

THE TAMIL NADU Dr.M.G.R.MEDICAL UNIVERSITY
GUINDY, CHENNAI - 32

M.B.B.S.
CRRi – e _LOG BOOK

C.R.I.T.I.C.A.L
(Certified Record of In-service
Training Including Continuous
Assessment and Learning)

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**THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY
GUINDY, CHENNAI-32**

**MBBS – COMPULSORY ROTATORY INTERNSHIP TRAINING
E-LOG BOOK**

(1) DEFINITION

Internship is a phase of training wherein a graduate is expected to conduct actual practice of medical and health care and acquire skills under supervision so that he/she may become capable of functioning independently.

(2) INTERNSHIP–TIME DISTRIBUTION

Compulsory

Community Medicine	2 ½ months
Medicine	2 ½ months
Surgery	2 ½ months
Obst./Gynae./ Family Welfare Planning	2 ½ months
Paediatrics	1 month
Casualty & Trauma	1 Month

(3) SPECIFIC OBJECTIVES

At the end of the internship training, the student shall be able to:

- i. diagnose clinical common disease conditions encountered in practice and make timely decision for referral to higher level;
- ii. use discreetly the essential drugs, infusions, blood or its substitutes and laboratory services.

- iii. Manage all type of emergencies-medical, surgical obstetric, neonatal and paediatric, by rendering first level care;
 - iv Demonstrate skills in monitoring of the National Health Programme and schemes, oriented to provide preventive and promotive health care services to the community;
 - v. Develop leadership qualities to function effectively as a leader of the health team organised to deliver the health and family welfare service in existing socio-economic, political and cultural environment;
 - vi. Render services to chronically sick and disabled (both physical and mental) and to communicate effectively with patient and the community.
- (4) Time allocation to each discipline is approximate and shall be guided more specifically by the actual experience obtained. Thus a student serving in a district or taluk hospital emergency room may well accumulate skill in Surgery, Orthopaedics, Medicine, Obstetrics and Gynaecology and Paediatrics during even a single night on duty. Responsible authorities from the medical college shall adjust the intern experience to maximize intern's opportunities to practice skills in patient care in rough approximation of the time allocation suggested.

(5) OTHER DETAILS:

- i) All parts of the internship shall be done as far as possible in institutions of India. In case of any difficulties, the matter may be referred to the Medical Council of India to be considered on individual merit.
- ii) Every candidate will be required after passing the final MBBS examination to undergo compulsory rotational internship to the satisfaction of the College authorities and University concerned for a period of 12 months so as to be eligible for the award of the degree of Bachelor of Medicine and Bachelor of Surgery (MBBS) and full registration.
- iii) The University shall issue a provisional MBBS pass certificate on passing the final examination.
- iv) The State Medical Council will grant provisional registration to the candidate on production of the provisional MBBS pass certificate. The provisional registration will be for a period of one year. In the event of the shortage or unsatisfactory work, the period of provisional registration and the compulsory rotating internship may be suitably extended by the appropriate authorities.

- v) The intern shall be entrusted with clinical responsibilities under direct supervision of senior medical officer. They shall not be working independently.
- vi) Interns will not issue a medical certificate or a death certificate or a medicolegal document under their signature.
- vii) In recognition of the importance of hands-on experience, full responsibility for patient care and skill acquisition, internship should be increasingly scheduled to utilize clinical facilities available in District Hospital, Taluka Hospital, Community Health Centre and Primary Health Centre, in addition to Teaching Hospital. A critical element of internship will be the acquisition of specific experiences and skill as listed in major areas:

Provided that where an intern is posted to District/Sub Divisional Hospital for training, there shall be a committee consisting of representatives of the college/university, the State Government and the District administration, who shall regulate the training of such trainee.

