

# **WAH MEDICAL COLLEGE**



## **FOUNDATION YEAR TRAINING GUIDE**

**POF TEACHING HOSPITAL  
WAH CANTT**

**PREPARED BY**

**Medical Education Department  
Wah Medical College, Wah Cantt**



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# PREFACE

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House job training was in place for the last many years at POF Teaching Hospital but no guidelines were issued to provide information pertaining to such training. The aim of this booklet is twofold; firstly, to guide internees regarding the foundation year training programme and secondly, to keep a record of their activities during internship year.

These guidelines will help the internee to achieve a comprehensive clinical experience and become a competent and caring, seven-star doctor. The internee will have to maintain a logbook of academic & clinical activities and the formative assessments performed during rotations in various departments. It will display the progress that he/she has made during one year of internship. The training programme is well structured for the internee to gain appropriate knowledge, skill and experience as well as correct attitude to practice the profession.

This is the first up gradation of the Intern's Log book for foundation year booklet entitled "FOUNDATION YEAR TRAINING GUIDE" being published by Wah Medical College. We request the users of this booklet (internee / supervisor / HODs) to send us their feedback for further improvements. I shall like to end the preface with quotation of Chinese scholar, Tai Tung (13<sup>th</sup> century), "were I to await perfection, my book would never be finished:"!

**Department of Medical Education  
& Clinical coordinator  
Wah Medical College, Wah Cantt  
September, 2021**

## Vision of NUMS

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The vision of National University of Medical Sciences is to improve the quality of life through education, research, innovation, and healthcare, thereby, contributing to endeavours to make Pakistan and this world better place to live in.

## Mission of WMC

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To produce competent professional medical graduates equipped with sound knowledge based on scientific principles, imbued with ethics & moral values primed to serve the community through the profession and pursue advanced training in any branch of medicine.

# Quality Policy of WMC

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Wah Medical College (WMC) continuously strives to enhance the quality of life by providing sound knowledge based on scientific principles coupled with conducive educational environment to meet and exceed national & international standards.

The principles that WMC pursues to attain excellence in medical education are student & faculty involvement, system approach, applied research, continuous quality improvement and social accountability.

Implementation of the Quality Policy enables WMC to produce professionally competent, skilful, lifelong learners, researchers and well-trained medical graduates imbued with ethics & moral values to serve the community in befitting manner.

## Core values of WMC

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- Integrity
- Team work
- Transparency
- Quality
- Excellence
- Professionalism
- Compassion

## Program Learning Outcomes of WMC

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1. Independently manage common, non-critical clinical problems.
2. Assist in the management of critically ill patients & demonstrate competency in life saving procedures.
3. Exhibit the attributes of an ethical professional.
4. Conduct research which brings relevance to health care practices.
5. Act as an efficient community health promoter.
6. Exhibit scientific knowledge in all professional activities.
7. Demonstrate clear and efficient written & verbal communication skills.
8. Exhibit the habits of a lifelong learner.



## MESSAGE BY THE PRINCIPAL

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The prospect of commencing any new career is always stressful and daunting. This is especially so in medicine where delicate human lives are at stake and the practice has no room for mistake and negligence. To that effect, a period of supervised training known as 'internship', where interns undergo a structured training to enable them to consolidate and extend theoretical clinical knowledge and technical skills, is provided for. The one-year internship is formulated in such a way to ensure that you, as internee gain appropriate knowledge, skill and experience as well as correct attitude to the profession. Your active role in caring for your patients will be your greatest source of learning. In the process, it is hoped that the noble training aims not only to produce safe and competent practitioners, but also caring and compassionate professionals. Inevitably, you will face many new challenges during the internship rotations. Most of these will be exciting and positive. You will be working with people who understand that you are undergoing the learning process. If in doubt, ask them for advice and assistance. It is also always helpful to develop a good working relationship and be courteous and respectful at all times to other members of staff whom you work with. the manuals and protocols that can help in your rotation.

As an intern / house officer, most often you will be in the frontline and your competence, care, courtesy and concern is thus of vital importance. Notwithstanding any circumstances, you are strongly advised to maintain and uphold your professional conduct at all times. To ensure that your practice comply with all legal requirements of this beloved and noble profession, I would like to advise all practitioners not only to be aware of the Code of Ethics for Medical and Dental Practitioners revised in its 97th session of Pakistan Medical & Dental Council held on 29th and 30th December 2001 at Islamabad but more importantly to comply with all its requirements. Though the internship training was in place even before, however, no guidebook to provide information pertaining to such training was issued by WMC. Hence, the publication of this Guidebook, entitled "A Training Guidebook for Foundation Year" is timely and appropriate. This Guidebook aims to inform fresh graduates (like you) of what to expect from them during internship training, the training programmes which they should abide by, so as to meet the legal requirements, the method of evaluation and eventually what is expected of them as professionals. It is fervently hoped that this Guidebook will allay fears and anxiety whilst undergoing this very important training in their professional career.

