

**STANDARD OPERATING PROCEDURES for COMPULSORY
ROTATING MEDICAL INTERNSHIP (CRMI) AT ABVIMS, DR RML
HOSPITAL**

INTERNSHIP COMMITTEE, ABVIMS, DR RML HOSPITAL

An Internship Committee has been made under the chairmanship of Dr. (Prof.) Arti Maria, Dean, ABVIMS and Dr. RML hospital, following approval of Director and Medical Superintendent, ABVIMS and Dr. RML hospital, with the following as committee members.

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| 1. Dr. (Prof.) Arti Maria, Dean, ABVIMS and Dr. RML hospital | Chairperson |
| 2. Dr. (Prof.) Ajay Chauhan, Deptt. Of Medicine | Member |
| 3. Dr. (Prof.) Nitin Agarwal, Deptt. Of Surgery | Member |
| 4. Dr. (Prof.) Lokesh Singh Shekhawat, Deptt. Of Psychiatry | Member |
| 5. Dr. (Prof.) Taru Dewan, Deptt. Of Ophthalmology | Member |
| 6. Dr. (Prof.) Ananta Khurana, Deptt of Dermatology | Member |
| 7. Dr. (Prof.) Vishal Kumar, Deptt. Of Paediatrics | Member |
| 8. Dr. (Prof.) Thejasvi H.T., Deptt. Of Forensic Medicine | Member |
| 9. Dr. (Prof.) Jaya Chawla, Deptt. Obst. & Gynae | Member |
| 10. Dr. (Prof.) Aanchal Kakkar, Deptt. Of Anaesthesia- | Member |
| 11. Dr. Vasu Sharma, Asst. Professor, Deptt. Of Orthopaedics | Member |
| 12. Dr. Ankur Gupta, Asst. Professor, Deptt. Of ENT | Member Secretary |
| 13. Dr. Madhurima, Officer In-Charge, Deptt. Of Emergency | Member |

Also included in the above committee are Faculty In-Charges (UG Cell) (as follows)

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| 1. Dr. (Prof.) Neelam Roy, Deptt. Of Community Medicine - | Member |
| 2. Dr. (Prof.) Parul Goyal, Deptt. Of Bio Chemistry - | Member |
| 3. Dr. (Prof.) Nitin Sinha, Deptt. Of Medicine - | Member |
| 4. Dr. (Prof.) Manik Shanker Ghadlinge, Deptt. Of Pharmacology - | Member |

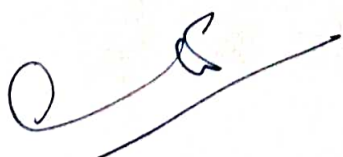
It has been further decided that the heads of the departments not represented here will appoint a nodal officer from their departments for oversight of the CRMI in their departments. The name of the nodal officer is to be sent to UG cell at Email id: ugcellabvims@gmail.com

SCOPE AND OBJECTIVES OF THE COMMITTEE

The committee has been made to formulate and implement SOPs for conduct of CRMI at ABVIMS, Dr RML hospital, in accordance with the norms laid down in the NMC gazette notification dated 18th November 2021.

FUNCTIONING OF THE COMMITTEE

The committee shall meet every three months to discuss and resolve any concerns and issues



span shall also be taken up by the committee under guidance of Dean, ABVIMS and Dr RML hospital.

Decisions taken by the committee :

1. It has been decided to have **2 nodal officers** for overseeing CRMI for each upcoming batch. The nodal officers for the Batch of 2019 shall be:

a) Dr Jaya Chawla, Professor, Gynecology and Obstetrics

b) Dr Ankur Gupta, Assistant Professor, ENT

2. An extensive **SOP document** (attached) has been prepared by the committee to provide a reference document detailing the objectives, curriculum, rules and regulations and implementation of CRMI at ABVIMS, DR RML hospital.

STANDARD OPERATING PROCEDURES (SOPs)
REGARDING COMPULSORY ROTATING MEDICAL
INTERNSHIP (CRMI) AT ABVIMS, DR RML HOSPITAL

(in accordance with National Medical Commission (NMC) gazette dated 18th November, 2021)

The overall principle of CRMI as per NMC notification is that all students shall complete their entire period of compulsory rotating medical internship training (CRMI) in the institution where they have pursued and completed their Bachelor of Medicine and Bachelor of Surgery (MBBS).

Provisional registration with Delhi Medical Council needs to be submitted to the UG cell for issuing of Intern log book and commencement of CRMI at ABVIMS, Dr RML hospital. A receipt of document submission at DMC headquarters shall also be considered valid in this regard.

