, community and profession.

4. DURATION OF INTERNSHIP

4.1 Total Duration

Every candidate shall be required to undergo Compulsory Rotating internship to the satisfaction of the College authorities and University concerned after passing the final MBBS examination/ NExT whenever operational, for a period of 12 months so as to be eligible for the award of the degree of Bachelor of Medicine and Bachelor of Surgery (MBBS) by the respective universities and Permanent Registration in accordance with the Permanent Registration Regulations 2021 of the NMC.

4.2 Period for Completion

- (a) The Internship shall be completed within 2 years of passing the Final MBBS / FMGE/ NExT Examination whenever in force.
- (b) The minimum duration of Compulsory Rotating Internship may be extended appropriately by a reasonable period on recommendation by the College/ University for reasons including but not limited to:
 - (i) Insufficient period of attendance
 - (ii) Unsatisfactory acquisition of required competence
 - (iii) Unsuccessful qualification on assessment
 - (iv) Any exigency such as disasters or unforeseen circumstances in the country as notified by the Government of India or any competent authority duly authorized to do so.
- (c) The duration of Internship may be curtailed / temporarily suspended or even withdrawn / cancelled at any time by the Institution / University according to prevailing rules/ regulations of the relevant authority provided
 - (i) The registrant due to any reason whatsoever desires not to pursue Compulsory Rotating Internship
 - (ii) The registrant is not found to have fulfilled eligibility requirements
 - (iii) There are proven acts of indiscipline
 - (iv) There are proven acts of professional misdemeanor/ misconduct
 - (v) Any other acts / actions including those violating law of the land

4.3 Time Distribution for Internship

An intern shall be posted by rotation as presented in the table below:

Sr. No.	Nature of Posting	Department / Specialty	Duration	Remarks
1	Mandatory Exclusive	Community Medicine	2 months	<p>a. Postings should be in Community Health Centres (CHC)/ Rural Health Centre (RHC)</p> <p>b. Not more than 15 interns at any given time in one centre</p> <p>c. In the event of more than one college utilizing the same facility, at a given time interns from only one college shall be posted in the given health Centre</p> <p>d. As provided in the Minimum Requirements for MBBS Admissions, 2020 Section A.1.14 related to Community Medicine must be followed.</p>
2	Mandatory Exclusive	General Medicine	1.5 months	Includes postings in Out-patient, In-patient wards & Admission Day Emergency and exposure to High Dependency Units (HDU) and Intensive Care Units (ICU)
3	Mandatory Exclusive	Psychiatry	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies
4	Mandatory Exclusive	Pediatrics	1 month	Includes postings in Out-patient, In-patient wards & Admission Day Emergency postings and exposure to Neonatal/ Pediatric High Dependency and Intensive Care Units (HDU/NICU/PICU)
5	Mandatory Exclusive	General Surgery	1.5 months	Includes postings in Out-patient, In-patient wards, Admission Day Emergency and both Minor and Major Operation Theatres and exposure to High Dependency Units (HDUs) and Intensive Care Units (ICUs)
6	Mandatory Exclusive	Anesthesiology & Critical Care	2 weeks	Includes postings in Operation Theatre, Intensive Care Units and additionally Pain Clinic and Palliative Care, if available
7	Mandatory Exclusive	Obstetrics & Gynaecology including Family Welfare & Planning	1.5 months	Includes postings in Out-patient, In-patient wards, Admission Day Emergency, Labour Room and Operation Theatres and exposure to High Dependency Units (HDU) and Intensive Care Units (ICU)

8	Mandatory Exclusive & Concurrent <i>PMR with Orthopedics</i>	Orthopaedics including Physical Medicine and Rehabilitation (PM&R)	2 weeks	Includes postings in Out-patient, In-patient, Admission Day Emergency, Plaster Room and Operation Theatres Postings in Physical Medicine and Rehabilitation (PM&R) <i>may</i> run concurrent in afternoons/mornings equivalent to 4 half-days (14% of total postings)
9	Mandatory Exclusive	Emergency/ Trauma/ Casualty	2 weeks	Includes postings related to Resuscitation areas, Triage, In-patient wards and Operation Theatre as well as exposure to medico-legal procedures
10	Mandatory Exclusive	Forensic Medicine & Toxicology	1 week	Includes Autopsy postings
11	Mandatory Exclusive	Dermatology, Venereology & Leprology	1 week	Predominantly Out-patient postings with exposure to handling emergencies
12	Mandatory Concurrent	Otorhinolaryngology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres <i>Postings in Forenoon with Postings in Laboratory Sciences and Hospital Support Services in Afternoon</i>
13	Mandatory Concurrent	Ophthalmology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres <i>Postings in Forenoon with Postings in Laboratory Sciences and Hospital Support Services in Afternoon</i>
14	Mandatory Concurrent	Laboratory Sciences and Hospital Support Sciences	2 weeks	<ul style="list-style-type: none"> • Laboratory Medicine and Clinical Biochemistry • Histopathology & Cytopathology • Hematology, and Transfusion Medicine / Blood Bank <i>Minimum 3 half-days in each of the three above groups of specialties</i> <i>Postings in Afternoon with Postings in Otorhinolaryngology/ Ophthalmology in Forenoon</i>
			2 weeks	<ul style="list-style-type: none"> • Microbiology (including Virology), • Hospital Infection Control,

				<i>Internship is being done</i> <ul style="list-style-type: none"> • Ayurveda • Yoga • Unani • Siddha • Homeopathy • Sowa Rigpa
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4.4 Institutions

