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**The Log Book of Internship Programme
for
Diploma in Midwifery Course
2023**



Bangladesh Nursing & Midwifery Council



The Log Book of Internship Program for
Diploma in Midwifery Course

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Bangladesh Nursing & Midwifery Council

Diploma in Midwifery Course

Internship Log Book Particulars of Intern

Year of Graduation with Month	
Name of Nursing/Midwifery College/Institution	
Medical College Hospital/ GH/ SH	
Placement period	From to
Duration of Internship	.
Signature of Intern & Date	
Signature of Observer Date&Detail with Seal	

Diploma in Midwifery Course

Internship Log Book

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Introduction

The Logbook of Internship Program for Diploma in Midwifery course is designed to support as a midwifery students that facilitates practical supervision and monitoring for achievement of competencies in the correlation and integration of midwifery theory and practice. It is the primarily responsibility of the midwifery students, working closely with the clinical preceptor/assessor and the educators, to ensure the attainment of competencies and completion of the logbook. It is hereby emphasized that even after completion of the logbook the student is expected to continue practicing the acquired competencies in order to gain expertise and proficiency in the provision of midwifery care autonomously and independently within their scope of practice. It is believed that a well-educated and trained student will efficiently, effectively and competently practice midwifery in the effort to improve the maternal and child wellbeing so that, by 2030 will be on track to meet Sustainable Development Goals(SDGs). The competencies are arranged as per area of practice. The students will acquire clinical competencies by observing and demonstrating the procedures several times until passed. The internship program will be managed by the Midwifery Internship Program Committee (MIPC). This logbook will be effective from the session of 2019-2020.

Goal of the Internship Program

The goal of this logbook is to provide a list of required competencies that midwife students must acquire under supervision of a clinical preceptor/assessor and educator before completion of the program. It prepares midwives to meet the ICM competencies for practice autonomously across the scope of midwifery practice.

Objectives

After completion of the internship program midwifery intern will be able to:-

- Integrate theory into practice.
- demonstrate a comprehensive knowledge based on ICM standard
- demonstrate competencies in women-centered midwifery care
- conduct normal deliveries including appropriate monitoring, intervention and referral
- work collaboratively with doctors when complications are identified appropriately and refer to an appropriate health facilities.
- maintain professionalism in the delivery of midwifery services
- communicate with the patients, their relatives, and the multidisciplinary team members.
- analyze and interpret the laboratory findings and take necessary actions as required.
- consider ethical and legal issues involving the part of midwifery care.
- demonstrate positive attitudes, ethical behaviors and accountability in accordance with the BNMC rules and regulations with professional standards
- provide evidence-based midwifery care competently and efficiently
- maintain proper documents.

Course Structure

Total duration	06 (six) months	= 181 days
Duration of practice	26 wks.x 6 days	= 156 days
Weekly holidays	26 wks.X 1 day	= 26 days (±)

Working hours for each of the individual day = 6 hours (Morning & Evening shift)
12 hrs. (Night shift)

Hours per week = 48 hours

Total hours within the internship period: 48 hrs. X 26 wks. / 156 days / 1248 hrs

Internship Clinical Rotation:

All interns should be covered following clinical areas:

Rotation Schedule	
Name of Department	Duration of rotation (wks / hour)
ANC	04 weeks
Labour Room	06 weeks
PNC	06 weeks
NCU	04 weeks
GOPD	04 weeks
Community visit	02 weeks
Total 26 weeks	Total 26 weeks

Selected Departments /Areas for Internship:

S/N	Major Fields	Areas/department/ward/units
1.	ANC	ANC OPD, ANC Ward
2.	Labour Room	Intrapartum, Caesarian OT,
3.	PNC	Postnatal Ward, Eclampsia, Gynae Ward, Immunization Center
4.	NICU	Neonatal Ward, Newborn/SCABU, OPD
5.	GOPD	MR, PAC, Family Planning, VIA
6.	Community visit	Local (Convenient area- MLC, Community)

NB. Schedule will be prepared by MIPC as per department and duration

N.B:If there is any discipline/area mentioned in the logbook is non-existed in any medical college hospital/district hospital; intern will be placed in the major discipline/area for that period.

