



**MALDIVES MEDICAL AND DENTAL COUNCIL**

**2017**



# **ACCREDITATION STANDARDS FOR INTERNSHIP TRAINING IN MALDIVES**

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## 1. INTRODUCTION

Internship training is a phase of undergraduate medical training which is undertaken after passing the final MBBS or equivalent examination. The doctors undertaking this training are called interns. The aim of this training is to ensure that interns further develop the clinical and professional skills, gained at medical college to enhance competency, skills and attitude for providing safe and appropriate care to patients.

Intern training is a mixed model of supervised practice and integrated training. Clinical experience in the intern year involves supervised terms in units that provide medical, surgical and emergency care, together with opportunities for wide clinical experience in hospital and community settings.

All these terms offer opportunities to enhance skills and knowledge through supervised practice. At the end of the year, interns will possess clinical, professional and personal skills and competences that will prepare them for general registration, and allow them to further develop skills and competencies in subsequent training

A satisfactory completion of internship training of not less than 52 weeks is a requirement for registration as a medical practitioner at Maldives Medical and Dental Council (MMDC).

To practice as a medical practitioner in the Maldives, the practitioner has to register at MMDC in accordance with the Health Care Profession Act, Law No 13/2015 and can only practice under the license issued by MMDC.

## 2. OBJECTIVES AND LEARNING OUTCOMES

Objectives and learning outcomes of the internship are to provide opportunities to new medical graduates to:

- I. Consolidate, expand and apply knowledge of the etiology, pathology, clinical features, natural history and prognosis of common and important presentations at all stages of life
- II. Recognize and assess deteriorating and critically unwell patients who require immediate care. Perform basic emergency and life support procedures, including caring for the unconscious patient and cardiopulmonary resuscitation
- III. Prescribe medications safely, effectively and economically, including fluid, electrolytes and blood products
- IV. Place the needs and safety of patients at the center of the care process. Demonstrate safety skills including effective clinical handover, delegation, infection control, and adverse event reporting
- V. Safely perform a range of common procedural skills required for work as an intern



- VI. Communicate sensitively and effectively with patients and their families recognizing the socio cultural aspects affecting patients health status
- VII. Demonstrate ability to screen patients for common diseases, provide care for common chronic conditions, and effectively discuss healthcare behaviours with patients
- VIII. Make appropriate record of medical information during consultation, care, referral and discharge of clients
- IX. Provide care to all patients according to code of Medical ethics laid down by MMDC and demonstrate ethical behaviours and professional values including integrity, compassion, empathy, and respect for all patients, society and the profession
- X. Optimize personal health and wellbeing, including responding to fatigue, managing stress and adhering to infection control to mitigate health risks of professional practice.
- XI. Self-evaluate their professional practice, demonstrate lifelong learning behaviours and participate in educating colleagues
- XII. Take increasing responsibility for patient care, while recognizing the limits of their expertise and involving other professionals as needed to contribute to patient care
- XIII. Respect the roles and expertise of other healthcare professionals, learn and work effectively as a member or leader of an inter-professional team, and make appropriate referrals; and
- XIV. Effectively manage time and workload demands, be punctual, and show ability to prioritize workload to manage patient outcomes and health service functions

### 3. INTERNSHIP PROGRAM

- I. Internship training should be conducted only in hospitals, institutes or any other health center accredited and authorized by the Maldives Medical and Dental Council as a teaching institute.
- II. MMDC will accredit training providers for the purpose of providing prevocational medical education (intern training program) to those who have:
  - a) -structures and systems in place to ensure interns have sufficient opportunity to substantively attain the learning outcomes
  - b) -an integrated system of education, support and supervision for interns; and
  - c) -Individual clinical attachments that provide a high quality learning experience
- III. The standards for accreditation of training providers identify the basic elements that must exist in all accredited intern training programs while allowing flexibility in the ways in which the training provider can demonstrate they meets the standards

