



GUIDELINES FOR DENTAL SURGERY INTERNSHIP TRAINING

HANDBOOK FOR DENTAL SURGERY INTERNS AND APPROVED
HEALTH FACILITIES

2025 Edition

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1.0 INTRODUCTION

It is acceptable practice in Malawi that newly qualified dental surgeons should undergo a period of supervised training before they can register with the Medical Council of Malawi (MCM). The internship for dental surgeons is twelve months, made up of attachments at central hospitals and other approved health facilities.

Note:

The responsibility of registration with the MCM as a Dental Surgery Intern (DSI) is a prerequisite as stipulated in the Medical Practitioners and Dentists Act of 1987. No person may undergo internship training in Malawi without having been registered.

This document provides guidelines for dental surgeons applicable to all stakeholders involved in the internship.

1.1 Statement of purpose

This Handbook for Dental Surgery Interns and Approved Health Facilities in Malawi is set forth for the purpose of guiding the internship. The Handbook is subsidiary to the Medical Practitioners and Dentists (MPD) Act No. 17 of 1987 and the Code of Ethics and Professional Conduct (CEPC) of 2022 and should be read and interpreted in such light. If there would be any inadvertent conflict between the Handbook and the MPD Act or the CEPC, the Handbook shall be subservient.

1.2 Definitions

Unless specifically stated otherwise, the following definitions are applicable throughout this handbook:

- (a) "Approved programme" means a School of Dental Surgery training which is approved by the MCM.
- (b) "Council" means the Board of the Medical Council of Malawi.
- (c) "Direct supervision" means the Dental Surgeon is physically present on the premises and immediately available for direction and supervision.
- (d) "Dental Surgeon Intern" is an individual who is currently engaged in the fulfillment of a Dental Surgery educational programme approved by the MCM.
- (e) "Internship" means a structured, supervised, and practical training program that allows the dental surgery graduates to practice under supervision and apply their theoretical knowledge in real-world clinical settings aimed at bridging the gap between academic learning and professional practice.
- (f) "Internship health facility" is a healthcare institution that is accredited or authorized by

the Medical Council of Malawi to provide supervised practical training and hands-on clinical experience to DSIs.

(g) “MCM” means The Medical Council of Malawi.

(h) “Intern supervisors or preceptors” is a competent dental surgeon with at least three years experience post internship responsible for overseeing, mentoring, and evaluating DSIs during internship. They guide interns in applying theoretical knowledge to practical scenarios, ensuring patient safety, ethical practice, and skill development. They provide constructive feedback, monitor progress, and help interns achieve the competencies required for professional practice, adhering to regulatory and institutional standards.

(i) "Supportive personnel" are persons other than registered Dental Surgeons who function in a clinical setting and assist with delivery of dental care.

(j) “Stakeholders” means all involved in the internship program including the Ministry of Health (MoH), MCM, Health Facilities, Supervisors, the Dental Association of Malawi (DAM) and DSI.

2.0 AIMS AND PURPOSE OF INTERNSHIP TRAINING

2.1 The purpose of internship training is to enable DSI to complete their dental surgery training under supervision and guidance in approved facilities. They should effect the transition from undergraduate students, with responsibility primarily to themselves, to professional persons with responsibilities to patients, the multi-disciplinary health team and communities. Internship training should provide recently qualified Dental Surgeons with opportunities to further develop their knowledge, skills, attitude and professional thinking, as well as to gain insight, understanding and experience in patient care to equip themselves to function as competent and safe practitioners of dental surgery.

2.2 The training should be comprehensive and complementary to the health care system in Malawi, which places emphasis on the primary health care approach. The training should provide exposure to a spectrum of clinical conditions in order to provide a wide base of experience as a first step towards clinical practice further training. Additionally, this should provide a view to private practice, specialization, continued hospital-based, or community-based practice. Skills in the management of common emergencies should also be developed. The importance of cost consciousness, professional behaviour and ethics in practice form additional components in this training.

3.0 FUNCTIONS OF THE MEDICAL COUNCIL OF MALAWI

3.1 Internship should be a constructive, organized and progressive period of training. It therefore forms part of the responsibility of the MCM, in cooperation with Kamuzu University of Health Sciences (KUHeS) and the Ministry of Health (MoH), to ensure that newly qualified practitioners are adequately trained and competent when applying to the MCM for registration as Dental Surgeons.