Responsibilities for the Interns

1. Receiving newly admitted/transferred/post-operative woman of the ward.
2. Ensuring comfort measures
3. Assess health status, screen for health risk to promote health and wellbeing of women and infants
4. Maintenance of personal and environmental hygiene.
5. Maintenance of cleanliness, disinfection and sterilization of equipment, linen and others.
6. Utilization of available resources
7. Communicate effectively with clients, their families and other professionals.
8. Advocate women's on their needs and rights
9. Promote and maintain ethical, legal and professional midwifery standards
10. Collect and send specimen to the laboratories.
11. Prepare patients for diagnostic tests and procedures
12. Develop care plan according to laboratory findings
13. Provide holistic and woman centered care
14. Provide antenatal, intranatal, postnatal and neonatal care efficiently.
15. Educate mother on immunization
16. Conduct normal deliveries according to national protocol/guideline
17. Assess progress of labour by using partograph
18. Help mother to ensure breastfeeding
19. Provide family planning services within their scope of midwifery practice
20. Provide pre and post-operative care efficiently
21. Administer medication/drugs
22. Provide high quality, culturally sensitive health education and services in community settings
23. Caring for women and adolescents experiencing physical and sexual violence and abuse
24. Conduct pre and post conference as per schedule
25. Keep proper documentation

Structure of the Midwifery Internship Program Committee

1. Chairman - Director of Hospital/ Superintendent
2. Members
 - i) Head of the department/Consultants Obs. and Gynae
 - i) Principal/ Nursing instructor Incharge
 - ii) Nursing Supervisor (related ward)
 - iii)Ward in charge/ Senior Staff Nurse -04(related ward)
3. Member Secretary - Nursing Superintendent/Deputy Nursing Superintendent/Nursing Supervisor

Responsibilities/guideline for the Midwifery Internship Program Committee

1. The Nursing Superintendent/Deputy Nursing Superintendent will implement and maintain the internship program in the selected hospitals.
2. She/he is responsible to organize an orientation program for the Interns
3. Ward In-charge will be responsible for signing the logbook after successful completion of assigned tasks.
4. Nursing Superintendent/Deputy Nursing Superintendent will form a monitoring committee.
5. Maintain the rotation plan and ensuring the attendance of the interns
6. Ensuring that the Interns has accomplished all the tasks identified for them.
7. Providing necessary guidance and support during the period
8. Ensuring that the Interns have achieved all the generic competencies.
9. Signing against the tasks and competencies after keen observation/examination.
10. Checking that the ward in-charge has noted the reason/s in the remark column against the tasks which has not been accomplished by the Interns within the prescribed period.
11. Checking that the logbook is properly signed by the ward in-charge in time.
12. Collecting the grading forms and grading the Interns according to parameters.
13. Organizing small group discussion/case conference on the prescribed topic(s) for the Interns.
14. Issuing a certificate after completion of internship programme by the concern authorities.

Instructions for the Interns

The main responsibility of the Intern is to accomplish all the tasks mentioned in the logbook. This will help the Intern to work competently and confidently in the hospital in future. There are some instructions for the Interns which they should follow during their internship.

The instructions are as follows:

1. The Intern should wear appropriate uniform.
2. They will sign the attendance register at the time of arrival and departure
3. Maintain a notebook after achieving the targets which mention in the logbook
4. Collect logbook with the counter sign by the concerned ward incharge
6. They will attend the group discussion session/case conference which will be arranged by the concerned personnel.
7. They seek support and assistance from the authority as they required.

Code of Conduct, Rules and Regulations

Follow ICM/ BNMC code of conduct

The code of conduct, rules and regulations will be applicable to the Intern as per Govt. order for Internship program of the Ministry of Health and Family Welfare. If any Intern remains absent due to unavoidable circumstances or unauthorized absent an extra period of work is required to complete the task in the relevant unit-

If any Intern remains absent for three months then she has to make up those absent days within three months or any period certified by the registered medical officer after completion of scheduled internship or hospital authority will decide.

