

**TRAINING INFORMATION  
OF**

Full	Name: _____
Registration IN: _____	
Address: _____	
_____	

**Training Complex:** \_\_\_\_\_

**DOMAINS COMPLETED:**

**Year 1**

Domain	Duration	From – To
1 General Medicine	3 months	
2 General Surgery	3 months	
3 Paediatrics	3 months	
4. Obstetrics and Gynaecology	3 months	

**Year 2**

Domain	Duration	From – To
Anaesthesiology	2 months	
Orthopaedics	2 months	
Psychiatry	2 months	
Family Medicine/Primary Care	6 months	

**It is mandatory for interns and supervisors to complete their relevant sections in this logbook in full.**

## INTRODUCTION

Medical and Dental Professions Board of the HPCSA is introducing the revised logbook to interns joining the 24-month medical internship training programme from January 2020 onwards. The emphasis is on competency-based internship within the prescribed period.

Year one domains must be completed before year two domains. The six months of exposure in Family Medicine/Primary care domain is intended to transform health care services in the country with emphasis on preventative, promotive, emergency and public health medicine in addition to curative medicine. The section on Ethics, human rights, clinical governance and medical administration is also intended to produce a practitioner with a holistic view in the practice of medicine.

It is expected of the management and Intern Curator of an accredited training complex to accept responsibility for ensuring that interns fill in their logbooks, and for arranging the necessary supervision and support to raise the skills and competency levels of the interns in the accredited facility.

The logbook should be used in conjunction with the Handbook for Internship Training.

**It is the intern's responsibility to complete their sections, including the sections indicating the skills they have acquired, as well as form 139 in each domain and to then present the forms to the respective supervisor for his/her endorsement.**

**Form 10A1 must be signed off on completion of year one domains.**

**On completion of internship training, it is the responsibility of the intern to submit completed forms 10-A1, 10-A2 and 11-A to the Head of the Training Complex for signature and to the HPCSA for Registration in the category Community Service.**

Appreciation is expressed towards the members of Medical Education and Training Committee, the evaluators of internship training, the medical schools and the various professional societies who assisted the Board in the drafting of this document.

**PROF S T RATAEMANE  
CHAIRPERSON: MEDICAL AND DENTAL PROFESSIONS BOARD**

# GUIDELINES PERTAINING TO THE CONTENTS OF TRAINING PER DOMAIN

## 1. INTRODUCTION

### 1.1 GENERAL REMARKS

- 1.1.1 Part I of the Handbook for Internship Training describes the aims and purposes of internship training, and the general guidelines as to how and where the training should take place.
- 1.1.2 Part II provides more specific guidelines about the objectives and criteria for each domain through which the intern may rotate. It is meant to be a guide and aid for both the supervisors and trainees, recognising that patient profiles and health services may differ widely in different hospitals and clinics.

### 1.2 EMPHASIS IN TRAINING

- 1.2.1 The emphasis in training should be on the core values and skills of –
- > history taking
  - > examination
  - > clinical diagnosis
  - > appropriate and cost-effective investigations
  - > patient management
  - > need for referral and/or follow-up
  - > preventative and promotive care
  - > involvement of care.givers, families and communities
- 1.2.2 The importance of keeping case records and completing official documents cannot be over-emphasised, both for patient care and for medico-legal purposes.

### 1.3 ROTATION THROUGH SPECIFIC DOMAINS

The purpose of interns rotating through specific domains is to ensure adequate exposure to and training in that domain. It allows supervisors to impart to trainees the knowledge, skills and attitudes of that particular aspect of medical practice. Continuity of training is essential, and domains should not be broken up. It is recognised that night duties may entail cross-over, but during the day the intern should remain in his or her domain.

### 1.4 SUPERVISION

- 1.4.1 Because of the importance of supervision and adequate training, the Board will expect interns to be trained by practitioners with the following qualifications and experience, namely –
- > a full-time specialist supported by a medical officer; or
  - > a part-time specialist providing at least 10 hours of on-site service per week; or
  - > a full-time medical officer with a diploma in that domain; or
  - > a full-time medical officer with at least THREE years' post internship experience in that domain.
- 1.4.2 Access to a supervisor should be available 24 hours per day. Interns must be supported by at least one medical officer or Registrar on the hospital premises.

### 1.5 JOB DESCRIPTIONS

Each hospital and domain must specify what is expected of the intern in terms of –

- > in-patient responsibilities
- > out-patient duties
- > emergency medicine cover
- > night and weekend duties
- > administrative duties

### 1.6 EDUCATIONAL OBJECTIVES

Each facility and domain must specify what educational aids and opportunities are available to interns. These would include all or some of the following:

- > Standard management protocols for common conditions.
- > The Standard Treatment Guidelines and Essential Drugs List (provided by the National Department of Health).
- > A checklist of conditions which interns are expected to encounter and/or learn about.
- > A checklist of skills to be acquired and procedures to be observed. (Such a list will depend on the diseases seen at the specific site, and the investigation and management will depend on the facilities available.)
- > Departmental meetings.
- > Presentations by interns.
- > Journal clubs.
- > Medical audit meetings.
- > Courses towards acquiring diplomas.

### NOTE

Hospitals should make it possible for all interns to do any one of the recognised emergency courses as part of their training.

### 1.7 EVALUATION

1.7.1 The evaluation of both the training programme and the progress of the intern should be taken extremely seriously.

1.7.2 Evaluation should be ongoing.

1.7.3 There should be regular assessments through each domain to institute any correctional steps that may be required.

1.7.4 A formal evaluation, using Form 139 (which is attached to each domain of training in this Logbook), should be completed by each individual intern at the end of each domain before starting in the next domain. In case of extension, such plan must be indicated in the log book. Please take note that extensions in year 1 domains must be completed before proceeding to year 2 domains. All efforts must be made in such circumstances to achieve the required competencies within the year utilizing available free time while in the other domains. In certain circumstances arrangements to gain specific competencies can be made e.g.: Caesarian section, Lumbar puncture e.t.c while in the Family Medicine/Primary Care domain. This will also facilitate communication between

the domain supervisors of the respective domains with the domain supervisor of Family Medicine/Primary Care. In situations where this is not possible e.g.:Maternity leave, prolonged absenteeism or significant gaps in competency , appropriate additional time has to be done.

- 1.7.5 Domains may also decide to include the following in their formal evaluation of trainees, namely –
- > a completed checklist;
  - > a more specific evaluation form.

**NOTE** Interns who have failed to satisfactorily complete part or the whole of their training, may at the discretion of the Board be required to undergo additional training.

## Ethics, Human Rights, Clinical Governance and Medical Administration

This section must be read before the start of each domain so that the required competencies are gained in each domain and must signed off by the Intern Curator of the Facility/Complex at the completion of the training period.

**Please tick the appropriate box in the tables below.**

A	ETHICAL / HUMAN RIGHTS DILEMMAS ENCOUNTERED	YES	NO
1.	Patient refusing treatment		
2.	Patient requesting access to their own folder		
3.	Patient requesting a second opinion		
4.	Treating a prisoner-patient		
5.	Responding to a request for a medical report on a patient from a third party (police, employer, insurance, e.t.c.)		
6.	Conversations about: - Medical futility (ending curative care) - Embarking on palliative care - Discussing end of life decision – making / dying with dignity/ advanced directives		
7.	Encountering a case of child or adult sexual abuse		
8.	Being requested to break confidentiality		
9.	Asked to abuse your position as a doctor e.g. provide a false sick certificate		
10.	Witnessed unkind behavior by a colleague that has not been reported or acted on		
11.	Subject a patient to invasive investigation or treatment without obtaining informed consent		
12.	Had adequate access to consultation on ethical dilemmas which you faced		
13.	Adaptation of management plans in line with diverse cultures		

## MEDICAL AND DENTAL PROFESSIONS BOARDS

<b>B</b>	<b>SKILLS</b>	<b>YES</b>	<b>NO</b>
1.	Informing a patient or their family of bad news		
2.	Counselling a family on the management of a patient		
3.	Obtaining informed consent for any invasive procedure		
4.	Obtaining informed consent from the parent or guardian of a child		
5.	Obtaining informed consent from the guardian of a mentally ill patient		
6.	Obtaining informed consent from a participant in a research study		
7.	Obtaining informed consent for a child whose parents refuse treatment		
8.	Counselling a patient with an infectious disease (e.g. TB, STD or HIV) to inform their partner or family members		
9.	Informing a patient of channels available to them for redress of a grievance (e.g. Hospital Complaints Mechanism, HPCSA, Human Rights Commission, e.t.c.)		
10.	Have you ever consulted the Bill of Rights contained in the Constitution for purposes of patient care?		

<b>C</b>	<b>KNOWLEDGE</b>	<b>YES</b>	<b>NO</b>
1.	Did you read and understand the application of important legislation that govern the clinical practice of medicine in South Africa viz.		
1.1	Health Professions Act, No 56 of 1974		
1.2	Public Service Act of 1994		
1.3	National Health Act No 61 of 2003		
1.4	Children's Amendment Act 41 of 2007		
1.5	Births and Registrations Amendment Act No 18 of 2010		
1.6	Traditional Health Practitioners Act of 2004		
1.7	Mental Health Care Act No 17 of 2002		
1.8	Choice of Termination on Pregnancy Act of 1996		
1.9	Sterilization Act 44 of 1998		
1.10	Occupational Health and Safety Act of 1993		
1.11	Compensation for Occupational Injuries and Diseases Act		
1.12	Medicines and related substances Act, 101 of 1965		
1.13	Promotion of access to information Act, 2 of 2000		
1.14	Protection of Information Act, 84 of 1992		
1.15	The Public Finance Management Act No 1 of 1999		

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2.	Do you understand the application of the HPCSA's Guidelines on HIV to the situation of a potential needle stick injury?		
3.	Did you read and understand the applicability of the Patients Rights' Charter and the Batho Pele Principles?		
4.	Do you have a clear knowledge of a doctor's duties and obligations?		
5.	Do you know how to think through and deal with an ethical dilemma?		
6.	Have you read and understood the HPCSA Guidelines on Ethical Rules, (Booklets 1 - 15)? Retrieve from <a href="https://www.hpcs.co.za/Conduct/Ethics">https://www.hpcs.co.za/Conduct/Ethics</a>		
7.	Have you been introduced to the Office of Health Standards Compliance and their requirements of clinical governance and practice?		
8.	Have you been exposed to a Clinical Audit pertaining to any of the key national Strategic priorities viz. HIV, TB, Diabetes, Hypertension, Essential Medicines List, Mother, Child and Women's Health (IMCI)		
9.	Have you been exposed to monthly maternal and perinatal morbidity and mortality meetings		

<b>D</b>	<b>MEDICAL ADMINISTRATION</b>	<b>YES</b>	<b>NO</b>
1.	Have you mastered the medical administration processes, either electronically or on paper pertaining to the following items?		
1.1	Writing and signing off on detailed Patient Clinical Records and Maternity Case Records		
1.2	Completion of a Sick Leave Certificate for a patient		
1.3	Completion of Death Certificate for a patient		
1.4	Completion of Injury on Duty Forms for a patient		
1.5	Completion of a Discharge Summary for a patient		
1.6	Completion of a Patient Referral letter		
1.7	Writing of legal prescriptions for a patient using rational drug prescribing guidelines		
1.8	Completion of an Informed Consent Form		
1.9	Completion of a request for a post-mortem		
1.10	Rational requesting and completion of NHLS investigations, Radiology investigations, Blood and Blood Products		
1.11	Reporting of Notifiable Medical Conditions using the Disease Notification form		
1.12	Reporting of Serious Adverse Events		
1.13	Reporting of Adverse Drug Reactions using the Adverse Drug Reaction form		



## MEDICAL AND DENTAL PROFESSIONS BOARDS

1.14	Reporting of Adverse Blood Reactions using the Adverse Blood Reaction form		
1.15	Completion of Road to Health Charts		
1.16	Completion of a Partogram		
	<b>Access to Guidelines</b>		
2.	Were the following guidelines provided or made easily accessible to you?		
2.1	Adult Primary Care guide (Primary Care 101 guidelines) or Practical Approach to Care Kit (PACK)		
2.2	Standard Treatment Guidelines and Essential Medicine List for Primary care		
2.3	Integrated Management of Childhood Illness (IMCI) Chart Booklet		
2.4	Standard Treatment Guidelines and Essential Medicine List for Hospital level, Adults		
2.5	Standard Treatment Guidelines and Essential Medicine List for Hospital level, Pediatrics		
2.6	New-born Care Charts Management of Sick and Small New-born in Hospital SSN		
2.7	National Tuberculosis Management Guidelines		
2.8	Guidelines for the Management of HIV-infected children		
2.9	National Anti-Retroviral Treatment Guidelines		
2.10	Guidelines for the treatment of malaria in South Africa		
2.11	Guidelines for completing the maternal death notification		
2.12	Saving Mothers – essential steps to the management of common conditions associated with maternal mortality		
2.13	Clinical guidelines for the use of blood and blood products		
2.14	Practical guidelines for infection control in health care facilities		
2.15	Guidelines for sexually transmitted infections (STIs)		
2.16	Guidelines for contraception (family planning)		
2.17	Guidelines for choice of termination of pregnancy		
2.18	Cervical cancer screening guidelines (Pap smear)		
2.19	Guidelines for post-exposure prophylaxis (sexual assault)		
2.20	National Department of Health. Policy guidelines on 72-hour Assessment of involuntary Mental health care users		
2.21	National Department of Health. The National infection prevention and control policy & strate.gy		
2.22	Available guidelines on antibiotic stewardship		

## MEDICAL AND DENTAL PROFESSIONS BOARDS

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- E.** Describe two circumstances where you had to adapt your management plans to the cultural expectations of a patient.

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- F.** Describe two circumstances not mentioned above where you encountered a human rights conflict. Explain how you dealt with the problem.

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- G.** Do you have any other criticisms/suggestions/comments/additions?

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## MEDICAL AND DENTAL PROFESSIONS BOARDS

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I, \_\_\_\_\_ (name and surname),

as Intern Curator for \_\_\_\_\_

and Registration number with HPCSA \_\_\_\_\_,

declare that \_\_\_\_\_ (intern's name and surname)

has been signed off as a competent practitioner in this section.

Name of Hospital: \_\_\_\_\_

Full name: \_\_\_\_\_

Signature (Intern Curator): \_\_\_\_\_ Date: \_\_\_\_\_

Full name: \_\_\_\_\_

Signature (Intern): \_\_\_\_\_ Date: \_\_\_\_\_





Form 11-A MP -

APPLICATION FOR REGISTRATION

MEDICAL AND DENTAL PROFESSIONS BOARD  
 MEDICAL PRACTITIONER - PUBLIC SERVICE (COMMUNITY SERVICE)

Please use block letters and return to: The Registrar, P O Box 205, Pretoria, 0001 553 Vermeulen Street, Arcadia, Pretoria, 0083	FOR OFFICE USE ONLY
NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION	<b>MP</b>
<b>A. PERSONAL PARTICULARS.</b>	Received on
HPCSA Intern Registration Number: _____	Amount
I, Dr, Surname: _____ Maiden Name (if applicable): _____ _____ First Names: _____ Identity No. _____ _____ Postal Address: _____ _____ Postal Code: _____	Receipt no.
Residential Address: _____ Postal Code: _____	<b>MP</b>
Tel (H): _____ (W): _____ Cell: _____ Fax: _____	Reg Date
Email: _____ *Marital Status: Divorced Married Single	Verified
Gender: M F *Race: Asian African Coloured White	Date
Country of origin: _____ Next of kin (Name and contact number): _____ _____ I hereby apply to be registered as a medical practitioner to perform Community Service at _____ _____ (Specify name of approved Hospital)	<b>Prepared</b>
<b>B. The following is submitted in support of my application:</b>	Date
1) Registration fee plus the pro-rata annual fee obtainable from our Call Centre at 012 338 9300.	Verified
2) A copy of my identity document or birth certificate.	Date
3) A copy of my marriage certificate (should you wish to register in your married surname).	
4) Form 10A, duly completed (proof that I have completed two years of internship training).	
5) Completed logbook for internship training.	
6) Letter of employment to perform community service.	
7) Non-South African citizens – letter of endorsement by the Foreign Management Workforce Programme of the National Department of Health	
*PLEASE COMPLETE FOR STATISTICAL PURPOSES NB please take note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties	





Form 10-A1

MEDICAL AND DENTAL PROFESSIONS BOARD

INTERN DUTY CERTIFICATE FOR COMPLETION OF A TWO-YEAR INTERNSHIP TRAINING PROGRAMME

NAME OF INTERN (Full names):

REG NO: IN

PLEASE COMPLETE IN BLACK BALLPOINT PEN.

NAME OF ACCREDITED TRAINING COMPLEX:

I, the undersigned, Head of the Training Complex/Designate, hereby certify that the said intern has completed year one of internship training in the specified domains of this facility for the periods specified, that he or she has fulfilled the prescribed requirements, and that all information furnished herein is correct.

Notes:

- A. If the training of an intern had been unsatisfactory, a detailed statement should be submitted to the Internship Committee by the Head of the Clinical Domain and the CEO/Medical Director of the accredited facility as to the reasons why the training was considered to be unsatisfactory. If the domain was not completed satisfactorily, the domain should not be signed off.
- B. Although this certificate may be signed by the CEO/Medical Director and Head of the Clinical Domain one month prior to completion of internship training, each intern is required to perform his or her duties in a satisfactory manner during the last month of his or her training, failing which the signed Intern Duty Certificate may be withdrawn. In such a case, the intern would be required to complete the additional period of internship training specified by the CEO/Medical Director and Head of the Clinical Domain.

DOMAIN	PERIOD		Months	Was Internship training completed satisfactorily		Signature of Head of Clinical Domain		
	From	To		Yes (Tick)	No (Tick)	Name (Print)	Signature	Date
<b>1. CLINICAL DOMAINS</b>								
<b>1.1 General Medicine (3 months)</b>								
If training Extended /Interrupted								
<b>1.2 General Surgery (3 months)</b>								
If training Extended /Interrupted								
<b>1.3 Paediatrics (3 months)</b>								
If training Extended /Interrupted								
<b>1.4 Obstetrics &amp; Gynaecology (3 months)</b>								
If training Extended /Interrupted								
<b>2 LEAVE TAKEN</b>								
2.1 Annual leave	Total no. of days taken							
2.2 Maternity leave (if applicable)	Total no. of days taken							
2.3 Sick-leave	Total no. of days taken							
2.4.1 Other leave (specify type)	Total no. of days taken							
2.4.2 Other leave (specify type)	Total no. of days taken							

\_\_\_\_\_  
SIGNATURE OF HEAD OF TRAINING COMPLEX/DESIGNATE

\_\_\_\_\_  
SIGNATURE OF INTERN CURATOR

\_\_\_\_\_  
STAMP

\_\_\_\_\_  
DATE

No alterations to this document will be accepted.







Form 10-A2

MEDICAL AND DENTAL PROFESSIONS BOARD

INTERN DUTY CERTIFICATE FOR COMPLETION OF A TWO-YEAR INTERNSHIP TRAINING PROGRAMME

NAME OF INTERN (Full names): \_\_\_\_\_ REG NO: IN \_\_\_\_\_ **PLEASE COMPLETE IN BLACK BALLPOINT PEN.**

**NAME OF ACCREDITED TRAINING COMPLEX:**

I, the undersigned, Head of the Training Complex/Designate, hereby certify that the said intern has completed year one of internship training in the specified domains of this facility for the periods specified, that he or she has fulfilled the prescribed requirements, and that all information furnished herein is correct.

Notes:

- C. If the training of an intern had been unsatisfactory, a detailed statement should be submitted to the Internship Committee by the Head of the Clinical Domain and the CEO/Medical Director of the accredited facility as to the reasons why the training was considered to be unsatisfactory. If the domain was not completed satisfactorily, the domain should not be signed off.
- D. Although this certificate may be signed by the CEO/Medical Director and Head of the Clinical Domain one month prior to completion of internship training, each intern is required to perform his or her duties in a satisfactory manner during the last month of his or her training, failing which the signed Intern Duty Certificate may be withdrawn. In such a case, the intern would be required to complete the additional period of internship training specified by the CEO/Medical Director and Head of the Clinical Domain.

