



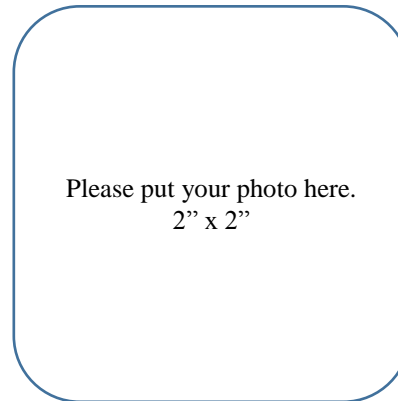
جامعة الملك فيصل
KING FAISAL UNIVERSITY

INTERNSHIP LOGBOOK 2017-2018

KING FAISAL UNIVERSITY
COLLEGE OF MEDICINE

KINGDOM OF SAUDI ARABIA
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II. Introduction

In Saudi Arabia internship consists of a supervised twelve months of clinical rotations in different departments. It is formulated in such a way as to ensure the utmost benefit that will help the young doctor in his future career. However to achieve the maximum benefit the young doctor should be sincere, devoted, keen to learn and assume the right attitude.

A log book is not a new idea; it is a means to achieve objective assessment of performance by the supervisor allowing him to give fair evaluation of the intern at the end of the rotation. It also allows the intern to look critically into his performance and give him a chance to compare himself with his colleagues.

This log book is designed to meet the general goals of internship and to fulfil the educational objectives set in the intern roadmap which comply with the guidelines of the National Commission for Academic Accreditation & Assessment (NCAAA). The targets for different skills, competencies and procedures were set by the respective departments in a comprehensive way.

Success is always achieved by hard work and dedication and leniency has no place in medical practice, so try to get the maximum benefit from your internship year to make an outstanding career in the future.

Acknowledgements:

This log book has been adapted with permission from the log book designed by the internship supervisory team of College of medicine, Jazan University (Dr.Abdelkhalig Elhilu, Internship supervisor, Jazan university -- aelhilu@jazanu.edu.sa)

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III. How To Use The Log Book

Write your name and other requested information in the appropriate place.

Fill all the requested fields at the start of each rotation.

Register any activity immediately after its conclusion.

Get the supervisor's assessment and signature immediately.

The target number of presentations is the minimum requested.

Keep all case presentations records and attach it with your log book in the appropriate section.

Get the supervisor's signature for all procedures that you have done or participated in.

The target number of procedures is the minimum requested.

At least half the target number of academic activities should be presentations.

Add any procedure which is not included in the appropriate section.

Attach a copy of the certificate of attendance of any academic activity that you have attended.

Give your log book to the supervisor at the end of your rotation to help him write his report.

Collect your log book from your supervisor after he finishes his report.

Keep your log book tidy and clean throughout the internship year.

Log books should be presented to corresponding departments along with evaluations at the end of internship year.

IV. General Surgery

Internship is a period of transition from medical student to a qualified physician, a process in which an intern gains more confidence in patient care, develops professional attitudes and applies appropriately knowledge and skills in the practice of medicine.

The aim of Surgery Internship Training Program is to provide a general clinical experience in a setting of supervised clinical responsibility in order that interns acquire the necessary knowledge and skills for the practice of Surgery in general and that they develop proper medical attitudes and ethics in accordance with the tenants of Islam.

Internship is a learning-by-doing process. In the development of attitudes, the unit of instructions is built on a model, i.e. information - opportunity to practice - feedback. The learning situations are ward rounds, OPD, Operating, recovery, dressing and emergency rooms, morning reports and Journal clubs.

Goals of Surgery Internship training:

1. Patient Care and Medical Knowledge

- 1.1. Outline and apply the common components of preoperative orders.
- 1.2. Outline and apply the common components of admission and post-operative orders.
- 1.3. Demonstrate the ability to manage common electrolyte abnormalities in the surgical patient.
- 1.4. Demonstrate the ability to interpret common ancillary testing performed in the Surgical patient.
- 1.5. Establish the fundamentals of basic perioperative care of the surgical patient.
- 1.6. Demonstrate the ability to safely function in the role of first responder to an urgent or emergent patient care situation.

