



# UNIVERSITY COLLEGE OF MEDICAL SCIENCES (UNIVERSITY OF DELHI)

## INTERNSHIP RECORD BOOK

Paste  
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here

Name.....

Mobile /Contact No. ....

Father's Name.....

Internship Sl. No. ....Aadhar No.....

DMC Provisional No. ....

Internship Period: From .....To.....

## DEPARTMENT OF COMMUNITY MEDICINE

1. Unit of Posting .....
2. Period of posting: From .....to.....
3. No. of days; Leave/absent .....
4. Attendance:     a) Regular/Irregular  
                          b) Punctuality – Yes No

### A. Training at DISTRICT HOSPITAL/ FRU

Period of posting in Medicine: From ..... to .....

Period of posting in Surgery: From ..... to .....

Period of posting in Gynecology and Obstetrics: From ..... to .....

S. No.	Competencies	Done under supervision Yes/No	Remarks
1	Diagnosed common ailments and advised primary care.		
2	Demonstrated knowledge on essential drugs and usage.		
3	Recognized medical emergencies, resuscitated, instituted initial treatment and referred to a suitable institution.		
4	Familiar with National Health Programmes, as recommended by MoHFW		
5	Gained expertise in immunization against infectious diseases.		
6	Participated in programmes related to prevention and control of endemic diseases including nutritional deficiencies.		
7	Learnt skills in family welfare planning procedures.		
8	Learned skills of providing health education to patients.		

**B. Training at UHTC/RHTC –**

Period of posting in Community Medicine: From ..... to .....

Group I : Done under supervision			
S No.	Competencies	Done under supervision Yes/ No	Remarks
1	Acquired competence in diagnosis and management of common ailments.		
2	Participated in and maintained documents related to immunization and cold chain.		
3	Gained capabilities to conduct programmes on health education including Audio visual aids and capability to utilize scientific information for promotion of community health.		
4	Provided health education to an individual/community on: 1. Tuberculosis 2. Small family, spacing, use of appropriate contraceptives. 3. Applied Nutrition and care of mothers and children 4. Immunization, as applicable		
5	Participated in family composite health care		
6	Attended at least one school health programme with the Medical Officer		
7	Participated in use of the modules on field practice for community health		
8	Underwent village attachment of at least one week to understand issues of community health along with exposure to village health centres, ASHA Sub-Centres.		
9	Participated in Infectious Diseases Surveillance and/or Epidemic Management activities along with the Medical Officer.		
Group II: Observed/ Assisted			
S No.	Competencies	Observed/ Assisted Yes/ No	Remarks
1	Was able to establish linkages with other agencies as water supply, food distribution etc.		
2	Acquired managerial skills including delegation of duties to and monitoring the activities of paramedical staff and other healthcare professionals.		

Signature of the Head of Deptt.  
with Stamp:

## INTERNSHIP ASSESSMENT

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

Student/Intern ID : \_\_\_\_\_

Supervisor : \_\_\_\_\_

Department/Specialty : \_\_\_\_\_

Unit : \_\_\_\_\_ Dates : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave: \_\_\_\_\_ days

RATING\*

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

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

Scoring may be based on –

- Knowledge
- Patient Care
- Procedural skills
- Independent care
- Communication skills
- System Based Practice
- Professionalism
- Life-long learning

## FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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Student: \_\_\_\_\_

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

Faculty: \_\_\_\_\_

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

## DEPARTMENT OF MEDICINE

1. Unit of Posting.....
2. Period of posting: From.....To.....
5. No. of days absent with leave..... without Leave.....
6. Attendance:     a) Regular/Irregular  
                          b) Punctuality–Yes/No
7. Capacity to work in a team (Behavior with colleagues, nursing staff and relationship with paramedical) Score0-5.

Period of posting (if the posting has a break in between, please mention the specific periods of posting in this department):

### A. PROCEDURES PERFORMED INDEPENDENTLY WITHOUT ASSISTANCE

S. No.	Competencies/ Tasks* (A)	Able to do independently Yes/ No (C)
1	Routine hematology smear (Hb, TLC, DC, ESR)	30
2	Interpretation of Blood grouping/cross-matching	04
3	Complete urine routine and microscopy	30
4.	Sputum and throat swab for AFB and gram stain	10
5	CSF for protein sugar and smear	5
6	ECG	10
7	Glucometer reading for blood sugar	30
8	Routine radiograph of Chest , abdomen	10
9	Urethral Catheterization	10
10	Ryle's tube insertion	5
11	Pleural Fluid Aspiration	2
12	Ascitic fluid Aspiration	4
13	CSF Aspiration	4
14	Oxygen Administration	
15	Proctoscopy, Ophthalmoscopy, Otoscopy and Indirect laryngoscopy	

**B. Diagnostic Procedure Performed Independently**

<b>S. No.</b>	<b>Competencies/ Tasks* (A)</b>	<b>OBSERVED/ASSISTED</b>
1	Bone marrow study	2
2	Liver Biopsy	2
3	Skin Biopsy	
4	Lymph node Biopsy	
5	Muscle Biopsy	
6	Nerve Biopsy	

**C: Skills Performed Under Supervision**

1. Life saving procedures such as use of defibrillator, cardiac monitor, blood gas analyser: Y/N
2. Management and prognosis of acute and chronic illness like AGE, Viral fever: Y/N
3. Participation in counselling session of patients with non communicable diseases, TB, HIV: Y/N
4. Confirm death and understanding of WHO cause of death reporting and data management: Y/N
5. Demonstrate understanding of co-ordination with local and national epidemic management plan: Y/N
6. Demonstrate prescribing skills and awareness of pharmaco-vigilance, antibiotic policy, prescription audit and essential drug list : Y/N

**Signature with date/ Stamp of the Head/Faculty**

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Supervisor : \_\_\_\_\_

Department/Specialty : \_\_\_\_\_

Unit : \_\_\_\_\_ Dates : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave: \_\_\_\_\_ days

RATING\*

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- Knowledge
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- System Based Practice
- Professionalism
- Life-long learning



## FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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Student: \_\_\_\_\_

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

Faculty: \_\_\_\_\_

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

## DEPARTMENT OF PSYCHIATRY

1. Unit of Posting.....
2. Period of posting: From.....To.....
3. No. of days absent with leave..... without Leave.....
4. Attendance:      a) Regular/Irregular  
                             b) Punctuality–Yes/No
5. Capacity to work in a team (Behavior with colleagues, nursing staff and relationship with paramedical) Score 0-5.

