TO WHOM SOEVER IT MAY CONCERN

This is to certify that the information in the attached documents is verified by me and is true to the best of my knowledge.

KMCT MEDICAL COLLEGE * MANASSERY * Pin - 673602

Principal

Principal
KMCT Medical College
Manassery P.O.
Kozhikode



COMPULSORY ROTATING MEDICAL INTERNSHIP LOG BOOK MBBS

KMCT MEDICAL COLLEGE
Manassery P.O, Mukkam Via
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Declaration of Geneva

September 1948

- I Solemnly pledge myself to consecrate my life to the service of humanity
- I will give to my teachers the respect and gratitude which is their due.
- I will practice my profession with conscience and dignity.
- The health of my patient will be my first consideration.
- I will respect the secrets, which are confided in me.
- I will maintain by all means, in my power, the honor and the noble traditions of the medical profession.
- My colleagues will be my brothers.
- I will not permit considerations of religion, nationality, race, party, politics or social standing to intervene between my duty and my patient.
- I will maintain the utmost respect for human life from the time of conception.
- Even under threat, I will not use my medical knowledge contrary to the laws of humanity.

KMCT MEDICAL COLLEGE
MUKKAM



COMPULSORY ROTATING MEDICAL INTERNSHIP

Name : ALISHA · A · B.

Age : 25 years

Date of Birth : 23-01-1998

Year of Admission : 2016

Name & Address of Parent/Guardian : BABU
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Year of Passing : 2022

ALISHA · A · B
Name and Signature

Internship Started Day.....16.....Month.....June.....Year 20..22.....

Internship Closed Day.....Month.....Year 20.....

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COMPULSORY ROTATING MEDICAL INTERNSHIP (CRMI)

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

National Medical Commission
Compulsory Rotating Medical Internship Regulations 2021

Specific objectives

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

a. Diagnose clinically common disease conditions encountered in practice and make timely decision for referral to higher level.

b. Use discretely the essential drugs, infusions, blood or its substitutes and laboratory services.

c. Manage all type of emergencies- medical, surgical, obstetric, neonatal and paediatric, by rendering first level care.

d. Demonstrate skills in monitoring of the National Health programmes and schemes, oriented to provide pre-ventive and promotive health care services to the community;

e. Develop leadership qualities to function effectively as a leader of the health team organized to deliver the health and family welfare service in existing socio-economic, political and cultural environment;

f. Render services to chronically sick and disabled (both physical and mental) and to communicate effectively with patient and the community.

General Rules & Regulations

a. The internship shall be done as far as possible in institutions in India. In case of any difficulties, the matter may be referred to the Medical Council of India to be considered on individual merit.

b. Every candidate will be required after passing the final MBBS examination to undergo compulsory rotating medical internship (CRMI) 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.

c. The University shall issue a provisional MBBS pass certificate on passing the final MBBS examination.

d. 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 shortage or 'unsatisfactory work, the period of provisional registration and the compulsory rotating internship may be suitably extended by the appropriate authorities.

e. The intern shall be entrusted with clinical responsibilities under direct supervision of a senior medical officer. They shall not be working independently.

f. Interns will not issue a medical certificate or a death certificate or a medico legal

document under their signature.

g. 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 in CHCs & PHCs in addition to the teaching hospital. A critical element of internship will be the acquisition of specific experiences and skills as listed in major areas:

Rules and Regulations for CRMI at KMCT

1. Internship of 12 months is a residential programme and interns are expected to stay in the Interns' hostels.
2. All interns are expected to be available at their place of duty all throughout the stipulated period.
3. Interns should be available to assist any emergency situation at any time of the day at the instance of the authorities.
4. Failure to turn up for duty without prior intimation will warrant extension.
5. All interns should strictly follow the code of conduct of Medical Graduates as prescribed.
6. Interns are expected to wear overcoats and display identity tags when they are at their place of work.
7. Interns should keep cordial and healthy relations with paramedical staff in the wards.
8. Interaction with patients and bystanders should be polite and dignified.
9. Interns will receive stipend every month. Stipend for days of unauthorized absence will be deducted. No stipend will be paid during the extension period. The leave format shall be forwarded on or before 5th of every month, otherwise the stipend may not be distributed. The decision of the management will be final in these matters.

Assessment of Internship

The Intern shall maintain a record of work in the form of a log book, which is to be verified and certified by the medical officer under whom he works. This shall cover all aspects including the essential skills covering all Taxonomic Domains, Ethical skills and Communication skills that would have to be learned during Internship training. An assessment and grading of these skills would be made by the concerned authorities in each department periodically. Performance of the skills should be taught, Supervised and certified by a member of the teaching staff. 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 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.

Satisfactory completion shall be determined on the basis of the following score ranging A to D. A Score less than three In any of the following will indicate inadequate performance and may warrant extension of internship.

A - Outstanding, B - Good, C - Average, D – Needs further training.

Full Registration

Full registration shall only be given by the State Medical Council/ National Medical Commission on the award of the MBBS degree by the University or its declaration that the candidate is eligible for it.

TIME DISTRIBUTION FOR INTERNSHIP				
S No	**Nature of Posting**	**Department/Specialty**	**Duration**	**Remarks**
1	Mandatory Exclusive	Community Medicine	12 weeks	(a) Postings should be in Community Health Centres (CHC)/ Rural Health Centre (RHC) with rotation of: (i) 3 weeks- General Surgery (ii) 3 weeks- General Medicine (iii) 3 weeks- Obstetrics and Gynaecology (iv) 3 weeks- Community Medicine (b) Not more than 15 interns at any given time in one centre (c) As provided in the Minimum Requirements for Annual MBBS Admissions Regulations (2020) section A.1.14 related to Community Medicine must be followed.
2	Mandatory Exclusive	General Medicine	6 Weeks	Includes postings in out- patient, in-patient wards and admission day emergency and exposure to High Dependency Units (HDU) and Intensive Care Units (ICU)
3	Mandatory Exclusive	Psychiatry	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies
4.	Mandatory Exclusive	Pediatrics	3 weeks	Includes postings in Out-patient, In-patient wards and Admission Day Emergency postings and exposure to Neonatal or Pediatric High Dependency and Intensive Care Units (HDU/NICU/PICU)
5	Mandatory Exclusive	General Surgery	6 Weeks	Includes postings in Out- patient, In-patient wards, Admission Day Emergency andboth Minor and Major Operation Theatres and exposure to High Dependency Units (HDUs) and Intensive Care Units (ICUs)
6	Mandatory Exclusive	Anesthesiology and Critical Care	2 weeks	Includes postings in Operation Theatre, Intensive Care Units, Basic Life Support (BSL) training and additionally Pain Clinic and Palliative Care, if available
7	Mandatory Exclusive	Obstetrics and Gynaecology including Family Welfare and Planning	7 Weeks	Includes postings in Out- patient, In-patient wards, Admission Day Emergency, Labour Room and Operation Theatres and exposure

				to HighDependency Units (HDU), Intensive Care Units (ICU)and Family Planning methods
8	Mandatory Exclusive and Concurrent PMR with Orthopedics	Orthopaedics including Physical Medicine and Rehabilitation (PM&R)	2 weeks	Includes postings in Out- patient, In-patient, Admission Day Emergency, Plaster Room,and Operation Theatres. Postings in Physical Medicine and Rehabilitation (PM&R) may run concurrent in afternoons / mornings equivalent to 4 half-days (14% of total postings)
9	Mandatory Exclusive	Emergency/ Trauma/ Casualty	2 weeks	Includes postings related to Resuscitation areas, Triage, In-patient wards and Operation Theatre, Basic Life Support as well as exposure to medico-legal procedures
10	Mandatory Exclusive	Forensic Medicine and Toxicology	1 week	Includes Autopsy postings
11	Mandatory Exclusive	Dermatology, Venereology and Leprology	1 week	Predominantly Out-patient postings with exposure to handling emergencies
12	Mandatory Exclusive	Otorhinolaryngology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minoras well as Major Operation Theatres
13	Mandatory Exclusive	Ophthalmology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minoras well as Major Operation Theatres
14	Electives Exclusive*	Broad Specialties Group	4 weeks total; 2 weeks minimum,	• Respiratory Medicine and Directly Observed Treatment Short Course in Tuberculosis (DOTS-TB) Center • Radio diagnosis • Lab Medicine • Geriatric Medicine
15	Electives Exclusive	Indian Systems of Medicine	1 week	May choose any: • AYUSH

DISTRIBUTION OF CLINICAL POSTINGS		
Mandatory Exclusive posting	**Duration**	**Casual Leave**
Community Medicine	12 Weeks	4 days
General Medicine	6 Weeks	2 days
Psychiatry	2 Weeks	1 day
Paediatrics	3 Weeks	1 days
General Surgery	6 Weeks	2 days
Anaesthesiology & Critical care	2 Weeks	1 day
Obstetrics and Gynaecology including Family Welfare and Planning	7 Weeks	2 days (Labour room - Nil)
Orthopaedics including Physical Medicine and Rehabilitation (PM&R)	2 Weeks	Nil
Emergency/ Trauma/ Casualty	2 Weeks	Nil
Forensic Medicine and Toxicology	1 Week	Nil
Dermatology, Venereology and Leprology	1 Week	Nil
Otorhinolaryngology	2 Weeks	1 day
Ophthalmology	2 Weeks	1 day

ELECTIVE EXCLUSIVE (TOTAL 4 WEEKS)

Broad specialty posting	**Duration**	**Casual Leave**
Respiratory Medicine	2 Weeks	Nil
Radio diagnosis	1 Week	
Lab Medicine	1 Week	

- **Total 15 Casual Leaves**

INTERNSHIP POSTINGS

SNo	Department	From	To	Extension	
				From	To
1	LABOUR ROOM	16/6/22	14/7/22		
2	WARD	15/7/22	4/8/22		
3	PEDIATRICS	5/8/22	25/8/22		
4	ORTHOPAEDICS	26/8/22	8/9/22		
5	RADIODIAGNOSIS	9/9/22	15/9/22		
6	ANAESTHESIOLOGY	16/9/22	29/9/22		
7	GENERAL SURGERY	30/9/22	10/11/22		
8	RESPIRATORY MEDICINE	11/11/22	24/11/22		
9	OTORHINOLARYNGOLOGY	25/11/22	8/12/22		
10	PSYCHIATRY	9/12/22	22/12/22		
11	EMERGENCY MEDICINE/ CASUALITY	23/12/22	5/1/23		
12	FORENSIC MEDICINE AND TOXICOLOGY	6/1/23	12/1/23		
13	DERMATOLOGY	13/1/23	19/1/23		
14	GENERAL MEDICINE	20/1/23	2/3/23		
15	RADIODIAGNOSIS	3/3/23	9/3/23		
16	OPHTHALMOLOGY	10/3/23	23/3/23		
17					
18					
19					
20					
21					

CURRICULUM AND SPECIALITIES OF COMPULSORY ROTATING MEDICAL INTERNSHIP (CRMI)

a) COMMUNITY MEDICINE

The goal of teaching the undergraduate student in Community Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses and recognize the importance of community involvement. He/she shall acquire competence to deal effectively with an individual and the community in the context of primary health care. This is to be achieved by hands-on experience in the District Hospital and Primary Health Centre.

The details are as under: - 12 weeks (Total): Community Medicine

(i) 3 weeks: General Medicine
(ii) 3 weeks: General Surgery
(iii) 3 weeks: Obstetrics and Gynecology
(iv) 3 weeks: Community Medicine

District Hospital /Community Health Centre:

A. Tasks an intern must be able to do without assistance:

1. An intern must:

(a) Be able to diagnose common ailments and advise primary care;

(b) Demonstrate knowledge on 'Essential drugs' and their usage;

(c) Recognize medical emergencies, resuscitate and institute initial treatment and refer to a suitable institution/ suggest to the patient an alternative health care facility if he/she wants to know about the same.

2. An intern must be familiar with all National Health Programmes (e.g. RCH, UIP, CDD, ARI, FP, ANC, Tuberculosis, Leprosy and others), as recommended by the Ministry of Health and Family Welfare.

3. An intern must:

a) Gain full expertise in immunization against infectious disease;

b) Participate in programmes related to prevention and control of locally prevalent endemic diseases including nutritional disorders;

c) Learn skills in family welfare planning procedures.

4. An intern must:

a) Gain capabilities to conduct programmes on health education;

b) Gain capabilities to use Audio visual aids;

c) Acquire capability of utilization of scientific information for promotion of community health.

B. An intern must have observed or preferably assisted at the following:

1. An intern should be capable of establishing linkages with other agencies as water supply, food distribution and other environmental or social agencies.

2. An intern should acquire managerial skills including delegation of duties to and monitoring the activities of paramedical staff and other health care professionals.

Taluka Hospital/ First Referral Unit/ CHC

A. An intern must be able to do without assistance:

1. An intern shall provide health education to an individual/community on:

a) tuberculosis;

b) small family, spacing, use of appropriate contraceptives;

c) applied nutrition and care of mothers and children;

d) immunization.

B. An intern must be able to do with supervision:

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

Primary Health Centre / Urban Health Centre

A. An intern must be able to do without assistance the following:

a) Participate in family composite health care (birth to death), inventory of events;

b) Participate in use of the modules on field practice for community health, e.g., safe motherhood, nutrition surveillance and rehabilitation, diarrheal disorders, etc;

c) Participate in and maintain documents related to immunization and cold chain;

d) Acquire competence in diagnosis and management of common ailments e.g. malaria, tuberculosis, enteric fever, congestive heart failure, hepatitis, meningitis acute renal failure, etc.

B. An intern must be able to do under supervision the following:

a) Acquire proficiency in Family Welfare Programmes (antenatal care, normal delivery, contraception, etc.

b) Undergo village attachment of at least one week duration to understand issues of community health along with exposure to village health centres, ASHA Sub-Centres;

c) Participate in Infectious Diseases Surveillance and Epidemic Management activities along with the medical officer.

b) <u>GENERAL MEDICINE</u>

Goal:-The aim of posting of an intern in General Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses. He/she shall acquire competence in clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management; this would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and various system illnesses.

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

(a) Proctoscopy, Ophthalmoscopy/ Otoscopy, Indirect laryngoscopy;

(b) Therapeutic procedures;

(c) Urethral catheterization, Insertion of Ryle's Tube, Pleural, Ascitic fluid aspiration;

(d) Cerebrospinal Fluid (CSF) aspiration, Air way tube installation;

(e) Oxygen administration, etc.;

(f) **Biopsy Procedures:** Liver, Kidney, Skin, Nerve, Lymph node, and muscle biopsy, Bone marrow aspiration, Biopsy of Malignant lesions on surface, nasal/nerve/skin smear for leprosy under supervision;

(g) **Skills that an intern should be able to perform under supervision:**

(i) should be familiar with life-saving procedures, including use of aspirator, respirator and

defibrillator, cardiac monitor, blood gas analyser;

(ii) should be able to advise about management and prognosis of acute & chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, myocardial infarction and angina, TIA and stroke, seizures, diabetes mellitus, hypertension renal and hepatic failure, thyroid disorders and hematological disorders. He should participate in counseling sessions for patients with non-communicable diseases and tuberculosis, HIV patients, etc.;

(iii)should be able to confirm death and demonstrate understanding of World Health Organization cause of death reporting and data quality requirements;

(iv)should be able to demonstrate understanding of the coordination with local and national epidemic management plans;

(v) should be able to demonstrate prescribing skills and demonstrate awareness of pharmaco-vigilance, antibiotics policy, prescription audit and concept of essential medicines list.

c) PSYCHIATRY

Goal:-The aim of posting of an intern in Psychiatry is to impart such knowledge and skills that may enable him/her to diagnose and treat common psychiatric illnesses. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management. He/she should also be able to recognize the behavioral manifestations of systemic illnesses and differentiate them from psychiatric disorders.

Therapeutic-

An intern must have observed or preferably assisted at the followingoperations/procedures:

(i) Diagnose and manage common psychiatric disorders;

(ii) Identify and manage psychological reactions;

(iii) Diagnose and manage behavioral disorders in medical and surgicalpatients;

(iv) ECT administration;

(v) Therapeutic counseling and follow-up.

d) PEDIATRICS

Goal: The aim of posting of an intern in Pediatrics is to impart such knowledge and skills that may enable him/her to diagnose and treat common childhood illnesses including neonatal disorders. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management. This would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and various system illnesses.