2. Technical Skills

3. Professionalism

4. Interpersonal Skills and Communication

5. Practice-Based Self Directed Learning and Improvement

Reference: *ACS Resident preparation curriculum /2015-16*
Internship handbook, Dammam University.

Hospital				
Department	General Surgery			
Name of Supervisor				
Period of Training	From/...../.....	To/...../.....

IV-A. General Surgery: Case Presentations:

Target: (2) cases/month.

Week	Diagnosis	History					Examination					Management Plan				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1																
2																
3																
4																
5																
6																
7																
8																
Total Score																
Rating %																

Key: 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent

IV-B. General Surgery: Procedures

Target: (1) activity/month

Procedure	Observed		Assisted		Performed		Signature of Direct Supervisor
	Target	Done	Target	Done	Target	Done	
Nasogastric tube insertion.	2		2		3		
Urethral catheterization.	1		1		5		
Venipuncture (cannula insertion)	2		2		15		
Wound suturing.	2		2		15		
Venesection (venous cut down).	1		1		0		
Application of cervical collar.	1		1		10		
Insertion of oropharyngeal airway.	2		0		5		
Central venous line insertion.	2		2		0		
Abscess drainage	2		2		5		
Wound care and dressing.	2		2		24		
Excision of superficial lumps.	2		2		5		
Wedge excision of ingrowing toe nail.	2		2		2		
Chest tube insertion.	2		2		2		
Proctoscopy.	2		0		2		
Closure of abdominal incisions	2		3		5		
Removal of sutures	2		2		10		
Removal of drains	2		2		5		
Appendectomy.	2		5		0		
Inguinal hernia repair	2		2		0		
Lap cholecystectomy	5		3		0		
Major surgery	5		3		0		
Total							
Rating %							

IV-C. General Surgery: Clinical Duties

Target: (1) activity/month

Week	On Call Duties		Theatre Sessions		Signature Of Direct Supervisor
	Done	Not Done	Done	Not Done	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total Achievement					
Rating %					

IV-D. General Surgery: Academic Activities

Target: (1) activity/month

Week	Topics	Lectures		Seminar		Symposium/Conference	
		Attended	Presented	Attended	Presented	Attended	Presented
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total Number of Activities							
Rating %							

Signature of Supervisor: _____

V. Internal Medicine

Internship in internal medicine department is aimed to provide supervised experience in caring for patients who have a broad range of medical conditions. It will also provide and opportunities for the intern to gain experience in

1. Assessing and admitting patients with acute medical problems
2. Managing patients with range of chronic medical conditions
3. Discharge Planning

The internship in medicine is intended to achieve following broad objectives:

KNOWLEDGE AND SCHOLARSHIP-INTERN AS A SCIENTIST

Opportunities to practically apply knowledge acquired in undergraduate years about the the etiology, pathology, clinical features, natural history and prognosis of common and important medical presentations.

- To access and use relevant treatment guidelines and protocols.

CLINICAL PRACTICE –INTERN AS A CLINICIAN

Opportunities to assess and contribute to the care of patients with a broad range of medical conditions. This should include taking histories, performing physical and mental state examinations.

Under appropriate supervision developing management plans, ordering investigations, accessing clinical management resources, making referrals and monitoring progress.

- Clinical experience in a range of common medical conditions,
- Clinical experience in managing critically ill patients.
- Opportunities to observe and perform a range of procedural skills.

- Opportunities to develop knowledge and skills in safe and effective prescribing of medications, including fluids, blood and blood products.
- Opportunities to develop communication skills needed for safely delivering patient care through interaction with peers (particularly through handover), supervisors, patients and their families.
- Interns should have opportunities to develop advanced skills in spoken, written and electronic communication
- Opportunities to develop skills in discussing poor outcomes and end of life care
- Opportunities to develop written communication skills including entries in paper or electronic medical records, admission notes, progress notes, discharge notes, and letters to other health care practitioners .

COMMUNITY SERVICES - INTERN AS A HEALTH ADVOCATE

- Opportunities to screen patients for common diseases provide care for common chronic diseases and discuss healthcare behaviors with patients.
- Opportunities to develop knowledge about how inpatient medical care interacts with ambulatory care facilities.
- Opportunities to understand the roles, responsibilities and interactions of various health professionals in managing each patient.
- To play an active role in the multidisciplinary health care team

Hospital				
Department	Internal Medicine			
Name of Supervisor				
Period of Training	From/...../.....	To/...../.....