It is expected from both the trainers and trainees to leave no stone unturned to promote learning skills during the internship / house job. Finally, on behalf of the Wah Medical College and POF Hospital, I wish you a purposeful and a rewarding training.

**Principal /**  
**Wah Medical College Wah Cantt**

## DEAN'S MESSAGE

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The intern year is a crucial period of transition from a medical student to a fully registered doctor. The professional and personal skills that you develop during the intern year will provide a foundation for the rest of your career. This handbook provides information to guide you through this exciting and demanding period. It provides a record of the activities that you perform during the year. At the end of your internship, you will need to obtain a Certificate of Experience and have to qualify an exit assessment examination of house job / internship / foundation year by the concerned University / the training institution. This exit assessment examination is an essential requirement for full registration with the Pakistan Medical Council. The first duty of the Council is to protect rights of patients, and to do this it must ensure the integrity of those registered with it. The logbook is vital evidence in determining your suitability and eligibility for full registration. It is therefore important that you refer to it on regular basis, and fill it in. You have a duty of confidentiality to your patients so patient identifiers should never be used in the log book. I wish you a purposeful intern year, leading to a rewarding career in the medical profession.

**DEAN  
WAH MEDICAL COLLEGE  
WAH CANTT**

# THE INTERNSHIP PROGRAM & THE FOUNDATION YEAR

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## **AIM:**

The aim of house job year is to provide you an educationally sound experience, under the guidance of skilled supervisors, that will enhance your skills & shape your attitudes to manage your patients ethically, professionally by applying the scientific & evidence-based knowledge you have gained in 5-years of MBBS.

## **OBJECTIVES:**

The main objectives of the Foundation year training Program are to:

- Help the graduating students to integrate the medical knowledge received during their studies at Wah Medical College with the clinical work taking place in the POF Hospital, and develop and improve the clinical skills necessary to practice medicine, and get ready to serve patients in a safe, satisfactory and professional manner.
- Ensure that the training at each post/rotation is monitored and evaluated thereby, guaranteeing the improvement and the maintenance of the international standard of practice.

## **ELIGIBILITY REQUIREMENT FOR ENTERING THE PROGRAMME**

1. M.B.B.S or equivalent qualification registered with PMC
2. A house job is compulsory for full registration with Pakistan Medical Council. Only provisionally registered Doctors shall be eligible for house job and house job can only commence after provisional registration. Any internship done prior to the provisional registration shall not be acceptable as house job towards attainment of full registration.
3. House officer shall not be permitted to transfer to another teaching hospital once the house job program has begun (Ref: Page 14 PMC regulations 2021).

## Monitoring and Certification Committee (MCC)

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A committee comprising of the following members will finalize the new doctor's house job allocation, their choice of modules, sequence and certification. This will be based on merit after fulfilling all requirements. The MCC will work under the chairmanship of the Principal and its decisions will be final.

1. President – Principal of Wah Medical College
2. Member 1: Commandant of respective POF Hospital
3. Member 2: Program Director Internship (Surgery) – Head of Surgery or a faculty member nominated by him
4. Member 3: Program Director Internship (Medicine) – Head of Medicine or a faculty member nominated by him
5. Member 4: Coordinator Clinical Training, POF Hospital

## PMC REQUIREMENTS FOR HOUSE JOB / FOUNDATION YEAR

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- 1) For full registration as a medical practitioner, the House job / Foundation year shall have following modules.

**Module 1:** General Medicine x 3 months compulsory

**Module II:** In medical allied subjects is optional and up to candidate/institution's choice/convenience x 3months

**Module III:** General Surgery x 3 months compulsory

**Module IV:** In surgical Allied subjects is optional and up to candidate/institution's choice/convenience x 3months

### NOTE:

1. Compulsory module of internal medicine/General surgery and optional module of respective allied departments shall be accomplished separately and in same hospital- experienced gained at 2 different hospitals for sub-components shall not be accepted. However, one module of 3-month duration at specialized hospitals of allied subjects like paediatric medicine or cardiology or nephrology shall be accepted. The experience of house job less than three months shall not be accepted as experience.
2. Institution can make modification within the six months surgery / medicine constraints.

