

**KINGDOM OF SAUDI ARABIA
MINISTRY OF EDUCATION
KING FAISAL UNIVERSITY
COLLEGE OF MEDICINE
AL AHSA**



**INTERNSHIP TRAINING MANUAL
KING FAISAL UNIVERSITY
COLLEGE OF MEDICINE**

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MISSION:

To promote higher standards in medical education, healthcare, research, and community health services.

VISION:

To become a model in community engagement through excellence and international recognition in medical education, research, and healthcare.

VALUES:

1. Islamic values
2. Excellence
3. Creativity
4. Compassion
5. Leadership
6. Responsiveness to community
7. Commitment to lifelong learning



INTRODUCTION:

The prime aim of post-graduation internship training is to provide a thorough clinical exposure to our students in a setting of supervised clinical practice in order that interns attain the optimal knowledge and skills for the practice of medicine in general and that they develop proper medical attitudes and ethics in accordance with the teachings of Islam. Internship is a period of transition from medical student to a qualified physician; a process through which an Intern acquires more confidence in handling patient, develops professional acumen, and applies the knowledge and skills in the practice of medicine appropriately.

Interns are 7th year medical students and are holder of MBBS degree after successful completion of the medical curriculum at the college of medicine but still have limited clinical experience. They are not licensed by the Saudi Commission for Healthcare Specialties (SCFHS) at this stage.

STRUCTURE OF THE PROGRAM:

| ROTATION | DURATION |
|-------------------------|----------|
| Internal Medicine | 2 months |
| General Surgery | 2 months |
| Pediatric | 2 months |
| Obstetrics & Gynecology | 2 months |
| Family Medicine (PHC) | 1 month |
| Elective I | 1 month |
| Elective II | 1 month |
| Research Project * | 1 month |

The research month* is exclusively assigned for preparing a research dissertation. The students start preparing proposal in third year and are allowed to complete research before completing their MBBS program. It is compulsory to fulfil the requirements for getting certificate of completion of internship.

**GENERAL OBJECTIVE of Internship Year:**

1. Understand, apply, consolidate, and expand the knowledge and skills gained during the six years of medical curriculum.
2. Be able to perform and document a patient evaluation by applying a targeted medical history with relevant physical examinations and to be able to reach to a meaningful differential diagnosis with the patient data gathered.
3. Be able to safely perform a set of basic medical procedures expected to be appropriate for the level of general physician.
4. Be able to identify and screen the patients for common and non-critical diseases and to be able to provide primary care for such conditions.
5. Be able to identify and evaluate the patient requiring immediate medical attention, including emergency, critically ill and chronically deteriorating patients.
6. Be able to perform basic emergency and life support procedures in case of need.
7. Be able to demonstrate a professional and safe conduct during infection control, medical referrals, requesting expert opinion, clinical handovers, and adverse event reporting.
8. Be able to have a clear and effective communication with patients, their family members, doctors, and other healthcare professionals.
9. Be able to respect the roles and experience of co-workers and other healthcare professionals.
10. Be able to work effectively as a member or leader of an inter-professional team and make appropriate referrals.

**OBJECTIVES PER ROTATIONS:****FAMILY MEDICINE:**

1. Describe the principles of family medicine.
2. Recognize common medical problems encountered in family medicine.
3. Define the red flags of different clinical situation encountered in family medicine.
4. Demonstrate the ability to take history, perform physical exam and manage common clinical problems in family medicine.
5. Develop an appropriate differential diagnosis in the family medicine set-up
6. Develop the ability to manage common medical problems encountered in family medicine.
7. Be able to perform basic procedural skills commonly performed in family medicine
8. Identify the principles of disease prevention and health promotion including child preventive services in well baby clinic and elements of antenatal care.
9. Define basics of geriatric, home care, complementary and alternative medicine.
10. Appraise clinical evidence for different clinical problems encountered in family medicine practice
11. Demonstrate proper communication skills, both orally and in writing, including documenting in patient records, SOAP format, making case presentations, writing prescriptions, and writing referrals
12. Practice effective use of evidence-based medicine resources.
13. Demonstrate proper communication skills with patients.

