Guidelines for Internship of Medical Practitioners

To ensure, that patients are treated and cared for by competent, humane, ethical and safe healthcare professionals

Updated in 2022 with minor editing in 2023

GUIDELINES FOR INTERNSHIP OF MEDICAL PRACTITIONERS

These guidelines have been formulated for the performance and the discharge of Sri Lanka Medical Council powers, duties and functions under the Act. Approved by the SLMC meeting held on 27th September 2024.

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Introduction

The World Health Organization defines a health system (WHO) as "all the organizations, institutions, resources and people whose primary purpose is to improve health". Accordingly the entry of a medical student following completion of five years of undergraduate teaching and training into a state of being a medical practitioner in a hospital setting through the Medical Internship is critically important for many reasons. The first year of under supervision postgraduation training is referred to as "Internship" in many countries. Though in many countries internship is overseen by the undergraduate degree awarding university, in Sri Lanka it falls under the purview of the Sri Lanka Medical Council (SLMC). The SLMC is responsible for ensuring that standards are met in the medical profession and that medical officers are competent, safe and fit to practice medicine during and following completion of the internship.

The Internship is a climacteric phase as it marks the entry point of a medical graduate following successful completion of undergraduate period to the health system in the country. During the internship the newly enrolled graduate is referred to as "Intern Medical Officer" (IMO). The internship consists of two six months appointments in different specialties under the guidance and supervision of two consultants. The aim of internship is to provide supervised practical training under the direction and supervision of members of the health care teams in the hospital. This period of internship is an opportunity provided to the newly qualified graduates to enhance and put in to practice the clinical, technical, professional and soft skills, which are very essential to become a good, caring and accepted independent medical practitioner by all stakeholders.

The IMO shall be a trainee under the administrative control of the Head of the Institution (DDG/Director/Medical Superintendent of the hospital) to which the IMO is appointed. The IMO would be assigned to a Unit and a Consultant and shall work under his/her direct guidance and supervision. Senior House Officers/ Registrars/ Senior Registrars are available in the unit, depending on the type of hospital to support the IMO. Hence the IMO should seek their guidance and assistance. The IMO should not take such guidance and assistance on performance personally, and should reflect and learn from their advice.

The IMO during the internship shall function as the first contact medical person, gate keeper of health and coordinator of care in the allocated ward. Accordingly, the decisions taken will directly influence the patient management and wellbeing until and unless the decision is revised by a senior colleague. To be a successful IMO, the knowledge and clinical skills only may not be sufficient. These will have to be supplemented with professional, ethical and soft skills. Then only it will be possible to provide productive, quality and safe health care delivery to the patients, earning their respect and acceptance and also prevent unwarranted issues in their future career.

The internship appointment of twelve months duration in a recognised hospital under the supervision of a consultant with four positive progress reports shall qualify to Register as a Medical Practitioner as per Medical Ordinance of SLMC and to receive a registration number.

Goals of Medical Internship

The Medical Internship provides the graduate with the attitudinal, cognitive and technical skills required to offer patients compassionate and kind professional care. The key goals will include to provide supervised practice experience to develop, enhance and acquire:

1. Theoretical knowledge of Pre-clinical, Para-clinical and Clinical subjects.
2. Technical, clinical, professional and soft skills.
3. Professional judgment on clinical issues and problems.
4. Selection of appropriate and effective treatment to patients.
5. How to work within an ethical and legal framework.
6. How to function effectively in multidisciplinary health care teams.
7. Future career professional expectations and plans.
8. Strategies to work under pressure and in challenging situations.
9. The relevance of Equity and accountability.
10. A culture of research and innovation.
11. Knowledge on Administrative and Financial issues relevant to delivery of health care.

Allocation of Internship Appointments

The Head of the Institution would allocate both appointments to IMO on the first day. Generally, there are two methods of allocation. One is by general consensus of all involved. The other is based on the merit or rank order and the choice is by the IMO. Two appointments of six months each should be completed. The internship appointments could be in Medicine or Pediatrics, and either General Surgery, Obstetrics and Gynecology or Pediatric Surgery. In exceptional instance, a combination of Surgery and Obstetrics and Gynecology is accepted. The combinations that are not accepted are: Medicine and Pediatrics, Surgery and Pediatric Surgery, Pediatrics and Pediatrics Surgery. In case of doubt the Sri Lanka Medical Council should be consulted. When the IMOs assumes duties following allocation of the Speciality and ward, he/she should orientate to the ward, doctor’s station, nurse’s station, drugs trolley, general ward setup, ward personal and other support services such as laboratories, blood bank, ICU, SCBU, theater, labour room and administrative officers.