Note for MIPC and Interns

- Hospital Director/Civil Surgeon and Nursing Superintendent/Dy. Nursing Superintendent will not issue any completion certificate against Interns if there is any unsatisfactory grading number achieved by the Intern.
- Logbook must be submitted to the Nursing Superintendent/Dy. Nursing Superintendent for issuing the completion certificate

Induction/Orientation Course at Hospital

On the first day of joining at the hospitals, the Interns should undergo one day induction course under the guidance of Nursing Superintendent/ hospital management committee.

Objectives: At the end of induction course, the new Interns should acquire knowledge about the health care delivery system of that hospital and understand about:

1. Midwifery ethics.
2. Midwives-women relationship
3. Code of conduct, rules and regulations related to midwifery services/hospital
4. Leave and other instructions
5. Introduction to Bangladesh health services and linkage with other hospitals
6. Organogram of Medical College Hospital/District Hospital
7. Roles and responsibilities of different categories of Hospital staff
8. Role of midwives and doctor-midwives relationship
9. Hospital procedures
10. Safety and incidence issue

Grading parameter

Concerned authority should consider the following parameters in grading the individual Intern. Parameter 1 and 2 carry 40 marks in each. Parameter 3, 4, 5, and 6 will be marked by the concerned authority.

The parameter number 1 and 2 is compulsory to be achieved by all of the individual Interns.

No.of Parameters	Parameters	Marks
1.	Completion of the number of assigned tasks (Log book)	40
2.	Generic Skills/ Competencies	40
3.	Attitude and behavior	05
4.	Punctuality	05
5.	Responsibility and accountability	05
6.	Dressed up with proper uniform	05

Grading system

Mark Obtained (%)	Grade Point	Letter Grade Point
80 – 100	A+	4.00
75 – 79	A	3.75
70 – 74	A-	3.50
65 – 69	B+	3.25
60 – 64	B	3.00
< 60	F	0.00

Instruction for Logbook and Competency Marking

1. The Log book will be marked by the assigned authority such as In-charge of the ward or the member of the committee.
2. Competencies should be acquired through observing, assisting and performing tasks. So every single task should be accomplished by the interns by observation, assisting others and performing independently.
3. In each section ward in-charge/ member of the committee have to give their signature after marking in the log book in the signature column.
4. After completion of the internship the member of the committee/ concerned authority have to count the Intern's total obtained marks in the logbook and have to convert this mark into grading sheet (parameter 1, 2).
6. Both the log book and generic skill total mark 100 and 1000 respectively will be considered as equivalent with 40 (parameter 1 & 2) of the grading sheet. So Intern's obtained mark has to be calculated first and then put in to the grading sheet.
- 7 After converting the mark if there any fraction marking is raised, the concerned committee has to make that fraction marking into round figure. If the fraction marking is below 0.5 then no mark will be added. For example- if someone gets 1.4 then the mark will be just 1. Whenever the fraction mark is equal or more than 0.5, here mark will be added one. For example- if someone gets 1.5 or more than 1.5 then the mark will be 2.

General Competencies
Check list to be filled up by the member of the
Committee/ concerned Ward In charge

Clinical Competencies (General Procedure)	Allocated Marks	Obtained marks	Remarks	Sign of incharge
Receiving newly admitted Patients	2			
History taking and recording	2			
Performing health assessment	2			
Receiving of transferred in patients	2			
Checking and recording vital signs	2			
Maintenance of personal hygiene	2			
Maintenance of environmental hygiene	2			
Sterilization	2			
Woman's midwife relationship	2			
Specimen collection	2			
Administering I/M injection	2			
Administering I/V injection	2			
Opening of I/Channel	2			
Administering oral medications	2			
Administering suppository	2			
Administering Oxygen inhalation	2			
Administering Inhaler/ Nebulizer	2			
Tube feeding	2			
Performing catheterization	2			
Caring of dead body	2			

Signature of the concerned Member of the Internship Program Committee

Full Name:

Designation:

Date:

Required task with numbers and Marks

Clinical Competencies (antenatal, intranatal, postnatal, neonatal and others)	Total Requirements	Allocated Marks	Obtained Marks	Remarks	Sign of signature
Accurately calculate EDD	20	20			
Antenatal assessment including palpation and auscultation	20	100			
Initial antenatal visit	20	20			
Conduct normal delivery	20	100			
Plotting partograph	20	20			
Vaginal examination	20	40			
Artificial rupture of membrane	05	25			
Care in Normal birth	10	50			
Care in complicated labour	10	50			
Active management of third stage of labour	20	50			
Episiotomy with suture (if necessary)	06	30			
Immediate care of well newborn	20	40			
Newborn assessment	20	40			
Newborn resuscitation(if possible)	05	20			
Postnatal assessment(mother)	20	40			
Correct interpretation of CTG	02	10			
Counseling family planning	25	50			
Instruct to breast self-examination	05	10			
Mammography (at least observe)	02	10			
Nutritional status assessment	20	40			
MR/MVA performed	02	10			
Post abortion care (PAC)	02	10			
Insert IUCD	03	15			
Pap Smear	03	15			
Perform VIA	20	10			
Norplant insertion	02	10			
Injection Depoprovera	05	10			
Post-partum family planning	02	10			
Post-Partum Intra uterine Device(PPIUD)	02	10			
Clinical management of rape	03	15			
Counseling for Gender Based Violence (GBV)	03	15			
Manage the STD's case	02	10			
Care of fistula mother	02	10			
Manage PPH patient	05	25			
Manage eclampsia	02	10			
Manage obstructed labour	02	10			
Manage the puerperal sepsis	02	10			
Preoperative care	03	15			
Post-operative care	03	15			

N.B: If there is any competencies mentioned in the in the logbook is not available the interns will cover those competencies in another field.

Annexure-1

Sample Checklists for evaluator

Procedure Name: Taking health history

Name of Intern:

Roll no:

[Please observe the intern's activities and tick (√) in the appropriate boxes]

Tasks	Performed	Not performed	Comments
Greet patient/attendant/parents			
Explain what she is going to do and why			
Seek required cooperation/assistance			
Maintain privacy			
Keep the patient in comfortable position			
Use nonthreatening gesture during communication			
Ask one question at a time			
Avoid medical terminology			
Consider ethical issue during data collection			
Ensure the patient about confidentiality			
Obtain data related to history of health			
Obtain data related to nutritional, economic, family status			
Organize/record collected data accordingly			
Thanks patient/attendant/parents for her/his cooperation			
Document all the history			

Signature of evaluator/ward in-charge -----

Date -----

Procedure Name:

Administering Oral Medication

Name of Intern:

Roll no:

[Please observe the intern's activities and tick in the appropriate box]

Tasks	Performed	Not performed	Comments
Wash hands			
Collect necessary medicine			
Greet the patient and explain the procedure clearly.			
Obtain verbal consent to the procedure.			
Maintain privacy and make the patient comfortable position.			
Ensure medication order satisfactory, checking 6 rights of medication-- <input type="checkbox"/> Check right patient <input type="checkbox"/> Check right drug <input type="checkbox"/> Check right time <input type="checkbox"/> Check right route <input type="checkbox"/> Check right dose <input type="checkbox"/> Check right documentation			
For liquid suspension drug check the appropriate amount of drug and mix with juice			
Check above 5 rights once again			
Accurately administer medication.			
Comfort the patient.			
Avoid undue delay in procedure			
Monitor and document client response to medication and report to the Ward in-charge if necessary.			

Signature of evaluator/ward in-charge -----

Date -----

Procedure Name: Administering Oxygen Therapy by face mask

Name of Intern:

Roll no:

[Please observe the intern's activities and tick in the appropriate box]

Task	Performed	Not-performed	
Assess the patients carefully			
Collect all equipment.			
Explain the procedure to the patient or family members			
Check whether the oxygen cylinder is full or not, whether there is any defect			
Select oxygen flow as per order, check correct level of water in Humidifier.			
Wash hands.			
Positioning the patient i.e. propped up/comfortable.			
Ensure the airway is clear.			
Open the oxygen and regulate the flow of oxygen after attaching the mask.			
Ensure appropriate apparatus at the bed side such as calling bell, paper and pencil.			
Make the patient comfortable			
No mosquito coil and "No Smoking Sign" are placed on patients Door/bedside.			
Observe the patient at regular interval.			