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

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

(ii) Diagnostic techniques: blood collection (including from femoral vein and umbilical cord), drainage of abscess, collection of cerebrospinal, pleural and peritoneal fluids, suprapubic aspiration of urine;

(iii) Techniques related to patient care: immunization, perfusion techniques, nasogastric tube insertion, feeding procedures, tuberculin testing & breast-feeding counselling;

(iv) Use of equipments: vital monitoring, temperature monitoring, resuscitation at birth and care of children receiving intensive care;

(v) Institute early management of common childhood disorders with special reference to paediatric dosage and oral rehydration therapy;

(vi) Screening of new born babies and those with risk factors for any anomalies and steps for prevention in future; detect congenital abnormalities;

(vii) Recognise growth abnormalities; recognise anomalies of psychomotor development;

(viii) Assess nutritional and dietary status of infants and children and organize prevention, detection and follow-up of deficiency disorders both at individual and at community levels, such as:

- protein-energy malnutrition
- deficiencies of vitamins especially A, B, C and D;
- Iron deficiency

Skills that an intern should be able to perform under supervision:

(i) An intern should be familiar with life-saving procedures, including use of aspirator, respirator, cardiac monitor, blood gas analyser.

(ii) An intern should be able to advise about management and prognosis of acute and chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, congenital heart diseases, seizures, renal and hepatic diseases, thyroid disorders and hematological disorders. She/he should participate in counseling sessions with parents including HIV counseling.

e) GENERAL SURGERY

Goal-The aim of posting of an intern in General Surgery is to impart such knowledge and skills that may enable him to diagnose and treat common surgical ailments. He/she shall have ability to diagnose and suspect with reasonable accuracy all acute and chronic surgical illnesses.

Therapeutic-

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

(i) venesection or venous access;

(ii) tracheostomy and endotracheal intubation;

(iii) catheterization of patients with acute retention or trocar cystostomy;

(iv) drainage of superficial abscesses;

(v) basic suturing of wound and wound management (including bandaging);

(vi) biopsy of surface tumours;

(vii) perform vasectomy.

B. Skills that an intern should be able to perform under supervision:

(i) Advise about prognosis of acute and chronic surgical illnesses, head injury, trauma, burns and cancer. Counsel patients regarding the same;

(ii) Advise about rehabilitation of patients after surgery and assist them for early recovery;

(iii) Should be able to demonstrate understanding of World Health Organisation cause of death reporting and data quality requirements;

(iv) Should be able to demonstrate understanding of the use of national and state/ local cause of death statistics.

C. An intern must have observed or preferably assisted at the following operations/procedures:

(i) Resuscitation of critical patients;

(ii) Basic surgical procedures for major and minor surgical illnesses;

(iii) Wound dressings and application of splints;

(iv) Laparoscopic/ Minimally Invasive surgery;

(v) Lymph node biopsy.

f) ANESTHESIOLOGY

Goal:- The aim of posting of an intern in anaesthesia is to impart such knowledge and skills that may enable him to understand principles of anaesthesia and recognize risk and complications of anaesthesia. At the end of internship, he/she should be able to perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.

THERAPEUTIC-

A. An intern must have observed or preferably assisted in:

(i) Pre-anaesthetic checkup and prescribe pre-anaesthetic medications;

(ii) Venepuncture and set up intravenous drip;

(iii) Laryngoscopy and endotracheal intubation;

(iv) Lumbar puncture, spinal anaesthesia and simple nerve blocks;

(v) Simple general anaesthetic procedures under supervision;

(vi) Monitor patients during anaesthesia and in the post-operative period;

(vii) Maintain anaesthetic records;

(viii) Perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.

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

(i) Counseling and advise regarding various methods of anaesthesia;

(ii) Recogniseproblems associated with emergency anaesthesia;

(iii) Recognise and assist in treating complications in the post-operative period.

C. An intern must have observed or preferably assisted at the following operations/ procedures

Anaesthesia for major and minor surgical and other procedures.

g) OBSTETRICS AND GYNAECOLOGY

Goal-The aim of posting of an intern in Obstetrics &Gynaecology is to impart such knowledge and skills that may enable him/ her to diagnose and manage antenatal and post natal follow up;

manage labor and detect intra-partum emergencies; diagnose and treat common gynaecologic ailments.

THERAPEUTIC-

A. **An intern must perform or assist in:**

(i) Diagnosis of early pregnancy and provision of ante-natal care; antenatal pelvic assessment and detection of cephalo-pelvic disproportion;

(ii) Diagnosis of pathology of pregnancy related to:

- abortion;
- ectopic pregnancy;
- tumours complicating pregnancy;
- acute abdomen in early pregnancy;
- hyperemesis gravidarum;

(iii) Detection of high risk pregnancy cases and give suitable advice e.g. PIH, hydramanios, antepartum haemorrhage, multiple pregnancies, abnormal presentations and intra-uterine growth retardation;

(iv) Induction of labor and amniotomy under supervision, Management of normal labor, detection of abnormalities, post-partum hemorrhage and repair of perennial tears,

(v) Assist in forceps delivery;

(vi) Detection and management of abnormalities of lactation;

(vii) Evaluation and prescription oral contraceptives with counseling;

(viii) Per speculum, per vaginum and per rectal examination for detection of common congenital, inflammatory, neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries;

(ix) Medico-legal examination in Gynecology and Obstetrics.

B. **Skills that an intern should be able to perform under supervision:**

(i) Dilatation and curettage and fractional curettage;

(ii) Endometrial biopsy;

(iii) Endometrial aspiration;

(iv) Pap smear collection;

(v) Intra Uterine Contraceptive Device (IUCD) insertion;

(vi) Mini-lap-ligation;

(vii) Urethral catheterization;

(viii) Suture removal in post-operative cases;

(ix) Cervical punch biopsy.

C. **An intern must have observed or preferably assisted at the following operations/procedures:**

(i) Major abdominal and vaginal surgery cases;

(ii) Second trimester Medical Termination of Pregnancy (MTP) procedures e.g. Emcredyl Prostaglandin instillations, Caesarean section.

h) ORTHOPAEDICS

Goal:- The aim of posting of an intern in Orthopaedics and Physical Medicine and Rehabilitation is to impart such knowledge and skills that may enable him to diagnose and treat common ailments. He/she shall have ability to diagnose and suspect presence of fracture, dislocation, actual osteomyelitis, acute poliomyelitis and common congenital deformities such as congenital talipesequinovarus (CTEV) and dislocation of hip (CDH).

THERAPEUTIC-

A. An intern must have observed or preferably assisted in:

(i) Splinting (plaster slab) for the purpose of emergency splintage, definitive splintage and post-operative splintage and application of Thomas splint;

(ii) Manual reduction of common fractures – phalangeal, metacarpal, metatarsal and Colles' fracture;

(iii) Manual reduction of common dislocations – interphalangeal, metacarpo- phalangeal, elbow and shoulder dislocations;

(iv) Plaster cast application for un-displaced fractures of arm, fore arm, leg and ankle;

(v) Emergency care of a multiple injury patient;

(vi) Transport and bed care of spinal cord injury patients.

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

(i) Advise about prognosis of poliomyelitis, cerebral palsy, CTEV and CDH;

(ii) Advise about rehabilitation of amputees and mutilating traumatic and leprosy deformities of hand.

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

(i) Drainage for acute osteomyelitis;

(ii) Sequestrectomy in chronic osteomyelitis;

(iii) Application of external fixation;

(iv) Internal fixation of fractures of long bones.

i) OTORHINOLARYNGOLOGY (ENT)

Goal:- The aim of posting of an intern in ENT is to impart such knowledge and skills that may enable him to diagnose and treat common otorhinolaryngological conditions such as ear pain, foreign bodies and acquire ability for a comprehensive diagnosis of common Ear, Nose and Throat (ENT) diseases including emergencies and malignant neoplasms of the head and neck.

THERAPEUTIC

A. An intern must have observed or preferably assisted in:

(i) Ear syringing, antrum puncture and packing of the nose for epistaxis;

(ii) Nasal douching and packing of the external canal;

(iii) Removing foreign bodies from nose and ear;

(iv) Observing or assisting in various endoscopic procedures and tracheostomy.

B. Skill that an intern should be able to perform under supervision-

(i) Intern shall have participated as a team member in the diagnosis of various ENT-related diseases and be aware of National programme on prevention of deafness;

(ii) Intern shall acquire knowledge of various ENT related rehabilitative programmes.

C. An intern must have observed or preferably assisted at the following operations/ procedures:

Intern shall acquire skills in the use of head mirror, otoscope and indirect laryngoscopy and first line of management of common Ear Nose and Throat (ENT) problems.

j) OPHTHALMOLOGY

Goal:- The aim of posting of an intern in ophthalmology is to impart such knowledge and skills that may enable him to diagnose and treat common ophthalmological conditions such as Trauma, Acute conjunctivitis, allergic conjunctivitis, xerosis, entropion, corneal ulcer, iridocyclitis, myopia, hypermetropia, cataract, glaucoma, ocular injury and sudden loss of vision.

THERAPEUTIC-

A. An intern must have observed or preferably assisted in:

(i) Sub-conjunctival injection;

(ii) Ocular bandaging.

(iii) Removal of concretions.

(iv) Epilation and electrolysis.

(v) Corneal foreign body removal.

(vi) Cauterization of corneal ulcers.

(vii) Chalazion removal.

(viii) Entropion correction.

(ix) Suturing conjunctival tears.

(x) Lids repair.

(xi) Glaucoma surgery (assisted);

(xii) Enucleation of eye in cadaver.

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

Advise regarding methods for rehabilitation of the blind.

C. An intern must have observed or preferably assisted at the following operations/procedures:

(i) Assessment of refractive errors and advise its correction;

(ii) Diagnose ocular changes in common systemic disorders;

(iii) Perform investigative procedures such as tonometry, syringing;

(iv) direct ophthalmoscopy, subjective refraction and fluorescin staining of cornea.

k) FORENSIC MEDICINE AND TOXICOLOGY

Goal:- The aim of posting of an intern in Forensic Medicine and Toxicology is to impart such knowledge and skills that may enable him to identify and know the basic procedures related to medico-legal cases.

A. An intern must have observed or preferably assisted in:

(i) Documentation and certification of trauma;

(ii) Diagnosis and certification of death;

(iii) Legal documentation related to emergency cases;

(iv) Certification of medical-legal cases e.g. Age estimation, sexual assault, etc.;

(v) Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc.

B. An intern must have observed a medico-legal autopsy/ post-mortem.

l) LAB SERVICES CONSISTING OF CLINICAL PATHOLOGY, LABORATORY MEDICINE, BIOCHEMISTRY AND HEMATOLOGY SERVICES ALONG WITH BLOOD BANKING

An intern must be able to PERFORM without assistance and interpret the results of the following laboratory investigations:

(i) Blood: Complete blood count including Platelet count, peripheral blood smear preparation and examination including malarial parasites;

(ii) Urine: (Routine chemical and microscopic examination);

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

(iv) Blood Banking: Blood grouping (manual), saline cross-matching;

(v) Sputum and throat swab for Gram stain and acid-fast stain;

(vi) Cerebrospinal Fluid (CSF) for proteins, sugar and smear;

(vii) Performing blood sugar test by glucometer;

(viii) Pleural and ascitic fluid for routine chemistry and microscopy;

(ix) Draw blood by venepuncture independently and collect samples in appropriate bottles in proper

(x) Correctly collect and transport samples and specimens for blood tests, culture, histopathology and cytopathology investigations;

(xi) Fill requisition forms appropriately.

m) CASUALTY SERVICES/ EMERGENCY MEDICINE

Goal:-The aim of posting of an intern in casualty is to impart such knowledge and skills that may enable him/her to diagnose and treat common acute surgical /medical ailments. He/she shall have ability to diagnose and suspect, with reasonable accuracy, acute surgical illnesses including emergencies, resuscitate critically injured patient and a severely burned patient, control surface

bleeding and manage open wounds and monitor and institute first-line management of patients of head, spine, chest, abdominal and pelvic injury as well as acute abdomen.

THERAPEUTIC-

A. An intern must perform or assist in:

(i) Identification of acute emergencies in various disciplines of medical practice;

(ii) Management of acute anaphylactic shock;

(iii) Management of peripheral-vascular failure and shock;

(iv) Management of acute pulmonary edema and Left Ventricular Failure (LVF);

(v) Emergency management of drowning, poisoning and seizure;

(vi) Emergency management of bronchial asthma and status asthmaticus;

(vii) Emergency management of hyperpyrexia;

(viii) Emergency management of comatose patients regarding airways, positioning, prevention of aspiration and injuries;

(ix) Assessment and administering emergency management of burns;

(x) Assessing and implementing emergency management of various trauma victims;

(xi) Identification of medico-legal cases and learn filling up of forms as well as complete other medico- legal formalities in cases of injury, poisoning, sexual offenses, intoxication and other unnatural conditions.

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

(i) Advise about prognosis of acute surgical illnesses, head injury, trauma, and burns. Counsel patients regarding the same.

(ii) Electrocardiogram (ECG);

(iii) Routine radiographs of chest, abdomen, skull, etc.

C. **An intern must have observed or preferably assisted at the following operations/ procedures:**

(i) Resuscitation of critical patients.

(ii) documentation medico legal cases.

(iii) management of bleeding and application of splints.

n) DERMATOLOGY, VENEREOLOGY AND LEPROSY

Goal:-The aim of posting of an intern in Dermatology, Venereology & Leprosy is to impart such knowledge and skills that may enable him to diagnose and treat common dermatological infections and leprosy. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management; this would include diseases common in tropics (parasitic, bacterial, or viral infections, and cutaneous manifestations of systemic illnesses.

THERAPEUTIC-

A. At the end of internship an intern must be able to:

(i) Conduct proper clinical examination; elicit and interpret physical findings and diagnose common disorders and emergencies.

(ii) Manage common diseases recognizing the need for referral for specialized care in case of inappropriateness of therapeutic response.

B. An intern must have observed or preferably assisted at the following procedures:

(i) Perform simple, routine investigative procedures for making bedside diagnosis, especially the examination of scraping for fungus, preparation of slit smears and staining for AFB for leprosy patient and for STD cases;

(ii) Skin biopsy for diagnostic purpose.

o) RESPIRATORY MEDICINE

Goal:-The aim of posting of an intern in Respiratory Medicine is to impart such knowledge and skills that may enable him/her to diagnose and treat common respiratory illnesses. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.

THERAPEUTIC

A. An intern must perform or assist in:

(i) Diagnosing and managing common respiratory disorders and emergencies.

(ii) Simple, routine investigative procedures required for making bed side diagnosis, especially sputum collection, examination for etiological organism like AFB, interpretation of chest X-rays and respiratory function tests.

(iii) Interpreting and managing various blood gases and pH abnormalities in various illnesses.

B. An intern must have observed or preferably assisted at the following operations/ procedures:

(i) Laryngoscopy.

(ii) Pleural aspiration, respiratory physiotherapy, laryngeal intubation and pneumo- thoracic drainage aspiration.

(iii) Therapeutic counseling and follow up.

p) RADIO-DIAGNOSIS

Goal:-The aim of posting of an intern in radio-diagnosis is to impart such knowledge and skills that may enable him/ her to understand principles of imageology and recognize risk and complications of radiologic procedures and the need for protective techniques. At the end of internship, he/she should be able to counsel and prepare patients for various radiologic procedures.

A. An intern must acquire competency in:

(i) Identifying and diagnosing acute abdominal conditions clinically and choose appropriate imaging modality for diagnosis;

(ii) Identifying and diagnosing acute traumatic conditions in bones and skull using X rays / CT

Scans with emphasis on fractures and head injuries;

(iii) Recognising basic hazards and precautions in radio-diagnostic practices specially related to pregnancy;

(iv) Demonstrating awareness of the various laws like Pre-conception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994).

DEPARTMENT OF COMMUNITY MEDICINE

INTERNSHIP ASSESSMENT AND FEEDBACK

Name: ..... AKHILA.A.B .....

Registration No: ..... 71976 .....

Name of the Supervisor: .....

Date of posting: From...../...../.....To...../...../.....

Total no. of leaves taken in the posting: .....

Extension: Nil/Days: .....From...../...../.....To...../...../.....

RATING SCALE: **A**-Outstanding, **B**-Good, **C**-Average, **D**-Needs further training

Sl.No	Scoring based on the following items	Score
1	Knowledge	
2	Patient care	
3	Procedural skills	
4	Independent care	
5	Communication skills	
6	System based practice	
7	Responsibility and accountability	
8	Team work	
9	Following up and documentation	
10	Professionalism	
11	Life-long learning	
12	Any other point: Eg-Aptitude for research, managerial skills	

Signature of the Head of the Department

ACTIVITY CHECKLIST

Rural Health Training Centre (RHTC) Posting

From 14/4/23 **To** 4/5/23

Number of leaves taken: 1

Extension: Nil/Days: ..... **From**...../...../...../**To**...../...../.....