**PEDIATRIC:**

1. Recognize the physiological differences among different pediatric categories (neonate, infant, toddler, adolescent) and implement it while addressing a medical concern.
2. Outline causes of common pediatric problems (failure to thrive, jaundice, anemia, and developmental delay).
3. Describe the pathophysiology of common pediatric emergencies (bronchial asthma, epilepsy, congenital heart conditions, renal failure, and trauma).
4. Perform complete pediatric physical examination.
5. Plot patient's growth parameters on the chart (weight, height, head circumference).
6. Demonstrate skill in blood extraction (venous/arterial), nasogastric tube, urinary catheter.
7. Calculate fluid and calorie requirement
8. Interpret CBC, U&E, Blood Gases, LFT and electrolytes.
9. List the side effect of frequently used drugs (paracetamol, Ventolin, Lasix, iron, calcium, and vitamins)
10. Justify the use of different type of antibiotics in pediatric age group.
11. Demonstrate skill in giving different types of injections (ID, IM, IV)
12. Design approach for different pediatric emergencies (Dehydration, Seizure, Bronchial asthma, and trauma)
13. Design management approach for emergency laboratory abnormalities (hypoglycemia, hypocalcemia, hypokalemia, metabolic acidosis)
14. Demonstrate teamwork with co-workers and seniors.
15. Write informative note (progress note, referrals, prescriptions, and discharge summary)
16. Showing self-confidence while teaching and educating patients and their family members about the disease.
17. Using simple and clear language with patients and their family members.
18. Demonstrate skills in choosing the best available evidence.

**INTERNAL MEDICINE:**

1. Outline causes of common medical problems (hypertension, ischemic heart disease, heart failure, GI bleeding, stroke, renal failure etc.)
2. Recognize the presentation of common medical emergencies (septic shock, pulmonary embolism, hypertensive emergencies, acute stroke, diabetic coma etc.)
3. Perform complete medical examination.
4. Recognize the difference in handling medications and other interventions among young adults, middle age and geriatric agegroups.
5. Interpreting ECG, Chest X-ray, CT brain, CBC, ABG, LFT, KFT, infection markers and serum electrolytes.
6. Localizing lesions in brain and choosing appropriate investigation MRI EEG, EMG.
7. Choosing appropriate initial antibiotic coverage for septic patients, adjusting treatments based on investigations results.
8. Choosing appropriate medications for heart failure, diabetes, hypertension and adjusting them as needed.
9. List side effects of commonly used medications (Antibiotics, Oral anti-hyperglycemic agents, Anti-hypertensives, Diuretics, Steroids, etc.)
10. Performing procedures like extracting venous blood, lumbar puncture, NGT and urinary catheterization.
11. Giving IV medications, accompanying and monitoring patients to MRI or other procedures outside the unit.
12. Perform CPR and advanced resuscitative measures during calls.
13. Learning how to be a part of a team including co-workers and seniors.
14. Writing daily progress note on every patient.
15. Using hospital's patient management system to complete all patient's assignments including orders, results, initial patient assessment and progress notes.
16. Teaching patients how to use medications on discharge and address to their concerns.
17. Using simple and clear layman language explaining medical conditions to patients.
18. Using the available resources both online and offline to search for the best evidence while practicing the evidence-based medicine.

**GENERAL SURGERY:**

1. Evaluate history taking and examination skills.
2. To recognize differential diagnosis of the newly admitted patient.
3. To outline common radiological finding in surgical patient.
4. Ability to interpret data of the patient (history-examination-laboratory-radiology).
5. To outline preoperative evaluation and post-operative assessment and follow-up.
6. Ability to read and interpret the nursing flowchart.
7. To do medication reconciliation under supervision.
8. To explain how to manage acute surgical problem on the floor.
9. To list different type of IV fluids and choose the appropriate one according to the patient need.
10. To calculate IV fluids according to the patient, need and instruct nurse about the rate of the infusion.
11. To recognize when to give the patient IV fluids and when to stop it.
12. Demonstrate teamwork.
13. Write informative note (progress note, discharge summary).
14. To learn how to take informed consent.
15. To follow up patient with the team.
16. Join team on the OR, ER.
17. Communication skill with the team, patient, and their family.
18. Use different search engine for reaching answers regarding the patient condition.
19. Demonstrate skills in choosing the best available evidence.
20. Demonstrate skills in removing drain, suture, and stapler.
21. Demonstrate skill in applying dressing for simple wound.
22. Demonstrate skill in blood extraction (venous, arterial), NGT insertion, and urinary catheter insertion.
23. Perform simple wound suture on the OR.
24. To perform scrubbing for OR.

**EMERGENCY MEDICINE:**

1. Recall Basic Knowledge related to emergency conditions.
2. Describe the pathophysiology of common emergencies (e.g., MI, Bronchial Asthma,epilepsy).
3. Describe ABCs of primary survey.
4. Recognize important medications in ER.
5. Calculate IV fluid according to patient's need.
6. Interpret laboratory results.
7. Interpret abnormal radiological findings.
8. Design approach for common emergencies.
9. Demonstrate teamwork.
10. Write complete informative notes.
11. Demonstrate approach to Medical-Legal aspects.
12. Communication skills with staff, patient, and relatives.
13. Use different search engine for looking of updates in emergency medicine.
14. Demonstrate the ability to use the internet to find different approach of treating patient.
15. Perform complete physical examination.
16. Demonstrate skills in different emergency procedures.
17. Demonstrate skill in different type of injection.
18. Perform simple wound suturing.
19. Show the ability to help patients in Triage.

