National Guidelines
For
Medical Internship Training
2007

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MBBS Internship Training

नेपाल मेडिकल काउंसिलको निति २०६८ बैशाख २५ गते 'इन्टरन्सीप' सम्बन्धी निर्णय:

परिभाषा:

“मेडिकल इन्टरन्सीप” भननले एम.वि.बि.एस. / वि.डि.एस. वा सो सरहको कोर्ष्मा मेडिकल विषयहरूमा कस्तीमा ४.५ वर्षको अध्ययन र अन्तिम परीक्षा उत्तिर्ण भए पश्चात कुनै मात्रता प्राप्त अस्पताल वा स्वास्थ्य संस्थामा सुपरविश्वेषणमा रही विभिन्न विषयहरूमा गरिने कस्तीमा १ वर्षको व्यवहारिक ज्ञान सीमा परिष्ठर गरन, अन्तर्वर्तिक संबंध एवं समूहमा गर्नु पर्ने संक्षाको विकास गर्न, विविधतामा हैलिस्युलेतुले पालना गर्नु पर्ने नियम, उदराधिक्य र आचारसहिता ज्ञानलाई प्रयोग गर्ने निर्देश आफूँ विषयमा व्यवसायिक विकास गर्नु पर्ने महत्वपूर्ण तालिमलाई उच्च कर्त्ते गर्नु पर्ने।

नीति नियम सम्बन्धमा:

१. जून संस्थाले MBBS/B.D.S. वा सो सरहको कोर्ष्मा अध्ययन गराउँदछ प्राप्त र साही संस्थाले अनिवार्य सुरु इन्टरन्सीपको व्यवस्था गर्नु पर्ने। यो उपार्न मुनि तरम ४.५ वर्षको मेडिकल/इंटरनटल विषयको अध्ययन पश्चात आफूँ संस्थामा ९ वर्षको इन्टरन्सीपको व्यवस्था भएका नेपाल भित्र वा बाहिरका मेडिकल कलेजहरूमा मात्र विद्यार्थी पहुँच जानु पर्ने भने प्रासू उदाहरण पर्ने। नेपाल सरकारले कसैलाई इन्टरन्सीपको व्यवस्था नभएको संस्थामा एम.वि.बि.एस. वा सो सरहको कोर्ष्मा अध्ययन प्राप्त उदाहरण वा व्यवस्था दिन्ने भने जाने व्यवस्थाएँ इन्टरन्सीप गर्ने व्यवस्था पत्र गर्नु पर्ने।

२. इन्टरन्सीप पुरूर गरे पर्ने विद्यार्थीले सम्बन्धित मेडिकल कलेज वा विश्वविद्यालय यहाँ दैर्घ्य प्राप्त गरेको प्रमाणपत्र र इन्टरन्सीप अध्ययन भरिएको सम्बन्धित निकायपत्र प्रमाणित गर्ने लाग बुक प्राप्त गर्नु पर्ने र सो नेपाल मेडिकल काउंसिलको Licensing Exam को दर्शाउको फाउर्म बुफाउँदा बुफाउँ पर्ने।

३. विदेशमा अध्ययन गर्ने नेपालमा नै इन्टरन्सीप गर्नु पर्ने विषय र बाध्यतामय परिस्थिती भएका सो परिस्थितीको जानकारी दिदै
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विद्यार्थीले आफू पढेको संस्था, र नेपाल मेडिकल काउन्सिलको पूर्व स्वीकृति लिएर मात्र नेपाल भित्रका संस्थामा इन्टरन्सीप गर्न पाउनेछ । यसप्रकारको इन्टरन्सीप नेपाल मेडिकल काउन्सिलको नियम भित्र रहेको गरुनु छैन ।