Sl.No.	ACTIVITIES	O	A	P	I	Remarks/Comments
1	Clinical diagnosis	15	20	28	41	
2	Essential Drugs prescribed	10		40	26	
3	Cases referred	12			3	
4	Immunization clinic	10	5	23	6	
5	ANC / FP clinic					
6	NCD clinic	20	19	40	48	
7	Health education session	13	20	35	10	
8	National health programs					
9	Field work/ Home care	5	9	3	4	
10	School / Anganwadi health program	7		6	3	
11	Outbreak Investigation					
12	Home based palliative care	3	1	6	3	
13	Record keeping				1	
14	Seminar/Other projects					
15	Daily activity log diary written & submitted: On time /Delayed					

Name of the Medical Officer in-charge:

Signature:

Seal:

(**Note: O** - Observed, **A** - Assisted, **P** - Performed under supervision **I**- Able to do independently)

Signature of the Head of the Department

Urban Health Training Centre Posting

From_____ **To**_____

Number of leaves taken: _____

Extension: Nil/Days: ..... From...../...../.....To...../...../.....

Sl.No.	ACTIVITIES	O	A	P	I	Remarks/Comments
1	Clinical diagnosis					
2	Essential Drugs prescribed					
3	Cases referred					
4	Immunization clinic					
5	ANC / FP clinic					
6	NCD clinic					
7	Health education session					
8	National health programs					
9	Field work/ Home care					
10	School / Anganwadi health program					
11	Outbreak Investigation					
12	Home based palliative care					
13	Record keeping					
14	Seminar/Other projects					
15	Daily activity log diary written & submitted: On time /Delayed					

Name of the Medical Officer in-charge:

Signature:

Seal:

(**Note: O** - Observed, **A** - Assisted, **P** - Performed under supervision **I**- Able to do independently)

Signature of the Head of the Department

DISTRICT/ TALUK/ CHC

Medicine Posting:

From 24/3/23 **To** 13/4/23
5/5/23 15/6/23

Number of leaves taken: _____

Extension: Nil/Days: .....Nil.... **From**...../...../.....**To**...../...../.....

Sl.No.	ACTIVITIES	O	A	P	I	Remarks/Comments
1	Clinical diagnosis	30	20	20	20	
2	Essential Drugs prescribed	20	40	45	45	
3	Ward rounds	5	6	8	10	
4	Cases referred	6	10	8	9	
5	NCD clinic	12	18	24	30	good
6	Health education session	10	8	13	14	
7	National health programs	3	2	1	3	
8	Record keeping	15	16	18	13	
9	Hospital surveillance	6	5	4	8	
10	Seminars/ Other projects	6	5	3	2	
11	Daily activity log diary written & submitted: On time /Delayed					

Name of the Medical Officer in-charge: Dr. Arun

Signature:

Dr. ARUN T [illegible]
Assistant Surgeon
Reg.No: 42572
Govt.Taluk Hospital,Thamarassery

Seal:

(**Note: O** - Observed, **A** - Assisted, **P** - Performed under supervision **I**- Able to do independently)

Signature of the Head of the Department

GOVT. TALUK HOSPITAL ★ THAMARASSERY ★ Pin: 673573

SUPERINTENDENT
TALUK HOSPITAL THAMARASSERY
KOZHIKODE - 673573

DISTRICT/ TALUK/ CHC

Surgery Posting:

From 24/3/23 5/5/23 **To** 13/4/23 15/6/23.

Number of leaves taken: _____

Extension: Nil/Days: ....Nil.... **From**...../...../.....**To**...../...../.....

Sl.No.	ACTIVITIES	O	A	P	I	Remarks/Comments
1	Clinical diagnosis	40	90	40	30	good
2	Essential drugs prescribed	80	40	30	40	
3	Ward rounds	90	18	40	24	
4	Cases referred	12	19	18	16	
5	Minor surgical procedure	18	16	19	20	
6	Health education session	6	5	3	4	
7	Record keeping	5	8	10	12	
8	Hospital surveillance	2	1	4	6	
9	Seminars/Other projects	4	5	1	2	
10	Daily activity log diary written & submitted: On time /Delayed					

Name of the Medical Officer in-charge: Dr. ARUN T P

Signature:

Seal:

Dr. ARUN. T.P
Assistant Surgeon
Reg.No: 42672
Govt.Taluk Hospital,Thamarassery

(Note: **O** - Observed, **A** - Assisted, **P** - Performed under supervision **I**- Able to do independently)

GOVT. TALUK HOSPITAL * THAMARASSERY * Pin: 673573

Signature of the Head of the Department

SUPERINTENDENT
TALUK HOSPITAL THAMARASSERY
KOZHIKODE - 673573

DISTRICT/ TALUK/ CHC

OBG Posting:

From 24/3/23 **To** 13/4/23

From 5/5/23 **To** 15/6/23

Number of leaves taken: _____

Extension: Nil/Days: .....Nil..... **From**...../...../.....**To**...../...../.....

SLNo.	ACTIVITIES	O	A	P	I	Remarks/Comments
1	Clinical diagnosis	30	12	15	18	Good.
2	Essential drugs prescribed	40	12	18	45	
3	Ward rounds	19	16	16	21	
4	Cases referred	14	18	21	24	
5	Immunization clinic	23	12	8	6	
6	ANC	13	28	14		
7	FP clinic & Counseling	25	18	21	13	
8	Delivery & Postnatal care	16	18	23		
9	Lactation management & advice	21	13	16	15	
10	Minor surgical procedures	28	30	14	19	
11	Health education session	26	18	20	6	
12	National health programs	4	5	3	1	
13	Record keeping	18	19	10	13	
14	Seminars/Other projects	6	8	2	3	
15	Daily activity log diary written & submitted: On time /Delayed					

Name of the Medical Officer in-charge: Dr. Arun T.P

Signature:

Dr. ARUN. T.P
Assistant Surgeon
Reg.No: 42672
Govt.Taluk Hospital,Thamarassery

Seal:

(Note: O - Observed, A - Assisted, P - Performed under supervision I- Able to do independently)

GOVT. TALUK HOSPITAL * THAMARASSERY * Pin: 673573

Signature of the Head of the Department

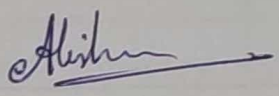
SUPERINTENDENT
TALUK HOSPITAL THAMARASSERY
KOZHIKODE - 673573

FEED-BACK

Strengths:

Area of Improvements needed:

Comments:

Signature of the Intern:  **Date:**

Signature of the Faculty in-charge **Date:**

DEPARTMENT OF GENERAL MEDICINE

INTERNSHIP EVALUATION FORM

Date of Posting: 20/1/23 to 2/3/23 Date of Extension: Nil

Rating Scale : A - Outstanding, B - Good, C - Average, D – Needs further training.

Sl.No	Item	Rating	Remarks
1.	Knowledge		
2.	Attitude & Empathy in a patient care		
3.	Procedural Skills		
4.	Independent care		
5.	Communication Skills		
6.	System Based Practice		
7.	Professionalism		
8.	Inclination to continue learning		

A score below C in any of the above items will represent unsatisfactory completion of internship an will warrant extension

Signature of Unit Head **Signature of HOD**

PROCEDURES PERMORMED UNDER SUPERVISION

Sl. No	Procedures	Date	Signature of Supervisor
1.	FOLEY'S CATHETERISATION – MALE AND FEMALE	20/1/23	
2.	RYLE'S TUBE INSERTION	23/1/23	
3.	IV CANNULATION	24/1/23	
4.	COLLECTION OF BLOOD FOR ABG	28/1/23	
5.	BAG AND MASK VENTILATION	2/2/23	
6.	COLLECTION OF BLOOD FOR ROUTINE INVESTIGATIONS	4/2/23	
7.	ASCITIC FLUID TAPPING	6/2/23	
8.	MANTOUX TUBERCULIN SKIN TEST. ANTIBIOTIC SENSITIVITY TEST.	12/2/23	
9.	NASOPHARYNGEAL/OROPHARYNGEAL SWAB COLLECTION FOR COVID-19. COVID ANTIGEN TESTING.	25/2/23	
10.	MANAGEMENT OF A CASE OF CARDIOVASCULAR DISEASE.	28/2/23	

Signature of Unit Chief

PROCEDURES ASSISTED

Sl. No	Procedures	Date	Signature of Supervisor
1.	LUMBAR PUNCTURE IN A PATIENT WITH SUSPECTED MENINGITIS	21/1/23	
2.	CARDIOPULMONARY RESUSCITATION ACCORDING TO ACLS PROTOCOL	25/1/23	
3.	ECG TAKING AND ITS INTERPRETATION.	26/1/23	
4.	MANAGEMENT OF A CASE OF PNEUMONIA	28/1/23	
5.	MANAGEMENT OF A CASE OF DIABETIC KETOACIDOSIS	1/2/23	
6.	MANAGEMENT OF A CASE OF NSTEMI	6/2/23	
7.	ASCITIC FLUID TAPPING	12/2/23	
8.	• BRONCHO ALVEOLAR LAVAGE • COMPLETE MECHANICAL VENTILATORY SUPPORT FOR PATIENT WITH RESPIRATORY FAILURE	18/2/23	
9.	MANAGEMENT OF A CASE OF PARACETAMOL POISONING	20/2/23	
10.	MANAGEMENT OF A CASE OF PULMONARY EMBOLISM	27/2/23	

Signature of Unit Chief

PROCEDURES OBSERVED

Sl. No	Procedures	Date	Signature of Supervisor
1.	HEMODIALYSIS	21/1/23	
2.	MANAGEMENT OF A CASE OF PULMONARY EDEMA.	24/1/23	
3.	MANAGEMENT OF A CASE OF METABOLIC ENCEPHALOPATHY	25/1/23	
4.	MANAGEMENT OF A CASE OF CEREBRO VASCULAR DISEASE.	4/2/23	
5.	MANAGEMENT OF A CASE OF TYPE - II RESPIRATORY FAILURE.	5/2/23	
6.	MANAGEMENT OF A CASE OF SEPTIC SHOCK	9/2/23	
7.	MANAGEMENT OF A CASE OF UROSEPSIS.	15/2/23	
8.	MANAGEMENT OF A CASE OF PNEUMONIA.	17/2/23	
9.	MANAGEMENT OF A CASE OF DYSELECTROLYTEMIA.	23/2/23	
10.	MANAGEMENT OF A CASE OF CHRONIC LIVER DISEASE.	28/2/23	

Note: Unit Heads will complete the evaluation from immediately on completion of internship. The same may be countersigned by the HOD with proper authentication and seal. A copy may be sent to the Principal's office also.

Signature of Unit Chief

Signature of HOD

INTERNSHIP ASSESSMENT AND FEEDBACK FORM

Name: ALISHA · A · B. Student/Intern ID: 71976

Supervisor: _____ Department/Specialty: GENERAL MEDICINE

Unit: M2 Dates: 20 / 1 / 23 to 2 / 3 / 23 Leaves: 2 days

FEEDBACK

Strengths:

Area of Improvements needed:

Comments:

Signature of the Intern: Alisha **Date:**

Signature of the Faculty in-charge **Date:**

DEPARTMENT OF PSYCHIATRY

INTERNSHIP EVALUATION FORM

Date of Posting: 9/12/22 to 22/12/22 Date of Extension: Nil

Rating Scale : A - Outstanding, B - Good, C - Average, D – Needs further training.

Sl.No	Item	Rating	Remarks
1.	Knowledge	A	
2.	Patient Care	B	
3.	Procedural Skills	A	
4.	Independent care	B	
5.	Communication Skills	B	
6.	System Based Practice	B	
7.	Professionalism	B	
8.	Life-long Learning	B	

A score below C in any of the above items will represent unsatisfactory completion of internship and will warrant extension

Signature of Unit Head

Dr. SUSHIL KAKKAN
Prof & HOD
Dept. of Psychiatry, Reg.No. 17554
KMCT MEDICAL COLLEGE HOSPITAL
Manassery (P.O), Pin - 673602

Signature of HOD

PROCEDURES PERMORMED UNDER SUPERVISION

Sl. No	Procedures	Date	Signature of Supervisor
1.	MANAGEMENT OF A CASE OF MANIA	9/12/22	
2.	MANAGEMENT OF A PATIENT WITH SCHIZOPHRENIA.	9/12/22	
3.	MANAGEMENT OF A CASE OF DEPRESSION	11/12/22	
4.	MANAGEMENT OF A CASE OF BIPOLAR ASSOCIATIVE DISORDER	12/12/22	
5.	COUNSELLING OF A PATIENT WITH OCD	14/12/22	
6.	COUNSELLING OF A PATIENT WITH SUICIDAL TENDENCY	14/12/22	
7.	COUNSELLING OF A PATIENT WITH ANXIETY DISORDER	16/12/22	
8.	COUNSELLING OF A PATIENT WITH ADJUSTMENT DISORDER	20/12/22	
9.	COUNSELLING OF A PATIENT WITH ALCOHOL DEPENDENCE	21/12/22	
10.	COUNSELLING OF A PATIENT WITH DELUSION OF GRANDEUR	22/12/22	

Signature of Unit Chief

PROCEDURES ASSISTED

Sl. No	Procedures	Date	Signature of Supervisor
1.	MANAGEMENT OF A CASE OF POST TRAUMATIC STRESS DISORDER	9/12/22	
2.	ELECTROCONVULSIVE THERAPY IN A PATIENT WITH DEPRESSION	10/12/22	
3.	MANAGEMENT OF A CASE OF BPAD – MANIA	10/12/22	
4.	MANAGEMENT OF A CASE OF PATIENT WITH ICU PSYCHOSIS	12/12/22	
5.	EMERGENCY MANAGEMENT OF AN AGITATED BPAD PATIENT	12/12/22	
6.	COUNSELLING OF A PATIENT WITH SUBSTANCE ABUSE	13/12/22	
7.	GROUP THERAPY FOR PATIENTS WITH ALCOHOL DEPENDENCE	15/12/22	
8.	COUNSELLING OF A PATIENT WITH BEHAVIOURAL DISORDER	16/12/22	
9.	MANAGEMENT OF A CASE OF CHILD WITH OPPOSITIONAL DISORDER	20/12/22	
10.	COUNSELLING OF A PATIENT WITH OBSESSIVE COMPULSIVE DISORDER (OCD)	22/12/22	

Signature of Unit Chief

DEPARTMENT OF PSYCHIATRY KMCT MEDICAL COLLEGE HOSPITAL
Manassery P.O.
Kozhikode
673 602

PROCEDURES OBSERVED

Sl. No	Procedures	Date	Signature of Supervisor
1.	MANAGEMENT OF A CASE OF BIPOLAR AFFECTIVE DISORDER	9/12/22	
2.	MANAGEMENT OF A CASE OF DISSOCIATIVE DISORDER	11/12/22	
3.	KETAMINE INFUSION IN A PATIENT WITH DEPRESSION	13/12/22	
4.	APPROACH AND MANAGEMENT OF A PATIENT WITH SCHIZOPHRENIA	14/12/22	
5.	COGNITIVE BEHAVIOURAL THERAPY OF A PATIENT WITH OCD	14/12/22	
6.	APPROACH AND MANAGEMENT OF A PATIENT WITH MOOD DISORDER	15/12/22	
7.	APPROACH AND MANAGEMENT OF A PATIENT WITH DELIBERATE SELF HARM	17/12/22	
8.	MANAGEMENT OF A CASE OF LEWY BODY DEMENTIA	17/12/22	
9.	ECT IN A PATIENT WITH RECURRENT DEPRESSIVE DISORDER WITH SUICIDAL IDEATIONS	20/12/22	
10.	APPROACH AND MANAGEMENT OF A CASE OF PATIENT WITH ADJUSTMENT DISORDER	21/12/22	

Note: Unit Heads will complete the evaluation from immediately on completion of internship. The same may be countersigned by the HOD with proper authentication and seal. A copy may be sent to the Principal's office also.

Signature of Unit Chief

Dr. SUSHAMA
Prof & HOD
Dept. of Psychiatry Reg No. 17854
KMCT MEDICAL COLLEGE HOSPITAL
Manassery (P.O), Pin - 673602

Signature of HOD

INTERNSHIP ASSESSMENT AND FEEDBACK FORM

Name: ALISHA · A · B. Student/Intern ID: 71976

Supervisor: _____ Department/Specialty: PSYCHIATRY

Unit: _____ Dates: 9 / 12 / 22 to 22 / 12 / 22 Leaves: 1 days

FEEDBACK

Strengths:

• Strengths include, hardworking, industrious and compassionate —

Area of Improvements needed:

Comments:

Signature of the Intern: Alisha **Date:**

Signature of the Faculty in-charge **Date:** 21/3/23

Dr. ANUKESH VASU KELOTH
MBBS, MS, FMAS, FIAGES
Reg. No. 38829
Consultant General Surgeon

PSYCHIATRY KMCT MEDICAL COLLEGE
Manassery P.O.