3. A course on **BLS** shall be mandatory. Opportunity will be provided at institute but intern must be prepared to undertake training elsewhere if not available at institute.
4. End of module exams will be taken by each department using OSCE, Mini-CEX, DOPS & P-MEX.
5. A house job / internship **Exit Examination** will be conducted at the end of training period (format of Exit Exam is given in Annexure "A")
6. Doctors intending to become a GP or proceed abroad should plan module selection accordingly before the house job starts. WMC graduates requiring career counselling may request for individual career counselling session to student affair department at least a week prior to commencement of house job. College will also conduct a career counselling session in a week prior to commencement of house job.

# Responsibilities of Interns

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Maintenance of log book containing evidence for the attainment of following tasks on standard forms including Mini-CEX, DOPS, P-MEX, Communication skill checklists. The interns are also required to write a reflection after each rotation.

## 1. Communication Tasks

(S)He is expected to:

- Maintain good working relationship with other staff
  - nurses
  - senior doctors
  - other departments, for e.g., Radiology or Anesthesiology department etc.
- Communicate with patients and their relatives.
- Break bad news at discretion of senior doctors.
- Gain informed consent for frequently undertaken procedures.
- Present cases on designated ward rounds.
- Perform effective “hand-over.”

## 2. Clinical Tasks

- Take history and perform physical examination.
- Institute the management of common clinical problems in both elective and emergency situations.
- Recognize the complications / deterioration in patient's condition and ask for help from the appropriate senior.
- Attend ward rounds and out-patients and present the cases as per senior's discretion.
- Report adverse drug reactions.

## 3. Clerical Tasks

- Learn to write good and legible
  - admission notes
  - patient progress notes
  - investigation forms
  - blood transfusion forms
  - discharge summary
  - notes of seniors' instructions

## 4. Personal

He / she is expected to:

- Recognize his / her limitations
- Take responsibility for his/her personal development

- Manage stress
- Maintain his/her physical and psychological health
- Seek medical or other advice or treatment if he/she requires it
- Follow the **dress code** i.e., jeans, tights, T-shirts, & casual dressing is not allowed. Girls should keep their nails trimmed and hair tied while working in the ward. All interns should wear a white coat with their name plates.

## 5. Practical Tasks

- I.V. infusion
- Blood collection
- Blood transfusion
- C.P.R.
- Urethral catheterization
- Assisted, supervised or delegated procedures as per seniors' discretion

# Responsibilities of Departments

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## 1. Head of Department (HOD)

Is expected to:

- a. Provide the specific guidelines for supervision of interns by both senior and junior staff.
- b. Ensure that interns have adequate protected time for educational activities.
- c. Appropriate interaction, counselling and advice including career development.
- d. Ensure fair assessment of intern's performance.
- e. Inform the MCC of intern's progress

## 2. Supervising Consultant

Is expected to:

- a. Have at least two ward rounds per week where interns will have opportunities to present the patients to consultant.
- b. Ensure that intern attends at least two out-patient clinics a week.
- c. Ensure efficient on-call arrangements
- d. Make sure that sufficient protected time and opportunities for educational activities are provided.
- e. Provide reliable access to seniors available as and when necessary.
- f. Discuss evaluations of performance with the intern personally and provide guidance; particularly for those who need help.

## 3. Junior Consultants / Registrar / M.O

Are expected to:

- a. Ensure that intern has reliable access to Registrar / M.O. at all the time.
- b. Make sure that intern is not given the task beyond his/her abilities.
- c. Be directly responsible for patient care.
- d. Be aware of intern's limitation and be ready to help.

# Disciplinary Committee

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Disciplinary committee comprise of representatives nominated by HODs. In case of any breach in discipline by the intern, all Senior & Junior consultants will inform the disciplinary committee to proceed.