- IV. High standards of medical practice, education, and training are key strategic priorities for the training provider. The training provider should be committed to ensuring high quality training for interns
- V. The training provider should have a strategic plan for ongoing development and support of a sustainable medical training and education program
- VI. The training provider should have clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice
- VII. The head of the training institute may designate relevant hospitals and primary care centers affiliated with the institute and community-based medical services to run the internship program
- VIII. The training provider should engage in the regular accreditation cycle of MMDC which will occur at least every five years.
- IX. Procedures should be documented to notify MMDC of changes in a health service or the intern training program.
- X. A provisional registration shall be issued by MMDC to enable an intern to do the internship. The candidate shall produce the offer letter from the hospital/ institute where the candidate is opting for internship at the time of applying for provisional registration
- XI. Clear procedures should be in place to address immediately any concerns about intern performance that may impact on patient safety

#### **4. ORGANIZATIONAL STRUCTURE**

- I. Intern training programs should have their own governance and administrative groups responsible for planning, developing and reviewing their policies and processes
- II. The organizational structure should include appropriately qualified staff, sufficient to meet the program objectives. The in charge shall be trained for the purpose of the internship program and should be well versed with its requirements
- III. Program management should include a delegated manager with executive accountability for meeting internship training and training standards (eg the Director of Medical Services or his/her delegate and a Director of Clinical Training or equivalent, responsible for the quality of the training and education program, and who works in collaboration with supervisors
- IV. A supervisor, who is a registered specialist with minimum qualification of post graduate diploma in the relevant discipline, should be assigned by the institute to each intern during their term placements.

- V. Supervisors should be the first point of contact when concerns of underperformance or patient safety issues have been identified about an intern. It is recommended that supervisors liaise closely with the director of clinical training and medical director and other supervisors for the management of the underperforming intern
- VI. The minimum supervisor to intern ratio is one educational supervisor for up to ten interns and the following roles should be covered in the intern supervision structure, although an individual clinician might perform more than one of these roles:
  - a. A primary Clinical Supervisor, who should be a registered medical practitioner with at least a clinical post graduate diploma
  - b. A term Supervisor who is responsible for orientation and assessment and should be a registered medical practitioner with at least a clinical post graduate diploma in the relevant discipline
  - c. There may also be an immediate supervisor who has direct responsibility for patient care; and
  - d. Other members of the healthcare team may also contribute to supervising the intern's work

## 5. TRAINING COMPONENTS

- I. One of the requirements for registration of a general medical practitioner at MMDC is to satisfactorily complete at least 52 weeks of internship training following completion of MBBS (or equivalent) examination.
- II. The intern training program should consist of supervised terms of rotatory clinical attachments in different specialties which, in aggregate, provide a broad based experience of medical practice.
- III. Training can take place in a variety of health care settings, including hospitals wards, outpatient, emergency department and community-based services, all of which provide a good learning experience for the intern.
- IV. During the training period, each intern should spend at least one clinical attachment of at least 2 weeks in a community setting.
- V. Programs should include placements that are long enough to allow interns to become members of the team and allow team members to make reliable judgments about the intern's abilities, performance and progress
- VI. There should be a system to ensure that each intern maintains a log book, to ensure an adequate record of their learning and training experiences from their clinical attachments and Continuous medical education activities. The log book should be maintained for each candidate which should be completed by the intern and signed by the supervisor

- VII. A portfolio for each intern should be maintained which records the intern's clinical attachments, the clinical performance and assessment records.

## 6. SCHEDULE OF SUPERVISED TERMS OF CLINICAL PLACEMENTS

The candidate must complete 52 weeks of compulsory rotatory internship program during which the graduate shall practice in the following disciplines for the specified time period. Every Intern shall complete the rotational placements in all departments mentioned in the schedule below

Discipline	Duration
Medicine and medical specialities	10 weeks
Surgery	6 weeks
Obstetrics and gynecology	8 weeks
Pediatrics	8 weeks
Emergency / Casualty	8 weeks
Orthopedics	2 weeks
Anesthesia and ICU	2 weeks
Psychiatry	2 weeks
Community medicine in a primary care setting	2 weeks
ENT	1 week
Ophthalmology	1 week
*Elective placements	2 weeks

\*Subjects for elective placements may include Dermatology, Radio diagnosis and other specialities