Provided further that for such trainee a certificate of satisfactory completion of training shall be obtained from the relevant administrative authorities which shall be countersigned by the Principal/Dean of College;

- viii) Adjustment to enable a candidate to obtain training in elective clinical subjects may be made.
- ix) Each medical college shall establish links with one entire district extending out-reach activities. Similarly, Re-orientation of Medical Education (ROME) scheme may be suitably modified to assure teaching activities at each level of District health system which will be coordinated by Dean of the medical college;
- x) Out of one year, 6 months shall be devoted to learning tertiary care being rendered in teaching hospital/district hospital suitably staffed with well qualified staff, 3 months of secondary care in a small District or Taluka Hospital/Community Health Centre and 3 months in Primary Health care out of which 2 months should be in Primary Health Programme at the Community level. One month of primary care training may be in the form of preceptorship with a practicing family physician or voluntary agency or other primary health care provider.
- xi) One year's approved service in the Armed Forces Medical Services, after passing the final MBBS examination shall be considered as equivalent to the pre-registration training detailed above; such training shall, as far as possible, be at the Base/General Hospital.

**COMMUNITY MEDICINE
(2 ½ Months)**

The interns should compulsorily attend one day training in each of the following skills in the Department of Community Medicine as furnished below:

SKILLED TRAINING FOR CRR1-ONE DAY TRAINING			
S.No.	Name of the Postings	Date	Signature of the monitoring authority
1	Communication Skills		
2	Computers in Medicine		
3	Research Methodology		
4	Medical Ethics & Legal Issues		
5	Life Style Diseases-Prevention		

(i) Community Medicine

Interns shall acquire skills to deal effectively with an individual and the community in the context of primary health care. This is to be achieved by hands on experience in the district hospital and primary health Centre. The details are as under: -

(I) COMMUNITY HEALTH CENTRE / DISTRICT HOSPITAL / ATTACHMENT TO GENERAL PRACTITIONER:

- (1) During this period of internship an intern must acquire
 - (a) clinical competence for diagnosis of common ailments, use of bedside investigation and primary care techniques;
 - (b) gain information on 'Essential drugs' and their usage;
 - (c) recognise medical emergencies, resuscitate and institute initial treatment and refer to suitable institution.
- (2) Undergo specific Government of India/Ministry of Health and Family Welfare approved training using Government of India prescribed training manual for Medical Officers in all National Health Programmes (e.g. child survival and safe motherhood-EPI, CDD, ARI, FP, ANC, safe delivery, Tuberculosis, Leprosy and others as recommended by Ministry of Health and Family Welfare:-
 - (a) gain full expertise in immunization against infectious disease;
 - (b) participate in programmes in prevention and control of locally prevalent endemic diseases including nutritional disorders;
 - (c) learn skills first hand in family welfare planning procedures;
 - (d) learn the management of National Health Programmes;
- (3) Be capable of conducting a survey and employ its findings as a measure towards arriving at a community diagnosis.
- (4)
 - (a) conduct programmes on health education,
 - (b) gain capabilities to use Audiovisual aids,
 - (c) acquire capability of utilization of scientific information for promotion of community health
- (5) Be capable of establishing linkages with other agencies as water supply, food distribution and other environmental/social agencies.

- (6) Acquire quality of being professional with dedication, resourcefulness and leadership. 7

- (7) Acquire managerial skills, delegation of duties to paramedical staff and other health professionals.

(II) TALUQ HOSPITAL

Besides clinical skill, in evaluation of patient in the environment and initiation of primary care, an Intern shall: -

- (1) effectively participate with other members of the health team with qualities of leadership;
- (2) make a community diagnosis in specific situations such as epidemics and institute relevant control measures for communicable diseases;
- (3) develop capability for analysis of hospital based morbidity and mortality statistics.
- (4) Use essential drugs in the community with the awareness of availability, cost and side effects;
- (5) Provide health education to an individual/community on :
 - a) Tuberculosis
 - b) Small family, spacing, use of appropriate contraceptives;
 - c) Applied nutrition and care of mothers and children;
 - d) Immunization;
 - e) Participation in school health programme.

