

National Guidelines For Medical Internship Training 2007



Nepal Medical Council

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**National Guidelines
For
Medical Internship Training**

Nepal Medical Council
Bansbari, Kathmandu
NEPAL

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**नेपाल मेडिकल काउन्सिलको मिति २०६८ बैशाख २५ गते
'इन्टर्नसीप' सम्बन्धी निर्णय :**

परिभाषा:

“मेडिकल इन्टर्नसीप” भन्नाले एम.बि.बि.एस./वि.डि.एस. वा सो सरहको कोर्षमा मेडिकल विषयहरूमा कम्तीमा ४.५ वर्षको अध्ययन र अन्तिम परीक्षा उत्तिर्ण भए पश्चात कुनै मान्यता प्राप्त अस्पताल वा स्वास्थ्य संस्थामा सुपरीवेक्षणमा रही विभिन्न विषयहरूमा गरिने कम्तीमा १ वर्षको व्यवहारिक ज्ञान सीपमा परिणत गर्ने, अन्तरव्यक्ति संवाद एवं समूहमा गर्नुपर्ने सञ्चारको विकास गर्ने, चिकित्सकको हैसियतले पालना गर्नु पर्ने नियम, उत्तरदायित्व र आचारसंहिताको ज्ञानलाई प्रयोग गर्दै निरन्तर आफ्नै प्रयासमा व्यवसायिक विकास गर्नुपर्ने महत्वपूर्ण तालिमलाई बुझ्नुपर्नेछ ।

नीति नियम सम्बन्धमा:

१. जुन संस्थाले MBBS/B.D.S. वा सो सरहको कोर्ष अध्ययन गराउँछ सोही संस्थाले अनिवार्य रूपमा इन्टर्नसीपको व्यवस्था गर्नुपर्नेछ । अब उपरान्त न्यूनतम ४.५ वर्षको मेडिकल/डेण्टल विषयको अध्ययन पश्चात आफ्नै संस्थामा १ वर्षको इन्टर्नसीपको व्यवस्था भएका नेपाल भित्र वा बाहिरका मेडिकल कलेजहरूमा मात्र विद्यार्थी पढ्न जानुपर्ने वा पठाउनु पर्नेछ ।
नेपाल सरकारले कसैलाई इन्टर्नसीपको व्यवस्था नभएको संस्थामा एम.बि.बि.एस. वा सो सरहको कोर्षमा अध्ययनार्थ पठाउँदछ वा स्वीकृति दिन्छ भने जाने व्यक्तिको इन्टर्नसीप गर्ने व्यवस्था पनि गर्नु पर्नेछ ।
२. इन्टर्नसीप पूरा गरे पछि विद्यार्थीले सम्बन्धित मेडिकल कलेज वा विश्वविद्यालयबाट सो पूरा गरेको प्रमाणपत्र र इन्टर्नसीप अवधि भरिको सम्बन्धित निकायबाट प्रमाणित गरिएको लग बुक प्राप्त गर्नुपर्नेछ र सो नेपाल मेडिकल काउन्सिलको Licensing Exam को दरखास्त फारम बुझाउँदा बुझाउनु पर्नेछ ।
३. विदेशमा अध्ययन गरेर नेपालमा नै इन्टर्नसीप गर्नुपर्ने कुनै विशेष वा बाध्यात्मक परिस्थिती भएमा सो परिस्थितीको जानकारी दिँदै

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विद्यार्थीले आफू पढेको संस्था, र नेपाल मेडिकल काउन्सिलको पूर्व स्वीकृति लिएर मात्र नेपाल भित्रका संस्थामा इन्टर्नसीप गर्न पाउने छ । यसप्रकारको इन्टर्नसीप नेपाल मेडिकल काउन्सिलको नियम भित्र रहेर गर्नुपर्नेछ ।