1. Duration and Period of compulsory rotating medical internship (CRMI) —

Overall duration of compulsory rotating medical internship shall not be less than twelve months and it shall be completed within a period of two years from the date of qualifying credentials to pursue compulsory rotating medical internship.

The students must be aware that successful completion of CRMI is an essential eligibility criterion to appear for NEET PG examination.

2. Qualifying credentials:

a) ABVIMS medical graduates: Passing the final Bachelor of Medicine and Bachelor of Surgery (MBBS) examination/ or National Exit Test (NEXT) Step-1 (when it becomes operational).

b) Foreign Medical Graduates: as regulated by the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021, including National Exit Test (Next) Step-1 when the same becomes operational. Up to 7.5 % of the permitted quota of interns at ABVIMS, Dr RML hospital (i.e 8 seats) may be used to accommodate Foreign Medical Graduates for internship at ABVIMS, DR RML hospital (as per NMC order - U.15024/17/2022-UGMEB/026179 dated 14th July, 2022). This shall however be unpaid, without provision of a stipend. FMG candidates shall be taken twice in a year in batches of 4.

3. Quality of internship: No medical graduate shall be considered to have undergone compulsory rotating medical internship unless—

(a) all the essential (practical) aspects of medicine in the areas specified in the Schedule III and IV of the NMC Gazette Notification dated 18th November 2021(also mentioned below) are completed during the internship; and

(b) the entire course of internship is done under active supervision of the mentor duly qualified in that respect (see below)

4. **Qualifications of mentor**— No person shall be eligible either to supervise a medical internee or certify the completion of compulsory rotating medical internship, unless s/he possesses postgraduate qualification in the subject concerned and is duly certified as a mentor for interns by Professor and Head of the Department concerned.
5. The *Dean/Director* shall be responsible for implementation of these Regulations and for any concerns arising out of it
6. The **minimum duration of CRMI may be extended** appropriately by a reasonable period on recommendation by the Dean/Director for reasons including but not limited to:
 - insufficient period of attendance [Refer to point 8 (e)]; or
 - any exigency such as disasters or unforeseen circumstances in the country as notified by the Government of India or any competent authority duly authorized to do so.
7. **The duration of internship may be curtailed or temporarily suspended or even withdrawn or cancelled** at any time by the Institute according to the prevailing rules or regulations of the relevant authority, provided—
 - The registrant, due to any reason whatsoever, desires not to pursue CRMI; or
 - the registrant is not found to have fulfilled eligibility requirements; or
 - there are proven acts of indiscipline; or
 - there are proven acts of professional misdemeanor or misconduct; or
 - any other acts or actions including those violating law of the land.
8. **LEAVE RULES FOR CRMI:** An intern shall be allowed to avail the following leaves:
 - (a) **Normal Leave:** Interns shall be permitted maximum of fifteen days leave with prior permission, during the entire period of internship. The entire period of fifteen days cannot be

availed during any of the one week or two weeks postings applicable to a single department or specialty.

(b) **Maternity Leave:** Lady Interns may be permitted maternity leave according to prevailing rules and regulations of the Central Government

(c) **Paternity Leave:** Male interns may be permitted paternity leave for 2 weeks either in continuation or in intervals of one week each within one year of internship.

(d) **Medical Leave:** Medical Leave shall be included within the 15 days of normal leave. Any medical leave beyond this period shall be recommended only by a duly constituted Medical Board

(e) **Any leaves over and above the stipulated 15 days of leave (including maternity or paternity leaves or medical leaves) admissible shall call for an extension.** The period of this extension shall be equivalent to the period beyond permissible fifteen days of leave. The internship shall be repeated only in the department or specialty wherein the above extension is necessary. *Any duration of CRMI beyond 52 weeks will be unpaid.*

Please note: All leaves availed by an Intern must be informed to the UG cell by the respective departments. Information regarding the same is to be sent to UG cell at email id: **ugcellabvims@gmail.com**

9_Stipend: The monthly stipend of the interns at ABVIMS, Dr RML hospital is fixed at Rs 26,300/- as per MOHFW order - F.No.S.11014/02/2018-ME-I(FTS:3174397) dated 9th July, 2021. Total stipend paid for the entire internship shall be for fifty-two weeks (Twelve months) only. As stated previously, FMGs shall not be given any stipend for CRMI at ABVIMS, Dr RML hospital.

The first stipend shall only be released after submission of proof of no dues to the account section, ABVIMS with respect to a) Hostel fee b) Tuition fee and c) ABVIMS Library

TRAINING

(i). **Internship training shall be supervised:**

(a) The intern shall be entrusted with clinical responsibilities under direct supervision of a designated supervising physician or mentor in each department or supervisor who shall be a Faculty member.