Duty Hours

The duty hours are 7.30 a.m. to 12 noon and 01.30 p.m. to 4.00 p.m. A night ward round between 8.00 p.m. and 10.00 p.m. must be done by the on-call IMO/s and reported of any problems if any, to the senior medical officer/Consultant. During these times the IMOs must be physically present at the ward/s or unit/s. Outside these times the IMO should be 'on-call' to the unit and available in the quarters if summoned by the ward. Arrangements for 'on-call' duties and working during weekends and public holidays should be made in consultation with the Head of the Institution/Unit and Consultant, based on the requirements of the Sri Lanka Medical Council.

Punctuality is important. It is a mark of a good professional and will be important for a successful professional career in the future. Always ensure that IMO reports to the ward early and finishes ward rounds before the Senior House Officer/Registrar/Senior Registrar/Consultant arrives in the ward. The IMO to accompany their ward rounds unless engaged in other official duties.

When an IMO goes off duty for the day or weekend with approval from the Consultant, he/she should intimate to the officer on duty the condition of the patients under his/her care. The weekend commences at 12 noon on Saturday and ends at 8.00 a.m. on Monday. The IMOs who have been off for the night or weekend, should on their return familiarize themselves with the patients under their care before the Consultant commences the ward round.

Ward Call Strategies and Time Management

Time management is crucial for success. Hence important to learn to prioritize the available time based on importance and urgency of the work to be completed. The ward calls necessitates allocating patients in to emergencies, alleviation of pain and task calls such as investigation, medication etc.

Be strategic and plan the available time and work towards output-based targets. After each day have a personal audit to identify strengths and weaknesses. Prepare next day work schedule after completing the night ward round. List the work to be done according to priority.

Work in the Wards/Units

The work in the wards is based on the Unit System. IMOs should work only in the unit to which they are assigned. In exceptional circumstances, the IMO may be requested to work outside his/ her unit by the Head of the Institution with the concurrence of the Consultant, and the IMO should comply.

Each -Unit would be assigned at least three IMOs. There would be a fixed cadre of IMOs for each unit and the number exceeding three would depend on the workload in the unit. The IMO is advised to be in the ward by 7.30a.m. or earlier. The IMO should be well informed of the condition of the patients under his/her care. IMOs must do a complete ward round in the morning and afternoon before the Consultant's ward round and enter the patients' clinical notes daily. The on-call IMOs should also do a night ward round and discuss any problems or issues of patients with the Senior House Officer/Registrar/Senior Registrar/Consultant.

The IMO should ensure that the investigations ordered are carried out or arranged and the results of the investigations are reviewed at least by afternoon. All acutely ill patients should be given priority and must also be examined again in the afternoon and at night, and more often as required. Proper records must be maintained on all patients examined with the date and time of entries made. The instructions given by the Senior House Officer/Registrar/Senior Registrar/Consultant to be entered in the BHT clearly with the date and time. Arbitrary abbreviations must not be used in maintaining records.

The IMO should promptly attend on a patient when informed by the ward sister or nurse and the time of attending to the patient should be recorded in the BHT with the observations made on the patients and instructions given to the staff. If the SHO, Registrar, Senior Registrar or Consultant is informed the time and the instructions received should be clearly documented.

During ward rounds, IMOs should switch off cellular phones in their possession. As much as possible during other times in the ward keep the phone on the silent mode.

Clerking admissions and handing over

When patients are admitted to the unit as "stamped admissions", the IMO should attend to them immediately (within 20 minutes). In routine admissions should attend to them at your earliest. You will be the first doctor to attend to such patients, and hence your decisions will be very important to ensure quality care for each patient. All patients should be clerked and documented properly. Comprehensive clerking with the date, time, relevant history, clinical examination findings, summary, differential diagnosis and immediate management plan with the drugs prescribed are essential.

The relevant investigations should be requested and the investigation forms must be completed and signed with relevant accurate information, including a brief history of the patient when appropriate.

Ensure accuracy, legibility and quality of all documented information.

Daily records of the condition of the patient should be entered in detail. When a patient is on a regimen of treatment, the response of the patient should be monitored and reviewed and brought to the notice of SHO/Registrar/Senior Registrar/ Consultant. All reports of investigations should be seen by the IMO, and relevant information entered in the clinical notes. Only the standard, commonly used and accepted abbreviations should be used.

All admissions have to be shown to the SHO/Registrar/Senior Registrar/ Consultant at the earliest and "stamped cases" immediately. Seek the assistance of ward staff when attending to emergencies.

Handing over of patients to the colleague is an important part of the duty of the IMO as the continuity of information is vital to ensure the safety of patients. Lapses in continuity of information can lead to errors causing morbidity and mortality.

Records of Patients' Clinical Notes (B.H.T.)

All entries in the clinical notes should be neat, legible and written in ink. Every sheet of the clinical notes should bear the name, reference (B.H.T.) number and the ward number. All operations and intervention procedures, transfusions and instructions given by the Consultant should be recorded in the clinical notes.