4. विभिन्न मेडिकल कलेजसँग विचारी भर्तीको लागि बेडको संख्या जोडिने गरी अनुबंधित छैने पनि सरकारी वा गैरसरकारी अस्पताल वा संस्थालाई अनुबन्धनको अवधिभरि इन्टरन्सीपको लागि थप विचारीहरुलाई लिन स्वीकृति दिने छैन । विभिन्न मेडिकल कलेजहरूले पनि इन्टरन्सीपको लागि स्वीकृत संख्या भन्दा बढ्दै विचारीहरुलाई लिन पाउने छैन ।

5. नेपालभित्रका मेडिकल कलेजबाट एम.बी.बी.एस. उत्तरार्द्ध भएका विचारीले नेपाल बाहिर इन्टरन्सीप गरुनु भएका अफसोस संस्थाबाट स्वीकृति लिएर सो दशौको मेडिकल काउन्सिल वा सोहरको Authority ले इन्टरन्सीपको लागि मान्यता प्रदान गरेको अस्पताल वा संस्थामा मात्र इन्टरन्सीप गर्न पाउनेछ । यस्तो परिस्थितिमा इन्टरन्सीपको व्यवस्थाको सम्पूर्ण जिम्मेवारी अध्ययन गराउने विश्वविद्यालयको हुनेछ ।

6. नेपाल मेडिकल काउन्सिलको परिभाषा सँग नमिलने व्यवहारिक तालिमबाट “इन्टरन्सीप” मानिने है। कृतिमा 4.5 वर्षको मेडिकल विषयको अध्ययन तथा अन्तिम परीक्षा पूर्ण गर्नु अधिविदेशमा अध्ययनरत विचारी नेपालमा इलेक्ट्रिक तालिमको लागि आउन इत्यादि भएको एकपटकमा दुई हातमा नबढाई आफ्नो कोषको पूर्ण अवधिभरि अधिकतम 6 हाताको लागि मात्र आउन सक्नेछ । “पि- इन्टरन्सीप” वा अन्य शब्दावली प्रयोग गरी MBBS/BDS वा सो सरकारको अन्तिम परीक्षा पास गर्नु पूर्व कृनै पनि तालिम गर्न गराउन पाउने है।

7. यो विशेष लागू हुनु पूर्व इन्टरन्सीपको व्यवस्था नै नभएको मेडिकल कलेजहरूमा अध्ययन गर्न गईसको विचारीहरूले नेपालमा नै इन्टरन्सीप गरुनु भएको बायता भएमा नेपाल मेडिकल काउन्सिलको नियमानुसार विभिन्न अस्पतालहरूमा तोकिएको संस्था भित्र रहेको गरी नेपाल मेडिकल काउन्सिलको पूर्व स्वीकृति लिएर
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मात्र गर्नुपर्नेछ। तर यस्ता विचारीहरूले आफ्नो मेडिकल कलेज बा विश्वविद्यालयबाट सो संस्थामा नेपाल मेडिकल काउन्सिलको criteria (मापदण्ड) अनुसार इन्टर्नसीपको व्यवस्था नभएको प्रमाण ल्याउनु पर्नेछ।

८. नेपाल मेडिकल काउन्सिलको मात्रता प्रदान गरेको अस्पतालमा इन्टर्न छनौटको लागि हरेक अस्पतालले आफ्नै criteria (मापदण्ड) निर्धारण गर्न सक्नेछ। उक्त अस्पतालले हरेक इन्टर्नलाई लगभग राख्नु पर्नेछ र इन्टर्नसीपको लागि उस्मेदवार भर्ना गरेको १५ दिन भित्र सबैको नाम नामेशी नेपाल मेडिकल काउन्सिलमा पठाउनु पर्नेछ।
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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.
MBBS Internship Training

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".
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
- Ascariasis, ankylostomiasis
- Tuberculosis
- Leprosy
- Malaria, Kala-azar
- Filariasis
- Viral hepatitis
- Hypo and hyperthyroidism
- Diabetes mellitus
- Organophosphorous poisoning
- Benign neoplasms of brain and lungs
- Acute rheumatic fever
- Chronic rheumatic heart disease
- Hypertension