४. विभिन्न मेडिकल कलेजसँग विद्यार्थी भर्नाको लागि बेडको संस्था जोडिने गरी अनुबन्धित कुनै पनि सरकारी वा गैरसरकारी अस्पताल वा संस्थालाई अनुबन्धनको अवधिभरि इन्टर्नसीपको लागि थप विद्यार्थीहरु लिन स्वीकृति दिने छैन । विभिन्न मेडिकल कलेजहरुले पनि इन्टर्नसीपको लागि स्वीकृत संख्या भन्दा बढी विद्यार्थीहरु लिन पाउने छैन ।
५. नेपालभित्रका मेडिकल कलेजबाट एम.बि.बि.एस. उत्तिर्ण भएका विद्यार्थीले नेपाल बाहिर इन्टर्नसीप गर्नुपरेमा आफ्नो संस्थाबाट स्वीकृति लिएर सो दशेको मेडिकल काउन्सिल वा सोहरको Authority ले इन्टर्नसीपको लागि मान्यता प्रदान गरेको अस्पताल वा संस्थामा मात्र इन्टर्नसीप गर्न पाइनेछ । यस्तो परिस्थितीमा इन्टर्नसीपको व्यवस्थाको सम्पूर्ण जिम्मेवारी अध्ययन गराउने विश्वविद्यालयको हुनेछ ।
६. नेपाल मेडिकल काउन्सिलको परिभाषा सँग नमिल्ने व्यावहारिक तालिमबाट “इन्टर्नसीप” मानिने छैन । कम्तिमा ४.५ वर्षको मेडिकल विषयको अध्ययन तथा अन्तिम परीक्षा पूरा गर्नु अघि विदेशमा अध्ययनरत विद्यार्थी नेपालमा इलेक्टिभ तालिमको लागि आउन इच्छुक भएमा एकपटकमा दुई हप्तामा नबढाई आफ्नो कोर्सको पूरै अवधिभरि अधिकतम ६ हप्ताको लागि मात्र आउन सक्नेछन् । “प्रि- इन्टर्नसीप” वा अन्य शब्दावली प्रयोग गरी MBBS/BDS वा सो सरहको अन्तिम परीक्षा पास गर्नु पूर्व कुनै पनि तालिम गर्न गराउन पाइने छैन ।
७. यो निर्देशिका लागू हुनु पूर्व इन्टर्नसीपको व्यवस्था नै नभएको मेडिकल कलेजहरुमा अध्ययन गर्न गईसकेका विद्यार्थीहरुले नेपालमा नै इन्टर्नसीप गर्नुपर्ने बाध्यता भएमा नेपाल मेडिकल काउन्सिलको नियमानुसार विभिन्न अस्पतालहरुमा तोकिएको संस्था भित्र पर्ने गरी नेपाल मेडिकल काउन्सिलको पूर्व स्वीकृति लिएर

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मात्र गर्नुपर्नेछ । तर यस्ता विद्यार्थीहरूले आफ्नो मेडिकल कलेज वा विश्वविद्यालयबाट सो संस्थामा नेपाल मेडिकल काउन्सिलको criteria (मापदण्ड) अनुसार इन्टर्नसीपको व्यवस्था नभएको प्रमाण ल्याउनु पर्नेछ ।

- द. नेपाल मेडिकल काउन्सिलको मान्यता प्रदान गरेको अस्पतालमा इन्टर्न छनौटको लागि हरेक अस्पतालले आफ्नै criteria (मापदण्ड) निर्धारण गर्न सक्नेछ । उक्त अस्पतालले हरेक इन्टर्नलाई लगबुक राख्नु पर्नेछ र इन्टर्नसीपको लागि उम्मेदवार भर्ना गरेको १५ दिन भित्र सबैको नाम नामेशी नेपाल मेडिकल काउन्सिलमा पठाउनु पर्नेछ ।

MBBS Internship Training

1. Introduction:

The internship period is a critical and final year in the continuum of training provided to undergraduate medical students after theoretical studies. The university issues provisional certificate of MBBS degree after passing exit examination. The issuance of such certificates testifies that their graduates have attained the goals of undergraduate medical education.

The Nepal Medical Council grants provisional registration only on presentation of the university provisional certification. The provisional registration is valid for 1 year. During this period the interns spend time at different set up, both hospital and community, which are recognized by the Nepal Medical Council and gain vital hands on experience under supervision. The internship training consolidates the attitude, skills and knowledge which enables interns to practice as a new doctor.

The Nepal Medical Council mandates the internship year will influence in shaping the future progression of the young doctors, the Nepal Medical Council as a regulatory body has set the standards of competence, care and conduct to be met by the interns.

2. The Objectives

Medical Internship is a one-year general clinical training after finishing the final MBBS course.

(i) Goal:-

Before being allowed to practice independently, the new doctor must improve and enhance his / her practical attitude, knowledge and skill under the supervision of qualified medical specialist at a suitable institution.

(ii) General Objective:-

The Internship training must be carried out in a Nepal Medical Council (NMC) recognized health institution where there are adequate infrastructure facilities, faculty and adequate number of patient with learning opportunities.