### Training in Psychiatry posting

- Approx. number of case records and presented

### Training in routine procedures

<i>S. No.</i>	<i>Particulars</i>	<i>Observed/ Assisted</i>	<i>Done under supervision / able to do independently YES /NO</i>
1	Diagnose and manage common psychiatric disorders		
2	Identify and manage psychological reactions		
3	Diagnose and manage behavioral disorders in medical and surgical patients		
4	ECT administration		
5	Therapeutic counseling and follow-up		

Signature of the Head of Unit  
With Stamp

Signature of the Head of Deptt.  
with Stamp:

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Supervisor : \_\_\_\_\_

Department/Specialty : \_\_\_\_\_

Unit : \_\_\_\_\_ Dates : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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## FEED-BACK

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Areas of improvement needed:

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Comments:

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## DEPARTMENT OF PAEDIATRICS

1. Unit of Posting .....
2. Period of posting: From .....To.....  
From .....To.....
3. No. of days absent with leave.....without Leave.....
4. Attendance: a) Regular/Irregular  
b) Punctuality – Yes No
5. Capacity to work in a team (Behavior with colleagues, nursing staff and relationship with paramedical)

Score: 0 – 5 =

### Training in Pediatrics/ Neonatal Wards:

- i) Approx. number of case record written: Birth case sheets \_\_\_\_\_  
Neonatal case sheets \_\_\_\_\_ Pediatrics case sheets \_\_\_\_\_
- ii) Approx. number of ward rounds attended and cases presented on the round

### Details of skill training

S. No.	<i>Particulars</i>	<i>Observed/ Assisted</i>	<i>Done under supervision / able to do independently YES /NO</i>
<b>Routine care skills</b>			
1	Setting up Pediatric IV infusion and calculating drip rate (I)		
2	Setting up Pediatric Intraosseous line (O)		
3	Blood sample collection - Umbilical - Arterial - Peripheral Vein		
4	Drainage of abscess		
5	Suprapubic aspiration of urine		
6	CSF Collection / lumbar puncture		
7	Ascitic tap		
8	Pleural tap		
9	Immunization - Intradermal - Intramuscular - Subcutaneous - MCP card entries		
10	Tuberculin testing		
11	Nasogastric tube insertion		
12	Breast-feeding counselling		

13	Anthropometry (Perform & interpret)		
14	Parental Counseling (Including HIV Counseling)		
<b>Emergency care skills</b>			
1	Neonatal resuscitation (D)		
2	Management of child with Diarrhea with dehydration <ul style="list-style-type: none"> <li>- Oral rehydration</li> <li>- IV fluids</li> </ul>		
3	Management of child with convulsions		
4	Care of children receiving intensive care <ul style="list-style-type: none"> <li>- Vitals monitoring</li> <li>- Temperature charting</li> <li>- Cardiac monitoring</li> <li>- ABG interpretation</li> </ul>		

### **Certifiable Skills**

I: Independently performed on patients

O: Observed in patients or on simulation

D: Demonstration on patients or simulations and performance under supervision in Patients

\* Blood collection including from femoral vein and umbilical cord

**Signature of the Head of Unit**  
With Stamp

**Signature of the Head of Deptt.**  
with Stamp:

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Supervisor : \_\_\_\_\_

Department/Specialty : \_\_\_\_\_

Unit : \_\_\_\_\_ Dates : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave: \_\_\_\_\_ days

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**FEED-BACK**

Strengths:

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Areas of improvement needed:

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Comments:

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## DEPARTMENT OF SURGERY

1. Name of Intern: .....(MBBS Batch Year): .....
2. Unit of Posting .....
3. Period of posting: From .....To.....
4. No. of days absent with leave.....without Leave.....
5. Attendance:                      a) Regular/Irregular                      b) Punctuality – Yes No
6. Capacity to work in a team (Behaviour with colleagues, nursing staff & relationship with paramedical) Score 0-5.
7. Intern shall duly sign, note the Dept Instructions & submit same along with the Joining Report.

### TRAINING IN SURGICAL PROCEDURES\*

Sr. No.	Particulars	Mention No.(OAP) Observed(O)/ Assisted(A) or Performed (P)	Attach Log Book & CRNo/MRD Patient Details	Certified by SR/Faculty/ Mentor/ Surg.Unit I/c
1.	<b>GOAL:</b> 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.	<b>THERAPEUTIC-</b>			
	<b>A. An intern must have observed/assisted or preferably performed the following procedures:</b>			
	(i) Venesection or venous access;			
	(ii) Tracheostomy & endotracheal intubation;			
	(iii) Catheterization of patients with acute retention or trocar cystostomy;			
	(iv) Drainage of superficial abscesses;			
	(v) Basic suturing of wound & wound management (including bandaging);			
	(vi) Biopsy of surface tumors;			
	(vii) Perform vasectomy.			
	<b>B. Skills that an intern should be able to perform under supervision:</b>			
	(i) Advise about prognosis of acute & chronic surgical illnesses, head injury, trauma, burns & 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 & state/local cause of death statistics.			

	<b>C. An intern must have observed or preferably assisted at the following operations/procedures:</b>		
	(i) Resuscitation of critical patients;		
	(ii) Basic surgical procedures for major and minor surgical illnesses;		
	(iii) Wound dressings and application of splints;		
	(iv) Laparoscopic/ Minimally Invasive surgery;		
	(v) Lymph node biopsy.		
<b>3.</b>	<b>CERTIFIABLE PROCEDURAL SKILLS (GENERAL SURGERY)</b>		
	(i) Basic suturing (I)		
	(ii) Basic wound care (I)		
	(iii) Basic bandaging(I)		
	(iv) Incision and drainage of superficial abscess(I)		
	(v) Early management of trauma (I) and trauma life support(D)		
I: Independently performed on patients; O: Observed in patients or on simulations; D: Demonstration on patients or simulations and performance under supervision in patients			

Date:

**Signature of the Head of Unit**  
with Stamp

**Signature of the Head of Deptt.**  
with Stamp:

## INTERNSHIP ASSESSMENT

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

Student/Intern ID : \_\_\_\_\_

Supervisor : \_\_\_\_\_

Department/Specialty : \_\_\_\_\_

Unit : \_\_\_\_\_ Dates : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave: \_\_\_\_\_ days

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- Life-long learning

## FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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## DEPARTMENT OF ANESTHESIOLOGY AND CRITICAL CARE

Posting in Operation Theatre	Posting in ICU
Unit:	Consultant in ICU –
Posting wef-----to -----	Posting wef----- to -----
No. of leave (with or without permission/Absent)	No. of leave (with or without permission/Absent)
Attendance (Regular/Irregular) :	Attendance (Regular/Irregular) :
Punctuality (Regular/Irregular) :	Punctuality (Regular/Irregular) :
Capacity to work in a team. – Behavior with Colleagues, nursing staff and relationship with paramedical staff (Score 0 – 5) =	Capacity to work in a team. – Behavior with Colleagues, nursing staff and relationship with paramedical staff (Score 0 – 5) =

### Training in Routine Procedure

Unit /OT (12 Days)			ICU (02 days)		
Procedure	Number Recommended	Performed under Supervision	Procedure	Number Recommended	Performed under Supervision
Pre-anesthetic check up and pre-medication	5		CPBR	2	
Venepuncture and setting up an intravenous drip.	5		Ward/Fellow Up calls attended	2-3	
Laryngoscopy and (ET) intubation	2-3		Oral Suction	2-3	
Lumbar puncture and spinal anesthesia, Simple nerve blocks	2-3		ET Suction	2-3	
Observe epidural anesthesia	2-3		Arterial Sampling	2-3	
Monitoring during regional anesthesia	2-3		Reading ABG report & Management	2-3	
Simple GA Procedure	2-3		Nebulization	2-3	
Mask ventilation	2-3		Administration of Kcl	2-3	
Confirmation of ET position	2-3		Incentive spirometry & breathing exercise	2-3	
Monitoring during GA	2-3				
Post anesthesia care monitoring and maintaining records	2-3				
Monitoring during post operative period	2-3				
Recognize and manage post operative complications	2-3		Any other specific procedure learnt by Intern		
Recognize and manage problems during emergency Anesthesia	2-3				
Maintenance of anesthetic records	5				

**Signature of Mentor**

**Signature of mentor**

**Signature of HOD**  
**Date and seal**

## INTERNSHIP ASSESSMENT

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

Student/Intern ID : \_\_\_\_\_

Supervisor : \_\_\_\_\_

Department/Specialty : \_\_\_\_\_

Unit : \_\_\_\_\_ Dates : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave: \_\_\_\_\_ days

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- Life-long learning

**FEED-BACK**

Strengths:

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Areas of improvement needed:

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Comments:

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## DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

1. Name of Intern: .....(MBBS Batch Year): .....
2. Unit of Posting .....
3. Period of posting: From .....To.....
4. No. of days absent with leave.....without Leave.....
5. Attendance:                      a) Regular/Irregular                                      b) Punctuality – Yes No
6. Capacity to work in a team (Behaviour with colleagues, nursing staff & relationship with paramedical) Score 0-5.
7. Intern shall duly sign, note the Dept Instructions & submit same along with the Joining Report.