DEPARTMENT OF GENERAL SURGERY

INTERNSHIP EVALUATION FORM

Date of Posting: 30/09/22 to 10/11/22 Date of Extension: 18/6/23 to 22/6/

Rating Scale : A - Outstanding, B - Good, C - Average, D – Needs further training.

Sl.No.	Item	Rating	Remarks
1.	Knowledge	A	
2.	Patient Care	A	
3.	Procedural Skills	A	
4.	Independent care	B	
5.	Communication Skills	B	
6.	System Based Practice	A	
7.	Professionalism	A	
8.	Life-long Learning	A	

Good

A score below C in any of the above items will represent unsatisfactory completion of internship and will warrant extension

Signature of Unit Head Dr. ANUKESH VASU KELOTH MBBS, MS, FMAS, FIAGES Reg. No : 38826 Consultant General Surgeon

DEPARTMENT OF GENERAL SURGERY

Signature of HOD

PROCEDURES PERMORMED UNDER SUPERVISION

Sl. No	Procedures	Date	Signature of Supervisor
1.	CLEANING AND DRESSING OF DIABETIC FOOT – RIGHT.	30/9/22	
2.	POST OPERATIVE DRESSING AND CREPE BANDAGE APPLICATION FOR MODIFIED RADICAL MASTECTOMY – LEFT	1/10/22	
3.	WOUND DEBRIDEMENT IN A CASE OF NON HEALING ULCER.	3/10/22	
4.	DRAIN REMOVAL AFTER A CASE OF MODIFIED RADICAL MASTECTOMY – LEFT SIDE.	11/10/22	
5.	SUTURE APPLICATION ON SURGICAL INCISION SITE FOR APPENDICECTOMY	18/10/22	
6.	SUTURE REMOVAL AFTER TOTAL THROIDECTOMY	19/10/22	
7.	DRAIN REMOVAL AFTER INGUINAL HERNIA REPAIR.	22/10/22	
8.	PROCTOSCOPY IN A CASE OF HEMORRHOIDES	2/11/22	
9.	CLEANING AND VAC DRESSING IN A CASE OF DIABETIC FOOT ULCER (LEFT)	3/11/22	
10.	SCROTAL SUPPORT IN A CASE OF RIGHT INGUINOSCROTAL HERNIA.	8/11/22	

Dr. Fayeez
APS & Sr.

SMCT MEDICAL COLLEGE
DEPARTMENT OF GENERAL SURGERY

Signature of Unit Chief
Dr. ANUKESH VASU KELOTH
MBBS, MS, FMAS, FIAGES
Reg. No : 38826
Consultant General Surgeon

PROCEDURES ASSISTED

Sl. No	Procedures	Date	Signature of Supervisor
1.	EMERGENCY APPENDICECTOMY IN A CASE OF ACUTE APPENDICITIS.	1/10/22	
2.	EXCISION OF SEBACEOUS CYST UNDER LOCAL ANAESTHESIA – LEFT ARM	3/10/22	
3.	EXCISION OF FIBROADENOMA OF BREAST – RIGHT SIDE	13/10/22	
4.	HERNIOPLASTY IN A CASE OF INDIRECT INGUINAL HERNIA.	18/10/22	
5.	OPEN APPENDICECTOMY IN A CASE OF ACUTE APPENDICITIS.	19/10/22	
6.	TOTAL THYROIDECTOMY IN A CASE OF TOXIC MULTI NODULAR GOITRE.	21/10/22	
7.	EMERGENCY EXPLORATION OF A CASE OF TORSION TESTIS	23/10/22	
8.	BELOW KNEE AMPUTATION UNDER SAB	24/10/22	
9.	HEMMORHOIDECTOMY IN A CASE OF GRADE – III HEMORRHOIDS.	1/11/22	
10.	EXCISION OF LIPOMA OVER UPPER BACK OF CHEST – LEFT SIDE ↓LA	4/11/22	

Signature of Unit Chief

Dr. ANUKESH VASU KELOTH
MBBS, MS, FMAS, FIAGES
Reg. No : 38826
Consultant General Surgeon

Dr. ANUKESH VASU KELOTH
MBBS, MS, FMAS, FIAGES
Reg. No : 38826
Consultant General Surgeon

DEPARTMENT OF GENERAL SURGERY

PROCEDURES OBSERVED

Sl. No	Procedures	Date	Signature of Supervisor
1.	TOTAL THYROIDECTOMY IN A CASE OF MULTINODULAR GOITRE	2|10|22	
2.	ABOVE KNEE AMPUTATION IN A CASE OF CHRONIC DIABETIC FOOT - LEFT	6|10|22	
3.	LAPAROSCOPIC APPENDICECTOMY IN A CASE OF ACUTE APPENDICITIS	14|10|22	
4.	LAPAROSCOPIC CHOLECYSTECTOMY IN A CASE OF CALCULOUS CHOLECYSTITIS	25|10|22	
5.	ENDOVENOUS LASER ABLATION IN A CASE OF VARICOSE VEIN - RIGHT	28|10|22	
6.	CIRCUMCISION IN A PATIENT WITH PARAPHYMOSIS.	30|10|22	
7.	TRANS ABDOMINAL PRE PERITONEAL REPAIR IN A CASE OF INGUINAL HERNIA - LEFT	2|11|22	
8.	EXPLORATORY LAPAROTOMY; RESECTION AND ANASTOMOSIS IN A CASE OF INTESTINAL OBSTRUCTION	3|11|22	
9.	HEMORRHOIDECTOMY WITH LATERAL INTERNAL SPHINCTEROTOMY UNDER SAB.	6|11|22	
10.	ABOVE KNEE AMPUTATION IN A CASE OF NECROSIS OF RIGHT LEG UNDER GA.	10|11|22	

Note: Unit Heads will complete the evaluation from immediately on completion of internship. The same may be countersigned by the HOD with proper authentication and seal. A copy may be sent to the Principal's office also.

Signature of Unit Chief

Dr. ANUKESH VASUKELOWA
MBBS, MS, FMAS, FIAGES
Reg. No : 38826
Consultant General Surgeon

KMC COLLEGE
DEPARTMENT OF GENERAL SURGERY

Signature of HOD

INTERNSHIP ASSESSMENT AND FEEDBACK FORM

Name: ALISHA · A · B. Student/Intern ID: 71976

Supervisor: DR ANUKESH VASU KELOTH Department/Specialty: GENERAL SURGERY

Unit: S1 Dates: 30/9/22 to 10/11/22 Leaves: 7 days

FEEDBACK

Strengths: Smart & hard working

Area of Improvements needed: Communication skills

Comments:

Signature of the Intern: Alisha **Date:**

Signature of the Faculty in-charge **Date:** 22/06/2023

DEPARTMENT OF GENERAL SURGERY

Dr. ANUKESH VASU KELOTH
MBBS, MS, FMAS, FIAGES
Reg. No : 38826
Consultant General Surgeon

DEPARTMENT OF ANESTHESIOLOGY AND CRITICAL CARE

INTERNSHIP EVALUATION FORM

Date of Posting: 16/9/22 to 29/9/22 Date of Extension: Nil

Rating Scale : A - Outstanding, B - Good, C - Average, D – Needs further training.

Sl.No	Item	Rating	Remarks
1.	Knowledge	A	
2.	Patient Care	B	
3.	Procedural Skills	B	Good
4.	Independent care	A	
5.	Communication Skills	B	
6.	System Based Practice	B	
7.	Professionalism	B	
8.	Life-long Learning	A	

A score below C in any of the above items will represent unsatisfactory completion of internship and will warrant extension

Dr. Sunny Alex

Signature of Unit Head

Dr. Sunny Alex, MD
Professor
Dept. of Anaesthesiology & Critical Care
KMCT Medical College Hospital
Reg. No: 29331

DEPARTMENT OF ANAESTHESIOLOGY & CRITICAL CARE
KMCT MEDICAL COLLEGE

Dr. Sunny Alex

Signature of HOD

PROCEDURES PERMORMED UNDER SUPERVISION

Sl. No	Procedures	Date	Signature of Supervisor
1.	PRE ANAESTHETIC CHECK FOR A CASE OF TOTAL KNEE REPAIR	16/9/22	
2.	PRE ANAESTHETIC CHECK FOR A CASE OF FESS	16/9/22	
3.	PRE ANAESTHETIC CHECK FOR A CASE OF NECK OF FEMUR FRACTURE	17/9/22	
4.	PRE ANAESTHETIC CHECK FOR A CASE OF HERNIOPLASTY	18/9/22	
5.	PRE ANAESTHETIC CHECK FOR A CASE OF IT FRACTURE	19/2/22	
6.	ANKLE BLOCK FOR MIDTARSAL AMPUTATION - RIGHT	19/9/22	
7.	PRE ANAESTHETIC CHECK FOR A CASE OF ADENO TONSILLECTOMY	23/9/22	
8.	PRE ANAESTHETIC CHECK FOR A CASE OF TOTAL THYROIDECTOMY	24/9/22	
9.	PRE ANAESTHETIC CHECK FOR A CASE OF IMPLANT REMOVAL	26/9/22	
10.	PRE ANAESTHETIC CHECK FOR A CASE OF OPEN APPENDICECTOMY	29/9/22	

DEPARTMENT OF ANAESTHESIOLOGY & CRITICAL CARE
KMCT MEDICAL COLLEGE

Dr Sunny

Signature of Unit Chief

PROCEDURES ASSISTED

Sl. No	Procedures	Date	Signature of Supervisor
1.	SPINAL ANAESTHESIA FOR KNEE ARTHROPLASTY	18/9/22	
2.	PRE ANAESTHETIC CHECK FOR A CASE OE ELECTIVE LSCS	19/9/22	
3.	ENDOTRACHEAL INTUBATION FOR A CASE OF SUBMANDIBULAR GLAND EXCISION.	19/9/22	
4.	PRE ANAESTHETIC CHECK FOR A CASE OF FISTULECTOMY	20/9/22	
5.	EXTUBATION OF A PATIENT AFTER TOTAL THYROIDECTOMY	22/9/22	
6.	BRACHIAL BLOCK FOR A CASE OF CARPAL TUNNEL SYNDROME	26/9/22	
7.	AXILLARY BRACHIAL PLEXUS BLOCK FOR A CASE OF EXTENSOR TENDON INJURY - LEFT HAND	26/9/22	
8.	ADMINISTRATION OF SPINAL ANAESTHESIA FOR A CASE OF HERNIA REPAIR - RIGHT SIDE	27/9/22	
9.	PRE ANAESTHETIC CHECK FOR A CASE OF TOTAL KNEE REPLACEMENT	28/9/22	
10.	ANKLE BLOCK FOR WOUND DEBRIDEMENT OF RIGHT FOOT	28/9/22	

DEPARTMENT OF ANAESTHESIOLOGY & CRITICAL CARE
KMCT MEDICAL COLLEGE

Dr. Sunil

Signature of Unit Chief

PROCEDURES OBSERVED

Sl. No	Procedures	Date	Signature of Supervisor
1.	GENERAL ANAESTHESIA FOR A CASE OF FESS	16/9/22	
2.	SPINAL ANAESTHESIA FOR A CASE OF ELECTIVE LSCS	17/9/22	
3.	EPIDURAL ANAESTHESIA (THORACIC) FOR A CASE OF MODIFIED RADICAL MASTECTOMY	21/9/22	
4.	AXILLARY BLOCK FOR A CASE OF TENDON CUT INJURY	21/9/22	
5.	INTER SCALENE BLOCK IN A PATIENT WITH PROXIMAL HUMERUS FRACTURE - RIGHT	22/9/22	
6.	GENERAL ANAESTHESIA FOR TYMPANOPLASTY	23/9/22	
7.	ASSISTED SUBARACHNOID BLOCK FOR VAGINAL HYSTERECTOMY FOR UTERINE PROLAPSE	26/9/22	
8.	ENDOTRACHEAL INTUBATION FOR A CASE OF TOTAL THYROIDECTOMY	27/9/22	
9.	ENDOTRACHEAL INTUBATION FOR A CASE OF DIFFICULT AIRWAY	28/9/22	
10.	ASSISTED CENTRAL LINE PLACEMENT FOR DIALYSIS	29/9/22	

Note: Unit Heads will complete the evaluation from immediately on completion of internship. The same may be countersigned by the HOD with proper authentication and seal. A copy may be sent to the Principal's office also.

Dr. Sunny Alex, MD
Professor
Dept. of Anaesthesiology & Critical Care
KMCT Medical College Hospital
Reg. No: 29331

Signature of Unit Chief

Signature of HOD

INTERNSHIP ASSESSMENT AND FEEDBACK FORM

Name: ALISHA · A · B. Student/Intern ID: 71976

Supervisor: _____ Department/Specialty: ANAESTHESIOLOGY

Unit: _____ Dates: 16 / 9 / 22 to 29 / 9 / 22 Leaves: 1 days

FEEDBACK

Strengths: Punctual, Hardworking

Area of Improvements needed: Procedural skills

Comments: Good.

Signature of the Intern: Alisha **Date:**

Signature of the Faculty in-charge Dr. Sunny Alex **Date:** 15/03/2023

Dr. Sunny Alex, MD
Professor
Dept. of Anaesthesiology & Critical Care
KMCT Medical College Hospital
Reg. No: 29331

DEPARTMENT OF ANAESTHESIOLOGY & CRITICAL CARE
KMCT MEDICAL COLLEGE

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY INCLUDIN
FAMILY WELFARE AND PLANNING

INTERNSHIP EVALUATION FORM

Date of Posting: Labour Room: 16/6/22 to 14/7/22
Ward: 15/7/22 to 4/8/22

Date of Extension: Nil

Rating Scale : A - Outstanding, B - Good, C - Average, D – Needs further training.

Sl.No	Item	Rating	Remarks
1.	Knowledge	B	
2.	Patient Care	A	
3.	Procedural Skills	B	Good
4.	Independent care	A	
5.	Communication Skills	A	D. Nasreen Banu
6.	System Based Practice	B.	
7.	Professionalism	A	
8.	Life-long Learning	B	

A score below C in any of the above items will represent unsatisfactory completion of internship will warrant extension

D. Nasreen Banu

Signature of Unit Head

Signature of HOD

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY INCLUDING FAMILY WELFARE AND PLANNING

ASSESSMENT FORMAT

Abbreviations used:
O – Observed
PA – Performed with assistance
PI – Performed independently
(Enter actual numbers. A minimum of five cases should be observed and two performed by each house surgeon.)

ANTENATAL OP & WARD

Procedures/Skills	O	PA	PI	Supervisor's Signature Name & Designation
Diagnosis of early pregnancy Diagnosis of pathological conditions of pregnancy Miscarriage Ectopic Pregnancy Molar Pregnancy Hyperemesis gravidarum	28 4 3 3 11	2 1 3		
Diagnosis of high risk pregnancy	18			
Antenatal care (AN) and advice	28	10	9	
Obstetric ultrasound interpretation	17	9	3	

GYNAECOLOGY OP & WARD

Procedures/Skills	O	PA	PI	Supervisor's Signature Name & Designation
Speculum and vaginal examinations	8	3	9	
Pap smear	10	3	6	
Endometrial aspiration	3	1		
Consent for surgery	1	1	21	
Minor surgical procedures	6	4		
Colposcopy & Hysteroscopy	3	1		
Major Gynaecological surgeries	18	10		
Laparoscopy	1	3		
Post operative care	20		18	

POSTNATAL WARD

Procedures/Skills	O	PA	PI	Supervisor's Signature Name & Designation
Postnatal Care	30		10	
Lactational management and advice	8		9	
Counseling for contraception OCP IUCD insertion Injectable Contraceptives	6 2	1		
PPS	8	4		
Interval Sterilisation Mini lap Laparoscopy	3			

LABOUR ROOM POSTING

Procedures/Skills	O	PA	PI	Supervisor's Signature Name & Designation
Labour monitoring and Partogram	2	9	32	
Induction of Labour Medical Surgical	4	3	1	
Interpretation of CTG	5	10	25	
Conduct of normal labour with episiotomy suturing	14	4	1	
Instrumental deliveries	3	2		
Breech delivery	1			
Caesarean Section	16	8		
PPIUCD	1			
Prevention and Management of PPH		3		
Intramuscular injections	4		2	
Intravascular injections	6		5	
Blood transfusion	2		1	
Urethral catheterisation	4	2	4	

SYMPOSIUM PRESENTED

Sl No.	Topic	Date
1.	STAGES OF LABOUR	18/6/22
2.	GESTATIONAL DIABETES	20/6/22
3.	ENDOMETRIOSIS	4/7/22
4.	ECTOPIC PREGNANCY	11/7/22
5.	FIBROID UTERUS	25/7/22

DETAILS OF DELIVERIES CONDUCTED

Sl.No	Name	Age	IP No.	Diagnosis	Date
1.	RASEELA K.K	20ym	367402	$G_2P_1L_1$ 36W + 3D	4/7/22
2.	SAFEELA	26ym	367843	$G_4P_2L_2A_1$ 38W + 4D	4/7/22
3.	JASLA HARIS	30ym	367617	$G_4P_3L_3$ 37W	4/7/22
4.	MAJITHA	25ym	368921	$G_3P_1L_1A_1$ 38W + 3D	7/7/22
5.	SONIYA	34ym	368185	$G_3P_2L_2$ 38W + 1D	7/7/22
6.	VINNI P DAS	27ym	368264	PRIMI 38W + 1D	8/7/22
7.	NASEENA FARSANA.	19ym	368355	PRIMI 38W + 5D	9/7/22
8.	AYISHA FASMIYA	34ym	368628	$G_4P_3L_3$ 36W + 6D	9/7/22
9.	SHAHEENA	32ym	368027	$G_2P_1L_1$ 36W + 2D	11/7/22
10.	HASEENA C.A.	26ym	368625	$G_2P_1L_1$ 36W + 4D	11/7/22
11.	HAJARA BANU	35ym	368826	$G_5P_4L_4$ 37W + 0D	12/7/22
12.	NASEERA P.	32ym	368655	$G_4P_2L_2$ 39W + 1D	12/7/22

Posting:

Labour Room:- From...16/6/22...To....14/7/22...CLS.....(Days.....)