**OBSTETRIC & GYNECOLOGY:**

1. Take and document a good Obstetrics & Gynecology history.
2. Define the preconception & prenatal care.
3. To state the stages of normal labor.
4. Define the puerperium & its complication.
5. Outline the preoperative preparations.
6. Ability to interpret the patient data (hx-ex, -investigations).
7. Interpret CTG normal & abnormal.
8. Recognize the puerperium period complication.
9. Recognize post-operative complication.
10. Develop the ability to counsel about breast feeding & contraception.
11. Recognize the definition & seriousness of PPH.
12. Differential diagnoses of third trimester bleeding (APH).
13. Evaluate the punctuality.
14. Evaluate the feeling of responsibility.
15. Evaluate the learning progress by gaining confidence.
16. Assess the performance & communication with the surrounding.
17. Demonstrate the leadership personality and organizing the teamwork.
18. Show how to assess in normal vaginal delivery & CS.
19. Perform 1st degree perineal tear suturing with supervision.
20. Perform obstetrics examination & simple procedures (maneuvers – PV – ARM – FSE).
21. Perform Gynecological examination & simple procedures (bimanual ex, - speculum – pap smear – endo. Sample).
22. Demonstrate skill in using US.
23. Demonstrate skill in detecting fetal HR by Doppler.
24. Perform scrubbing, gowning, & gloving in OR.

**Professional Relationships:**

A physicians must demonstrate professional behavior in their interactions with each other, as well as with students, patients, other trainees, colleagues from other health professions, and support staff. Any form of behavior that interferes with, or is likely to interfere with, quality health care delivery and quality medical education are considered “disruptive behavior”. This includes the use of inappropriate words, actions, or inactions that interfere with a physician’s ability to function well with others and may also interfere with students’ education. It is the responsibility of the college and hospital administration and to ensure that the undergraduate medical education environment is safe and free of harassment, discrimination, and intimidation.

**Reporting Responsibilities:**

Physicians involved in the intern training shall report to the departmental medical students committee, chairman of the department and the Vice dean of Academic and Clinical affairs (VDACA).

It is the responsibility of the supervisor to promptly report if a medical student exhibit any of the following:

1. Attitudes suggesting disrespect, abuse, or exploitation of a patient.
2. Failure to interact with patients professionally and ethically.
3. Unprofessional and or unethical attitudes towards supervisors or colleagues.
4. Engagement in inappropriate behavior at the hospital premises.
5. Obstacles to the acquisition of medical and clinical experience.

The chairman of the medical students committee of the concerned department is responsible for addressing any of the reported concerns and shall report to the chairman of the department. The chairman of the department shall ensure that proper action is taken and that the (VDACA) is informed of the concerns and the corrective actions if any. The (VDACA) reports directly to the Dean of the college who chairs both the Faculty and Medical boards.

**INTERNS ROLES IN THE FIELD EXPERIENCE ENVIRONMENT:**

1. Attend and assist the consultant, senior registrar, registrar, and resident on rounds in the unit, operating rooms, delivery rooms and clinics.
2. Daily round on patients to be repeated in the afternoon if instructed by a senior team member.
3. Attend daily teaching rounds with their respective teams.
4. Participate in the scientific activities of the department.
5. Complete history and physical examination, and order investigations after consultation with the resident or other senior staff as soon as the patient is admitted to the unit.
6. Fill all request forms legibly and complete the relevant information required for the investigation requested and enter it in the computer.
7. Clerk new admissions within one hour for routine cases, and immediately for emergency cases.
8. Follow recommendations of the other departments in preparing patients for specific procedures.
9. Follow-up on the results and reports of the patients and make sure that they are completed and conveyed to a senior member of the team.
10. Write the progress notes of their respective patients as instructed by the resident daily. These includes the full clinical data for any requested investigation or procedures. For all affiliated hospitals, documentations will depend on their policy regarding that issue.
11. Attend and inform the resident in the team or on-duty of routine and emergency admissions.
12. Inform the resident immediately of any serious and life-threatening situations arising in the patients present in the unit.
13. The House Officer is obliged to respond immediately when called or paged to see a patient or a patient's result, and not to initiate any management without the presence or approval of a senior member of the team, unless immediate intervention by the house officer is lifesaving.
14. Will not perform any surgical or invasive procedure in the clinic, unit or operating room unless supervised by the consultant, senior registrar, registrar, or resident.
15. Make sure that follow-up appointments for the patient are arranged before discharge from the hospital