## 7. FORMAL EDUCATION PROGRAM

- I. Interns shall have access to a formal education program in addition to work based teaching and learning which is guided by Intern outcome statements;
- II. The training provider shall provide dedicated time for the formal education program
- III. The training provider shall provide opportunities for additional work based teaching and training which includes:
  - a. Teaching Sessions with senior medical practitioners and other health professionals;

- b. Team and/or unit based activities such as case presentations, workshops and seminars, journal club, radiology and pathology meetings, mortality and morbidity reviews, multidisciplinary meetings and other quality assurance activities;
  - c. One to one teaching with supervising medical practitioners in the course of patient clinical care;
  - d. Opportunities to develop and practice clinical skills within a simulated environment;
  - e. Medical and surgical ward rounds
- IV. In addition to clinical teaching, there should be opportunities for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn out
- V. Intern should not be allowed to issue any medical, medico-legal, death certificates and controlled drug prescriptions

## 8. SUPERVISION

- I. Interns should be supervised at all times and at a level appropriate to their experience and responsibilities
- II. Supervision should be provided by qualified medical staff with appropriate competencies, skills, knowledge, authority, time and resources to participate in training and/or orientation programs.
- III. Intern supervisors should understand their roles and responsibilities in assisting interns to meet learning objectives, and demonstrate commitment to intern training
- IV. The intern training program should have mechanisms that regularly evaluate the adequacy and effectiveness of intern supervision
- V. Staff involved in intern training should have access to professional development activities to support quality improvement in the intern training program
- VI. Each term of clinical placement should have clear and explicit supervision arrangements
- VII. All those who teach, supervise, counsel or work with interns are responsible for patient safety. Patient safety will be protected through explicit and accountable supervision

## 9. CLINICAL EXPERIENCE IN SUPERVISED TERM PLACEMENTS

### 9.1 CLINICAL EXPERIENCE IN MEDICINE

MMDC requires the interns to take a term of at least 10 weeks providing experience in medicine.

Approved terms will provide medical experience and may be in general medical units and some medical specialties. The term must provide supervised experience in caring for patients who have a broad range of medical conditions and opportunities for the intern to participate in:

- a) Assessing and admitting patients with acute medical conditions



- b) Manage inpatients with a range of medical conditions including chronic conditions; and
- c) Discharge planning including preparing a discharge summary

The term in medicine must provide:

- Opportunities to consolidate, expand and apply knowledge of the etiology, pathology, clinical features, natural history and prognosis of common and important medical presentations at all stages of life.
- Opportunities to access and use relevant treatment guidelines and protocols, and to seek and apply evidence to medical patient care
- Opportunities to assess and contribute to the care of patients with a broad range of medical conditions. This should include taking histories, performing physical examinations, developing management plans, ordering investigations, accessing clinical management resources, making referrals and monitoring progress, all under appropriate supervision.
- Clinical experience in managing critically ill patients, both at presentation and as a result of deterioration during admission, including experience in assessing these patients and actively participating in their investigation and treatment.
- Opportunities to interpret investigations.
- Opportunities to observe and perform a range of procedural skills
- Opportunities to develop knowledge and skills in safe and effective prescribing of medications, including fluids, blood and blood products
- Opportunities to develop communication skills needed for safely delivering care through interaction with peers (particularly through handover), supervisors, patients and their families, and other health care workers involved in inpatient and ambulatory care
- Interns should have opportunities to develop skills in written and electronic communication including entries in paper or electronic medical records, admission notes, progress notes, discharge notes, and reference letters to other health care practitioners
- Opportunities to develop skills in obtaining informed consent, discussing poor outcomes and end of life of care in conjunction with experienced clinicians
- Opportunities to participate in quality assurance, quality improvement, risk management processes, and incident reporting
- Opportunities to screen patients for common diseases, provide care for common chronic diseases and discuss healthcare behaviours with patients
- Opportunities to develop knowledge about how inpatient medical care interacts community and ambulatory care facilities, including appropriate discharge destinations and follow-up
- Opportunities to develop skills in prioritizing workload to maximize patient and health service outcomes
- Opportunities to understand the roles, responsibilities and interactions of various health professionals in managing each patient, and to play an active role in the multidisciplinary health care team.
- Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the code of Medical ethics

## 9.2 CLINICAL EXPERIENCE IN SURGERY

MMDC requires interns to undertake a term of at least 8 weeks providing experience in surgery

This term must provide supervised experience in caring for patients who represent a broad range of acute and elective surgical conditions and exhibit the common features of surgical illness, including the metabolic response to trauma, infection, shock and neoplasia

Approved terms will provide generalist experience in surgery and may be in general surgical units and some surgical subspecialties.