Ward:- From...15/7/22...To.....4/8/22...CLS.....(Days.....)

No. of leave taken – 2

Remarks: Authorised leave – 2

CERTIFICATE OF COMPLETION AND ASSESSMENT

Certified that Ms./Mr. ALISHA. A. B.

worked in the Obstetrics & Gynaecology Department from 16/6/22 to 4/8/22

and satisfactorily completed the internship postings.

In case of Extension / Repetition: NIL

The intern was given _____ days of extension from _____ to _____ which

he / she completed satisfactorily on _____.

Dr. Nalini Rani

Signature of Unit Head

With Date

Signature of HOD

With Date & Seal

INTERNSHIP ASSESSMENT AND FEEDBACK FORM

Name: ALISHA · A · B. Student/Intern ID: 71976

Supervisor: _____ Department/Specialty: Obstetrics and Gynaecology

Unit: O2 Dates: 16/6/22 (15/7/22) to 14/7/22 (4/8/22) Leaves: 2 days

FEEDBACK

Strengths:

Punctual.

Hard working

Area of Improvements needed:

Procedure skill to be improved

Comments:

Good

H
D. Nursing Supdt

Signature of the Intern: Alisha **Date:**

Signature of the Faculty in-charge H
D. Nursing Supdt **Date:** 21-6-2023.

DEPARTMENT OF PAEDIATRICS

INTERNSHIP EVALUATION FORM

Date of Posting: 5/8/22 to 25/8/22 Date of Extension: Nil

Rating Scale : A - Outstanding, B - Good, C - Average, D – Needs further training.

Sl.No.	Item	Rating	Remarks
1.	Knowledge		
2.	Patient Care		
3.	Procedural Skills		
4.	Independent care		
5.	Communication Skills		
6.	System Based Practice		
7.	Professionalism		
8.	Life-long Learning		

A score below C in any of the above items will represent unsatisfactory completion of internship and will warrant extension

Signature of Unit Head

Signature of HOD

PROCEDURES PERMORMED UNDER SUPERVISION

Sl. No	Procedures	Date	Signature of Supervisor
1.	EVALUATION AND MANAGEMENT OF ACUTE RESPIRATORY INFECTION IN INFANT	5/8/22	
2.	STOMACH WASH FOR A NEWBORN WITH MECONIUM ASPIRATION	6/8/22	
3.	EVALUATION OF A CHILD WITH DELAYED MILESTONE	12/8/22	
4.	COUNSELLING OF A MOTHER REGARDING PROPER FEEDING TECHNIQUE AND IMMUNIZATION	13/8/22	
5.	MANAGEMENT OF A CASE OF ACUTE EXACERBATION OF BRONCHIAL ASTHMA	16/8/22	
6.	EVALUATION AND MANAGEMENT OF FEBRILE SEIZURE	16/8/22	
7.	MANAGEMENT OF A CASE OF ACUTE DIARRHOEAL DISEASE WITH SOME DEHYDRATION	20/8/22	
8.	RYLE'S TUBE INSERTION IN A CHILD	22/8/22	
9.	CUTTING AND CLAMPING OF UMBILICAL CORD OF NEWBORN IMMUNIZATION IN CHILDREN	24/8/22	
10	ROUTINE CARE OF NEWBORN FOLLOWING ELECTIVE LSCS IV CANNULATION AND BLOOD COLLECTION	24/8/22	

Signature of Unit Chief

PROCEDURES ASSISTED

Sl. No	Procedures	Date	Signature of Supervisor
1.	BAG AND MASK VENTILATION OF A NEWBORN WITH RESUSCITATION	6/8/22	
2.	MANAGEMENT OF A CASE OF KEROSINE POISONING	8/8/22	
3.	EVALUATION AND MANAGEMENT OF A CASE OF i) DOWN'S SYNDROME ii) MARFAN'S SYNDROME	8/8/22	
4.	MANAGEMENT OF A CASE OF BURNS IN A CHILD	9/8/22	
5.	MANAGEMENT OF A CASE OF FEBRILE SEIZURES	17/8/22	
6.	BAG AND MASK VENTILATION OF NEWBORN WITH APNOEA	22/8/22	
7.	EVALUATION AND MANAGEMENT OF A CASE OF NEONATAL SEPSIS	22/8/22	
8.	MANAGEMENT OF A CASE OF HYPERBILIRUBINEMIA	23/8/22	
9.	MANAGEMENT OF A CASE OF GLOMERULONEPHRITIS	24/8/22	
10.	MANAGEMENT OF A CASE OF DENGUE FEVER	24/8/22	

Signature of Unit Chief

PROCEDURES OBSERVED

Sl. No	Procedures	Date	Signature of Supervisor
1.	MANAGEMENT OF A CASE OF CEREBRAL PALSY	5/8/22	
2.	LUMBAR PUNCTURE IN A CASE OF SUSPECTED MENINGITIS	6/8/22	
3.	MANAGEMENT OF A CASE OF STATUS EPILEPTICUS	10/8/22	
4.	ASCITIC TAPPING IN A CASE OF ASCITES	11/8/22	
5.	BONE MARROW ASPIRATION IN A CASE OF SUSPECTED LEUKEMIA	16/8/22	
6.	CARDIO PULMONARY RESUSCITATION OF A CHILD	20/8/22	
7.	MANAGEMENT OF A CASE OF CORNELIA DE LANGE SYNDROME	22/8/22	
8.	MANAGEMENT OF A CASE OF CROUP	23/8/22	
9.	MANAGEMENT OF A CASE OF KAWASAKI DISEASE.	23/8/22	
10.	MANAGEMENT OF A CASE OF TRANSIENT INTUSUCCEPTION	24/8/22	

Note: Unit Heads will complete the evaluation from immediately on completion of internship. The same may be countersigned by the HOD with proper authentication and seal. A copy may be sent to the Principal's office also.

Signature of HOD

Signature of Unit Chief

INTERNSHIP ASSESSMENT AND FEEDBACK FORM

Name: ALISHA · A · B · Student/Intern ID: 71976

Supervisor: _____ Department/Specialty: PAEDIATRICS

Unit: _____ Dates: 5 / 8 / 22 to 25 / 8 / 22 Leaves: 1 days

FEEDBACK

Strengths:

Area of Improvements needed:

Comments:

Signature of the Intern: Alisha · **Date:**

Signature of the Faculty in-charge **Date:**

DEPARTMENT OF ORTHOPAEDICS INCLUDING PHYSICAL MEDICINE AND REHABILITATION (PM&R)

INTERNSHIP EVALUATION FORM

Date of Posting: 26/8/22 to 8/9/22 Date of Extension: 16/6/23 to 17/6/23

Rating Scale : A - Outstanding, B - Good, C - Average, D – Needs further training.

Sl.No	Item	Rating	Remarks
1.	Knowledge	B	
2.	Patient Care	B	
3.	Procedural Skills	B	
4.	Independent care	B	V. Good
5.	Communication Skills	B	
6.	System Based Practice	B	
7.	Professionalism	B	
8.	Life-long Learning	B	

A score below C in any of the above items will represent unsatisfactory completion of internship and will warrant extension

Dept. of Orthopaedics KMCT Medical College Hospital

Signature of Unit Head

Dr. UMMAR PARAYIL
MBBS, MS (ORTHO), Reg. No. 10553
HOD & Professor
Dept. of Orthopaedics
KMCT Medical College Hospital

Signature of HOD

Dr. UMMAR PARAYIL
MBBS, MS (ORTHO), Reg. No. 10553
HOD & Professor
Dept. of Orthopaedics
KMCT Medical College Hospital

PROCEDURES PERMORMED UNDER SUPERVISION

Sl. No	Procedures	Date	Signature of Supervisor
1.	WOUND DEBRIDEMENT AND DRESSING	27/8/22	
2.	APPLICATION OF BUDDY-STRAPPING OF FINGERS 3 AND 4	29/8/22	
3.	BELOW KNEE SLAB APPLICATION	30/8/22	
4.	WOUND SUTURING LEFT LEG	30/8/22	
5.	BELOW ELBOW CAST APPLICATION CLAVICLE BRACE APPLICATION	31/8/22	
6.	STAPLER APPLICATION FOR ORIF FOR INTER-TROCHANTERIC FRACTURE	31/8/22	
7.	SUTURE REMOVAL AND DRESSING	1/9/22	
8.	REDUCTION OF DISPLACED COLLES FRACTURE	1/9/22	
9.	APPLICATION OF KNEE IMMOBILISER	2/9/22	
10.	VACCUM DRESSING FOR FOOT ULCER	6/9/22	

Dept. of Orthopaedics KMCT Medical College Hospital

Dr. UMMAR PARAYIL
MBBS, MS (ORTHO), Reg No. 70553
HOD & Professor
Dept. of Orthopaedics
KMCT Medical College Hospital

Signature of Unit Chief

PROCEDURES ASSISTED

Sl. No	Procedures	Date	Signature of Supervisor
1.	CRIF WITH K-WIRE FIXATION UNDER BRACHIAL BLOCK	26/8/22	
2.	ORIF WITH DISTAL LCP UNDER GA	27/8/22	
3.	IMPLANT REMOVAL UNDER SAB	27/8/22	
4.	A_1 PULLEY RELEASE OF THUMB UNDER LA	29/8/22	
5.	HEMIARTHROPLASTY WITH BIPOLAR PROSTHESIS	30/8/22	
6.	INTRA ARTICULAR STEROID INJECTION FOR OSTEOARTHRITIS-KNEE	2/9/22	
7.	ORIF WITH PROXIMAL TIBIAL PLATING UNDER SAB.	3/9/22	
8.	HEMIARTHROPLASTY WITH BIPOLAR PROSTHESIS.-RIGHT	5/9/22	
9.	MANAGEMENT OF A CASE OF INTER VERTEBRAL DISC PROLAPSE (UNDP)	7/9/22	
10.	WOUND EXPLORATION AND FLEXOR DIGITORUM SUPERFICIALIS TENDON REPAIR - RIGHT	8/9/22	

Dept. of Orthopaedics ★ MANASSERY PIN. 673 602 ★ KMCT Medical College Hospital

Signature of Unit Chief

Dr. UMMAR PARAYIL
MBBS. MS (ORTHO). Reg. No. 10553
HOD & Professor
Dept. of Orthopaedics
KMCT Medical College Hospital

PROCEDURES OBSERVED

Sl. No	Procedures	Date	Signature of Supervisor
1.	TOTAL KNEE REPLACEMENT - LEFT	28/8/22	
2.	ARTHROSCOPIC ACL RECONSTRUCTION OF MEDIAL MENISCUS	28/8/22	
3.	ORF + PLATING LATERAL MALLEOLUS AND SCREW FIXATION OF MEDIAL MALLEOLUS	30/8/22	
4.	CRIF WITH IMIC NAIL TIBIA FOR BOTH BONE FRACTURE - RIGHT LEG	31/8/22	
5.	K-WIRE FIXATION OF COLLES' FRACTURE - RIGHT	2/8/22	
6.	ORIF WITH K-WIRE DISTAL RADIUS SHAFT FRACTURE - RIGHT LEG.	3/8/22	
7.	BIPOLAR HEMIARTHROPLASTY - LEFT	3/8/22	
8.	ORIF WITH LAG SCREW FOR GRADE-I OPEN TRIMALLEOLAR FRACTURE - LEFT	4/8/22	
9.	CARPAL TUNNEL RELEASE - RIGHT FOR CARPAL TUNNEL SYNDROME (CTS)	6/8/22	
10.	HEMIARTHROPLASTY WITH BIPOLAR PROSTHESIS - LEFT.	8/8/22	

Note: Unit Heads will complete the evaluation from immediately on completion of internship. The same may be countersigned by the HOD with proper authentication and seal. A copy may be sent to the Principal's office also.

Signature of Unit Chief

Dept. of Orthopaedics ★ MANASSERY PIN. 673 602 ★ KMCT Medical College Hospital

Dr. UMMAR PARAYIL
MBBS, MS (ORTHO), Reg. No. 10553
HOD & Professor
Dept. of Orthopaedics

Signature of HOD

INTERNSHIP ASSESSMENT AND FEEDBACK FORM

Name: ALISHA·A·B. Student/Intern ID: 71976

Supervisor: _____ Department/Specialty: ORTHOPAEDICS

Unit: O2 Dates: 26 / 8 / 22 to 8 / 9 / 22 Leaves: 2 days

FEEDBACK

Strengths: HARD WORKING, PUNCTUAL

Area of Improvements needed: CLINICAL SKILLS.

Comments: VERY GOOD

Signature of the Intern: Alisha. **Date:**

Signature of the Faculty in-charge **Date:**

Dept. of Orthopaedics * KMCT Medical College Hospital * MANASSERY PIN 673 602

Dr. UMMAR PARAYIL
MBBS. MS (ORTHO). Reg. No. 10553
HOD & Professor
Dept. of Orthopaedics
KMCT Medical College Hospital

DEPARTMENT OF OTORHINOLARYNGOLOGY

INTERNSHIP EVALUATION FORM

Date of Posting: 25/11/22 to 8/12/22 Date of Extension: Nil.