- a. Prof. Dr. Sohail Bhutta, Medicine department
- b. Brig ® Prof. Dr. Mannan Masud, Surgery Department
- c. Dr. Saba Mushtaq, Peads Department
- d. Prof. Dr. Kinza Alam, Gynae Department



# SUPERVISION OF THE INTERN

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1. The immediate supervisor, as designated by Head of Unit (HOU), has a major commitment to teaching and training the Intern, should help with both professional and personal development and should therefore be aware of the Intern's individual needs. The supervisor should ensure that the Intern is not overwhelmed by clinical commitments, overburdened by responsibilities inappropriate to the experience acquired, or understanding an excessive on-call commitment. There should be no more than one in every three nights of on-call duty for each Intern throughout the training.
2. Duties of other medical staff working with the Intern: Teaching and guiding the Intern and for providing feedback on clinical progress may be extended to other doctors working in the same team and it is important that they give the supervisor early warning of any deficiencies that they note in the Intern's performance.
3. The supervisor must give each Intern individual attention and should personally undertake, and should not delegate, certain tutorial functions:
  - a. At the beginning of the post, discussion about the duties of the post, and it is advisable to provide the Intern with a written record of these
  - b. Regularly monitoring and discussing the Intern's progress with him/her. These discussions should be informal, and Interns should be informed about their progress. They should also be invited to comment on the training and when problems are identified to discuss about them.
  - c. Checking with the assistance of others that the Intern's performance is adequate with regard to the following skills: technical, administrative and organisational, and that any problems in respect of communication, medical ethics and etiquette have been overcome.
  - d. Facilitating and encouraging the Intern's attendance at educational programmes; and
  - e. Ensuring that the Intern receives appropriate career guidance.
4. If at any time the supervisor considers that the Intern's performance is not reaching the required standard this should be discussed with him/her and brought to the attention of the MCC as early as possible to permit remedial measures to be instituted and to have the maximum chance of success. Should the Intern continue to perform unsatisfactorily, as evidenced by adverse comments by the supervisor in the Logbook, that Intern could be required to repeat that portion of the internship either in the same unit or in another unit

**“Responsible consultants have always undertaken these duties”**

# OBJECTIVES FOR SURGICAL INTERN

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## GENERAL CLINICAL SKILLS

Each Intern completing a surgical internship should be able to perform the following with confidence.

### A. **PRE-OPERATIVE CARE:**

1. Clerk all admissions quickly and accurately.
2. Carry out pre-operative investigations and follow-up (in consultation with seniors.)
3. Evaluate initial investigations.
4. Arrange/attend to consultations or specialized investigations.
5. Prepare patient for operation, e.g., consent, crossmatch blood, pre-medication, x-rays etc.
6. Prepare theatre list.

### B. **POST-OPERATIVE CARE:**

1. Follow post-operative care instructions
2. Learn basics of:
  - a. Fluid management,
  - b. pain relief,
  - c. wound care including removal of sutures,
  - d. antibiotic therapy
3. Keep regular progress notes and chase up results.
4. Prepare discharge notes.

### C. **EMERGENCY DUTIES:**

1. Attend as 1st on-call together with PG1st on-call, all emergencies on the ward and in the Accident and Emergency Department.
2. Initiate investigations and management after discussion with PG1st on call.

***Patients in Accident & Emergency Department should not be discharged by an Intern.***

### D. **PRACTICAL SKILLS**

You should perform as many of the following as possible under supervision:

1. Venepuncture and putting up of drips
2. Arterial puncture
3. Pass nasogastric tubes
4. Urethral catheterisation

5. Insert of chest drains and manage it
6. Proctoscopy, sigmoidoscopy
7. Abdominal paracentesis
8. Incise and drain simple abscesses
9. Suture minor lacerations and wounds
10. Excise simple lumps e.g., sebaceous cysts, lipomas
11. Plastibell circumcision under supervision
12. Wedge excision/avulsion of ingrowing toenails
13. Others

## **ABDOMINAL OPERATIONS**

Assist in

1. Hernia repair
2. Operations on scrotum and testis
3. Haemorrhoids, fissures, fistulae
4. Appendicectomy
5. Cholecystectomy
6. Oesophagectomy
7. Laparoscopic surgery

## **ORTHOPAEDIC SURGERY**

Assist in

1. Closed treatment of common fractures
2. Open reduction, plating, nailing, intramedullary wiring and external fixation
3. Operative treatment of deformities
4. Operations on tendons (repair and lengthening)
5. Bone biopsy

## **UROLOGICAL SURGERY**

Assist in

1. Suprapubic cystostomy
2. Prostatectomy
3. Vesiculolithotomy
4. Urethral dilatation
5. Operations on kidney and ureter
6. Treatment of bladder and urethral injuries

**For procedures done in surgery**

**KEY: O – Observed**

**A – Assisted**

**PS – Performed under Supervision**

**PI – Performed Independently**

# OBJECTIVES FOR MEDICAL INTERNS

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## **GENERAL CLINICAL SKILLS**

Each Intern completing a medical internship should be able to perform the following with confidence:

1. Take and write clinical history quickly and accurately.
2. Conduct a routine clinical examination quickly and accurately.
3. Plan and evaluate initial investigations.
4. Write clear, concise and accurate case notes.
5. Write orders and prescriptions for routine management clearly and accurately.
6. Evaluate the relative importance of different clinical observations and results and react accordingly.
7. Liaise and consult appropriately with medical, nursing and other colleagues.