### A. PROCEDURES PERFORMED WITH ASSISTANCE

S. No	Competencies/Tasks* (A)	Minimum no.	Yes/No
1	Induction of Labour & amniotomy	10	
2	Dilation and curettage	5	
3	Endometrial biopsy	5	
4	Cervical punch biopsy	5	

### B. PROCEDURES PERFORMED INDEPENDENTLY WITHOUT ASSISTANCE

S. No	Competencies/Tasks* (A)	Minimum no.	Yes/No
1	Management of Normal Labour and delivery including Partogram	15	
2	Episiotomy	10	
3	Pap smear collection & interpretation	15	
4	Urethral catheterization	20	
5	Suture removal in post operative cases	20	
6	Intra Uterine Contraceptive Device IUCD insertion & removal	5	



**C. PROCEDURES- Observed/ Assisted**

<b>S. No</b>	<b>Competencies/Tasks* (A)</b>	<b>Minimum no.</b>	<b>Yes/No</b>
1	Diagnosis of early pregnancy	10	
2	Obstetric examination and Ante-natal care	20	
3	Diagnosis and management of pregnancy induced hypertension	10	
4	Diagnosis and management of Antepartum haemorrhage	5	
5	Diagnosis and management of Multiple Pregnancies	5	
6	Diagnosis and management of Foetal Growth Restriction	5	
7	Diagnosis and management of Preterm premature rupture of membrane	10	
8	Management of Breech vaginal delivery	2	
9	Management of Transverse Lie	2	
10	Detection of abnormal labour( Non progress of Labour, Obstructed labour, Foetal distress, Meconium stained liquor	5	
11	Assisted in forceps delivery	2	
12	Assisted in Ventouse delivery	2	
13	Diagnosis and management of Post –Partum Haemorrhage	10	
14	Management of Perineal tears	10	
15	Caesarean Section	15	
16	Detection and management of abnormalities of lactation	5	
17	Diagnosis and management of Abortion	5	
18	Diagnosis and management of Ectopic Pregnancy	5	
19	Laparotomy	5	
20	Abdominal hysterectomy	5	
21	Vaginal hysterectomy	3	
22	Evaluation and prescription oral contraceptives with counseling	10	
23	Mini-lap-ligation	5	
24	Methods Medical & Surgical of First trimester Medical Termination of Pregnancy	5	
25	Second trimester Medical Termination of Pregnancy (MTP) procedures	5	

**Signature with date/Stamp of the HOD**

## INTERNSHIP ASSESSMENT

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

Student/Intern ID : \_\_\_\_\_

Supervisor : \_\_\_\_\_

Department/Specialty : \_\_\_\_\_

Unit : \_\_\_\_\_ Dates : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave: \_\_\_\_\_ days

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- Life-long learning

## FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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**DEPARTMENT OF ORTHOPAEDICS**

1. Unit of Posting .....
2. Period of posting: From .....To.....
3. No. of days absent with leave.....without Leave.....
4. Attendance:     a) Regular/Irregular  
                              b) Punctuality – Yes No
5. Capacity to work in a team (Behaviour with colleagues, nursing staff and relationship with paramedical) Score 0-5.

### Training in Orthopedics Wards:

- i) Approx. number of case record written .....
- ii) Approx. number of ward rounds attended and cases presented on the round

[illegible]

11.	Precaution in transport and bed care In spinal injury patients (Observe /Assist)									
12	Observed/assisted Internal fixation of long bones long									
13	Application of external Fixation (Observe/ Assist)									
14	Sequestrectomy (Observe/ Assist)									
15	Drainage of acute Osteomyelitis (Observe/Assist)									

**Signature of the Head of Unit with Stamp**

**Signature of the Head of Deptt. with Stamp**

## INTERNSHIP ASSESSMENT

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

Student/Intern ID : \_\_\_\_\_

Supervisor : \_\_\_\_\_

Department/Specialty : \_\_\_\_\_

Unit : \_\_\_\_\_ Dates : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave: \_\_\_\_\_ days

RATING\*

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WITH

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## FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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## DEPARTMENT OF OTORHINOLARYNGOLOGY (ENT)

1. Period of posting: From ..... To.....
2. No. of days absent with leave..... without Leave.....
3. Attendance:     a) Regular/Irregular  
                          b) Punctuality – Yes / No

S. No.	Competencies	Observed Yes/No	Assisted Yes/ No	Done Under Supervision Yes/ No	Remarks
1	Ear syringing				
2	Anterior nasal packing				
3	Nasal douching				
4	Packing of the external canal				
5	Removing foreign bodies from nose				
6	Removing foreign bodies from ear				
7	Diagnostic nasal endoscopy				
8	Use of head mirror				
9	Use of otoscope				
10	Use of indirect laryngoscopy				
11	Rigid laryngoscopy				
12	Diagnosing and managing common ear complaints				
13	Diagnosing and managing common nose complaints				
14	Diagnosing and managing common ear complaints of oral cavity and throat				
15	Tracheostomy				
16	Pre and Post operating management of patients				
17	Knowledge of National Programme on prevention of deafness/ear rehabilitative programmes				



## INTERNSHIP ASSESSMENT

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

Student/Intern ID : \_\_\_\_\_

Supervisor : \_\_\_\_\_

Department/Specialty : \_\_\_\_\_

Unit : \_\_\_\_\_ Dates : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave: \_\_\_\_\_ days

RATING\*

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**FEED-BACK**

Strengths:

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Areas of improvement needed:

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Comments:

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## DEPARTMENT OF OPHTHALMOLOGY

1. Unit of Posting \_\_\_\_\_
2. Period of posting: From \_\_\_\_\_ to \_\_\_\_\_
3. No. of days absent with leave \_\_\_\_\_ without leave \_\_\_\_\_
4. Attendance:
  - a) Regular/Irregular
  - b) Punctuality- Yes/No
5. Capacity to work in a team- (Behavior with colleagues, nursing staff and relationship with paramedical):