3.2 Internship falls within the MCM's statutory obligation to act on behalf of the profession and in the interest of the public. The training will only take place at the MCM approved facilities. These facilities shall be subject to initial and annual regulatory inspections on internship and they will be required to adhere to the prescribed criteria and requirements as indicated in Facility Assessment Checklist in Annex 1.

3.3 The privilege for health facilities to host DSIs can be withdrawn by the MCM if the health facility consistently fails to meet the required minimum requirements. Supervision for the DSI shall be conducted by experienced, competent and trained dental practitioners and specialists.

4.0 CRITERIA FOR THE TRAINING OF INTERNS

The following are the four basic requirements which shall be complied with:

4.1 Internship shall only be recognized if the DSI was first registered with the MCM, and provided that the training took place at MCM approved internship health facilities.

4.2 No approved internship facility should commence internship of a DSI without proof of registration from the MCM. MCM shall acknowledge internship commencement dates only after registration.

4.3 The internship shall be for twelve months excluding holidays. The DSI shall be allowed to go for vacation on leave not exceeding one month, if required. Such time-off shall not be included in the calculation of the duration of the internship.

4.4 Clinical Domain Facilities

An approved health facility shall provide adequate opportunities for the intern to obtain a wide range of clinical and managerial experience with regard to in-patients, out-patients and emergency services. The clinical aspects shall include all critical specialties under dentistry including Paedodontics and Orthodontics, Oral and Maxillofacial Surgery, Oral Medicine and Periodontology. Restorative Dentistry and Prosthodontics.

The MCM approved internship facility shall have an MCM recognized internship supervisor who meets the set criteria.

There shall be sufficient facilities to ensure a proper diagnosis and correct treatment.

4.5 Support Services

Support services such as laboratory, radiological, pathological, pharmaceutical, theater and anaesthesia, equipment, human resource, library, infection prevention and control (IPC), and appropriate technologies, must be available.

4.6 Human Resource for Oral Health

Each internship health facility should have registered dental practitioners in good standing with the MCM, experienced and competent Dentist trained on supervising and evaluating DSIs.

Additionally, there should be other important supporting human resource to ensure four handed dentistry.

5.0 RESPONSIBILITY FOR TRAINING

5.1 The responsibility of the DSI firstly rests with the Hospital Director. Thus, the Director plays an important role in ensuring that MCM requirements being met.

5.2 The Director is aided by Heads of Departments and other senior personnel who will directly supervise the DSI training on a daily basis to ensure that the aims and objectives the internship are being met. Apart from their clinical obligation towards patients, it is essential that time be devoted to the training of DSI.

5.3 Specialists, dental practitioners and other practitioners are, by virtue of their continual contact with DSIs, providing important components in their training and all of them are morally obliged to participate in such training. This applies also to part-time practitioners.

5.4 In other health facilities, the Medical Director or equivalent may personally perform this supervisory function. The Director should liaise with the **Intern Coordinator** and/or preceptors to assist in coordinating the internship. Furthermore, each relevant dental section should have a **trained dentist** to coordinate internship in that department. One dentist can coordinate multiple sections where there are human resource gaps.

6.0 THE INTERN COORDINATOR

6.1 This person, preferably an experienced member of the health facility, will be a registered Dental Surgeon, and fulfils a very important role in the training of DSIs. This is particularly so in large hospitals where the complexity of the structure may not always work to the advantage of the DSI, who is the most junior member of the dental team.

6.2 The responsibilities of the Intern Coordinator include the following:

- i.Ensuring that the training of DSIs takes place according to the prescribed guidelines.
- ii.Serving as a liaison management and DSIs.
- iii.Acting as a spokesperson on behalf of interns.
- iv.Specifically assisting the Medical Director in the following:
 - (a) Organizing the orientation programme for new DSIs.
 - (b) Establishing a representative Intern Committee to meet monthly with the Intern Coordinator, and keeping records of discussions.