DOMAIN	PERIOD		Months	Was Internship training completed satisfactorily		Signature of Head of Clinical Domain		
	From	To		Yes (Tick)	No (Tick)	Name (Print)	Signature	Date
<b>1. CLINICAL DOMAINS</b>								
<b>1.5 Anaesthesiology (2 months)</b>								
If training Extended /Interrupted								
<b>1.6 Orthopaedics (2 months)</b>								
If training Extended /Interrupted								
<b>1.7 Psychiatry (2 months)</b>								
If training Extended /Interrupted								
<b>1.8 Family Medicine/Primary care (6 months)</b>								
If training Extended /Interrupted								
<b>2 LEAVE TAKEN</b>								
2.1 Annual leave	Total no. of days taken							
2.2 Maternity leave (if applicable)	Total no. of days taken							
2.3 Sick-leave	Total no. of days taken							
2.4.1 Other leave (specify type)	Total no. of days taken							
2.4.2 Other leave (specify type)	Total no. of days taken							

\_\_\_\_\_  
SIGNATURE OF HEAD OF TRAINING COMPLEX/DESIGNATE

\_\_\_\_\_  
SIGNATURE OF INTERN CURATOR

\_\_\_\_\_  
STAMP

\_\_\_\_\_  
DATE

No alterations to this document will be accepted.



## **GUIDELINE FOR DOMAIN OF GENERAL MEDICINE**

Trainees in this domain should be exposed to the diagnosis and management of common internal medicine conditions and medical emergencies under appropriate supervision. As there will be some overlap with certain topics / skills in the trainee's Family Medicine rotation, emphasis in the General Medicine domain should be on developing robust interpretative diagnostic skills as well as strengthening clinical management in the more complex patient.

### **1. COMMON GENERAL MEDICAL CONDITIONS and MEDICAL**

#### **EMERGENCIES FROM THE FOLLOWING SUBSPECIALTIES SHOULD BE COVERED**

- 1.1 Cardiology
- 1.2 Pulmonology
- 1.3 Endocrinology including diabetes mellitus
- 1.4 Haematology
- 1.5 Gastroenterology and Hepatology
- 1.6 Rheumatology
- 1.7 Neurology
- 1.8 Geriatrics
- 1.9 Nephrology
- 1.10 Infectious diseases including HIV and Tuberculosis
- 1.11 Dermatology

### **2. CORE SKILLS**

- a. Counselling the patient and obtaining informed consent
- b. Performing the procedure with assistance, as needed
- c. Documenting the procedure performed
- d. Monitor the patient for post procedural complications

### **3. LIST OF ETHICAL ISSUES TO WHICH INTERNS SHOULD BE EXPOSED**

Please refer to the Ethics, Human Rights, Clinical Governance and Medical Administration Section of the Logbook.

## MEDICAL AND DENTAL PROFESSIONS BOARDS

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### A. CHECKLIST OF MEDICAL EMERGENCIES MANAGED

	CONDITION	YES	NO
1.	Acute chest pain		
	Common causes of acute chest pain		
	Acute myocardial infarction / unstable angina		
2.	Acute pulmonary oedema		
3.	Syncope		
4.	Cardiovascular arrhythmias		
5.	Hypertensive urgencies and emergencies		
6.	Acute respiratory failure		
7.	Acute severe asthma		
8.	Pneumothorax		
9.	Coma		
10.	Convulsions / Status Epilepticus		
11.	Acute confusional state/delirium/aggressive behavior		
12.	Shock    Hypovolaemic		
	Septic		
	Cardiogenic		
13.	Acute abdomen		
14.	Anaemia / Major bleeding		
15.	Toxic and metabolic emergencies		
	Drug overdosage		
	Uraemia		
	Hepatic encephalopathy		
	Lactic acidosis		
	DKA, HHS		
	Hypoglycaemia		

**MEDICAL AND DENTAL PROFESSIONS BOARDS**

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**B. CHECKLIST OF COMMON MEDICAL CONDITIONS MANAGED**

	<b>CONDITION</b>	<b>YES</b>	<b>NO</b>
1.	Diabetes mellitus		
2.	Hypertension		
3.	Stroke		
4.	Cardiac conditions		
	Ischaemic Heart Disease		
	Cardiomyopathy		
	Rheumatic heart disease		
	Cor Pulmonale		
	Pericardial disease		
5.	Pneumonia		
6.	Pleural effusion		
7.	Ascites		
8.	HIV and related conditions including antiretroviral therapy		
9.	Tuberculosis		
	Pulmonary		
	Extra pulmonary		
10.	Asthma		
11.	COPD		
12.	Arthritis		
13.	Hepatitis /Liver Cirrhosis/ Liver Failure		
14.	Meningitis		
	Viral		
	Bacterial		
	Tuberculous		
	Fungal		
15.	Epilepsy		
16.	Dementia		
17.	Gastroenteritis		
18.	Anaemia		
19.	Hyper- and Hypothyroidism		
20.	Malaria		
21.	Drug induced skin reaction		

## MEDICAL AND DENTAL PROFESSIONS BOARDS

### C. ESSENTIAL PROCEDURES PERFORMED (Log details in the Addendum below).

	PROCEDURE	Recommended Minimum	Indicate met as (M) /or exceeded as (E)*
1	ECG interpretation	10	
2	Chest X-ray interpretation	15	
3	Placement of thoracic drain	5	
4	Pleural paracentesis	5	
5	Peritoneal paracentesis	5	
6	Lymph node aspiration	3	
7	Urinary Bladder catheterization	3	
8	Lumbar puncture	8	
9	Nasogastric tube insertion	5	
10	Endotracheal intubation	3	
11	Ophthalmoscopy	5	
12	Urinalysis - Perform test and interpret	10	
13	Sputum collection and result interpretation	10	
14	Arterial Blood Gas Interpretation	5	
15	Peak Flow testing and interpretation	3	
16	Lung function test interpretation (spirometry)	3	
17	Skin biopsy	3	

**\*Specify plan to obtain experience in procedures for which a minimum number were not completed, before end of internship:**

### D. CORE PROCEDURES OBSERVED / ASSISTED (Log details in the Addendum below).

	PROCEDURE	Recommended Minimum	Indicate met as (M) /or exceeded as (E)*
1	Bone marrow aspiration and trephine	3	
2	Liver biopsy	2	
3	Joint aspiration	2	
4	Lymph node biopsy	2	
5	Central line insertion	3	
6	CT Scan interpretation (Brain)	3	
7	Pleural biopsy	2	

**ADDENDUM**

**LOG OF ESSENTIAL PROCEDURES PERFORMED**

No	PATIENT NUMBER	DATE OF PROCEDURE	SIGNATURE OF SUPERVISOR
	<b>ECG Interpretation</b>		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
	<b>Chest X-Ray Interpretation</b>		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
	<b>Placement of thoracic drain</b>		
1.			
2.			
3.			
4.			
5.			

**MEDICAL AND DENTAL PROFESSIONS BOARDS**

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No	PATIENT NUMBER	DATE OF PROCEDURE	SIGNATURE OF SUPERVISOR
	<b>Pleural paracentesis</b>		
1.			
2.			
3.			
4.			
5.			
	<b>Peritoneal paracentesis</b>		
1.			
2.			
3.			
4.			
5.			
	<b>Lymph node aspiration</b>		
1.			
2.			
3.			
	<b>Urinary Bladder catheterization</b>		
1.			
2.			
3.			
	<b>Lumbar puncture</b>		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
	<b>Nasogastric tube insertion</b>		
1.			
2.			
3.			
4.			
5.			



## MEDICAL AND DENTAL PROFESSIONS BOARDS

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	<b>Endotracheal intubation</b>		
1.			
2.			
3.			
	<b>Ophthalmoscopy</b>		
1.			
2.			
3.			
4.			
5.			
	<b>Urinalysis (Perform test and interpret)</b>		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
	<b>Sputum collection and result interpretation</b>		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
	<b>Arterial Blood Gas Interpretation</b>		
1.			
2.			
3.			
4.			
5.			

## MEDICAL AND DENTAL PROFESSIONS BOARDS

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	<b>Peak Flow Testing and interpretation</b>		
1.			
2.			
3.			
	<b>Lung function test interpretation (Spirometry)</b>		
1.			
2.			
3.			
	<b>Skin biopsy</b>		
1.			
2.			
3.			

**LOG OF CORE PROCEDURES OBSERVED / ASSISTED**

No	PATIENT NUMBER	DATE OF PROCEDURE	SIGNATURE OF SUPERVISOR
	<b>Bone Marrow Aspiration and Trephine</b>		
1.			
2.			
3.			
	<b>Liver biopsy</b>		
1.			
2.			
3.			
	<b>Joint Aspiration</b>		
1.			
2.			
	<b>Lymph Node Biopsy</b>		
1.			
2.			
	<b>Central Venous Catheter Insertion</b>		
1.			
2.			
3.			
	<b>CT scan interpretation (Brain)</b>		
1.			
2.			
3.			
	<b>Pleural Biopsy</b>		
1.			
2.			

## MEDICAL AND DENTAL PROFESSIONS BOARDS

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6. Were you able to get exposure to all the conditions/procedures listed in this domain?

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7. Please list all the areas where you did not meet the training goals such as gaining practical skills and propose how you will address these gaps during the time left in your internship. (E.g., If you did not do enough lumbar punctures in the Internal Medicine, you could address this by doing it during Family Medicine).

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8. What form of continuing professional education, other than (teaching) ward rounds, did you receive?

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## MEDICAL AND DENTAL PROFESSIONS BOARDS

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9. Comment on the use of protocols and /or guidelines for management of the common medical conditions

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10. Comment on the morbidity and mortality meetings provided and attended.

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11. Comment on the supervision received in this domain:

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**MEDICAL AND DENTAL PROFESSIONS BOARDS**

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a. Comment on availability of supervisors

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b. Comment on quality of supervision.

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12. Do you have any other criticisms/suggestions/additions/comments?

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## MEDICAL AND DENTAL PROFESSIONS BOARDS

 <p><b>HPCSA</b> Health Professions Council of South Africa</p> <p><b>Form 139</b></p>	<p><b>MEDICAL AND DENTAL PROFESSIONS BOARD</b> <b>EVALUATION OF INTERN ROTATION AND EXPERIENCE</b></p>			
<p>IT IS THE RESPONSIBILITY OF THE INTERN TO COMPLETE THE LOGBOOK AND FORM 139 BEFORE THE END OF EACH DOMAIN, PRESENT IT TO THE RESPECTIVE SUPERVISOR, AND SIGN IT AFTER DISCUSSION WITH THE SUPERVISOR/HEAD OF CLINICAL DOMAIN</p>				
Department / Domain (Complete separate form for each Department/Domain)		Period: From                      to		
<b>SECTION I</b>				
DEPARTMENT/DOMAIN OF GENERAL MEDICINE				
Please rate the following on a scale from 1 - 5 (where 1 = Poor; 2 = Below average; 3 = Average; 4 = Good; 5 = Outstanding)		End of month 1	End of Month 2	End of month 3
1. ORIENTATION ON ARRIVAL IN THIS ROTATION:				
1.1 Introduction to medical staff				
1.2 Availability of clinical protocols for common conditions				
2. QUALITY OF WRITTEN GUIDELINES/OBJECTIVES				
3. QUALITY OF PATIENT CARE IN THIS ROTATION				
4. EXTENT TO WHICH YOUR KNOWLEDGE/SKILLS IMPROVED:				
4.1 Number of new procedures learned				
4.2 Degree to which diagnostic skills improved				
4.3 Extent to which your self-confidence improved				
5. YOUR RELATIONSHIP WITH THE FOLLOWING GROUPS:				
5.1 Patients				
5.2 Nursing staff				
5.3 Senior medical staff				
5.4 Other health professionals				
6. INTERACTION WITH AND GUIDANCE GIVEN BY THE FOLLOWING:				
6.1 Nursing staff				
6.2 Medical Officers				
6.3 Registrars				
6.4 Specialists/Consultants				
7. QUALITY/ADEQUACY OF TRAINING RECEIVED FROM THE FOLLOWING GROUPS:				
7.1 Nursing staff				
7.2 Medical Officers				
7.3 Registrars				
7.4 Specialists/Consultants				
8. RATE THE QUALITY OF YOUR CASE PRESENTATIONS TO SENIOR COLLEAGUES				
9. RATE THE QUALITY OF YOUR -				
9.1 Case notes				
9.2 Referral letters to other services				
10. RATE THE AVAILABILITY AND ACCESS WHICH YOU HAD TO -				
10.1 Internal communication systems				
10.2 External communication systems				
10.3 Textbooks, journals e.t.c.				
10.4 Internet				
10.5 Patient records				
10.6 Official transport				





## MEDICAL AND DENTAL PROFESSIONS BOARDS

<b>SECTION II</b>			
To be completed by the HEAD OF DOMAIN/DEPARTMENT			
Surname of Head:.....Initials:.....			
Please rate the following on a scale from 1 - 5 (where 1 = Poor; 2 = Below average; 3 = Average; 4 = Good; 5 = Outstanding)	End of month 1	End of Month 2	End of month 3
1. THE INTERN'S PATIENT CARE			
1.1 History taking			
1.2 Insight into patients' background			
1.3 Examination of patients			
1.4 Appropriate use of special investigations			
1.5 Ability in problem-solving			
1.6 Diagnostic competence			
1.7 Follow-up competence			
2. THE INTERN'S PERSONAL CHARACTERISTICS			
2.1 Attitude			
2.2 Thoroughness			
2.3 Punctuality and reliability			
2.4 Presentability			
2.5 Co-operation with and attitude to nursing staff			
2.6 Co-operation with and attitude to medical staff			
2.7 Co-operation with and attitude to other health professionals			
2.8 Co-operation with and attitude to support staff			
3. THE INTERN'S PERFORMANCE			
3.1 Medical knowledge			
3.2 Achieved level of clinical skills			
3.3 Knowledge of medical ethics			
3.4 Completion of case notes			
3.5 Presentation of cases			
3.6 Empathy for patients (including an understanding of cultural differences)			
3.7 Cost-consciousness			
4. DO YOU AGREE WITH THE INTERN'S RATING IN SECTION 1:	Yes	No	
5. IF NO, PLEASE SPECIFY REASONS (use separate sheet, if required and attach):			
6. ANY OTHER COMMENTS WHICH YOU HAVE PERTAINING TO THE INTERN:			
7. RECOMMENDATION: Training was <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
8. ADDITIONAL TRAINING REQUIRED: <input type="checkbox"/> None <input type="checkbox"/> Yes. If yes indicate the gaps and the learning plan on how, when and where those competencies will be achieved.			



## MEDICAL AND DENTAL PROFESSIONS BOARDS

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I, \_\_\_\_\_ (name and surname),

as Head of Clinical Domain for \_\_\_\_\_

and Registration number with HPCSA \_\_\_\_\_,

declare that \_\_\_\_\_ (intern's name and surname)

has been signed off as a competent practitioner in this domain.

Name of Hospital: \_\_\_\_\_

Full name: \_\_\_\_\_

Signature (Head of Clinical Domain): \_\_\_\_\_

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

Full name: \_\_\_\_\_

Signature (Intern): \_\_\_\_\_ Date: \_\_\_\_\_



## **GUIDELINES FOR DOMAIN OF GENERAL SURGERY (INCLUDING SURGICAL TRAUMA)**

The emphasis in this domain should be on exposure to and management of common conditions under appropriate supervision.

### **1. SPECIFIC OBJECTIVES**

- 1.1 To understand the importance of the pre-hospital phase and the communication with paramedical personnel.
- 1.2 To understand the "Chain of Survival".
- 1.3 To observe the correct immobilization of an injured patient.
- 1.4 To learn how to prepare for receiving a medical emergency.
- 1.5 To understand the concept of triage during mass casualties.
- 1.6 To understand the importance of the mechanism of injury and to search for injuries based on the mechanism of injury.
- 1.7 To witness and assist with resuscitation:
  - > To understand the concepts of the primary and secondary surveys.
  - > To learn the essential special investigations required for trauma patients.
  - > To learn how to move and transport trauma patients.
  - > To learn the importance of continued monitoring of an injured patient, also when referred to X-ray Department, e.t.c.
  - > To learn how to accurately document findings and to consider medico-legal issues.
- 1.8 To understand the concept of organ protection and the prevention of secondary injuries.

### **2. GENERAL SURGICAL CONDITIONS**

- 2.1 Soft tissue infections, tumors.
- 2.2 Gastroenterology and hepatobiliary conditions.
- 2.3 Vascular conditions.
- 2.4 Breast conditions.
- 2.5 Surgical endocrine conditions.
- 2.6 Pre and post-operative assessment and care.

### 3. ADULT SURGICAL EMERGENCIES

Assessment, resuscitation and management of the following including preparing for theatre:

- 3.1 Neurogenic, septic and hypovolaemic shock
- 3.2 Upper and lower GIT bleeding
- 3.3 Acute surgical abdomen.
- 3.4 Peripheral vascular emergencies,
- 3.5 Penetrating neck, chest and abdominal injuries
- 3.6 Blunt abdominal trauma

### 4. ESSENTIAL SKILLS

- 4.1
  - > Rectal examination, including proctoscopy and rectal biopsy.
  - > Assistance at upper and lower GI endoscopy.
  - > Excision of minor skin and subcutaneous lesions.
  - > Fine needle aspiration – cytology and needle core biopsy of soft tissue lesions.
  - > Venepuncture and venous cannulation for intravenous infusions.
  - > Technique of endotracheal intubation, insertion of central venous lines, intercostal drains, bladder catheterisation.
  - > The technique of cardiopulmonary resuscitation.
  - > Minor surgical procedures like suturing of wounds, drainage of abscesses, perianal fistulectomy, debridement of wounds e.t.c.
  - > Diagnostic skills for trauma abdomen including ultrasound examination. and/or diagnostic peritoneal lavage
  - > Exposure to debridement.
- 4.2 ATLS (Advanced Trauma Life Support) should be used as a guideline for training.

### 5. LIST OF ETHICAL ISSUES TO WHICH INTERNS SHOULD BE EXPOSED

Please refer to the section on Ethics, Human Rights, Clinical Governance and Medical Administration.

**GENERAL SURGERY/SURGICAL TRAUMA**

This section of the logbook is to be read in consultation with the domain guidelines for Internship raining (included at the end of this section for ease of reference).