When investigations are completed and the final diagnosis arrived at, or when the patient is discharged, the final diagnosis should be entered in the admission sheet in block capitals in the space provided. The diagnosis should be according to the International Classification of Diseases (ICD). The IMO should ensure that clinical notes (B.H.T.) do not accumulate in the ward due to delay in entering the diagnosis.

Critically Ill Patients

The IMO should pay regular attention to the critically ill patients. The condition of seriously ill patients should be regularly monitored, and the SHO/Registrar/Senior Registrar/Consultant should be kept informed. The spouse/parents or close relative if relevant, must be kept informed of the condition of the patient. In such instances it is advisable to obtain their signature/s as evidence. When the condition of the patient deteriorates or is poor, spouse/parents or close relative is not available at bed side, the procedure for the IMO is to write to the hospital office in the clinical notes in order to inform the relatives.

It is very necessary to maintain standard monitoring charts when and if necessary. The IMO should not hesitate to inform the SHO/Registrar/Senior Registrar/Consultant at any time of the day or night if the necessity arises. When a call is made to the SHO/Registrar/Consultant, the IMO should enter on the clinical notes the date and time of the call.

In most institutions, High Dependency Units (HDU), Intensive/Critical Care Units exist. If and when necessary, such critically ill patients may have to be transferred to HDU or ICU on the advice of the Consultant. In such situations the IMO should accompany the patient and handover the patient to the staff of HDU/ICU. When and if requested IMO should visit the HDU/ICU to support the staff and the Consultant to be updated about the condition of the patient.

Prescribing

Great care should be exercised when prescribing drugs. As far as possible drugs in the hospital formulary should be prescribed unless advised to do otherwise by the Consultant. Prescription should be by generic name. It is important to enter the dose, the number of times the drug needs to be administered during a 24-hour period, the route of administration and the total number of days. When the total duration is completed, ensure that the drug is discontinued. The patient needs to be educated of possible side effects at the point of prescribing. It is advisable for the IMO to inquire from the patient from time to time, as to whether the drugs prescribed have been administered.

Under no circumstances should treatment be prescribed over the telephone. Every patient must be seen before prescribing treatment or advising on management. No records to be included in the BHT without physically attending to the patient.

A drug which is not available in the hospital but essential for the patient may have to be purchased locally. When a drug needs to be purchased locally, the Consultant's authorization is necessary before the request is sent to the Head of the Institution. However, such local purchase of drugs should be kept to a minimum. No patient should be requested to purchase drugs privately from outside unless the consultant decides to do so.

The IMO should be aware of the cost of the drugs and avoid excessive use of drugs. The treatment afforded to a patient must be reviewed regularly so as to ascertain the need for continuation of the drugs. Use of a combination of many drugs for a single complaint, ('polypharmacy') should be avoided.

Investigations

(a) Laboratory Investigations

Requests for laboratory investigations should be on the prescribed forms. They should be requested on a rational basis. A short clinical history should be entered in the space provided in the form. The investigation form must be completed in full. The name of the patient with initials, BHT number and the ward should be legibly entered. The IMO needs to ensure that the specimen and the signed request form with a brief history of the patient when relevant is sent to the laboratory well in time. When an investigation is required urgently, this should be marked as 'urgent' on the form and the time of the request also should be entered. The results of such investigations to be obtained as soon as possible and SHO/Registrar/Senior Registrar /Consultant should be informed.

(b) Radiological Examinations

Requests for radiological examinations must be made on the prescribed request form. In every instance, a brief clinical history must be entered in the request form.

In respect of special examinations such as IVU, ultrasound, CT and MRI etc. the Date needs to be obtained from the Radiology Department. When an appointment has been made for these examinations, any cancellation should be informed to the Radiology Department well in advance. For such special investigation, the signature of the Consultant must be obtained by the IMO.

(c) Electrocardiogram (ECG)

The IMOs may be allowed to take an Electrocardiogram (ECG) recording if the need arises.

Meals for Patients

The IMO should be aware of the nutritional requirements of patients in the ward. It is the responsibility of the IMOs to recommend the diet on the BHT for each patient in the morning leaving adequate time to forward the requests to the dieting/Dilatory department. IMO should be familiar with different standards and special diet schedules available in the hospital for patients. When special meals or diets are recommended for the patient by the Consultant, details of such to be entered clearly in the BHT with reasons to do so and signed.