- (c) Ensuring that the different departments provide DSIs with written job descriptions, specifying duties, as well as the training that will be offered.
- (d) Ensuring that on-going evaluations of DSIs per domain are recorded and the evaluation forms are returned to the MCM.
- (e) Dealing with any personality problems, impairment or disciplinary issues pertaining to DSIs.

7.0 PRACTICAL DETAILS

7.1 Training of Interns

7.1.1 When attached to the department the DSI should observe the procedures first before conducting procedures under supervision, after which their supervisors should assess them before conducting procedures on their own.

7.1.2 During the internship, the DSI should rotate through facilities to ensure that they are exposed to all the major sub-specialisations within dental and oral surgery. Whenever possible they should stick to the dental preceptors in their facilities, but also join multi-disciplinary teams on ward rounds e.g. in the context of head and neck cancer.

7.1.3 The DSI should have the opportunity to gain a wide spectrum of experience in the management of oral and dental conditions and, where feasible, to perform relevant clinical procedures themselves under supervision. This should include participating in ward rounds and service under constant supervision in casualty departments and in critical or high-care units, where they will gain insight into the management of seriously ill patients.

7.1.4 In principle, the DSI should assist with major oral and maxillofacial surgical operations and perform minor procedures under supervision. He or she should also receive training in pre- and post-operative evaluation and care.

7.1.5 Emphasis should be placed on the importance of daily or, where needed, more frequent evaluation and management of patients following major surgical procedures.

7.1.6 All supervisors should train DSIs to assess the spiritual and psychological needs of patients and to act accordingly. This includes the care and counselling of a dying patient and the support of relatives.

7.1.7 Referral of patients to other disciplines for consultation or for taking over the patient, should preferably not be left to DSIs, except in the event of an emergency where a registered Dental Surgeon is not available.

7.2 Applied Theoretical and Academic Teaching

7.2.1 The DSI shall receive teaching during clinics, ward rounds, chairside, and informal discussions which are directed at patient care. It is important that the DSI be given opportunities to test and apply his or her knowledge and experience during clinics and ward rounds.

7.2.2 DSIs may be asked to deliver case presentations during departmental or interdepartmental meetings. It is important that specific problems and other emergencies that may occur during dental treatment procedures should be discussed as part of DSI training.

7.2.3 DSIs should be encouraged to express opinions and make proposals during clinical treatment sessions and ward rounds.

7.2.4 The DSI should be taught by precept and example to care for the patient and their family with empathy and to realize that the patient is not simply a case but a human being.

7.2.5 There should be compulsory statistical, mortality and care audit meeting attendance by DSIs.

7.2.6 DSIs should be encouraged to take part in management meetings and perhaps even have some minor administrative responsibilities.

7.3 **History-Taking, Special Investigations and Record Keeping**

7.3.1 The importance of proper recording of comprehensive history, full clinical examination, relevant investigations, diagnosis, treatment planning and follow-up should be emphasized. The supervisor must satisfy themselves that these records are of an acceptable standard.

7.3.2 DSIs should be taught how to evaluate and treat patients in the context of minimum resources without the benefit of special examinations or investigations. It follows that DSIs should be taught not to subject patients to needless special investigations.

7.3.3 The importance of ethical and professional practice as well as medico-legal risks must be emphasized.

7.4 Cost Awareness

Cost is a major determinant of individual patient care and hospital budgets. It is, therefore, important to foster cost awareness, paying special attention to the following:

7.4.1 The cost and choice of interventions, as well as their safety.

7.4.2 Regular consultations with registered Dental Surgeons and participation in relevant training, where applicable, is essential.

7.4.3 The desirability of requesting selected and appropriate investigations and treatment.

7.5 Patient Allocation and Workload

7.5.1 Unnecessary administrative duties and red tape are discouraged.

7.5.2 Elimination of unnecessary procedures, the use of alternative personnel and appropriate technology, should be pursued.

7.5.3 The DSI should be trained according to the MCM Scope of Practice and their training.

7.5.4 Departments should ensure fitness to practice among the DSIs on both physical and mental illnesses, as well as technical competence. For instance, they should prevent and deal with stress and burn out. The CEPC, Government Policies and Labour Laws should be referred to in decision making.

7.6 Accommodation and Facilities

7.6.1 Internship facilities should have resting areas or rooms for the DSI for periods of on-call duties, while awaiting for the next patient or procedure.