**A ADULT SURGICAL EMERGENCIES (ENCOUNTERED AND TREATED)**

	<b>CONDITION</b>	<b>YES</b>	<b>NO</b>
1.	Upper and lower GIT bleeding		
2.	Acute surgical abdomen		
3.	Trauma patient: Assessment and resuscitation Soft tissue injuries Abdominal injuries Thoracic injuries Head injuries Peripheral Vascular injuries Maxillo-Facial and Eye injuries Preparation for theatre		
4.	Peripheral vascular emergencies		

**B ELECTIVE GENERAL SURGICAL CONDITIONS ENCOUNTERED AND MANAGED**

	<b>CONDITION</b>	<b>YES</b>	<b>NO</b>
1.	Oesophagus Reflux oesophagitis Carcinoma		
2.	Stomach and duodenum Peptic ulcer and complications Carcinoma of stomach		
3.	Hepato-biliary Gall stones and cholecystitis Obstructive jaundice Benign tumours of the liver Malignant tumours of the liver		
4.	Pancreas Pancreatitis Carcinoma of the pancreas		
5.	Inflammatory bowel diseases Crohn's Disease Ulcerative colitis Diverticular disease Carcinoma of bowel Anal conditions		
6.	Burns		
7.	Breast Benign breast conditions Carcinoma of the breast		
8.	Thyroid Thyrotoxicosis Tumours of the thyroid		

## MEDICAL AND DENTAL PROFESSIONS BOARDS

	CONDITION	YES	NO
9.	Soft tissue tumours		
	Benign		
	Malignant		
	Recognition and management of malignant melanoma		

### C ESSENTIAL SKILLS

	Observed at least 2	Assisted At least 5	Indicate Number Performed
Rectal examination, proctoscopy, biopsy			
Upper and lower GI endoscopy observed			
Excision of minor skin and subcutaneous lesions			
Concept of organ protection and prevention of secondary injury			
Fine needle aspiration – cytology and needle core biopsy of soft tissue lesions			
Diagnostic skills for the trauma abdomen including ultrasound and/or diagnostic peritoneal lavage			
Primary and secondary assessment of trauma patient			
Percutaneous drainage of abscess			
Lymph node (L/N) biopsy			
Excision/biopsy skin lesions			
Venepuncture and cannulation for IV infusions			
Insertion of intercostal drains			
Bladder catheterization			
Insertion of nasogastric tube			
Surgical resuscitation (List four below):			
1.			
2.			
3.			
4.			
Wound care and suturing			
Fluid management in surgical patients (minimum of five (5))			
Tetanus immunization according to schedule			
Reduction of paraphimosis			
Incision of thrombosed external pile			



## MEDICAL AND DENTAL PROFESSIONS BOARDS

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Removal of rings and bangles			
Male circumcision			
Exposure to debridement			
Minor surgical procedures assisted. (List 3 below):			
1.			
2.			
3.			
Major surgical procedures. (List 3 below):			
1.			
2.			
3.			

6. Were you able to get exposure to all the conditions/procedures listed in this domain?

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7. Please list all the areas where you did not meet the training goals such as gaining practical skills and propose how you will address these gaps during the time left in your internship.

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## MEDICAL AND DENTAL PROFESSIONS BOARDS

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8. What form of continuing professional education, other than (teaching) ward rounds, did you receive? Please specify local academic programme (other than ward rounds).

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9. Comment on the use of protocols and/or guidelines for the management of the common surgical conditions

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10. Comment on any morbidity and mortality meetings provided and attended

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## MEDICAL AND DENTAL PROFESSIONS BOARDS

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11. Comment on any short courses you attended e.g. ATLS

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12. Comment on the supervision received in this domain

a. Comment on availability of supervisors at all times

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b. Quality of supervision received

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13. Do you have any other criticisms/suggestions/additions/comments?


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## MEDICAL AND DENTAL PROFESSIONS BOARDS

 <p><b>HPCSA</b> Health Professions Council of South Africa</p> <p><b>Form 139</b></p>	<p><b>MEDICAL AND DENTAL PROFESSIONS BOARD</b> <b>EVALUATION OF INTERN ROTATION AND EXPERIENCE</b></p>			
<p><b>IT IS THE RESPONSIBILITY OF THE INTERN TO COMPLETE THE LOGBOOK AND FORM 139 BEFORE THE END OF EACH ROTATION, PRESENT IT TO THE RESPECTIVE SUPERVISOR, AND SIGN IT AFTER DISCUSSION WITH THE SUPERVISOR/HEAD OF CLINICAL DOMAIN</b></p>				
Department / Domain (Complete separate form for each Department/Domain)		Period: From                      to		
<b>SECTION I</b>				
<b>DEPARTMENT/DOMAIN OF GENERAL SURGERY/SURGICAL TRAUMA</b>				
Please rate the following on a scale from 1 - 5 (where 1 = Poor; 2 = Below average; 3 = Average; 4 = Good; 5 = Outstanding)		End of month 1	End of Month 2	End of month 3
1. ORIENTATION ON ARRIVAL IN THIS ROTATION:				
1.1 Introduction to medical staff				
1.2 Availability of clinical protocols for common conditions				
2. QUALITY OF WRITTEN GUIDELINES/OBJECTIVES				
3. QUALITY OF PATIENT CARE IN THIS ROTATION				
4. EXTENT TO WHICH YOUR KNOWLEDGE/SKILLS IMPROVED:				
4.1 Number of new procedures learned				
4.2 Degree to which diagnostic skills improved				
4.3 Extent to which your self-confidence improved				
5. YOUR RELATIONSHIP WITH THE FOLLOWING GROUPS:				
5.1 Patients				
5.2 Nursing staff				
5.3 Senior medical staff				
5.4 Other health professionals				
6. INTERACTION WITH AND GUIDANCE GIVEN BY THE FOLLOWING:				
6.1 Nursing staff				
6.2 Medical Officers				
6.3 Registrars				
6.4 Specialists/Consultants				
7. QUALITY/ADEQUACY OF TRAINING RECEIVED FROM THE FOLLOWING GROUPS:				
7.1 Nursing staff				
7.2 Medical Officers				
7.3 Registrars				
7.4 Specialists/Consultants				
8. RATE THE QUALITY OF YOUR CASE PRESENTATIONS TO SENIOR COLLEAGUES				
9. RATE THE QUALITY OF YOUR -				
9.1 Case notes				
9.2 Referral letters to other services				
10. RATE THE AVAILABILITY AND ACCESS WHICH YOU HAD TO -				
10.1 Internal communication systems				
10.2 External communication systems				
10.3 Textbooks, journals e.t.c.				

## MEDICAL AND DENTAL PROFESSIONS BOARDS

10.4 Internet 10.5 Patient records 10.6 Official transport 10.7 Public transport			
11. DOES THE SPECIFIED DOMAIN PROVIDE FOR -?			
11.1 An induction and orientation programme			
11.2 A stated policy on internship training			
11.3 A specific training programme			
11.4 A confidential counselling service for interns to deal with problems of a personal nature			
11.5 Avenues to deal with problems or complaints pertaining to training			
12. SPECIFY THE TIME SPENT PER WEEK (IN HOURS):	On call	Studying	
13. SPECIFY THE AVERAGE HOURS OF SLEEP PER WEEK WHEN ON CALL:			
14. SPECIFY THE AMOUNT OF DAYS ON CALL PER	MONTH (Fridays count as weekends)	Weekdays	Weekends
15. PLEASE DESCRIBE ANY SPECIFIC PROBLEMS WHICH YOU EXPERIENCED AND SUGGEST WAYS OF AVOIDING/ CORRECTING THESE (use a separate sheet, if required, and attach):			

## MEDICAL AND DENTAL PROFESSIONS BOARDS

<b>SECTION II</b>			
To be completed by the HEAD OF DOMAIN/DEPARTMENT			
Surname of Head:.....Initials:.....			
Please rate the following on a scale from 1 - 5 (where 1 = Poor; 2 = Below average; 3 = Average; 4 = Good; 5 = Outstanding)	End of month 1	End of Month 2	End of month 3
<b>1. THE INTERN'S PATIENT CARE</b>			
1.1 History taking			
1.2 Insight into patients' background			
1.3 Examination of patients			
1.4 Appropriate use of special investigations			
1.5 Ability in problem-solving			
1.6 Diagnostic competence			
1.7 Follow-up competence			
<b>2. THE INTERN'S PERSONAL CHARACTERISTICS</b>			
2.1 Attitude			
2.2 Thoroughness			
2.3 Punctuality and reliability			
2.4 Presentability			
2.5 Co-operation with and attitude to nursing staff			
2.6 Co-operation with and attitude to medical staff			
2.7 Co-operation with and attitude to other health professionals			
2.8 Co-operation with and attitude to support staff			
<b>3. THE INTERN'S PERFORMANCE</b>			
3.1 Medical knowledge			
3.2 Achieved level of clinical skills			
3.3 Knowledge of medical ethics			
3.4 Completion of case notes			
3.5 Presentation of cases			
3.6 Empathy for patients (including an understanding of cultural differences)			
3.7 Cost-consciousness			
<b>4. DO YOU AGREE WITH THE INTERN'S RATING IN SECTION I:    <input type="checkbox"/> Yes                    <input type="checkbox"/> No</b>			
<b>5. IF NO, PLEASE SPECIFY REASONS (use separate sheet, if required and attach):</b>			
<b>6. ANY OTHER COMMENTS WHICH YOU HAVE PERTAINING TO THE INTERN:</b>			
<b>7. RECOMMENDATION: Training was    <input type="checkbox"/> Satisfactory    <input type="checkbox"/> Unsatisfactory</b>			
<b>8. ADDITIONAL TRAINING REQUIRED: <input type="checkbox"/> None                    <input type="checkbox"/> Yes. If yes indicate the gaps and the learning plan on how, when and where those competencies will be achieved.</b>			



**MEDICAL AND DENTAL PROFESSIONS BOARDS**

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I, \_\_\_\_\_ (name and surname),

as Head of Clinical Domain for \_\_\_\_\_

and Registration number with HPCSA \_\_\_\_\_,

declare that \_\_\_\_\_ (intern's name and surname)

has been signed off as a competent practitioner in this domain.

Name of Hospital: \_\_\_\_\_

Full name: \_\_\_\_\_

Signature (Head of Clinical Domain): \_\_\_\_\_

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

Full name: \_\_\_\_\_

Signature (Intern): \_\_\_\_\_ Date: \_\_\_\_\_



## GUIDELINES FOR DOMAIN OF PAEDIATRICS AND CHILD HEALTH

The emphasis should be on exposure to, and management of common conditions under appropriate supervision

### 1. EDUCATIONAL OBJECTIVES

- a) Three hours teaching per week (formal and/or bedside)
- b) Exposure to the range of conditions in the paediatric and neonatal wards.
- c) Exposure to the range of conditions presenting in the out-patient department.
- d) Exposure to paediatric emergencies (medical and surgical)
- e) Knowledge of the requirements regarding notification of a disease, and responsibility for competently notifying cases which are being managed by the Intern.
- f) Attendance at mortality and morbidity meetings and an understanding of health statistics, particularly as they relate to the particular hospital/facility.
- g) Knowledge of the requirements for a forensic post-mortem as well as the completion of natural death certificates.
- h) One presentation to a departmental meeting per rotation
- i) Insight into the interconnected roles and responsibilities of various facilities in the region including CHC's.
- j) Knowledge of the Child Health Act and the legal obligations of a health care worker when face with cases of child abuse or neglect.
- k) Exposure to issues surrounding consent /assent.

### 2. SPECIFIC TOPICS TO BE COVERED DURING TEACHING AND/OR PRESENTATIONS\*

- a) The management of preterm and low birthweight infants
- b) Congenital infections with emphasis on HIV and syphilis.
- c) Prevention and management of birth asphyxia.
- d) The management of common conditions responsible for childhood mortality in South (including but not limited to acute gastroenteritis, pneumonia, malnutrition, neonatal sepsis, meningitis, TB , sepsis and shock )
- e) The management of common chronic conditions of childhood (including but not limited to asthma, jaundice, congestive cardiac failure, epilepsy, eczema e.t.c.)
- f) The expanded programme of immunisation.
- g) Use of the Road to Health Card.
- h) Optimal infant feeding practices particularly nutritional rehabilitation for malnutrition and PMTCT.

### 3. SPECIFIC CORE PAEDIATRIC SKILLS TO BE ACQUIRED

You will be expected to be competent in the following skills by the end of your paediatric rotation. Please assess your ability to perform the following core skills on a scale of 1 – 3 where 1 is unable to manage this condition, 2 is competent but not able to teach others, and 3 is where you feel competent to teach others how to manage this condition.

This self- evaluation must be discussed with your supervisor in order to guide your learning during the block, to address specific skills deficits and to structure remediation plans.

### 3.1 **CLINICAL PROTOCOLS**

Clinical areas should have standard operating procedure protocols for condition regularly admitted to the hospital/facility at both in and out-patient levels.

### 3.2 **In-patients**

Examples include –

- treatment of severe malnutrition;
- community acquired pneumonia;
- treatment of HIV - infected infants and children;
- cardiac failure;
- gastroenteritis with dehydration;
- diabetic ketoacidosis;
- nephritis and nephrosis;
- bacterial meningitis;
- asthma.

### 3.3 **Out-patients**

Examples include –

- failure to thrive;
- the unimmunised infant;
- developmental delay;
- tonsillitis;
- otitis media;
- constipation;
- infectious diseases;
- fever;
- anaemia;
- jaundice.

### 3.4 **Casualty**

Examples include –

- drowning;
- near-miss SIDS;
- convulsions and coma;
- epilepsy;
- hypoglycaemia.

## 4. **LOGBOOKS AND CLINICAL RECORDS**

The following must be entered into a logbook at monthly intervals and verified by the supervisor:

4.1 The five most common conditions (with number of admissions for each of the five).

4.2 The total number of children attending the general out-patient area per week.

4.3 The five most common conditions/problems encountered in the out-patients area for the time period (with number of encounters for each of the five).

## MEDICAL AND DENTAL PROFESSIONS BOARDS

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- 4.4 Conditions listed in paragraphs 2.1, 2.2 and 2.3 for which no clinical/ protocols were available.
- 4.5 Listed procedures which were not performed during the period under review.
- 4.6 Number of days on which no teaching took place.
- 4.7 Topics formally presented to the department.
- 4.8 Autopsies witnessed (diagnosis and causes of death) and number of death certificates completed.
- 4.9 Notifiable conditions seen and number of cases notified to the health authority

### 5. LIST OF ETHICAL ISSUES TO WHICH INTERNS SHOULD BE EXPOSED

Please refer to the Ethics, Human Rights, Clinical Governance and Medical Administration Section of the Logbook

### 6. LOGSHEET FOR PAEDIATRICS

- A. Were you exposed to the common medical conditions? If not, please list those common conditions that you should have been exposed to:

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## MEDICAL AND DENTAL PROFESSIONS BOARDS

### B PAEDIATRICS

	CONDITION	YES	NO
1.	Exposed to paediatric emergencies. Name three.		
2.	Assessment and management of malnutrition		
3.	Exposed to Programme for Immunisation		
4.	Management of infant feeding problems		
5.	Insight into infant mortality rates		

### C PROCEDURES PERFORMED (SKILLS)

	CONDITION	YES	NO
1.	Use of Road to Health Card including assessment of development		
2.	Monitoring of length for age and weight for length		
3.	Blood pressure measurement		
4.	Heelprick for glucose, PCV and TSB		
5.	Venisection – IV-line insertion, Intra osseous infusion		
6.	Manage and treat dehydration – oral and IV therapy – fluid and electrolyte balance		
7.	Interpretation of X-rays: chest, abdomen and skull		
8.	ECG tracing		
9.	Pass nasogastric tube		
10.	Collect urine: bag and suprapubic puncture. Do dipstix		
11.	Lumbar puncture		
12.	Neonatal resuscitation      Bag and mask		
	Intubation		
13.	Paediatric resuscitation		
14.	Administer                      MDI with spacer		
	Nebulised medication		
15.	Give BCG. Do Mantoux and tine tests		
16.	Plan and prescribe PMTCT treatment		
17.	Interpretation of laboratory tests		
18.	Lung function		
19.	Scalp vein insertion		
20.	Nebulization		
21.	Removal of foreign body – ear and nose		
22.	Immunizations – according to expanded programme of immunization		
23.	Allergy testing		
24.	Paediatric ARV re.gimen (minimum of two (2))		

## MEDICAL AND DENTAL PROFESSIONS BOARDS

### D TEACHING AND/OR PRESENTATIONS TOPICS

	CONDITION	YES	NO
1.	The management of preterm and low birthweight infants		
2.	Congenital infections with emphasis on HIV and syphilis		
3.	Prevention and management of birth asphyxia		
4.	The management of common conditions responsible for childhood mortality in South (including but not limited to acute gastroenteritis, pneumonia, malnutrition, neonatal sepsis, meningitis, TB , sepsis and shock)		
5.	The management of common chronic conditions of childhood (including but not limited to asthma, jaundice, congestive cardiac failure, epilepsy, eczema e.t.c.)		
6.	The expanded programme of immunisation.		
7.	Use of the Road to Health Card		
8.	Optimal infant feeding practices particularly nutritional rehabilitation for malnutrition and PMTCT		

### E RECORD-KEEPING

MONTH ONE			
No	Five (5) Most Common Admission Diagnoses	Number of Admissions	Signature of Supervisor
1.			
2.			
3.			
4.			
5.			
No	Five (5) Most Common Outpatient Diagnoses	Number with Condition	Signature of Supervisor
1.			
2.			
3.			
4.			
5.			
MONTH TWO			
No	Five (5) Most Common Admission Diagnoses	Number of Admissions	Signature of Supervisor
1.			
2.			
3.			
4.			
5.			

**MEDICAL AND DENTAL PROFESSIONS BOARDS**

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<b>MONTH TWO</b>			
<b>No</b>	<b>Five (5) Most Common Outpatient Diagnoses</b>	<b>Number with Condition</b>	<b>Signature of Supervisor</b>
1.			
2.			
3.			
4.			
5.			
<b>MONTH THREE</b>			
<b>No</b>	<b>Five (5) Most Common Admission Diagnoses</b>	<b>Number of Admissions</b>	<b>Signature of Supervisor</b>
1.			
2.			
3.			
4.			
5.			
<b>No</b>	<b>Five (5) Most Common Outpatient Diagnoses</b>	<b>Number with Condition</b>	<b>Signature of Supervisor</b>
1.			
2.			
3.			
4.			
5.			

F. What form of continuing professional education, other than (teaching) ward rounds, did you receive?

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## MEDICAL AND DENTAL PROFESSIONS BOARDS

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- G. Comment on the use of protocols and/or guidelines for the management of the common medical conditions

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H. QUESTIONNAIRE

- i. Name two (2) conditions, treated, for which no Protocols exist.

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- ii. List the five (5) most common conditions admitted.

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**MEDICAL AND DENTAL PROFESSIONS BOARDS**

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iii. List the five (5) most common conditions treated in the outpatients' area.

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iv. . List two (2) Notifiable conditions seen and treated.

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I. Comment on any morbidity and mortality meetings provided and attended

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## MEDICAL AND DENTAL PROFESSIONS BOARDS

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J. Comment on the supervision received in this domain

a. Availability of supervisors at all times

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b. Quality of supervision received

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K. Do you have any other criticisms/suggestions/additions/comments?

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## MEDICAL AND DENTAL PROFESSIONS BOARDS

 <p><b>HPCSA</b> Health Professions Council of South Africa</p> <p><b>Form 139</b></p>	<p><b>MEDICAL AND DENTAL PROFESSIONS BOARD</b> <b>EVALUATION OF INTERN ROTATION AND EXPERIENCE</b></p>			
<p><b>IT IS THE RESPONSIBILITY OF THE INTERN TO COMPLETE THE LOGBOOK AND FORM 139 BEFORE THE END OF EACH ROTATION, PRESENT IT TO THE RESPECTIVE SUPERVISOR, AND SIGN IT AFTER DISCUSSION WITH THE SUPERVISOR/HEAD OF CLINICAL DOMAIN</b></p>				
Department / Domain (Complete separate form for each Department/Domain)		Period: From                      to		
<b>SECTION I</b>				
<b>DEPARTMENT/DOMAIN OF PAEDIATRICS</b>				
Please rate the following on a scale from 1 - 5 (where 1 = Poor; 2 = Below average; 3 = Average; 4 = Good; 5 = Outstanding)		End of month 1	End of Month 2	End of month 3
1. ORIENTATION ON ARRIVAL IN THIS ROTATION:				
1.1 Introduction to medical staff				
1.2 Availability of clinical protocols for common conditions				
2. QUALITY OF WRITTEN GUIDELINES/OBJECTIVES				
3. QUALITY OF PATIENT CARE IN THIS ROTATION				
4. EXTENT TO WHICH YOUR KNOWLEDGE/SKILLS IMPROVED:				
4.1 Number of new procedures learned				
4.2 Degree to which diagnostic skills improved				
4.3 Extent to which your self-confidence improved				
5. YOUR RELATIONSHIP WITH THE FOLLOWING GROUPS:				
5.1 Patients				
5.2 Nursing staff				
5.3 Senior medical staff				
5.4 Other health professionals				
6. INTERACTION WITH AND GUIDANCE GIVEN BY THE FOLLOWING:				
6.1 Nursing staff				
6.2 Medical Officers				
6.3 Registrars				
6.4 Specialists/Consultants				
7. QUALITY/ADEQUACY OF TRAINING RECEIVED FROM THE FOLLOWING GROUPS:				
7.1 Nursing staff				
7.2 Medical Officers				
7.3 Registrars				
7.4 Specialists/Consultants				
8. RATE THE QUALITY OF YOUR CASE PRESENTATIONS TO SENIOR COLLEAGUES				
9. RATE THE QUALITY OF YOUR -				
9.1 Case notes				
9.2 Referral letters to other services				
10. RATE THE AVAILABILITY AND ACCESS WHICH YOU HAD TO -				
10.1 Internal communication systems				
10.2 External communication systems				
10.3 Textbooks, journals e.t.c.				