- (a) Indian Medical Graduates shall complete their entire period of Compulsory Rotating Internship in the institution where they have pursued and completed their MBBS.
- (i) One-year approved service in the Armed Forces Medical Services, after passing the final MBBS examination shall be considered as equivalent to the pre-registration training detailed above; such training shall, as far as possible, be at the Base/General Hospital. The training in Community Medicine should fulfill the norms of the NMC as proposed above.
- (b) Foreign Medical Graduates who require to complete a period of Internship shall do so only in Medical Colleges/ Institutions approved for providing Compulsory Rotating Internship to Indian Medical Graduates
- (i) Foreign Medical Graduates may be posted to different Medical Colleges/ Institutions through a counselling / seat allocation process based on the merit or by any other scheme/ method as may be notified by the National Medical Commission or any other authority as applicable
- (ii) Medical Colleges / Institutions may admit up to 7.5 % of their permitted annual intake of MBBS seats applicable to that batch of interns to accommodate internship by Foreign Medical Graduates
- (c) The College / Institution and its affiliated hospitals and Community Health Centres shall be recognized by the National Medical Commission for the conduct of MBBS Course for that batch and also for conducting the Compulsory Rotating Internship programme.

5. ELIGIBILITY

Following requirements need to be fulfilled to be eligible for Compulsory Rotating Internship

5.1 Indian Medical Graduates

- (a) The applicant should have successfully completed the MBBS Course of any university from a college/ institution approved and recognized by the National Medical Commission and listed by the Undergraduate Medical Education Board under the provisions of Section 35 of the NMC Act, 2019
- (b) The qualifying examination for Indian Medical Graduates shall be in accordance with the applicable rules and regulations of the National Medical Commission at the time of commencement of internship
- (i) The Final MBBS Examination of various universities / institutions of India

- (ii) The National Exit Test (NExT) held under Section 15 (1) of the NMC Act 2019 whenever this examination becomes operational
- (iii) Any other requirement as may be regulated / notified by the Government of India / National Medical Commission

5.2 Foreign Medical Graduates

- (a) Foreign Medical Graduates as regulated by the Foreign Medical Graduate Regulations 2021 of the NMC, whenever this comes into force are required to undergo Internship at par with Indian Medical Graduates *if they desire or seek Permanent Registration to practice Medicine in India.*
 - (i) All Foreign Medical Graduates, unless otherwise notified shall be required to undergo Compulsory Rotating Internship at par with Indian Medical Graduates after the National Exit Test (NExT) becomes operational.
- (b) Indian citizens (including overseas Indian citizens) who are Foreign Medical Graduates who do not fall under the purview of the Foreign Medical Graduate Regulations 2021 shall be regulated by the provisions of Section 13(3) of the Indian Medical Council Act, 1956 in accordance with the Advisory no MCI-203(1)(Gen)/2020-Regn./118239 dated 02/09/2020 and shall be required to complete Compulsory Rotating Internship in India if they have not undergone such practical training after obtaining such qualification as may be required by the rules and regulations in force in the country granting such qualification or has not undergone any practical training in that country.

5.3 Provisional Registration in a State Medical Council

It shall be mandatory to obtain Provisional Registration in a State Medical Council or any other body authorized for such registration *prior to internship provided*

- (a) The Registration shall be valid only for Compulsory Rotating Internship by the applicant provided the applicable rules / regulations of the registering authority are fulfilled
- (b) The Provisional Registration shall normally be valid for a period of ONE YEAR and shall stand cancelled/ withdrawn/ invalid after this period unless otherwise extended
- (c) The Provisional Registration shall be applicable only in the College/ Institution where the intern is registering for Compulsory Rotating Internship
- (d) The intern shall not be permitted for independent practice during the period of Compulsory Rotating Internship.
- (e) The intern shall *not*:
 - (i) issue any medical certificates
 - (ii) independently perform medicolegal procedures such as autopsy, or complete such records without supervision
 - (iii) perform independent surgical/interventional procedures without supervision
 - (iv) hold a teaching position in a medical college / institution
 - (v) indulge in any form of medical practice, clinical or otherwise outside the purview of the requirements of Compulsory Rotating Internship
 - (vi) do any other act as may be restricted / forbidden by the rules and regulations of the institution

university as applicable

6. ADMINISTRATION

6.1. Authority

The Dean/ Principal/ Director or any other equivalent authority shall be responsible for implementation of these Regulations.

6.2. Leave

(a) Normal Leave

- (i) Interns shall be permitted a maximum of 15 days leave with prior permission, during the entire period of internship
- (ii) The entire period of 15 days cannot be availed during any of the one week / two-week postings applicable to a single department / specialty as indicated under Section 4.3(a)

(b) Maternity Leave

- (i) Lady Interns may be permitted Maternity Leave according to prevailing rules and regulations of the Central / State Government as may be applicable

(c) Medical Leave

- (i) Medical Leave shall be included within the 15 days of Normal leave
 - (ii) Any Medical Leave beyond this period shall be recommended only by a duly constituted Medical Board
- (d) The internship shall be extended if the leave of absence of any kind exceeds beyond this period
- (i) The period of extension shall be equivalent to the period beyond permissible 15 days of leave
 - (ii) The internship shall be repeated only in the department / specialty wherein the above extension is necessary

6.3. Stipend

All interns shall be paid stipend as fixed by the appropriate fee fixation authority applicable to the institution/ university/ state.

- (i) Stipend may not be paid during any period of extension except in the case of Maternity Leave or Medical Leave as may be recommended and approved by the Medical Board. Total stipend paid for the entire internship may be for 48 weeks (12 months) only.