7.6.2 Meals should be available for DSIs on call, especially at night.

7.6.3 The DSIs should be allowed to utilise available recreational facilities and refreshments to enhance social interaction with other Dental Practitioners as part of the team. This would greatly improve job satisfaction and acceptance of the work environment.

8.0 DENTAL SURGEON INTERN RESPONSIBILITIES

Although DSIs, under supervision, are primarily responsible for patient care, they form an important part of the health team and should learn to work together with colleagues in the wider spectrum of health care. The professional responsibilities of the DSI should include the following important aspects:

8.1 DSIs should practice according to the MCM Scope of Practice.

8.2 The DSI's are primarily responsible for patient care, under supervision of their seniors. A balance should be struck between exposure to hospitalized and outpatients. The patient care should be holistic and be provided according to the best available evidence, adhering to the MPD Act, as well as the CEPC

8.3 The DSI is the optimal person to deal with emotional, spiritual and family problems that are often present in addition to the physical illness.

8.4 They should cooperate with senior colleagues, and other relevant health care professionals, especially in relation to their patients.

8.5 DSIs are responsible for following up all investigations ordered, and to ensure that all results are available and included in the patient file.

8.6 DSIs are required to keep carefully documented patient notes. The notes should be made immediately (on the spot date and time) after assessing each patient. A concise summary should be given to the patient on discharge to facilitate patient follow-up.

8.7 DSIs must be aware of their limitations, both in knowledge and skills, and not hesitate to seek advice from senior colleagues. Such referral is not a sign of weakness, but of maturity and is to the benefit of the patient.

8.8 Continuity of care is vital and appropriate hand-over of patients is essential.

8.9 DSIs should avail themselves of formal teaching, as well as the use of a library or reference books. Reading around patient problems will foster the habit of Continuous Professional Development (CPD).

9.0 MONITORING, EVALUATION AND REGISTRATION

9.1 DSIs should have regular assessments during their training. They should be praised when deserved, and positively critiqued, directed, and corrected where necessary. This will facilitate the early recognition and correction of problems.

9.2 The MCM prescribed DSI log book should be used at each approved internship facility. See Annex 2.

9.3 A confidential counselling service, separate from the appraisal system, should be available to support struggling DSIs.

9.4 At the end of each rotation, an objective evaluation should be conducted, using the prescribed form and experiences documented throughout the duration in the department. This form has two components, one section to be completed by the DSI, and a second section to be completed by the Head of Department or the Intern Coordinator. The latter should do so in conjunction with his or her colleagues. The assessment **must** be discussed with the DSI and signed by both parties.

9.5 At the end of the internship period, where the DSI has satisfied all internship requirements, the Intern Coordinator shall gather all reporting documents, and submit to the Head of Department who shall facilitate writing of the final letter and submission of internship completion documents to the MCM. The internship documents shall be submitted as a package by the health facility but not submitted directly by the DSI.

9.6 DSIs are reminded that it is illegal for them to work in any form of practice outside the approved health facilities.

9.7 DSIs are advised that the employment of DSIs in any clinical practice outside approved internship facilities is illegal and could lead to disciplinary action for the DSI and the employer.

10.0 CONFLICT RESOLUTION AND DISCIPLINARY PROCEDURES

Conflicts may arise during the internship period between DSIs and their supervisors, or between patients and the DSIs. This may be due to multiple factors.

10.1 Most minor issues usually can be resolved through negotiations between the various parties. In this regard, the Intern Coordinator plays a crucial role.

10.2 Should serious problems regarding ethical and professional conduct arise, the MCM will deal with such matters. This will consist of an investigation of the issues. The purpose of such inquiry is to verify alleged facts and to resolve the problems in a constructive manner. The MPD Act, CEPC and relevant Disciplinary Regulations apply equally to DSIs and their Supervisors.

10.3 Where the issue is escalated to the Disciplinary Committee, both the relevant supervisor and the DSI shall be invited for hearing.

10.4 It should be noted that DSIs are in the employment of the approved internship health facility. Therefore, employment disciplinary matters should be dealt with in accordance with the hospital rules and regulations as well as the Labor Laws. A copy of any warning letter addressed to a DSI should, however, be sent to the MCM for its notification.