- Ischaemic heart disease
- Cerebrovascular disease
- Iron deficiency anaemia
- Coagulation defects
- Purpura and other haemorrhagic conditions
- Paralysis agitans
- Epilepsy
- Migraine, lymphatic leukaemia
- Myeloid leukaemia
- Avitaminoses and other nutritional deficiencies
- Diseases of over nutrition
- Anxiety disorders
- HIV and Opportunistic Infections

**SURGERY**

- Infections of skin, soft tissue, tetanus and gas gangrene
- Abscesses
- Diagnosis of acute abdominal pain
- Ureteric colic

- Haemorrhoids
- Fissure-in-ano
- Fistula – in – ano
- Peri-anal abscesses
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Colitis-non-specific, amoebic, irritable bowel
Urinary calculi
Lymphadenitis
Phimosis, paraphimosis, meatal stenosis
Haematemesis
Haematuria
Prostatism
Surgical jaundice and its investigation
Management of head injury
Osteomyelitis
Burns
Epistaxis
Lumps of skin – sebaceous cysts, warts

Naevi, dermoids
Ganglion, lipoma
Fibroadenoma
External herniae
Lumps in scrotum – hydrocoele, cyst of epididymis,
Spermatocoele, tumours of testis
Epididymo-orchitis, vasectomy as permanent sterilisation.
Varicose veins and their complications
Thyroid lumps – goitre, malignancy
Chronic retention of urine
Dealing with medico legal cases

OBSTETRICS & GYNAECOLOGY

Counselling of patients during ANC
A normal pregnancy and delivery (including maintaining a partogram)
Basic essential obstetric care & comprehensive essential obstetrics care
Hypertensive disorders in pregnancy
Other common medical disorders complicating pregnancy (anaemia, malaria, diabetes mellitus, heart disease)
Abnormal presentations (breech, face, brow) and lie
Multiple pregnancy, polyhydramnios, oligohydramnios, small for dates.
Prolonged and obstructed labour
Prelabour spontaneous rupture of membranes (term + preterm)
Pre term labour
Prolonged pregnancy
Pregnancy with a previous scar

Ectopic pregnancy
Antepartum haemorrhage, abruptio placenta, placenta praevia, post partum haemorrhage
Death in utero
Normal puerperium and its problems
Puerperal psychosis
Counselling for post partum contraception
Preoperative preparations for LSCS
To identify and manage complication of LSCS
Common menstrual disorders (menorrhagia, dysmenorrhoea etc.)
Legalisation of abortions PMTCT
Hyperemesis gravidarum
Vulvo vaginitis
Sexually transmitted infections – HIV / AIDS
Carcinoma, uterine, cervix
Counselling for contraception and sterilization
MBBS Internship Training

Management of contraceptive related problems
(irregular bleeding, missed pill)
Hydatidiform mole

Subfertility (and related disorders)
Dysfunctional uterine bleeding
Genital prolapse

PAEDIATRICS

Resuscitation of newborn Neonatal Infections
Preterm, LBW, CPR of children
Blood group incompatibilities
Birth injuries
Haemorrhagic disease of newborn
High risk neonates
Neonatal jaundice
Normal newborn examination
Congenital skeletal defects
Adreno-genital syndrome
Danger signs
Protein energy malnutrition
Breast feeding
Fluid/calorie requirements in children
Hypothyroidism
Developmental milestones
Assessment of dehydration
Constipation-functional, megacolon, Hirschsprung's
Viral hepatitis
Dengue and other arborivirus infections
Meningitis, encephalitis, brain abscess
Genito-urinary infections
Coryza and nasal discharges, allergic rhinitis
Otitis media/externa, sinusitis
Tonsillitis and, pharyngitis
IMCI
Laryngeal obstructions and stridor
Bronchiolitis
Pneumonia
Bronchial asthma