## **PRACTICAL SKILLS**

Internee should perform as many of the following as possible under supervision.

### **PROCEDURES SIG. OF SUPERVISOR**

1. Take a standard 12-lead ECG
2. Administer and intravenous injection
3. Set up and manage an intravenous infusion
4. Perform a simple arterial puncture for blood gases
5. Examine a urine specimen by dip strips and microscopy
6. Examine a blood smear for malaria parasites
7. Perform paracentesis of thorax and abdomen
8. Perform a lumbar puncture
9. Perform a skin biopsy
10. Catheterize a male patient
11. Others

# OBJECTIVE FOR ELECTIVE DEPARTMENTS

## OBJECTIVES FOR GYNAECOLOGY & OBSTETRIC INTERN

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Each Intern completing an OBS/GYNAE Internship should be able to:

1. Take thorough history of obstetric & gynecological patients and document it properly.
2. Examine antenatal women and those with common gynaecological problems.
3. Formulate diagnosis and rationalize management of antenatal, intrapartum and postnatal period of normal pregnancy.
4. Identify high risk antenatal cases and plan their management in consultation with senior.
5. Deliver low risk cases (spontaneous vertex delivery and delivery of placenta).
6. Perform basic OPD procedures of obstetrics & gynaecology.
7. Demonstrate competency in data entry (HMIS) and maintenance of efficient records.
8. Demonstrate communication skills both verbal and written to establish effective communication with patients, relatives, and health team partners.
9. Demonstrate professional values of empathy, altruism, confidentiality, and cultural sensitivity.
10. Assist in gynaecological & obstetric surgeries.
  - After the completion of this internship, he/she should be able to act as a leader at primary health care facility utilizing local resources and personnel.
  - All prescriptions and orders should initially be countersigned by M.O.

### **CLINICAL SKILLS**

Internee should be able to perform these skills according to competency level as high as possible.

#### **Level I-Observed**

1. Abdominal U/S
2. Vaginal ultrasound
3. Colposcopy

#### **Level II-assisted**

1. LSCS
2. Major gynecological surgeries
3. Instrumental deliveries

#### **Level III—Performed under supervision**

1. Perform & stitch episiotomy.
2. D&C
3. Removal of retained placenta

#### **Level IV---Performed independently**

- 1.Obstetric examination
- 2.Gynaecological examination
- 3.Pap smear
- 4.HVS
- 5.Artificial rupture of membranes
- 6.Urinary catheterization
- 7.Cardiotocography
- 8.Resuscitation of new born
- 9.Injection administration (S/C, I/M, I/V and infusions)
- 10.Basic life support (BLS)

# OBJECTIVES FOR OPHTHALMOLOGY INTERN

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## GENERAL CLINICAL SKILLS

Each Intern completing an Ophthalmology internship should be able to perform the following with confidence.

### A. **PRE-OPERATIVE CARE:**

1. Clerk all admissions quickly and accurately.
2. Carry out pre-operative investigations and follow-up (in consultation with seniors).
3. Evaluate initial investigations.
4. Arrange/attend to consultations or specialized investigations.
5. Prepare patient for operation, e.g. consent, cross-match blood, pre-medication, x-rays etc.
6. Prepare theatre list.

### B. **POST-OPERATIVE CARE:**

1. Follow post-operative care instructions
2. Learn basics of: Fluid management, pain relief, wound care including removal of sutures, antibiotic therapy
3. Keep regular progress notes and chase up results.
4. Prepare discharge notes.

### C. **PRACTICAL SKILLS**

Each Intern completing an Ophthalmology internship should be able to perform / manage the following with confidence:

1. Refractions of eye
2. Red eye (especially measurement of intraocular pressure)
3. Infections of Eye
4. First Aid for minor Injuries of Eye



# OBJECTIVES FOR ENT INTERN

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## GENERAL CLINICAL SKILLS

Each Intern completing an ENT internship should be able to perform the following with confidence.