16. When the on-call is over, NOT to leave the hospital without conducting a proper endorsement of the on-call activities to the house officer of the incoming on call team.
17. When assigned to the Day Care Unit, should remain in the unit from 08:00 to 17:00.
18. The house officer's notes, or documentations are not considered official unless they bear his/her signature and stamp and are countersigned by the resident.
19. Should seek the counter signature of the resident on all notes written and documents filled by him/her.
20. Extraction of blood and insertion of intravenous routes for patients of your team, and for all patients in the unit during on call hours. A phlebotomist and the unit nurses, if available, will aid.
21. Not to prescribe Narcotics or controlled drugs without consulting a senior member of the team, and when doing so, immediately sign and stamp the medication sheet only for the patients for whom the drug was prescribed.
22. Staying in the hospital beyond duty hours is not allowed unless justified.
23. The house officer is obliged to respect and abide by KFU's regulations concerning clothing and the general appearance.
24. The house officer is obliged to wear the white coat and identification card throughout his/her stay in the hospital premises.
25. The house officer is obliged to immediately, commence all procedures leading to his/her acquisition of a personal pager, stamp, and identification card.

**Rotation Guidelines:****1. ROTATION:**

- a. **FIRST PRIORITY** is to complete King Faisal university interns allocations before sending others to ministry of health affiliated hospitals.
 - b. **NO CHANGE OF YOUR APPROVED INTERN'S SCHEDULE.**
 - c. All rotation must start on the 1ST day of Gregorian month. No exception is allowed.
 - d. All rotations must be completed accordingly during one and two months. No splitting will be allowed under any circumstances.
 - e. Major rotations must be taken in 2 consecutive months, no splitting is allowed under any circumstances.
 - f. Major rotation must be taken as general rotation and sub-specialties are not allowed to be chosen unless it was scheduled by the department as internal arrangement.
 - g. Rotation duty hours or shift will follow the health affiliated hospitals system, which can be 8 or 12 hour shift, for a required 48 hours/week.
2. The **INTERNSHIP OFFICE** is responsible in sending letters to affiliated hospital. It is **NOT ALLOWED** to **CHANGE** the intern rotation once the letter has been sent.
 3. Interns are **NOT** allowed to communicate directly to the heads of department &/or affiliated hospital regarding acceptance, it is always thru the Internship office. You can communicate directly if it is being instructed by the Internship office.
 4. **Elective** must be requested at least one month in advance to have time for approval especially those requesting outside KFU.
 5. **VACATION** – is maximum of 15 days for the whole year. (Please see the vacation policy)
 6. **Exams, Symposiums, Courses etc..** are **NOT** part of the internship training. (*Interns may be required to repeat the days they missed*) There is **NO** Academic leave during internship training.
 7. **EID HOLIDAY:** Interns are only entitled to 5 days leave, which is taken either in Ramadan or Hajj Holiday only. Interns assigned in other hospital should follow the rules and regulations of the hospital.
 8. **SICK LEAVE:** Interns must inform immediately the assigned department and submit a sick leave report for approval. The sick leave



- report should be generated from a governmental hospital and preferably from the hospital where the intern is taking his/her rotation.
- 9. ABSENCES:** In case of any absences an excuse letter with documentation (if available) should be submitted in advance (if possible) to the department or maximum of within 4 working days after the absence day. The maximum legitimate days of absences from the rotations are:
- 5 days from 1 month rotation or 15% of the rotation which one is less
 - 7 days from 2 months rotations or 15% of rotation which one is less
 - If any official excused absence exceeds these numbers, ALL missing days should be repeated after the whole internship training.
- 10. ON-CALL & DUTIES:** Interns are not allowed to leave the hospital while on duty, especially if On-Call. Duty time & On-call should follow the department rules but minimal of 48 working hours/week must be maintained. Number of required On-Call days is 4 days/month but should not exceed 7 days/month. The interns are allowed to leave the hospital after 12:00 noon on next day after proper endorsement and taking permission from the team.
- 11. MATERNITY LEAVE:** It is preferable to make the expected date of delivery during the one-month rotation. Maternity leave is considered a legitimate absence and usually last for a month. The intern must inform the internship office about her expected day of delivery as soon as she knows it. She must submit a request for the maternal leave with documentation so the internship office will make the necessary arrangement. If delivery happened or schedule is different time than the expected date, the intern must inform the internship office immediately. Any delay in notification will be under the responsibility of the intern herself for any consequences. If the intern wishes to extend her leave, she must request that officially with proper documentation.
- 12. EVALUATION:** We are using a 360-degree evaluation forms for all rotations. The forms are sent directly to the departments however for affiliated hospitals some needs to be carried by the interns to them. The interns are responsible to fulfill all criteria that set by the department to get his/her evaluation. These includes but limited to the following:
- Perform Formal Clearance from the hospital
 - Retrieving any belongings
 - Repeating any missing days
 - Reporting to the Training/Academic Affairs