If no restriction required, a 'normal Diet' may be prescribed. Special diets are required when there are restrictions on the types of food to be consumed due to the illness of the patient. e.g. 'diabetic diet' for a patient with diabetes mellitus, ‘low protein diets' for certain liver and renal diseases. The IMO should inquire from the patient whether he or she gets food from sources other than that supplied by the hospital and give appropriate advice.

a. Recording of Diets

If a member of the nursing staff or the ward clerk enters the diet and 'extras', such entries must be initialed by the IMO. Full diets, half diets and quarter diets as appropriate should be prescribed according to the following groups: -

(a) Patients 02 years and over but less than 06 years - quarter diets;

(b) Patients 06 years and over but less than 12 years - half diets;

(c) Patients 12 years and over- full diets.

When an adult patient is unable to take a full diet, he/she shall be placed on half diet and any extras necessary. If he/she cannot take half diet, he/she should be placed on no diet and any necessary extras. For children, it will be half the quantity referred to above.

Patients who bring food from home should be marked as 'no diets'. The parent or relative of a sick child under 07 years may be allowed to remain with the child and be given a diet.

b. Extras

Extras may be authorized for patients who do not receive a full diet. This must be done in consultation with the Consultant. Care should be exercised when expensive items are ordered as extras. Extras should be ordered only if they are considered necessary as a food supplement. The cost of such a diet, as far as possible, should not exceed the cost of a full diet. When extras are ordered, the IMO should inform the patient that extras have been ordered and inquire from the patient whether he/she received the extras ordered.

Surgical Operations

Before any surgical procedure, written consent of the patient should be obtained and duly recorded on the clinical notes (B.H.T.). In the case of minors, incompetent or unconscious patients, the closest relative or the guardian may grant such consent. In very rare instances, as a life saving measure, the Head of the Institution could grant consent in the absence of a relative or guardian. In such instances, the relative or guardian should be informed by telegram or telephone of the date and time of the operation. All patients undergoing surgery should have their clinical status and the reports of investigations recorded in the notes. The approved pre-operative forms to be completed and included with the notes.

The list for operations to be performed should be prepared in triplicate, and copies sent to the Head of the Institution, the Anesthetist and the Sister-in-Charge of the Operating Theatre. In the case of routine morning (a.m.) operations, the lists must reach the above-mentioned persons by 12 noon the previous day, and for routine afternoon (p.m.) operations by 9.00 a.m. of the same day. Any special situations, advice from the consultant is necessary. All operations must be entered in detail in the clinical notes and in the register of minor/major operations maintained in the Operating Theatre. The responsibility of obtaining blood for routine operations rests with the IMO.

It is the duty of the IMO to provide basic details of the proposed surgery to the patient and spouse/parents if necessary. During such counselling serious possible complications must be explained. Such information should be documented and patient's signature should be obtained. To do so available forms to be used by the IMO. Be familiar with special pre-operative feeding guidelines for routine and emergency surgery and comply with such.

The post-operative care is important for the recovery of patient speedily and fully. It has three (03) phases; immediate post-operative care, care in the ward until discharge from the hospital and continuing care following discharge for a specific period. All these 3 phases are equally important, but the priority key areas and actions may be different.

Blood Transfusions

When a patient requires a blood transfusion, the relatives may be requested to donate blood. The IMO should complete the request form and send it with the patient's blood sample to the blood bank. Before transfusing blood or blood products, it is the responsibility of the IMO to check that the blood is of the correct group and that the compatibility test reports on the pack and the clinical notes tally.

During the first few minutes of the transfusion the IMO to be vigilant of the possible adverse reactions.

Referring Patients

Referring a patient in the unit to a consultant or another staff member outside the unit or another hospital is not the duty of the IMO, unless instructed to do so by the Consultant. The Consultant shall take such decision. In 'exceptional' circumstances, especially in the night, he/she may have to use his/her discretion in this regard. When a patient is referred the IMO should accompany the patient if time permits to do so and handover and update the condition of the patient to the staff of the new unit/ward.

Transfer of Patients

When transferring a patient from one institution to another, Form Health 946 should be completely filled stating the reason for transfer. In addition, a short clinical history, probable diagnosis, report of relevant investigations done, and the treatment given should also be included. If an operation is likely to be performed, a letter of consent should be obtained prior to the transfer. When transferring children or unconscious patients who need immediate surgical intervention, consent for operation should be obtained in writing from a parent or guardian. All transfers must be recommended by the Consultant and authorized by the Head of the Institution. When and if necessary, on the recommendation of the Consultant and approval of the Head of Institution, the IMO and/or another medical officer should accompany the patient.

Discharge of Patients

When a patient is discharged from the ward, the patient's condition, the date and time of discharge should be entered in the clinical notes (BHT) before the discharge. On discharge, the patient must be given a Diagnosis Card with details of investigations, Operation performed (with the finding), the diagnosis and the treatment given. If a patient is required to attend the clinic follow-up, clear instructions should be entered in the Diagnosis Card. Only the accepted abbreviations must be written in the Diagnosis Card. All patients leaving the ward should have their clinical notes duly completed on the same day and signed by the IMO. The final diagnosis should be seen and approved by the Consultant and entered in the correct place of the BHT.