7. TRAINING

7.1. Internship training shall be supervised

- (a) The intern shall be entrusted with clinical responsibilities under direct supervision of a designated supervising physician / mentor in each department / supervisor who shall be a Faculty member

- (b) The supervisor shall be responsible for any ethical and legal issues related to interns being supervised by them
 - (c) The restrictions of independent practice related to patient care and other services during internship are as in Section 5.3(e)
- 7.2 Interns shall be given adequate opportunities to acquire competencies to become confident primary care physicians
- (a) The emphasis during internship shall be hands-on training applying the scientific and theoretical background gained during the undergraduate course
 - (b) Based on the progress of knowledge, skill acquisition, graded responsibility for patient care should be given
 - (b) Interns shall be trained to independently handle common acute emergencies and be aware of individual limitations and necessity of proper and timely referral of such cases to appropriate centres
- 7.3 Interns shall be mentored to acquire effective communication and other skills that are necessary for empathetic and compassionate clinical care
- 7.4 Each medical college must ensure that the intern gets learning experience in the community
- (a) These shall include community and outreach activities, collaboration with rural and urban community health centers, participation in government health programmes etc.
 - (b) Internship should be increasingly scheduled to utilize clinical facilities available in District Hospital, Taluka Hospital, Community Health Centre and Primary Health Centre, in addition to Teaching Hospital.
 - (c) A critical element of internship will be the acquisition of specific experiences and skill as listed in major areas: provided that where an intern is posted to District/Sub Divisional Hospital for training, there shall be a committee consisting of representatives of the college/University, the State Government and the District administration, who shall regulate the training of such trainee.
 - (d) Provided further that, for such trainee a certificate of satisfactory completion of training shall be obtained from the relevant administrative authorities which shall be countersigned by the Principal/Dean of College.
- 7.5 The Training Programs shall be implemented as per the guidelines elaborated in Chapter III

8. ASSESSMENT

- 8.1 The intern shall maintain a record of work in a log book, which is to be verified and certified by the medical officer under whom he/she works.
- 8.2. Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training.
- (a) The assessments shall predominantly test clinical/ practical skills.

- (b) Feed-back mechanisms must be in place so that progress and deficiencies are conveyed to interns such that measures for correction and improvement can be instituted early and effectively.
- (c) Based on the record of work and objective assessment at the end of each posting, the respective Head of the Unit and Head of the Department shall certify satisfactory completion of the posting.
- (d) The Dean/Principal shall issue cumulative certificate of satisfactory completion of training at the end of internship.
- (e) Interns shall have to undergo an eligibility licentiate test whenever duly notified as a requisite to granting of Permanent Registration/ license to practice.

CHAPTER III

GUIDELINES FOR THE IMPLEMENTATION OF THE TRAINING PROGRAMME

1. DISCIPLINE

(i) Community Medicine

1. **Goal:-**The aim of teaching the undergraduate student in Community Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses and recognize the importance of community involvement. He/she shall acquire competence to deal effectively with an individual and the community in the context of primary health care. This is to be achieved by hands-on experience in the District Hospital and Primary Health Centre. The details are as under: -

2.1 District Hospital /Community Health Centre:

A. An intern must be able to do without assistance:

1. An intern must:

- a) Be able to diagnose common ailments and advise primary care;
- b) Demonstrate knowledge on 'Essential drugs' and their usage;
- c) Recognize medical emergencies, resuscitate and institute initial treatment and refer to a suitable institution/ suggest to the patient an alternative health care facility if he/she wants to know about the same.

2. An intern must be familiar with all National Health Programmes (e.g. RCH, UIP, CDD, ARI, FP, ANC, Tuberculosis, Leprosy and others), as recommended by the Ministry of Health and Family Welfare.

3. An intern must:

- a) Gain full expertise in immunization against infectious disease;
- b) Participate in programmes related to prevention and control of locally prevalent endemic diseases including nutritional disorders;
- c) Learn skills in family welfare planning procedures;

4. An intern must:

- a) Conduct programmes on health education,
- b) Gain capabilities to use Audio visual aids,
- c) Acquire capability of utilization of scientific information for promotion of community health

B. An intern must have observed or preferably assisted at the following:

1. An intern should be capable of establishing linkages with other agencies as water supply, food distribution and other environmental/social agencies.
2. An intern should acquire managerial skills including delegation of duties to and monitoring the activities of paramedical staff and other health care professionals.

2.2 Taluka Hospital/ First Referral Unit/ CHC

A. An intern must be able to do without assistance:

1. An intern shall provide health education to an individual/community on:

- a) tuberculosis,
- b) small family, spacing, use of appropriate contraceptives,
- c) applied nutrition and care of mothers and children,
- d) immunization.

B. An intern must be able to do with supervision:

1. An intern shall attend at least one school health programme with the medical officer.

2.3 Primary Health Centre / Urban Health Centre

A. An intern must be able to do without assistance the following:

- a) Participate in family composite health care (birth to death), inventory of events.
- b) Participate in use of the modules on field practice for community health e.g. safe motherhood, nutrition surveillance and rehabilitation, diarrheal disorders etc.
- c) Participate in and maintain documents related to immunization and cold chain.
- d) Acquire competence in diagnosis and management of common ailments e.g. malaria, tuberculosis, enteric fever, congestive heart failure, hepatitis, meningitis acute renal failure etc.

B. An intern must be able to do under supervision the following:

- a) Acquire proficiency in Family Welfare Programmes (antenatal care, normal delivery, contraception etc.).