(b) The supervisor shall be responsible for any ethical and legal issues related to interns being supervised by them.

(ii). Interns shall be given adequate opportunities to acquire competencies to become confident primary care physicians:

(a) The emphasis during internship shall be hands-on training applying the scientific and theoretical background gained during the undergraduate course.

(b) Based on the progress of knowledge, skill acquisition, graded responsibility for patient care shall be given.

(c) Interns shall be trained to independently handle common acute emergencies and be aware of individual limitations and the necessity of proper and timely referral of such cases to appropriate centres.

(iv). Interns shall be mentored to acquire effective communication and other skills that are necessary for empathetic and compassionate clinical care.

(v). It must be ensured that the intern gets learning experience in the community: This will include community and outreach activities, collaboration with rural and urban community health centers, participation in Government health programmes, etc.

(a) A critical element of internship will be the acquisition of specific experiences and skill as listed in major areas. Provided that where an intern is posted to District or Sub-Divisional Hospital for training, there shall be a committee consisting of representatives of the college, the State Government and the District administration, who shall regulate the training of such trainee.

(b) Provided further that, for such trainee a certificate of satisfactory completion of training shall be obtained from the relevant administrative authorities which shall be countersigned by the Principal or Dean of College.

CURRICULUM AND SPECIALITIES OF COMPULSORY ROTATING MEDICAL INTERNSHIP (CRMI) – (AS PER SCHEDULE III of NMC gazette dated 18th November 2021)

A three-day certificate course in Basic Life Support (BLS) and a one day Induction Programme (including BioMedical Waste Management training) will be provided to all interns before the beginning of CRMI. The BLS training will be done in batches of 3 over three days and Induction training will be done on a

single day for the whole batch.

1. DISCIPLINE

(a).COMMUNITY MEDICINE The aim of teaching the undergraduate student in Community Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses and recognize the importance of community involvement. He/she shall acquire competence to deal effectively with an individual and the community in the context of primary health care. This is to be achieved by hands-on experience in the District Hospital (*Acharya Bhikshu hospital, New Delhi*), Primary Health Centre (*Ujjawa PHC, Najafgarh*) and Urban Health center (*at Sarojini Nagar*) as *part of Community medicine posting.*

The details are as under: -

- (i) 12 weeks (Total) in Community Medicine
- (ii) 3 weeks: Community General Medicine
- (iii) 3 weeks: Community General Surgery
- (iv) 3 weeks: Community Obstetrics and Gynecology
- (v) 3 weeks: Community Medicine

District Hospital /Community Health Centre:

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

1. An intern must:
 - (a) Be able to diagnose common ailments and advise primary care;
 - (b) Demonstrate knowledge on 'Essential drugs' and their usage;
 - (c) Recognize medical emergencies, resuscitate and institute initial treatment and refer to a suitable institution/ suggest to the patient an alternative health care facility if he/she wants to know about the same.
2. An intern must be familiar with all National Health Programmes (e.g. RCH, UIP, CDD, ARI, FP, ANC, Tuberculosis, Leprosy and others), as recommended by the Ministry of Health and Family Welfare.
3. An intern must:
 - (a) Gain full expertise in immunization against infectious disease;
 - (b) Participate in programmes related to prevention and control of locally prevalent endemic diseases including nutritional disorders;
 - (c) Learn skills in family welfare planning procedures.
4. An intern must:
 - (a) Gain capabilities to conduct programmes on health education;
 - (b) Gain capabilities to use Audio visual aids;
 - (c) Acquire capability of utilization of scientific information for promotion of community health.

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

1. An intern should be capable of establishing linkages with other agencies as water supply, food distribution and other environmental or social agencies.
2. An intern should acquire managerial skills including delegation of duties to and monitoring the activities of paramedical staff and other health care professionals.

Taluka Hospital/ First Referral Unit/ CHC

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

1. An intern shall provide health education to an individual/community on:
 - (a) tuberculosis;
 - (b) small family, spacing, use of appropriate contraceptives;
 - (c) applied nutrition and care of mothers and children;
 - (d) immunization.

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

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

Primary Health Centre / Urban Health Centre

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

- (a) Participate in family composite health care (birth to death), inventory of events;
- (b) Participate in use of the modules on field practice for community health, e.g., safe motherhood, nutrition surveillance and rehabilitation, diarrheal disorders, etc;
- (c) Participate in and maintain documents related to immunisation and cold chain;
- (d) Acquire competence in diagnosis and management of common ailments e.g. malaria, tuberculosis, enteric fever, congestive heart failure, hepatitis, meningitis acute renal failure, etc.