Wherever possible adequate notice should be given to the patient regarding discharge, so that arrangements could be made for the patient to go home. If a patient had been transferred from another hospital, and requires further care at that hospital, the patient may be transferred. Adequate information should be given in the transfer form regarding the condition of the patient, diagnosis and further management. If a patient is transferred from a Mental or Prison hospital, the patient must be transferred back to that hospital. However, all such transfers must be approved by the Consultant and Head of the Institution.

Patients should be discouraged against leaving the ward before discharge and against medical advice. In such an event the SHO/Registrar, Senior Regisrar/Consultant to be informed to take the appropriate action. Even for such patients a diagnosis card to be given.

Follow-up Patients

If a patient who had been treated in a Unit is subsequently admitted to another Unit of the same hospital, with a complaint which may or may not be related to the previous illness for which the patient was warded previously, the patient may be transferred to the unit where the patient was warded earlier with consent from both Consultants once the patient is stable. The history of the patient should be written by the IMO of the unit to which the patient was admitted, and treatment commenced before transferring the patient.

Leave to Patients

Requests of the patient to leave the hospital for special reasons, should be entered in the clinical notes and submitted to the Head of the Institution for approval if the patient is fit to avail of such leave. When leave is requested, the IMO should state the period, the date and time of commencement of the leave. The details of the family member who will accompany the patient from the hospital to be included in the BHT. Leave should be granted for few hours only and overnight stay is not allowed. Be conscious of the drugs required by the patient during the period of leave. The time of departure and arrival of the patient should be recorded in the clinical notes. On arrival the condition of the patient to be documented.

Valuables of Patients

At the time of admission, that money and other valuables must be handed over to the sister or nurse in-charge of the ward and patients should be informed. The hospital authorities would not be responsible for the loss of any items which were not handed over. All articles handed over are entered in a Patient's Property Register. The valuables should be sent to the hospital office for safe custody. These would be returned to the patient at the time of discharge.

Members of the Clergy

Venerable monks and nuns, and priests of all religions should be afforded privacy and due respect in a general ward. Clergy of any religion should be allowed to enter the ward and to perform religious rites without interfering with ward routine or inconveniencing other patients. When available, members of clergy may be accommodated in dedicated wards in the hospital.

Maintenance of the Diary

Every IMO should maintain a diary provided by the Institution. The time of arrival in the ward, the time of departure, time of night rounds and any special activities carried out, including the details of emergency calls from the ward, should be recorded daily in the diary. The Head of the Institution and the Consultant should peruse and initial the diary at least once a month.

Work Ethics and Conduct

The work and conduct of IMO must be exemplary. They should maintain the dignity of the noble profession to which they belong. IMOs should respect the wishes and expectations of patients and abide by the Hippocrates Oath at all times. It is important not only to comply with the expected clinical skills but also with the professionalism linked skills such as communication, team work, documentation etc. Heads of Institutions as well as Consultants will closely supervise the work and

conduct of IMOs. Violations of rules in respect of work and conduct, neglect of patient care, duties and responsibilities would be viewed seriously and would make the IMO liable to repeat the internship in the same or different hospital for varying periods depending on the gravity of the offence. It should be noted that repetition of internship would be without pay and would delay registration by an appropriate period.

Attitude

The IMO should at all times be kind and courteous to patients. Any complaint of discourtesy or harassment would be viewed seriously and is liable for disciplinary action. The IMO should keep the patient and the relatives informed about the condition of the patient and answer any queries that may arise to the best of their ability and seek advice from the senior doctors in the unit whenever necessary. At the point of discharge of the patient a diagnosis card to be given to the patient and advise the patient regarding the future expected plan of care.

Attire and Appearance

The IMO should be neatly dressed in an appropriate attire in keeping with the dignity of the medical profession and patient safety while on duty. The recommended dress for a gentleman is trousers, shirt and tie with shoes and for a lady, saree, a long skirt and blouse, or a shalwar kameez with appropriate footwear. The dress should be neat. Avoid wearing bathroom slippers even at night. It is best not to wear accessories that may interfere with ward work and compromise safety of patients. However, the final dress code shall be decided by the Head of the Institution as the services may demand. The Identity card issued by the Medical Council or by the hospital should be worn while on duty.

Private Practice

IMOs are not allowed to engage in any form of private practice. They should strictly adhere to this rule. IMOs found guilty of engaging in private practice would be severely dealt with including cancellation of their appointments. Head of Institutions should ensure that this rule is strictly enforced.