10.5 DSIs are placed on the MCM internship register, working under the supervision of a duly registered Dental Surgeon. The DSI shall apply for full registration upon completion of a successful 12 months internship period. Application forms are available at the MCM offices, and the internship facility.

10.6 Upon receipt of a complete application with all fees paid for full registration, the MCM shall review and process the documents through its various stages.

(a) **The MCM may:**

(i) **Approve** the application if the applicant meets all requirements, or;

(ii) Provide feedback on missing documents to ensure complete documents are available according to the MPD Act.

(iii) Forward the application and its determination for the review of Council, for further guidance on denial or acceptance.

(b) If, after review, Council denies approval of an application:

(i) A preliminary denial letter shall be sent to the applicant. The letter shall:

- State the basis for the denial including relevant reasons; and;
- Advise the applicant of the right to request reconsideration.

(ii) If the applicant fails to request reconsideration in writing within thirty (30) days of the date of the preliminary denial letter, the preliminary denial becomes final.

(iii) If the applicant requests reconsideration within thirty (30) days, a reconsideration conference shall be held where the applicant shall be required to justify why MCM should reconsider the application.

(iv) Following a reconsideration conference, Council shall either approve or deny the application.

11.0 PROCEDURE FOR DEALING WITH FITNESS TO PRACTICE

Fitness to practice is the ability to meet professional standards, character, professional competence and health. A DSI is fit to practice if they have the competence and health to practice their profession safely and effectively. The CEPD indicates that “if a Practitioner’s fitness to practice is impaired or negatively affected it means there are concerns about their ability to practice safely and effectively. This may mean that they should not practice at all, or that they should be limited in what they are allowed to do.”

DSIs unfitness to practice should be addressed in line with the CEPC. Below are some issues to be considered:

11.1 Managing DSIs who are unfit to practice requires attention at all levels.

11.2 Factors affecting fitness to practice need to be identified urgently and addressed, where possible by the DSIs, the internship health facility and the MCM as indicated in the CEPC.

11.3 It is important to identify DSIs who are unfit to practice early.

11.4 All registered persons have a responsibility to report colleagues who are unfit to practice.

11.5 Where the unfitness to practice is reported without any patient harm, the issue shall be addressed as an illness only, requiring treatment or support for the DSI.

12.0 GUIDELINES FOR THE DIFFERENT DOMAINS

12.1 Introduction

General Remarks

12.1.1 This part provides more specific guidelines on the objectives and criteria for each department or rotation specialties through which the DSI may rotate. It is meant to be a guide and aid for both the trainers and trainees, recognizing that patient profiles and health services may differ widely in different health facilities.

12.1.2 The overriding goal of the internship programme is to expose the DSI to a wide range of patients and common conditions to further develop their clinical skills. Internship is a step towards professional development, and should not be seen as the completion of training as a Dental Surgeon.

12.1.3 **Emphasis of training** should be on the following skills:

- i. History taking
- ii. Examination
- iii. Clinical diagnosis
- iv. Appropriate and cost-effective investigations
- v. Treatment
- vi. Need for referral and/or follow-up

12.1.4 Furthermore, ethical conduct and professionalism should be emphasized.

12.1.5 Records management for effective patient care and medico-legal purposes should be underscored.

12.2 Rotation Through the Specializations

The purpose of the DSI rotating through the different specializations is to ensure adequate exposure and training. It allows supervisors to impart to DSIs the knowledge, skills and attitudes of that particular aspect of dental practice. Continuity of training is essential, and where possible the sections should not be broken up. It is recognized that night duties may entail cross over, but during the day the DSI should remain in their department.

12.3 Supervision

12.3.1 MCM will expect DSIs to be trained by practitioners with the following qualifications and experience, namely:

- i. a full-time registered and competent Dental Surgeon with at least three years experience post internship.

- ii.the supervising Dental Surgeon should be trained on delivering internship.
- iii.where a part-time Dental Surgeon is available, this person shall not be the main supervisor.

12.3.2 Access to a supervisor should be available 24 hours per day. DSI's must be supported by at least one Dental Surgeon with a minimum of least three years of service following registration.