The term in surgery must provide:

- Opportunities to consolidate, expand and apply knowledge of the etiology, pathology, clinical features, natural history and prognosis of common and important surgical presentations at all stages of life
- Opportunities to access and use relevant treatment guidelines and protocols and to seek and apply evidence to surgical patient care
- Opportunities to assess and contribute to the care of patients admitted for surgical management. This should include taking histories, performing physical examinations, developing management plans, ordering investigations, accessing clinical management resources, making referrals and monitoring progress, all under appropriate supervision
- Clinical experience in all care phases for a range of common surgical conditions, including pre-operative evaluation, operative management and post-operative care. Interns should participate actively in operating theatre sessions
- Clinical experience in managing critically ill surgical patients, both at presentation and as a result of deterioration during admission, including experience of assessing these patients and actively participating in their initial investigation and treatment
- Opportunities to interpret investigations.
- Opportunities to observe, learn and perform a range of procedural skills, including those requiring sterile conditions
- Opportunities to develop knowledge and skills in safe and effective prescribing of medications, including analgesia, intravenous fluids, blood and blood products
- Opportunities to develop communication skills needed for safely delivering care through interaction with peers, supervisors, patients and their families, and other health care workers involved in inpatient and ambulatory care. Interns should have opportunities to develop advanced skills in spoken, written and electronic communication
- Opportunities to develop skills in obtaining informed consent, discussing poor outcomes and end of life of care in conjunction with experienced clinicians
- Opportunities to develop written communication skills, including entries in paper or electronic medical records, admission notes, progress notes, discharge notes, and reference/referral letters to other health care practitioners.
- Opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.
- Opportunities to develop knowledge about how inpatient surgical care interacts with community and ambulatory care facilities, including appropriate discharge destinations and follow-up.

- Opportunities to develop skills in prioritizing workload to maximize patient and health service outcomes.
- Opportunities to understand the roles and responsibilities of different surgical team members in managing each patient, including pre- and post-operative care, and to play an active role in the multidisciplinary health care team.
- Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the Code of Medical ethics laid down by MMDC.

### 9.3 CLINICAL PRACTICE IN EMERGENCY MEDICINE

MMDC requires interns to undertake a term of at least 8 weeks providing experience in emergency medical care.

This term should provide closely supervised experience in assessing and managing patients with acute, undifferentiated illnesses, including assessing and managing the acutely ill. Normally this is a term in an emergency department or selected general practices with involvement in emergency medicine

The term in emergency medical care must provide:

- Opportunities to consolidate, expand and apply knowledge of the etiology, pathology, clinical features, natural history and prognosis of common and important emergency presentations at all stages of life
- Opportunities to access and use relevant treatment guidelines and protocols, and to seek and apply evidence to emergency patient care
- Opportunities for the intern to assess patients with acute, undifferentiated illness and critically ill patients at the point of first presentation. This should include taking histories, performing physical examinations, participating in resuscitation and trauma management ,developing management plans, accessing clinical management resources, rational ordering of initial investigations, making referrals and initiating treatment, all under appropriate supervision
- Opportunities to interpret investigations ordered in the initial management of patients presenting for acute care
- Opportunities to observe, learn and perform a range of procedural skills, particularly those likely to be used largely in an emergency setting
- Opportunities to develop knowledge and skills in safe and effective prescribing of medications, including intravenous fluids, blood and blood products.
- Opportunities to develop skills in preparing appropriate documentation, including records of clinical interactions, discharge letters and summaries
- Opportunities to develop communication skills needed for delivering care in an emergency setting through interaction with peers, supervisors, patients and their families, and other medical practitioners and health professionals involved in inpatient and ambulatory care. Interns should have opportunities to develop advanced skills in spoken, written and electronic communication
- Opportunities to discuss allocating resources in emergency settings