V-A. Internal Medicine: Case Presentations

Target: (2) cases/month

Week	Diagnosis	History					Examination					Management Plan				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1																
2																
3																
4																
5																
6																
7																
8																
Total Score																
Rating %																

Key: 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent

V-B. Internal Medicine: Procedures

Target: (2) activity/month

Procedure	Observed		Assisted		Performed		Signature of Direct Supervisor
	Target	Done	Target	Done	Target	Done	
Blood pressure measurement	5		0		5		
Measurement of body temperature	5		0		5		
Nasogastric tube insertion.	3		3		3		
Intravenous canulation.	5		5		5		
Administration of IV fluids & drugs	5		5		10		
Intramuscular injection	5		5		5		
Venous blood sampling.	5		5		5		
Arterial blood sampling.	3		2		2		
Pulse oximetry	5		0		5		
Lumbar puncture.	3		2		0		
Abdominal paracentesis	3		2		1		
Thoracocentesis.	3		2		1		
Bone marrow aspiration.	1		0		0		
Pericardiocentesis.	1		0		0		
Urethral catheterization.	3		3		2		
Electrocardiogram (ECG).	3		3		3		
Administer Oxygen therapy	5		5		5		
Administer nebulizer treatment	5		5		5		
Blood sugar (glucometer)	5		4		3		
Use defibrillator	3		3		3		
Total							
Rating %							

V-C. Internal Medicine: Clinical Duties

Target: (1) activity/month

Week	On Call Duties		Signature Of Direct Supervisor
	Done	Not Done	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total Achievement			
Rating %			

IV-D. Internal Medicine: Academic Activities

Target: (1) activity/month

Week	Topics	Lectures		Seminar		Symposium/Conference	
		Attended	Presented	Attended	Presented	Attended	Presented
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total Number of Activities							
Rating %							

Signature of Supervisor: _____

VI. Obstetrics and Gynecology

I. Introduction

Women comprises approximately half of the population of the world and her reproductive health issues are addressed by this field of medicine. This fascinating field of medicine looks after the reproductive health of a women from her puberty life, child bearing age to the menopausal crisis. It also caters the desire of a barren woman and enables her to dream about a meaningful life as a mother. The appreciation of the importance of this domain can be realized by the fact that in advance countries emphasis has been given to community Gynecology and domiciliary facilities are extended to the door steps of community through Health workers like Lady Health Visitors and midwives. As a medical graduate the adequate knowledge of Obstetrics and Gynecology is crucial and enables him or her to practice as a trustworthy physician for women fraternity.

Keeping this in view this Obstetrics and Gynecology internship has been placed in the schedule for interns to familiarize them with the Obstetrical and Gynecological common problems, emergencies, their management and Obstetrical and Gynecological routine procedures. They will also learn about the running of ante and postnatal clinics and family Planning clinics to address family planning issues of the community.

II. Objectives for Obstetrics and Gynecology internship

Intern is required to accomplish the following goals and objectives.

1 Knowledge domain

- 1.1 Describes the process of conception, effects of teratogens during embryogenesis and physiological changes in pregnancy.
- 1.2 Describes antenatal care, how medical and obstetrical complications are recognized and managed in pregnancy.
- 1.3 Describes labor and its management including fetal monitoring
- 1.4 Describes abnormal labor, malpresentations, the role of cesarean section and instrumental delivery.
- 1.5 Describes normal and abnormal puerperium management
- 1.6 Describe the physiology of normal menstrual cycle, its abnormal patterns with their management and the climacteric phase leading to menopause..
- 1.7 List contraceptive methods with their advantages and risks

- 1.8 Describes etiology clinical presentation and management of common gynecological problems (Bleeding in early pregnancy, PID, vaginal discharges, infertility, genital prolapse and urinary incontinence)
- 1.9 List common benign and malignant tumors of female genital tract and describe their management.
- 2.0 Describes Pre and post op care
- 2.1 Describes management of obstetrical and gynecological emergencies

2 cognitive domain

- 2.1 Obtains and Interprets thorough history of Obstetrical and Gynecological problems
- 2.2 Design antenatal care program.
- 2.3 Evaluate antepartum and postpartum complications
- 2.4 Judge normal and abnormal labor
- 2.5 Evaluate benign and malignant gynecological disorders.
- 2.4 Evaluate obstetrical and gynecological emergencies