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

- (a) Acquire proficiency in Family Welfare Programmes (antenatal care, normal delivery, contraception etc)
- (b) Undergo village attachment of at least one week duration to understand issues of community health along with exposure to village health centres, ASHA Sub-Centres;
- (c) Participate in Infectious Diseases Surveillance and Epidemic Management activities along with the medical officer.

(b). GENERAL MEDICINE

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

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

- (a) Proctoscopy, Ophthalmoscopy/ Otoscopy, Indirect laryngoscopy;
- (b) Therapeutic procedures;
- (c) Urethral catheterization, Insertion of Ryle's Tube, Pleural, Ascitic fluid aspiration;
- (d) Cerebrospinal Fluid (CSF) aspiration, Air way tube installation;
- (e) Oxygen administration, etc.;
- (f) **Biopsy Procedures:** Liver, Kidney, Skin, Nerve, Lymph node, and muscle biopsy, Bone marrow aspiration, Biopsy of Malignant lesions on surface, nasal/nerve/skin smear for leprosy under supervision;
- (g) **Skills that an intern should be able to perform under supervision:**
 - (i) should be familiar with life-saving procedures, including use of aspirator, respirator and defibrillator, cardiac monitor, blood gas analyser;
 - (ii) should be able to advise about management and prognosis of acute & chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, myocardial infarction and angina, TIA and stroke, seizures, diabetes mellitus, hypertension renal and hepatic failure, thyroid disorders and hematological disorders. He should participate in counseling sessions for patients with non- communicable diseases and tuberculosis, HIV patients, etc.;
 - (iii) should be able to confirm death and demonstrate understanding of World Health Organization cause of death reporting and data quality requirements;
 - (iv) should be able to demonstrate understanding of the coordination with local and national epidemic management plans;
 - (v) should be able to demonstrate prescribing skills and demonstrate awareness of pharmaco-vigilance, antibiotics policy, prescription audit and concept of essential medicines list.

(c). PSYCHIATRY

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

2. Therapeutic-

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

- (i) Diagnose and manage common psychiatric disorders;
- (ii) Identify and manage psychological reactions;
- (iii) Diagnose and manage behavioral disorders in medical and surgical patients;
- (iv) ECT administration;
- (v) Therapeutic counseling and follow-up.

(d). PEDIATRICS

1. Goal:

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

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

- (i) diagnose and manage common childhood disorders including neonatal disorders and acute emergencies, examining sick child making a record of information;
- (ii) Diagnostic techniques: blood collection (including from femoral vein and umbilical cord), drainage of abscess, collection of cerebrospinal, pleural and peritoneal fluids, suprapubic aspiration of urine;
- (iii) Techniques related to patient care: immunization, perfusion techniques, nasogastric tube insertion, feeding procedures, tuberculin testing & breast-feeding counselling;
- (iv) Use of equipment: vital monitoring, temperature monitoring, resuscitation at birth and care of children receiving intensive care;
- (v) Institute early management of common childhood disorders with special reference to paediatric dosage and oral rehydration therapy;
- (vi) Screening of new born babies and those with risk factors for any anomalies and steps for prevention in future; detect congenital abnormalities;
- (vii) Recognise growth abnormalities; recognise anomalies of psychomotor development;
- (viii) Assess nutritional and dietary status of infants and children and organize prevention, detection and follow-up of deficiency disorders both at individual and at community levels, such as:
 - protein-energy malnutrition
 - deficiencies of vitamins especially A, B, C and D;
 - Iron deficiency

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

- (i) An intern should be familiar with life-saving procedures, including use of aspirator, respirator, cardiac monitor, blood gas analyser.
- (ii) An intern should be able to advise about management and prognosis of acute and chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, congenital heart diseases, seizures, renal and hepatic diseases, thyroid disorders and hematological disorders. She/he should participate in counseling sessions with parents including HIV counseling.

(e). GENERAL SURGERY

- 1. Goal-**The aim of posting of an intern in General Surgery is to impart such

knowledge and skills that may enable him to diagnose and treat common surgical ailments. He/she shall have ability to diagnose and suspect with reasonable accuracy all acute and chronic surgical illnesses.

2. Therapeutic-

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

- (i) venesection or venous access;
- (ii) tracheostomy and endotracheal intubation;
- (iii) catheterization of patients with acute retention or trocar cystostomy;
- (iv) drainage of superficial abscesses;
- (v) basic suturing of wound and wound management (including bandaging);
- (vi) biopsy of surface tumours;
- (vii) perform vasectomy.

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

- (i) Advise about prognosis of acute and chronic surgical illnesses, head injury, trauma, burns and cancer. Counsel patients regarding the same;
- (ii) Advise about rehabilitation of patients after surgery and assist them for early recovery;
- (iii) Should be able to demonstrate understanding of World Health Organisation cause of death reporting and data quality requirements;
- (iv) Should be able to demonstrate understanding of the use of national and state/local cause of death statistics.