(III) PRIMARY HEALTH CENTRE

- (1) Initiate or participate in family composite health care (birth to death), Inventory of events;
- (2) Participation in all of the modules on field practice for community health e.g. safe motherhood, nutrition surveillance and rehabilitation, diarrhea disorders etc.
- (3) Acquire competence in diagnosis and management of common ailments e.g. malaria, tuberculosis, enteric fever, congestive heart failure, hepatitis, meningitis acute renal failure etc.;
- (4) Acquire proficiency for Family Welfare Programmes (ante natal care, normal delivery, contraception care etc

Community Medicine (20 Cases)

S.No	Duration/Date	Skills Acquired	Signature of the Candidate

Community Medicine

S.No Duration/Date .	Skills Acquired	Signature of the Candidate

Community Medicine

S.No Duration/Date .	Skills Acquired	Signature of the Candidate

INTERESTING CASES SEEN

Discussions	Management

(6) ASSESSMENT OF INTERNSHIP:

There is a scoring system attached at the end of every postings which is evaluated and signs the completion certificate by the Head of the concerned Departments.

i) The intern shall maintain a record of work which is to be verified and certified by the medical officer under whom he works. Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training. Based on the record of work and date of evaluation, the Dean/Principal shall issue certificate of satisfactory completion of training, following which the University shall award the MBBS degree or declare him eligible for it.

ii) Satisfactory completion shall be determined on the basis of the following:-

(1) Proficiency of knowledge required for each case - **SCORE 0-5**

(2) The competency in skills expected to manage each case: - **SCORE 0-5**

a) Competency for performance of self performance,

b) of having assisted in procedures,

c) of having observed.

(3) Responsibility, punctuality, work up of case, involvement in treatment, follow-up reports. - **SCORE 0-5**

(4) Capacity to work in a team (Behaviour with colleagues, nursing staff and relationship with paramedicals). - **SCORE 0-5**

(5) Initiative, participation in discussions, research aptitude. - **SCORE 0-5**

Poor	Fair	Below Average	Average	Above Average	Excellent
0	1	2	3	4	5

A Score of less than 3 in any of above items will represent unsatisfactory completion of internship.

Certificate

The C.R.R.I.Student
has competed the postings in
for the period offrom.....to
..... with / without absence and has learnt
the necessary procedures.

Signature of the student

Signature of the Head of the Department
Community Medicine

**GENERAL MEDICINE
(2 ½ Months)**

The interns should compulsorily attend one day training in the following skill in the Department of Medicine as furnished below:

SKILLED TRAINING FOR CRR1-ONE DAY TRAINING		
Name of the Postings	Date	Signature of the Monitoring authority
Palliative Medicine		

(ii) GENERAL MEDICINE

(I) Interns shall acquire following training during their term.

(1) acquire competence for clinical diagnosis based on history physical examination and relevant laboratory investigation and institute appropriate line of management;

(2) this would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and system illnesses.

(II) The intern shall have assisted as a care team in intensive care of cardiac, respirator, hepatic, neurological and metabolic emergencies.

(III) The intern shall be able to conduct the following laboratory investigations:

(a) Blood: (Routine haematology smear and blood groups);

(b) Urine: (Routine chemical and microscopic);

(c) Stool: (for ova/cyst and occult blood);

(d) Sputum and throat swab for gram stain or acid fast stain and

(e) Cerebro Spinal Fluid (CSF) for smear.

(IV) Conduct the following under supervision:

(a) Diagnostic Procedure:

1. Urethral catheterisation;
2. Proctoscopy;
3. Ophthalmoscopy/Otoscopy;
4. Indirect laryngoscopy;

(b) Therapeutic procedures;

1. Insertion of Ryles Tube;
2. Pleural, ascetic tap, Cerebro Spinal Fluid (CSF) tap, installing or air way tube, Oxygen administration etc.

(V) Biopsy Procedures:

Liver, Kidney, Skin, Nerve, Lymph node, and muscle biopsy, Bone marrow aspiration, Biopsy of Malignant lesions on surface, Nasal/nerve/skin smear for leprosy.

(VI) (a) Familiarity with usage of life saving procedures:

including use of aspirator, respirator and defibrillator,

(b) Competence in interpretation of different monitoring devices such as cardiac monitor, blood gas analysis etc.