Registration of Births

An IMO should be familiar with the relevant sections of the Births and Deaths Registration Act. When a birth occurs in a government hospital, the provisions of section 15 of the Births and Deaths Registration Act No.17 of 1951 comes into play. When a birth occurs in a government hospital (e.g. maternity ward, labour room, operating theater) the IMO should communicate to the Director of the Hospital using the prescribed form without any delay.

Reporting of Notifiable (Communicable) Diseases

In 1897, the Quarantine and Prevention of Diseases Ordinance was enacted to arrest the spread of communicable diseases in the country. The Ordinance though enacted over 100 years ago, still remains the most forceful instrument in disease control and prevention. Notification of communicable diseases is not only mandatory but "any person who contravenes this Ordinance (and its regulations) without lawful authority or excuse, shall be guilty of an offence under the Quarantine and Diseases Ordinance (Chapter 222) and such person shall be prosecuted in the magistrate's court under Section 4 of the Ordinance".

Notification of Communicable Diseases is the first step in the prevention and control of disease outbreaks. Though diagnosis and treatment of diseases have advanced tremendously, the value of notification in the prevention of disease still remains unchanged and is important today as it was over 100 years ago. Unless a disease is notified, the public health authorities will be unaware of such a case. It is well to remember that all epidemics start with a single index case.

Gazette Notification No. 1131/24 of 10/05/2000 states that "every medical practitioner or person professing to treat diseases, who attends on any person suffering from any disease set out in the schedule of these regulations shall notify forthwith to the proper authority, the name, sex, age and place of residence of the person on whom he attends and the nature of the disease".

The notification should be done soon after seeing the patient and on a provisional diagnosis, with subsequent communication following a positive diagnosis.

All medical officers, including IMOs, must report all notifiable diseases occurring in the ward/unit. For your guidance, a list of current notifiable diseases is given below. However, the list may be updated from time to time based on emerging new communicable diseases. The recent Covid 19 pandemic is such an example. Notification should be done on Form Health 544 (Notification of a Communicable Disease). These forms are available in the ward. Any special investigation done on the patient would also have to be entered in the notification form. Every ward maintains a Notification Register that documents all notification made from the ward. The notification form with the relevant entry in the ward notification register is sent to the office of the Head of Institution for dispatch to the Medical Officer of Health (MOH)/ Divisional Director of Health Services (DDHS), of the area in which the patient resides. It must be ensured that the patient's correct address is stated in full when making the notification to the MOH. Before a patient suffering from a communicable disease is discharged, the IMO should advise the patient about any precautions that need to be taken and MOH may be informed. The fact that the case was notified should be entered in the first page of the clinical notes.

List of notifiable diseases in Sri Lanka

(Approved by the Advisory Committee on Communicable Diseases on 05"' September 2006. May need updating as and when required .
(http://old.epid.gov.lk/web/index.php?option=com_content&view=article&id=145&Itemid=446&lang=en)

Column I	Column II	Column III
Disease	**Proper Authority**	**Mode of Notification**
Cholera Plague Yellow fever	Director General of Health Services, Deputy Director General (public Health Services), Epidemiologist, Regional Epidemiologist, Divisional Director of Health Services/Medical Officer of Health	By telephone, fax or telegram and in notification form 1(H-544)
Acute poliomyelitis/Acute Flaccid paralysis Chicken pox Dengue Fever/Dengue Hernorrhagic Fever Diphtheria Dysentery Encephalitis Enteric Fever Food poisoning Human Rabies Leptospirosis Malaria Measles Meningitis Mumps Rubella/Congenital Rubella Syndrome Simple Continued Fever of 7 days or more Tetanus/Neonatal Tetanus Typhus Fever Viral Hepatitis Whooping Cough Leishmaniasis	Divisional Director of Health Services/Medical Officer of Health	By notification form 1(H-544)
Sever Acute Respiratory Syndrome(SARS) /Suspected for SARS	Director General of Health Services, Deputy Director General (public Health Services), Director/Quarantine, Airport Health Officer, Port Health Officer, Epidemiologist, Regional Epidemiologist, Divisional Director of Health Services/Medical Officer of Health	By telephone, fax or telegram and in notification form 1(H-544)
Tuberculosis	Director/National programmer for Tuberculosis Control and Chest Diseases	By notification form 1(H-816)
Covid 19	Director General of Health Services, Deputy Director General (public Health Services), Medical Officer of Health	By telephone, fax or telegram and in notification form 1(H-544)

Medico-legal

All injuries noted on admission of a patient to any ward should be carefully recorded in the clinical notes by the IMO, whether they are accidental, self-inflicted or caused by another person with the time of examination. These include burns, near drowning, electrocution, poisoning etc. When there is evidence or a suspicion of an offence being committed, the police should be informed by recording in the clinical notes, e.g. abortion, rape, child abuse, assault, road traffic accident, attempted suicide. The police after inquiry would issue a General Hospital Police Ticket (GHT), which has to be completed by the Judicial Medical Officer. If requested the IMO should arrange the patient to be sent to the office of the JMO.