- b) Undergo village attachment of atleast one week duration to understand issues of community health along with exposure to village health centres, ASHA Sub-Centres.
- c) Participate in Infectious Diseases Surveillance and Epidemic Management activities along with the medical officer.

ii. General Medicine

1. Goal:-The aim of posting of an intern in General Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses. He/she shall acquire competence in clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management; this would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and various system illnesses.

2.1 An intern must be able to PERFORM without assistance and interpret the results of the following investigations:

- a) Blood: (Routine haematology smear and blood groups),
- b) Urine: (Routine chemical and microscopic examination),
- c) Stool: (for ova/cyst and occult blood),
- d) Sputum and throat swab for gram stain or acid-fast stain,
- e) Cerebrospinal Fluid (CSF) for proteins, sugar and smear,
- f) Electrocardiogram (ECG),
- g) Glucometer recording of blood sugar,
- h) Routine radiographs of chest, abdomen, skull etc.

2.2 An intern must perform independently the following diagnostic procedures:

- (a) Proctoscopy, Ophthalmoscopy/ Otoscopy, Indirect laryngoscopy.
- (b) Therapeutic procedures;
- (c) Urethral catheterization, Insertion of Ryle's Tube, Pleural, Ascitic fluid aspiration,
- (d) Cerebrospinal Fluid (CSF) aspiration, Air way tube installation,
- (e) Oxygen administration etc.

2.3 An intern must have observed or preferably assisted at the following operations/procedures:

- a) **Biopsy Procedures:** Liver, Kidney, Skin, Nerve, Lymph node, and muscle biopsy, Bone

marrow aspiration, Biopsy of Malignant lesions on surface, nasal/nerve/skin smear for leprosy under supervision.

(b) Skills that an intern should be able to perform under supervision:

(i) should be familiar with life-saving procedures, including use of aspirator, respirator and defibrillator, cardiac monitor, blood gas analyser.

(ii) should be able to advise about management and prognosis of acute & chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, myocardial infarction and angina, TIA and stroke, seizures, diabetes mellitus, hypertension renal and hepatic failure, thyroid disorders and hematological disorders. He should participate in counseling sessions for patients with non-communicable diseases and tuberculosis, HIV patients etc.

(iii) should be able to confirm death and demonstrate understanding of World Health Organization cause of death reporting and data quality requirements.

(iv) should be able to demonstrate understanding of the coordination with local and national epidemic management plans.

(v) should be able to demonstrate prescribing skills and demonstrate awareness of pharmaco-vigilance, antibiotics policy, prescription audit and concept of essential medicines list.

Psychiatry

1. Goal:- The aim of posting of an intern in Psychiatry is to impart such knowledge and skills that may enable him/her to diagnose and treat common psychiatric illnesses. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management. He/she should also be able to recognize the behavioral manifestations of systemic illnesses and differentiate them from psychiatric disorders.

2. Therapeutic-

A. An intern must perform or assist in:

- (i) Diagnose and manage common psychiatric disorders,
- (ii) Identify and manage psychological reactions,
- (iii) Diagnose and manage behavioral disorders in medical and surgical patients.

B. An intern must have observed or preferably assisted at the following operations/procedures:

- (i) ECT administration,
- (ii) Therapeutic counseling and follow-up.

iii. Pediatrics

1. Goal:

The aim of posting of an intern in Pediatrics is to impart such knowledge and skills that may enable him/her to diagnose and treat common childhood illnesses including neonatal disorders. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management. This would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and various system illnesses.

2.1 An intern must be able to do without assistance:

- (i) An intern shall be able to diagnose and manage common childhood disorders including neonatal disorders and acute emergencies, examining sick child making a record of information.

2.2. An intern shall perform:

- (i) **Diagnostic techniques:** blood collection (including from femoral vein and umbilical cord), drainage of abscess, collection of cerebrospinal, pleural and peritoneal fluids, suprapubic aspiration of urine.
- (ii) **Techniques related to patient care:** immunization, perfusion techniques, nasogastric tube insertion, feeding procedures, tuberculin testing & breast-feeding counseling.
- (iii) **Use of equipments:** vital monitoring, temperature monitoring, resuscitation at birth and care of children receiving intensive care.
- (iv) Institute early management of common childhood disorders with special reference to pediatric dosage and oral rehydration therapy.

2.3 An intern must have observed or preferably assisted at the following operations/procedures:

- (i) Screening of newborn babies and those with risk factors for any anomalies and steps for prevention in future; detect congenital abnormalities;
- (ii) Recognise growth abnormalities; recognise anomalies of psychomotor development;
- (iii) Assess nutritional and dietary status of infants and children and organize prevention, detection and follow-up of deficiency disorders both at individual and at community levels, such as:
 - protein-energy malnutrition
 - deficiencies of vitamins especially A, B, C and D;
 - Iron deficiency

2.4. Skills that an intern should be able to perform under supervision:

- (i) An intern should be familiar with life-saving procedures, including use of aspirator, respirator, cardiac monitor, blood gas analyser.
- (ii) An intern should be able to advise about management and prognosis of acute & chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, congenital heart diseases, seizures, renal and hepatic diseases, thyroid disorders and hematological disorders. She/he should participate in counseling sessions with parents including HIV counseling.

iv. General Surgery

1. Goal-The aim of posting of an intern in General Surgery is to impart such knowledge and skills that may enable him to diagnose and treat common surgical ailments. He/she shall have ability to diagnose and suspect with reasonable accuracy all acute and chronic surgical illnesses.