3 Interpersonal Skills & Responsibility

- 3.1 Show effective consultation with other physicians and other health care professionals with team work spirit and application of principles of advocacy, patient rights, and ethics
- 3.2 Demonstrate professional, respectable attitude at hospital and keep patient and file Confidentiality

4 Communication, Information Technology, Numerical

- 4.1 Demonstrate effective consultation of postpartum women for breastfeeding, self-care and future contraception
- 4.2 Demonstrate effective interpersonal communication skills during history taking and examination of cases throughout the clinical training period

5 Psychomotor (Clinical and practical skills)

- 5.1 Perform general physical examination, abdominal and genital examination (speculum +vaginal examination) of pregnant patient and non-pregnant patient
- 5.2 Perform pap-smear.
- 5.3 Demonstrate Sutures/ instrument handling
- 5.4 Demonstrates Scrubbing techniques

- 5.5 Demonstrate and apply basics of infection control
- 5.6 Observes, assists and then performs under supervision normal delivery for internship more than 6 months
- 5.7 Observes, assists instrumental delivery.
- 5.8 Observes, assist and performs under supervision minor procedures.
(E&C, D&C, endometrial sampling) for internship more than 6 months
- 5.9 Observes, assist major procedures (cesarean section, hysterectomy, laparotomy)
- 5.10 Manipulate instruments and demonstrate how to use them in skill lab.
- 5.11 Demonstrate of the patient
- 5.12 Perform general physical examination, abdominal and genital examination
(speculum+vaginal examination) of pregnant patient and non-pregnant patient
- 5.13 perform repair of episiotomy on manikin

Hospital				
Department	Obstetrics and Gynecology			
Name of Supervisor				
Period of Training	From/...../.....	To/...../.....

VI-A. Obstetrics and Gynecology: Case Presentations

Target: (2) cases/month

Week	Diagnosis	History					Examination					Management Plan				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1																
2																
3																
4																
5																
6																
7																
8																
Total Score																
Rating %																

Key: 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent

VI-B. Obstetrics and Gynecology: Procedures

Target: (1) activity/month

Procedure	Observed		Assisted		Performed		Signature of Direct Supervisor
	Target	Done	Target	Done	Target	Done	
Normal delivery.	5		5		10		
Vaccum assisted delivery.	2		2		0		
Forceps assisted delivery	2		2		0		
Amniotomy.	5		0		5		
Episiotomy	4		0		5		
Suturing of episiotomy & perineal tears	4		4		5		
Colposcopy.	2		2		2		
Partography	2		2		10		
Fetal scalp electrodes	2		2		0		
Fetal scalp sampling	2		2		0		
Cardiotocography.	4		4		20		
Obstetric ultrasound	4		4		4		
Pap smear	4		4		5		
IUCD insertion	2		2		0		
Dilatation and curettage	4		4		2		
Evacuation and curettage	4		4		2		
Diagnostic laparoscopy	4		4		0		
Caesarean section	5		5		0		
Major pelvic surgery	4		4		0		
Total							
Rating %							

VI-C. Obstetrics and Gynecology: Clinical Duties

Target: (1) activity/month

Week	On Call Duties		Theatre Sessions		Signature Of Direct Supervisor
	Done	Not Done	Done	Not Done	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total Achievement					
Rating %					

VI-D. Obstetrics and Gynecology: Academic Activities

Target: (1) activity/month

Week	Topics	Lectures		Seminar		Symposium/Conference	
		Attended	Presented	Attended	Presented	Attended	Presented
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total Number of Activities							
Rating %							

Signature of Supervisor: _____

VII. Pediatrics

Learning experiences

Child Life interns should receive multiple skill-building and educational opportunities in medical play; psychological preparation; charting, planning, and supervising developmentally appropriate play activities; working within the healthcare team; family-centered care; prioritizing needs; and developmental assessment.

Additional learning experiences should take place through in-services, pediatric grand rounds, and multidisciplinary rounds. Pediatric internship should experience spans the pediatric age and developmental spectrum, as well as various health care system areas.

Child Life internship experience should provide high-quality instruction and preparation for emerging child life professionals.