- Opportunities to develop knowledge of legislative issues arising in an emergency care setting, particularly those relating to capacity and mental health
- Opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting
- Opportunities to develop knowledge about how emergency medicine interacts with community and ambulatory care facilities, including appropriate discharge destinations and follow-up
- Opportunities to develop skills in prioritizing workload to maximize patient and health service outcomes
- Opportunities to understand the roles, responsibilities and interactions of various health professionals in managing each patient, and to play an active role in the multidisciplinary health care team
- Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the code of medical ethics

#### 9.4 CLINICAL EXPERIENCE IN PEDIATRICS .

MMDC requires the interns to take a term of at least 8 weeks providing experience in pediatrics.

Approved terms will provide pediatric experience and may be in pediatric units and pediatric specialties and neonatal and pediatric intensive care units. The term must provide supervised experience in caring for patients who have a broad range of medical conditions and opportunities for the intern to participate in:

- Assessing and admitting patients with acute medical and surgical conditions
- Manage inpatients with a range of medical conditions
- Discharge planning including preparing a discharge summary

The term in pediatrics must provide:

- Opportunities to consolidate, expand and apply knowledge of the etiology, pathology, clinical features, natural history and prognosis of common and important pediatric and neonatal presentations
- Opportunities to access and use relevant treatment guidelines and protocols, and to seek and apply evidence to patient care
- Opportunities to assess and contribute to the care of neonatal and pediatric patients with a broad range of medical and surgical conditions. This should include taking histories, performing physical examinations, developing management plans, ordering investigations, accessing clinical management resources, making referrals and monitoring progress, all under appropriate supervision.
- Clinical experience in managing critically ill patients, both at presentation and as a result of deterioration during admission, including experience in assessing these patients and actively participating in their investigation and treatment.
- Opportunities to interpret investigations.
- Opportunities to observe and perform a range of procedural skills including neonatal resuscitation, new born examination and exchange transfusion, all under supervision

- Opportunities to develop knowledge and skills in safe and effective prescribing of medications, including fluids, oral rehydration therapy, blood and blood products
- Opportunities to assess nutritional and dietary status of infants and children and recognize growth and psychomotor development abnormalities in pediatric age group
- Opportunities to develop communication skills needed for safely delivering care through interaction with peers, supervisors, patients and their families, and other health care workers involved in inpatient and ambulatory care
- Opportunities to screen newborn babies for congenital abnormalities
- Interns should have opportunities to develop skills in written and electronic communication including entries in paper or electronic medical records, admission notes, progress notes, discharge notes, and reference letters to other health care practitioners
- Opportunities to develop skills in obtaining parental informed consent, discussing poor outcomes and end of life of care in conjunction with experienced clinicians
- Opportunities to participate in quality assurance, quality improvement, risk management processes, and incident reporting
- Opportunities to understand the roles, responsibilities and interactions of various health professionals in managing each patient, and to play an active role in the multidisciplinary health care team.
- Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the code of Medical ethics

## 9.5 CLINICAL EXPERIENCE IN OBSTETRICS AND GYNECOLOGY

MMDC requires interns to undertake a term of at least 8 weeks providing experience in obstetrics and gynecology

This term must provide supervised experience in caring for patients who represent a broad range of medical and acute and elective surgical conditions in obstetrics and gynecology

Approved terms will provide generalist experience in gynecology and obstetric units, and may be to monitor the intern training program in specific units as labour room and labour induction units

The term must provide:

- Opportunities to consolidate, expand and apply knowledge of the etiology, pathology, clinical features, natural history and prognosis of common and important surgical presentations at all stages of life
- Opportunities to access and use relevant treatment guidelines and protocols, and to seek and apply evidence to patient care
- Opportunities to assess and contribute to the care of patients admitted for medical or surgical management. This should include taking histories, performing physical examinations, developing management plans, ordering investigations, accessing clinical management resources, making referrals and monitoring progress, all under appropriate supervision
- Clinical experience in all care phases for a range of surgical conditions, including pre-operative evaluation, operative management and post-operative care. Interns should participate actively in operating theatre sessions to observe and assist in Caesarean

section, TAH, VH, Laparoscopy, Hysteroscopy and do follow up of post-operative patients in the ward and ICUs.