(VII) Participate as a team member in total health care of an individual including appropriate follow-up and social rehabilitation.

(VIII) Other competencies as indicated in general objectives.

General Medicine (20 Cases)

S.No	Duration/Date	Skills Acquired	Signature of the Candidate

General Medicine

S.No	Duration/Date	Skills Acquired	Signature of the Candidate

General Medicine

S.No	Duration/Date	Skills Acquired	Signature of the Candidate

INTERESTING CASES SEEN

Discussions	Management

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ii) Satisfactory completion shall be determined on the basis of the following:-

- (1) Proficiency of knowledge required for each case - **SCORE 0-5**
- (2) The competency in skills expected to manage each case: - **SCORE 0-5**
 - a) Competency for performance of self performance,
 - b) of having assisted in procedures,
 - c) of having observed.
- (3) Responsibility, punctuality, work up of case, involvement in treatment, follow-up reports. - **SCORE 0-5**
- (4) Capacity to work in a team (Behaviour with colleagues, nursing staff and relationship with paramedicals). - **SCORE 0-5**
- (5) Initiative, participation in discussions, research aptitude. - **SCORE 0-5**

Poor	Fair	Below Average	Average	Above Average	Excellent
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..... with / without absence and has learnt
the necessary procedures.

Signature of the student

Signature of the Head of the Department
Medicine

**PAEDIATRICS
(1 Month)**

The interns should compulsorily attend one day training in the following skill in the Department of Paediatrics as furnished below:

SKILLED TRAINING FOR CRR1-ONE DAY TRAINING		
Name of the Postings	Date	Signature of the monitoring authority
Paediatrics Emergency Medicine		

(iii) PAEDIATRICS:

The details of the skills that an intern shall acquire during his/her tenure in the department of Paediatrics are as follows:

The intern shall be able to:

- (1) diagnose and manage common childhood disorders including neonatal disorders and acute emergencies(enquiry from parents of sick children), examining sick child making a record of information;
- (2) carry out activities related to patient care such as laboratory work, investigative procedures and use of special equipments. The details are given as under:-
 - (a) diagnostic techniques: blood (including from femoral vein and umbilical cord), obscess, cerebrospinal fluid, urine, pleura and peritoneum and common tissue biopsy techniques;
 - (b) techniques related to patient care: immunization, perfusion techniques, feeding procedures, tuberculin testing & breast feeding counselling;
 - (c) use of equipment: vital monitoring, temperature monitoring, resuscitation at birth and care of children receiving intensive care;
- (3) screening of newborn babies and those with objective risk factors for any anomalies and steps for prevention in future;
- (4) plan in collaboration with parents and individual, collective surveillance of growth and development of new born babies, infants and children so that he/she is able to:
 - (a) recognise growth abnormalities;
 - (b) recognise anomalies of psychomotor development;
 - (c) detect congenital abnormalities;
- (5) assess nutritional and dietary status of infants and children and organise prevention, detection and follow up of deficiency disorders both at individual and community level such as:
 - (a) protein-energy malnutrition
 - (b) deficiencies of vitamins especially A, B, C and D;
 - (c) Iron deficiency;
- (6) institute early management of common childhood disorders with special reference to Paediatrics dosage and oral rehydration therapy.

(7) Participate actively in public health programme oriented towards children in the community.

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Paediatrics (20 Cases)