2. Therapeutic-

A. An intern must perform or assist in:

- (i) venesection or venous access
- (ii) tracheostomy and endotracheal intubation
- (iii) catheterization of patients with acute retention or trocar cystostomy
- (iv) drainage of superficial abscesses
- (v) basic suturing of wound and wound management (including bandaging)
- (vi) biopsy of surface tumours
- (vii) perform vasectomy

B. Skills that an intern should be able to perform under supervision:

- (i) Advise about prognosis of acute and chronic surgical illnesses, head injury, trauma, burns and cancer. Counsel patients regarding the same.
- (ii) Advise about rehabilitation of patients after surgery and assist them for early recovery.
- (iii) Should be able to demonstrate understanding of World Health Organisation cause of death reporting and data quality requirements.
- (iv) Should be able to demonstrate understanding of the use of national and state/ local cause of death statistics.

C. An intern must have observed or preferably assisted at the following operations/procedures:

- (i) Resuscitation of critical patients
- (ii) Basic surgical procedures for major and minor surgical illnesses
- (iv) Wound dressings and application of splints
- (v) Laparoscopic/ Minimally Invasive surgery
- (vi) Lymph node biopsy

v. Anesthesiology

1. **Goal:-** The aim of posting of an intern in anaesthesia is to impart such knowledge and skills that may enable him to understand principles of anaesthesia and recognize risk and complications of anaesthesia. At the end of internship, he/she should be able to perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.

2. THERAPEUTIC-

A. An intern must perform or assist in:

- (i) Pre-anaesthetic checkup and prescribe pre-anaesthetic medications,
- (ii) Venepuncture and set up intravenous drip,
- (iii) Laryngoscopy and endotracheal intubation,
- (iv) Lumbar puncture, spinal anaesthesia and simple nerve blocks,
- (v) Simple general anaesthetic procedures under supervision,
- (vi) Monitor patients during anaesthesia and in the post-operative period,
- (vii) Maintain anaesthetic records,
- (viii) Perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.

B. Skill that an intern should be able to perform under supervision:

- (i) Counseling and advise regarding various methods of anaesthesia,
- (ii) Recognise and manage problems associated with emergency anaesthesia,
- (iii) Recognise and assist in treating complications in the post-operative period.

C. An intern must have observed or preferably assisted at the following operations/ procedures

- (i) Anaesthesia for major and minor surgical and other procedures;

vi. Obstetrics and Gynaecology

1. **Goal**-The aim of posting of an intern in Obstetrics & Gynaecology is to impart such knowledge and skills that may enable him/ her to diagnose and manage antenatal and post natal follow up; manage labor and detect intra-partum emergencies; diagnose and treat common gynaecologic ailments.

2. THERAPEUTIC-

A. An intern must perform or assist in:

- (i) Diagnosis of early pregnancy and provision of ante-natal care; antenatal pelvic assessment and detection of cephalo-pelvic disproportion,
- (ii) Diagnosis of pathology of pregnancy related to:
 - abortion
 - ectopic pregnancy
 - tumours complicating pregnancy
 - acute abdomen in early pregnancy
 - hyperemesis gravidarum,
- (iii) Detection of high risk pregnancy cases and give suitable advice e.g. PIH, hydramanios, antepartum haemorrhage, multiple pregnancies, abnormal presentations and intra-uterine growth retardation,
- (iv) Induction of labor and amniotomy under supervision, Management of normal labor, detection of abnormalities, post-partum hemorrhage and repair of perennial tears,
- (v) Assist in forceps delivery,
- (vi) Detection and management of abnormalities of lactation,
- (vii) Evaluation and prescription oral contraceptives with counseling,
- (viii) Per speculum, per vaginum and per rectal examination for detection of common congenital, inflammatory, neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries,
- (ix) Medico-legal examination in Gynecology and Obstetrics.

B. Skills that an intern should be able to perform under supervision:

- (i) Dilatation and curettage and fractional curettage,
- (ii) Endometrial biopsy,
- (iii) Endometrial aspiration,
- (iv) Pap smear collection,
- (v) Intra Uterine Contraceptive Device (IUCD) insertion,
- (vi) Mini-lap-ligation,
- (vii) Urethral catheterization,
- (viii) Suture removal in post-operative cases,
- (ix) Cervical punch biopsy.

C. An intern must have observed or preferably assisted at the following operations/procedures:

- (i) Major abdominal and vaginal surgery cases,

- (ii) Second trimester Medical Termination of Pregnancy (MTP) procedures e.g. Emcredyl Prostaglandin instillations, Caesarean section.

vii. Orthopaedics

1. Goal:- The aim of posting of an intern in Orthopaedics and Physical Medicine and Rehabilitation is to impart such knowledge and skills that may enable him to diagnose and treat common ailments. He/she shall have ability to diagnose and suspect presence of fracture, dislocation, actual osteomyelitis, acute poliomyelitis and common congenital deformities such as congenital talipes equinovarus (CTEV) and dislocation of hip (CDH).

2. THERAPEUTIC-

A. An intern must assist in:

- (i) Splinting (plaster slab) for the purpose of emergency splintage, definitive splintage and post-operative splintage and application of Thomas splint,
- (ii) Manual reduction of common fractures – phalangeal, metacarpal, metatarsal and Colles' fracture,
- (iii) Manual reduction of common dislocations – interphalangeal, metacarpo-phalangeal, elbow and shoulder dislocations,
- (iv) Plaster cast application for un-displaced fractures of arm, fore arm, leg and ankle,
- (v) Emergency care of a multiple injury patient,
- (vi) Transport and bed care of spinal cord injury patients.