Signature of evaluator/ward in-charge -----

Date -----

Procedure Name: Catheterization**Name of Intern:****Roll No:**

[Please observe the intern's activities and tick in the appropriate box]

Tasks	Performed	Not performed	Comments
Collect all required equipment bring to the patient bed side			
Greeting the patient and explain the procedure			
Maintain proper position- dorsal recumbent (pillows can be used to elevated the buttocks in female)			
Maintain privacy with screen			
Wash hands properly			
Wash the perineal area with warm water and soap			
Rinse and dry the area.			
Create a sterile field.			
Drape the client with a sterile drape.			
Clean the area with antiseptic solution.			
Lubricate the insertion tip of the catheter (5-7 cm)			
Expose the urinary meatus adequately by retracting the tissue or the labia minora in an upward direction female			
Grasp the penis firmly behind the glands and hold straighten the downward curvature of vertical it go to the body-hold the catheter 5cm from the insertion tip.			
Insert the catheter into the urethral orifice.			
Insert the catheter until urine comes.			
Insert 5-10ml of distilled water into the balloon of the catheter			
Collect the urine for specimen (adult 30ml) if necessary.			
Connect the catheter with the urine bag			
.Fix the catheter in the thigh area with adhesive tape.			
Hang the urine bag in the bed.			
Document the procedure.			

Signature of evaluator/ward in-charge -----**Date -----**

Procedure Name: Per Vaginal (P/V) Examination

Roll no:

Name of Intern:

[Please observe the intern's activities and tick in the appropriate box]

Task	Performed		Comments
Prepare all necessary equipment			
Greet mother & explain the procedure			
Wash hands thoroughly with soap & dry			
Put high level disinfected surgical gloves on both hands			
Observe the vulva for the presence of blood, mucus, amniotic fluid & Other discharge.			
Cleanse the vulva with an antiseptic solution			
Gently insert two lubricated fingers of the examining hand into the vagina			
Direct the fingers along the anterior wall of the vagina and note vaginal Temp, moisture & texture.			
Palpate around the fornices & sense the proximity of the presenting part of the fetus to the examining fingers			
Note the length, consistency & dilatation of the cervix			
Note the membrane are intact or rupture, ensure the cord has not prolapsed			
Measure the level of the presenting part in cm. above or below the women's ischial spines (station)			
Identify the presentation & determine position by feeling the feature of the presenting part			
Immerse both hands in 0.5% chlorine solution			
Remove gloves by turning them inside out			
Record all findings from the vaginal examination			

Signature of evaluator /ward in-charge -----

Date -----

Procedure Name: Antenatal assessment

Name of Intern:

Roll no:

[Please observe the intern's activities and tick in the appropriate box]

Task	Performed	Not performed	Comments
Prepare all necessary equipment			
Communicate with the woman appropriately			
Take the pregnancy history and wellbeing			
Explain the procedure to mother			
Ask the mother to empty the bladder			
Wash hand			
Keep the mother in comfortable position			
Accurately calculate gestation and take vital sign			
Correctly test the urine for sugar and albumin			
Carry out the assessment competently and professionally			
Inspection(Size/shape/scars/Striae gravidarum)			
Palpation thoroughly by using Leopold maneuver			
Auscultation(Counts the beat for 1 minute)			
Discuss clinical findings with woman			
Provide education on nutrition/ personal hygiene/ breast feeding			
Accurately document			

Signature of evaluator /ward in-charge -----

Date -----

Procedure Name: Management of 2nd stage of labour

Name of Intern:

Roll no:

[Please observe the intern's activities and tick in the appropriate box]