S.No	Duration/Date	Skills Acquired	Signature of the Candidate

Paediatrics

S.No	Duration/Date	Skills Acquired	Signature of the Candidate

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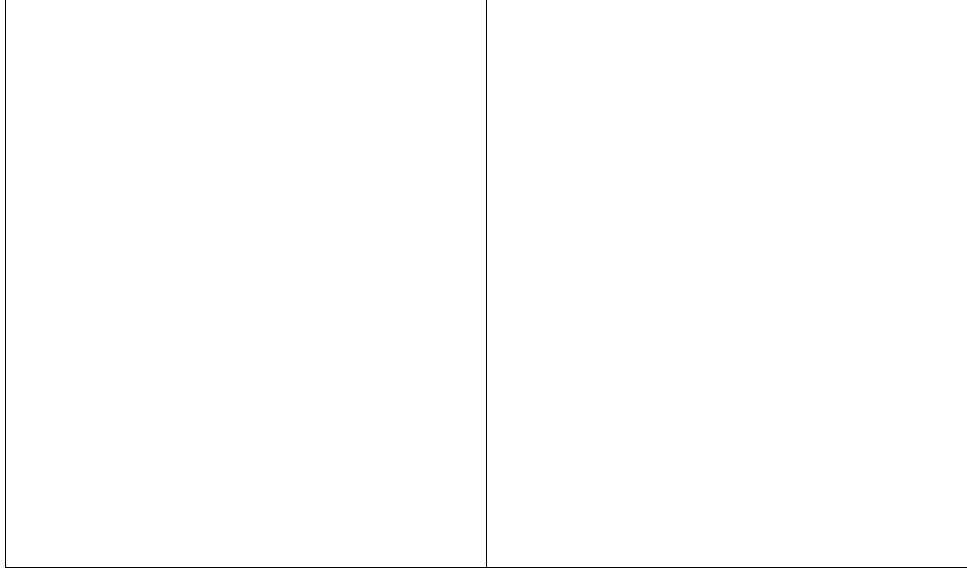
Paediatrics

S.No	Duration/Date	Skills Acquired	Signature of the Candidate

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INTERESTING CASES SEEN

Discussions	Management



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(2) The competency in skills expected to manage each case: - **SCORE 0-5**

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- b) of having assisted in procedures,
- c) of having observed.

- (3) Responsibility, punctuality, work up of case, involvement in treatment, follow-up reports. - **SCORE 0-5**
- (4) Capacity to work in a team (Behaviour with colleagues, nursing staff and relationship with paramedicals). - **SCORE 0-5**
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Signature of the student

Signature of the Head of the Department
Paediatrics

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SURGERY
(2 ½ Months)

The interns should compulsorily attend one day training in each of the following skills in the Department of Surgery as furnished below:

SKILLED TRAINING FOR CRRI- ONE DAY TRAINING		
Name of the Postings	Date	Signature of the monitoring authority
Basic Life Support		
Trauma Life Support		

(iv) GENERAL SURGERY

An intern is expected to acquire following skills during his/her posting:

- (A) Diagnose with reasonable accuracy all surgical illnesses including emergencies
- (B)
 - (a) resuscitate a critically injured patient and a severe burns patient;
 - (b) control surface bleeding and manage open wound;
- (C)
 - (a) monitor patients of head, spine, chest abdominal and pelvic injury;
 - (b) institute first-line management of acute abdomen;
- (D)
 - (a) perform venesection;
 - (b) perform tracheostomy and endotracheal intubation;
 - (c) catheterise patients with acute retention or perform trocar cystostomy,
 - (d) drain superficial abscesses,
 - (e) suturing of wound,

- (f) perform circumcision,
- (g) biopsy of surface tumours,
- (h) Perform vasectomy

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ANAESTHESIA :

- (1) perform pre-anaesthetic check up and prescribe pre-anaesthetic medications;
- (2) perform venepuncture and set up intravenous drip;
- (3) perform laryngoscopy and endotracheal intubation;
- (4) perform lumbar puncture, spinal anaesthesia and simple nerve blocks;
- (5) conduct simple general anaesthetic procedures under supervision;
- (6) monitor patients during anaesthesia and post operative period;
- (7) recognise and manage problems associated with emergency anaesthesia;
- (8) maintain anaesthetic records;
- (9) recognise and treat complication in post operative period;
- (10) perform cardio-pulmonary brain resuscitation (C.P.B.R.) correctly, including recognition of cardiac arrest.