B. Skill that an intern should be able to perform under supervision:

- (i) Advise about prognosis of poliomyelitis, cerebral palsy, CTEV and CDH,
- (ii) Advise about rehabilitation of amputees and mutilating traumatic and leprosy deformities of hand.

C. An intern must have observed or preferably assisted at the following operations:

- (i) Drainage for acute osteomyelitis,
- (ii) Sequestrectomy in chronic osteomyelitis,
- (iii) Application of external fixation,
- (iv) Internal fixation of fractures of long bones.

vii. Physical Medicine And Rehabilitation

1. Goal:- The aim of posting of an intern in Physical Medicine & Rehabilitation is to impart such knowledge and skills that may enable him/ her to diagnose and treat common rheumatologic, orthopedic and neurologic illnesses requiring physical treatment. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.

2. THERAPEUTIC-

A. An intern must perform or assist in:-

- (i) Diagnosing and managing with competence clinical diagnosis and management based on detailed history and assessment of common disabling conditions like poliomyelitis, cerebral palsy, hemiplegia, paraplegia, amputations etc.
- (ii) Participation as a team member in total rehabilitation including appropriate follow up of common disabling conditions,
- (iii) Procedures of fabrication and repair of artificial limbs and appliances.

B. An intern must have observed or preferably assisted at the following operations/ procedures:

- (i) Use of self-help devices and splints and mobility aids
- (ii) Accessibility problems and home-making for disabled
- (iii) Simple exercise therapy in common conditions like prevention of deformity in polio, stump exercise in an amputee etc.
- (iv) Therapeutic counselling and follow-up

viii. Otorhinolaryngology (ENT)-

1. Goal:- The aim of posting of an intern in ENT is to impart such knowledge and skills that may enable him to diagnose and treat common otorhinolaryngological conditions such as ear pain, foreign bodies and acquire ability for a comprehensive diagnosis of common Ear, Nose and Throat (ENT) diseases including emergencies and malignant neoplasms of the head and neck.

2. THERAPEUTIC

A. An intern must perform or assist in:

- (i) Ear syringing, antrum puncture and packing of the nose for epistaxis,
- (ii) Nasal douching and packing of the external canal,
- (iii) Removing foreign bodies from nose and ear,
- (iv) Observing or assisting in various endoscopic procedures and tracheostomy.

B. Skill that an intern should be able to perform under supervision-

- (i) Intern shall have participated as a team member in the diagnosis of various ENT- related diseases and

be aware of National programme on prevention of deafness,

(ii) Intern shall acquire knowledge of various ENT related rehabilitative programmes.

C. An intern must have observed or preferably assisted at the following operations/ procedures:

(i) Intern shall acquire skills in the use of head mirror, otoscope and indirect laryngoscopy and first line of management of common Ear Nose and Throat (ENT) problems.

ix. Ophthalmology

1.Goal:- The aim of posting of an intern in ophthalmology is to impart such knowledge and skills that may enable him to diagnose and treat common ophthalmological conditions such as Trauma, Acute conjunctivitis, allergic conjunctivitis, xerosis, entropion, corneal ulcer, iridocyclitis, myopia, hypermetropia, cataract, glaucoma, ocular injury and sudden loss of vision.

2. THERAPEUTIC-

A. An intern must perform or assist in:

- (i) Sub-conjunctival injection
- (ii) Ocular bandaging
- (iii) Removal of concretions
- (iv) Epilation and electrolysis
- (v) Corneal foreign body removal
- (vi) Cauterization of corneal ulcers
- (vii) Chalazion removal
- (viii) Entropion correction
- (ix) Suturing conjunctival tears
- (x) Lids repair
- (xi) Glaucoma surgery (assisted)
- (xii) Enucleation of eye in cadaver.

B. Skill that an intern should be able to perform under supervision:

(i) Advise regarding methods for rehabilitation of the blind.

C. An intern must have observed or preferably assisted at the following operations/procedures:

(i) Assessment of refractive errors and advise its correction,

- (ii) Diagnose ocular changes in common systemic disorders,
- (iii) Perform investigative procedures such as tonometry, syringing,
- (iv) direct ophthalmoscopy, subjective refraction and fluorescein staining of cornea.

(x) Forensic Medicine and Toxicology

1.Goal:- The aim of posting of an intern in Forensic Medicine and Toxicology is to impart such knowledge and skills that may enable him to identify and

2. An intern must perform or assist in:

- (i) Documentation and certification of trauma
- (ii) Diagnosis and certification of death
- (iii) Legal documentation related to emergency cases
- (iv) Certification of medical-legal cases e.g. Age estimation, sexual assault etc.
- (v) Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc

B. An intern must have observed a medico-legal autopsy/ post-mortem.

(xi) Lab services consisting of Clinical Pathology, Laboratory Medicine, Biochemistry and Hematology services along with Blood Banking

An intern must be able to PERFORM without assistance and interpret the results of the following laboratory investigations:

- Blood: Complete blood count including Platelet count, peripheral blood smear preparation and examination including malarial parasites
- Urine: (Routine chemical and microscopic examination)
- Stool: (for ova/cyst and occult blood)
- Blood Banking: Blood grouping (manual), saline cross-matching
- Sputum and throat swab for Gram stain and acid-fast stain,
- Cerebrospinal Fluid (CSF) for proteins and smear,
- Performing blood sugar test by glucometer,
- Pleural and ascitic fluid for routine chemistry and microscopy
- Draw blood by venepuncture independently and collect samples in appropriate bottles in proper order
- Correctly collect and transport samples and specimens for blood tests, culture, histopathology and cytopathology investigations
- Fill requisition forms appropriately

xii. Casualty services/ Emergency Medicine

1. Goal:-The aim of posting of an intern in casualty is to impart such knowledge and skills that may enable him/her to diagnose and treat common acute surgical /medical ailments. He/she shall have ability to diagnose and suspect, with reasonable accuracy, acute surgical illnesses including emergencies, resuscitate critically injured patient and a severely burned patient, control surface bleeding and manage open wounds and monitor and institute first-line management of patients of head, spine, chest, abdominal and pelvic injury as well as acute abdomen.