SN	Competencies/Tasks*	Observed/Assisted Yes/No	Done under supervision / able to do independently Yes/No
1.	Record visual acuity distant: Unaided, with pin hole Near		
2.	Colour vision test by ishihara charts		
3.	Tonometry –NCT		
4.	Ocular bandage		
5.	Epilation		
6.	Syringing –under supervision	Observed /Assisted	
7.	Ocular irrigation for chemical injuries		
8.	Instillation of eye drop		
9.	FB removal from conjunctive/ foreign corneal FB removal		
10.	Incision & curettage of chalazion	Observed /Assisted	
11.	Ophthalmoscopy –direct-perform	Observed /Assisted	
	Ophthalmoscopy –Indirect –observe		
1.	Eye lid & eyebrow suturing		
2.	Conjunctival swabs,		
3.	Consent & counseling for ocular surgeries & Eye donation & emergencies		
4.	Able to diagnose common ocular disorders,		

## INTERNSHIP ASSESSMENT

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

Student/Intern ID : \_\_\_\_\_

Supervisor : \_\_\_\_\_

Department/Specialty : \_\_\_\_\_

Unit : \_\_\_\_\_ Dates : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave: \_\_\_\_\_ days

RATING\*

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

A : Outstanding

B : Good

C : Average

D : Needs further training

Scoring may be based on –

- Knowledge
- Patient Care
- Procedural skills
- Independent care
- Communication skills
- System Based Practice
- Professionalism
- Life-long learning

**FEED-BACK**

Strengths:

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Areas of improvement needed:

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Comments:

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## DEPARTMENT OF RADIO-DIAGNOSIS

1. Name \_\_\_\_\_ Student/Intern ID \_\_\_\_\_

2. Period of posting: From ..... To .....

3. No. of days absent with leave.....without Leave.....

3. Attendance:                      a) Regular/Irregular  
   b) Punctuality – Yes No

### Competency acquired

S. No.	Competency	Observed/Assisted Yes/No	Done under supervision able to do independently Yes/No
1.	Common Emergencies NCCT Head Scan		
2.	Common Diagnostic Conditions seen on X-ray chest PA		
3.	Acute Emergencies Conditions seen on Ultrasound Whole Abdomen		

### Rating:

A. (Outstanding) / B. (Good) / C. (Average) / D. (Needs further training).

Date: \_\_\_\_\_  
with Stamp

Signature of Faculty I/c (Intern)

**Signature of the Head of Department with Stamp**

## INTERNSHIP ASSESSMENT

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

Student/Intern ID : \_\_\_\_\_

Supervisor : \_\_\_\_\_

Department/Specialty : \_\_\_\_\_

Unit : \_\_\_\_\_ Dates : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave: \_\_\_\_\_ days

RATING\*

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

A : Outstanding

B : Good

C : Average

D : Needs further training

Scoring may be based on –

- Knowledge
- Patient Care
- Procedural skills
- Independent care
- Communication skills
- System Based Practice
- Professionalism
- Life-long learning

**FEED-BACK**

Strengths:

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Areas of improvement needed:

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Comments:

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## DEPARTMENT OF LAB MEDICINE

1. Name \_\_\_\_\_ Student/Intern ID \_\_\_\_\_

2. Period of posting: From ..... To .....

3. No. of days absent with leave.....without Leave.....

3. Attendance:                      a) Regular/Irregular  
    b) Punctuality – Yes No

S.No.	Competencies/Tasks	Observed/assisted Yes/No	Done under supervision Yes/No	Able to do independently Yes/No
1	Routine blood sample collection under aseptic condition			
2	Interpretation of routine blood investigations- CBC, ESR, PS			
3	Interpretation of kidney/ liver function test, serum electrolytes			
4	Routine urine and microscopy interpretation			
5	Blood sugar estimation			
6	CSF examination and interpretation			
7	Blood grouping			
8	Hemoglobin estimation			
9	Procedure of phlebotomy			
10	Segregation and disposal of waste			
11	Wet mount examination of stool for ova and cyst			
12	Identification of acid fast bacilli			

## INTERNSHIP ASSESSMENT

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

Student/Intern ID : \_\_\_\_\_

Supervisor : \_\_\_\_\_

Department/Specialty : \_\_\_\_\_

Unit : \_\_\_\_\_ Dates : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave: \_\_\_\_\_ days

RATING\*

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

A : Outstanding

B : Good

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Scoring may be based on –

- Knowledge
- Patient Care
- Procedural skills
- Independent care
- Communication skills
- System Based Practice
- Professionalism
- Life-long learning

**FEED-BACK**

Strengths:

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Areas of improvement needed:

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Comments:

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## **DEPARTMENT OF EMERGENCY/TRAUMA/ CASUALTY**

**Duration of Posting: 2 Weeks**

Posting w.e.f. \_\_\_\_\_ to \_\_\_\_\_ Date of Reporting: \_\_\_\_\_

<b>Activity with Numbers Recommended</b>	<b>Date and Signature of Mentor</b>
1. Identify acute emergencies in various disciplines (I)	
2. Manage acute anaphylactic shock (I)	
3. Manage peripheral vascular failure and shock (I)	
4. Manage acute pulmonary oedema and left ventricular failure (I)	
5. Undertake emergency management of drowning poisonings and seizures (I)	
6. Undertake emergency management of bronchial asthma and status asthmatics (I)	
7. Undertake emergency management of hyperpyrexia (I)	
8. Undertake emergency management of comatose patient (I)	
9. Assess and administer emergency of burns (I)	
10. Assess and manage trauma victim (I)	
11. Identify medico-legal cases and learn filling up forms as well as complete other medico-legal formalities in cases of injury poisoning, sexual offenses, intoxication and other unnatural condition (I)	

**Signature of Mentor**

**With date & Seal**

**Signature of head**

**With date & Seal**

## DEPARTMENT OF FORENSIC MEDICINE

A comprehensive list of skills for internship as per NMC regulation

### A: Skills

S.No.	Competencies	Done Yes/No	Date	Remarks
1	Documentation and certification of trauma ( I )			
2	Diagnosis and certification of death ( D )			
3	Legal documentation related to emergency cases( D )			
4	Certification of medico-legal cases ( D ) (Age estimation/sexual assault/poisoning/burn/RTA/firearm injury)			
5	Establishing communication in medicolegal cases with police, health authorities, other concerned departments, etc ( D )			

I - Performed Independently

D – Demonstration

**Signature of Mentor**

**With date & Seal**

**Signature of head**

**With date & Seal**

## INTERNSHIP ASSESSMENT

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

Student/Intern ID : \_\_\_\_\_

Supervisor : \_\_\_\_\_

Department/Specialty : \_\_\_\_\_

Unit : \_\_\_\_\_ Dates : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave: \_\_\_\_\_ days

RATING\*

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

A : Outstanding

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D : Needs further training

Scoring may be based on –

- Knowledge
- Patient Care
- Procedural skills
- Independent care
- Communication skills
- System Based Practice
- Professionalism
- Life-long learning

**FEED-BACK**

Strengths:

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Areas of improvement needed:

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Comments:

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## DEPARTMENT OF DERMATOLOGY & STD

Name & batch-.....

Supervisor.....

Period of posting.....

Duration of posting.....

Number of Sanctioned: leave.....

Number of days: Absent.....

Attendance Incharge's signature.....