(iii) Specific Objective:-

1. To take a full history for the proper examination of the patient.

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2. To develop correct skills in the physical examination of the patient and to distinguish correct health status.
3. To be able to utilize appropriate laboratories and other diagnostic services considering economic status, in order to make a proper diagnosis.
4. After considering the clinical presentation and other aspects on a scientific basis; make diagnosis and recommend for treatment.
5. To decide and refer in order to avail of other specialist service or other opinion in the matter of treatment of patient.
6. To avail of preventive and promotive services for the health of the patient and ones own.
7. To learn to communicate effectively with the patient and with those connected with him/her
8. To develop positive attitude, have proper ethical outlook, be aware of patient's right and legal aspects. Uphold ideals of the "NMC Code of Ethics".
9. To learn self-development and methods of life long learning.
10. To attain working knowledge about the country's health system and national policy on different aspects of health.

3. The Matrix

The Concepts of the training

1. The core should include general experience in medicine and surgery, with adequate breadth and diversity to provide a foundation for subsequent specialist training.
2. Care of patients with acute illnesses must form an essential component, but doctors should acquire some experience in the care of patients with chronic illnesses. Clinical skills basic to the practice of medicine must be developed. The content of areas in each discipline should be covered in the logbook.
3. Training in the following areas is essential:
 - i) Common medical emergencies e.g. Cardio Pulmonary Resuscitation (CPR) and shock.
 - ii) Communication:
Appreciation of the different approaches when dealing with infants, children, adolescents, the deaf and dumb, young, middle aged and elderly adults. Effective communication with patients' families and medical and other colleagues.

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- iii) Knowledge of the importance of psychological, social factors and financial condition. Two areas requiring special attention are pain relief and care of the dying patient.
- iv) Prevention of illness, promotion, restoration including rehabilitation of health.
- v) Effective use of resources
- vi) Ethical aspects of medical practice e.g. patient's rights, confidentiality, how much a patient should be told.
- vii) Legal aspects:
Statutory duties of medical practitioners e.g. notification and certification, risks of litigation including claims of negligence
- viii) Team work:
Recognize the role of non-medical colleagues.
- ix) Record keeping
- x) Audit
- xi) Advancement of medicine.
- xii) Leadership development.

3 (a) Management of the following common health related problems:

For example:

MEDICINE

Amoebiasis, shigellosis, cholera	Ischaemic heart disease
Ascariasis, ankylostomiasis	Cerebrovascular disease
Tuberculosis	Iron deficiency anaemia
Leprosy	Coagulation defects
Malaria, Kala-azar	Purpura and other haemorrhagic conditions
Filariasis	Paralysis agitans
Viral hepatitis	Epilepsy
Hypo and hyperthyroidism	Migraine, lymphatic leukaemia
Diabetes mellitus	Myeloid leukaemia
Organophosphorous poisoning	Avitaminoses and other nutritional deficiencies
Benign neoplasms of brain and lungs	Diseases of over nutrition
Acute rheumatic fever	Anxiety disorders
Chronic rheumatic heart disease	HIV and Opportunistic Infections
Hypertension	

SURGERY

Infections of skin, soft tissue, tetanus and gas gangrene	Haemorrhoids
Abscesses	Fissure-in-ano
Diagnosis of acute abdominal pain	Fistula – in – ano
Ureteric colic	Peri-anal abscesses

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Colitis-non-specific, amoebic, irritable bowel	Naevi, dermoids
Urinary calculi	Ganglion, lipoma
Lymphadenitis	Fibroadenoma
Phimosis, paraphimosis, meatal stenosis	External herniae
Haematemesis	Lumps in scrotum – hydrocoele, cyst of epididymis,
Haematuria	Spermatocoele, tumours of testis
Prostatism	Epididymo-orchitis, vasectomy as permanent sterilisation.
Surgical jaundice and its investigation	Varicose veins and their complications
Management of head injury	Thyroid lumps – goitre, malignancy
Osteomyelitis	Chronic retention of urine
Burns	Dealing with medico legal cases
Epistaxis	
Lumps of skin – sebaceous cysts, warts	

OBSTETRICS & GYNAECOLOGY

Counselling of patients during ANC	Ectopic pregnancy
A normal pregnancy and delivery (including maintaining a partogram)	Antepartum haemorrhage, abruptio placenta, placenta praevia, post partum haemorrhage
Basic essential obstetrics are & comprehensive essential obstetrics care	Death in utero
Hypertensive disorders in pregnancy	Normal puerperium and its problems
Other common medical disorders complicating pregnancy (anaemia, malaria, diabetes mellitus, heart disease)	Puerperal psychosis
Abnormal presentations (breech, face, brow) and lie	Counselling for post partum contraception
Multiple pregnancy, polyhydramnios, oligohydramnios, small for dates.	Preoperative preparations for LSCS
Prolonged and obstructed labour	To identify and manage complication of LSCS
Prelabour spontaneous rupture of membranes (term + preterm)	Common menstrual disorders (menorrhagia, dysmenorrhoea etc.)
Pre term labour	Legalisation of abortions PMTCT
Prolonged pregnancy	Hyperemesis gravidarum
Pregnancy with a previous scar	Vulvo vaginitis
	Sexually transmitted infections – HIV / AIDS
	Carcinoma, uterine, cervix
	Counselling for contraception and sterilization