Objectives:

1. Become familiar with the child life profession.
2. Gain understanding of the impact of hospitalization on the emotional and developmental needs of children.
3. Have the opportunity to interact with patients on a one-to-one basis and in-group situations.
4. Gain a basic and practical working knowledge of medical procedures, terminology, and the roles of multidisciplinary professionals within the hospital setting.
5. Strengthen ability to interact and relate to the multidisciplinary team to promote positive experiences for hospitalized children.
6. Transition from student to professional, gain professional attitude, growth, maturity, and judgment.

Internship Assignments and Learning Activities prerequisites at the health care hospitals (Goals):

1. Assessments and Observations - Interns complete developmental assessments and behavioral observations on patients from infancy to adolescence.
2. Book Club - Interns meet weekly with the educator for Child Life Services to discuss assigned weekly reading from texts directly relevant to child life practice.
3. Case Study - Two case studies integrate both, theory and practice as they relate to one patient experience. A written and oral presentation is made to the child life staff with follow-up discussions.

4. Clinical Conferences - Interns meet weekly with the educator for Child Life Services to discuss their experiences during rotations and how these experiences relate to their goals.
5. Documentation - Interns should be given opportunities to record observations and interventions in the patient charts.
6. Evaluations - Interns receive one formal evaluation at the end of each clinical rotation by the rotation supervisor or through (Log Book).
7. In-service Attendance - Child Life Specialists and other hospital professionals should present in-services to Child Life Interns.
8. Article Critiques - Research article critiques should be completed and discussed with the rotation supervisor, if any!

Framework

Mock Interview - Interns complete a mock interview with the Child Life Manager in preparation for entering the job market.

Program Evaluation – When interns complete evaluations of each clinical rotation and the child life internship experience.

Supervisory Conferences - At the end of each week, interns and their rotation supervisor meet to evaluate the week and to plan for the following week. Weekly objectives are reviewed at this time.

Hospital				
Department	Pediatrics			
Name of Supervisor				
Period of Training	From/...../.....	To/...../.....

VII-A. Pediatrics: Case Presentations

Target: (2) cases/month

Week	Diagnosis	History					Examination					Management Plan				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1																
2																
3																
4																
5																
6																
7																
8																
Total Score																
Rating %																

Key: 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent

VII-B. Pediatrics: Procedures

Target: (1) activity/month

Procedure	Observed		Assisted		Performed		Signature of Direct Supervisor
	Target	Done	Target	Done	Target	Done	
Nasogastric tube insertion.	3		2		1		
Oro-gastric tube insertion.	3		2		1		
Urethral catheterization.	3		1		0		
Intravenous cannulation.	3		1		5		
Venous blood sampling.	3		1		5		
Arterial blood sampling.	3		5		0		
Intramuscular injections.	3		2		2		
Calculation of fluid requirement.	2		2		10		
Lumbar puncture.	1		0		0		
Bone marrow aspiration.	1		0		0		
Neonatal resuscitation after delivery.	2		5		0		
Endotracheal intubation.	2		0		0		
Choking child management	1		0		0		
Anthropometric measurement	2		2		10		
Umbilical artery catheterization	1		2		0		
Umbilical vein catheterization	1		2		0		
Intra-osseous cannulation	1		0		0		
Blood pressure measurement	2		2		10		
Total							
Rating %							

VII-C. Pediatrics: Clinical Duties

Target: (1) activity/month

Week	On Call Duties		Signature Of Direct Supervisor
	Done	Not Done	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total Achievement			
Rating %			

VII-D. Pediatrics: Academic Activities

Target: (1) activity/month

Week	Topics	Lectures		Seminar		Symposium/Conference	
		Attended	Presented	Attended	Presented	Attended	Presented
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total Number of Activities							
Rating %							

Signature of Supervisor: _____

VIII. Family Medicine

III. Introduction

Family Medicine is characterized by a great diversity in patients' ages and types of medical problems. Continuity of care, preventive medicine and family issues are emphasized.

The Family Medicine internship is a two-month rotation with a shift in the site of working from hospital to ambulatory setting. There is a greater emphasis on the concepts and principles of Family Medicine / General practice.

The art of family physician in providing person centered care and holistic approach using the bio-psychosocial model of illness will be demonstrated to the intern during the two-month rotation.