## MEDICAL AND DENTAL PROFESSIONS BOARDS

10.4 Internet			
10.5 Patient records			
10.6 Official transport			
10.7 Public transport			
11. DOES THE SPECIFIED DOMAIN PROVIDE FOR -?			
11.1 An induction and orientation programme			
11.2 A stated policy on internship training			
11.3 A specific training programme			
11.4 A confidential counselling service for interns to deal with problems of a personal nature			
11.5 Avenues to deal with problems or complaints pertaining to training			
12. SPECIFY THE TIME SPENT PER WEEK (IN HOURS):	On call	Studying	
13. SPECIFY THE AVERAGE HOURS OF SLEEP PER WEEK WHEN ON CALL:			
14. SPECIFY THE AMOUNT OF DAYS ON CALL PER	MONTH (Fridays count as weekends)	Weekdays	Weekends
15. PLEASE DESCRIBE ANY SPECIFIC PROBLEMS WHICH YOU EXPERIENCED AND SUGGEST WAYS OF AVOIDING/ CORRECTING THESE (use a separate sheet, if required, and attach):			

## MEDICAL AND DENTAL PROFESSIONS BOARDS

<b>SECTION II</b>			
To be completed by the HEAD OF DOMAIN/DEPARTMENT			
Surname of Head:.....Initials:.....			
Please rate the following on a scale from 1 - 5 (where 1 = Poor; 2 = Below average; 3 = Average; 4 = Good; 5 = Outstanding)	End of month 1	End of Month 2	End of month 3
<b>1. THE INTERN'S PATIENT CARE</b>			
1.1 History taking			
1.2 Insight into patients' background			
1.3 Examination of patients			
1.4 Appropriate use of special investigations			
1.5 Ability in problem-solving			
1.6 Diagnostic competence			
1.7 Follow-up competence			
<b>2. THE INTERN'S PERSONAL CHARACTERISTICS</b>			
2.1 Attitude			
2.2 Thoroughness			
2.3 Punctuality and reliability			
2.4 Presentability			
2.5 Co-operation with and attitude to nursing staff			
2.6 Co-operation with and attitude to medical staff			
2.7 Co-operation with and attitude to other health professionals			
2.8 Co-operation with and attitude to support staff			
<b>3. THE INTERN'S PERFORMANCE</b>			
3.1 Medical knowledge			
3.2 Achieved level of clinical skills			
3.3 Knowledge of medical ethics			
3.4 Completion of case notes			
3.5 Presentation of cases			
3.6 Empathy for patients (including an understanding of cultural differences)			
3.7 Cost-consciousness			
<b>4. DO YOU AGREE WITH THE INTERN'S RATING IN SECTION I:    <input type="checkbox"/> Yes                      <input type="checkbox"/> No</b>			
<b>5. IF NO, PLEASE SPECIFY REASONS (use separate sheet, if required and attach):</b>			
<b>6. ANY OTHER COMMENTS WHICH YOU HAVE PERTAINING TO THE INTERN:</b>			
<b>7. RECOMMENDATION: Training was    <input type="checkbox"/> Satisfactory    <input type="checkbox"/> Unsatisfactory</b>			
<b>8. ADDITIONAL TRAINING REQUIRED: <input type="checkbox"/> None                      <input type="checkbox"/> Yes. If yes indicate the gaps and the learning plan on how, when and where those competencies will be achieved.</b>			

**MEDICAL AND DENTAL PROFESSIONS BOARDS**

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Discussed with Intern on (date):
SIGNATURE OF INTERN:
Name of accredited facility
  <p align="center">----- SIGNATURE: HEAD OF CLINICAL DOMAIN  ----- DATE</p>

<b>To be filled in if additional training is required</b>
Duration of additional training: .....days/weeks/months
Was additional training successfully completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Domain to be signed off by Supervisor
If no, refer to HPCSA

Discussed with Intern on (date):
SIGNATURE OF INTERN:
SIGNATURE OF SUPERVISOR:
Name of accredited facility
  <p align="center">----- SIGNATURE: HEAD OF CLINICAL DOMAIN  ----- DATE</p>



## GUIDELINES FOR DOMAIN OF OBSTETRICS AND GYNAECOLOGY

The emphasis should be on exposure to and management of common conditions under appropriate supervision.

### 1. CORE OBJECTIVES

#### OBSTETRICS

- 1.1 To become competent in the management of:  
antenatal patients,  
labour and delivery,  
obstetric emergencies,  
postnatal care including the early identification of potential risk factors that contribute to maternal morbidity and mortality  
adverse neonatal outcomes such as fetal hypoxia.
- 1.2 To become competent in neonatal care (including emergency resuscitation and routine care),
- 1.3 To become competent in counselling on breastfeeding practices and contraception.
- 1.4 To gain an understanding of the role of community-based obstetric units and postnatal clinics, including criteria for appropriate referral.
- 1.5 To develop competency in the counseling and management of antenatal, intrapartum and postnatal care of HIV-positive mothers and their infants.
- 1.6 To perform basic ultrasound (both in Obstetrics and Gynaecology) and develop competency in the performance and interpretation of cardiotocographs and partograms.
- 1.7 To attend scheduled departmental meetings including maternal and perinatal mortality and morbidity meetings in order to appreciate strategies for future prevention of these catastrophes, including their early diagnosis and effective management.
- 1.8 To gain competence in ESMOE (Essential Steps in the Management of Obstetrics Emergencies).

#### GYNAECOLOGY

- 1.9 To gain proficiency in the performance of vaginal examinations. (Gynaecological and Obstetric), speculum and rectal examinations.
- 1.10 To gain competence in the prevention, diagnosis and management of common gynaecological conditions.
- 1.11 To gain competence in basic gynaecological procedures and operations, including post-operative care, and to gain exposure to major gynaecological operations.

- 1.12 To perform counseling, conduct testing and offer treatment to HIV-positive patients and their partner/families.
  - 1.13 To gain a knowledge of contraception including counselling, different methods and side effects, and to promote its usage.
  - 1.14 To develop an understanding of the prevention, early diagnosis and treatment of gynaecological malignancy including screening for cervical cancer.
  - 1.15 To develop an empathetic understanding of human sexuality, marital life, fertility and infertility, and offer relevant counseling and referral.
- 2. PROCEDURES IN OBSTETRICS: PERFORMED UNDER SUPERVISION OR OBSERVED**
- 2.1 External cephalic version and amniocentesis.
  - 2.2 Induction of labour (medical and surgical).
  - 2.3 Normal vaginal delivery, episiotomy and its repair.
  - 2.4 Abnormal vaginal delivery (twins, breech, forceps, vacuum extraction, prolapsed cord, impacted shoulders, postpartum haemorrhage, repair of a third-degree tear, manual removal of the placenta).
  - 2.5 Caesarean section, B-lynch sutures, stepwise devascularisation and the management of inversion of the uterus.
  - 2.6 Emergency management of eclampsia and fetal distress.
  - 2.7 Tubal ligations (open or laparoscopic) including postpartum sterilisation (mini laparotomy).
  - 2.8 Examination of the neonate, Apgar rating, clearing of airways and endotracheal intubation.
- 3. PROCEDURES IN GYNAECOLOGY: PERFORMED UNDER SUPERVISION OR OBSERVED**
- 3.1 Ectocervical, endocervical and endometrial sampling procedures.
  - 3.2 Colposcopy, VIA, cone biopsy and Lletz procedure.
  - 3.3 Laser coagulation of the cervix, vagina and vulva.
  - 3.4 Open or laparoscopic sterilisation and other laparoscopic procedures.
  - 3.5 Insertion of an intra-uterine contraceptive device (IUCD).



## MEDICAL AND DENTAL PROFESSIONS BOARDS

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- 3.6 Hysteroscopy.
- 3.7 Marsupialisation/ drainage of a Bartholin's / labial abscess.
- 3.8 Evacuation and/or manual vacuum aspiration of the uterus.
- 3.9 Laparotomy for an ectopic pregnancy.
- 3.10 Hysterectomy (abdominal and vaginal).
- 3.11 Pap smear and liquid based cytology for cancer of cervix screening.
- 3.12 Wet smear microscopy of urine and vaginal discharge.

### 4 ETHICAL ISSUES TO WHICH INTERNS SHOULD BE EXPOSED

Please refer to the Ethics, Human Rights, Clinical Governance and Medical Administration Section of the Logbook

### 5 OBSTETRIC COURSE LECTURES

COURSES/LECTURES ATTENDED			
	Module	Date	Signature of supervisor
1	Maternal resuscitation in an unconscious patient		
2	Neonatal resuscitation		
3	Sepsis		
4	Obstetric haemorrhage		
5	Pre-eclampsia/eclampsia		
6	Miscarriage		
7	Partogram and obstructed labour		
8	Interpreting CTGs		
9	Assisted delivery		
10	Obstetric emergencies (ESMOE)		
11	Surgical skills		
12	HIV in pregnancy.		

## MEDICAL AND DENTAL PROFESSIONS BOARDS

### 6. OBSTETRICS EXPOSURE

		End of Month 1		End of Month 2		End of Month 3	
		Yes	No	Yes	No	Yes	No
	<b>EXPOSURE TO</b>						
1.	Antenatal clinics						
2.	Bad obstetric history and recurrent pregnancy loss						
3.	Anaemia in pregnancy						
4.	Hypertension in pregnancy						
5.	Pre-eclampsia						
6.	Cardiac disease in pregnancy						
7.	Cervical cerclage						
8.	Gestational diabetes and diabetes in pregnancy						
9a.	Obstetric ultrasound: first trimester						
9b.	Ultrasound for dating, placental localization, AFI						
9c.	Ultrasound for Doppler of umbilical and fetal vessels (optional)						
10.	Amniocentesis						
11.	Antepartum haemorrhage						
12.	Cardiotoco graphs and partograms						
13.	Pre-term labour						
14.	Induction of labour						
15.	Management of labour and vaginal delivery						
16.	Prolonged labour						
17.	Fetal distress in labour						
18.	Impacted shoulders						
19.	Prolapsed cord						
20.	Breech delivery						
21.	Twin pregnancy, labour and delivery						
22.	Vacuum extraction / outlet forceps delivery						
23.	Manual removal of the placenta						
24.	Episiotomy and perineal tear repair						
25.	Eclampsia						
26.	Caesarean section						
27.	Resuscitation of the newborn (including clearing of airways by bag and mask ventilation)						
28.	Postpartum sterilisation						
29.	Tubal sterilisations						
30.	Repair of third-degree tear						

## MEDICAL AND DENTAL PROFESSIONS BOARDS

		End of Month 1		End of Month 2		End of Month 3	
	Complications in the puerperium including secondary PPH						
	Laparotomy for ectopic pregnancy						
	Neonatal complications						
	Empathetic care and counselling of HIV-positive patients (antenatally, intrapartum and postpartum)						
	Maternal and perinatal mortality and morbidity meetings						
	Case presentations						

### 7 GYNAECOLOGY EXPOSURE

	EXPOSURE TO	End of Month 1		End of Month 2		End of Month 3	
1.	Manual vacuum aspiration of retained products						
2.	Evacuation of the uterus for retained products						
3.	Abdomino-pelvic ultrasound (gynaecology)						
4.	Pap smear/ liquid-based cytology						
5.	Cervical biopsies						
6.	Endometrial sampling						
7.	Exfoliative cytology (cervical, endocervical and endometrial)						
8.	Colposcopy guide cervical biopsies						
9.	Clinical staging of carcinoma of the cervix						
10.	Laser/LLETZ coagulation/cone biopsy of the cervix						
11.	Treatment of vulval warts						
12.	Wet smear microscopy (urine and vaginal discharge)						
13.	Bartholin's cyst/abscess (incision and drainage or marsupialization)						
14.	Insertion of an intra-uterine contraceptive device (IUCD)						
15.	Hysteroscopy						
16.	Laparoscopic procedures including sterilization						
17.	Abdominal hysterectomy (open)						
18.	Total laparoscopic hysterectomy (if available)						
19.	Vaginal hysterectomy (if available)						
20.	Laparoscopic myomectomy (if available)						
21.	Pelvic floor repair (if available)						
22.	Surgical management of stress incontinence (if available)						
23.	Secondary wound closure						

**MEDICAL AND DENTAL PROFESSIONS BOARDS**

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**8 RECORD FOR MINIMUM NUMBER OF PROCEDURES PERFORMED**

<b>A. CAESAREAN SECTIONS</b>				
<b>No</b>	<b>Date</b>	<b>Patient Number</b>	<b>Supervisor</b>	<b>Signature of Supervisor</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

<b>B. ECTOPIC PREGNANCY</b>				
<b>No</b>	<b>Date</b>	<b>Patient Number</b>	<b>Supervisor</b>	<b>Signature of Supervisor</b>
1				
2				
3				
4				
5				

<b>C. NORMAL DELIVERIES</b>				
<b>No</b>	<b>Date</b>	<b>Patient Number</b>	<b>Supervisor</b>	<b>Signature of Supervisor</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

## MEDICAL AND DENTAL PROFESSIONS BOARDS

### D. TUBAL STERILIZATIONS (OPEN)

No	Date	Patient Number	Supervisor	Signature of Supervisor
1				
2				
3				

### E. MANUAL VACUUM ASPIRATION FOR RETAINED PRODUCTS

No	Date	Patient Number	Supervisor	Signature of Supervisor
1				
2				
3				
4				
5				

### F. EVACUATION OF UTERUS UNDER GENERAL ANAESTHESIA

No	Date	Patient Number	Supervisor	Signature of Supervisor
1				
2				
3				
4				
5				

### G. CERVICAL BIOPSIES

No	Date	Patient Number	Supervisor	Signature of Supervisor
1				
2				
3				

### H. ENDOMETRIAL SAMPLING

No	Date	Patient Number	Supervisor	Signature of Supervisor
1				
2				
3				

## MEDICAL AND DENTAL PROFESSIONS BOARDS

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- 9 Comment on whether you have achieved the core objectives of this domain. If not explain how you are going to achieve those objectives:

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- 10 Comment on any other form of continuing professional education, other than (teaching) ward rounds

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- 11 Comment on the use of specific protocols for the management of the common obstetric and gynecological conditions

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## MEDICAL AND DENTAL PROFESSIONS BOARDS

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12 Comment on maternal and perinatal morbidity and mortality meetings provided and attended

12.1 Comment on the supervision received in this domain

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12.2 Comment on availability of supervisors at all times

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12.3 Comment on quality of supervision receive

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13 Do you have any other criticisms/suggestions/additions/comments?

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## MEDICAL AND DENTAL PROFESSIONS BOARDS

 <b>Form 139</b>	<b>MEDICAL AND DENTAL PROFESSIONS BOARD EVALUATION OF INTERN ROTATION AND EXPERIENCE</b>			
<b>IT IS THE RESPONSIBILITY OF THE INTERN TO COMPLETE THE LOGBOOK AND FORM 139 BEFORE THE END OF EACH ROTATION, PRESENT IT TO THE RESPECTIVE SUPERVISOR, AND SIGN IT AFTER DISCUSSION WITH THE SUPERVISOR/HEAD OF CLINICAL DOMAIN</b>				
Department / Domain (Complete separate form for each Department/Domain)	Period: From _____ to _____			
<b>SECTION I</b>				
<b>DEPARTMENT/DOMAIN OF OBSTETRICS AND GYNAECOLOGY</b>				
Please rate the following on a scale from 1 - 5 (where 1 = Poor; 2 = Below average; 3 = Average; 4 = Good; 5 = Outstanding)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">End of month 1</th> <th style="width: 33%;">End of Month 2</th> <th style="width: 33%;">End of month 3</th> </tr> </thead> </table>	End of month 1	End of Month 2	End of month 3
End of month 1	End of Month 2	End of month 3		
1. ORIENTATION ON ARRIVAL IN THIS ROTATION:				
1.1 Introduction to medical staff				
1.2 Availability of clinical protocols for common conditions				
2. QUALITY OF WRITTEN GUIDELINES/OBJECTIVES				
3. QUALITY OF PATIENT CARE IN THIS ROTATION				
4. EXTENT TO WHICH YOUR KNOWLEDGE/SKILLS IMPROVED:				
4.1 Number of new procedures learned				
4.2 Degree to which diagnostic skills improved				
4.3 Extent to which your self-confidence improved				
5. YOUR RELATIONSHIP WITH THE FOLLOWING GROUPS:				
5.1 Patients				
5.2 Nursing staff				
5.3 Senior medical staff				
5.4 Other health professionals				
6. INTERACTION WITH AND GUIDANCE GIVEN BY THE FOLLOWING:				
6.1 Nursing staff				
6.2 Medical Officers				
6.3 Registrars				
6.4 Specialists/Consultants				
7. QUALITY/ADEQUACY OF TRAINING RECEIVED FROM THE FOLLOWING GROUPS:				
7.1 Nursing staff				
7.2 Medical Officers				
7.3 Registrars				
7.4 Specialists/Consultants				
8. RATE THE QUALITY OF YOUR CASE PRESENTATIONS TO SENIOR COLLEAGUES				
9. RATE THE QUALITY OF YOUR -				
9.1 Case notes				
9.2 Referral letters to other services				
10. RATE THE AVAILABILITY AND ACCESS WHICH YOU HAD TO -				
10.1 Internal communication systems				
10.2 External communication systems				
10.3 Textbooks, journals e.t.c.				



## MEDICAL AND DENTAL PROFESSIONS BOARDS

10.4 Internet			
10.5 Patient records			
10.6 Official transport			
10.7 Public transport			
11. DOES THE SPECIFIED DOMAIN PROVIDE FOR -?			
11.1 An induction and orientation programme			
11.2 A stated policy on internship training			
11.3 A specific training programme			
11.4 A confidential counselling service for interns to deal with problems of a personal nature			
11.5 Avenues to deal with problems or complaints pertaining to training			
12. SPECIFY THE TIME SPENT PER WEEK (IN HOURS):	On call	Studying	
13. SPECIFY THE AVERAGE HOURS OF SLEEP PER WEEK WHEN ON CALL:			
14. SPECIFY THE AMOUNT OF DAYS ON CALL PER	MONTH (Fridays count as weekends)	Weekdays	Weekends
15. PLEASE DESCRIBE ANY SPECIFIC PROBLEMS WHICH YOU EXPERIENCED AND SUGGEST WAYS OF AVOIDING/ CORRECTING THESE (use a separate sheet, if required, and attach):			

## MEDICAL AND DENTAL PROFESSIONS BOARDS

<b>SECTION II</b>			
To be completed by the HEAD OF DOMAIN/DEPARTMENT			
Surname of Head:.....Initials:.....			
Please rate the following on a scale from 1 - 5 (where 1 = Poor; 2 = Below average; 3 = Average; 4 = Good; 5 = Outstanding)	End of month 1	End of Month 2	End of month 3
1. THE INTERN'S PATIENT CARE			
1.1 History taking			
1.2 Insight into patients' background			
1.3 Examination of patients			
1.4 Appropriate use of special investigations			
1.5 Ability in problem-solving			
1.6 Diagnostic competence			
1.7 Follow-up competence			
2. THE INTERN'S PERSONAL CHARACTERISTICS			
2.1 Attitude			
2.2 Thoroughness			
2.3 Punctuality and reliability			
2.4 Presentability			
2.5 Co-operation with and attitude to nursing staff			
2.6 Co-operation with and attitude to medical staff			
2.7 Co-operation with and attitude to other health professionals			
2.8 Co-operation with and attitude to support staff			
3. THE INTERN'S PERFORMANCE			
3.1 Medical knowledge			
3.2 Achieved level of clinical skills			
3.3 Knowledge of medical ethics			
3.4 Completion of case notes			
3.5 Presentation of cases			
3.6 Empathy for patients (including an understanding of cultural differences)			
3.7 Cost-consciousness			
4. DO YOU AGREE WITH THE INTERN'S RATING IN SECTION I: <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. IF NO, PLEASE SPECIFY REASONS (use separate sheet, if required and attach):			
6. ANY OTHER COMMENTS WHICH YOU HAVE PERTAINING TO THE INTERN:			
7. RECOMMENDATION: Training was <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
8. ADDITIONAL TRAINING REQUIRED: <input type="checkbox"/> None <input type="checkbox"/> Yes. If yes indicate the gaps and the learning plan on how, when and where those competencies will be achieved.			