Rating Scale : A - Outstanding, B - Good, C - Average, D – Needs further training

Sl.No	Item	Rating	Remarks
1.	Knowledge		
2.	Patient Care		
3.	Procedural Skills	B	Good
4.	Independent care		
5.	Communication Skills		
6.	System Based Practice		
7.	Professionalism		
8.	Life-long Learning		
9.	Staff Relationship		

A score below C in any of the above items will represent unsatisfactory completion of internship and will warrant extension

KMCT Medical College Hospital Manassery Kozhikode 673 602 Department of ENT

Signature of Unit Head

Signature of HOD

Dr. K. RAMACHANDRAN
(TCMC Reg. No: 1288)
Professor & HOD of ENT
KMCT Medical College Hospital
Manassery, Kozhikode - 673 602

PROCEDURES PERMORMED UNDER SUPERVISION

Sl. No	Procedures	Date	Signature of Supervisor
1.	SUCTION AND CLEARANCE OF OTOMYCOSIS	25/11/22	
2.	RYLES TUBE INSERTION	25/11/22	
3.	WAX REMOVAL FROM B/L EAR	26/11/22	
4.	FOREIGN BODY REMOVAL FROM NOSE	26/11/22	
5.	DIX HALLPIKE MANEUVER FOR A PATIENT WITH VERTIGO	28/11/22	
6.	EPLEY'S MANEUVER	29/11/22	
7.	EAR SYRINGING TO REMOVE INSECT	1/12/22	
8.	FOREIGN BODY REMOVAL FROM THROAT.	2/12/22	
9.	EAR PACKING FOR A CASE OF OTITIS EXTERNA.	6/12/22	
10.	ANTERIOR NASAL PACKING FOR EPISTAXIS.	8/12/22	

SMCT Medical College Hospital
Manassery
Kozhikode
673 602
Department of ENT

Signature of Unit Chief

PROCEDURES ASSISTED

Sl. No	Procedures	Date	Signature of Supervisor
1.	ADENOIDECTOMY UNDER GA	25/11/22	
2.	FOREIGN BODY REMOVAL FROM THROAT	26/11/22	
3.	MANAGEMENT OF A CASE OF EPISTAXIS.	26/11/22	
4.	FOREIGN BODY REMOVAL FROM EAR - LEFT	28/11/22	
5.	DIAGNOISTIC NASAL ENDOSCOPY	29/11/22	
6.	FOREIGN BODY REMOVAL FROM NOSE	30/11/22	
7.	MASTOIDECTOMY UNDER GA.	30/11/22	
8.	RIGHT EAR TYMPANOPLASTY	5/12/22	
9.	EVALUATION OF EXTERNAL AUDITORY CANAL AND TYMPANIC MEMBRANE USING MICROSCOPE	6/12/22	
10.	FUNCTIONAL ENDOSCOPIC SINUS SURGERY	8/12/22	

KMCT Medical College Hospital
Manassery
Kozhikode
673 602
Department of ENT

Signature of Unit Chief

PROCEDURES OBSERVED

Sl. No	Procedures	Date	Signature of Supervisor
1.	SEPTOPLASTY UNDER GA FOR A CASE OF DNS TO LEFT SIDE	25/11/22	
2.	ADENOIDECTOMY UNDER GA FOR CHRONIC ADENOIDITIS	28/11/22	
3.	FUNCTIONAL ENDOSCOPIC SINUS SURGERY FOR CHRONIC RHINOSINUSITIS	28/11/22	
4.	TOTAL THYROIDECTOMY UNDER GA FOR A CASE OF MULTI NODULAR GOITRE	28/11/22	
5.	LEFT CORTICAL MASTOIDECTOMY + TYMPANOPLASY UNDER GA FOR A CASE OF LEFT EAR CHRONIC OTITIS MEDIA	1/12/22	
6.	ADENOIDITIS + MYRINGOTOMY FOR CHRONIC ADENOIDITIS.	1/12/22	
7.	RIGHT - PREAURICULAR SINUS EXCISION UNDER LA.	6/12/22	
8.	LEFT REVISION TYMPANOPLASTY + CORTICAL MASTOIDECTOMY UNDER GA FOR LEFT EAR CHRONIC OTITIS MEDIA.	7/12/22	
9.	TONSILLO - ADENOID RESECTION UNDER GA FOR CHRONIC ADENOIDITIS	7/12/22	
10.	SUBMUCOSAL RESECTION FOR A CASE OF DNS WITH ALLERGIC RHINITIS	8/12/22	

Note: Unit Heads will complete the evaluation from immediately on completion of internship. The same may be countersigned by the HOD with proper authentication and seal. A copy may be sent to the Principal's office also.

Signature of Unit Chief

DR. RATHNAKUMAR.R.S MS (ENT)
Reg. No. 76551
Professor & HOD of ENT
KMCT Medical College Hospital
Manassery, Kozhikode - 673 602

Signature of HOD

INTERNSHIP ASSESSMENT AND FEEDBACK FORM

Name: ALISHA·A·B· Student/Intern ID: 71976

Supervisor: _____ Department/Specialty: OTORHINOLARYNGOLO

Unit: _____ Dates: 25 / 11 / 22 to 8 / 12 / 22 Leaves: 0 days

FEEDBACK

Strengths:

Good

Area of Improvements needed:

Practice Hard working

Comments:

Signature of the Intern: Alisha **Date:**

Signature of the Faculty in-charge **Date:** 20/3/2023

GMCT Medical College Hospital
Manassery
Kozhikode
673 602
Department of ENT

DEPARTMENT OF OPHTHALMOLOGY

INTERNSHIP EVALUATION FORM

Date of Posting: 10/3/23 to 23/3/23 Date of Extension: Nil

Rating Scale : A - Outstanding, B - Good, C - Average, D – Needs further training.

Sl.No	Item	Rating	Remarks
1.	Knowledge	B	
2.	Patient Care	A	
3.	Procedural Skills	B	
4.	Independent care	B	Very good
5.	Communication Skills	A	
6.	System Based Practice	B	
7.	Professionalism	A	
8.	Life-long Learning	B	

A score below C in any of the above items will represent unsatisfactory completion of internship and will warrant extension

Signature of Unit Head

KMCT Medical College Hospital * Department of Ophthalmology * Manassery Kozhikode 673 602

Dr. JYOTHI P.T, MBBS, MS, DO
Professor of Ophthalmology
Reg. No. 13563
KMCT Medical College Hospital
Manassery, Mukkom, Kozhikode - 673 602

Signature of HOD

PROCEDURES PERMORMED UNDER SUPERVISION

Sl. No	Procedures	Date	Signature of Supervisor
1.	EYE WASH WITH NORMAL SALINE	10/3/23	
2.	ASSESMENT OF REFRACTIVE ERRORS AND ITS CORRECTION	11/3/23	
3.	FLUORESCENT STAINING OF EYES	13/3/23	
4.	PAD AND BANDAGE OF RIGHT EYE	15/3/23	
5.	FOREIGN BODY REMOVAL FOR RIGHT EYE	16/3/23	
6.	MANAGEMENT OF A CASE OF PRESBYOPIA AND ASTIGMATISM	18/3/23	
7.	SLIT LAMP EXAMINATION OF BOTH EYES IN A CASE OF DIABETIC RETINOPATHY	20/3/23	
8.	INTRA OCULAR PRESSURE MEASUREMENT	21/3/23	
9.	MANAGEMENT OF A CASE OF EXTERNAL HORDEOLUM	21/3/23	
10.	EVALUATION AND MANAGEMENT OF CASE OF CONJUNCTIVITIS	23/3/23	

KMCT Medical College Hospital, Manassery, Kozhikode 673 602

Signature of Unit Chief

PROCEDURES ASSISTED

Sl. No	Procedures	Date	Signature of Supervisor
1.	SUTURING IN A CASE OF SEIZURE AND FALL - (L) UPPER EYE LID SUTURING.	11/3/23	
2.	MANAGEMENT OF A CASE OF PTERYGIUM RIGHT EYE	13/3/23	
3.	MANAGEMENT OF A CASE OF ANTERIOR UVEITIS	15/3/23	
4.	MANAGEMENT OF A CASE OF HYPERTENSIVE RETINOPATHY	17/3/23	
5.	REMOVAL OF CORNEAL FOREIGN BODY FROM RIGHT EYE	17/3/23	
6.	EVALUATION AND MANAGEMENT OF A CASE OF DIABETIC RETINOPATHY	18/3/23	
7.	MANAGEMENT OF A CASE OF BLUNT FORCE TRAUMA TO RIGHT EYE	20/3/23	
8.	EVALUATION AND MANAGEMENT OF PRIMARY OPEN ANGLE GLAUCOMA.	21/3/23	
9.	EPILATION OF EYELASHES IN A CASE OF TRICHIASIS.	22/3/23	
10.	MANAGEMENT OF A CASE OF CORNEAL ULCER - RIGHT EYE.	23/3/23	

KMCT Medical College Hospital * Department of Ophthalmology * Manassery Kozhikode 673 602

Signature of Unit Chief

PROCEDURES OBSERVED

Sl. No	Procedures	Date	Signature of Supervisor
1.	MANAGEMENT OF A CASE OF SENILE IMMATURE CATARACT – SICS LEFT EYE ↓ LA.	10/3/23	
2.	PTERYGIUM EXCISION UNDER LA.	10/3/23	
3.	MANAGEMENT OF A CASE OF POSTERIOR SUBSCAPULAR CATARACT	13/3/23	
4.	SLIT LAMP EXAMINATION IN A CASE OF UVEITIS – KERATIC PRECIPITATES	15/3/23	
5.	MANAGEMENT OF A CASE OF FUNGAL KERATITIS	16/3/23	
6.	GONIOSCOPY	18/3/23	
7.	LASER PERIPHERAL IRIDOTOMY USING Nd:YAG LASER IN A CASE OF GLAUCOMA.	20/3/23	
8.	OPTICAL COHERENCE TOMOGRAPHY	20/3/23	
9.	MANAGEMENT OF A CASE OF CORNEAL ABRASION.	21/3/23	
10.	MANAGEMENT OF A CASE OF GLAUCOMA	22/3/23	

Note: Unit Heads will complete the evaluation from immediately on completion of internship. The same may be countersigned by the HOD with proper authentication and seal. A copy may be sent to the Principal's office also.

Signature of Unit Chief

Dr. JYOTHI P.T. MBBS, MS, DO
Professor & Head of Ophthalmology
Reg. No. 13562
KMCT Medical College Hospital
Manassery, Mukkom, Kozhikode - 673 602

Signature of HOD

INTERNSHIP ASSESSMENT AND FEEDBACK FORM

Name: ALISHA · A·B. Student/Intern ID: 71976

Supervisor: _____ Department/Specialty: OPHTHALMOLOGY

Unit: _____ Dates: 10 / 3 / 23 to 23 / 3 / 23 Leaves: 1 days

FEEDBACK

Strengths: Hardworking, Obedient

Area of Improvements needed: Time management

Comments: Very Good.

Signature of the Intern: Alisha · Date:

Signature of the Faculty in-charge Date: 16/6/23

Department of Ophthalmology * KMCT Medical College Hospital * Manassery Kozhikode 673 602

DEPARTMENT OF EMERGENCY/ TRAUMA/ CASUALTY

INTERNSHIP EVALUATION FORM

Date of Posting: 23/12/22 to 5/1/23 Date of Extension: Nil

Rating Scale : A - Outstanding, B - Good, C - Average, D – Needs further training.

Sl.No.	Item	Rating	Remarks
1.	Knowledge		
2.	Patient Care		
3.	Procedural Skills		
4.	Independent care		
5.	Communication Skills		
6.	System Based Practice		
7.	Professionalism		
8.	Life-long Learning		

A score below C in any of the above items will represent unsatisfactory completion of internship and will warrant extension

Signature of Unit Head **Signature of HOD**

PROCEDURES PERMORMED UNDER SUPERVISION

Sl. No	Procedures	Date	Signature of Supervisor
1.	FOLEY'S CATHETERISATION IN BOTH MALE AND FEMALE	23/12/22	
2.	CARDIO PULMONARY RESUSCITATION IN A CASE OF CARDIAC ARREST	23/12/22	
3.	IV CANNULATION AND COLLECTION OF BLOOD SAMPLES FOR INVESTIGATIONS IN MALE & FEMALE	25/12/22	
4.	ECG TAKING AND BASIC INTERPRETATION IN EMERGENCY CASES.	27/12/22	
5.	-RYLES TUBE INSERTION -ANTIBIOTIC TEST DOSE ADMINISTRATION	29/12/22	
6.	ADMINISTRATION OF INTRAMUSCULAR INJECTIONS (HEPATITIS B VACCINE, TETANUS TOXOID)	31/12/22	
7.	IDENTIFYING MEDICOLEGAL CASES, WRITING MLC CASES WITH WOUND DESCRIPTION AND COMPLETE MEDICOLEGAL ASPECTS IN A CASE OF RTA AND ASSAULT.	1/1/23	
8.	BASIC INTERPRETATION OF CHEST X-RAY IN A CASE OF PNEUMONIA	2/1/23	
9.	ABG SAMPLE TAKING AND BASIC INTERPRETATION OF ABG VALUES	2/1/23	
10.	MONITORING AND MANAGEMENT OF A CASE OF DOG BITE - CAT-II	5/1/23	

Signature of Unit Chief

PROCEDURES ASSISTED

Sl. No	Procedures	Date	Signature of Supervisor
1.	EMERGENCY MANAGEMENT IN A CASE OF ACUTE EPISTAXIS IN A PATIENT WITH HYPERTENSION	23/12/22	
2.	MANAGEMENT AND MONITORING OF A CASE OF HYPOGLYCEMIA.	24/12/22	
3.	SIMPLE SUTURING OF LINEAR LACERATION OF UPPER EYELID - RIGHT IN A CASE OF RTA.	26/12/22	
4.	TRACTION AND REDUCTION OF ELBOW JOINT DISLOCATION	27/12/22	
5.	EMERGENCY MANAGEMENT OF A CASE OF CEREBROVASCULAR ACCIDENT - RIGHT SIDE	27/12/22	
6.	EMERGENCY MANAGEMENT AND MONITORING IN A CASE OF ACUTE INFECTIVE EXACERBATION OF COPD.	29/12/22	
7.	EMERGENCY MANAGEMENT IN A CASE OF SUPRAVENTRICULAR TACHYCARDIA.	30/12/22	
8.	EMERGENCY MANAGEMENT OF A CASE OF ACUTE PULMONARY EDEMA IN A PATIENT WITH LEFT VENTRICULAR FAILURE	31/12/22	
9.	MANAGEMENT AND MONITORING OF A CASE OF HYPERTENSIVE EMERGENCY	2/2/22	
10.	MANAGEMENT OF A CASE OF FRACTURE OF SHAFT OF FEMUR - (RIGHT) USING THOMAS SPLINT	3/2/22	

Signature of Unit Chief

PROCEDURES OBSERVED

Sl. No	Procedures	Date	Signature of Supervisor
1.	EXTENSOR HALLUCIS LONGUS TENDON REPAIR IN A CASE OF TENDON CUT INJURY - RIGHT	24/12/22	
2.	EMERGENCY MANAGEMENT IN A CASE OF ST ELEVATION MI.	25/12/22	
3.	EMERGENCY MANAGEMENT IN A CASE OF BREAK THROUGH SEIZURE	25/12/22	
4.	EMERGENCY MANAGEMENT OF A CASE OF POLYTRAUMA DUE TO FALL FROM HEIGHT.	26/12/22	
5.	MANAGEMENT OF A CASE OF ACUTE RESPIRATORY FAILURE WITH VENTI BIPAP.	28/12/22	
6.	EMERGENCY MANAGEMENT IN A CASE OF ST ELEVATION MI	28/12/22	
7.	ENDOTRACHEAL INTUBATION IN A CASE OF PATIENT WITH TYPE II RESPIRATORY FAILURE	30/12/22	
8.	TRACTION AND REDUCTION IN A CASE OF DISTAL END RADIUS FRACTURE	3/1/23	
9.	MANAGEMENT OF A CASE OF PATIENT WITH CVA (CEREBRO VASCULAR ACCIDENT) - INTRACRANIAL BLEED.	4/1/23	
10.	MONITORING AND EMERGENCY MANAGEMENT IN A CASE OF HYPERVENTILATION SYNDROME DUE TO ANXIETY ATTACK.	4/1/23	

Note: Unit Heads will complete the evaluation from immediately on completion of internship. The same may be countersigned by the HOD with proper authentication and seal. A copy may be sent to the Principal's office also.

Signature of Unit Chief

Signature of HOD

INTERNSHIP ASSESSMENT AND FEEDBACK FORM

Name: ALISHA . A . B. Student/Intern ID: 71976

Supervisor: _____ Department/Specialty: _____

Unit: _____ Dates: 23 / 12 / 22 to 5 / 1 / 23 Leaves: 0 days

FEEDBACK

Strengths:

Area of Improvements needed:

Comments:

Signature of the Intern: Alisha . **Date:**

Signature of the Faculty in-charge **Date:**

DEPARTMENT OF FORENSIC MEDICINE AND TOXICOLOGY

PERMORMANCE EVALUATION

GOAL: On successful completion of the posting in FMT the intern shall be able to understand the organization and functioning of a hospital with regard to Medico-legal services and providequality basic medico-legal services.

I. Understand the organization of Hospital & ML Services at each sector

1. The **extern department/facility** of a hospital namely
   a. Emergency services (Unplanned care)
   b. Out-Patient sectors (Planned Visits)
   c. Mortuary (Death related services)
2. The **intern department/facility** of a hospital namely
   a. Wards and Procedure Rooms by ward side
   b. Surgical Theatres & Major Procedure /Invasive investigation facilities
   c. Specialty facilities relating to various departments

II. Identify and provide the **medico-legal services** mandatorily to be provided byphysician on duty in the extern and intern departments & mortuary of a hospital those may arise from time to time with competence (promptly, correctly and efficiently, maintaining quality) & prevention of Medical Negligence.