### 1. OT Procedures

Procedure	Observed	Assisted	Done under supervision	Able to do independently	Remarks/ Comments
	No.	No.	No.	No.	
Skin Biopsy					
Extirpation					
Paring					
Enucleation					
Chemical Cautery (TCA)					
Electrosurgery (EC/RF)					
Intralesional injection					

### 2. Lab Procedures

Procedure	Observed	Assisted	Done under supervision	Able to do independently	Remarks/ Comments
KOH					
SSS					
Gram's Stain					
Tzanck Stain					
ZN Stain					



### 3. Common dermatoses

Case	Observed	Managed	Diagnosed under supervision	Diagnosed & treated independently	Remarks/ Comments
Scabies					
Pediculosis					
Tinea/Fungal infection					
Pyoderma/ Bacterial infection					
Viral infections					
Leprosy					
STDs					
SJS/TEN					

## INTERNSHIP ASSESSMENT

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

Student/Intern ID : \_\_\_\_\_

Supervisor : \_\_\_\_\_

Department/Specialty : \_\_\_\_\_

Unit : \_\_\_\_\_ Dates : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave: \_\_\_\_\_ days

RATING\*

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A : Outstanding

B : Good

C : Average

D : Needs further training

Scoring may be based on –

- Knowledge
- Patient Care
- Procedural skills
- Independent care
- Communication skills
- System Based Practice
- Professionalism
- Life-long learning

## FEED-BACK

Strengths:

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Areas of improvement needed:

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Comments:

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## DEPARTMENT OF RESPIRATORY MEDICINE

Name & batch-.....

Supervisor.....

Period of posting.....

Duration of posting.....

Number of Sanctioned: leave.....

Number of days: Absent.....

Attendance Incharge's signature.....

S.No.	Competencies	Done Yes/No	Date	Remarks
1	Diagnosing and managing common respiratory disorders and emergencies			
2	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 test			
3	Interpreting and managing various blood gases and ph abnormalities in various illnesses			
4	Laryngoscopy			
5	Pleural aspiration, respiratory physiotherapy, laryngeal intubation and pneumothracic aspiration			
6	Therapeutic counseling and follow up			

## INTERNSHIP ASSESSMENT

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

Student/Intern ID : \_\_\_\_\_

Supervisor : \_\_\_\_\_

Department/Specialty : \_\_\_\_\_

Unit : \_\_\_\_\_ Dates : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave: \_\_\_\_\_ days

RATING\*

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

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Scoring may be based on –

- Knowledge
- Patient Care
- Procedural skills
- Independent care
- Communication skills
- System Based Practice
- Professionalism
- Life-long learning

**FEED-BACK**

Strengths:

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Areas of improvement needed:

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Comments:

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## CASUAL LEAVE RECORD

<b>Sr. no.</b>	<b>Name of Department</b>	<b>Leave taken with date</b>	<b>No. of days Signature of Head of Unit</b>	<b>Signature of Head of Department</b>
01.	Community Medicine			
02.	Medicine			
03.	Psychiatry			
04.	Paediatrics			
05.	Surgery			
06	Anaesthesia			
07.	Obstetrics and Gynaecology			
08.	Orthopaedics			

<b>Sr. No.</b>	<b>Name of Department</b>	<b>No. of Leave with date</b>	<b>Signature of Head of Unit</b>	<b>Signature of Head of Department</b>
09.	E.N.T.			
10.	Ophthalmology			
11.	Elective Posting			
12.	Elective-2 Posting			
13.	Casualty			
14.	Forensic Medicine			
15.	Dermatology			



## NO DUES CERTIFICATE

Sr. No	Department	Signature of	
		Head of unit	Head of Deptt.
01.	Community Medicine		
02	Medicine		
02.	Psychiatry		
03.	Pediatrics		
04.	Surgery		
05.	Anesthesia		
06.	Obstetrics and Gynecology		
07.	Orthopedics		

S. No	Department	Signature of	
		Head of unit	Head of Deptt.
08.	E.N.T.		
09.	Ophthalmology		
10.	Elective Subject		
11.	Causality		
12.	Forensic Medicine		
13.	Dermatology		
14.	Respiratory Medicine		
15.	Library		
16.	Treasurer		
17.	Treasurer students aid fund		

Sr. No	Department	Signature of	
		Head of unit	Head of Deptt.
18.	Warden boys/ girls Hostel		
19.	Account Branch		
20.	Sports		
21.	Other (if any.)		

# The Gazette of India

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EXTRAORDINARY

PART III—Section 4

PUBLISHED BY AUTHORITY

No.580

NEW DELHI, THURSDAY, NOVEMBER 18, 2021/KARTIKA 27, 1943

NATIONAL MEDICAL COMMISSION

NOTIFICATION

New Delhi, the 18th November, 2021

**No. UGMEB/NMC/Rules & Regulations/2021/** .— In exercise of the powers conferred by section 57 read with sub-section (1) of section 24 of the National Medical Commission Act, 2019 (30 of 2019), the National Medical Commission hereby makes the following regulations namely:-

**1. Short title and commencement.**— (1) These regulations may be called the National Medical Commission (Compulsory Rotating Medical Internship) Regulations, 2021.

(2) They shall come into force on the date of their final publication in the Official Gazette of India.

**2. Definitions.**— (1) In these regulations, unless the context otherwise requires,—

- (a) “Act” means the National Medical Commission Act, 2019 (30 of 2019);
- (b) “Commission” means the National Medical Commission constituted under section 3 of the Act;
- (c) “Curriculum” includes the elements detailed in Schedule III;
- (d) “Foreign Medical Graduate” shall have the meaning assigned to it in clause (c) of regulation 2 of the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021;
- (e) “Intern” means a medical graduate undergoing compulsory rotating internship training under these regulations;
- (f) “Log Book” means an official document chronicling the performance of an intern and a record of the work done, procedures performed and competencies achieved by him;
- (g) “Mentor” shall mean an appropriately qualified and trained medical teacher and senior to the trainee, who guides the trainee in all aspects of graduation, such as, education, skill enhancement, research work and ethical values;
- (h) “Notification” means a notification published in the Official Gazette and the expression “notify” shall be construed accordingly;
- (i) “Permanent Registration” is the registration of eligible persons with a duly recognised primary medical qualification as regulated under the provisions of Chapter VI of the Act, that provides license to an individual to independently practice modern scientific system of medicine or allopathy in India;
- (j) “Primary Medical Qualification” means a medical graduation degree, such as, Bachelor of Medicine and Bachelor of Surgery (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 (102 of 1956), which are in force as on the date of commencement of the Act 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 the Act or the rules or regulations made thereunder;

(k) “Schedule” means the Schedule annexed to these regulations;

(l) “University” shall have the same meaning assigned to it in clause (f) of section 2 of the University Grants Commission Act, 1956 (3 of 1956) and includes a health University in India or an equivalent institution outside India that has a Medical faculty duly recognised in that country.

(2) Words and expressions used in these regulations and not defined herein but defined in the Act shall have the respective meanings assigned to them in the Act.

**3. Internship to be an integral part of undergraduate medical education.**— Without prejudice to the provisions of these regulations, compulsory rotating medical internship shall be an integral part of undergraduate medical education degree.

**4. Bar on licence to permanent registration.**—No medical graduate shall be eligible to permanent registration to practice medicine in India unless he undergoes the compulsory rotating medical internship in India as provided in Schedule II.

**5. Duration and Period of Internship.**— The overall duration of compulsory rotating medical internship shall not be less than twelve months and institutions or hospitals from where it may be undergone shall be such as specified in Schedule I and shall be completed within a period of two years from the date of qualifying credentials to pursue compulsory rotating medical internship.