Inquests

Inquests are conducted by Inquirers into Sudden Deaths (ISO or "Coroner") or a Magistrate, on receiving information that a person has died due to an unnatural cause such as suicide, accident, violence, machinery, an animal attack, or while in the custody of the police, in a house of detention, an inmate of a mental hospital, or on the operating table while under anaesthesia, due to poisoning, rabies, tetanus, death within 24 hours following admission when the cause is not clear and maternal death.

An inquest is also necessary when a patient dies unexpectedly, and the medical team is unable to give the cause of death.

At the inquest, the police have to state the results of the inquiries made and the recorded evidence of the relatives. This may cause inconvenience to relatives and delays in making funeral arrangements. Where it is mandatory, an inquest should not be avoided as it is a judicial requirement. An inquest is not required when a patient dies of an undiagnosed illness after prolonged treatment. In such an instance, a Pathological Postmortem examination may be performed after obtaining approval of the Head of the Institution and the consent of the next of kin.

An inquest is not necessary when a patient dies of a natural cause even within 24 hours of admission to a ward if the cause of death can be ascertained. In case of doubt, the advice of the Consultant of the unit should be obtained. In every instance, efforts should be made to minimize inconvenience to relatives of the patients, but the IMO should not be coerced into avoiding a postmortem examination when it is indicated. When in doubt should consult the Consultant or senior Officers.

Death Certification

Certification of death is a responsibility of the IMO. The Ward Sister/Nurse may inform the IMO to certify death of patient. Extreme care should be taken before pronouncing death, and the body must be seen and examined. When a death occurs, the relatives of the patient have to be informed by telegram/telephone through the hospital office. When the IMO declares the cause of death, Form Registration B 31 has to be filled, carefully entering all the particulars requested. The cause of death should not be written when an inquest is requested.

Requests for Documents

Clinical notes (Bed Head Tickets) are confidential documents meant for departmental use only. Requests for copies of clinical notes by members of the public should not be entertained. However, original or certified copies may be furnished, when required by a Court of Law or the Registrar/ Sri Lanka Medical Council. If the Head of the Government Department calls for a copy of the clinical notes (BHT) for an administrative purpose, there is no legal objection for granting such a request, if the circumstances are reasonable. A Corporation is not a Government Department. Similar documents may sometimes be required by the police in the course of investigations. The permission of the Consultant and Head of the Institution should be obtained before any document is handed over.

Medical Certificates

Officers of the Public Service who are bound by the Establishment Code and whose emoluments are paid out of the Consolidated Fund are entitled to the issue of Medical Certificates (MC) free of charge. Form Health 170 should be used in respect of the category of major staff and Form Health 231 in respect of minor staff. For others, Private Medical Certificates on form Health 307 may be issued on the payment of the prescribed fee.

The patient has to pay the fee to the hospital office and produce the receipt for the medical officer to write the MC. All cages in the MC must be completed in full. IMOs are authorized to issue a MC with the approval of the Consultant, only to patients in their units/wards and to those attending their follow up clinics.

MCs should be issued only to those who are unfit to attend to official duties on account of an Illness, and not for trivial ailments. If necessary, advice of the Consultant to be obtained when medical leave for long periods are recommended or for submission to a court of law.

Leave for medical reasons may be recommended for a maximum period of three months, one month at a time for the first two months, and two periods of two weeks each thereafter. Only the minimum period of leave has to be recommended. A medical certificate from a medical officer should not cover more than five days past absence except in the case of an indoor/ward patient, to cover a period of stay in hospital. When a state officer/employee is likely to be on leave for three months or more, a recommendation to the Head of the relevant Department should be made in consultation with the Consultant, to arrange for a Medical Board. Should be familiar with provisions for maternity leave.

For further details, IMOs are advised to read the "Guidelines on issuing of Medical and Death Certificates" provided to them by the Sri Lanka Medical Council at the time of Provisional Registration.

Academic Activities

Academic activities form an import and component of continuing medical education of an IMO . The SHO/ Registrars should take the initiative and organize clinical meetings, clinico-pathological conferences etc. with the guidance of the Consultants and the Head of Institutions and the IMOs should actively participate.

Appraisal

There are objective appraisal of internship evaluation forms (Progress Report forms) to be completed every three months during and at the end of each six months which are available to download from the SLMC website. The IMOs should familiarize themselves with the areas of appraisal. The IMO should complete the appraisal with the Consultant and submit to the Head of the Institute for approval. Thereafter, the IMO should send a copy to the SLMC (to a designated email) within a week and finally the original should be submitted to the SLMC together with other documents.