III Attain and demonstrate "**Certifiable Procedural Skills**" listed as
   a. Documentation and certification of Trauma (I)
   b. Diagnosis and certification of death (D)
   c. Legal documentation related to emergency cases (D)
   d. Certification of Medico-legal cases including sexual assault cases (D)
   e. Communication in ML cases with Police & Others (D)

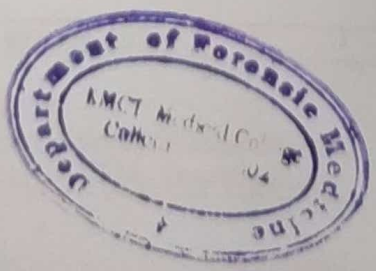
*I - Independently perform
*D -Demonstration on patients or simulations and performance under supervision in patients

No	II 2(ii) Situations for Assessment of KNOWLEDGE	Score
1	**Medico-legal duties** / responsibilities of a physician in Casualty	
2	**Medico-legal Records** - EMR , Registers, Certificates , Communications	
3	**Rights of patients** - Privacy & Sensitivity during examinations Confidentiality of data Mentally Ill patient – admission and careCustodial care of Prisoners Duties of Patients / patient consumers – COPRA (CPA) Medical Negligence Prevention, Defenses and Indemnity Insurance	
4	Gender –LGBTQIA – Helping to build appropriate Hospital PoliciesRules regarding entries as to Gender expression & Sex of patients Special Laws –POCSO, MTP, PC PNDT	
5	**AETCOM Component** **Patient Autonomy** – Informed decisions of patients - Consent/dissentDNR – (living will) , Surrogate decisions by bystander Joint decisions by team of doctors/ Consultations Organs / Body donations by live patients Beneficence & Non-maleficence , Distributive Justice Attitude & Communication Skills	
6	**Identity** – Identification procedures of patients relevant to profession Care of patients with unrevealed / identity disputes/ foreign citizens Abandoned patients Age & Sex certifications	
7	**Duties in Trauma including Asphyxia and Poisoning** (all types of injuries – physical forces, mechanically caused , firearms and explosions , chemical – poisoning & vitriolage, drowning) examination for nature of trauma / injury,time and manner of infliction , recording , proper collection –preservation & forwarding of evidence (documentation of statement & WC and arranging for statements by Police , documentation of observations on body and functions, samples for further examinations etc) - Dying Declarations	
8	**Special duties** in Sexual Assaults, Child and Elder abuse , Dowry Harassment –Forced / abetted/ attempted Suicides (DSH) - Ragging , Custodial Torture and Human Right Violations , Drunken misbehavior and Drunken Driving offences Accused and Victim Examinations	
9	**Duties in relation to Dying and death** : Death Certification & MCCD rules , Death Intimations to Police, Withholding bodies of ML Cases in morgue/mortuary with time limits –tracking, Disposal & Transportation of the dead , Mortuary / Body storage Rules	
10	**ML Postmortems** Section 174 and 176 of CrPC Inquest and Medico-legal Postmortem Examinations Related ancillary hospital and FSL Investigations	
	Average Score	

No	II 2(ii) Situations for Assessment SKILLS		Score
1	Documentation and certification of Trauma **Wound Certificate –Opinions –statements**	(I)	
2	Diagnosis and certification of death **Death Certificate / Death Intimations to Police**	(D)	
3	**Legal documentation related to emergency cases**Identity – Consent / Surrogate Consent - Consultation & Team decision recording Intimations to Appropriate authorities Dying Declarations	(D)	
4	**Certification of Medico-legal cases including sexual assault cases** Identity – Age & Sex Reports Drunkenness Certification Sexual Assault Victim & Accused Examination Reports Postmortem Reports - Opinions	(D)	
5	**Communication in ML cases with Police & Others** Wound Certificate – Intimation Death Certificate denial & Police IntimationOther communications	(D)	
	Average Score		

No	III 2(ii) Situations for Assessment of ATTITUDE	Score
1	Attendance & punctuality Capability and eagerness to follow rules and regulations Willingness to receive guidance	
2	Counceling skills -**Non verbal** communication skills –Attire, grooming, gestures, tone of voice ..	
3	Counceling skills -**Verbal** communication skills – use of words appropriate forthe context Compassionate behavior and patience	
3	Dedication and responsibility , willingness for hard work Adequate work turn out	
4	**Team work & enthusiasm** - Enthusiasm for learning new things and workingas a team with superiors and senior & junior members of the team	
5	Appraisal and correction - Apologize when appropriate	
	Average Score	

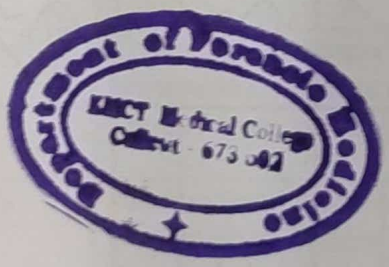
CRMI POSTING IN FORENSIC MEEDICINE AND TOXICOLOGY				
Day	**Time**	**Facility**	**Training Objective**	**Faculty I/C**
1	9AM-12 PM	FMT	Introduction to Objectives of CRMI in FMT – Logbook- work assessment	
	1PM-5PM	Casualty	Medico-legal documentation & Certificationof Trauma Diagnosis and certification of death & other connected formalities	
2	9AM-12 PM	FMT	Certification of Medico-legal Cases **Age Report (personal identity)** **Drunkenness Report &** sample forwarding	
	1PM-5PM	Casualty	Medico-legal documentation & Certificationof Trauma Diagnosis and certification of death & other connected formalities	
3	9AM-12 PM	Casualty	Legal documentation related to emergency cases (Emergency Medicine)	
	1PM-5PM	Casualty	Legal documentation related to emergency cases (Emergency Medicine)	
4	9AM-12 PM	FMT	Certification of Medico-legal Cases **Sexual Assault –examination of accused** and sampling (including DNA samples)	
	1PM-5PM	Casualty	Certification of Medico-legal Cases **Sexual Assault –Victim examination** and sampling (including DNA samples) **(OBG)**	
5	9AM-12 PM	Autopsy	Observing Postmortem examination	
	1PM-5PM	Casualty	Toxicological sample collection , preservation and forwarding	
6	9AM-12 PM	FMT	Medico-legal documentation – discussion	
	1PM-5PM	Casualty	Medico-legal documentation & Certificationof Trauma Diagnosis and certification of death	
7	9AM-12 PM	FMT	Communication skills in FMT practice	
	1PM-5PM	FMT	Evaluation –rectification –Feedback	



CERTIFIABLE SKILLS IN FORENSIC MEDICINE AND TOXICOLOGY

Sl. No		Observed		Assisted		Done under super vison		Able to do independ ently		Remarks
		Date	No	Date	No	Date	No	Date	No	
1	Documentation and certification of Trauma (I) Wound Certificate Medical Record Opinions/conclusions (diagnosis)	6/1/23	5	8/1/23	5	10/1/23	6	12/1/23	5	
	Name & signature with date Mentor / Supervisor Department of General Surgery									Very good.
	Name & signature with date Mentor / Supervisor Department of **Orthopaedics**									
2	Diagnosis and certification of death (D) Declaration of death Death Certificate Death Intimations to Police	7/1/23	1	9/1/23	2	10/1/23	1	12/1/23	1	
	Name & signature with date Mentor / Supervisor Department of **General Medicine**									V. good
3	Legal documentation related to emergency cases (D) Identity Consent / Surrogate Consent Consultation & Team decision recording / Breaking bad news / Consulting a senior /Organ donations Dying Declarations	6/1/23	4	8/1/23	3	9/1/23	4	12/1/23	5	
	Name & signature with date Mentor / Supervisor Department of FMT **Emergency Medicine**									
4	A) Certification of Medico-legal cases including sexual assault cases (D) Sexual Assault Victim & Samples	7/1/23	2	8/1/23	3	9/1/23	1	11/1/23	1	

	Name & signature with date Mentor / Supervisor Department of **OBG**					
	B) Age Reports (Identity) Drunkenness Certification SA Accused Examination Reports Sample collections Postmortem Reports – Opinions	6/1/23	7/1/23	8/1/23	11/1/23	
	Name & signature with date Mentor / Supervisor Department of **Forensic Medicine & Toxicology**					
5	Communication in ML cases with Police & Others(D) Police Intimations Issuing Certified copy of ML reports on application	7/1/23	8/1/23	10/1/23	11/1/23	
	Name & signature with date Mentor / Supervisor Department of **Forensic Medicine & Toxicology**					



INTERNSHIP ASSESSMENT AND FEEDBACK FORM
DEPARTMENT OF FORENSIC MEDICINE AND TOXICOLOGY

Name: ALISHA · A · B Student/Intern ID: 71976

has successfully completed his/her posting in Department/Specialty: FORENSIC MEDICINE AND TOXICOLOGY

From: 6 / 1 / 23 to 12 / 1 / 23 Leaves: 0 days and has submitted his/her record of work during this period (Log book). His/her performance is rated as below:

Rating: B. Good

Rating Scale

A - Outstanding

B - Good

C - Average

D – Needs further training.

Scoring may be based on

(a) Knowledge
(b) Patient Care
(c) Procedural skills
(d) Independent Care
(e) Communication skills
(f) System based practice
(g) Professionalism
(h) Life –long learning

FEEDBACK

Strengths:

Good communication skills
Good reporting skills

Area of Improvements needed:

Nil

Comments:

Good Performance

Signature of the Intern: Alisha Date: 24/6/23

Signature of the Faculty in-charge Date: 24-6-23

Department of Forensic Medicine
KMCT Medical College
Calicut - 673 602

CERTIFICATE

Name: ALISHA · A · B. Student/Intern ID: 71976

It is hereby certified that the student whose data is given above has attended mandatory posting in Forensic Medicine and Toxicology for a period of one week from 6 / 1 / 23 to 12 / 1 / 23 in accordance with rules and regulations of CRMI of National Medical Commission and Kerala University of Health Sciences and has been assessed for his his/her daily work entered correctly in this log book by his supervisors/mentors.

Signatures of:

Mentor

Name:

Date: 24/6/23

Head of the Department

Name:

Date: 24/6/23

Dr. SHIRLEY VASU, MD
Professor & Head
Department of Forensic Medicine
KMCT Medical College
P.O.Manassery, Kozhikode - 673602

Dr. MRIDULAL. A
MBBS, MD Forensic Medicine(TCMC:35707)
Junior Consultant & Assistant Police Surgeon
Govt. General Hospital, Kozhikode

Seal

Department of Forensic Medicine
KMCT Medical College
Calicut - 673 602

CERTIFICATION OF PROCEDURAL SKILLS

Certified that Mr/Ms ALISHA · A · B. has acquired the following procedural skills listed in the CRMI directions of NMC.

1. Is capable of (independently performing on patients the following procedures)
   i. Documentation and Certification of Trauma
2. Is capable of (demonstration on patients or simulations and performance under supervision in patients)
   i. Diagnosis and certification of death
   ii. Legal documentation related to emergency cases
   iii. Certification of medical-legal cases e.g. Age estimation, sexual assault etc.
   iv. Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc.

Signature of Mentor

3. Has observed the postmortem procedures assisted in
   i. Postmortem Examination of case of Brought dead to Hospital – Coronary artery disease

Date: 23/6/23

Signature & Seal of Mentor

Dr. MRIDULAL. A
MBBS, MD Forensic Medicine(TCMC:36707)
Junior Consultant & Assistant Police Surgeon
Govt. General Hospital, Kozhikode

DEPARTMENT OF LABORATORY MEDICINE

INTERNSHIP EVALUATION FORM

Date of Posting: Date of Extension:

Rating Scale : A - Outstanding, B - Good, C - Average, D – Needs further training.

Sl.No	Item	Rating	Remarks
1.	Knowledge		
2.	Patient Care		
3.	Procedural Skills		
4.	Communication Skills		
5.	System Based Practice		
6.	Professionalism		
7.	Life-long Learning		

A score below C in any of the above items will represent unsatisfactory completion of internship and will warrant extension

Signature of HOD

Signature of Unit Head

PROCEDURES PERMORMED UNDER SUPERVISION

Sl. No	Procedures	Date	Signature of Supervisor
1	Peripheral smear preparation and examination, including malarial parasites		
2	Urine routine, including chemical examination and microscopy		
3	Stool for ova/cyst and occult blood		
4	Sputum and throat swab for gram stain and acid fast stain		
5	Cerebro spinal fluid for proteins		
6	Pleural and ascetic fluid for routine chemistry and microscopy		
7	Draw blood by venipuncture independently and collect samples in appropriate bottles in proper order		
8	Fill requisition forms appropriately		
9	Blood bank: Blood grouping (manual) and saline cross matching		

Signature of Unit Chief

PROCEDURES OBSERVED

Sl. No	Procedures	Date	Signature of Supervisor
1	Complete blood count analysis in automated analysers		
2	Correctly collect and transport samples and specimens for blood tests, culture, histopathology and cytopathology investigations		
3	Blood donor selection and screening for Transfusion transmitted diseases		
4	Component separation in Blood bank		
5	Observe the total testing process carried out in the laboratory as per the Lab Work Flow		

Note: Unit Heads will complete the evaluation from immediately on completion of internship. The same may be countersigned by the HOD with proper authentication and seal. A copy may be sent to the Principal's office also.

Signature of HOD

Signature of Unit Chief

INTERNSHIP ASSESSMENT AND FEEDBACK FORM

Name:_____ Student/Intern ID: _____

Supervisor:_____Department/Specialty:_____

Unit: _____ Dates: _____/_____/_____ to _____/_____/_____ Leaves: _____ days

FEEDBACK

Strengths:

Area of Improvements needed:

Comments:

Signature of the Intern: **Date:**

Signature of the Faculty in-charge **Date:**

DEPARTMENT OF DERMATOLOGY, VENEREOLOGY AND LEPROLOGY

INTERNSHIP EVALUATION FORM

Date of Posting: 13/1/23 to 19/1/23 Date of Extension: Nil

Rating Scale : A - Outstanding, B - Good, C - Average, D – Needs further training.

Sl.No.	Item	Rating	Remarks
1.	Knowledge		
2.	Patient Care		
3.	Procedural Skills		
4.	Independent care		
5.	Communication Skills		
6.	System Based Practice		
7.	Professionalism		
8.	Life-long Learning		

A score below C in any of the above items will represent unsatisfactory completion of internship and will warrant extension

Signature of HOD

Signature of Unit Head

PROCEDURES PERMORMED UNDER SUPERVISION

Sl. No	Procedures	Date	Signature of Supervisor
1.	SKIN BIOPSY PUNCH	13/1/23	
2.	GRAM STAINING	13/1/23	
3.	EXCISION OF CORNS	14/1/23	
4.	RADIOFREQUENCY ABLATION	16/1/23	
5.	MANAGEMENT OF ATOPIC DERMATITIS	16/1/23	
6.	MANAGEMENT OF A CASE OF CANDIDAL INTERTRIGO	17/1/23	
7.	MANAGEMENT OF TINEA CAPITIS	18/1/23	
8.	MANAGEMENT OF MELASMA CONDYS COMPRESSION IN A PATIENT WITH PSORIASIS	18/1/23	
9.	MANAGEMENT OF SCABIES	19/1/23	
10.	WOOD'S LAMP EXAMINATION IN TINEA CAPITIS	19/1/23	

Signature of Unit Chief

PROCEDURES ASSISTED

Sl. No	Procedures	Date	Signature of Supervisor
1.	MANAGEMENT OF ECZEMA	13/1/23	
2.	CHEMICAL PEEL SALINE MOUNT	13/1/23	
3.	PHOTOTHERAPY	13/1/23	
4.	ELECTROCAUTERIZATION OF WARTS	14/1/23	
5.	RADIOFREQUENCY ABLATION FOR WART DPN	16/1/23	
6.	MANAGEMENT OF A CASE OF CONDYLOMA ACUMINATUM	17/1/23	
7.	LASER HAIR REMOVAL IN A PATIENT WITH HIRSUTISM	17/1/23	
8.	CURETTAGE IN A CASE OF MOLLUSCUM CONTAGIOSUM	18/1/23	
9.	MANAGEMENT OF A CASE OF PLAQUE PSORIASIS	18/1/23	
10.	INTRDERMAL INJECTION - KELOID OF ACNE	19/1/23	

Signature of Unit Chief

PROCEDURES OBSERVED

Sl. No	Procedures	Date	Signature of Supervisor
1.	MANAGEMENT OF VITILIGO	13/1/23	
2.	MANAGEMENT OF HANSEN'S DISEASE	14/1/23	
3.	MANAGEMENT OF KELOID.	14/1/23	
4.	MANAGEMENT OF LICHEN PLANUS	16/1/23	
5.	MANAGEMENT OF PSORIASIS	16/1/23	
6.	MANAGEMENT OF VASCULITIS	16/1/23	
7.	MANAGEMENT OF ANDROGENIC ALOPECIA	17/1/23	
8.	MANAGEMENT OF ATOPIC DERMATITIS	18/1/23	
9.	MANAGEMENT OF HERPES	18/1/23	
10.	MANAGEMENT OF PEMPHIGUS VULGARIS	19/1/23	

Note: Unit Heads will complete the evaluation from immediately on completion of internship. The same may be countersigned by the HOD with proper authentication and seal. A copy may be sent to the Principal's office also.