- e. Even if the intern had the passing score of 60%, the evaluator still could recommend some repetition of the intern's rotation according to the department's judgement.
13. The intern must follow-up his/her evaluation with the department secretary however the evaluation must be send to the internship office directly from the department. In special circumstances in which the department was unable to send the evaluation directly to the internship office, the intern must bring his/her evaluation personally to the internship office in stamped and sealed envelope.
14. The interns will not receive his/her certificate unless he/she complete all requirements (please refer to the Issuing Internship Certificate Policy).
15. **DURATION OF THE TRAINING:** The intern must complete all 48 weeks rotation with a total of 2,304 hours, with all requirements within the given period that is equal to 1 full Gregorian year. The repetition of a rotation should be done after the 1-year internship training at the nearest available time. However, all repetition must be approved by the internship office. Moreover, the maximum extended time for completing the internship training is 6 months after that the intern is subjected to repeat the whole year including a pre-training exam & interview.
16. All submitted requests will be subjected for approval & final schedule can be differ completely from the original requests.
17. Requests for changes that have legitimate reason(s) and all necessary documentation will not be accepted within the last month of the rotation.
- N.B. legitimate reasons does not include social or academic. All reasons must be accompanied by official documentation.**
18. Interns are NOT AUTHORIZED to sign birth certificates and all sick leaves.
19. **RESPECT your Colleague & Supervisor.** (Discipline in dealing with colleagues).
20. **SMOKING is NOT ALLOWED IN THE HOSPITAL** and the rest of university compound.
21. All procedure must be directly supervised by eligible staff, after the correct consent from the patient, failure to this can lead to disciplinary action which can lead to expulsion from the training program. The procedure includes:
- IV/IM injection for regular medication NOT chemotherapy
 - Extract blood for routine blood works & blood culture
 - Urine catheter for low-risk patient. NOT with coagulopathy – lady



with circumcision-single lady

- d. Apply CTG
 - e. Conducting SVD for low-risk patient (with resident supervision)
 - f. Check fetal heart by doppler
 - g. Check vital signs for stable patient
 - h. Pap smear & endo. Sample (with Resident supervision)
 - i. Speculum exam & amniosure test
 - j. HVS (high vaginal swab)
 - k. Apply ECG leads
 - l. Nasogastric tube insertion
 - m. ABG
- 22.** Failure to follow the above rules, not notified absences or conviction with an ethical situation are subjected to be expelled from the program.

**REQUIREMENTS FOR KFU STUDENTS:**

1. Students are not allowed to apply for the internship program until the following requirements was meant or submitted:
 - a. Submit a clearance from the Vice Dean of Clinical Affairs along with Transcript of Records copy.
 - b. Attending the orientation course and passing the practical workshop are **MUST** to start the internship year. All part of the orientation course must be attended. Missing any part will be considered as failure of attending the orientation course. This is considered as withdrawal from the internship year. Orientation course is usually held within 5 days in which all interns must attend the theoretical part which last for half a day. The rest will be designated as workshop in which each intern will attend only a half-day in the Skills Lab. Scheduling for the practical sessions will be assigned by the interns themselves and final schedule will be sent by the main male & female leaders 2 weeks before the orientation. No changes is allowed after that. Orientation cannot be rescheduled, and all interns must know the exact days of the course before making any plan.
 - c. Provide a recent medical clearance & active BLS certificate must be available at least 2 months before the start of internship. Failure will stop the internship processing completely.