Rheumatic fever
Arthritis
Rheumatic heart disease
Cardiac failure
Convulsions
Cerebral palsy
Acute flaccid paralysis (AFP)
Nephrotic syndrome
Nephritic syndromes
Renal failure
Anaemia
ITP, HSP
Leukaemias
Child neglect and abuse
Side effects of common drugs
Pyoderma, scabies
Rash with fever, drug rash
Eczema and intertrigo
Napkin dermatitis
Urticaria
Dental caries
Immunisation
Dehydration and electrolyte imbalance and their management
Phimosis
Worm infestation
Pertussis
Chicken pox
Typhoid, paratyphoid, cholera
Bronchiectasis, lung abscess
Pleural effusion, empyema
Pulmonary tuberculosis
Poisoning, salicylates, alcohol, kerosene, iron, insecticides
Congenital heart disease
MBBS Internship Training

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

**MEDICINE**

Tetanus
Infectious mononucleosis
Moniliasis
Toxoplasmosis
Hypo and hyperparathyroidism
Acromegaly and hypopituitarism
Cushing's syndrome
Pulmonary embolism and infarction
Other deficiency anaemias (B₁₂, folate)
Dengue inc. DHF
Acquired haemolytic anaemias

Aplastic anaemias
Agranulocytosis
Motor neurone disease
Recognition of malignant neoplasms of the gastro-intestinal tract, liver and biliary system, lung, brain
Management of alcohol and substance withdrawal
Hodgkin's disease
Multiple myeloma
Polycythaemia vera

**SURGERY**

Ca breast
Ca oesophagus
Ca stomach
Ca colon and rectum
Prostatism
Urinary tract infection
Abdominal lumps and their diagnosis
Surgical jaundice and its investigation
Management of diabetes in a surgical setup

Management of liver failure
Management of renal failure
Management of multi-organ failure
Management of the terminally ill
Counselling the ill
Interaction with friends and relations of the ill
Management of head injury
Dehydration and electrolyte imbalance and their management
Metabolic response to trauma

**OBSTETRICS & GYNAECOLOGY**

Malignancies of genital tract (uterine, Cx, endometrium, ovary)
Complications after treatment for gynaecological cancer
Benign tumours of the genital tract (eg. Fibroid)

Psychosis
Psychosexual problems
Genital tract fistulae
Urinary incontinence
Menopause
Amenorrhoea

**PAEDIATRICS**

Obesity
Diseases of deficiency of vitamins and minerals
Gastro-intestinal obstruction

Chronic diarrhoeas & malabsorption
Infective endocarditis
Myocarditis / Pericarditis
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<table>
<thead>
<tr>
<th>Medical Conditions</th>
<th>Medical Conditions</th>
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<tbody>
<tr>
<td>Hydrocephalus</td>
<td>Thumb sucking, negativism, tics, pica</td>
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<tr>
<td>Congenital defects of CNS</td>
<td>Nightmares and night terrors</td>
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<tr>
<td>Tumours of genitourinary system</td>
<td>Recognition of genetic disorders</td>
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<td>Undescended testes</td>
<td>Chromosomal disorders – trisomy, monosomy</td>
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<td>Hypo-and epispadias</td>
<td>Translocation, sex trisomy and monosomy</td>
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<td>Enuresis</td>
<td>Recognition of immune-deficiency states</td>
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<td>Cirrhosis</td>
<td>incl. HIV / AIDS</td>
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<td>Obstruction of biliary passages</td>
<td>Accidents – common household accidents</td>
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<td>Blood dyscrasias</td>
<td>Fractures, electric shock, drowning</td>
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<td>Aplastic anaemias</td>
<td>Fungal infections of skin</td>
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<td>Myopathies</td>
<td>Neuroblastoma, Retinoblastoma</td>
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<td>Osteomyelitis</td>
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<tr>
<td>Tumours and cysts of skeletal system</td>
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3 (C) Management of the following emergency situations:
For example;