**MEDICAL AND DENTAL PROFESSIONS BOARDS**

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Discussed with Intern on (date):
SIGNATURE OF INTERN:
Name of accredited facility
<p style="text-align: center;">----- SIGNATURE: HEAD OF CLINICAL DOMAIN  ----- DATE</p>

<p><b>To be filled in if additional training is required</b></p> <p>Duration of additional training: .....days/weeks/months</p> <p>Was additional training successfully completed? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, Domain to be signed off by Supervisor</p> <p>If no, refer to HPCSA</p>
--

Discussed with Intern on (date):
SIGNATURE OF INTERN:
SIGNATURE OF SUPERVISOR:
Name of accredited facility
<p style="text-align: center;">----- SIGNATURE: HEAD OF CLINICAL DOMAIN  ----- DATE</p>



## GUIDELINES FOR DOMAIN OF ANAESTHESIOLOGY

### 1. GENERAL

Trainees who undergo the two-month Anaesthesiology domain will have to accept that the aim is to learn the basic skills of anaesthesia. At the completion, the trainees would, however, have gained significant benefits from the introductory course by acquiring the skills and competencies outlined below. They will be able to utilise these in many other fields of medicine, including Emergency Medicine and Critical Care.

### 2. OBJECTIVES

2.1 During the two-month anaesthesia training period, intern training will focus on the following interlinked aspects (objectives) of perioperative management:

2.1.1 Knowledge and understanding of basic anaesthesia.

2.1.2 Knowledge and understanding of basic resuscitation.

2.1.3 Recognition of factors playing a role in perioperative risk.

2.2 In addition to the above, there are three critical skills that the intern needs to attain during the anaesthesia training period:

2.2.1 **Skills in obstetric anaesthesia.** The causes of anaesthesia related maternal death emanating from the Confidential Enquiry into Maternal Deaths include failed intubation, aspiration of gastric contents, high spinal anaesthesia, and hypotension during spinal anaesthesia, with 90% of these deaths considered to be preventable. These causes of death emphasize the need for the intern to develop a safe, competent approach to the obstetric patient requiring anaesthesia care.

2.2.2 **Management of the trauma patient or patient suffering hemorrhage.** Developing good basic skills, as outlined in the guidelines below, will facilitate management of these patients.

2.2.3 **Cardiopulmonary resuscitation.** The intern needs to develop knowledge and skills of CPR. It is a prerequisite for completion of the form that the intern demonstrate competence in CPR during the anaesthesia training period.

2.3 Completion of the two-month rotation enables the intern to provide an anaesthetic service under supervision. It does not constitute adequate training for the provision of independent anaesthetic practice.

### 3. PREREQUISITES FOR TRAINING

3.1 **Adequate equipment:** Theatres and recovery rooms to be equipped according to the standards recommended by the latest SASA Guidelines to Anaesthetic Practice.

3.2 **Adequate supervision:** Constant supervision of the intern is of critical importance.

The most acceptable form of “adequate” supervision is the presence of a specialist anaesthesiologist or a Registrar in anaesthesiology. In the absence of a specialist, the supervisor should preferably possess the Diploma in Anaesthesia from the College of Medicine of South Africa, or at a minimum, have three (3) years full-time experience of administering anaesthesia as a medical officer. Irrespective of the qualification, the constant presence of the senior physician on a one-to-one basis, is strongly recommended.

#### **4. CORE SKILLS AND KNOWLEDGE**

##### **4.1 Pre-operative evaluation of the patient:**

- 4.1.1 Emphasis should be placed on eliciting airway, respiratory and cardiovascular symptoms and signs.
- 4.1.2 Other medical or surgical problems that may complicate anaesthesia must be identified pre-operatively.
- 4.1.3 Evaluation of the airway.
- 4.1.4 Previous anaesthesia related problems.
- 4.1.5 Drugs currently and previously being taken.
- 4.1.6 Family history, especially of malignant hyperthermia or porphyria.
- 4.1.7 Appropriate use of pre-operative side-room and special investigations.
- 4.1.8 The pre-operative evaluation should result in the following:
  - a. The ASA pre-operative classification of the patient. After two months interns should be able to electively manage ASA 1 (normal healthy patients) and ASA 2 patients (patients having mild systemic disease under good control) only.
  - b. A written summary of the main problems.
  - c. Evaluation of whether the patient in optimal condition pre-operatively. The anaesthetist must consider whether (further) pre-operative resuscitation or optimization is in the best interests of the patient.
  - d. An anaesthesia plan needs to be formulated.
  - e. Pre-medication should be prescribed if indicated.

##### **4.2 Preparation for anaesthesia**

###### **4.2.1 Theatre preparation should include:**

###### **4.2.1.1 Machine and breathing circuit check. This includes:**

- a. Presence of self-inflating resuscitation device (Ambu bag or equivalent device)
- b. Suction apparatus.

- 4.2.1.2 Checking for the presence of emergency drugs.
- 4.2.1.3 Availability of a functional defibrillator. The practitioner must be comfortable with the use and checking of a defibrillator.
- 4.2.1.4 Equipment for airway management.
- 4.2.1.5 Anaesthesia drugs.
- 4.2.2 Patient preparation should include placement of intravenous cannulae.
- 4.2.3 Monitoring needs to be instituted before induction of anaesthesia:
  - a. The most essential monitor is the vigilant presence of an anaesthesiologist at all times during surgery.
  - b. Minimum monitoring: the use of oximetry and availability of capnography, non-invasive blood pressure, ECG are considered mandatory, while the facility for temperature monitoring should be available.
  - c. Minimum monitoring includes continuous monitoring of the inspired oxygen partial pressure.

### 4.3 Maintenance of physiological homeostasis

- 4.3.1 The intern needs to understand the deleterious effects of anaesthesia on the airway, respiratory and cardiovascular systems.
- 4.3.2 The intern needs to understand both the need for, and how to, maintain physiological homeostasis while anaesthesia is being administered.

### 4.4 Airway management

#### 4.4.1 Airway maintenance basic

- a. Application of basic airway maneuvers (jaw thrust, chin lift)
- b. Simple airway devices (oropharyngeal airways)
- c. The use of supraglottic devices (Laryngeal mask airway).

#### 4.4.2 Endotracheal intubation

- a. Equipment and drugs needed.
- b. Attainment of the sniffing position.
- c. Correct use of the rigid laryngoscope.
- d. Use of introducer.
- e. Confirmation of endotracheal tube position use and value of the capnograph.
- f. Management of failed intubation and ventilation. A simple approach such as the “DAMIT” airway algorithm (reference) is strongly encouraged. (This algorithm incorporates three steps:

Step 1 – basic airway maneuvers and devices followed by a single laryngoscopy attempt if ventilation is still difficult.

Step 2 – use of a supraglottic airway (e.g. LMA or iLMA) to facilitate ventilation (and possibly intubation).

Step 3 – infraglottic airway access.)

g. Safe extubation of patients.

#### 4.4.3 Airway protection from aspiration of gastric contents.

- a. “Nil per os” guidelines.
- b. Pre-operative recognition of the (potentially) full stomach.
- c. Actions to prevent aspiration before anaesthesia commences.
- d. Correct management of rapid sequence intubation. Attention must be specifically paid to the following:

Prior airway evaluation.

Correct pre-oxygenation technique. Correct application of cricoid pressure.

Correct sequence and dosage of induction agent and succinylcholine. Confirmation of endotracheal intubation.

Management of failed intubation.

Basic management should aspiration occur.

#### 4.4.4 Maintenance of respiration (ventilation)

- a. Spontaneous respiration with mask supplemented with an oropharyngeal airway if needed, or with the use of a supraglottic airway.
- b. Take over ventilation manually if spontaneous respiration has been abolished or becomes inadequate.
- c. Use of a basic anaesthesia ventilator.
- d. Availability of and use of a self-inflating resuscitation device (Ambu bag or equivalent), especially in case anaesthesia machine failure.

### 4.5 Hypoxia

4.5.1 Basic understanding of the causes and management of hypoxia.

4.5.2 Basic understanding of oxygen therapy.

### 4.6 Equipment for support of airway and respiration

4.6.1 Airway equipment (facemasks, oropharyngeal airways, laryngoscopes, supraglottic devices, endotracheal tubes, introducers).

4.6.2 Understanding and check of anaesthesia machine.

4.6.3 Understanding of assembly, limitations, advantages and fresh gas flow required in the following anaesthesia breathing circuits:

- a. Circle system.
- b. Ayres T piece.
- c. Magill system – dangers and appropriate use only in spontaneously breathing patients.



### 4.7 Cardiovascular system

#### 4.7.1 Pre-load

- a. Pre-operative recognition of the four degrees of hypovolaemia
- b. Fluid resuscitation – volumes needed, different types of fluid including the use of colloids
- c. Placement of intravenous cannulae.
- d. Oxygen delivery

#### 4.7.2 Importance of adequate hemoglobin concentration.

#### 4.7.3 Blood transfusion – indications and complications.

#### 4.7.4 Importance of an adequate cardiac output. Determinants of cardiac output.

#### 4.7.5 Hypotension

- a. An approach to the etiology of hypotension.
- b. A balanced approach to the treatment of hypotension using fluids, vasopressor and inotropes.
- c. Availability of vasopressors – knowledge of how to dilute these drugs and use in severe hypotension.
- d. Anaphylaxis – diagnosis and management.

#### 4.7.6 Cardiopulmonary resuscitation (CPR)

- a. It is a pre-requisite for certifying competence in anaesthesia that the intern demonstrates both knowledge of and practical competence in basic and advanced CPR. Three alternate routes to certification of competence in CPR are available:
- b. Ideally, this should take place in a laboratory type setting where mannequins are available.
- c. Alternatively, a question and answer session by the anaesthesia supervisor can be held with the intern.
- d. Accurrent valid ACLS certification is also an acceptable way to fulfill this requirement.

### 4.8 Anaesthesia drug pharmacology

#### 4.8.1 Induction agents.

#### 4.8.2 Inhalation anaesthesia agents and nitrous oxide.

#### 4.8.3 Muscle relaxants

- a. Depolarizers – Succinylcholine
- b. Non-depolarizers
- c. Reversal of non-depolarizers
- d. Opioids – intra-operative and post-operative use
- e. Non-opioid analgesics – paracetamol – non-steroidal anti-inflammatory drugs.
- f. The concepts of balanced anaesthesia including the synergistic and addictive interactions between various drugs.

### 5. SPECIFIC INTRA-OPERATIVE PROBLEMS

#### 5.1 The obstetric patient

- 5.1.1 The physiological changes of pregnancy that affect anaesthesia management, especially airway, respiratory system, cardiovascular system, aorta-caval compression.
- 5.1.2 The safe performance of a subarachnoid (spinal) anaesthetic for the obstetric patient (drugs, dose, spinal needles, safe levels of injection, prevention and management of hypotension) is considered a core competency for interns rotating through anaesthesia. In this regard, it is essential that the interns possess a detailed knowledge of the following article on management of spinal anaesthesia for caesarean section: Prevention and treatment of cardiovascular instability during spinal anaesthesia for caesarean section. R A Dyer, C C Rout, A M Kruger, et al. SAMJ March 2004, Vol 94, No. 3 (available free on "Pubmed").
- 5.1.3 The causes of anaesthesia related maternal death emanating from the Confidential Enquiry into Maternal Deaths.
- 5.1.4 Pre-eclampsia and anaesthesia.

#### 5.2 Regional anaesthesia

- 5.2.1 Spinal (subarachnoid) anaesthesia – see above.
- 5.2.2 Pharmacology of local anaesthesia agents. Safe dosages, complications, how to avoid accidental intravascular injection, correct use and abuse of added vasoconstrictors with local anaesthetics.
- 5.2.3 Peripheral nerve Blocks – knowledge of the following is useful – infiltration techniques, digital nerve Blocks, Bier's block.

#### 5.3 The trauma patient, hypovolaemic shock and emergency anaesthesia

- 5.3.1 Recognition and management of problems with the airway, respiration, hypovolaemia, hypotension, anemia, head injury and the injured cervical spine.
- 5.3.2 Choice of anaesthesia agents in hypovolaemic shock.

#### 5.4 Paediatric anaesthesia

- 5.4.1 Airway management of the child.
- 5.4.2 Paediatric fluid management.
- 5.4.3 Basics of paediatric anaesthesia.

### 5.5 Essential administrative functions of anaesthetics

- 5.5.1 Consent.
- 5.5.2 Maintenance of a contemporaneous anaesthesia record.
- 5.5.3 Post-operative instructions.

### 5.6 Post-operative management

- 5.6.1 An approach to delayed awakening from anaesthesia.
- 5.6.2 Written post-operative instructions.
- 5.6.3 When can the patient be left in the care of a nurse?
- 5.6.4 Post-operative complications (airway, breathing, circulation) that need to be watched for –
  - a. Opioids – uses, advantages, dangers, correct dosing and intervals, endpoints of therapy.
  - b. Non-opioid analgesia – uses, limitations, complications, contra-indications.
  - c. Use of simple regional techniques and infiltration of local anaesthetics for post-operative analgesia.

### 5.7 Assessment/evaluation

- 5.7.1 A detailed logbook of all anaesthetics administered, including the name, age and hospital number of the patient, nature and date of surgical procedure and drugs used, is to be kept by each intern. All entries are to be signed by the supervisor on an ongoing basis. The Logbook will assist in ensuring that interns are adequately exposed to all aspects of anaesthesia. The Logbook in addition to a general section, will contain specified sections to ensure exposure to areas of anaesthesia which are considered essential to the training process (e.g. caesarean sections, D & C procedures, emergency surgery and paediatric anaesthesia).
- 5.7.2 CPR competence must be assessed.

## 6 LIST OF ETHICAL ISSUES TO WHICH INTERNS SHOULD BE EXPOSED

Please refer to the Ethics, Human Rights, Clinical Governance and Medical Administration Section of the Logbook

### LOGSHEET FOR ANAESTHESIOLOGY

This section of the logbook is to be read in consultation with the domain guidelines for Internship Training (included at the end of this section for ease of reference).

## MEDICAL AND DENTAL PROFESSIONS BOARDS

**A. The following minimum recommended practical experience is required:**

		Number	Done by You
1.	All types personally administered under supervision	80	
2.	Endotracheal intubation (ten (10) of the intubations are required to be rapid sequence induction-intubations)	40	
3.	Spinal anaesthetics (five (5) of the spinals are to be for caesarian section)	10	
4.	Non-intubated general anaesthetics (these non- intubated general anaesthetics include airway management using a facemask or supraglottic airway)	10	

**B. The intern needs exposure to majority of the following aspects of anaesthesia and perioperative medicine. The supervisor must ensure such exposure. Please tick in the appropriate box.**

		Practical	Theoretical
1.	Pre-operative care		
	a. Pre-operative evaluation of patients		
	b. The ASA classification		
	c. Development of an appropriate anaesthesia plan		
2.	Preparation for anaesthesia		
	a. Preparation of theatre		
	b. Anaesthesia machine: understanding, checking		
	c. Anaesthesia breathing circuits: circle system, Ayres T piece, Magill system		
	d. Defibrilators: checking of defibrilators		
	e. Defibrilators: use of defibrilators		
	f. Monitoring: the use of pulse oximetry		
	g. Monitoring: the use of capnography		
	h. Monitoring: the use of FiO2 monitors		
3.	Airway management		
	a. Evaluation of the airway		
	b. A simple approach to management of failed intubation and ventilation		
	c. The use of the laryngeal mask or other supraglottic airways		
	d. Prevention of aspiration of gastric contents		
	e. Management of aspiration		
	f. Correct management of rapid sequence intubation		

## MEDICAL AND DENTAL PROFESSIONS BOARDS

4.	Ventilation		
	a. Manual ventilation of the lungs with a facemask		
	b. Manual ventilation of the lungs via an endotracheal tube		
	c. Manual ventilation of the lungs via a supraglottic airway		
	d. The use of mechanical ventilators in anaesthesia		
5.	Hypoxia: causes and management		
6.	Fluid management for routine surgery		
7.	Hypovolaemia and integrated integrity of the circulation		
	a. Recognition of hypovolaemia		
	b. Fluid resuscitation		
	c. Importance of adequate haemoglobin concentration. Blood transfusion.		
	d. Choice of anaesthesia agents in hypovolaemic shock		
	e. Hypotension: causes, management		
8.	Anaesthesia pharmacology		
	a. Induction agents		
	b. Inhalation anaesthesia agents and nitrous oxide		
	c. Muscle relaxants		
	d. Reversal of non-depolarizing muscle relaxants		
	e. Opioids: intraoperative and postoperative use		
	f. Non-opioid analgesics: paracetamol Non-steroidal anti-inflammatory drugs		
	g. Pharmacology of local anaesthesia agents		
	h. The concepts of balanced anaesthesia		
	i. Reporting adverse drug reactions		
	j. The use of the following vasopressor and their dilutions in non-cardiac arrest scenarios:		
	Ephedrine		
	Dobutamine		
	Dopamine		
	Adrenaline		
	Phenylephrine		
9.	The obstetric patient		
	a. The physiological changes of pregnancy		
	b. The safe performance of a subarachnoid (spinal) anaesthetic for the obstetric patient		
	c. The causes of maternal death emanating from the Confidential Enquiry into Maternal Deaths		
	d. Complications during obstetric anaesthesia		

## MEDICAL AND DENTAL PROFESSIONS BOARDS

10.	Regional anaesthesia		
	a. Peripheral nerve Domains		
	b. Spinal anaesthesia		
	c. Management of hypotension during spinal anaesthesia		
	d. Management of a high spinal		
11.	Consent		
12.	Maintenance of a contemporaneous anaesthesia record		
13.	Recovery from anaesthesia		
	a. Post-operative instructions		
	b. An approach to delayed awakening from anaesthesia		
	c. When can the patient be left in the care of a nurse?		
	d. Post-operative complications (airway, breathing, circulation) that need to be watched for		
	e. An approach to post-operative analgesia		
14.	Death on Table		
	a. How to manage and report death on table		

- C. Please rate your ability to perform the following core skills on a scale of 1 – 5 (where 1 = Poor; 2 = Below average; 3 = Average; 4 = Good; 5 = Outstanding)**

	CORE SKILLS	End of Month 1	End of Month 2
1.	Conscious sedation		
2.	Use of Ketamine		
3.	Pain management according to WHO		
4.	Peripheral nerve Domains		
5.	CPR		
6.	Endotracheal Intubation		
7.	Spinal Anaesthesia		

**MEDICAL AND DENTAL PROFESSIONS BOARDS**

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**D ADDENDUM**

NAME OF THE INTERN: \_\_\_\_\_

PERIOD OF POSTING: \_\_\_\_\_

<b>GENERAL ANAESTHESIA WITH ENDOTRACHEAL INTUBATION (RAPID SEQUENCE)</b>					
<b>No</b>	<b>Date of Anaesthesia</b>	<b>Hospital Number</b>	<b>Diagnosis</b>	<b>Procedure</b>	<b>Signature of Supervisor</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

<b>GENERAL ANAESTHESIA WITH ENDOTRACHEAL INTUBATION</b>					
<b>No</b>	<b>Date of Anaesthesia</b>	<b>Hospital Number</b>	<b>Diagnosis</b>	<b>Procedure</b>	<b>Signature of Supervisor</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

## MEDICAL AND DENTAL PROFESSIONS BOARDS

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18					
19					
20					
21					
22					
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24					
25					
26					
27					
28					
29					
30					

### NON-INTUBATED GENERAL ANAESTHESIA

No	Date of Anaesthesia	Hospital Number	Diagnosis	Procedure	Signature of Supervisor
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

### SPINAL ANAESTHESIA FOR CAESARIAN SECTION

No	Date of Anaesthesia	Hospital Number	Diagnosis	Procedure	Signature of Supervisor
1					
2					
3					
4					
5					



**MEDICAL AND DENTAL PROFESSIONS BOARDS**

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<b>SPINAL ANAESTHESIA FOR OTHER SURGERIES</b>					
No	Date of Anaesthesia	Hospital Number	Diagnosis	Procedure	Signature of Supervisor
1					
2					
3					
4					
5					

E. Comment on the morbidity and mortality meetings, or any other academic meetings

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F. Comment on the use of protocols and/or guidelines for the management of the common medical conditions and surgical procedures

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**MEDICAL AND DENTAL PROFESSIONS BOARDS**

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G Comment on the supervision received in the domain:

G.1 Availability of supervisors at all times

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G.2 Quality of supervision received

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H. Do you have any other criticisms/suggestions/additions/comments?