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

- (i) Resuscitation of critical patients;
- (ii) Basic surgical procedures for major and minor surgical illnesses;
- (iii) Wound dressings and application of splints;
- (iv) Laparoscopic/ Minimally Invasive surgery;
- (v) Lymph node biopsy.

ff. ANESTHESIOLOGY

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

2. THERAPEUTIC-

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

- (i) Pre-anaesthetic checkup and prescribe pre-anaesthetic medications;
- (ii) Venepuncture and set up intravenous drip;

- (iii) Laryngoscopy and endotracheal intubation;
- (iv) Lumbar puncture, spinal anaesthesia and simple nerve blocks;
- (v) Simple general anaesthetic procedures under supervision;
- (vi) Monitor patients during anaesthesia and in the post-operative period;
- (vii) Maintain anaesthetic records;
- (viii) Perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.

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

- (i) Counseling and advise regarding various methods of anaesthesia;
- (ii) Recognise problems associated with emergency anaesthesia;
- (iii) Recognise and assist in treating complications in the post-operative period.

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

Anaesthesia for major and minor surgical and other procedures.

(i). **OBSTETRICS AND GYNAECOLOGY**

1. **Goal-**The aim of posting of an intern in Obstetrics & Gynaecology is to impart such knowledge and skills that may enable him/ her to diagnose and manage antenatal and post natal follow up; manage labor and detect intra-partum emergencies; diagnose and treat common gynaecologic ailments.

2. THERAPEUTIC-

A. An intern must perform or assist in:

- (i) Diagnosis of early pregnancy and provision of ante-natal care; antenatal pelvic assessment and detection of cephalo-pelvic disproportion;
- (ii) Diagnosis of pathology of pregnancy related to:
 - abortion;
 - ectopic pregnancy;
 - tumours complicating pregnancy;
 - acute abdomen in early pregnancy;
 - hyperemesis gravidarum;
- (iii) Detection of high risk pregnancy cases and give suitable advice e.g. PIH, hydramnios, antepartum haemorrhage, multiple pregnancies, abnormal presentations and intra-uterine growth retardation;
- (iv) Induction of labor and amniotomy under supervision, Management of normal labor, detection of abnormalities, post-partum hemorrhage and repair of perineal tears,
- (v) Assist in forceps delivery;
- (vi) Detection and management of abnormalities of lactation;
- (vii) Evaluation and prescription oral contraceptives with counseling;
- (viii) Per speculum, per vaginum and per rectal examination for detection of

common congenital, inflammatory, neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries;

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

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

- (i) Dilatation and curettage and fractional curettage;
- (ii) Endometrial biopsy;
- (iii) Endometrial aspiration;
- (iv) Pap smear collection;
- (v) Intra Uterine Contraceptive Device (IUCD) insertion;
- (vi) Mini-lap-ligation;
- (vii) Urethral catheterization;
- (viii) Suture removal in post-operative cases;
- (ix) Cervical punch biopsy.

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

- (i) Major abdominal and vaginal surgery cases;
- (ii) Second trimester Medical Termination of Pregnancy (MTP) procedures e.g. Emcredyl Prostaglandin instillations, Caesarean section.

(j). ORTHOPAEDICS

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

2. THERAPEUTIC-

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

- (i) Splinting (plaster slab) for the purpose of emergency splintage, definitive splintage and post-operative splintage and application of Thomas splint;
- (ii) Manual reduction of common fractures – phalangeal, metacarpal, metatarsal and Colles' fracture;
- (iii) Manual reduction of common dislocations – interphalangeal, metacarpophalangeal, elbow and shoulder dislocations;
- (iv) Plaster cast application for un-displaced fractures of arm, fore arm, leg and ankle;
- (v) Emergency care of a multiple injury patient;
- (vi) Transport and bed care of spinal cord injury patients.

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

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

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

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

- (i) Drainage for acute osteomyelitis;
- (ii) Sequestrectomy in chronic osteomyelitis;
- (iii) Application of external fixation;
- (iv) Internal fixation of fractures of long bones.

(k). PHYSICAL MEDICINE AND REHABILITATION

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

2. THERAPEUTIC-

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

- (i) Diagnosing and managing with competence clinical diagnosis and management based on detailed history and assessment of common disabling conditions like poliomyelitis, cerebral palsy, hemiplegia, paraplegia, amputations, etc.;
- (ii) Participation as a team member in total rehabilitation including appropriate follow up of common disabling conditions;
- (iii) Procedures of fabrication and repair of artificial limbs and appliances.