Signature of Unit Chief

Signature of HOD

INTERNSHIP ASSESSMENT AND FEEDBACK FORM

Name: ALISHA · A · B · Student/Intern ID: 71976

Supervisor: _____ Department/Specialty: DERMATOLOGY

Unit: _____ Dates: 13 / 1 / 23 to 19 / 1 / 23 Leaves: 0 days

FEEDBACK

Strengths:

Area of Improvements needed:

Comments:

Signature of the Intern: Alisha **Date:**

Signature of the Faculty in-charge **Date:**

DEPARTMENT OF RESPIRATORY MEDICINE

INTERNSHIP EVALUATION FORM

Date of Posting: 11/11/22 to 24/11/22 Date of Extension: Nil

Rating Scale : A - Outstanding, B - Good, C - Average, D – Needs further training.

Sl.No.	Item	Rating	Remarks
1.	Knowledge	A	
2.	Patient Care	B	
3.	Procedural Skills	B	
4.	Independent care	B	
5.	Communication Skills	B	
6.	System Based Practice	B	
7.	Professionalism	A	
8.	Life-long Learning	B	

A score below C in any of the above items will represent unsatisfactory completion of internship and will warrant extension

Signature of Unit Head **Signature of HOD**

PROCEDURES PERMORMED UNDER SUPERVISION

Sl. No	Procedures	Date	Signature of Supervisor
1.	ENDOTRACHEAL INTUBATION IN A CASE OF SEVERE BRONCHOPNEUMONIA	11/11/22	
2.	MANAGEMENT OF A SUSPECTED CASE OF CARCINOMA LUNG	12/11/22	
3.	BRONCHOSCOPY IN A CASE OF PULMONARY TUBERCULOSIS	14/11/22	
4.	MANAGEMENT OF A CASE OF ACUTE EXACERBATION OF COPD.	14/11/22	
5.	BRONCHOSCOPY IN A CASE OF BILATERAL CAVITATING PNEUMONIA.	16/11/22	
6.	MANAGEMENT OF A CASE OF BRONCHOPNEUMONIA.	17/11/22	
7.	PLEURAL FLUID TAPPING IN A CASE OF EMPYEMA THORACIS	19/11/22	
8.	USG GUIDED FNAC IN A CASE OF LEFT LOBAR PNEUMONIA - TO RULE OUT REACTIVATION OF TB.	22/11/22	
9.	BRONCHOSCOPY IN A CASE OF RIGHT UPPER LOBE MASS LESION	23/11/22	
10.	MANAGEMENT OF A CASE OF SECONDARY SPONTANEOUS PNEUMOTHORAX	24/11/22	

Signature of Unit Chief

PROCEDURES ASSISTED

Sl. No	Procedures	Date	Signature of Supervisor
1.	EMERGENCY ENDOTRACHEAL INTUBATION IN A DESATURATING PATIENT	11/11/22	
2.	MANAGEMENT OF A CASE OF ACUTE RESPIRATORY FAILURE	12/11/22	
3.	PULMONARY FUNCTION TEST OF A PATIENT WITH COPD	15/11/22	
4.	MANAGEMENT OF A CASE OF ACUTE EXACERBATION OF BRONCHIAL ASTHMA	17/11/22	
5.	ASSISTED BRONCHOSCOPY IN A PATIENT WITH HEMOPTYSIS	18/11/22	
6.	MANAGEMENT OF A CASE OF INFECTIVE EXACERBATION OF COPD	18/11/22	
7.	EVALUATION AND MANAGEMENT OF A CASE OF BRONCHIECTASIS	20/11/22	
8.	ASSISTED BRONCHOSCOPY WITH TRANS BRONCHIAL LUNG BIOPSY IN A PATIENT WITH LUNG CA	22/11/22	
9.	PLEURAL TAPPING (THORACOCENTESIS) IN A PATIENT WITH PLEURAL EFFUSION (USG GUIDED) OF ?TB/?CARCINOMA	22/11/22	
10.	MANAGEMENT OF A CASE OF B/L BRONCHIECTASIS (R>L)	23/11/22	

Signature of Unit Chief

PROCEDURES OBSERVED

Sl. No	Procedures	Date	Signature of Supervisor
1.	CHEST PHYSIOTHERAPY FOR A PATIENT WITH COPD.	12/11/22	
2.	MANTOUX TEST AND INTERPRETATION IN A SUSPECTED TB	13/11/22	
3.	ARTERIAL BLOOD GAS ANALYSIS COLLECTION OF BLOOD AND INTERPRETATION	14/11/22	
4.	CARDIO PULMONARY RESUSCITATION	16/11/22	
5.	PULMONARY FUNCTION TEST	17/11/22	
6.	RYLES TUBE INSERTION	19/11/22	
7.	NIV - BIPAP VENTILATION	20/11/22	
8.	INTERPRETATION OF CHEST X-RAY IN A PATIENT WITH BRONCHOPNEUMONIA	23/11/22	
9.	COLLECTION OF SPUTUM IN A SUSPECTED CASE OF TB.	23/11/22	
10.	PLEURAL FLUID TAPPING (THORACOCENTESIS) IN A PATIENT WITH PLEURAL EFFUSION	24/11/22	

Note: Unit Heads will complete the evaluation from immediately on completion of internship. The same may be countersigned by the HOD with proper authentication and seal. A copy may be sent to the Principal's office also.

Signature of Unit Chief

Signature of HOD

INTERNSHIP ASSESSMENT AND FEEDBACK FORM

Name: ALISHA · A · B · Student/Intern ID: 71976

Supervisor: _____ Department/Specialty: RESPIRATORY MEDICINE

Unit: _____ Dates: 11 / 11 / 22 to 24 / 11 / 22 Leaves: 1 days

FEEDBACK

Strengths:

Area of Improvements needed:

Comments:

Signature of the Intern: Alisha · **Date:**

Signature of the Faculty in-charge **Date:**

DEPARTMENT OF RADIO DIAGNOSIS

INTERNSHIP EVALUATION FORM

Date of Posting: 9/9/22 to 15/9/22 Date of Extension: Nil

Rating Scale : A - Outstanding, B - Good, C - Average, D – Needs further training.

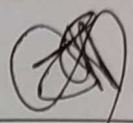
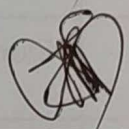
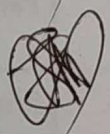
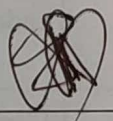
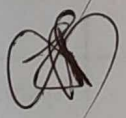
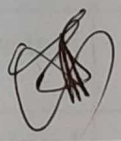
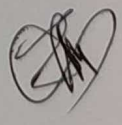
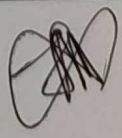
Sl.No.	Item	Rating	Remarks
1.	Knowledge		
2.	Patient Care		
3.	Procedural Skills		
4.	Independent care		
5.	Communication Skills		
6.	System Based Practice		
7.	Professionalism		
8.	Life-long Learning		

A score below C in any of the above items will represent unsatisfactory completion of internship and will warrant extension

Signature of Unit Head **Signature of HOD**

Dr Jinu.a.

PROCEDURES PERMORMED UNDER SUPERVISION

Sl. No	Procedures	Date	Signature of Supervisor
1.	USG ABDOMEN AND PELVIS - MILD PROMINENCE OF RIGHT RENAL PELVI-CALYCEAL SYSTEM, IN A CASE OF PATIENT C/O VOMITING & RIGHT SIDED ABDOMINAL PAIN X 2 WEEKS.	9/9/22	
2.	CHEST X-RAY - BILATERAL LOWER ZONE HAZINESS - IN A CASE OF COUGH AND BREATHLESSNESS	9/9/12	
3.	NCCT STUDY OF KUB - A TINY HYPERECHOIC FOCUS IN RIGHT KIDNEY - ? TINY CALCULUS / RENAL CONCRETION : CASE OF LOWER ABDOMINAL PAIN	10/9/12	
4.	NECT STUDY OF BRAIN - HETEROGENOUS INTRA-AXIAL ILL DEFINED HYPODENSE LESION IN LEFT FRONTAL LOBE CAUSING MASS EFFECT IN FORM OF MIDLINE SHIFT ? NEOPLASTIC ETIOLOGY CASE OF SEIZURE K/C/O GLIOMA.	12/9/12	
5.	MDCT SCAN OF CERVICAL SPINE SCREENING - C_6-C_7 FRACTURE CAUSING SPINAL CORD COMPRESSION ; PNEUMOMEDIASTINUM & PNEUMOTHORAX - CASE OF A/H/O STRANGULATION WITH SHAWL AROUND NECK	12/9/12	
6.	MRI BRAIN (SCREENING) - WIDENING OF SULCI, VENTRICLES, CISTERNS - NEUROPARENCHYMAL ATROHIC CHANGES - CASE OF MEMORY LOSS	13/9/12	
7.	CECT BRAIN - EXTRA AXIAL PERIPHERALLY ENHANCING HYPER-DENSE COLLECTION IN SUBDURAL LOCATION, PRESEPTAL SOFT TISSUE THICKENING - CASE OF SEVERE HEADACHE	13/9/12	
8.	USG KUB : LEFT MILD HYDROURETERONEPHROSIS, BILATERAL RENAL CALCULI - IN A CASE OF LEFT LOIN TO UROIN PAIN.	14/9/12	
9.	MRI LUMBOSACRAL SPINE - LUMBAR SPONDYLOSIS WITH DEGENERATIVE DISC DISEASE ; SPINAL CANAL STENOSIS. CASE OF SLIP & FALL, PAIN RADIATING TO BILATERAL LOWER LIMBS.	15/9/12	
10.	USG ABDOMEN AND PELVIS - MILD PROMINENCE OF LEFT RENAL PELVICALYCEAL SYSTEM, MULTIPLE MOBILE INTER RENAL ECHOES IN IN URINARY BLADDER - CASE OF FEVER AND BODY ACHE	15/9/22	

Signature of Unit Chief

Dr. Jimmy.

PROCEDURES ASSISTED

Sl. No	Procedures	Date	Signature of Supervisor
1.	NCCT STUDY OF KUB - INTRAVESICAL CALCULI (3 LARGE RADIODENSE CALCULI LARGEST MEASURING 4·2 X 2·7cm) - CASE OF LOWER ABDOMINAL PAIN, HEMATURIA.	9/9/12	
2.	CECT ABDOMEN + KUB - BILATERAL ADRENAL LESION WITH EXTRA ADRENAL INVOLVEMENT - CASE OF ABDOMINAL PAIN, VOMITING.	10/9/12	
3.	USG GUIDED PLEURAL TAPPING IN A CASE OF PLEURAL EFFUSION - SUSPECTED CASE OF TB/CARCINOMA LUNG	10/9/12	
4.	DOPPLER STUDY - RIGHT UPPER LIMB ARTERIAL SYSTEM - MONOPHASIC FLOW PATTERN IN VISUALISED ARTERIES. CASE OF RIGHT ARM PAIN.	11/9/12	
5.	USG ABDOMEN AND PELVIS - UMBILICAL HERNIA, FATTY HEPATOMEGALY, IN A CASE OF ABDOMINAL DISTENSION, FACIAL PUFFINESS, PEDAL EDEMA.	12/9/12	
6.	USG KUB - PROSTATOMEGALY WITH SIGNIFICANT POST VOID URINE VOLUME IN A CASE OF URINARY HESISTANCY SINCE 2 MONTHS.	12/9/12	
7.	MRI SCAN OF RIGHT KNEE JOINT - CHRONIC MINIMALLY DISPLACED FRACTURE IN POSTERO SUPERIOR ASPECT OF FIBULA, CASE OF LATERAL KNEE PAIN.	12/9/12	
8.	CHEST X-RAY - RIGHT UPPER LOBE LESION - SUSPECTED CASE OF TB/ CARCINOMA. C/O COUGH & HEMOPTYSIS.	13/9/12	
9.	USG ABDOMEN AND PELVIS - LEFT OVARIAN SIMPLE CYST (3·1 x 2·1cm) - CASE OF MULTIPLE EPISODES OF VOMITING	14/9/12	
10.	MR FISTULOGRAM WITH CONTRAST - LINEAR ENHANCING ALTERED SIGNAL INTENSITY AREA AT POSTERIOR WALL OF ANAL CANAL AT 6'O CLOCK POSITION CASE TO RULE OUT FISTULA IN ANO	14/9/22	

Signature of Unit Chief

D. Jimma

PROCEDURES OBSERVED

Sl. No	Procedures	Date	Signature of Supervisor
1.	MRI PROSTATE - PROSTATE GLAND 3.9x2.7x4.5cm, PSA DENSITY - 0.52 HETEROINTENSE T_2WI. CASE OF TB GUT (BLADDER + PROSTATE)	9/9/12	
2.	USG SCROTUM - RIGHT EPIDIDYMAL CYST 0.5x0.6cm WITH ECHOGENICITY. SPERMATIC CORD BULKY WITH INCREASED VASCULARITY. CASE OF LEFT SIDED GROIN PAIN AND SWELLING	10/9/12	
3.	USG NECK - IRREGULAR HYPERECHOIC NODULE ~5.6x5.8cm LEFT TINY CALCIFIC FOCI. MUTIPLE OTHER TINY NODULES CASE OF MULTIPLE NECK SWELLING.	10/9/12	
4.	NECT BRAIN - TINY HYPODENSE CSF ~ CHRONIC LACUNAR INFARCT, WIDENING OF VENTRICLES, NEUROPARENCHYMAL ATROPHIC CHANGES - CASE OF PREVIOUS CVA	12/9/12	
5.	NCCT STUDY OF KUB - BILATERAL PERINEPHRIC FAT STRANDING AND FASCIAL THICKENING - CASE OF LOWER ABDOMINAL PAIN	13/9/12	
6.	CT THORAX - INCREASED BRONCHIAL WALL THICKENING WITH INTRA BRONCHIAL SECRETION AT BASAL SEGMENT OF LOWER LOBE - CASE OF BREATHLESSNESS.	13/9/12	
7.	USG GUIDED FNAC THYROID - IN A CASE OF SWELLING OVER ANTERIOR ASPECT OF NECK, DYSPHAGIA.	14/9/12	
8.	CT BRAIN - SUBARACHNOID HEMORRHAGE ACUTE HEMORRHAGE IS NOTED WITH BASAL CISTERN WITH EXTENSION INTO VENTRICLE - CASE OF RTA, TRAUMA TO HEAD	14/9/12	
9.	DOPPLER STUDY OF BILATERAL LOWER LIMB VENOUS SYSTEM - RIGHT & LEFT: DIFFUSE SUBCUTANEOUS EDEMA, NO E/O DVT CASE OF SEVERE B/L LOWER LIMB PAIN.	15/9/12	
10.	DOPPLER CAROTID VESSELS - NO STENOSIS, EXTRINSIC COMPRESSION, THROMBOSIS - CASE OF LIGHT HEADNESS	15/9/22	

Note: Unit Heads will complete the evaluation from immediately on completion of internship. The same may be countersigned by the HOD with proper authentication and seal. A copy may be sent to the Principal's office also.

Signature of Unit Chief

Signature of HOD

Dr. Jimmy.

INTERNSHIP ASSESSMENT AND FEEDBACK FORM

Name: ALISHA · A · B · Student/Intern ID: 71976

Supervisor: _____ Department/Specialty: RADIODIAGNOSIS

Unit: _____ Dates: 9 / 9 / 12 to 15 / 9 / 12 Leaves: 0 days

FEEDBACK

Strengths:

Area of Improvements needed:

Comments:

Signature of the Intern: Alisha **Date:**

Signature of the Faculty in-charge **Date:**

Dr. Jinu av.

SCORE SHEET	
DEPARTMENT	**OVERALL SCORE**
Community Medicine	
General Medicine	
Psychiatry	
General Surgery	
Anesthesiology and Critical Care	
Obstetrics and Gynaecology including Family Welfare and Planning	
Paediatrics	
Orthopaedics including Physical Medicine and Rehabilitation (PM&R)	
Otorhinolaryngology	
Ophthalmology	
Emergency/ Trauma/ Casualty	
Forensic Medicine and Toxicology	
Laboratory Medicine	
Dermatology, Venereology and Leprology	
Respiratory Medicine	
Radio diagnosis	

Co-ordinator

INTERNSHIP COMPLETION CERTIFICATE

(To be issued by the Co-coordinator of Internship Programme)

This is certify that I have verified the internship certificate issued by the various departments. As per the above, the CRMI programme has been successfully completed by Dr.....

As per the above , the intern has to undergo a further period of .....

.....for satisfactory completion of internship.

Date Seal Co-ordinator, CRMI Programme

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Dr.....

.....

has completed the required period of CRMI in this hospital. His / Her work conduct and character were good/satisfactory during this period.

Date Seal Principal

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Dr.....

.....

has completed the required period of CRMI in this hospital. His / Her work conduct and character were good/satisfactory during this period.

Date Seal Principal