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**MEDICAL AND DENTAL PROFESSIONS BOARDS**



**Form 139**

**MEDICAL AND DENTAL PROFESSIONS BOARD  
EVALUATION OF INTERN ROTATION AND EXPERIENCE**

**IT IS THE RESPONSIBILITY OF THE INTERN TO COMPLETE THE LOGBOOK AND FORM 139 BEFORE THE END OF EACH ROTATION, PRESENT IT TO THE RESPECTIVE SUPERVISOR, AND SIGN IT AFTER DISCUSSION WITH THE SUPERVISOR/HEAD OF CLINICAL DOMAIN**

Department / Domain (Complete separate form for each Department/Domain)	Period: From _____ to _____
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**SECTION I**

**DEPARTMENT/DOMAIN OF ANAESTHESIOLOGY**

Please rate the following on a scale from 1 - 5 (where 1 = Poor; 2 = Below average; 3 = Average; 4 = Good; 5 = Outstanding)	End of month 1	End of Month 2
1. ORIENTATION ON ARRIVAL IN THIS ROTATION:		
1.1 Introduction to medical staff		
1.2 Availability of clinical protocols for common conditions		
2. QUALITY OF WRITTEN GUIDELINES/OBJECTIVES		
3. QUALITY OF PATIENT CARE IN THIS ROTATION		
4. EXTENT TO WHICH YOUR KNOWLEDGE/SKILLS IMPROVED:		
4.1 Number of new procedures learned		
4.2 Degree to which diagnostic skills improved		
4.3 Extent to which your self-confidence improved		
5. YOUR RELATIONSHIP WITH THE FOLLOWING GROUPS:		
5.1 Patients		
5.2 Nursing staff		
5.3 Senior medical staff		
5.4 Other health professionals		
6. INTERACTION WITH AND GUIDANCE GIVEN BY THE FOLLOWING:		
6.1 Nursing staff		
6.2 Medical Officers		
6.3 Registrars		
6.4 Specialists/Consultants		
7. QUALITY/ADEQUACY OF TRAINING RECEIVED FROM THE FOLLOWING GROUPS:		
7.1 Nursing staff		
7.2 Medical Officers		
7.3 Registrars		
7.4 Specialists/Consultants		
8. RATE THE QUALITY OF YOUR CASE PRESENTATIONS TO SENIOR COLLEAGUES		
9. RATE THE QUALITY OF YOUR -		
9.1 Case notes		
9.2 Referral letters to other services		
10. RATE THE AVAILABILITY AND ACCESS WHICH YOU HAD TO -		
10.1 Internal communication systems		
10.2 External communication systems		
10.3 Textbooks, journals e.t.c.		

## MEDICAL AND DENTAL PROFESSIONS BOARDS

10.4 Internet		
10.5 Patient records		
10.6 Official transport		
10.7 Public transport		
11. DOES THE SPECIFIED DOMAIN PROVIDE FOR -?		
11.1 An induction and orientation programme		
11.2 A stated policy on internship training		
11.3 A specific training programme		
11.4 A confidential counselling service for interns to deal with problems of a personal nature		
11.5 Avenues to deal with problems or complaints pertaining to training		
12. SPECIFY THE TIME SPENT PER WEEK (IN HOURS):	On call	Studying
13. SPECIFY THE AVERAGE HOURS OF SLEEP PER WEEK WHEN ON CALL:		
14. SPECIFY THE AMOUNT OF DAYS ON CALL PER	MONTH (Fridays count as weekends)	Weekdays  Weekends
15. PLEASE DESCRIBE ANY SPECIFIC PROBLEMS WHICH YOU EXPERIENCED AND SUGGEST WAYS OF AVOIDING/ CORRECTING THESE (use a separate sheet, if required, and attach):		

## MEDICAL AND DENTAL PROFESSIONS BOARDS

<b>SECTION II</b>		
To be completed by the HEAD OF DOMAIN/DEPARTMENT		
Surname of Head:.....Initials:.....		
Please rate the following on a scale from 1 - 5 (where 1 = Poor; 2 = Below average; 3 = Average; 4 = Good; 5 = Outstanding)	End of Month 1	End of month 2
1. THE INTERN'S PATIENT CARE		
1.1 History taking		
1.2 Insight into patients' background		
1.3 Examination of patients		
1.4 Appropriate use of special investigations		
1.5 Ability in problem-solving		
1.6 Diagnostic competence		
1.7 Follow-up competence		
2. THE INTERN'S PERSONAL CHARACTERISTICS		
2.1 Attitude		
2.2 Thoroughness		
2.3 Punctuality and reliability		
2.4 Presentability		
2.5 Co-operation with and attitude to nursing staff		
2.6 Co-operation with and attitude to medical staff		
2.7 Co-operation with and attitude to other health professionals		
2.8 Co-operation with and attitude to support staff		
3. THE INTERN'S PERFORMANCE		
3.1 Medical knowledge		
3.2 Achieved level of clinical skills		
3.3 Knowledge of medical ethics		
3.4 Completion of case notes		
3.5 Presentation of cases		
3.6 Empathy for patients (including an understanding of cultural differences)		
3.7 Cost-consciousness		
4. DO YOU AGREE WITH THE INTERN'S RATING IN SECTION I: <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. IF NO, PLEASE SPECIFY REASONS (use separate sheet, if required and attach):		
6. ANY OTHER COMMENTS WHICH YOU HAVE PERTAINING TO THE INTERN:		
7. RECOMMENDATION: Training was <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
8. ADDITIONAL TRAINING REQUIRED: <input type="checkbox"/> None <input type="checkbox"/> Yes. If yes indicate the gaps and the learning plan on how, when and where those competencies will be achieved.		



## GUIDELINES FOR DOMAIN OF ORTHOPAEDICS/ORTHOPAEDIC TRAUMA

The emphasis should be on exposure to and management of common conditions under appropriate supervision (included at the end of this section for ease of reference).

### 1. OBJECTIVES

- 1.1 The objective of this training period is to expose the intern to the diagnosis and management of musculoskeletal diseases and trauma. He or she must be able to obtain and record the relevant information in a systematic manner, identify the problem(s) of trauma management and make decisions on the level of management. He or she should have the knowledge and ability to foresee and diagnose possible complications and should know the steps to be taken to prevent and/or treat these complications.
- 1.2 The trainee should develop the skills to treat less complex fractures, dislocations and soft tissue injuries, and should be able to resuscitate, splint, manipulate and reduce fractures and dislocations, apply Plaster of Paris (POP) casts to the limbs and apply both skeletal and skin traction, where applicable. He or she should be able to perform minor operations, where indicated, on trauma patients.

### 2. SPECIFIC OBJECTIVES

- 2.1 Primary management of dislocations of the shoulder, elbow, hip and knee, wrist, hand, ankle, foot and toes.
- 2.2 Recognition of joint injuries, including intra-articular fractures and ligament disruptions. Closed methods of treatment, where applicable.
- 2.3 Recognition of and closed methods of treatment for the common metaphysical and diaphysial fractures in adults and children.
- 2.4 Diagnosis of tendon injury and nerve injury to the upper and lower limbs.
- 2.5 Diagnosis and emergency treatment of spinal injuries and pelvic injuries.
- 2.6 Recognition and management of open fractures (Gustilo plus Anderson classification), with primary debridement of open wounds.
- 2.7 Management of fingertip injuries and traumatic amputation of digits.
- 2.8 The trainee should be taught the basic skills necessary to evaluate Roentgen plates of trauma patients and should know whether the views are adequate for diagnostic purposes under the circumstances.
- 2.9 In addition to the above, it is recommended that trainees attend out-patient sessions where cold orthopaedic conditions are seen and become familiar with the management of non-traumatic back pain, arthritis of joints, infection of bone and joint, and screen

procedures for systemic disease which manifests itself with musculoskeletal signs and symptoms, for example metastatic disease to bone, osteoporosis and neoplasms of the musculoskeletal system.

### 3. ESSENTIAL SKILLS

- 3.1 Techniques of closed manipulation of fractures.
- 3.2 Application of U Slab for fractures of the humerus.
- 3.3 Application of above elbow and forearm POP casts, including fracture of the wrist.
- 3.4 Application of long leg and below knee POP casts, with and without walking heels.
- 3.5 Application of skin traction to the lower limb and use of traction, with and without a Thomas splint. Gallows traction included.
- 3.6 Application of skin traction to the upper limb – Dunlop traction.
- 3.7 Application of an external fixator for open fractures and monitoring of pin tract sepsis.
- 3.8 Regional and local anaesthetic techniques used in the treatment of fractures, e.g. Biers block, ring block to fingers and toes.
- 3.9 Application of aluminum splints for phalangeal fractures.
- 3.10 Debridement and lavage of compound fractures.
- 3.11 Diagnosis of acute bone and joint sepsis.

**NOTE:** It is recommended that trainees do the ATLS course which is vital in the successful management of orthopaedic trauma.

### 4 LIST OF ETHICAL ISSUES TO WHICH INTERNS SHOULD BE EXPOSED

Please refer to the Ethics, Human Rights, Clinical Governance and Medical Administration Section of the Logbook



**LOGSHEET FOR ORTHOPAEDICS/ORTHOAEDIC TRAUMA**

This section of the logbook is to be read in consultation with the domain guidelines for Internship Training (included at the end of this section for ease of reference).

A. Were you exposed to the common orthopaedics conditions? If not, please list those common conditions that you should have been exposed to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	<b>B. ACUTE ORTHOPAEDIC CONDITIONS ENCOUNTERED AND TREATED AND SKILLS ACQUIRED</b>	<b>Observed</b>		<b>Actually Performed</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
1.	Primary management, reduction and stabilization of dislocated major and minor joints				
2.	Management of joints injuries e.g. intra-articular fracture and ligament injuries				
3.	Closed treatment of common metaphysial fractures				
4.	Repair of nerve and tendon injuries				
5.	Diagnosis and management of acute spinal and pelvic injuries				
6.	Management of open fractures				
7.	Management of finger and hand injuries				
8.	Radiology of common conditions				
9.	Diagnosis and management of compartment syndrome				
10.	Fasciotomy for relief of acute compartment syndrome				
11.	Application of P.O.P to major joints and limbs				
12.	Application of skin traction to lower limb				
13.	Skin traction to upper limb				
14.	Gallows traction				
15.	Application of an external fixator for open fractures				
16.	Regional and local anesthetic techniques e.g. Biers Block and Ring Domains				
17.	Infection of bone and joints (including aspiration)				
18.	To learn how to protect the cervical spine				

## MEDICAL AND DENTAL PROFESSIONS BOARDS

	<b>B. ACUTE ORTHOPAEDIC CONDITIONS ENCOUNTERED AND TREATED AND SKILLS ACQUIRED (Continued)</b>	<b>Observed</b>		<b>Actually Performed</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
19.	Logrolling of a patient				
20.	Application of Glasgow-coma scale				
21.	Closed reduction of common fractures				
22.	Closed reduction of common dislocations				
23.	POP application and follow-up (minimum of ten (10))				
24.	Application of traction (minimum of two (2))				
25.	Splinting				
26.	Referral criteria for complicated cases				

	<b>C. "COLD" ORTHOPAEDIC CONDITIONS EXPOSED TO:</b>	<b>Observed</b>		<b>Actually Performed</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
1.	Assessment and management of backache and neck pain				
2.	Arthritis of joints				
3.	Systemic disease manifesting in muscular skeletal signs and symptoms				
4.	The physiotherapy and rehabilitation of musculo-skeletal injury				
5.	TB spine and the management thereof and when to refer for surgery				

**D. Surgical Procedures Assisted in or Performed (in the ED or theatre)**  
**- Minimum of 8 – 10 required**

<b>No</b>	<b>Date</b>	<b>Hospital Number</b>	<b>Procedure</b>	<b>Signature</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

## MEDICAL AND DENTAL PROFESSIONS BOARDS

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### E. Plaster of Paris:

- 10 Backslaps (include both below and above elbow / both below and above knee)
- 5 circular POP's (any fracture type)
- 10 POP on children (to include at least 3 Ponsetti's for club foot)
- 5 Removal of POP's

Procedure	Date	Patient pathology	Type of POP	Signature
Backslaps				
Circular POP				
POP's on Children				

**MEDICAL AND DENTAL PROFESSIONS BOARDS**

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**F. The following procedures can either be witnessed/assisted/performed by the medical intern:**

<b>Procedure</b>	<b>Date</b>	<b>Patient pathology</b>	<b>Type of procedure</b>	<b>Witnessed/ Assisted</b>	<b>Signature</b>
Traction application					
Joint Aspiration					
Closed fracture reduction					

**G** Comment on the continuing professional education, other than (teaching) ward rounds, did you receive

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**H.** Comment on the use of protocols and/or guidelines for the management of the common orthopaedic conditions

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## MEDICAL AND DENTAL PROFESSIONS BOARDS

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I. Comment on morbidity and mortality meetings provided and attended

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J. Comment on the supervision received in this domain

i. Comment on availability of supervisors at all times

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ii. Comment on quality of supervision received

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K. Do you have any other criticisms/suggestions/additions/comments?

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## MEDICAL AND DENTAL PROFESSIONS BOARDS

 <b>Form 139</b>	<b>MEDICAL AND DENTAL PROFESSIONS BOARD EVALUATION OF INTERN ROTATION AND EXPERIENCE</b>	
<b>IT IS THE RESPONSIBILITY OF THE INTERN TO COMPLETE THE LOGBOOK AND FORM 139 BEFORE THE END OF EACH ROTATION, PRESENT IT TO THE RESPECTIVE SUPERVISOR, AND SIGN IT AFTER DISCUSSION WITH THE SUPERVISOR/HEAD OF CLINICAL DOMAIN</b>		
Department / Domain (Complete separate form for each Department/Domain)	Period: From                      to	
<b>SECTION I</b>		
<b>DEPARTMENT/DOMAIN OF ORTHOPAEDICS/ORTHOPAEDIC TRAUMA</b>		
Please rate the following on a scale from 1 - 5 (where 1 = Poor; 2 = Below average; 3 = Average; 4 = Good; 5 = Outstanding)	End of Month 1	End of month 2
1. ORIENTATION ON ARRIVAL IN THIS ROTATION:		
1.1 Introduction to medical staff		
1.2 Availability of clinical protocols for common conditions		
2. QUALITY OF WRITTEN GUIDELINES/OBJECTIVES		
3. QUALITY OF PATIENT CARE IN THIS ROTATION		
4. EXTENT TO WHICH YOUR KNOWLEDGE/SKILLS IMPROVED:		
4.1 Number of new procedures learned		
4.2 Degree to which diagnostic skills improved		
4.3 Extent to which your self-confidence improved		
5. YOUR RELATIONSHIP WITH THE FOLLOWING GROUPS:		
5.1 Patients		
5.2 Nursing staff		
5.3 Senior medical staff		
5.4 Other health professionals		
6. INTERACTION WITH AND GUIDANCE GIVEN BY THE FOLLOWING:		
6.1 Nursing staff		
6.2 Medical Officers		
6.3 Registrars		
6.4 Specialists/Consultants		
7. QUALITY/ADEQUACY OF TRAINING RECEIVED FROM THE FOLLOWING GROUPS:		
7.1 Nursing staff		
7.2 Medical Officers		
7.3 Registrars		
7.4 Specialists/Consultants		
8. RATE THE QUALITY OF YOUR CASE PRESENTATIONS TO SENIOR COLLEAGUES		
9. RATE THE QUALITY OF YOUR -		
9.1 Case notes		
9.2 Referral letters to other services		
10. RATE THE AVAILABILITY AND ACCESS WHICH YOU HAD TO -		
10.1 Internal communication systems		
10.2 External communication systems		
10.3 Textbooks, journals e.t.c.		

## MEDICAL AND DENTAL PROFESSIONS BOARDS

10.4 Internet 10.5 Patient records 10.6 Official transport 10.7 Public transport			
11. DOES THE SPECIFIED DOMAIN PROVIDE FOR -?			
11.1 An induction and orientation programme			
11.2 A stated policy on internship training			
11.3 A specific training programme			
11.4 A confidential counselling service for interns to deal with problems of a personal nature			
11.5 Avenues to deal with problems or complaints pertaining to training			
12. SPECIFY THE TIME SPENT PER WEEK (IN HOURS):	On call	Studying	
13. SPECIFY THE AVERAGE HOURS OF SLEEP PER WEEK WHEN ON CALL:			
14. SPECIFY THE AMOUNT OF DAYS ON CALL PER	MONTH (Fridays count as weekends)	Weekdays	Weekends
15. PLEASE DESCRIBE ANY SPECIFIC PROBLEMS WHICH YOU EXPERIENCED AND SUGGEST WAYS OF AVOIDING/ CORRECTING THESE (use a separate sheet, if required, and attach):			

## MEDICAL AND DENTAL PROFESSIONS BOARDS

<b>SECTION II</b>		
To be completed by the HEAD OF DOMAIN/DEPARTMENT		
Surname of Head:.....Initials:.....		
Please rate the following on a scale from 1 - 5 (where 1 = Poor; 2 = Below average; 3 = Average; 4 = Good; 5 = Outstanding)	End of Month 1	End of month 2
<b>1. THE INTERN'S PATIENT CARE</b>		
1.1 History taking		
1.2 Insight into patients' background		
1.3 Examination of patients		
1.4 Appropriate use of special investigations		
1.5 Ability in problem-solving		
1.6 Diagnostic competence		
1.7 Follow-up competence		
<b>2. THE INTERN'S PERSONAL CHARACTERISTICS</b>		
2.1 Attitude		
2.2 Thoroughness		
2.3 Punctuality and reliability		
2.4 Presentability		
2.5 Co-operation with and attitude to nursing staff		
2.6 Co-operation with and attitude to medical staff		
2.7 Co-operation with and attitude to other health professionals		
2.8 Co-operation with and attitude to support staff		
<b>3. THE INTERN'S PERFORMANCE</b>		
3.1 Medical knowledge		
3.2 Achieved level of clinical skills		
3.3 Knowledge of medical ethics		
3.4 Completion of case notes		
3.5 Presentation of cases		
3.6 Empathy for patients (including an understanding of cultural differences)		
3.7 Cost-consciousness		
<b>4. DO YOU AGREE WITH THE INTERN'S RATING IN SECTION I:    <input type="checkbox"/> Yes                    <input type="checkbox"/> No</b>		
<b>5. IF NO, PLEASE SPECIFY REASONS (use separate sheet, if required and attach):</b>		
<b>6. ANY OTHER COMMENTS WHICH YOU HAVE PERTAINING TO THE INTERN:</b>		
<b>7. RECOMMENDATION: Training was    <input type="checkbox"/> Satisfactory    <input type="checkbox"/> Unsatisfactory</b>		
<b>8. ADDITIONAL TRAINING REQUIRED: <input type="checkbox"/> None                    <input type="checkbox"/> Yes. If yes indicate the gaps and the learning plan on how, when and where those competencies will be achieved.</b>		



**MEDICAL AND DENTAL PROFESSIONS BOARDS**

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Discussed with Intern on (date):
SIGNATURE OF INTERN:
Name of accredited facility
  <p align="center">----- SIGNATURE: HEAD OF CLINICAL DOMAIN  ----- DATE</p>

<b>To be filled in if additional training is required</b>
Duration of additional training: .....days/weeks/months
Was additional training successfully completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Domain to be signed off by Supervisor
If no, refer to HPCSA

Discussed with Intern on (date):
SIGNATURE OF INTERN:
SIGNATURE OF SUPERVISOR:
Name of accredited facility
  <p align="center">----- SIGNATURE: HEAD OF CLINICAL DOMAIN  ----- DATE</p>



## GUIDELINES FOR THE DOMAIN OF PSYCHIATRY

The domain of Psychiatry will facilitate the experience of the integration of the management of psychiatric disorders at primary care level within a health team.