NB: Medical clearance includes Blood Group, HBs Ag, HBs Ab, HCV Ab, HIV, Rubela Ab IgG, Measles Ab IgG, Mumps Ab IgG, Varicella Zoster Virus Ab IgG, vaccines for Rubella, Measles, Mumps & Varicella-Zoster if negative) and PPD or Mantoux test(mandatory requirements). In case of positive PPD test result or any vaccination, clearance must be presented from the Staff Health Clinic and following their guidelines in follow-up are mandatory. Failure of this will stop the training.
2. The name on your graduation certificate must match completely your name in the passport in any respect. The internship certificate will be based on the graduation certificate name regardless of the passport name after getting the right consent from the intern about that issue.
3. Salary is available for Saudi's, son of Saudi mother and Gulf citizen however the faculty of medicine is responsible to send the paperwork to the ministry which have the full authority of providing the salary or according to their regulation. The paper works for salary includes filled



- data sheet, medical clearance, BLS, copy of passport and national ID, 6th year clearance, IBAN (from the bank) & orientation certificate. All these requirements must be filled 2 months before the start of internship year and failure of this will stop the paper processing for salary.
4. Signing all necessary consent forms.
 5. To ensure receiving the e-mail from internship office, the intern must add the e-mail address to the contact information within the e-mail service.
 6. Collecting required documents: All documents must be collected by the sub-group leaders & all documents from all 6th year student of each group must be given altogether. Failure of this will be reported to the Vice Dean to take a necessary action. The deadline for collecting the paper will be provided by February and no extension will be allowed from this deadline.



GENERAL GUIDELINES FOR INTERNSHIP SCHEDULE:

Internship Requirements Time Frame

Requirements to start online schedule:

Transcript of records, 6th year clearance, Agreement on policies. This must be submitted by end of January otherwise student is not allowed to do the schedule.

Requirements before starting internship:

1. Medical Clearance
2. Datasheet
3. BLS
4. Attending orientation course
5. Consents
6. Confidentiality Agreement
7. IBAN

All requirements must be submitted by the end of the 2nd week of May except for the orientation course that is held on the 1st week after the final exam.

Internship scheduling for the internship training will be done through internship training management schedule (ITMS) which you will find as an icon in the medical college website. All requirements must be fulfilled to be eligible to enter this program (please refer to the section Internship Requirements).

On-line Internship Schedule:

You can access the website from any computer & the time of opening the schedule will be given to all leaders of the groups. The scheduling procedure is usually held on the 1st week of March which followed by a period of 2 weeks that the students are allowed to make modification & changes in their proposed schedule by filling the change request form and to be sent through our official e-mail. During this period the internship office will check the availability of the requested changes and do all necessary modification in the schedule according to the availability. If the changes was not possible the proposed schedule will remain as it is. By the end of the 3rd week of March, no changes in the schedule are allowed and your schedule is final for the rest of the



training.

Medical clearance and BLS certificate are also required with this application.

The final schedule of these students will be confirmed after the internship office received the confirmation from the requested hospitals. No changes in the schedule is allowed after we send the request to the hospital unless the internship office receive a rejection that that request. Internship office will **NEVER** send a request for same rotation for 2 hospitals simultaneously.

**VACATION POLICY:**

Vacation for 1-year internship training are as follows:

- 15 days Annual vacation
- 5 days Eid vacation in 1 Eid holiday

Note: Academic leaves are NOT allowed.

Guidelines for Eid vacation:

1. Interns will follow the hospital rules regarding the duration of the vacation.
2. During the vacation, you will have normal working days which includes on-call duties.
3. For the hospitals that follow the government duration of vacation, the period will be divided to 2-3 parts to allow maximum number of interns to take their Eid vacation.
4. Other hospitals that have shorter period of Eid vacation, there will be only one part which include the day of the Eid and 4 days after. Minor adjustments can be done if these didn't interfere with the hospital policy.
5. The general rules in applying for Eid vacation are first come, first served and maximum of 50% of interns can take the vacation at any point.
6. If all interns of one department at KFU agreed to take their Eid vacation in different arrangement than the designed parts, that will accept as long it maintains the 50% rules. For example, if there were 2 periods: 1-5 and 6-10 but ALL interns of a rotation agreed to take 3-7 in which 20 interns out of 40 interns will take their Eid vacation that will be acceptable.
7. Interns are not allowed to stop their rotation in order to study for the exam, attending exam or participating in any activity or training that is not part of their internship.

***Guidelines for Annual vacation:***

1. Interns are allowed to have maximum of fifteen (15) days of annual leave and additional five (5) days that can only be taken during one of the Eid vacations.
2. In case of special circumstances that required to submit the request late, special requests must be sent to internship office explaining the situation with all necessary documentation.
3. It is allowed to take only five (5) days in each request per rotation. No division or summation of the vacations within any rotation will be allowed in any circumstances. Any additional days will follow the policy of absences.
4. All requests must be submitted to the internship office within the expected period and the final approval should be taken by the department.
5. The intern is fully responsible for retaining the approved request to the internship office. Failure of the submission will be subjected to disciplinary action which includes repeating part or whole rotation.
6. This policy doesn't include any emergency leave, for that, kindly refer to the absence policy.
7. In KFU, not more than 25 % of interns are allowed to take annual leaves at any point of time for major rotations excluding elective. For Eid vacation, the maximum number of interns to take eid vacation is 50%. Kindly refer to the Eid vacation policy.