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Management of contraceptive related problems (irregular bleeding, missed pill)	Subfertility (and related disorders)
Hydatidiform mole	Dysfunctional uterine bleeding
	Genital prolapse

PAEDIATRICS

Resuscitation of newborn Neonatal	Rheumatic fever
Infections	Arthritis
Preterm, LBW, CPR of children	Rheumatic heart disease
Blood group incompatibilities	Cardiac failure
Birth injuries	Convulsions
Haemorrhagic disease of newborn	Cerebral palsy
High risk neonates	Acute flaccid paralysis (AFP)
Neonatal jaundice	Nephrotic syndrome
Normal newborn examination	Nephritic syndromes
Congenital skeletal defects	Renal failure
Adreno-genital syndrome	Anaemia
Danger signs	ITP, HSP
Protein energy malnutrition	Leukaemias
Breast feeding	Child neglect and abuse
Fluid/calorie requirements in childrens	Side effects of common drugs
Hypothyroidism	Pyoderma, scabies
Developmental milestones	Rash with fever, drug rash
Assessment of dehydration	Eczema and intertrigo
Constipation-functional, megacolon, Hirschsprung's	Napkin dermatitis
Viral hepatitis	Urticaria
Dengue and other arborvirus infections	Dental caries
Meningitis, encephalitis, brain abscess	Immunisation
Genito-urinary infections	Dehydration and electrolyte imbalance and their management
Coryza and nasal discharges, allergic rhinitis	Phimosi
Otitis media/externa, sinusitis	Worm infestation
Tonsillitis and, pharyngitis	Pertussis
IMCI	Chicken pox
Laryngeal obstructions and stridor	Typhoid, paratyphoid, cholera
Bronchiolitis	Bronchiectasis, lung abscess
Pneumonia	Pleural effusion, empyema
Bronchial asthma	Pulmonary tuberculosis
	Poisoning, salicylates, alcohol, kerosene, iron, insecticides
	Congenital heart disease

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3 (b) Management of the following less common health related problems: For example;

MEDICINE

Tetanus	Aplastic anaemias
Infectious mononucleosis	Agranulocytosis
Moniliasis	Motor neurone disease
Toxoplasmosis	Recognition of malignant neoplasms of the gastro-intestinal tract, liver and biliary system, lung, brain
Hypo and hyperparathyroidism	Management of alcohol and substance withdrawal
Acromegaly and hypopituitarism	Hodgkin's disease
Cushing's syndrome	Multiple myeloma
Pulmonary embolism and infarction	Polycythaemia vera
Other deficiency anaemias (B ₁₂ , folate)	
Dengue inc. DHF	
Acquired haemolytic anaemias	

SURGERY

Ca breast	Management of liver failure
Ca oesophagus	Management of renal failure
Ca stomach	Management of multi-organ failure
Ca colon and rectum	Management of the terminally ill
Prostatism	Counselling the ill
Urinary tract infection	Interaction with friends and relations of the ill
Abdominal lumps and their diagnosis	Management of head injury
Surgical jaundice and its investigation	Dehydration and electrolyte imbalance and their management
Management of diabetes in a surgical setup	Metabolic response to trauma

OBSTETRICS & GYNAECOLOGY

Malignancies of genital tract (uterine, Cx, endometrium, ovary)	Psychosis
Complications after treatment for gynaecological cancer	Psychosexual problems
Benign tumours of the genital tract (eg. Fibroid)	Genital tract fistulae
	Urinary incontinence
	Menopause
	Amenorrhoea

PAEDIATRICS

Obesity	Chronic diarrhoeas & malabsorption
Diseases of deficiency of vitamins and minerals	Infective endocarditis
Gastro-intestinal obstruction	Myocarditis / Pericarditis

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Hydrocephalus	Thumb sucking, negativism, tics, pica
Congenital defects of CNS	
Tumours of genitourinary system	Nightmares and night terrors
Undescended testes	Recognition of genetic disorders
Hypo-and epispadias	Chromosomal disorders – trisomy, Translocation, sex trisomy and monosomy
Enuresis	
Cirrhosis	Recognition of immune-deficiency states incl. HIV / AIDS
Obstruction of biliary passages	Accidents –common household accidents,
Blood dyscrasias	Fractures, electric shock, drowning
Aplastic anaemias	Fungal infections of skin
Myopathies	Neuroblastoma, Retinoblastoma
Osteomyelitis	
Tumours and cysts of skeletal system	