ORTHOPAEDICS

- (A) **THERAPEUTIC-** An intern must know:

- (a) Splinting (plaster slab) for the purpose of emergency splintage, definitive splintage and post operative splintage and application of Thomas splint;
- (b) Manual reduction of common fractures – phalangeal, metacarpal, metatarsal and Colles's fracture;
- (c) Manual reduction of common dislocations – internphalangeal, metacarpophalangeal, elbow and shoulder dislocations;
- (d) Plaster cast application for undisplaced fractures of arm, fore arm, leg and ankle;
- (e) Emergency care of a multiple injury patient;
- (f) Precautions about transport and bed care of spinal cord injury patients.

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(B) Skill that an intern should be able to perform under supervision:

- (1) Advise about prognosis of poliomyelitis, cerebral palsy, CTEV and CDH;
- (2) Advise about rehabilitation of amputees and mutilating traumatic and leprosy deformities of hand

(C) An intern must have observed or preferably assisted at the following operations:

- (1) drainage for acute osteomyelitis;
- (2) sequestrectomy in chronic osteomyelitis;
- (3) application of external fixation;
- (4) internal fixation of fractures of long bones.

Surgery (20 Cases)

S.No	Duration/Date	Skills Acquired	Signature of the Candidate

Surgery

S.No	Duration/Date	Skills Acquired	Signature of the Candidate

Surgery

S.No	Duration/Date	Skills Acquired	Signature of the Candidate

INTERESTING CASES SEEN

Discussions	Management

(6) ASSESSMENT OF INTERNSHIP:

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(1) Proficiency of knowledge required for each case - **SCORE 0-5**

(2) The competency in skills expected to manage each case: - **SCORE 0-5**

a) Competency for performance of self performance,

b) of having assisted in procedures,

c) of having observed.

(3) Responsibility, punctuality, work up of case, involvement in treatment, follow-up reports. - **SCORE 0-5**

(4) Capacity to work in a team (Behaviour with colleagues, nursing staff and relationship with paramedicals). - **SCORE 0-5**

(5) Initiative, participation in discussions, research aptitude. - **SCORE 0-5**

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the necessary procedures.

Signature of the student

Signature of the Head of the Department
Surgery

**CASUALTY & TRAUMA
(1 Month)**

CASUALTY:

The intern after training in Casualty must be able to:

- (1) identify acute emergencies in various disciplines of medical practice;
- (2) manage acute anaphylactic shock;
- (3) manage peripheral-vascular failure and shock;
- (4) manage acute pulmonary oedema and Left Ventricular failure (LVF);
- (5) undertake emergency management of drowning poisonings and seizures;
- (6) undertake emergency management of bronchial asthma and status asthmaticus;
- (7) undertake emergency management of hyperpyrexia;
- (8) undertake emergency management of comatose patients regarding airways positioning, prevention of aspiration and injuries;
- (9) assess and administer emergency management of burns;
- (10) assess and do emergency management of various trauma victims;
- (11) identify medicolegal cases and learn filling up forms as well as complete other medicolegal formalities in cases of injury, poisoning, sexual offenses, intoxication and other unnatural conditions.

Casualty & Trauma (20 Cases)

S.No	Duration/Date	Skills Acquired	Signature of the Candidate

Casualty & Trauma

S.No	Duration/Date	Skills Acquired	Signature of the Candidate

Casualty & Trauma

S.No	Duration/Date	Skills Acquired	Signature of the Candidate

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- (2) The competency in skills expected to manage each case: - **SCORE 0-5**
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 - c) of having observed.
- (3) Responsibility, punctuality, work up of case, involvement in treatment, follow-up reports. - **SCORE 0-5**
- (4) Capacity to work in a team (Behaviour with colleagues, nursing staff and relationship with paramedicals). - **SCORE 0-5**
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the necessary procedures.