CHANGE OF SCHEDULE POLICY

1. There are no changes in the schedule after submitting the final schedule in the internship office (whether electronically or paper).
 - a. Special circumstances of changing part of the schedule.
 - b. Interns are allowed to make changes within the affiliated hospital if the request of changing was 2 weeks before the rotation and that there is availability in both rotations.
 - c. Changing from a hospital to affiliated hospitals is allowed if that is applied 2 months before the rotation and there is availability in the requested hospitals as long as the intern maintained at least 1 major rotation within currently posted hospital.
 - d. No changes is allowed from any affiliated hospital after sending the requests whether accepted or requests still pending. If there was a strong documented & legitimate reason for such changes the document must be applied 2 months before the rotation. List of legitimate reasons are available in the FAQ's.
 - e. Changing the rotation within the affiliated hospitals or switching the rotation between the interns and the periods are generally allowed under 2 conditions:
 - i. Application should be applied 2 months before the rotation.
 - ii. Acceptance from the affiliated hospital of the intern's request switching will not be processed until 2 signed requests are provided.
2. Interns are not allowed to officially communicate directly to affiliated hospitals and all changes will not be accepted if it was not through the internship office.
3. The evaluations from any hospital will be accepted based on the internship office records. In case of changes made by the intern without proper requesting the changes from the internship office, the intern will be punished by repeating the whole rotation and subjected for other academic punishment.



DRESS CODE POLICY

1. Identification badges must be worn at all times.
 - a. Identification badges are to be clearly visible, above the waist.
 - b. The Lanyard must not interfere with patient care and safety and kept clean.
 - c. Identification badge holders may be worn if not interfering with patient care and safety
2. Hair:
 - a. For men, must be clean, neatly groomed and controlled.
 - i. Long hair must be secured away from the face.
 - ii. Extreme styles and colors are not permitted.
 - iii. Fashion head bands or skullcaps are not permitted.
 - b. For ladies, must be covered as per the Sharia law:
 - i. Head scarves shall not interfere with patient care and safety
 - ii. Scarves shall not be loose for modesty and safety
 - iii. Bright colors and glittery designs are not acceptable
 - iv. Black, white or neutral colors shall be used
3. Nails must be short, neat and clean, to avoid irritating patients during clinical examination.
 - a. Nail polish and decorative designs are prohibited.
 - b. Artificial fingernails are Not allowed for all staff and students in contact with patients.
4. Jewelry must be plain and inconspicuous.
 - a. Jewelry must not interfere with patient care or safety.
 - b. Necklaces are NOT permitted.
 - c. Bracelets or armbands are not permitted unless they are a Medical Alert bracelet.
 - d. Only one ring or ring set is allowed.
 - e. Well- fitting, not loose, wrist watch is permitted.
 - f. Facial piercing jewelry (i.e. eyebrow, nose, tongue, lip, etc.) is prohibited. Exception: If a nose ring is worn for religious/cultural purposes.



5. Fragrance is not to be used in the hospital and patient care areas.
6. Footwear should be clean, appropriate for clothing, protective and fit securely.
 - a. Shoes should be non-permeable entirely white or black.
 - b. Shoes must have a closed toe and closed heel.
 - c. Canvas shoes or “cros” with holes are not permitted inpatient care areas.
 - d. Shoes and shoelaces must be kept clean. Shoelaces must be white or match shoes.
 - e. Staff must always wear hosiery or socks.
7. Cloth stethoscope covers or decorative items attached to stethoscope are not permitted.
8. Uniform/Clothing Standards:
 - a. Undergarments must be worn and inconspicuous under uniform or clothing.
 - b. Clothing must be clean and neatly pressed.
 - c. Faded / yellowish, discolored or ripped clothing is not acceptable.
 - d. All clothing should be non-see through.



ISSUING INTERNSHIP CERTIFICATE POLICY:

Requirements:

1. Completion of 12 months training under KFU complete supervision
2. Clearance from the hospital.
3. Submitting copy of graduation certificate and passport (this must be submitted at least 2 months before finishing or the internship certificate will be delayed).
4. Receiving all evaluations with no repetition or punishment.
5. In special circumstances, that requires the intern receives his internship certificate before finishing all requirements which includes:
6. Document the necessity of having the internship earlier. This document should include a deadline from the body that the intern is applying for.
7. Consent about the true information's provided and the commitment of the intern to fulfill all requirements within the expected period. Failure of that will hold all kinds of clarification until all requirements achieved.
8. Intern must have good conduct and not in academic punishment of any kind.
9. Preliminary evaluation of only pass mark will be initiated and will be permanent in the intern's record if the final evaluation grade was not received within the expected time.