The specific rotation through Psychiatry should be decided on by each accredited facility based on its resources, but in accordance with the Guidelines.

### 1. FACILITIES REQUIRED

The placement and exposure to psychiatric practice must be such that a full range of disorders is managed at the various levels of severity, under supervision. The facilities utilised should have referral to specific psychiatric services within the complex or cluster of services. There should be exposure to services in facilities for inpatient and out-patient care, treatment, and rehabilitation, as well as consultation-liaison and emergency services and outpatient management as part of community-based psychiatric services by multidisciplinary teams (MDTs) in districts. Services at inpatient specialist facilities should include a MDT program and supervising specialist psychiatrist, in an psychiatric inpatient unit either in a general specialist or specialized psychiatric hospital. There should be the same standard of clinical care as in other disciplines and the full range of special investigations must be available.

### 2. SUPERVISION / HUMAN RESOURCES REQUIRED

- 2.1 There must be adequate number of supervisors allocated for supervising the interns.
- 2.2 The grade of experience of the supervisor must be that of a specialist psychiatrist (consultant), psychiatric Registrar or a medical officer with at least three (3) years post Registration experience in the field of psychiatry.

### 3. SUPPORT

There should be consistent and immediate access to support in the form of a Registrar, medical officer and/or consultant.

### 4. JOB DESCRIPTION

- 4.1 This should be completed and provided by each complex in view of local differences and services available. The duties to be included are to be specified in relation to the site and lines of authority.
- 4.2 The responsibilities of the intern should be designated to include emergency care and assessment, as well as acute and/or longer term in-patient and out-patient care of the spectrum of psychiatric disorders, medical disorders presenting with psychiatric symptoms (including delirium), as well as substance-related disorders/ conditions and intellectual impairment. The intern should also be competent with regard to responsibilities in terms of the Mental Health Care Act, No 17 of 2002 and the appropriate referral of patients between levels of care. Attendance at specialist psychiatric community-based clinics in districts, where available, should be included

if based at a psychiatric facility. Emergency duties in general hospitals and after hour duties under supervision must form part of the experience.

- 4.3 Duties in relation to report writing and record keeping must be monitored and evaluated.

### **5. OBJECTIVES**

- 5.1 The aim of the postgraduate experience is to provide the intern with the capability to effectively manage common clinical problems of Psychiatry as a general medical practitioner.
- 5.2 There must be allocation of teaching time in the form of case presentations/ward rounds, tutorials and attendance at departmental meetings.
- 5.3 There must also be exposure to common conditions and the range of adult and child/adolescent disorders in clinical and emergency settings, as well as the rehabilitative role of community clinic duties.
- 5.4 A familiarity with the workings of the Mental Health Care Act, no 17 of 2002, other relevant legislation, national and provincial policy, as well as the ethical principles relevant to Psychiatry must be achieved.
- 5.5 There could be some exposure to subspecialties such as child, forensic, substance abuse and addiction psychiatry and old age psychiatry, where applicable, in the clinical setting.
- 5.6 During the placement, there should be experience and exposure to emergency and crisis situations, as well as the psychosocial rehabilitation processes in the context of a multi-disciplinary professional team functioning where possible.

### **6. SPECIFIC SKILLS AND COMPETENCE TO BE ACQUIRED**

- 6.1 Skills in psychiatric evaluation, management and counselling should be achieved, with a bio-psychosocial approach, seeing the patient as a person in a holistic fashion within the various contexts.
- 6.2 Exposure to cognitive-behavioural therapy, anxiety/stress management programmes or substance rehabilitation programmes is recommended.
- 6.3 Specific skills and confidence in the management and evaluation of violent/ dangerous patients and suicidal risk assessment should be achieved.

### **7. CLINICAL PROTOCOLS**

There should be standard treatment protocols available in all areas which reflect the standard to be followed. These could have been formulated by the provincial or national Mental Health Directorate of a Department of Health. Familiarity with such to include the following:

Admission criteria and procedures in terms of the Mental Health Care Act, No17 of 2002.

- 7.1 Management of the violent or dangerous patient.
- 7.2 Diagnosis and management of delirium
- 7.3 Management of schizophrenia and other psychotic disorders.
- 7.4 Management of alcohol and other substance dependence and withdrawal.
- 7.5 Investigations at first presentation/admission of a patients with psychiatric symptoms, to exclude/confirm underlying or co-morbid medical conditions.
- 7.6 Management of Mood Disorders.
- 7.7 Management of Anxiety Disorders.
- 7.8 Management of Cognitive Disorders
- 7.9 Management of Personality Disorders
- 7.10 Management of acute and long-term side-effects of psychiatric medications

### **8. ASSESSMENT AND EVALUATION**

- 8.1 A record should be kept of the experiences of the intern by the use of log- books of clinical cases managed. This should aim to record the numbers of, and categories of admissions clerked, presented, out-patients seen, reviews of cases, certification process, journal club, lectures, ward rounds attended, e.t.c.
- 8.2 Objective evaluation forms to be completed during and again after the placement with the opportunity of feedback on progress to the intern at set intervals.

### **9. KNOWLEDGE**

A basic knowledge of general psychiatry, as expected at MBChB level, must be supplemented during the placement to include:

Diagnostic criteria (DSM), adult and common childhood disorders. Therapeutic management and investigations.

Preventative and rehabilitative interventions. Psychopharmacology.

Aetiology.

Human development.

Assessment and interviewing skills.

Cultural context and issues.

Interpersonal dynamic and therapeutic relations with patient, family and staff

## MEDICAL AND DENTAL PROFESSIONS BOARDS

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### 10. PROFESSIONAL THINKING, ATTITUDE AND ETHICAL STANDARDS

An awareness of transference/counter-transference reaction should be aroused. There should be an opportunity in supervision for feedback by the intern on progress and feelings and to develop a sensitivity to ethical standards and appropriate attitudes to psychiatric patients and their management.

### 11. LIST OF ETHICAL ISSUES TO WHICH INTERNS SHOULD BE EXPOSED

Please refer to the Ethics, Human Rights, Clinical Governance and Medical Administration Section of the Logbook.

### LOGSHEET FOR PSYCHIATRY

A. Psychiatric disorders exposed to during your rotation. Please rate your competency on a scale of 1-3 where 1 is unable to manage this condition, 2 is competent but not able to teach others, and 3 is where you feel competent to teach others how to manage this condition. Rate yourself in the middle of the rotation and at the end thereof (self-assessment). Your Head of Clinical Domain will also rate you and discuss with you the number of procedures that you have been able to do. You can then discuss a learning plan with the HOD to address any deficiencies identified.

	PSYCHIATRIC DISORDERS EXPOSED TO DURING ROTATION	End of Month 1		End of Month 2	
		Self	HOD	Self	HOD
1.	Delirium				
2.	Dementia and other cognitive disorders				
3.	Schizophrenia and other psychotic disorders				
4.	Depression / bi-polar / mood disorders				
5.	Anxiety Disorders				
6.	Suicidal risk behaviour				
7.	Alcoholism/substance abuse				
8.	Personality Disorder				
9.	Assessment of patients in terms of the Mental Health Care Act -minimum of two (2)				
10.	Completion of MHCA Forms -minimum of two (2)				
11.	Management of a violent patient -minimum of two (2)				

## MEDICAL AND DENTAL PROFESSIONS BOARDS

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### B. Teaching sessions attended

The following topics should be covered as part of the CPD activities during the Family Medicine/Primary Care/Psychiatry domains. Interns should be actively encouraged to prepare and present on these topics during their time in these domains. The content and guidelines for the management of these conditions should be based on the EDL and the rational prescribing of medicines should also be covered.

Date	Topic	Presenter
	Psychiatric emergencies and the Mental Health Care Act	
	Delirium and dementia	
	Pharmacotherapy	
	Psychological treatment and referral; psychometric testing	
	Mental State Examination	
	The aggressive/violent patient	
	Acutely anxious patient	
	The acutely psychotic patient	
	Depression	
	Suicide and suicide risk assessment	
	Drug usage and abuse	
	Breaking bad news	
	Pre- and post-HIV counseling	
	Psychiatric ethical issues addressed/discussed: Confidentiality	
	Informed consent in psychiatric patients Competence	
	Forensic issues in Psychiatry	
	Physician wellness and disability	

C. The following attachments should be part of the psychiatry rotation. At the end of each attachment please indicate which attachment you have completed with a tick and the dates completed.

Rotation	Tick	Duration of Each
In-patient		
Acute admissions		
Hospital-based psychiatry clinics		
Community-based psychiatry clinics		
Visits to consultant clinics		

## MEDICAL AND DENTAL PROFESSIONS BOARDS

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- D. Comment on experience and exposure to conditions and procedures listed below during your rotation through the domain of Psychiatry

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- E. Comment on the clinical cases seen and managed

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- F. Comment on Psychopharmacology exposure

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## MEDICAL AND DENTAL PROFESSIONS BOARDS

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- G. Comment on morbidity and mortality meetings, or any other academic meetings provided and attended

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- H. Comment on the supervision received in this domain

- a. Availability of supervisors at all times

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- b. Quality of supervision received

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## MEDICAL AND DENTAL PROFESSIONS BOARDS

 <b>Form 139</b>	<b>MEDICAL AND DENTAL PROFESSIONS BOARD EVALUATION OF INTERN ROTATION AND EXPERIENCE</b>	
<b>IT IS THE RESPONSIBILITY OF THE INTERN TO COMPLETE THE LOGBOOK AND FORM 139 BEFORE THE END OF EACH ROTATION, PRESENT IT TO THE RESPECTIVE SUPERVISOR, AND SIGN IT AFTER DISCUSSION WITH THE SUPERVISOR/HEAD OF CLINICAL DOMAIN</b>		
Department / Domain (Complete separate form for each Department/Domain)	Period: From                      to	
<b>SECTION I</b>		
<b>DEPARTMENT/DOMAIN OF PSYCHIATRY</b>		
Please rate the following on a scale from 1 - 5 (where 1 = Poor; 2 = Below average; 3 = Average; 4 = Good; 5 = Outstanding)	End of Month 1	End of month 2
1. ORIENTATION ON ARRIVAL IN THIS ROTATION:		
1.1 Introduction to medical staff		
1.2 Availability of clinical protocols for common conditions		
2. QUALITY OF WRITTEN GUIDELINES/OBJECTIVES		
3. QUALITY OF PATIENT CARE IN THIS ROTATION		
4. EXTENT TO WHICH YOUR KNOWLEDGE/SKILLS IMPROVED:		
4.1 Number of new procedures learned		
4.2 Degree to which diagnostic skills improved		
4.3 Extent to which your self-confidence improved		
5. YOUR RELATIONSHIP WITH THE FOLLOWING GROUPS:		
5.1 Patients		
5.2 Nursing staff		
5.3 Senior medical staff		
5.4 Other health professionals		
6. INTERACTION WITH AND GUIDANCE GIVEN BY THE FOLLOWING:		
6.1 Nursing staff		
6.2 Medical Officers		
6.3 Registrars		
6.4 Specialists/Consultants		
7. QUALITY/ADEQUACY OF TRAINING RECEIVED FROM THE FOLLOWING GROUPS:		
7.1 Nursing staff		
7.2 Medical Officers		
7.3 Registrars		
7.4 Specialists/Consultants		
8. RATE THE QUALITY OF YOUR CASE PRESENTATIONS TO SENIOR COLLEAGUES		
9. RATE THE QUALITY OF YOUR -		
9.1 Case notes		
9.2 Referral letters to other services		
10. RATE THE AVAILABILITY AND ACCESS WHICH YOU HAD TO -		
10.1 Internal communication systems		
10.2 External communication systems		
10.3 Textbooks, journals e.t.c.		

## MEDICAL AND DENTAL PROFESSIONS BOARDS

10.4 Internet 10.5 Patient records 10.6 Official transport 10.7 Public transport			
11. DOES THE SPECIFIED DOMAIN PROVIDE FOR -?			
11.1 An induction and orientation programme			
11.2 A stated policy on internship training			
11.3 A specific training programme			
11.4 A confidential counselling service for interns to deal with problems of a personal nature			
11.5 Avenues to deal with problems or complaints pertaining to training			
12. SPECIFY THE TIME SPENT PER WEEK (IN HOURS):	On call	Studying	
13. SPECIFY THE AVERAGE HOURS OF SLEEP PER WEEK WHEN ON CALL:			
14. SPECIFY THE AMOUNT OF DAYS ON CALL PER	MONTH (Fridays count as weekends)	Weekdays	Weekends
15. PLEASE DESCRIBE ANY SPECIFIC PROBLEMS WHICH YOU EXPERIENCED AND SUGGEST WAYS OF AVOIDING/ CORRECTING THESE (use a separate sheet, if required, and attach):			

## MEDICAL AND DENTAL PROFESSIONS BOARDS

<b>SECTION II</b>		
To be completed by DOMAIN SUPERVISOR		
Surname of Head:.....Initials:.....		
Please rate the following on a scale from 1 - 5 (where 1 = Poor; 2 = Below average; 3 = Average; 4 = Good; 5 = Outstanding)	End of Month 1	End of month 2
1. THE INTERN'S PATIENT CARE		
1.1 History taking		
1.2 Insight into patients' background		
1.3 Examination of patients		
1.4 Appropriate use of special investigations		
1.5 Ability in problem-solving		
1.6 Diagnostic competence		
1.7 Follow-up competence		
2. THE INTERN'S PERSONAL CHARACTERISTICS		
2.1 Attitude		
2.2 Thoroughness		
2.3 Punctuality and reliability		
2.4 Presentability		
2.5 Co-operation with and attitude to nursing staff		
2.6 Co-operation with and attitude to medical staff		
2.7 Co-operation with and attitude to other health professionals		
2.8 Co-operation with and attitude to support staff		
3. THE INTERN'S PERFORMANCE		
3.1 Medical knowledge		
3.2 Achieved level of clinical skills		
3.3 Knowledge of medical ethics		
3.4 Completion of case notes		
3.5 Presentation of cases		
3.6 Empathy for patients (including an understanding of cultural differences)		
3.7 Cost-consciousness		
4. DO YOU AGREE WITH THE INTERN'S RATING IN SECTION I: <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. IF NO, PLEASE SPECIFY REASONS (use separate sheet, if required and attach):		
6. ANY OTHER COMMENTS WHICH YOU HAVE PERTAINING TO THE INTERN:		
7. RECOMMENDATION: Training was <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
8. ADDITIONAL TRAINING REQUIRED: <input type="checkbox"/> None <input type="checkbox"/> Yes. If yes indicate the gaps and the learning plan on how, when and where those competencies will be achieved.		

**MEDICAL AND DENTAL PROFESSIONS BOARDS**

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Discussed with Intern on (date):
SIGNATURE OF INTERN:
Name of accredited facility
  ----- SIGNATURE: HEAD OF CLINICAL DOMAIN  ----- DATE

<b>To be filled in if additional training is required</b>
Duration of additional training: .....days/weeks/months
Was additional training successfully completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Domain to be signed off by Supervisor
If no, refer to HPCSA

Discussed with Intern on (date):
SIGNATURE OF INTERN:
SIGNATURE OF SUPERVISOR:
Name of accredited facility
  ----- SIGNATURE: HEAD OF CLINICAL DOMAIN  ----- DATE



## GUIDELINES: FAMILY MEDICINE/PRIMARY CARE

The emphasis should be exposure to and management of undifferentiated conditions under appropriate supervision.

### 1. GENERAL

The domain of Family Medicine/Primary Care gives the intern the opportunity to manage the spectrum of patients who present in the context of primary care. This includes the management of undifferentiated conditions, chronic diseases, palliative care and clinical forensic medicine. Interns must learn to integrate the experience, knowledge and skills gained in all other domains and learn to work in health care teams. Opportunities for collaboration with other primary care workers such as nurses, allied health professionals must be created. Colleagues working in other specialities at secondary and tertiary levels of care must provide continued support and assist towards capacity-building when performing structured outreach at facilities where interns are based. In instances where certain core competencies were not achieved in the other domains arrangements will be made to obtain those competencies from those domains while in Family Medicine.

The specific rotation through the domain of Family Medicine/Primary Care should be decided on by each accredited facility based on its resources, but in accordance with the Guidelines.

The six (6) month rotation in the domain of Family Medicine/Primary Care should be completed during a single period.

### 2. AIMS AND OBJECTIVES

To produce a generalist doctor who at the end of the 2-years of internship training will:

- Have the knowledge and skills to be able to function at a District Hospital with appropriate access to supervision, support and referral systems.
- Be able to function independently in ambulatory care in the context of the district health system
- Be able to contribute to the management of the spectrum of patients who present at any primary care facility
- Be able to apply appropriate knowledge, skills and attitudes in the management of all patients presenting in primary care settings in collaboration with other primary care practitioners and to be able to identify patients that warrant referral

### 3. EXPOSURE AND RESPONSIBILITIES

The domain of Family Medicine/Primary Care should be the entry point into the health care system where interns should be exposed to first contact patient care of both routine ambulatory care and emergencies, combined with responsibilities for patients in wards under their care.

- 3.1 The Programme should show evidence of a continuum of training from ambulatory care in the community clinics, community health centres and district hospitals.
- 3.2 Interns will have the opportunity to perform relevant side-room tests and investigations with respect to their level of care and service ("Norms and Standards for District hospitals" Department of Health, Pretoria, 2002.). They should also be able to perform (minor) surgical procedures under supervision until they are competent to do so independently.
- 3.3 Every effort must be made to ensure personal follow-up of patients previously seen by the intern to provide continuity of care to patients, and for the intern to learn to form professional relationships with patients that last over an extended period of time.
- 3.4 Interns must work together with other health care providers such as nurses, physiotherapists, social workers, dietitians, e.t.c., in the care of their patients, in order to learn the team approach to health problems in primary care practice.
- 3.5 Interns must have the opportunity to refer patients to health care providers in medical specialities, as well as receive patients back after consultations with specialists.

#### **4. KNOWLEDGE AND SKILLS**

Having completed all year one domains prior to starting FM, interns will have a set of knowledge and skills signed off in these domains. As Family Medicine is an integrated rotation, interns will be expected to proficient in these skills.