**6. Quality of internship.**— No medical graduate shall be considered to have undergone compulsory rotating medical internship unless—

(a) all the essential (practical) aspects of medicine in the areas specified in the Schedule III and IV are completed during the internship; and

(b) the entire course of internship is done under active supervision of the mentor duly qualified in that respect, and the mentor has duly issued certificate in that respect, as per the proforma provided in Schedule IV

**7. Qualifications of mentor.**— No person shall be eligible either to supervise a medical intern or certify the completion of compulsory rotating medical internship, unless he possesses all the qualifications specified in Schedule IV.

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

## **SCHEDULE - I**

[See regulation 5]

### **DURATION and PERIOD OF CRMI**

#### **1. Total Duration**

Every candidate shall be required to undergo a compulsory rotating medical internship (CRMI) for a minimum period of twelve months, to the satisfaction of the college authorities and the University concerned after passing the final Bachelor of Medicine and Bachelor of Surgery (MBBS) examination/ National Exit Exam for MBBS (Next), so as to be eligible for the award of the MBBS degree by the respective Universities.

#### **2. Period for Completion**

(a) The Internship shall be completed within two years of passing the final MBBS or Foreign Medical Graduate Examination (FMGE) or NExT Step-1 examination, whenever in force.

(b) The minimum duration of compulsory rotating medical internship may be extended appropriately by a reasonable period on recommendation by the College or University for reasons including but not limited to:

(i) insufficient period of attendance; or

(ii) 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 or temporarily suspended or even withdrawn or cancelled at any time by the institution or University according to the prevailing rules or regulations of the relevant authority, provided—

- (i) the registrant, due to any reason whatsoever, desires not to pursue CRMI; or
- (ii) the registrant is not found to have fulfilled eligibility requirements; or
- (iii) there are proven acts of indiscipline; or
- (iv) there are proven acts of professional misdemeanor or misconduct; or
- (v) any other acts or actions including those violating law of the land.(d).

An intern shall be allowed to avail the following leaves;-

**A. Normal Leave:**

- (i) Interns shall be permitted a maximum of fifteen days leave with prior permission, during the entire period of internship.
- (ii) The entire period of fifteen days cannot be availed during any of the one week or two weeks postings applicable to a single department or specialty

**B. Maternity Leave:**

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

C. Paternity Leave: Male interns may be permitted paternity leave for two weeks either in continuation or in intervals of one week each within one year of internship.

**D. Medical Leave:**

- (i) Medical Leave shall be included within the fifteen days of normal leave.
  - (ii) Any medical leave beyond this period shall be recommended only by a duly constituted Medical Board.
- E. 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 fifteen days of leave.
  - (ii) The internship shall be repeated only in the department or specialty wherein the above extension is necessary.

## **SCHEDULE- II**

**(See Regulation 4)**

### **ELIGIBILITY CRITERIA FOR COMPLETION OF CRMI**

The following requirements need to be fulfilled to be eligible for CRMI.

#### **1. Indian Medical Graduates**

(a) The applicant should have successfully completed the MBBS course of any University from a college or institution approved and recognised by the Commission and listed by the Undergraduate Medical Education Board under the provisions of section 35 of the Act.

(b) The qualifying examination for Indian Medical Graduates shall be in accordance with the applicable rules and regulations of the Commission at the time of commencement of internship;

- (i) The Final MBBS Examination of various Universities or institutions of India;
- (ii) The National Exit Test (NExT) Step-1 held under sub-section (1) of section 15 of the Act whenever this examination becomes operational;
- (iii) Any other requirement as may be regulated or notified by the Central Government or, as the case may be, the Commission.

(c) All Indian Medical Graduates shall complete their entire period of compulsory rotating internship training (CRMI) in the institution where they have pursued and completed their Bachelor of Medicine and Bachelor of Surgery (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; and such training shall, as far as possible, be at the Base or General Hospital. The training in Community Medicine should fulfill the norms of the NMC as proposed above. However NExT step 2 will be mandatory for these candidates also.

## 2. Foreign Medical Graduates

(a) All Foreign Medical Graduates, as regulated by the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021, are required to undergo internship at par with Indian Medical Graduates if they desire to seek Permanent Registration to practice Medicine in India.

(i) All Foreign Medical Graduates, unless otherwise notified shall be required to undergo CRMI at par with Indian Medical Graduates after the National Exit Test Step-1 after NExT becomes operational.

(b) Indian citizens (including overseas Indian citizens) who are Foreign Medical Graduates who do not fall under the purview of the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021 shall be regulated by the provisions of sub-section (3) of section 13 of the Indian Medical Council Act, 1956 (102 of 1956) in accordance with the Advisory no MCI-203(1)(Gen)/2020- Regn./118239, dated the 2<sup>nd</sup> September, 2020 and shall be required to complete CRMI 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.

(c) Foreign Medical Graduates who require to complete a period of Internship shall do so only in medical colleges or institutions approved for providing CRMI to Indian Medical Graduates;

(i) Foreign Medical Graduates may be posted first in colleges which have been newly opened and have yet to be recognized;

(ii) May be posted to different medical colleges or institutions through a counseling or seat allocation process based on the merit;

(iii) Medical colleges or institutions may allow up to 7.5 per cent of their permitted quota of interns to accommodate internship by Foreign Medical Graduates.

(d) The college or institution and its affiliated hospitals and Community Health Centres shall be recognised by the Commission for conducting the CRMI programme

### SCHEDULE- III

[See regulation 2(c)]

#### CURRICULUM AND SPECIALITIES OF COMPULSORY ROTATING MEDICAL INTERNSHIP (CRMI)

##### 1. DISCIPLINE

**(a). COMMUNITY MEDICINE** 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: -

- (i) 12 weeks (Total): Community Medicine (compulsory residence in center)
- (ii) 3 weeks: General Medicine
- (iii) 3 weeks: General Surgery
- (iv) 3 weeks: Obstetrics and Gynecology
- (v) 3 weeks: Community Medicine

##### District Hospital /Community Health Centre:

##### A. Tasks 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) Gain capabilities to 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 or 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.

**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:**

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

**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 immunisation 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 at least 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.

**(b). 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. An intern must have observed/assisted or preferably performed at the following operations/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.;

(f) **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;

**(g) 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.

**(c). 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 have observed or preferably assisted at the following operations/procedures:

- (i) Diagnose and manage common psychiatric disorders;
- (ii) Identify and manage psychological reactions;
- (iii) Diagnose and manage behavioral disorders in medical and surgical patients;
- (iv) ECT administration;
- (v) Therapeutic counseling and follow-up.

**(d). 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.

**An intern must have observed / assisted or preferably performed the following procedures:**

(i) diagnose and manage common childhood disorders including neonatal disorders and acute emergencies, examining sick child making a record of information;

- (ii) 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;
- (iii) Techniques related to patient care: immunization, perfusion techniques, nasogastric tube insertion, feeding procedures, tuberculin testing & breast-feeding counselling;
- (iv) Use of equipments: vital monitoring, temperature monitoring, resuscitation at birth and care of children receiving intensive care;
- (v) Institute early management of common childhood disorders with special reference to paediatric dosage and oral rehydration therapy;
- (vi) Screening of new born babies and those with risk factors for any anomalies and steps for prevention in future; detect congenital abnormalities;
- (vii) Recognise growth abnormalities; recognise anomalies of psychomotor development;
- (viii) 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

## **2.2 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 and 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.