### A. **PRE-OPERATIVE CARE:**

1. Clerk all admissions quickly and accurately.
2. Carry out pre-operative investigations and follow-up (in consultation with seniors).
3. Evaluate initial investigations.
4. Arrange/attend to consultations or specialized investigations.
5. Prepare patient for operation, e.g. consent, cross-match blood, pre-medication, x-rays etc.
6. Prepare theatre list.

### B. **POST-OPERATIVE CARE:**

1. Follow post-operative care instructions
2. Keep regular progress notes and chase up results.
3. Prepare discharge notes.

### C. **PRACTICAL SKILLS**

Each Intern completing an ENT internship should be able to perform / manage the following with confidence:

1. Otoscopy
2. Hearing test: Rinne's test, Weber's Test, ABC Test
3. Removal of foreign body from ear
4. Anterior rhinoscopy
5. Posterior rhinoscopy
6. Anterior nasal packing
7. Posterior nasal packing
8. Removal of foreign body from nose
9. Splint removal
10. Removal of stitches
11. Laceration stitching
12. Antiseptic dressing
13. Bimanual palpation in oral cavity
14. IDL

# OBJECTIVES FOR PAEDIATRICS INTERNS

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## GENERAL CLINICAL SKILLS

By the end of rotation in Paediatrics department the intern should be able to:

1. Take, write and present comprehensive pediatric history of patients coming to the department.
2. Perform pediatric and neonatal examination
3. Participate in the case discussions, investigations and management decisions of the patient during ward & NICU round, in OPD and emergency.
4. Arrange, collect & evaluate all investigations.
5. Arrange consultations or specialized investigations
6. Prepare discharge notes and get them counter signed from the PG
7. Independently manage Paediatric parenteral fluid therapy.
8. Vaccinate children according to Extended Programme of Immunizations (EPI) in Pakistan.
9. Use wards computer terminals.
10. Take part in all clinical meetings held by the department, such as the Journal club, postgraduate presentations, mortality meetings and clinical meetings.
11. Apply IMCI guidelines while treating the patients
12. Demonstrate Pediatric routine and emergency procedure skills
13. Communicate effectively with colleagues, patients & their relatives.
14. Display ethical & appropriate behavior while dealing with the pediatric patient

## **PRACTICAL SKILLS**

Internee should perform as many of the following as possible under supervision.

1. Measurement of temperature, respiratory rate, pulse rate, blood pressure, oxygen saturations, NG output and urine output
2. Taking samples of venous blood in proper culture bottles
3. Carrying out arterial blood gas
4. Perform Basic Life Support, endotracheal intubation and Neonatal resuscitation.
5. Carrying out nasogastric tube placement
6. Carrying out venipuncture
7. Measuring blood glucose
8. Carrying out a urine multi-dipstick test
9. Demonstrate correct technique to take nasal swab and throat swab
10. Interpretation of common X-rays
11. Setting up an infusion
12. Prescribing and administering oxygen
13. Preparing and administering injectable (intramuscular, subcutaneous, intravenous) drugs
14. Carrying out intravenous cannulation
15. Carrying out safe and appropriate blood transfusion
16. Performing and interpreting peak flow using simple devices
17. Carrying out nutritional assessment of patients and guiding them accordingly
18. Instructing patients in the use of devices for inhaled medication
19. Donning and doffing of PPE
20. Lumbar puncture

# OBJECTIVES FOR PSYCHIATRY INTERNS

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## **GENERAL CLINICAL SKILLS**

Each Intern completing a Psychiatry internship should be able to perform the following with confidence:

1. Take and write clinical history quickly and accurately.
2. Conduct a routine clinical examination quickly and accurately.
3. Plan and evaluate initial investigations.
4. Write clear, concise and accurate case notes.
5. Write orders and prescriptions for routine management clearly and accurately.
6. Evaluate the relative importance of different clinical observations and results and react accordingly.
7. Liaise and consult appropriately with medical, nursing and other colleagues.