Signature of the student

Signature of the Head of the Department
Casualty & Trauma

**Obstetrics & Gynaecology/
Family Welfare Planning
(2 ½ Months)**

Technical skills that interns are expected to learn:

- (1) diagnosis of early pregnancy and provision of ante-natal care;
- (2) diagnosis of pathology of pregnancy related to
 - (a) abortions;
 - (b) ectopic pregnancy;
 - (c) tumours complicating pregnancy;
 - (d) acute abdomen in early pregnancy;
 - (e) hyperemesis gravidarum;
- (3) detection of high risk pregnancy cases and suitable advise e.g. PIH, hydramanios, antepartum haemorrhage, multiple pregnancies, abnormal presentations and intra-uterine growth retardation;
- (4) antenatal pelvic assessment and detection of cephalopelvic disproportion;
- (5) induction of labour and amniotomy under supervision;
- (6) management of normal labour, detection of abnormalities, post-partum hemorrhage and repair of perennial tears;
- (7) assist in forceps delivery;
- (8) assist in caesarean section and postoperative care thereof;
- (9) detection and management of abnormalities of lactation;
- (10) perform non-stress test during pregnancy;
- (11) per speculum, per vaginum and per rectal examination for detection of common congenital, inflammatory, neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries;
- (12) medicolegal examination in Gynecology and obstetrics.

- (13) To perform the following procedures:-
- (a) dilation and curettage and fractional curettage;
 - (b) endometrial biopsy;
 - (c) endometrial aspiration;
 - (d) pap smear collection;
 - (e) Intra Uterine Contraceptive Device (IUCD) insertion;
 - (f) Minilap ligation;
 - (g) Urethral catheterisation;
 - (h) Suture removal in postoperative cases;
 - (i) Cervical punch biopsy;
- (14) to assist in major abdominal and vaginal surgery cases in Obstetrics and Gynaecology.
- (15) to assist in follow-up postoperative cases of obstetrics and gynaecology such as:(a) Colposcopy;
- (b) Second trimester Medical Termination of Pregnancy (MTP) procedures e.g. Emcredyl Prostaglandin instillations;
- (16) To evaluate and prescribe oral contraceptive.

Obstetrics & Gynaecology/Family Welfare Planning
(20 Cases)

S.No	Duration/Date	Skills Acquired	Signature of the Candidate

Obstetrics & Gynaecology/Family Welfare Planning

S.No	Duration/Date	Skills Acquired	Signature of the Candidate

Obstetrics & Gynaecology/Family Welfare Planning

S.No	Duration/Date	Skills Acquired	Signature of the Candidate

(6) ASSESSMENT OF INTERNSHIP:

There is a scoring system attached at the end of every postings which is evaluated and signs the completion certificate by the Head of the concerned Departments.

i) The intern shall maintain a record of work which is to be verified and certified by the medical officer under whom he works. Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training. Based on the record of work and date of evaluation, the Dean/Principal shall issue certificate of satisfactory completion of training, following which the University shall award the MBBS degree or declare him eligible for it.

ii) Satisfactory completion shall be determined on the basis of the following:-

(1) Proficiency of knowledge required for each case - **SCORE 0-5**

(2) The competency in skills expected to manage each case: - **SCORE 0-5**

a) Competency for performance of self performance,

b) of having assisted in procedures,

c) of having observed.

(3) Responsibility, punctuality, work up of case, involvement in treatment, follow-up reports. - **SCORE 0-5**

(4) Capacity to work in a team (Behaviour with colleagues, nursing staff and relationship with paramedicals). - **SCORE 0-5**

(5) Initiative, participation in discussions, research aptitude. - **SCORE 0-5**

Poor	Fair	Below Average	Average	Above Average	Excellent
0	1	2	3	4	5

A Score of less than 3 in any of above items will represent unsatisfactory completion of internship.

Certificate

The C.R.R.I.Student

has competed the postings in

for the period offrom.....to

..... with / without absence and has learnt

the necessary procedures.

Signature of the student

Signature of the Head of the Department
Obstetrics & Gynaecology

THE CRRI COMPLETION CERTIFICATE WITH THE DURATION OF EACH POSTING AND ITS SCORE NEEDS TO BE ATTACHED TO THE LOG BOOK AND SENT TO THE UNIVERSITY WITH APPLICATION FOR PROVISIONAL PASS CERIFICATE - II