### **(e). 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 have observed / assisted or preferably performed the following procedures:**

- (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;
- (iii) Wound dressings and application of splints;
- (iv) Laparoscopic/ Minimally Invasive surgery;
- (v) Lymph node biopsy.

**(f). 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 have observed or preferably assisted 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 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**

Anaesthesia for major and minor surgical and other procedures.

**(i). 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, hydramnios, 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 perineal 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.

**(j). 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 talipesequinovarus (CTEV) and dislocation of hip (CDH).

**2. THERAPEUTIC-**

**A. An intern must have observed or preferably assisted 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.

**(k). 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 have observed or preferably assisted 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.

**(l). 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 have observed or preferably assisted 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:**

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.

**(m). 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 have observed or preferably assisted 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:**

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.

**(n). 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 know the basic procedures related to medico-legal cases.

If the college/ institute is deficient in autopsy facilities, MOU shall be signed with center in the same district so as to provide training to interns.

**2. An intern must have observed or preferably assisted 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.**

**XIII. 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:**

- (i) Blood: Complete blood count including Platelet count, peripheral blood smear preparation and examination including malarial parasites;
- (ii) Urine: (Routine chemical and microscopic examination);
- (iii) Stool: (for ova/cyst and occult blood);
- (iv) Blood Banking: Blood grouping (manual), saline cross-matching;
- (v) Sputum and throat swab for Gram stain and acid-fast stain;
- (vi) Cerebrospinal Fluid (CSF) for proteins, sugar and smear;

- (vii) Performing blood sugar test by glucometer;
- (viii) Pleural and ascitic fluid for routine chemistry and microscopy;
- (ix) Draw blood by venepuncture independently and collect samples in appropriate bottles in proper order;
- (x) Correctly collect and transport samples and specimens for blood tests, culture, histopathology and cytopathology investigations;
- (xi) Fill requisition forms appropriately.

#### (o). 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;
- (ii) Electrocardiogram(ECG);
- (iii) Routine radiographs of chest, abdomen, skull, etc.

##### **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.

#### (p)DERMATOLOGY, VENEREOLOGY AND 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) 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 procedures:**

- (i) 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;
- (ii) Skin biopsy for diagnostic purpose.

**(q). 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;
- (iii) Therapeutic counseling and follow up.(r)

**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 Pre-conception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994).

**2. SPECIALTIES FOR TRAINING:**

**(a) Time Distribution for Internship-** An intern shall be posted by rotation as specified in the Table below:-

Sr. No.	Nature of Posting	Department / Specialty	Duration	Remarks
(1)	(2)	(3)	(4)	(5)
1.	Mandatory Exclusive	Community Medicine	12 weeks	(a) Postings should be in Community Health Centres (CHC)/ Rural Health Centre (RHC) with rotation of:  (i) 3 weeks- General Surgery (ii) 3 weeks- General Medicine (iii) 3 weeks- Obstetrics and Gynaecology (iv) 3 weeks- Community Medicine  (b) Not more than 15 interns at any given time in one centre  (c) As provided in the Minimum Requirements for Annual MBBS Admissions Regulations (2020) section A.1.14 related to Community Medicine must be followed.



2.	Mandatory Exclusive	General Medicine	6 Weeks	Includes postings in out- patient, in-patient wards and 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	3 weeks	Includes postings in Out- patient, In-patientwards and Admission Day Emergency postingsand exposure to Neonatal or Pediatric HighDependency and Intensive Care Units (HDU/NICU/PICU)
5.	Mandatory Exclusive	General Surgery	6 Weeks	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 and Critical Care	2 weeks	Includes postings in Operation Theatre, Intensive Care Units, Basic Life Support (BSL) training and additionally Pain Clinic and Palliative Care, if available
7.	Mandatory Exclusive	Obstetrics and Gynaecology including Family Welfare and Planning	7 Weeks	Includes postings in Out- patient, In-patient wards, Admission Day Emergency, Labour Room and Operation Theatres and exposure to High Dependency Units (HDU), Intensive Care Units (ICU)and Family Planning methods
8.	Mandatory Exclusive and Concurrent PMR with Orthopedics	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) may 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, Basic Life Support as well as exposure to medico-legal procedures
10.	Mandatory Exclusive	Forensic Medicine and Toxicology	1 week	Includes Autopsy postings
11.	Mandatory Exclusive	Dermatology, Venereology and Leprology	1 week	Predominantly Out-patient postings with exposure to handling emergencies
12.	Mandatory Exclusive	Otorhinolaryngology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres
13.	Mandatory Exclusive	Ophthalmology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres
14.*	Electives Exclusive*	Broad Specialties Group	4 weeks total; 2 weeks minimum,	<ul style="list-style-type: none"> <li>• Respiratory Medicine and Directly Observed Treatment Short Course in Tuberculosis (DOTS-TB) Center</li> <li>• Radio diagnosis</li> <li>• Lab Medicine</li> <li>• Geriatric Medicine</li> </ul>
15.*	Electives Exclusive	Indian Systems of Medicine	1 week	<b>May choose any:</b> <ul style="list-style-type: none"> <li>• Ayurveda</li> <li>• Yoga</li> <li>• Unani</li> <li>• Siddha</li> <li>• Homeopathy</li> <li>• Sowa Rigpa</li> </ul>

**\*Note 1: Electives may be selected by candidates as per their choice:**

● **Distribution for electives:**

- Major broad specialty: One minimum for 1 week
- Remaining 3 weeks- Any broad specialty or 2 weeks for broad specialty and 1 week for AYUSH

● Indian systems of Medicine: Optional any one for 1 week. If the college does not have facilities for Electives in AYUSH, an Memorandum of Understanding (MOU) with any Government institution in the same town/ city / district may be established by the college; training must be certified by the mentor with the concurrence of college/ institution where the candidate is enrolled for MBBS.

**Note 2: Exposure of interns is mandatory in the following relevant areas during posting for training in clinical departments, namely: —**

- (i) Laboratory Medicine and Clinical Biochemistry;
- (ii) Histopathology and Cytopathology;
- (iii) Hematology, and Transfusion Medicine / Blood Bank;
- (iv) Microbiology (including Virology);
- (v) Hospital Infection Control, Biomedical Waste Management, Central Sterile Supply Units;
- (vi) Medical Record Keeping;
- (vii) Hospital Information Services.