IV. Goals for Family Medicine internship

Upon successful completion of this rotation, each intern should possess an appropriate level of the knowledge, attitudes, and skills needed to accomplish the following goals and objectives.

Knowledge Domain

1. Learn common illnesses and problems that are encountered primarily or exclusively in the ambulatory setting
2. Approach to topics from the perspective of the patient's presenting complaint or problem.
3. Review the pathophysiology, natural history, and treatment of common diseases found principally in ambulatory settings
4. Understand principles of health promotion and disease prevention
5. Explain the influence of psychosocial factors on illness frequency, care-seeking, and compliance with therapy

Cognitive domain

1. Recognize the patient's role as an active participant in his own care, and thus acknowledging his priorities for treatment and diagnostic evaluation plans
2. Recognize the importance of the patient's cultural background and environment in formulating an approach to the illness
3. Understand uncertainty and developing the ability to defer part of the work-up to later visits
4. Appreciate the cost of health care and being parsimonious in the choice of diagnostic and treatment methods
5. Fulfill responsibility for the patient with fewer support systems than exist for the student/resident in the hospital

6. Acknowledge the patient's role as an active participant in his own care, and thus acknowledging his priorities for treatment and diagnostic evaluation plans

Interpersonal and communication domains

1. Deal with the patient as a whole: A holistic approach and address his/her concerns
2. Acknowledge the different theoretical and applied backgrounds and roles needed for best balance in doctor-patient relationship and express basic receptive and reactive communication skills.
3. Master both Arabic and English medical terminology and its use in communicating medical information and frame a functioning professional dialogue with a patient.

Psychomotor Domain

1. Gather data accurately and efficiently to formulate etiologic hypotheses
2. Handling emotion in the interview to build the relationship, and providing emotional support and motivation to comply with treatment
3. Develop counselling skills for education and motivation of the patient to promote compliance and adoption of behaviours that will improve the prognosis or promote well-being
4. Use language the patient understands
5. Refining physical examination skills
6. Apply principles of clinical epidemiology and clinical decision making to common illnesses
7. Use appropriate consultation and referral

V. Core topics

A set of common topics and clinical competencies for the rotation is described below. Interns should have exposure to most of them at the completion of the rotation.

- | | | |
|------------------|---------------------|-------------------|
| • Headache | • Smoking | • Gastritis |
| • Cough | • Skin rash | • Gastroenteritis |
| • Chest pain | • Depression | • Otitis media |
| • Abdominal pain | • Dysuria | • Bronchitis |
| • Back pain | • Hypertension | • Pharyngitis |
| • Joint pain | • Diabetes | |
| • Fatigue | • Asthma | |
| • Fever | • Dyslipidemia | |
| • Anxiety | • Allergic rhinitis | |
| • Obesity | • Red eye | |

VI. Practical procedures

Interns are expected to be able to carry some practical procedures out safely and effectively such as:

- Otoscopy
- Ear wax aspiration and ear syringing
- Nasal packing or cautery for control Epistaxis
- Removal of foreign body from nose and external ear.
- Performing an ECG
- Ophthalmoscope exam
- Incision of an abscess
- Subcutaneous, intramuscular and intravenous injections
- Incision of an abscess
- Suturing a wound
- Removal of stitches
- Excision of in-growing nails

VII. Program structure (see table 1)**VIII. Assessment****1. Formative assessment (40% Marks):**

- Work- based assessment by using 360 degree form or Mini-ex
- Log book
- E-portfolio

2. Summative assessment (60% Marks):

- Written exam (Problem solving)
- OSCE

Table 1 : Program structure

	Week 1	Week 2	Week 3	Week 4
8h-13h	PHCC	PHCC	PHCC	PHCC
14h-17h	Family Medicine introductory course (FM principles, EBM, consultation and communication skills)	Infection control and patient safety workshop (2 half days)	Research course	Smoking cessation clinic <i>(Posted for dealing patients)</i>
	Week 5	Week 6	Week 7	Week 8
8h-13h	PHCC	PHCC	PHCC	PHCC
14h-17h	PHCC	PHCC	PHCC	TB control unit <i>(Posted for dealing patients)</i>

IX. Elective 1

Hospital				
Department				
Name of Supervisor				
Period of Training	From/...../.....	To/...../.....