Task	Performed	Not performed	Comments
Prepare all necessary equipment			
Put on protective barrier & wash hands			
Greet mother & explain the procedure			
Provide continual emotional support & reassurance			
Allow the mother about choice of birth position			
Clean the perineum			
Use one hand to support the perineum with pad			
Assess the perineum whether an episiotomy is necessary or not			
Gently feel around the newborn neck for the cord			
Allow restitution & external rotation			
Apply gently downward traction on the head to allow the anterior shoulders to slip beneath the symphysis pubis			
Guide the head & trunk in an upward curve to allow the posterior shoulder to escape over the perineum			
Grasp the newborn around the chest to aid the birth of the trunk & lift it toward the woman's abdomen			
Note the time of birth			
Dry the newborn quickly & thoroughly with a clean, dry towel/cloth immediately after birth			
Wipe the newborn's eyes with a clean piece of cloth			
Place the newborn in skin-to-skin on the mother's abdomen & cover with a clean, dry towel/cloth			
Observe the newborn's breathing			
Wash hands thoroughly			
Record all findings on woman's record			

Signature of evaluator /ward in-charge -----

Date -----

Procedure Name: Management of 3rd stage of labour**Name of Intern:****Roll No:**

[Please observe the intern's activities and tick in the appropriate box]

Task	Performed	Not performed	Comments
Prepare all necessary equipment			
Wash hand thoroughly			
Provide continual emotional support & reassurance the woman			
Place a sterile receptacle against the woman's perineum			
Palpate the mother abdomen to exclude the second baby			
Give 10 unit oxytocin intramuscularly			
Clamp the cord close to the perineum with forceps			
Use one hand to grasp the forceps			
Wait for the uterus to contract			
Place the other hand on mother's abdomen, with the palm facing towards the mother's umbilicus & gently apply pressure in an upward direction (Counter traction).			
Firmly apply traction to the cord, in a downward direction, using the hand that is grasping the forceps.			
Apply steady tension by pulling the cord firmly & maintaining pressure.			
When the placenta is visible at the vaginal opening, cup it in both hands.			
Use a gentle upward & downward movement or twisting action to deliver the membranes			
Place the placenta in the receptacle provided e.g kidney tray			
Gentle massage the uterus & make sure that the uterus is well contracted.			
Immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning them inside out			
Wash hands thoroughly with soap & water & dry with a clean, dry cloth or air dry			
Record all findings on record sheet			

Signature of evaluator /ward in-charge -----**Date -----**

Procedure Name: Cord cutting

Name of Intern:

Roll no:

[Please observe the intern's activities and tick in the appropriate box]

Task	Performed	Not performed	Comments
Prepare all necessary equipment			
Wash hands			
Greet mother & explain the procedure			
Put high level disinfected surgical gloves on both hands			
Palpate the cord & feel pulsation is stop or not			
Once the pulsation is stop tie the cord 2 fingers away from the umbilicus			
Tie the 2nd knot 1 finger away from the 1st knot			
Tie the 3rd knot 4 finger away from the 2nd knot			
Cut the cord 1 finger away from the 2nd knot			
Clean & maintain aseptic technique			
Observe any bleeding from the cord or not			
Advise the mother about care of cord			
Record all findings			

Signature of evaluator /ward in-charge -----

Date -----

Procedure Name: Placenta Examination

Name of Intern:

Roll No. :

[Please observe the intern's activities and tick in the appropriate box]

Task	Performed	Not performed	Comments
Put clean gloves on both hands			
Hold the placenta in the palms of the hands, with maternal side facing upwards.			
Check all of the lobules are present and fit together			
Hold the cord with one hand & allow placenta & membranes to hang down.			
Insert the other hand inside the membranes, with fingers spread out			
Inspect the membranes for completeness			
Note the position of insertion of the cord			
Inspect the cut end of the cord for the presence of two arteries and one vein.			
Measuring placenta			
Place the placenta in a leakproof container for dispose after asking women about cultural practices.			
Immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning them inside out.			
Wash hands thoroughly with soap & water & dry with a clean, dry cloth or air dry			
Record all findings on record sheet			

Signature of evaluator /ward in-charge -----

Date -----

Procedure Name: 4th Stage of labour

Name of Intern:

Roll No. :

[Please observe the intern's activities and tick in the appropriate box]

Task	Performed	Not performed	Comments
Identify time of delivery			
Check vital sign			
Check bladder is empty			
Examine for tears (perineum, vagina, cervix)			
Check fundus for contraction			
Check all clots expelled and placenta complete			
Ensure mother initiate breastfeeding			