3 (C) Management of the following emergency situations:

For example;

MEDICINE

Myocardial infarction	Encephalitis
Cardiac arrhythmias	Cerebral malaria
CPR	Poisoning & overdosage
Acute LVF	Snake bite
Shock	Diabetic coma
Acute severe asthma	Hepatic coma
Pneumothorax	Acute renal failure
Coma	Status epilepticus
Anaphylactic shock	Hypoglycaemia
CVA	Dehydration
Meningitis	

SURGERY

Acute abdomen	Oliguria, Anuria
Acute appendicitis	Acute retention of urine
Perforated peptic ulcer	Trauma / Polytrauma
Typhoid perforation	Fracture & dislocations – immobilisation / transportation
Intestinal obstruction	Acute pancreatitis
Acute retention of urine	
Burns Hypovolaemia	

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OBSTETRICS & GYNAECOLOGY

Post primary and secondary haemorrhage of postoperative patient (internal bleeding)	Antepartum haemorrhage
Eclampsia / impending eclampsia	Foetal distress
Retained placenta	Maternal distress
Post partum haemorrhage (primary and secondary)	Shoulder dystocia
Cord presentation and prolapse	Resuscitation of an asphyxiated baby
Prolonged labour & obstructed labour	Incomplete abortion
Post partum collapse (obstetric shock)	Aseptic abortion
Acute inversion of uterus	Ruptured ectopic pregnancy
Ruptured uterus	Septicaemia
	Twisted ovarian cyst
	Hyperemesis, gravidarum
	Post coital bleeding

PAEDIATRICS

Heart failure	Encephalitis & encephalopathies
Hypercyanotic attacks	Cerebral malaria
Myocarditis	Guillain-Barre Syndrome
Shock	Acute raised intracranial pressure
Acute asthma	Acute renal failure
Bronchiolitis	Acute glomerulonephritis
Pneumothorax	Dehydration
Pleural effusion	Gastrointestinal bleeding
Lower respiratory tract infection	Acute liver failure
Stridor	Dysentery and its complications
Seizures	Acute abdomen and intestinal obstruction
Meningitis	
Coma	

3 (d) Demonstration of adequate skills in performing the following procedures: For example;

MEDICINE

Endotracheal intubation and CPR	Pleural aspiration
Venepuncture	Peritoneal aspiration
IM injections	Blood film for MP
Catheterisation of the bladder	Bleeding time, clotting time
Blood grouping & cross matching	Cut down
Lumber puncture	

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SURGERY

Venepuncture	Entering an operation
Cut-down	Post-operative monitoring
Catheterisation of bladder	Management of pain
Suprapubic puncture	Setting up a CVP line and monitoring it
Attention to a skin wound	Cross matching blood, collecting blood for blood transfusion
Suturing	Setting up a blood transfusion, watching for reactions and treatment of complications
Dressing a wound	Abdominal paracentesis
Removal of sutures	Pleural aspiration
Tracheostomy	Insertion of an IC tube
Mini Tracheostomy	
Endotracheal intubation	
Basic anaesthesia skills	
Circumcision, vasectomy	
Assisting at surgery after scrubbing up	

OBSTETRICS & GYNAECOLOGY

Venepuncture	Twin delivery
Insertion of an IV cannula	Cardiotocogram
Cut-down in a collapsed patient	Evacuation of retained products of conception
Amniotomy	Insertion and removal of IUCD
Episiotomy and repair	To perform a hysterosalpingogram
Normal vaginal delivery	Insertion ring pessary
Perineal and vaginal tears repair	Female sterilization
Cervical tears repair.	Blood cross matching
Manual removal of placenta	Intubation of an asphyxiated baby
Assisted breech delivery	
Low cavity forceps delivery	

PAEDIATRICS

N.G tube insertion	Nasal catheter
Venepuncture	Bag + mask ventilation
IV cannulation	Enema
Lumber puncture	Incision of abscesses and suturing
Urinary catheterisation	Performing certain investigations e.g. Stools full report
Suprapubic aspiration	Urine full report
Pleural aspiration	Bleeding time & clotting time
Peritoneal aspiration	Special examinations e.g. ENT
Intubation and ventilation	

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4. Requirement and Content:

4.1: Requirement of Internship:

As far as possible the internship should be done in teaching hospitals of own medical colleges. Regarding the students trained abroad in any institution where there is no provision of internship, the same can be accomplished in any of the NMC recognized hospital or institution with prior permission of NMC to do so.