- Clinical experience in managing critically ill patients, both at presentation and as a result of deterioration during admission, including experience of assessing these patients and actively participating in their initial investigation and treatment
- Opportunities to interpret investigations.
- Opportunities to observe, learn and perform a range of procedural skills, including those requiring sterile conditions which should include normal and assisted deliveries, Dilation and curettage, partograph use, immediate neonatal resuscitation, amniotomy and repair of perineal tears
- Opportunities to perform pelvic assessment, speculum and bimanual examination in gynaecology and Obstetric patients and observe and learn basic obstetric ultrasound
- Opportunities to develop knowledge and skills in safe and effective prescribing of medications, including analgesia, intravenous fluids, blood and blood products
- Understand the basis of rational prescribing in pregnancy and lactation
- Opportunities to develop communication skills needed for safely delivering care through interaction with peers, supervisors, patients and their families, and other health care workers involved in inpatient and ambulatory care. Interns should have opportunities to develop advanced skills in spoken, written and electronic communication
- Opportunities to develop skills in obtaining informed consent, discussing poor outcomes and end of life of care in conjunction with experienced clinicians
- Opportunities to develop written communication skills, including entries in paper or electronic medical records, admission notes, progress notes, discharge notes, and reference/ referral letters to other health care practitioners.
- Opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.
- Opportunities to develop knowledge about how inpatient care interacts with community and ambulatory care facilities, including appropriate discharge destinations and follow-up.
- Opportunities to develop skills in prioritizing workload to maximize patient and health service outcomes.
- Opportunities to understand the roles and responsibilities of different team members in managing each patient, including pre- and post-operative care, and to play an active role in the multidisciplinary health care team.
- Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the Medical code of ethics

## 9.6 CLINICAL EXPERIENCE IN OTHER TERMS

- The remaining terms may be undertaken across a range of specialties and clinical settings, providing interns with a broad variety of clinical learning opportunities, including different supervision arrangements
- During placements in each term, the supervision arrangements should be explicit and clear. Interns should experience consistent supervision throughout the term

- These terms should provide opportunities to apply, consolidate and expand clinical knowledge and skills while taking increasing responsibility for providing safe, high-quality patient care
- The intern should get opportunities to develop diagnostic skills, communication skills, clinical management skills (including therapeutic and procedural skills), evidence-based care approaches, and professionalism, all under appropriate supervision.
- The term should provide opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the code of Medical Ethics laid down by MMDC.
- The term should provide opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.

## 10.ASSESSMENT

There should be processes to ensure assessment of all aspects of an intern's training and progress towards satisfying the requirements for registration in a general scope of practice, that are understood by interns, educational and clinical supervisors and as appropriate, others involved in the intern training program supervision

The supervisor is responsible to comment on the competency, communication and professional skills, and aptitude of the intern based on the log book. The head of the department of the discipline will provide an overall grading of his or her performance at the completion of the program in that discipline based on the scores of the supervisor

Multiple sources of information that inform the intern's professional development and performance including the skills log book , end of clinical attachment assessment, outcomes from feedback and Continuous medical education activities, all of which are recorded in the intern's portfolio.

The intern shall be guided by the supervisor in each department and final assessment done at the completion on the training should include at least the five core competencies listed below:

- 1) **Knowledge:** Consolidate, expand and apply knowledge of the etiology, pathology, clinical features, natural history, treatment options, preventive and promotive aspects recent advances, and prognosis of common and important presentations at all stages of life
- 2) **Aptitude:** Professionalism, empathy, compassion and behaviour (behaviour with patients, colleagues, nursing staff, and other health workers, team work)
- 3) **Communication skills:** Communication skills with the patients, relatives and other health care workers
- 4) **Professional Skills:** Management of cases and competency on performing medical and surgical procedures.