## **CLINICAL CASES**

Each Intern completing a Psychiatry internship should be able to manage the following conditions with confidence:

1. Depression
2. Anxiety
3. Addiction
4. Psychological counselling
5. Handling of psychiatric patients

# Objectives for Neurosurgery

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## **OBJECTIVES:**

At the end of rotation in Neurosurgery house job doctor should be able to:

1. Assess the patient with neurosurgical disorders
  - i. Taking a detailed history.
  - ii. Perform a neurosurgical examination.
  - iii. Assess the patient for neurological emergencies.
2. Should be able to pick the neurological emergencies.
3. Should be able to assess and stabilize the patient with head injury.
  - i. Initial management as per ATLS guidelines.
  - ii. Correctly assess and interpret the GCS pupillary reaction.
  - iii. Should be able to communicate the condition of the patient to the concerned consultant.
  - iv. Should learn the basics of diagnosis like CT-Scan in head injury.
4. Should be able to assess a patient with a spinal injury, Neurological examination, stabilization, and safe transportation of a patient with spine injury.
5. Should be able to perform clinical assessment of a patient with brain tumor, degenerative spine disease and congenital anomalies.
6. Must learn basic surgical skills like scrubbing and sterile techniques.

## **Practical Skills**

1. Airway management
2. IV-Cannulation
3. N/G Tube
4. Catheterize
5. Sterile dressing
6. Burr Hole
7. VP-Shunt
8. EVD
9. Lumber Puncture



# ANNEXURES

## Annexure A: Reflection by the students

Reflection by the students at the end of Rotation

1. Describe the time you have spent in the ward.
2. How did you feel about the learning environment in the ward?
3. What do you think you learnt from the time spent in this rotation?
4. What do you think you can do to improve learning in future rotations?
5. What do you think you should avoid in future?

## Annexure B: Professionalism Mini-Evaluation Exercise

Evaluator: \_\_\_\_\_

Level: House officer

Date of Evaluation: \_\_\_\_\_

		Not Observed	Not Acceptable	Below Expectations	Met Expectations	Exceeded Expectations
1	Listened actively to patient					
2	Showed interest in patient as a person					
3	Recognized and met patient needs					
4	Extended himself/herself to meet patient needs					
5	Advocated on behalf of a patient					
6	Demonstrated awareness of limitations					
7	Admitted errors/omissions					
8	Solicited feedback					
9	Accepted feedback					
10	Maintained appropriate boundaries					
11	Maintained composure in a difficult situation					
12	Maintained appropriate appearance					
13	Was on time					
14	Completed tasks in a reliable fashion					
15	Addressed own gaps in knowledge and skills					
16	Was available to colleagues					
17	Avoided derogatory language					
18	Maintained patient confidentiality					
19	Used health resources appropriately					

Comments:

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**COUNTER SIGNED BY  
HEAD OF DEPARTMENT**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_



## Annexure C: Mini-CEX

Assessment taken by(name in capitals & level of Observer)			
TASK			
CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3)
<b>History Taking:</b> Elicits history and allows patient to elaborate, asks relevant clinical questions current treatment, allergies, past medical history and family history social history inc. risk factors.			
<b>Physical Examination:</b> Obtains verbal consent for physical examination. Performs examination appropriately and competently Uses relevant instruments in a competent manner.			
<b>Organization/Efficiency:</b> Exhibits well organized approach Sensible management of interview time & interaction.			
<b>Communication Skills:</b> Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.			
<b>Professionalism:</b> Responds appropriately to patient by taking her name			

Marks obtained: \_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

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Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

## Annexure D: DOPS

Assessment taken(name in capital & level of observer)					
Task:					
<b>Please grade the following areas using the scale below</b>		<b>Below Expectations (1)</b>	<b>Borderline (2)</b>	<b>Around Expectations (3)</b>	<b>Above Expectations (4)</b>
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.				
2	Obtains informed consent.				
3	Demonstrates appropriate pre procedure preparation.				
4	Aseptic technique.				
5	Technical ability.				
6	Seeks help where appropriate.				
7	Communication skills				
8	Consideration for patient.				
9	Overall performance.				

Marks obtained: \_\_\_\_ /36

Comments:

What was good? What can be improved and how?

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Date \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

## Annex E: Certificate of BLS



## Annexur F: EXIT EXAMINATION FORMAT OF EACH MODULE

1. MCQs	200 Marks	At the end of one year training
2. OSCE	20 Marks	At the end of each rotation
3. Logbook*	20 Marks	At the end of one year training
4. BLS	10 Marks	At the end of one year training
Total	250 Marks	

\* Marks of logbook will be calculated from final assessment of each module.