Signature of evaluator /ward in-charge -----

Date -----

Procedure Name: Newborn Assessment

Name of Intern:

Roll No:

[Please observe the intern's activities and tick in the appropriate box]

Task	Performed	Not performed	Comments
Prepare all necessary equipment			
Explain procedure to the mother			
Wash hands thoroughly			
Place new born on a clean, warm surface			
Remove the newborn's clothing			
Check the newborn's general appearance, cry, breathing, heart rate & temp (APGAR score).			
Weigh the newborn			
Measure the head circumference			
Examine head, checking for abnormality			
Examine the upper limbs, checking the skin, soft tissues and bones for abnormality			
Examine the chest for symmetrical movement			
Examine the umbilicus for bleeding and tightness of cord tie.			
Examine the genitalia for abnormalities			
Ensure the anus is patent			
Examine the lower limbs, checking the skin, soft tissues and bones for abnormality			
Examine the spine for abnormalities			
Wash hand thoroughly			
Inform mother of findings & ask the mother if she has additional question			
Record all relevant findings from the physical examination			

Signature of evaluator /ward in-charge -----

Date -----

Procedure Name: Postnatal assessment

Name of Intern:

Roll No. :

[Please observe the intern's activities and tick in the appropriate box]

Tasks	Performed	Not performed	Comments
Prepare all necessary equipments			
Observe the women's general appearance			
Informed consent from woman			
Wash hands thoroughly			
Check mood			
Note the type of birth			
Take woman's health history			
explain each step of the physical examination			
Take the women vital signs			
Check the women's conjunctiva and palms for pallor			
Examine the breasts for engorgement and cracked/sore nipples.			
Examine the abdomen to check the uterus and detect tenderness			
Examine legs for pain and tenderness.			
Examine perineum and genitalia for signs of trauma and infection.			
Observe color, odor and amount of lochia			
Check the involution of the uterus			
Check the baby's condition- Color/feeding/behaviour/ any sign of infection			
Immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning them inside out			
After procedure wash hands thoroughly			
Record all relevant findings from the physical examination on the women's record.			

Signature of evaluator /ward in-charge -----

Date -----

Procedure Name: Manual Removal of Placenta

Name of Intern:

Roll No. :

[Please observe the intern's activities and tick in the appropriate box]

Task	Performed	Not performed	Comments
Prepare necessary equipment			
Provide continual emotional support & reassurance			
Ask the women to empty her bladder or insert a catheter			
Give medication to relieve pain			
Give prophylactic antibiotic			
Put on personal protective barriers			
Wash hands & forearms thoroughly & put on high-level disinfected elbow gloves			
Hold the umbilical cord with a clamp & pull the cord gently			
Place the fingers of one hand into the uterine cavity & locate the placenta			
Provide counter-traction abdominally			
Move the hand back & forth in a smooth lateral motion until the whole placenta is separated from the uterine wall.			
Withdraw the hand from the uterus, bringing the placenta with it while continuing to provide counter-traction abdominally			
Give oxytocin in IV fluid			
Massage the fundus of the uterus			
Examine the uterine surface of the placenta to ensure that it is complete			
Examine the women carefully & repair any tears to the cervix or vagina or repair episiotomy			
Remove gloves & discard them in a dirty box			
Wash hands thoroughly			
Monitor vaginal bleeding, & make sure that the uterus is firmly contracted			

Signature of evaluator /ward in-charge -----

Date -----

Procedure Name: Postpartum Hemorrhage

Name of Intern:

Roll No. :

[Please observe the intern's activities and tick in the appropriate box]

Tasks	Performed	Not performed	Comments
Recognizing the woman is at risk			
Calls appropriate assistance			
Shout for help			
Massage fundus to expel blood clot–empty the uterus			
Ensure active management of 3 rd stage of labour is performed			
10 I.U Oxytocin IM/IV			
Ergometrine 0.2 mg IM			
Take blood for Hb%, grouping and cross matching			
IV access with wide bore cannula			
Infuse NS/Hartman's solution 1000ml with 20IU Syntocinon (or as per protocol)			
Catheterization			
Communicate and explain the mothers' condition to the relatives			
Initiate/encourage breastfeeding			
Record Pulse, BP, every 5 minute until stable and respond to what you find.			
Monitor blood loss and urinary output hourly			
Resuscitate the mother (if necessary)			
Referred the mother to the advanced care			