4.2: Provisional Registration:

Recently qualified graduates should be provisionally registered with the Nepal Medical Council before starting internship training

4.3: Duration of Internship:

Internship is one year practical training after finishing MBBS or equivalent undergraduate course. Provisional Registration must be done before starting the Internship training. This posting will be full time. During the course of this period s/he should be able to:

- communicate with the patient ensuring that there is no language barrier
- write proper notes –admission, routine and operation of the patient
- make differential and final diagnosis
- assist at operations
- write proper case summary
- develop decision making skills.

A maximum of fourteen days leave may be taken but not more than five days at one time in major postings. The hospital chief should critically review the leave and if required should make up the deficiencies which have resulted. If the internship is not completed for any reason whatsoever, then a fresh application should be made to the Council of extension.

4.4: Internship Schemes:

1. Any University or Medical College inside the country should adopt one type of internship scheme to maintain the uniformity and should inform the Council accordingly. Community medicine posting for at least 6 weeks duration should be an essential component for Nepalese candidates. The posting can be taken as a part of posting in medicine or related subject.
2. Students coming from outside the country, for internship in Nepal, must choose one scheme and adhere to it till its completion. Schemes are not interchangeable. Different components of internship can be

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under taken in different hospitals recognized by NMC for the purpose but supervisor of the training in particular institution must be identified before hand. The log book for such candidate should be issued by the main hospital where the major part of internship is undertaken and it should clearly mention which scheme was followed.

The schemes presently approved for internship training are as follows:

Scheme –I

1	General Medicine	3 months
2	General surgery and orthopaedics	3 months
3	Obstetrics & Gynaecology	2 ½ months
4	Family Planning & MCH	15 days
5	Emergency Med & Anaesthesia	1 month
6	Eye	15 days
7	ENT / Psychiatry	15 days
8	Paediatric	1 month

Scheme – II

1	General Medicine	3 months
2	General surgery and orthopaedics	3 months
3	Obstetrics & Gynaecology	2 ½ months
4	Family Planning and MCH	15 days
5	Paediatrics	1 ½ months
6	Emergency Medicine	1 month
7	EYE / ENT	15 days

Scheme – III

	General Medicine and Related Subject	6 months
1	General Medicine	3 months
2	Infectious Disease / Psychiatry	1 month
3	Paediatrics	1 month
4	Radiodiagnosis	15 days
5	Emergency Medicine	15 days
	General Surgery and related subjects	6 months
1	General Surgery	3 months
2	Obstetrics & Gynaecology	2 months
3	Orthopaedics	1 month

Scheme IV

1	General Medicine	3 months
2	Special Medicine	3 months
3	General Surgery	3 months
4	Special Surgery	3 months

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Scheme V

1	General Medicine and Related Subject	3 months
2	General Surgery	3 months
3	Obstetrics & Gynaecology	2 ½ months
4	Family Planning & MCH	15 days
5	Community Medicine	3 months

Scheme VI

Teaching Hospital		Teaching District Hospital	
Medicine	1 ½ months	Comprehensive training Community Medicine Dermatology, Emergency Medicine, Medicine, Obstetrics & Gynaecology, Paediatrics, Surgery Ophthalmology, Oral Health, Orthopaedics, Otorhinolarygology,	6 months
Surgery	1 ½ months		
Obstetrics & Gynaecology	¾ month		
Paediatrics	¾ month		
Other postings			
1. Ophthalmology	½ month		
2. Radiology	½ month		
3. Dermatology	½ month		

4.5: Assessment and Monitoring of Internship:

- (i) Intern Log book stating what must be done and / or observed should be maintained.
- (ii) Intern Log book must be signed by supervising doctors of the assigned department.
- (iii) Lastly the internship completion must be confirmed as having been done and be certified by the head of the institution

4.6: Log Book:

It is mandatory for the institution offering internship training program to issue log book to the interns in advance. The log book, besides giving instructions to trainee and trainer should have necessary information and record of tasks to be accomplished and subsequently verified by the authorized persons. Without undermining the academic liberty of the institutions, the Nepal Medical Council wishes that Log Book should be structured replete with method of evaluation in all major disciplines of medicine.

A duly sign log book should be presented to the Council by the candidate at the time of applying for the licensing examination, and the same will be returned after verification.

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4.7: Non - Acceptance of Internship Training:

Internship training done without following the norms as laid down by NMC and in a hospital / institution not recognized for the same will not be accepted.

4.8: Restrictions to Certificates Issue:

As per the Nepal Medical Council Act Section 29 specification, the intern doctor is not entitled to issue:

- (i) Birth and Death certificates.
- (ii) Medical or Physical and Mental fitness certificates

4.9: Issuance of Certificate to Health Institutions:

The Nepal Medical Council shall issue certificates of approval specifying or stating therein the number of interns allowed to the concerned health institutions.