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

- (i) Use of self-help devices and splints and mobility aids;
- (ii) Accessibility problems and home-making for disabled;
- (iii) Simple exercise therapy in common conditions like prevention of deformity in polio, stump exercise in an amputee, etc.;
- (iv) Therapeutic counselling and follow-up.

(l). OTORHINOLARYNGOLOGY (ENT)-

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

2. THERAPEUTIC

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

- (i) Ear syringing, antrum puncture and packing of the nose for epistaxis;
- (ii) Nasal douching and packing of the external canal;

- (iii) Removing foreign bodies from nose and ear;
- (iv) Observing or assisting in various endoscopic procedures and tracheostomy.

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

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

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

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

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

(m). OPHTHALMOLOGY

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

2. THERAPEUTIC-

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

- (i) Sub-conjunctival injection;
- (ii) Ocular bandaging;
- (iii) Removal of concretions;
- (iv) Epilation and electrolysis;
- (v) Corneal foreign body removal;
- (vi) Cauterization of corneal ulcers;
- (vii) Chalazion removal;
- (viii) Entropion correction;
- (ix) Suturing conjunctival tears;
- (x) Lids repair;
- (xi) Glaucoma surgery (assisted);
- (xii) Enucleation of eye in cadaver.

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

Advise regarding methods for rehabilitation of the blind.

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

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

- (ii) Diagnose ocular changes in common systemic disorders;
- (iii) Perform investigative procedures such as tonometry, syringing;
- (iv) direct ophthalmoscopy, subjective refraction and fluorescein staining of cornea.

(n). FORENSIC MEDICINE AND TOXICOLOGY

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

If the college/ institute is deficient in autopsy facilities, MOU shall be signed with center in the same district so as to provide training to interns.

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

- (i) Documentation and certification of trauma;
- (ii) Diagnosis and certification of death;
- (iii) Legal documentation related to emergency cases;
- (iv) Certification of medical-legal cases e.g. Age estimation, sexual assault, etc.;
- (v) Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc.

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

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

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

- (i) Blood: Complete blood count including Platelet count, peripheral blood smear preparation and examination including malarial parasites;
- (ii) Urine: (Routine chemical and microscopic examination);
- (iii) Stool: (for ova/cyst and occult blood);
- (iv) Blood Banking: Blood grouping (manual), saline cross-matching;
- (v) Sputum and throat swab for Gram stain and acid-fast stain;
- (vi) Cerebrospinal Fluid (CSF) for proteins, sugar and smear; order;
- (vii) Performing blood sugar test by glucometer;
- (viii) Pleural and ascitic fluid for routine chemistry and microscopy;
- (ix) Draw blood by venepuncture independently and collect samples in appropriate bottles in proper
- (x) Correctly collect and transport samples and specimens for blood tests, culture, histopathology and cytopathology investigations;
- (xi) Fill requisition forms appropriately.

(o). CASUALTY SERVICES/ EMERGENCY MEDICINE

1. Goal:-The aim of posting of an intern in casualty is to impart such

knowledge and skills that may enable him/her to diagnose and treat common acute surgical /medical ailments. He/she shall have ability to diagnose and suspect, with reasonable accuracy, acute surgical illnesses including emergencies, resuscitate critically injured patient and a severely burned patient, control surface bleeding and manage open wounds and monitor and institute first-line management of patients of head, spine, chest, abdominal and pelvic injury as well as acute abdomen.

2. THERAPEUTIC-

A. An intern must perform or assist in:

- (i) Identification of acute emergencies in various disciplines of medical practice;
- (ii) Management of acute anaphylactic shock;
- (iii) Management of peripheral-vascular failure and shock;
- (iv) Management of acute pulmonary edema and Left Ventricular Failure (LVF);
- (v) Emergency management of drowning, poisoning and seizure;
- (vi) Emergency management of bronchial asthma and status asthmaticus;
- (vii) Emergency management of hyperpyrexia;
- (viii) Emergency management of comatose patients regarding airways, positioning, prevention of aspiration and injuries;
- (ix) Assessment and administering emergency management of burns;
- (x) Assessing and implementing emergency management of various trauma victims;
- (xi) Identification of medico-legal cases and learn filling up of forms as well as complete other medico-legal formalities in cases of injury, poisoning, sexual offenses, intoxication and other unnatural conditions.

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

- (i) Advise about prognosis of acute surgical illnesses, head injury, trauma and burns. Counsel patients regarding the same;
- (ii) Electrocardiogram(ECG);
- (iii) Routine radiographs of chest, abdomen, skull, etc.

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

- (i) Resuscitation of critical patients;
- (ii) documentation medico legal cases;
- (iii) management of bleeding and application of splints.