**MEDICINE**

<table>
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<tr>
<th>Medical Conditions</th>
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<tbody>
<tr>
<td>Myocardial infarction</td>
<td>Encephalitis</td>
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<tr>
<td>Cardiac arrhythmias</td>
<td>Cerebral malaria</td>
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<td>CPR</td>
<td>Poisoning &amp; overdosage</td>
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<tr>
<td>Acute LVF</td>
<td>Snake bite</td>
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<tr>
<td>Shock</td>
<td>Diabetic coma</td>
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<tr>
<td>Acute severe asthma</td>
<td>Hepatic coma</td>
</tr>
<tr>
<td>Pneumothorax</td>
<td>Acute renal failure</td>
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<tr>
<td>Coma</td>
<td>Status epileptics</td>
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<tr>
<td>Anaphylactic shock</td>
<td>Hypoglycaemia</td>
</tr>
<tr>
<td>CVA</td>
<td>Dehydration</td>
</tr>
<tr>
<td>Meningitis</td>
<td></td>
</tr>
</tbody>
</table>

**SURGERY**

<table>
<thead>
<tr>
<th>Medical Conditions</th>
<th>Medical Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute abdomen</td>
<td>Oliguria, Anuria</td>
</tr>
<tr>
<td>Acute appendicitis</td>
<td>Acute retention of urine</td>
</tr>
<tr>
<td>Perforated peptic ulcer</td>
<td>Trauma / Polytrauma</td>
</tr>
<tr>
<td>Typhoid perforation</td>
<td>Fracture &amp; dislocations –</td>
</tr>
<tr>
<td>Intestinal obstruction</td>
<td>immobilisation / transportation</td>
</tr>
<tr>
<td>Acute retention of urine</td>
<td>Acute pancreatitis</td>
</tr>
<tr>
<td>Burns Hypovolaemia</td>
<td></td>
</tr>
</tbody>
</table>
MBBS Internship Training

**OBSTETRICS & GYNAECOLOGY**

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

**PAEDIATRICS**

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

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

**MEDICINE**

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

Surgery

Venepuncture
Cut-down
Catheterisation of bladder
Suprapubic puncture
Attention to a skin wound
Suturing
Dressing a wound
Removal of sutures
Tracheostomy
Mini Tracheostomy
Endotracheal intubation
Basic anaesthesia skills
Circumcision, vasectomy
Assisting at surgery after scrubbing up

Entering an operation
Post-operative monitoring
Management of pain
Setting up a CVP line and monitoring it
Cross matching blood, collecting blood for blood transfusion
Setting up a blood transfusion, watching for reactions and treatment of complications
Abdominal paracentesis
Pleural aspiration
Insertion of an IC tube

Obstetrics & Gynaecology

Venepuncture
Insertion of an IV cannula
Cut-down in a collapsed patient
Amniotomy
Episiotomy and repair
Normal vaginal delivery
Perineal and vaginal tears repair
Cervical tears repair.
Manual removal of placenta
Assisted breech delivery
Low cavity forceps delivery

Twin delivery
Cardiotocogram
Evacuation of retained products of conception
Insertion and removal of IUCD
To perform a hysterosalpingogram
Insertion ring pessary
Female sterilization
Blood cross matching
Intubation of an asphyxiated baby

Paediatrics

N.G tube insertion
Venepuncture
IV cannulation
Lumbar puncture
Urinary catheterisation
Suprapubic aspiration
Pleural aspiration
Peritoneal aspiration
Intubation and ventilation

Nasal catheter
Bag + mask ventilation
Enema
Incision of abscesses and suturing
Performing certain investigations e.g. Stools full report
Urine full report
Bleeding time & clotting time
Special examinations e.g. ENT
MBBS Internship Training

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
MBBS Internship Training

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:

<table>
<thead>
<tr>
<th>Scheme – I</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>2</td>
<td>General surgery and orthopaedics</td>
<td>3 months</td>
</tr>
<tr>
<td>3</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>2 ½ months</td>
</tr>
<tr>
<td>4</td>
<td>Family Planning &amp; MCH</td>
<td>15 days</td>
</tr>
<tr>
<td>5</td>
<td>Emergency Med &amp; Anaesthesia</td>
<td>1 month</td>
</tr>
<tr>
<td>6</td>
<td>Eye</td>
<td>15 days</td>
</tr>
<tr>
<td>7</td>
<td>ENT / Psychiatry</td>
<td>15 days</td>
</tr>
<tr>
<td>8</td>
<td>Paediatric</td>
<td>1 month</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheme – II</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>2</td>
<td>General surgery and orthopaedics</td>
<td>3 months</td>
</tr>
<tr>
<td>3</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>2 ½ months</td>
</tr>
<tr>
<td>4</td>
<td>Family Planning and MCH</td>
<td>15 days</td>
</tr>
<tr>
<td>5</td>
<td>Paediatrics</td>
<td>1 ½ months</td>
</tr>
<tr>
<td>6</td>
<td>Emergency Medicine</td>
<td>1 month</td>
</tr>
<tr>
<td>7</td>
<td>EYE / ENT</td>
<td>15 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheme – III</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General Medicine and Related Subject</td>
<td>6 months</td>
</tr>
<tr>
<td>2</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>3</td>
<td>Infectious Disease / Psychiatry</td>
<td>1 month</td>
</tr>
<tr>
<td>4</td>
<td>Paediatrics</td>
<td>1 month</td>
</tr>
<tr>
<td>5</td>
<td>Radiodiagnosis</td>
<td>15 days</td>
</tr>
<tr>
<td>6</td>
<td>Emergency Medicine</td>
<td>15 days</td>
</tr>
<tr>
<td></td>
<td>General Surgery and related subjects</td>
<td>6 months</td>
</tr>
<tr>
<td>1</td>
<td>General Surgery</td>
<td>3 months</td>
</tr>
<tr>
<td>2</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>2 months</td>
</tr>
<tr>
<td>3</td>
<td>Orthopaedics</td>
<td>1 month</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheme IV</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>2</td>
<td>Special Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>3</td>
<td>General Surgery</td>
<td>3 months</td>
</tr>
<tr>
<td>4</td>
<td>Special Surgery</td>
<td>3 months</td>
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</tbody>
</table>
MBBS Internship Training

Scheme V

<table>
<thead>
<tr>
<th></th>
<th>General Medicine and Related Subject</th>
<th>3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General Surgery</td>
<td>3 months</td>
</tr>
<tr>
<td>2</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>2 ½ months</td>
</tr>
<tr>
<td>3</td>
<td>Family Planning &amp; MCH</td>
<td>15 days</td>
</tr>
<tr>
<td>4</td>
<td>Community Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Scheme VI

<table>
<thead>
<tr>
<th>Teaching Hospital</th>
<th>Teaching Hospital</th>
<th>Teaching District Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>1 ½ months</td>
<td>Comprehensive training</td>
</tr>
<tr>
<td>Surgery</td>
<td>1 ½ months</td>
<td>Community Medicine</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>¼ month</td>
<td>Dermatology,</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>¼ month</td>
<td>Emergency Medicine,</td>
</tr>
<tr>
<td>Other postings</td>
<td></td>
<td>Medicine,</td>
</tr>
<tr>
<td>1. Ophthalmology</td>
<td>½ month</td>
<td>Obstetrics &amp;</td>
</tr>
<tr>
<td>2. Radiology</td>
<td>½ month</td>
<td>Gynaecology,</td>
</tr>
<tr>
<td>3. Dermatology</td>
<td>½ month</td>
<td>Paediatrics, Surgery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ophthalmology, Oral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health, Orthopaedics,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Otorhinolaryngology,</td>
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<tr>
<td></td>
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</tbody>
</table>

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*
MBBS Internship Training

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 / Gynaec, 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.
MBBS Internship Training

(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
MBBS Internship Training

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.
MBBS Internship Training

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.