Leave to Intern Medical Officer

Leave is allowed to an IMO up to a total of 14 days during the period of internship, of which not more than two days should be taken at a time, except in the case of an illness. In such an instance, a medical certificate acceptable to the Sri Lanka Medical Council has to be submitted. If leave for more than 14 days is availed of, internship has to be repeated for that period. if internship is extended for any period, the IMO is not entitled to any emoluments during that period.

Maternity Leave

IMOs are granted maternity leave during internship as in the case of other Government employees. The minimum period of maternity leave that should be taken in the case of a live birth is twenty-eight (28) days. Hence no IMO should report for duty within 28 days of delivery of a live baby.

Eighty-four (84) days of maternity leave is allowed for IMOs without loss of 'seniority' or 'merit position'. In calculating this, week-ends and public holidays are not included. However, the IMO should work in each unit for a total of six months (minus 14 days if no other leave is taken).

For further information, please refer annex 1 and 2.

Quarters

The IMO would be provided with quarters free of rent. On being appointed to an institution the IMO shall report to the Head of the Institution, who would assign accommodation. Get to know the environment around the hospital, quarters and facilities available in the hospital and close proximity. When the accommodation has to be shared by another medical officer or IMO his/her needs must be respected. Be conscious of your security and safety.

Inventories of the assigned quarters must be taken over by the IMO. All inventory items are government property and the IMO is expected to look after them carefully and be responsible for them. Inventories need to be handed over to the Head of the Institution on completion of internship. The IMO should consult the Head of the Institution for any clarification in respect of any problem that may arise regarding quarters or other facilities. On completion of internship, the quarters must be vacated even if the IMO continues to work in the same station. All rules and regulations governing government quarters should be strictly adhered to which shall include the respect of the privacy of other IMOs and entertainment of guests.

Annexures

Annexure 01

Salient points from the Public Administrative Circular 4/2005 of 3 February 2005

(Amendment to section 18 Chapter XII of the Establishment Code)

1. Government has decided to grant female public officers 84 days' maternity leave with full pay, 84 days' maternity leave on half pay, 84 days' maternity leave on no pay in respect of every child birth.

2. All female public officers whether permanent, temporary, casual or trainee are entitled to maternity leave under this section.

3. Maternity leave with full pay

- Female officer is entitled to 84 working days full pay leave in respect of every live child birth and they will not be allowed to resume duties before the expiry of 4 weeks after the birth of the child.
- In calculating maternity leave public holidays, Saturdays and Sundays falling within such period should not be included.
- In the case of a still birth or the death of a child before the expiry of 6 weeks from the child birth, 6 weeks leave from the date of child birt h should be granted as special full pay leave.

4. Maternity leave on half pay

- After the exhaustion of leave mentioned in the previous paragraph the officer is entitled to 84days leave on half pay for her to look after the child.

5. Maternity leave on no pay

- After the end of leave approved under the previous two paragraphs, it is possible to grant 84 days no pay leave only if such leave is required for the purpose of looking after the child. However, the approval of the leave would be by the Head of the relevant Department.

6. In the case of a miscarriage the officer can avail herself of the vacation leave she is entitled to on the production of the medical certificate.

7. After the expiration of the maternity leave obtained as described earlier the officer should be allowed to leave office one hour before the normal time of departure in order to breast feed the child provided no maternity leave on half pay has been availed of.

8. Further, when the officer reaches the fifth month of pregnancy she should be allowed to attend office half an hour later than the normal time of attendance and leave office half an hour before the normal time of departure.

Annexure 02

Public Administration Circular Letters: 3/2013 of 27 August 2013.

Granting of Maternity leave in Terms of Public Administration Circular No. 04 /2005 to new appointees to Public Service who receive their permanent appointments after child birth.

1. A large number of inquiries are received in respect of procedure that should be followed in granting maternity leave in term s of Public Administration Circular No.04 /2005 to female public officers who have delivered a baby prior to receiving their permanent appointment s. At such occasions action should be taken in the following manner.

2. As per the provisions of the above circular, female public officers are granted maternity leave to ensure nutrition and protection to the child. Accordingly, the remaining number of days after deducting the number of days between the date of the child birth and the date of assumption of duties of the newly appointee, from the maternity leave of 84 days can be granted as full pay leave as per provision of Public Administration Circular No. 04/ 2005.

3. In case where the officer is entitled to obtain either leave with half pay or no-pay after the above calculation, the officer shall also be granted such leave on her request.

4. Further, it is Informed that leave granted to the officers deviating from the above Instructions, who have received appointments in public service after child birth and who are still within the period entitled to obtain leave with full pay, half pay and no-pay as per Public Administration Circular No. 04/2005, shall be revised making necessary adjustments.