(p)DERMATOLOGY, VENEREOLOGY AND LEPROSY

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

2. THERAPEUTIC-

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

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

B. Manage common diseases recognizing the need for referral for specialized care in case of inappropriateness of therapeutic response. An intern must have observed or preferably assisted at the following procedures:

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

(ii) Skin biopsy for diagnostic purpose.

(q). RESPIRATORY MEDICINE-

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

A. THERAPEUTIC –

B. An intern must perform or assist in:

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

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

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

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

(i) Laryngoscopy;

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

(iii) Therapeutic counseling and follow up.

(r). RADIO-DIAGNOSIS

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

A. An intern must acquire competency in:

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

(ii) Identifying and diagnosing acute traumatic conditions in bones and skull using X rays / CT Scans with emphasis on fractures and head injuries;

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

(iv) Demonstrating awareness of the various laws like Pre-conception and

Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994).

2. SPECIALTIES FOR TRAINING:

(a) Time Distribution for Internship- An intern shall be posted by rotation as specified in the Table below: -

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

7.	Mandatory Exclusive	Obstetrics and Gynaecology including Family Welfare and Planning	7 Weeks	Includes postings in Out-patient, In-patient wards, Admission Day Emergency, Labour Room and Operation Theatres and exposure to High Dependency Units (HDU), Intensive Care Units (ICU) and Family Planning methods
8.	Mandatory Exclusive and Concurrent PMR with Orthopedics	Orthopaedics including Physical Medicine and Rehabilitation (PM&R)	2 weeks	Includes postings in Out-patient, In-patient, Admission Day Emergency, Plaster Room and Operation Theatres Postings in Physical Medicine and Rehabilitation (PM&R) may run Concurrent in afternoons/mornings equivalent to 4 half-days (14% of total postings)
9.	Mandatory Exclusive	Emergency/ Trauma/ Casualty	2 weeks	Includes postings related to Resuscitation areas, Triage, In-patient wards and Operation Theatre, Basic Life Support as well as exposure to medico-legal procedures
10.	Mandatory Exclusive	Forensic Medicine and Toxicology	1 week	Includes Autopsy postings
11.	Mandatory Exclusive	Dermatology, Venereology and Leprology	1 week	Predominantly Out-patient postings with exposure to handling emergencies
12.	Mandatory Exclusive	Otorhinolaryngology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres
13.	Mandatory Exclusive	Ophthalmology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres

14.*Electives Exclusive*-	Broad Specialties Group	4 weeks total 2 weeks minimum	a. Respiratory Medicine and Directly Observed Treatment Short Course in Tuberculosis (DOTS-TB) Center b. Radio diagnosis c. Lab Medicine d. Geriatric Medicine <i>May choose any (as per availability)</i> • Ayurveda • Yoga • Unani • Siddha • Homeopathy • Sowa Rigpa
	Indian Systems of Medicine	1 week	

***Note 1: Electives may be selected by candidates as per a student's choice:**

- **Distribution for electives:**
- 2weeks+2weeks – of two broad specialties **OR** 3+1: One broad Specialty plus one under the Indian System of Medicine

A call for selecting electives will be sent out by the UG cell before starting of new batch of CRMI

Note 2: Exposure of interns is mandatory in the following relevant areas during posting for training in clinical departments, namely: —

- (i) Laboratory Medicine and Clinical Biochemistry;
- (ii) Histopathology and Cytopathology;
- (iii) Hematology, and Transfusion Medicine / Blood Bank;
- (iv) Microbiology (including Virology);
- (v) Hospital Infection Control, Biomedical Waste Management, Central Sterile Supply Units;
- (vi) Medical Record Keeping;
- (vii) Hospital Information Services.