Confidentiality Agreement

1. Confidential Information will also include any information that has been disclosed by a third party to the Provider and governed by a non-disclosure agreement.
2. The Confidential Information will remain the exclusive property of KFUP and will only be used by the INTERN for the Permitted Purpose. The INTERN will not use the Confidential Information for any purpose that might be directly or indirectly detrimental to KFUP or any of his affiliates or subsidiaries.
3. The INTERN may disclose any of the Confidential Information:
 - a. to such of his colleagues, representatives and advisors that have a need to know for the Permitted Purposes
 - b. to a third party where the Provider has consented in writing to such disclosure; and
 - c. to the extent required by law or by the request or requirement of any judicial, legislative, administrative or other governmental body.
4. The INTERN agrees to retain all Confidential Information at his usual place of work. Further, they will not be used, reproduced, transformed, or stored on a computer or device that is accessible to persons to whom disclosure may not be made, as set out in this Agreement.
5. Any failure to maintain the confidentiality of the Confidential Information in breach of this Agreement cannot be reasonably or adequately compensated for in money damages and would cause irreparable injury to KFUP.
6. Upon the expiration or termination of this Agreement, the INTERN will:
 - a. return all Confidential Information to KFUP and will not retain any copies of this information.
 - b. destroy or have destroyed all memoranda, notes, reports and other works based on or derived from the INTERN's review of the confidential information; and
 - c. provide a certificate to KFUP that such materials have been destroyed or returned, as the case may be.
7. If the INTERN loses or fails to maintain the confidentiality of any of the Confidential Information in breach of this Agreement, the INTERN will immediately notify KFUP and take all reasonable steps necessary to retrieve the lost or improperly disclosed Confidential Information.

**PUNISHMENT POLICY:**

Any violation of any element of the policy is subjected to the intern for the following:

1. Repeating part or the whole rotation(s)
2. Taking additional training.
3. Changing the intern schedule disregarding the intern wishes.
4. Adding more duties within the rotation such as more on-calls or presentations.
5. Performing community service.
6. Stopping the internship year for a duration that does not exceed six (6) months.
7. Expelled from the program.

List of common violation with its punishment:

| SERIAL NO. | VIOLATION | PUNISHMENT |
|-------------------|--|---|
| VO-1 | Absence without acceptable excuse | Repeating the whole period of the rotation |
| VO-2 | Not attending an On-Call | Repeating the whole period of the rotation |
| VO-3 | Not attending any mandatory department meeting or activity | Performing additional duties and the intern is subjected to repeat a part or even the whole rotation depending on the number of the violation |
| VO-4 | Late arrival or early leaving (Punctuality) | Performing additional duties and the intern is subjected to repeat a part or even the whole rotation depending on the number of the violation |



| | | |
|------|---|---|
| VO-5 | Not respecting colleagues or senior | Intern must admit this behavior in writing and consented not to do such thing in the future. Repeating such violation will be subjected for severe punishment which includes expelled from the program. However, if the violation was of single event the intern is still subjected to performing additional duties and has to repeat a part or eventhe whole rotation. |
| VO-6 | Communicating directly to the department or hospitals without official permission which includes any attempting to change the internschedule | Additional one (1) month training for the first violation. If the violation was repeated the intern is subjected to be expelled from the program. |
| VO-7 | Cancelling rotation from the department or hospital withoutofficial permission | Additional one (1) month training for the first violation. If the violation was repeated the intern is subjected to be expelled from the program. |
| VO-8 | Signing attendance sheet for somebody else | Additional two (2) month training for the first violation. If the violation was repeated the intern is subjected to be expelled from the program. |
| VO-9 | Attending rotation on behalf of somebody else or performing any task(s) in other department that the intern is not assigned to without permission | Additional two (2) month training for the first violation. If the violation was repeated the intern is subjected to be expelled from the program. |



| | | |
|-------|--|---|
| VO-10 | Not following dress code of the hospital which includes not wearing ID badges | Performing additional duties and the intern is subjected to repeat a part or even the whole rotation depending on the number of the violation |
| VO-11 | Not following the schedule and take any training in any other department or hospital without any formal permission | The violated rotation will not be considered which requires repeating the whole rotation in addition to punishment of additional one (1) month training |
| VO-12 | Not performing or delaying in performing any of the daily duties without excuse. | Performing additional duties and the intern is subjected to repeat a part or even the whole rotation depending on the number of the violation |



This first edition of The Internship Training Manual was produced as a result of the ideas and efforts of

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