5) **Responsibility:** punctuality, sound judgment and accountability, responsibility for patient care, recognize limitations

The Internship completion certificate will be issued by the head of the medical education institute, under whose purview the internship program is completed. The certificate will be issued on the official letterhead of the institute and state the discipline in which the intern had practiced and the duration of placement

#### **TRAINING FOR EDUCATIONAL AND CLINICAL SUPERVISORS**

- I. Clinical supervisors should undertake relevant training in facilitating supervision and assessment of interns
- II. All staff involved in intern training should have access to professional development activities to support improvement in the quality of the intern training program

#### **11. FEEDBACK AND PERFORMANCE REVIEW**

- I. The intern training program should provide regular, formal and documented feedback to interns on their performance within each clinical attachment in relation to their progress
- II. The intern training program should document the assessment of the intern's performance and interns should be encouraged to take responsibility for their own performance, and to seek their supervisor's feedback on their performance
- III. Mechanisms should exist to identify at an early stage interns, who are not performing at the required standard of competence; to ensure that the clinical supervisor discuss these concerns with the intern, the director of training or equivalent and medical director when appropriate and that a remediation plan is developed and implemented with a focus on patient safety.
- IV. The intern training program should have clear procedures to immediately address any concerns about patient safety related to intern performance, including procedures to inform the employer and the regulator, where appropriate.
- V. The intern training program should establish assessment review groups, as required, to assist with more complex remediation decisions for interns who do not achieve satisfactory supervisor assessments.

#### **12. APPOINTMENT TO PROGRAM AND ALLOCATION TO TERM**

The processes for intern appointments:

- I. Should be based on published criteria and the principles of the program concerned
- II. Should be transparent, rigorous and fair
- III. the procedure for accessing leave should be published, fair and practical



- IV. The training provider must make a time table for the clinical attachment of terms and maintain a list of who the clinical supervisors are for each clinical attachment

### **13.FACILITIES**

- I. Interns should have access to appropriate educational resources, facilities and infrastructure to support their training
- II. The training provider should provide a safe working and learning environment
- III. Educational resources may include but should not be limited to:-
  - learning modules/ materials
  - continuing medical education sessions
  - facilities and infra-structure
  - computer facilities
  - access to internet and intranet services
  - library services
  - appropriate meeting or training venue/s for continuing medical education sessions
  - skills lab or an appropriate venue for simulation training
  - common room for interns

### **14.WELFARE AND SUPPORT**

- I. The intern training provider should promote strategies to enable a supportive learning environment for the interns.
- II. Granting of leave is at the discretion of the Institute, but period of leave granted has to be adjusted by additional posting to fulfil the required duration of posting in respective department
- III. The intern training program should have policies and procedures aimed at identifying, addressing and prevent bullying, harassment and discrimination.
- IV. The intern training provider should make available processes to identify and support interns who are experiencing personal and professional difficulties that may affect their training, as well as career advice and confidential personal counselling.

### **15.MONITORING AND EVALUATION**

The intern training provider should regularly evaluate and review its intern training program to ensure that standards are being maintained. Its processes should check program content, quality of teaching and supervision, assessment and trainees' progress

- I. Processes and systems should be in place to obtain input from interns and supervisors. Their feedback which is sought is analyzed should be used as part of the monitoring process

- II. Interns should have regular structured mechanisms for providing confidential feedback (verbal and/or written) about their training, education experiences and the learning environment in the program overall, and in individual terms.
- III. The intern training program acts on feedback and modifies the program as necessary to improve the experience for interns, supervisors and health care facility managers
- IV. There should be a process to address any matters raised by the Maldives Medical and Dental Council in relation to training, including those arising from accreditation visits
- V. Changes in a health service or the intern training program that may affect the training quality, shall require the intern training program to be reviewed by MMDC and MMDC also need to be informed of significant changes that may lead to a review of the internship program. Major changes in circumstances that would prompt a review include:-
  - Absence of senior staff with significant roles in intern training for an extended period with no replacement (eg:- Director or Supervisor of Intern Training absent for more than one month).
  - Significant redesign or restructure of the service that impacts on interns (eg:- a significant change to clinical services provided or a ward closure causing change to caseload)
  - Rostering changes that significantly alter access to supervision or exposure to educational opportunities.
  - Resource changes that significantly reduce administrative support, facilities or educational programs available.

MMDC has the authority to de recognize an internship program (based upon evaluation of the program) if it is found, that the training institute engages in fraudulent, criminal or other practices which are inconsistent with quality medical education.

*Effective from 07<sup>th</sup> November 2017.*