3. CERTIFIABLE PROCEDURAL SKILLS

Specialty	Procedure
General Medicine	<ul style="list-style-type: none"> • Venipuncture (I) • Intramuscular injection (I) • Intradermal injection (D) • Subcutaneous injection (I) • Intra Venous (IV) injection(I) • Setting up IV infusion and calculating drip rate (I) • Blood transfusion (O) • Urinary catheterization (D) • Basic life support (D) • Oxygen therapy (I) • Aerosol therapy / nebulization (I) • Ryle’s tube insertion (D) • Lumbar puncture (O) • Pleural and asciticfluid aspiration (O) • Cardiac resuscitation (D) • Peripheral blood smear interpretation (I) • Bedside urine analysis (D)
General Surgery	<ul style="list-style-type: none"> • Basic suturing (I) • Basic wound care (I) • Basic bandaging(I) • Incision and drainage of superficial abscess(I) • Early management of trauma (I) and trauma life support(D)
Orthopedics	<ul style="list-style-type: none"> • Application of basic splints and slings(I) • Basic fracture and dislocation management (O) • Compression bandage (I)
Obstetrics	<ul style="list-style-type: none"> • Obstetric examination(I) • Episiotomy(I) • Normal labor and delivery (including partogram) (I)
Gynecology	<ul style="list-style-type: none"> • Per Speculum (PS) and Per Vaginal (PV) examination(I) • Visual Inspection of Cervix with Acetic Acid (VIA) (O) • Pap Smear sample collection & interpretation (I) • Intra- Uterine Contraceptive Device (IUCD) insertion & removal(I)
Pediatrics	<ul style="list-style-type: none"> • Neonatal resuscitation(D) • Setting up Pediatric IV infusion and calculating drip rate (I) • Setting up Pediatric Intraosseous line (O)
Forensic Medicine	<ul style="list-style-type: none"> • Documentation and certification of trauma (I) • Diagnosis and certification of death(D) • Legal documentation related to emergency cases (D) • Certification of medical-legal cases e.g. Age estimation, sexual assault etc.(D) • Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc (D)
Otorhinolaryngology	<ul style="list-style-type: none"> • Anterior nasal packing (D) • Otoscopy (I)

Ophthalmology	<ul style="list-style-type: none"> • Visual acuity testing (I) • Digital tonometry(O) • Indirect ophthalmoscopy (O) • Epilation (O) • Eye irrigation(I) • Instillation of eye medication (I) • Ocular bandaging(I)
Dermatology	<ul style="list-style-type: none"> • Slit skin smear for leprosy(O) • Skin biopsy(O) • Gram's stained smear interpretation (I) • KOH examination of scrapings for fungus (D) • Dark ground illumination (O) • Tissue smear (O) • Cautery - Chemical and electrical (O)
Pathology and Blood Banking	<ul style="list-style-type: none"> • Peripheral blood smear preparation, staining and interpretation (I) • Urine routine and microscopy examination (I) • Manual blood sugar estimation (I) • CSF examination (I) • Blood grouping (I) • Saline cross match method (I)
Microbiology	<ul style="list-style-type: none"> • Gram's stained smear interpretation (I) • KOH examination of scrapings for fungus (I) • Dark ground illumination (O) • ZN stained smear interpretation (I) • Wet mount examination of stool for ova and cysts (I) • Identification of blood parasites on PBS (I)
Pharmacology	<ul style="list-style-type: none"> • Writing a prescription (D) • Audit of a given prescription (D) • Recognize an adverse drug reaction (I) • Be able to prepare a list of essential drugs for a healthcare facility
Applied Anatomy	<ul style="list-style-type: none"> • Identification of structures on X-rays/ ultrasound
Applied Physiology	<ul style="list-style-type: none"> • Perform, analyze, and interpret pulmonary function (e.g. FVC, MVV) (O) • Perform, analyze, and interpret measurements of cardiac and vascular function (e.g. HR, BP, ECG) (D) • Interpret blood parameters (e.g. hematocrit/red blood cell count, lactate, glucose) (I) • Perform, analyze, and interpret CNS function (e.g. nerve conduction velocity, EMG, cranial nerve examination) (D)
Applied	<ul style="list-style-type: none"> • Estimate glucose, creatinine, urea and total proteins, A:G ratio in serum (D) • Estimate serum total cholesterol, HDL cholesterol, triglycerides(D)

Biochemistry	<ul style="list-style-type: none"> • Estimate serum bilirubin, SGOT/SGPT/alkaline phosphatase (D) • Estimate calcium and phosphorous(D)
Biomedical waste management	<ul style="list-style-type: none"> • Segregation and disposal of sharps, plastics, OT material, HIV/ HBsAg/ HCV/ corona virus infected material (O)

I: Independently performed

on patients O: Observed in patients or on simulations

D: Demonstration on patients or simulations and performance under supervision in Patients

ASSESSMENT OF CRMI

CRMI assessment shall be done as per Schedule IV of NMC Gazette dated 18th November 2021

(i) The intern shall maintain a record of work in a log book, which is to be verified and certified by the medical officer under whom he/she works.

(ii) Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training, and the same will be recorded in the log book

(a) The assessments shall predominantly test clinical/ practical skills.

(b) Feed-back mechanisms will be in place so that progress and deficiencies are conveyed to interns such that measures for correction and improvement can be instituted early and effectively.

(c) Based on the record of work and objective assessment at the end of each posting, the respective Head of the Unit and Head of the Department shall certify satisfactory completion of the posting.

(d) The Dean will issue cumulative certificate of satisfactory completion of training at the end of internship.