2. THERAPEUTIC-

A. An intern must perform or assist in:

- (i) Identification of acute emergencies in various disciplines of medical practice,
- (ii) Management of acute anaphylactic shock,
- (iii) Management of peripheral-vascular failure and shock,
- (iv) Management of acute pulmonary edema and Left Ventricular Failure (LVF),
- (v) Emergency management of drowning, poisoning and seizure,
- (vi) Emergency management of bronchial asthma and status asthmaticus,
- (vii) Emergency management of hyperpyrexia,
- (viii) Emergency management of comatose patients regarding airways, positioning, prevention of aspiration and injuries,
- (ix) Assessment and administering emergency management of burns,
- (x) Assessing and implementing emergency management of various trauma victims,
- (xi) Identification of medico-legal cases and learn filling up of forms as well as complete other medico-legal formalities in cases of injury, poisoning, sexual offenses, intoxication and other unnatural conditions.

B. Skill that an intern should be able to perform under supervision:

- (i) Advise about prognosis of acute surgical illnesses, head injury, trauma and burns. Counsel patients regarding the same.

C. An intern must have observed or preferably assisted at the following operations/ procedures:

- (i) Resuscitation of critical patients
- (ii) documentation medico legal cases
- (iii) management of bleeding and application of splints;

xi. Dermatology, Venereology & Leprosy

Goal:-The aim of posting of an intern in Dermatology, Venereology & Leprosy is to impart such

knowledge and skills that may enable him to diagnose and treat common dermatological infections and leprosy. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management; this would include diseases common in tropics (parasitic, bacterial or viral infections, and cutaneous manifestations of systemic illnesses).

2. THERAPEUTIC-

A. At the end of internship an intern must be able to:

- (i) Conduct proper clinical examination; elicit and interpret physical findings, and diagnose common disorders and emergencies,
- (ii) Perform simple, routine investigative procedures for making bedside diagnosis, specially the examination of scraping for fungus, preparation of slit smears and staining for AFB for leprosy patient and for STD cases,
- (iii) Manage common diseases recognizing the need for referral for specialized care in case of inappropriateness of therapeutic response.

B. An intern must have observed or preferably assisted at the following operations/ procedures:

- (i) Skin biopsy for diagnostic purpose

xii. Respiratory Medicine-

Goal:-The aim of posting of an intern in Respiratory Medicine is to impart such knowledge and skills that may enable him/her to diagnose and treat common respiratory illnesses. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.

2. THERAPEUTIC –

A. An intern must perform or assist in:

- (i) Diagnosing and managing common respiratory disorders and emergencies,
- (ii) Simple, routine investigative procedures required for making bed side diagnosis, especially sputum collection, examination for etiological organism like AFB, interpretation of chest X-rays and respiratory function tests,

(iii) Interpreting and managing various blood gases and pH abnormalities in various illnesses.

B. An intern must have observed or preferably assisted at the following operations/ procedures:

(i) Laryngoscopy,

(ii) Pleural aspiration, respiratory physiotherapy, laryngeal intubation and pneumo-thoracic drainage aspiration,

(iv) Therapeutic counseling and follow up.

xiii. Radio-Diagnosis

1. Goal:-The aim of posting of an intern in radio-diagnosis is to impart such knowledge and skills that may enable him/ her to understand principles of imageology and recognize risk and complications of radiologic procedures and the need for protective techniques. At the end of internship, he/she should be able to counsel and prepare patients for various radiologic procedures.

A. An intern must acquire competency in:

(i) Identifying and diagnosing acute abdominal conditions clinically and choose appropriate imaging modality for diagnosis,

(ii) Identifying and diagnosing acute traumatic conditions in bones and skull using X rays / CT Scans with emphasis on fractures and head injuries,

(iii) Recognising basic hazards and precautions in radio-diagnostic practices specially related to pregnancy,

(iv) Demonstrating awareness of the various laws like PC PNDT Act.

xiv. Forensic Medicine And Toxicology

1. Goal:- The aim of posting of an intern in Forensic Medicine is to impart such knowledge and skills that may enable him to manage common medico-legal problems in day to day practice. He/she shall acquire competence for post-mortem diagnosis based on history, physical examination and relevant observations during autopsy.

A. An intern must perform or assist in:

- (i) Identifying and documenting medico-legal problems in a hospital and general practice,
- (ii) Identifying the medico-legal responsibilities of a medical man in various hospital situations,
- (iii) Diagnosing and managing with competence basic poisoning conditions in the community,
- (iv) Diagnosing and managing with competence and documentation in cases of sexual assault,
- (v) Preparing medico-legal reports in various medico-legal situations.

A. An intern must have observed or preferably assisted at the following operations/ procedures:

- (i) Various medico legal / post-mortem procedures and formalities during their performance by police.