IX-A. Elective 1: Case Presentations

Target: (2) cases/month

Week	Diagnosis	History					Examination					Management Plan				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1																
2																
3																
4																
Total Score																
Rating %																

Key: 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent

IX-B. Elective 1: Procedures

Target: (1) activity/month

Procedure	Observed		Assisted		Performed		Signature of Direct Supervisor
	Target	Done	Target	Done	Target	Done	
Total							
Rating %							

IX-C. Elective 1: Clinical Duties

Target: (1) activity/month

Week	On Call Duties		Theatre Sessions		Signature Of Direct Supervisor
	Done	Not Done	Done	Not Done	
1					
2					
3					
4					
Total Achievement					
Rating %					

IX-D. Elective 1: Academic Activities

Target: (1) activity/month

Week	Topics	Lectures		Seminar		Symposium/Conference	
		Attended	Presented	Attended	Presented	Attended	Presented
1							
2							
3							
4							
Total Number of Activities							
Rating %							

Signature of Supervisor: _____

X. Elective 2

Hospital				
Department				
Name of Supervisor				
Period of Training	From/...../.....	To/...../.....

X-A. Elective 2: Case Presentations

Target: (2) cases/month

Week	Diagnosis	History					Examination					Management Plan				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1																
2																
3																
4																
Total Score																
Rating %																

Key: 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent

X-B. Elective 2: Procedures

Target: (1) activity/month

Procedure	Observed		Assisted		Performed		Signature of Direct Supervisor
	Target	Done	Target	Done	Target	Done	
Total							
Rating %							

X-C. Elective 2: Clinical Duties

Target: (1) activity/month

Week	On Call Duties		Theatre Sessions		Signature Of Direct Supervisor
	Done	Not Done	Done	Not Done	
1					
2					
3					
4					
Total Achievement					
Rating %					

X-D. Elective 2: Academic Activities

Target: (1) activity/month

Week	Topics	Lectures		Seminar		Symposium/Conference	
		Attended	Presented	Attended	Presented	Attended	Presented
1							
2							
3							
4							
Total Number of Activities							
Rating %							

Signature of Supervisor: _____

XI. Elective 3

Hospital				
Department				
Name of Supervisor				
Period of Training	From/...../.....	To/...../.....

XI-A. Elective 3: Case Presentations

Target: (2) cases/month

Week	Diagnosis	History					Examination					Management Plan				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1																
2																
3																
4																
Total Score																
Rating %																

Key: 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent

XI-B. Elective 3: Procedures

Target: (1) activity/month

Procedure	Observed		Assisted		Performed		Signature of Direct Supervisor
	Target	Done	Target	Done	Target	Done	
Total							
Rating %							

XI-C. Elective 3: Clinical Duties

Target: (1) activity/month

Week	On Call Duties		Theatre Sessions		Signature Of Direct Supervisor
	Done	Not Done	Done	Not Done	
1					
2					
3					
4					
Total Achievement					
Rating %					

XI-D. Elective 3: Academic Activities

Target: (1) activity/month

Week	Topics	Lectures		Seminar		Symposium/Conference	
		Attended	Presented	Attended	Presented	Attended	Presented
1							
2							
3							
4							
Total Number of Activities							
Rating %							

Signature of Supervisor: _____

XI. Elective 4

Hospital				
Department				
Name of Supervisor				
Period of Training	From/...../.....	To/...../.....

XI-A. Elective 4: Case Presentations

Target: (2) cases/month

Week	Diagnosis	History					Examination					Management Plan				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1																
2																
3																
4																
Total Score																
Rating %																

Key: 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent

XI-B. Elective 4: Procedures

Target: (1) activity/month

Procedure	Observed		Assisted		Performed		Signature of Direct Supervisor
	Target	Done	Target	Done	Target	Done	
Total							
Rating %							

XI-C. Elective 4: Clinical Duties

Target: (1) activity/month

Week	On Call Duties		Theatre Sessions		Signature Of Direct Supervisor
	Done	Not Done	Done	Not Done	
1					
2					
3					
4					
Total Achievement					
Rating %					

XI-D. Elective 4: Academic Activities

Target: (1) activity/month

Week	Topics	Lectures		Seminar		Symposium/Conference	
		Attended	Presented	Attended	Presented	Attended	Presented
1							
2							
3							
4							
Total Number of Activities							
Rating %							