There is a list of skills which interns should self-assess their knowledge and competencies as these will not be signed off again in the Family Medicine rotation. During the Family Medicine/Primary Care domain, the intern should acquire the following knowledge and skills:

- 4.1 Diagnosis and appropriate management of undifferentiated conditions in an out-patient / ambulatory care facility. The range of the conditions will be dictated by the morbidity profile of the community where the health care facility is situated.
- 4.2 Diagnosis and appropriate management of undifferentiated diseases related to lifestyle, such as tuberculosis, AIDS and HIV-infection, hypertension, diabetes, stress disorders, headaches, backache and depression.
- 4.3 Diagnosis and appropriate management of undifferentiated diseases related to stress of day to day living such as anxiety, depression, drug and alcohol abuse.
- 4.4 Diagnosis and management of undifferentiated conditions that are amenable to short duration surgery under local anaesthesia such as the following: Suturing of lacerations; finger/hand injuries; excision of subcutaneous lumps; removal of foreign bodies (ear, nose, cornea); aspiration and injection of joints (knee, wrist, ankle, shoulder); reduction of paraphimosis /dorsal slit; excision cautery / cryotherapy of skin lesions, removal of toenails; e.t.c.



## MEDICAL AND DENTAL PROFESSIONS BOARDS

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- 4.5 The appropriate generalist management of all emergencies; resuscitation of patients in hock; the stabilisation and transport of the severely ill patient.
- 4.6 The appropriate intervention in family crises e.g. domestic violence; disability; death; substance abuse; infertility; abortion; divorce.
- 4.7 The appropriate clinical forensic medicine skills for managing e.g. Rape; inter- personal violence; drunken driving
- 4.8 Appropriate skills in palliative care
- 4.9 Rational prescribing habits: A thorough knowledge of the drugs on the Primary care Essential Drug List used by the facility, their indications, contra- indications important drug interactions and cost implications.
- 4.10 A sensitivity to cultural differences with respect to illness experience and its influence on the causation of disease, healing and compliance with medical interventions.
- 4.11 An awareness and understanding of the total spectrum of health care resources in the community, and an approach to the optimal use of these resources for the health of the community and individual patient care.
- 4.12 The knowledge and skills to render appropriate inpatient care at generalist level.
- 4.13 The knowledge and skills to render appropriate mental health care at generalist level.
- 4.14 An approach to the management of common conditions presenting in primary care
- 4.15 An approach to the management of common dermatological conditions
- 4.16 Specific objectives for Public Health Medicine
  - Improve quality of care by facilitating quality improvement cycles (including the audit of clinical care as one step in the cycle)
  - Improve cost-effectiveness through reflection on routinely collected data, particularly rational prescribing and use of investigations
  - Critically appraise new evidence
  - Make a community diagnosis, and interpret and prioritise health indicators
  - Promote health in communities
  - Report notifiable conditions (measles, TB, malaria e.t.c)
  - Use routine data for disease surveillance
  - Apply an appropriate Monitoring and Evaluation (M&E) framework (e.g. inputs, process, outputs, outcomes, impact) to monitor and evaluate a health intervention
  - Explain a population-level approach to disease prevention and apply the 'levels of prevention' framework to recommend disease prevention interventions
  - Describe the main health indicators (e.g. IMR, MMR) and their use in planning

**4.17 LIST OF ETHICAL ISSUES TO WHICH INTERNS SHOULD BE EXPOSED**

Please refer to the Ethics, Human Rights, Clinical Governance and Medical Administration Section of the Logbook

**4.18 TRAINING SITES**

The training sites include accident and emergency department, district hospital, community health centres and primary health care clinics.

The areas of exposure must include:

- Accident and Emergency care (1 month)
- Maternal care
- Child health, IMCI, neonatal care
- Integrate Chronic care management including exposure to the management of HIV and tuberculosis
- Acute care
- In patient care

Please fill in the table below.

<b>Site</b>	<b>From</b>	<b>To</b>	<b>Supervisor's signature</b>
District hospital (minimum of 1 month)			
Accident and emergency (1 month)			
General outpatients			
Antiretroviral Clinic			
Gateway Clinic			
Community Health Centres (CHC)			
Day hospital			
Primary Health Clinic (PHC)			
Family medicine OPD departments			
Other			

After-hours work is compulsory for interns and can be done at the accident and emergency department at the tertiary, regional or district hospital or CHC

In addition, interns should be involved with a Quality improvement project, reporting on patient safety issues, morbidity and mortality meetings and actively participate in CPD programmes at the different sites

**5. SUPERVISION**

- Supervision must be provided by a Family Physician or a general medical practitioner with at least three-years post-internship experience in primary care domain, who must be accessible for support.
- An MO/FP must be physically present when an intern is allocated to work in the following areas: A & E, labour ward, high care / ICU or theatre.
- A Public Health Medicine specialist at the affiliated university or training hospital can be consulted for guidance for all public health-related topics and activities.

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### 6. EVALUATION

- 6.1 Ongoing evaluation by the supervisor should take the form of direct observation of consultations, patient record reviews, and case discussions.
- 6.2 A checklist of required skills is provided to the intern for determining what specific skills need to be acquired and documented during the Family Medicine domain.
- 6.3 At the end of each rotation both intern and supervisor must complete, discuss and sign the general assessment form. The Head of Family Medicine will sign the intern off at the end of the 6 months rotation.

### LOGSHEET FOR FAMILY MEDICINE/PRIMARY CARE

#### A. Family Medicine/Primary Care skills list and self-evaluation form

You will be expected to be competent in the following skills by the end of your family medicine domain. Please assess your ability to perform the following core skills on a scale of 1 – 3 where 1 is unable to manage this condition, 2 is competent but not able to teach others, and 3 is where you feel competent to teach others how to manage this condition. Rate yourself at the start 2, 4 and 6 months of this domain. Present this self-evaluation form to your supervisor to agree on a learning plan (see below).

		Start	After 2 months	After 4 months	After 6 months
Adult health – General	Perform point-of-care testing for HIV				
	Management of needle stick injury and post exposure prophylaxis				
	Common non-emergency health problems/diseases in primary care (e.g. TB, HIV, medical conditions e.t.c)				
	Undifferentiated problems (tip of the iceberg) e.g. “weakness”, “tiredness”, “chronic headache”				
	Prepare and initiate a patient on ART				
	Adherence counselling for a patient on ART				
	Monitor patients on 1st and 2nd line ART’s				
	Switching ART regimens				
Adults – Chest	Measure peak expiratory flow				
	Nebulise a patient				
	Use inhalers and spacers				
Eyes	Remove foreign body from the				

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	eye				
	Management of common ophthalmological conditions – conjunctivitis, red eye, trauma, foreign body removal, I+C of meibomian cyst				
Ear, nose & throat	Assess hearing loss				
	Remove a foreign body from ear and nose				
	Syringe, dry swab an ear				
	Manage epistaxis (cautery, packing)				
	Perform Rinne and Weber tests				
Skin	Management of common skin conditions – acne vulgaris, eczema, skin infections, psoriasis, scabies, warts, impetigo, herpetic infections				
	Wound care				
Women's health	Hormone implants				
	Insertion of intrauterine contraceptive device				
	Papanicolaou smears smears and Brush biopsies of cervix				
	Appropriate screening				
	Management of STIs				
	Counseling for termination of pregnancy				
Consultation	Patient-centred consultation				
	Use genogram and eco-map				
	Develop and use flowcharts for chronic care				
	Motivate behaviour change				
	Assess and consult families, couples				
	Shared consultation to capacitate nurse practitioner				
	Break bad news				
	Mini–Mental State Examination				
	Use problem-orientated medical record				
	Conduct a family conference				
	Cope with language barriers				
	Holistic assessment and management				

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	Sexual history and counselling				
Emergency	Administer rabies prophylaxis				
	Management of poisons and overdoses				
	Primary survey				
	Selecting emergency equipment for doctors' bag or emergency tray				
	Suture lacerations				
	Triage of patients				
	Tetanus immunization as part of schedule				
	Referral criteria for accident and emergency department				
	An approach to chest pain				
	An approach to dyspnoea				
Child health	Manage problems using the integrated management of childhood				
Clinical administration	Complete sick certificates				
	Complete death certificates				
	Certify patient under Mental Health Care Act				
	Making appropriate referrals and letters				
	Managing a clinic for chronic care, to include, HIV and ARVs				
	Perform work assessment and complete disability grant forms				
	Patient safety issue / reporting adverse event				
Forensic	Assess, manage and document drunken driving				
	Assess, manage and document interpersonal violence				
	Assess, manage and document sexual assault				
	Complete J-88 form following assault				
	Completion of death notification forms				
Palliative care	Counselling of a dying patient				
	Consultation and management of palliative care scenarios e.g. Assessing and managing total				

## MEDICAL AND DENTAL PROFESSIONS BOARDS

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	pain, screening for spiritual pain, advance care planning e.t.c.				
Clinical governance	Able to improve quality of care by facilitating quality improvement cycles (including the audit of clinical care as one step in the cycle)				
	Able to improve cost-effectiveness through reflection on routinely collected data, particularly rational prescribing and use of investigations				
	Able to critically appraise new evidence				
Community-oriented primary care	Able to do a home visit				
	Able to make a community diagnosis, and interpret and prioritise health indicators				
	Able to promote health in communities				
Teaching and training	Able to prepare and give a presentation				
Mental health	Consultation and management of aggressive or violent patients, use of ED sedation, suicide, para-suicide, anxiety, depression, substance abuse, psychosis, e.t.c.				
Public Health	Able to report notifiable conditions				
Medicine	Able to use routine data for disease surveillance				
	Able to apply an appropriate Monitoring and Evaluation (M&E) framework to monitor and evaluate a health intervention				
	Able to explain a population-level approach to disease prevention and apply the 'levels of prevention' framework to recommend disease prevention interventions				
	Able to identify and describe the main health indicators and their use in planning				

**B. LEARNING PLANS, OBJECTIVES, AND REFLECTIONS**

- i. Learning Plan One (# 1) and objectives for the first 4 months - to be completed at the end of week one in month one

Please agree on a learning plan with your supervisor and address any deficiencies identified from your self-evaluation at the start of the FM/PC domain

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- ii. Reflection at end of first four (4) months

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- iii. Learning Plan Two (#2) and objectives for the last 2 months - to be completed after the self-evaluation at 4 months

Please agree on a learning plan with your supervisor and address any deficiencies identified from your self-evaluation at the end of four (4) months of the FM/PC domain

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## MEDICAL AND DENTAL PROFESSIONS BOARDS

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iv. Reflection at end of six (6) months

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### C BINGO CARDS

The aim of the Bingo cards is to orientate you to the various resources within the District Health System and to ensure that you familiarize yourself with the whereabouts and function of these. Discuss this with the site supervisor and get a signature for each on these blocks by the end of the 6 months in FM/PHM

	Ask someone to explain the process of non-stock item (NSI) ordering	Go on a day visit with the Mobile clinic and understand their role in the delivery of services	Meet the pharmacist and find out how the CCMDD program operates from this facility
Have your hearing assessed by the audiologist and find out what role they play	Meet the nutritional advisor and find out how they support children with malnutrition	Meet the Facility information officer and discuss what happens to mortality data	Find out what happens to broken equipment
Discuss with the Occupational therapist their role in stroke rehabilitation and their role in community rehabilitation	Understanding the processes of dispensing (ask the pharmacist)	Observe the Social worker in action	Notification of a disease. Complete the necessary form and ask the relevant information is processed.
Visit the Monitoring and Evaluation coordinator and understand how routine data is used for disease surveillance	Visit the quality assurance manager and ask how patient safety issues are handled	Ask the CEO about the catchment population for that CHC/ Primary care clinic	Speak to a CHW about what they do



## MEDICAL AND DENTAL PROFESSIONS BOARDS

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### D CPD ACTIVITIES

The following topics should be covered as part of the CPD activities during your Family Medicine/Public Health Medicine period. Interns should be actively encouraged to prepare and present on these topics. The content and guidelines for the management of these conditions should be based on the Essential Medicines List (EML) and the rational prescribing of medicines.

Date	Topic	Presenter
	Principles of Family Medicine	
	Principles of Public Health Medicine	
	Palliative Care	
	Infection control	
	Management of Diabetes Mellitus Type1 & Type 2	
	Diabetic emergencies	
	Hypertension	
	Hypertensive emergencies and urgency	
	Chest pain, cardiac risk assessment, ECG	
	An approach to cardiac failure	
	An approach to TIA and stroke	
	Asthma	
	Pneumonia	
	Dealing with shock at a district hospital	
	Epilepsy	
	HIV and opportunistic infections	
	An approach to joint pains and arthritis	
	Rational use of investigations	
	Simple data interpretation – U + E, FBC, ABG, Thyroid function test, ECG	
	PEP, PrEP and universal precautions	
	HAART The use of ART's in children, adults and pregnancynant women	
	An approach to acute kidney injury	
	An approach to chronic kidney injury	
	Poisoning and overdose	
	Contraception	
	Common medico-legal issues	
	Filling in death certificates, J 88 forms, insurance forms e.t.c	
	Common neurological conditions – head injury.	
	Common eye disorders (including trauma)	

## MEDICAL AND DENTAL PROFESSIONS BOARDS

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	Common ENT disorders (epistaxis, removal of foreign objects, aural toilet e.t.c)	
	Common dermatological problems (psoriasis, acne vulgaris, eczema, skin infections)	
	Ethical issues and human rights	
	Principles of Batho Pele and patients' rights charter	
	DS TB/ MDR TB	
	The MHCA, MSE and an approach to the aggressive patient	
	An approach to acute psychotic disorders	
	Depressive disorders	
	Anxiety disorders	
	Patient safety issues, reporting adverse events	
	Other	

- (i) Comment on the use of protocols and /or guidelines for the management of common medical conditions

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- (ii) Which administrative and organizational management skills did you learn during your rotation?

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## MEDICAL AND DENTAL PROFESSIONS BOARDS

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- (iii) What principles of Family Medicine/Public Health Medicine would you say that you have mostly been exposed to?

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- (iv) Comment on any morbidity and mortality meetings provided and attended

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- (v) Do you have any other criticisms/suggestions/additions/comments?

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Comment on the supervision received during this domain:

- E. Comment on availability of supervisors at all times

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**MEDICAL AND DENTAL PROFESSIONS BOARDS**

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F. Comment on quality of supervision received

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G. From an overall point of view, did you receive adequate experience and exposure to conditions and procedures listed below during your rotation through the domain of Family Medicine/Primary Care? Yes/No

If not, please list any important deficiencies (in your opinion)

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H. How has the stay in this domain influenced your view as a doctor?

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## MEDICAL AND DENTAL PROFESSIONS BOARDS



Form 139

### MEDICAL AND DENTAL PROFESSIONS BOARD EVALUATION OF INTERN ROTATION AND EXPERIENCE

**IT IS THE RESPONSIBILITY OF THE INTERN TO COMPLETE THE LOGBOOK AND FORM 139 BEFORE THE END OF EACH ROTATION, PRESENT IT TO THE RESPECTIVE SUPERVISOR, AND SIGN IT AFTER DISCUSSION WITH THE SUPERVISOR/HEAD OF CLINICAL DOMAIN**

Department / Domain (Complete separate form for each Department/Domain)	Period: From                      to
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**SECTION I**

**DEPARTMENT/DOMAIN OF FAMILY MEDICINE/PRIMARY CARE**

Please rate the following on a scale from 1 - 5 (where 1 = Poor; 2 = Below average; 3 = Average; 4 = Good; 5 = Outstanding)	End of month 2	End of Month 4	End of month 6
1. ORIENTATION ON ARRIVAL IN THIS ROTATION:			
1.1 Introduction to medical staff			
1.2 Availability of clinical protocols for common conditions			
2. QUALITY OF WRITTEN GUIDELINES/OBJECTIVES			
3. QUALITY OF PATIENT CARE IN THIS ROTATION			
4. EXTENT TO WHICH YOUR KNOWLEDGE/SKILLS IMPROVED:			
4.1 Number of new procedures learned			
4.2 Degree to which diagnostic skills improved			
4.3 Extent to which your self-confidence improved			
5. YOUR RELATIONSHIP WITH THE FOLLOWING GROUPS:			
5.1 Patients			
5.2 Nursing staff			
5.3 Senior medical staff			
5.4 Other health professionals			
6. INTERACTION WITH AND GUIDANCE GIVEN BY THE FOLLOWING:			
6.1 Nursing staff			
6.2 Medical Officers			
6.3 Registrars			
6.4 Specialists/Consultants			
7. QUALITY/ADEQUACY OF TRAINING RECEIVED FROM THE FOLLOWING GROUPS:			
7.1 Nursing staff			
7.2 Medical Officers			
7.3 Registrars			
7.4 Specialists/Consultants			
8. RATE THE QUALITY OF YOUR CASE PRESENTATIONS TO SENIOR COLLEAGUES			
9. RATE THE QUALITY OF YOUR -			
9.1 Case notes			
9.2 Referral letters to other services			
10. RATE THE AVAILABILITY AND ACCESS WHICH YOU HAD TO -			
10.1 Internal communication systems			
10.2 External communication systems			
10.3 Textbooks, journals e.t.c.			

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10.4 Internet			
10.5 Patient records			
10.6 Official transport			
10.7 Public transport			
11. DOES THE SPECIFIED DOMAIN PROVIDE FOR -?			
11.1 An induction and orientation programme			
11.2 A stated policy on internship training			
11.3 A specific training programme			
11.4 A confidential counselling service for interns to deal with problems of a personal nature			
11.5 Avenues to deal with problems or complaints pertaining to training			
12. SPECIFY THE TIME SPENT PER WEEK (IN HOURS):	On call	Studying	
13. SPECIFY THE AVERAGE HOURS OF SLEEP PER WEEK WHEN ON CALL:			
14. SPECIFY THE AMOUNT OF DAYS ON CALL PER	MONTH (Fridays count as weekends)	Weekdays	Weekends
15. PLEASE DESCRIBE ANY SPECIFIC PROBLEMS WHICH YOU EXPERIENCED AND SUGGEST WAYS OF AVOIDING/ CORRECTING THESE (use a separate sheet, if required, and attach):			

## MEDICAL AND DENTAL PROFESSIONS BOARDS

<b>SECTION II</b>			
To be completed by the HEAD OF DOMAIN/DEPARTMENT			
Surname of Head:.....Initials:.....			
Please rate the following on a scale from 1 - 5 (where 1 = Poor; 2 = Below average; 3 = Average; 4 = Good; 5 = Outstanding)	End of month 2	End of Month 4	End of month 6
<b>1. THE INTERN'S PATIENT CARE</b>			
1.1 History taking			
1.2 Insight into patients' background			
1.3 Examination of patients			
1.4 Appropriate use of special investigations			
1.5 Ability in problem-solving			
1.6 Diagnostic competence			
1.7 Follow-up competence			
<b>2. THE INTERN'S PERSONAL CHARACTERISTICS</b>			
2.1 Attitude			
2.2 Thoroughness			
2.3 Punctuality and reliability			
2.4 Presentability			
2.5 Co-operation with and attitude to nursing staff			
2.6 Co-operation with and attitude to medical staff			
2.7 Co-operation with and attitude to other health professionals			
2.8 Co-operation with and attitude to support staff			
<b>3. THE INTERN'S PERFORMANCE</b>			
3.1 Medical knowledge			
3.2 Achieved level of clinical skills			
3.3 Knowledge of medical ethics			
3.4 Completion of case notes			
3.5 Presentation of cases			
3.6 Empathy for patients (including an understanding of cultural differences)			
3.7 Cost-consciousness			
<b>4. DO YOU AGREE WITH THE INTERN'S RATING IN SECTION I:    <input type="checkbox"/> Yes                    <input type="checkbox"/> No</b>			
<b>5. IF NO, PLEASE SPECIFY REASONS (use separate sheet, if required and attach):</b>			
<b>6. ANY OTHER COMMENTS WHICH YOU HAVE PERTAINING TO THE INTERN:</b>			
<b>7. RECOMMENDATION: Training was    <input type="checkbox"/> Satisfactory    <input type="checkbox"/> Unsatisfactory</b>			
<b>8. ADDITIONAL TRAINING REQUIRED: <input type="checkbox"/> None                    <input type="checkbox"/> Yes. If yes indicate the gaps and the learning plan on how, when and where those competencies will be achieved.</b>			