Signature of evaluator /ward in-charge -----

Date -----

Procedure Name: Eclamptic Fit

Name of Intern:

Roll No. :

Tasks	Performed	Not performed	Comments
Identify the woman in aEclampsia			
Shout for help			
Airway clear (If necessary)			
Position the patient(left lateral position)			
Administer O ₂ at 10L/min			
IV access, blood for Hb, platelets, cross match, urea, electrolytes, creatinine			
Given MgSO ₄ to control convulsion			
Check urine output, respiratory rate and patella reflexes before giving MgSO ₄ .			
Given antihypertensive drugs to control blood pressure			
Catheterization			
Maintain nutrition			
Check vital sign (specially BP every half hourly)			
Monitor fetal heart rate			
Proper documentations			

Signature of evaluator /ward in-charge -----

Date -----

Annexure-2

Group Discussion/Case Conference Topics

Sl. No.	Name of Topic	Name of Resource Person with Designation	Signature of Resource Personnel with date
1.	Communication		
2.	Midwifery Code of ethics		
3.	Patient safety		
4.	Patient Rights		
5.	Essential Competencies for Midwifery Practice		
6.	Evidence Based Midwifery Practice		
7.	Drug calculation		
8.	Sterilization and infection control		
9.	Sexual Transmitted Infections (STIs)		
10.	Antenatal Care		
11.	Intranatal management		
12.	Postnatal Care		
13.	Newborn Assessment		
14.	Breast feeding		
15.	Violence against women		
16.	Occupational hazards (COVID-19, HBsAg, HIV, Radiation, Needle stick injury etc.)		
17.	PPH Management		
18.	Management of Eclampsia		
19.	Breech Birth		
20.	Discharge Plan and Health education		
21.	Documentation		

Techniques/methods for case study presentation:

- ❖ Lectures & presentation, and discussions;
- ❖ Power point presentation
- ❖ Pre and post conference

Teaching Aids:

- ❖ Flip chart and multimedia
- ❖ White board
- ❖ Audio-visual aids

Annexure-3

Master Plan for intern of Clinical Rotation Duration: 06 (six) Months

	ANC				Labour Room						Community visit			
Week	1	2	3	4	5	6	7	8	9	10	11	12	13	
	PNC					NCU					GOPD			
Week	14	15	16	17	18	19	20	21	22	23	24	25	26	

Acronym

ANC= Ante Natal Care

PNC= Post Natal Care

Gy.OPD =Gynae Out Patient Department

NCU= Neonatal Care Unit

Sample of Certificate

Monogram of respected Hospital

Certificate of completion of 6th month internship Program

This is to certify that.

.....
S/O/D/O.....

Successfully completed the six month Internship Program for Diploma in Midwifery course held from..... To 20.... Atthe.....
..... Hospital, under the supervision of approved Committee.

During the internship she/he has cover the following area-

Name of the area	Duration
ANC	4 week
Labour room	8 weeks
PNC	6 weeks
NC	4 weeks
Family planning	4 weeks
Total weeks	26 weeks

During this internship she has achievedscore out of100..... She worked as a registered midwife of the concerned wards/ departments during the placement.

Nursing Superintendent/
Deputy Nursing Superintendent
.....
Hospital

Principal/Incharge
.....
Nursing College/Institute

Director/Superintendent
.....
Hospital

List of Reviewer

- 1.
- 2.
- 3.

List of Stakeholders

- 1.
- 2.
- 3.

Working Group Member

1. Ms. Rashida Akther, Registrar (Add.Ch.), Bangladesh Nursing & Midwifery Council.
2. Mrs. Ela Rani Shom, Faculty, National Institute of Advanced Nursing Education & Research (NIANER).
3. Mrs. Nurjahan Begum-2, Nursing Instructor, Nursing Institute, Mitford, Dhaka.
4. Mrs. Merry Chowdhury, Midwifery Project Officer, UNFPA, Bangladesh.