Signature of Supervisor: _____

XII. Research

Broad internship plan and placement of dedicated research activity in the same

Year	MEDICINE	SURGERY	GYNECOLOGY	PEDIATRICS	PHC	Electives	Research project conduct and submission
6	2 M	2 M	2 M	2M	1 M	1 M	2 Months
	8 credits	8 credits	8 credits	8 credits	4 credits	4 credits	8 credits
	At KFU or at any affiliated hospitals						Obligatory at KFU

Research project

As per the GMCA 2012 teaching and examination guidelines (3rd edition – 2015 May): The research project will be linked to the activity in block 3.1 when the thesis topic is chosen.

Proposed plan:

- Each student will have to choose a guide for the thesis. A co-guide would also have to be chosen from the specialty in case the original guide is not available
- Thesis proposal will have to be finalized after discussion with the guide. A detailed proposal will have to be submitted in the format approved by the college of medicine ethics committee. Once approved by the guide the proposal will be submitted to the ethics committee for final approval
- The primary responsibility of data collection, analysis, writing of the final document and presentation/publication will be of the student and each student will have to have one independent project at least.
- Students are encouraged to submit the work for publication in peer reviewed indexed journals (however this will not be mandatory)

Time frame:

- The students need to finalized the proposal and get ethical committee clearance before the start of the internship
- Any free time during the internship can be utilized in discussing the project with the supervisor and data collection (as long as it does not interfere with other internship activity) but core project activity including – remaining data collection, data analysis , preparation of final report and presentation should be in the allotted 2 months
- Final presentation and discussion in front of the judges to be in the last week of the allotted 2 months

Assessment:

- Assessment of the project will be done based on standard criteria approved by the mentor committee. (appendix 1)
- Scores to be decided by a committee of three (including the supervising faculty, with at least one other member being a subject expert)
- Final presentation to be a one hour activity with 10 minutes presentation and the rest being discussion
- Hard copies of the research at least one week before the presentation
- The final score will be based on the average score of three judges based on the standardized criteria and will form the final decision of pass/fail (the credit will be all or none – pass will give the complete 8 credits)

Distribution of students

- The student roster will be made so that the last 2 months of the internship will be reserved for the finalization of the research project (as mentioned in the study plan for GMCA 2012)
- The assignment of guides/co-guides and the student roster will have to be finalized before the end of this academic year to ensure that there is no significant overlap involved (the mentor line committee will have to be involved in this task of finalizing the topics/ allotting the guides). The roster distribution of students for the judging committee can be prepared by the GMCA coordinators along with department heads and producers

Appendix 1

Proposed criteria for judgment (to be finalized with mentor line) – adapted from:
https://www.ttuhsct.edu/gsbs/srw/judgingcriteria_scientificresearch.aspx

Judging Criteria for Scientific Research

SIGNIFICANCE / INTRODUCTION: 20

1. Current hypothesis is clearly defined 5
2. Sufficient background is presented for understanding of the study.5
3. Significance of the problem under investigation is clearly indicated. 5
4. Hypothesis is clearly stated.5

METHODS: 30

1. Methods utilized are clearly explained. 15
2. Experimental design is valid for question addressed. (Are there any methods that would be better utilized?) 15

RESULTS: 20

1. Results are clearly stated. 5
2. Controls (where applicable) are addressed and appropriate. 5
3. Figures/tables clearly convey intended information. 5
4. Presented hypothesis has been sufficiently addressed by results and/or future experiments. (All needed experiments have been mentioned.)5

CONCLUSIONS/DISCUSSION: 15

1. Conclusions are clearly described. 5
2. Conclusions are supported by observations and literature background.5

3. Directions for future investigation or management of similar cases are indicated/discussed.5

PRESENTATION / RESPONSE TO QUESTIONS: 15

1. Overall style of the presentation is effective (delivery/eye contact).
2. Presenter uses time effectively
3. Presenter answers questions in an organized, concise, and accurate fashion.
4. Presenter offers additional insight to discussion

Target: (1) Case report or research / internship year. Attach a copy of research paper.

Title of Case Report / Research	Publication		Place of Report
	Accepted	Not Accepted	

Notes