## Annexure G: List of Mandatory Skills to be learnt by Medical Graduates

**SKILLS AND COMPETENCIES REQUIRED OF AN MBBS GRADUATE AND A HOUSE OFFICER BY THE  
END OF THE HOUSEJOB / INTERNSHIP / FOUNDATION YEAR**

### **Clinical Skills list Common to All Disciplines:**

1. Obtaining an appropriate and relevant history and identifying the main findings
2. Performing systemic and mental state examination along with appropriate documentation
3. Establishing a differential diagnosis
4. Measurement of temperature, respiratory rate, pulse rate, blood pressure, oxygen saturations, NG output and urine output
5. Taking samples of venous blood to test for the growth of infectious organisms in proper culture bottles
6. Carrying out venipuncture
7. Requesting and interpreting the results of appropriate investigations to confirm clinical findings  
Setting up an infusion
8. Carrying out intravenous cannulation
9. Asking for patient's informed consent
10. Demonstrating sound knowledge concerning confidentiality and anonymity
11. Introducing themselves to patients and colleagues with appropriate confidence and authority  
ensuring that patients and colleagues understand their role, remit and limitations
12. Demonstrating respect for patients' rights to refuse treatment or take part in teaching or research

### **Medicine:**

1. Carrying out arterial blood gas and acid base sampling from the radial artery in adults
2. Carrying out nasogastric tube placement
3. Measurement of central venous pressure (CVP)
4. Measuring capillary blood glucose
5. Carrying out a urine multi-dipstick test
6. Carrying out a 3- and 12-lead electrocardiogram
7. Use the correct technique to apply sterile swabs to the nose, throat, skin and wounds
8. Prescribing and administering oxygen
9. Preparing and administering injectable (intramuscular, subcutaneous, intravenous) drugs
10. Carrying out safe and appropriate blood transfusion
11. Performing and interpreting peak flow using simple devices
12. Calculating BMI, carrying out nutritional assessment of patients and guiding them according to their caloric requirements
13. Instructing patients in the use of devices for inhaled medication
14. Prescribing medicines safely and effectively and giving clear explanations to patients
15. Demonstrating an understanding of the safety procedures involved in prescribing controlled drugs

**Surgery:**

1. Carrying out arterial blood gas and acid base sampling from the radial artery in adults
2. Perform essential lifesaving procedure (Basic Life Support, tracheostomy, endotracheal intubation and chest intubation)
3. Use the correct technique to apply sterile swabs to the nose, throat, skin and wounds
4. Interpretation of X-rays of upper and lower limbs, chest, abdomen and pelvis
5. Injecting or topically applying local anesthetics
6. Carrying out male and female urinary catheterization
7. Carrying out wound care and basic wound closure and dressing
8. Applying splint for fractures
9. Performing surgical scrubbing up
10. Performing digital rectal examination and Proctoscopy

**Anaesthesia**

1. Perform essential lifesaving procedure (Basic Life Support, tracheostomy, endotracheal intubation and chest intubation)
2. Measurement of central venous pressure (CVP)
3. Performing airway care including simple adjuncts (oro-pharyngeal airway or laryngeal masks, naso-tracheal airway)

**Radiology:**

1. Interpretation of X-rays of upper and lower limbs, chest, abdomen and pelvis

**ENT:**

1. Performing basic otoscopy and identifying common abnormalities

**EYE:**

1. Performing basic ophthalmoscopy and identifying common abnormalities

**Psychiatry/Behavioral Sciences:**

1. Demonstrating that they are good communicators
2. Communicating with patients about the procedures
3. Demonstrating that they are sensitive (empathetic) and respond to the needs and expectations of patients

**Emergency Medicine:**

1. Perform essential lifesaving procedure (Basic Life Support, tracheostomy, endotracheal intubation and chest intubation)
2. Using the correct techniques for moving and handling patients, including those who are frail

**“These Competencies will form basis of clinical skills examination during N.L.E (PMC)”. It will be the responsibility of the intern to ensure his/her competency in the above skills.**

## Annexure H: HOUSE JOB ROTATION PLAN

Medicine & Allied			Surgery & Allied		
General Medicine  (Compulsory)	(3 Months)	34 Seats	General Surgery  (Compulsory)	(3 Months)	24 seats
<b>Allied Medical</b> (3 Months)			<b>Allied Surgery</b> (3 Months)		
i. Peads		10 seats	i- Orthopaedics		3 seats
ii. Psychiatry		3 seats	ii- Neurosurgery		1 seat
iii. Dermatology	From G. Medicine group		iii- Anaesthesia		1 seat
iv. Nephrology			iv- Urology		1 seat
v. Pulmonology			v- ENT		3 seats
			vi- EYE		3 seats
			vii- Gynae/Obs		13 seats