5. Guidelines to Training Institution/ Hospital:

The Universities or health institutions offering academic undergraduate MBBS programs must facilitate the internship training program in co-ordination and consultation with University Teaching Hospital chief and trainers. Graduates waiting to do internship outside of the area of the university must also be allowed by the concerned university in consultation with Nepal Medical Council bearing the conditions in mind.

Academic institutions must also inspect regularly the health institutions recognized for internship for the maintenance of standards. As the Council is concerned only with the general direction on policy decisions and approval of internship training, it is the Academic institutions under which this responsibility lies.

5.1: Medical Colleges / Teaching Hospitals:

All such institutions producing medical graduates and postgraduates must provide facilities for the internship training. The number of posts for such training is dependent on the number of beds and existing facility.

If the institution wants to take more interns from outside, the number of such intake should be at par with NMC guidelines

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5.2: Other Institutions/ Hospitals:

Institutions which are not running their own MBBS course in Nepal should take prior permission of NMC and also fulfill the following criteria before enrolling candidates for internship.

1. General hospital must have minimum of 100 beds
2. Specialty hospital must have minimum of 25 beds in particular specialty, to be recognized.
(N.B. Specialist hospital or units denotes Eye, ENT, Obs / Gynae. Infectious disease, Mental, Paediatric etc)
3. The hospital in question for recognition should be fully operational.
4. There should be at least 65% bed occupancy rate in the hospital.
5. In general hospital each department should have at least 12 beds.
6. General Hospital should have at least one functional operation theatre, basic adequate investigation facilities for diagnosis and blood bank.
7. Hospital should have teaching learning activities, such as clinical meetings and seminars along with facilities viz. library with books & journal, medical informatics and auditorium etc.
8. Medical specialist with Postgraduate qualification should be involved in teaching learning activities.

After enrolment of candidates for internship, the Institution/ Hospital should send a list of such candidates to NMC within two weeks with their names, NMC provisional registration number, date of commencement and type of internship scheme, possible date of accomplishment and names of proposed supervisors in respective departments with their qualification. This list should be essentially submitted with the required internship fees to NMC, otherwise such training will not hold validity for further registration in NMC.

5.3: Responsibility of Internship training hospital:

Institutions providing facilities for internship must ensure that:

- (i) The intern does the duty that has been assigned at the hospital. In the event of refusal, the intern should be warned the first time. Offending intern can be asked to leave in the event of repetition.
- (ii) The intern can only prescribe under supervision for patients within the hospital premises.
- (iii) The interns cannot issue birth, death and other official certificates. The hospital or the departmental head should not ask the interns to deal with a police case nor to carry out any post-mortem independently.

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- (iv) After completion of internship the head of department or hospital shall certify as to whether the internship done was satisfactory or not. If not satisfactory, then the internship must be repeated

5.4: Internship in context of Hospital Beds:

In a hospital where internship is approved the ratio of interns to bed shall be as stated.

In a teaching hospital the student: bed ratio is 1: 7
in nonteaching hospital the student: bed ratio is 1: 10

However in those areas where there are no inpatient beds, the intern number can be designated on the basis of workload, quality of care, academic activities and the qualifications of the trainers / supervisors.

5.5: Recognition by Nepal Medical Council:

The Nepal Medical Council, following a formal request for inspection of quality training facilities by the health institution authorities, shall depute an inspection team. After submission of the inspection report and provided it is satisfactory, the NMC shall grant recognition for internship. The recognition is granted on the basis of capacity for quality training and facilities. These can be verified by the Council from time to time. This recognition can however be revoked on the basis of identified shortcomings. Such an institution can have the recognition restored after the identified deficiencies are corrected.

5.6: Designation of internship post:

The internship post at health institutions should be designated as such. The newly qualified graduate should be categorized as intern doctor.

5.7: Furnishing of Information:

In the event of any hospital or department, which has been given recognition by the Council, is being closed or is having less than required trainer / supervisor, then this information should be furnished immediately to the Council.

6. Guidelines to Supervisor/ Trainer:

Intern doctors cannot function independently and must provide care to the hospital patients as per the supervisors / trainers directions. Supervisor / trainer mean a full time specialist of the department or a registrar but the

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full responsibility of the training rests with the specialist or the doctor in charge of the department or unit.

The immediate trainer will maintain a register of the interns placed under her/him and make rota for interns and distribute stipulated number of clinical beds under her/him in consultation with identified trainer.

The trainer will supervise the work and attendance register of the interns periodically. Upon performance of the task/s by the intern, the immediate trainer will testify. If any assigned task is not achieved in the period of posting, the reason should be noted as remark.

The trainer must sign the document/logbook after completion of the task.

The trainer should not sign the document/log book if intern remains absent without notice. In such case this should be completed after regularization of the absent period.