ANNEXURE 1
Certifiable Procedural Skills

A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) – Indian Medical Graduate that should be included in log books

Specialty	Procedure
General Medicine	<ul style="list-style-type: none"> • Venipuncture (I) • Intramuscular injection (I) • Intradermal injection (D) • Subcutaneous injection (I) • Intra Venous (IV) injection(I) • Setting up IV infusion and calculating drip rate (I) • Blood transfusion (O) • Urinary catheterization (D) • Basic life support (D) • Oxygen therapy (I) • Aerosol therapy / nebulization (I) • Ryle's tube insertion (D) • Lumbar puncture (O) • Pleural and ascitic aspiration (O) • Cardiac resuscitation (D) • Peripheral blood smear interpretation (I) • Bedside urine analysis (D)
General Surgery	<ul style="list-style-type: none"> • Basic suturing (I) • Basic wound care (I) • Basic bandaging(I) • Incision and drainage of superficial abscess(I) • Early management of trauma (I) and trauma life support(D)
Orthopedics	<ul style="list-style-type: none"> • Application of basic splints and slings(I) • Basic fracture and dislocation management (O) • Compression bandage (I)

Obstetrics	<ul style="list-style-type: none"> • Obstetric examination(I) • Episiotomy(I) • Normal labor and delivery (including partogram) (I)
Gynecology	<ul style="list-style-type: none"> • Per Speculum (PS) and Per Vaginal (PV) examination(I) • Visual Inspection of Cervix with Acetic Acid (VIA) (O) • Pap Smear sample collection & interpretation (I) • Intra- Uterine Contraceptive Device (IUCD) insertion & removal(I)
Pediatrics	<ul style="list-style-type: none"> • Neonatal resuscitation(D) • Setting up Pediatric IV infusion and calculating drip rate (I) • Setting up Pediatric Intraosseous line (O)
Forensic Medicine	<ul style="list-style-type: none"> • Documentation and certification of trauma (I) • Diagnosis and certification of death(D) • Legal documentation related to emergency cases (D) • Certification of medical-legal cases e.g. Age estimation, sexual assault etc.(D) • Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc (D)

Otorhinolaryngology	<ul style="list-style-type: none"> • Anterior nasal packing (D) • Otoscopy (I)
Ophthalmology	<ul style="list-style-type: none"> • Visual acuity testing (I) • Digital tonometry(D) • Indirect ophthalmoscopy (O) • Epilation (O) • Eye irrigation(I) • Instillation of eye medication (I) • Ocular bandaging(I)
Dermatology	<ul style="list-style-type: none"> • Slit skin smear for leprosy(O) • Skin biopsy(O) • Gram's stained smear interpretation (I) • KOH examination of scrapings for fungus (D) • Dark ground illumination (O) • Tissue smear (O) • Cautery - Chemical and electrical (O)
Pathology and Blood Banking	<ul style="list-style-type: none"> • Peripheral blood smear preparation, staining and interpretation (I) • Urine routine and microscopy examination (I) • Manual blood sugar estimation (I) • CSF examination (I) • Blood grouping (I) • Saline cross match method (I)
Microbiology	<ul style="list-style-type: none"> • Gram's stained smear interpretation (I) • KOH examination of scrapings for fungus (I) • Dark ground illumination (O) • ZN stained smear interpretation (I) • Wet mount examination of stool for ova and cysts (I) • Identification of blood parasites on PBS (I)
Pharmacology	<ul style="list-style-type: none"> • Writing a prescription (D) • Audit of a given prescription (D) • Recognize an adverse drug reaction (I) • Be able to prepare a list of essential drugs for a healthcare facility
Applied Anatomy	<ul style="list-style-type: none"> • Identification of structures on X-rays/ ultrasound
Applied Physiology	<ul style="list-style-type: none"> • Perform, analyze, and interpret pulmonary function (eg FVC, MVV) (O) • Perform, analyze, and interpret measurements of cardiac and vascular function (eg HR, BP, ECG) (D) • Interpret blood parameters (eg hematocrit/red blood cell count, lactate, glucose) (I) • Perform, analyze, and interpret CNS function (eg nerve conduction velocity, EMG, cranial nerve examination) (D)

shift patients									
Prepare for emergency surgery / procedures									
Monitor patients requiring oxygen									
Appropriately use mask, Non invasive ventilation									
Monitor sick patients in HDU									

Note:

- These are only incomplete sample skills
- Every institution can prepare such lists for each posting and include communication skills etc.
- Instead of numbers check boxes can be used for simplicity and to avoid cumbersome entries

Annexure #: SAMPLE INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____ Student / Intern ID: _____

Supervisor: _____ Department/ Specialty: _____

Unit: _____ Dates: ___ / ___ / ___ to ___ / ___ / ___ Leaves: _____ days

RATING

PLEASE RATE ON A SCALE OF 1 TO 10 WITH
1 BEING EXCEPTIONALLY POOR AND 10 BEING EXCEPTIONALLY OUTSTANDING
[Actual marks may be given instead of a score based on the assessment]

Knowledge	1	2	3	4	5	6	7	8	9	10
Patient Care	1	2	3	4	5	6	7	8	9	10
Procedural Skills	1	2	3	4	5	6	7	8	9	10
independent care	1	2	3	4	5	6	7	8	9	10
Communication Skills	2	3	4	5	6	7	8	9	10	
System Based Practice	1	2	3	4	5	6	7	8	9	10
Professionalism	1	2	3	4	5	6	7	8	9	10
Life-long Learning	1	2	3	4	5	6	7	8	9	10

FEED-BACK

Strengths:

Areas of Improvement needed:

Comments:

Student: _____

Date: _____

Faculty: _____

Date: _____

Amanhar
President (UGMEB)
07/07/2021

DRAFT