### 3. 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
<b>General Medicine</b>	<ul style="list-style-type: none"> <li>• Venipuncture (I)</li> <li>• Intramuscular injection (I)</li> <li>• Intradermal injection (D)</li> <li>• Subcutaneous injection (I)</li> <li>• Intra Venous (IV) injection(I)</li> <li>• Setting up IV infusion and calculating drip rate (I)</li> <li>• Blood transfusion (O)</li> <li>• Urinary catheterization (D)</li> <li>• Basic life support (D)</li> <li>• Oxygen therapy (I)</li> <li>• Aerosol therapy / nebulization (I)</li> <li>• Ryle's tube insertion (D)</li> <li>• Lumbar puncture (O)</li> <li>• Pleural and ascitic fluid aspiration (O)</li> <li>• Cardiac resuscitation (D)</li> <li>• Peripheral blood smear interpretation (I)</li> <li>• Bedside urine analysis (D)</li> </ul>
<b>General Surgery</b>	<ul style="list-style-type: none"> <li>• Basic suturing (I)</li> <li>• Basic wound care (I)</li> <li>• Basic bandaging(I)</li> <li>• Incision and drainage of superficial abscess(I)</li> <li>• Early management of trauma (I) and trauma life support(D)</li> </ul>
<b>Orthopedics</b>	<ul style="list-style-type: none"> <li>• Application of basic splints and slings(I)</li> <li>• Basic fracture and dislocation management (O)</li> <li>• Compression bandage (I)</li> </ul>
<b>Obstetrics</b>	<ul style="list-style-type: none"> <li>• Obstetric examination(I)</li> <li>• Episiotomy(I)</li> <li>• Normal labor and delivery (including partogram) (I)</li> </ul>
<b>Gynecology</b>	<ul style="list-style-type: none"> <li>• Per Speculum (PS) and Per Vaginal (PV) examination(I)</li> <li>• Visual Inspection of Cervix with Acetic Acid (VIA) (O)</li> <li>• Pap Smear sample collection &amp; interpretation (I)</li> <li>• Intra- Uterine Contraceptive Device (IUCD) insertion &amp; removal(I)</li> </ul>
<b>Pediatrics</b>	<ul style="list-style-type: none"> <li>• Neonatal resuscitation(D)</li> <li>• Setting up Pediatric IV infusion and calculating drip rate (I)</li> <li>• Setting up Pediatric Intraosseous line (O)</li> </ul>
<b>Forensic Medicine</b>	<ul style="list-style-type: none"> <li>• Documentation and certification of trauma (I)</li> <li>• Diagnosis and certification of death(D)</li> <li>• Legal documentation related to emergency cases (D)</li> <li>• Certification of medical-legal cases e.g. Age estimation, sexual assault etc.(D)</li> <li>• Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc (D)</li> </ul>
<b>Otorhinolaryngology</b>	<ul style="list-style-type: none"> <li>• Anterior nasal packing (D)</li> <li>• Otoscopy (I)</li> </ul>

<b>Ophthalmology</b>	<ul style="list-style-type: none"> <li>• Visual acuity testing (I)</li> <li>• Digital tonometry(O)</li> <li>• Indirect ophthalmoscopy (O)</li> <li>• Epilation (O)</li> <li>• Eye irrigation(I)</li> <li>• Instillation of eye medication (I)</li> <li>• Ocular bandaging(I)</li> </ul>
<b>Dermatology</b>	<ul style="list-style-type: none"> <li>• Slit skin smear for leprosy(O)</li> <li>• Skin biopsy(O)</li> <li>• Gram's stained smear interpretation (I)</li> <li>• KOH examination of scrapings for fungus (D)</li> <li>• Dark ground illumination (O)</li> <li>• Tissue smear (O)</li> <li>• Cautery - Chemical and electrical (O)</li> </ul>
<b>Pathology and Blood Banking</b>	<ul style="list-style-type: none"> <li>• Peripheral blood smear preparation, staining and interpretation (I)</li> <li>• Urine routine and microscopy examination (I)</li> <li>• Manual blood sugar estimation (I)</li> <li>• CSF examination (I)</li> <li>• Blood grouping (I)</li> <li>• Saline cross match method (I)</li> </ul>
<b>Microbiology</b>	<ul style="list-style-type: none"> <li>• Gram's stained smear interpretation (I)</li> <li>• KOH examination of scrapings for fungus (I)</li> <li>• Dark ground illumination (O)</li> <li>• ZN stained smear interpretation (I)</li> <li>• Wet mount examination of stool for ova and cysts (I)</li> <li>• Identification of blood parasites on PBS (I)</li> </ul>
<b>Pharmacology</b>	<ul style="list-style-type: none"> <li>• Writing a prescription (D)</li> <li>• Audit of a given prescription (D)</li> <li>• Recognize an adverse drug reaction (I)</li> <li>• Be able to prepare a list of essential drugs for a healthcare facility</li> </ul>
<b>Applied Anatomy</b>	<ul style="list-style-type: none"> <li>• Identification of structures on X-rays/ ultrasound</li> </ul>
<b>Applied Physiology</b>	<ul style="list-style-type: none"> <li>• Perform, analyze, and interpret pulmonary function (e.g. FVC, MVV) (O)</li> <li>• Perform, analyze, and interpret measurements of cardiac and vascular function(e.g. HR, BP, ECG) (D)</li> <li>• Interpret blood parameters (e.g. hematocrit/red blood cell count, lactate, glucose) (I)</li> <li>• Perform, analyze, and interpret CNS function (e.g. nerve conduction velocity,EMG, cranial nerve examination)(D)</li> </ul>
<b>Applied Biochemistry</b>	<ul style="list-style-type: none"> <li>• Estimate glucose, creatinine, urea and total proteins, A:G ratio in serum (D)</li> <li>• Estimate serum total cholesterol, HDL cholesterol, triglycerides(D)</li> <li>• Estimate serum bilirubin, SGOT/SGPT/alkaline phosphatase (D)</li> <li>• Estimate calcium and phosphorous(D)</li> </ul>
<b>Biomedical waste management</b>	<ul style="list-style-type: none"> <li>• Segregation and disposal of sharps, plastics, OT material, HIV/ HBsAg/ HCV/corona virus infected material (O)</li> </ul>

I: Independently performed on patients O:

Observed in patients or on simulations

D: Demonstration on patients or simulations and performance under supervision in patients

## **SCHEDULE-IV**

**(See regulation 6 (b) and 7)**

**1. MENTOR-** A mentor for intern shall possess postgraduate qualification in the subject concerned and shall be duly certified as a mentor for interns by Professor and Head of the Department concerned.

### **2. ASSESSMENT**

- (i)** 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.
- (ii)** 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/NExT step-2 whenever duly notified as a requisite to granting of Permanent Registration/ license to practice.

### **3. STIPEND**

- (a)** All interns shall be paid stipend as fixed by the appropriate authority applicable to the institution/ University or State.
- (b)** Stipend may not be paid during any period of extension except in the case of maternity or paternity leave or medical leave, as may be recommended and approved by the Medical Board. Total stipend paid for the entire internship may be for fifty-two weeks (Twelve months) only.

### **4. TRAINING**

**(i). Internship training shall be supervised:**

- (a)** The intern shall be entrusted with clinical responsibilities under direct supervision of a designated supervising physician or mentor in each department or 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).

**(ii). 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.
- (c)** 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.

**(iv). Interns shall be mentored to acquire effective communication and other skills that are necessary for empathetic and compassionate clinical care.**

**(v). 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 utilise 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 or 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 or Dean of College.

**[See regulation 2(f)]**

### Skills in Emergency Medicine / Casualty/ Trauma

[illegible]

### B. Sample Log Book Page

Skill	Observed		Assisted		Done under supervision		Able to do independently		Remarks /Comments
	Date	No	Date	No	Date	No	Date	No	
Control hypotension									
Triage									
Perform actions necessary in the first few minutes of arrival of a sick patient									
Seek help appropriately									
Manually handle / lift / 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

### C. 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 A, B, C, D

WITH

A: Outstanding

B: Good

C: Average

D: Needs further training

*Scoring may be based on*

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

## FEED-BACK

Strengths:

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Areas of Improvement needed:

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Comments:

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Student: \_\_\_\_\_

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

Faculty: \_\_\_\_\_

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

Dr. SANDHYA BHULLAR,

Secy.[ADVT.-

III/4/Exty./448/2021-22]