The teaching District Hospital assignment should be approved in advance and duly completed and countersigned by authorized person.

7. Guidelines to the Trainee:

The intern should bring their essential instruments and should wear white coat on duty with official identification badge, mentioning his/her status in order to avoid confusion. Interns are expected to become competent in a number of generic skills and advised to attend specified small group discussion.

The interns should report to the trainer and keep record of the task/s activities performed and duly signed after completion. The intern is also advised to maintain diary for daily activity.

The intern should sign attendant register at the time of arrival and departure from duty.

The intern should normally work from 8 am to 5 pm. The intern will enjoy a day off after "one night posting and hand over."

Orders/notes/certificates made by intern must be signed by an attending licensed physician before implementation.

The intern may never discharge a patient from emergency room or outpatient department without review by a licensed physician.

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ANNEXURE – I

The following are the institutions recognized by Nepal Medical Council for internship, **but this is subject to periodic update by the council including the number of interns and recognition of specific departments.**

Institutions	Recognised. Depts
Medical Colleges in Nepal running MBBS program	All Departments
Bir Hospital, Mahabouddha, Kathmandu	Medicine, Surgery, Emergency, ENT, Anaesthesia, Orthopaedics.
Kanti Children Hospital, Maharajgunj, Kathmandu	Paediatrics, Anaesthesia
Paropakar Maternity and Gynae Hospital, Thapathali, Kathmandu	Obs and Gynae, Anaesthesia
Patan Hospital, Lalitpur	Medicine, Surgery, Obs & Gynae, Paediatrics, Orthopaedics, Emergency

Other Hospitals:

Nepal Eye Hospital, Tripureshwor, Kathmandu	Ophthalmology
Ram Lal Golchan Eye Hospital , Biratnagar	Ophthalmology
Himalayan Eye Hospital, Ghare Patan, Pokhara	Ophthalmology
Kedia Eye Hospital, Birgunj	Ophthalmology
Mahendra Eye Hospital, Bharatpur	Ophthalmology
Rana Ambika Eye Hospital, Lumbini	Ophthalmology
Fatten Bal Eye Hospital, Nepalgunj	Ophthalmology
Saheed Sukrraj Tropical & Infectious Diseases Hospital, Tripureshwor, Kathmandu	Infectious disease
Birendra Hospital, Chhauni, Kathmandu	Medicine, Surgery, Orthopaedics, ENT, Anaesthesia
Nepal Police Hospital, Maharajgunj, Kathmandu	Medicine, Surgery, Orthopaedics
Saheed Ganga Lal Heart Hospital, Bansbari,	Special medicine

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Kathmandu	(Cardiology)
Mental Hospital, Lalitpur	(Psychiatry)
BP Koirala Memorial Cancer Hospital, Bharatpur	(Oncology)
Medicare National Hospital, Chabahil, Kathmandu	To be decided by periodic inspection
Model Hospital, Bhrikuti Mandap, Kathmandu	To be decided by periodic inspection
Norvic Hospital, Thapathali, Kathmandu	To be decided by periodic inspection
B & B Hospital	To be decided by periodic inspection
Om Hospital, Chabahil	To be decided by periodic inspection
Zonal & Sub regional Hospitals, Ministry of Health, Govt. of Nepal (which are not affiliated to medical colleges for intake of students)	To be decided by periodic inspection
UMN, Tansen, Palpa	To be decided by periodic inspection
King Mahendra Memorial Hospital, Bharatpur	To be decided by periodic inspection

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ANNEXURE – II

Application for Institutions Desiring Accreditation for Internship

1. Name of Institution
2. Address / Local - District
- Municipality
- VDC
3. Name of Head of Institution:
4. Name of Board Members if any:
5. Type of Hospital – General / Specialty
6. Functioning Bed Strength (Chairs in the case of Dental)
7. Existing Department & Bed Strength in each
8. Name of Institution / Department Head and name of other members with qualification, NMC Registration No., full time or part time.'
9. Particulars regarding service provided during previous 3 years
 - a) Total number of OPD Inpatients
 - b) Total number of Inpatients
 - c) Maternity Services
 - d) Antenatal, Family Planning and MCH services
 - e) Emergency Services
 - f) Description of other existing services if any.
10. Existing Diagnostic Services
11. Library
12. Academic Activities – Clinical Meeting, Journal Club etc.
13. Facilities extended to interns
14. Any other relevant information

Application for internship must be made to Nepal Medical Council with all the information as listed above.

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The working team:

The national guideline is an updated version of Medical and Dental Internship Training originally approved and published by Nepal Medical Council in 2000. A team comprising of the under mentioned doctors contributed towards facilitating this documents.

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