<table>
<thead>
<tr>
<th>Institutions</th>
<th>Recognised. Depts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Colleges in Nepal running MBBS program</td>
<td>All Departments</td>
</tr>
<tr>
<td>Bir Hospital, Mahabouddha, Kathmandu</td>
<td>Medicine, Surgery, Emergency, ENT, Anaesthesia, Orthopaedics.</td>
</tr>
<tr>
<td>Kanti Children Hospital, Maharajgunj, Kathmandu</td>
<td>Paediatrics, Anaesthesia</td>
</tr>
<tr>
<td>Paropakar Maternity and Gynae Hospital, Thapathali, Kathmandu</td>
<td>Obs and Gynaec, Anaesthesia</td>
</tr>
<tr>
<td>Patan Hospital, Lalitpur</td>
<td>Medicine, Surgery, Obs &amp; Gynaec, Paediatrics, Orthopaedics, Emergency</td>
</tr>
</tbody>
</table>

Other Hospitals:

<table>
<thead>
<tr>
<th>Institutions</th>
<th>Specialisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nepal Eye Hospital, Tripureshwor, Kathmandu</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Ram Lal Golchan Eye Hospital , Biratnagar</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Himalayan Eye Hospital, Ghare Patan, Pokhara</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Kedia Eye Hospital, Birgunj</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Mahendra Eye Hospital, Bharatpur</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Rana Ambika Eye Hospital, Lumbini</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Fatten Bal Eye Hospital, Nepalgunj</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Saheed Sukraj Tropical &amp; Infectious Diseases Hospital, Tripureshwor, Kathmandu</td>
<td>Infectious Disease</td>
</tr>
<tr>
<td>Birendra Hospital, Chhauni, Kathmandu</td>
<td>Medicine, Surgery, Orthopaedics, ENT, Anaesthesia</td>
</tr>
<tr>
<td>Nepal Police Hospital, Maharajgunj, Kathmandu</td>
<td>Medicine, Surgery, Orthopaedics</td>
</tr>
<tr>
<td>Saheed Ganga Lal Heart Hospital, Bansbari,</td>
<td>Special medicine</td>
</tr>
</tbody>
</table>
### MBBS Internship Training

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathmandu</td>
<td>(Cardiology)</td>
</tr>
<tr>
<td>Mental Hospital, Lalitpur</td>
<td>(Psychiatry)</td>
</tr>
<tr>
<td>BP Koirala Memorial Cancer Hospital, Bharatpur</td>
<td>(Oncology)</td>
</tr>
<tr>
<td>Medicare National Hospital, Chababil, Kathmandu</td>
<td>To be decided by periodic inspection</td>
</tr>
<tr>
<td>Model Hospital, Bhrikuti Mandap, Kathmandu</td>
<td>To be decided by periodic inspection</td>
</tr>
<tr>
<td>Norvic Hospital, Thapathali, Kathmandu</td>
<td>To be decided by periodic inspection</td>
</tr>
<tr>
<td>B &amp; B Hospital</td>
<td>To be decided by periodic inspection</td>
</tr>
<tr>
<td>Om Hospital, Chabahil</td>
<td>To be decided by periodic inspection</td>
</tr>
<tr>
<td>Zonal &amp; Sub regional Hospitals, Ministry of Health, Govt. of Nepal (which are not affiliated to medical colleges for intake of students)</td>
<td>To be decided by periodic inspection</td>
</tr>
<tr>
<td>UMN, Tansen, Palpa</td>
<td>To be decided by periodic inspection</td>
</tr>
<tr>
<td>King Mahendra Memorial Hospital, Bharatpur</td>
<td>To be decided by periodic inspection</td>
</tr>
</tbody>
</table>
MBBS Internship Training

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.
MBBS Internship Training

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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Dr. Baburam Marasini
Dr. Ramesh Acharya
Dr. Prakash Arjyal

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Dr. S.N.Arjyal
Dr. Nil Mani Upadhyay