12.3.3 The MCM DSI log book shall be provided. This shall be done before the commencement or on the first day of the rotation.

12.4 Job Descriptions

The Job Descriptions must be in line with the Scope of Practice. Each approved internship health facility must specify what is expected of the DSI in terms of:

- i.In-patient responsibilities
- ii.Out-patient duties
- iii.Casualty department cover
- iv.Night and week-end duties
- v.Administrative duties
- vi.Community outreach duties

12.5 Educational objectives

Each facility and department must specify the educational aids and opportunities available to DSI's. These include but not limited to the following:

- i.Standard management protocols for common conditions.
- ii.The Malawi Standard Treatment Guidelines and Essential Drug List.
- iii.A checklist of conditions which DSI's are expected to encounter and/or learn about.
- iv.A checklist of skills to be acquired and procedures to be observed. (Such a list will depend on the cases seen at the specific site, and the investigation and management will depend on the capacity of the health facility).
- v.Departmental meetings.
- vi.CPD sessions.

13.0 ETHICAL AND PROFESSIONAL CONDUCT

DSI's are expected to conduct themselves in line with the MPD Act, the CEPC as well as relevant policies and regulations. Where the expected ethical and professional conduct have been violated, the DSI shall be subjected to the set disciplinary processes.

Additionally, the MCM may decide not to register the DSI on the basis of the findings of the inquiry. Refer to part XI and part XII of the MPD Act and sections (7 and 8) of the CEPC for further information.

14.0 FEES

- (a) The DSI shall pay the prescribed fees payable to the MCM, through means that may be advised from time to time. MCM reserves the right to revise the applicable fees and these notices are gazetted as per legislation.
- (b) A DSI who fails to pay the prescribed fees shall not be registered.
- (c) Where the DSI fails to complete the internship in the prescribed duration they shall be required to pay additional fees to MCM.

15.0 CONTINUOUS PROFESSIONAL DEVELOPMENT

15.1 Hours and requirements

All DSIs must obtain twenty (20) contact hours of CPD within the 12 months in which they are interns. One contact hour equals sixty minutes of instruction. Not less than three-quarters of such sessions shall be on topics directly related to the field of dentistry.

15.2 Courses and credit standards

- (a) Course content. Twenty contact hours are required for the 12 months of the internship. At least fifteen of the required hours must be dentistry related. Five hours should be devoted to ethics and professional practice. CPD courses related to dentistry sponsored by the Dental Association of Malawi, and KUHeS will be prioritized.
- (b) Credit standards. The following credit standards apply to CPD for DSIs:
 - (i) The educational activities must have significant intellectual or practical content dealing primarily with matters directly related to the practice of Dentistry.
 - (ii) Each facilitator must be qualified and registered by the MCM.
 - (iii) Credit shall be given according to the CPD guidelines.

15.3 Verification of compliance.

Verification shall be done according to MCM CPD regulations.

15.4 Standards of practice

15.4.1 Professional accountability – the DSI:

- (i) Practises in a safe manner that minimizes risk to patients, self and others.
- (ii) Completes documentation related to dental practice in an appropriate, legible and timely manner that is consistent with all applicable laws and regulatory requirements.
- (iii) Supervises assistive personnel and students in a manner that assures safe and efficient care.
- (iv) Consistently and critically evaluates sources of information related to Dental Surgery practice, outcomes research and education and applies knowledge from these sources in a scientific manner and to appropriate populations.
- (v) Selects and utilizes outcome measures to assess the results of interventions administered to individuals and groups of patients.
- (vi) Communicates effectively with clients, caregivers and professional colleagues.

15.4.2 Professional Behaviour – the DSI:

- (i) Conducts critical self-assessment in order to practise to the fullest extent of knowledge, skills and abilities and takes responsibility to make changes as necessary.
- (ii) Demonstrates an understanding of and compliance with all laws and regulations governing the practice of Dentistry in Malawi.
- (iii) Forms a professional relationship with patients/clients, colleagues and other members of the health care team in an effort to maximize patient/client outcomes.
- (iv) Demonstrates sensitivity to individual and cultural differences when engaged in dental practice.
- (v) Demonstrates knowledge and works to address determinants of health for individuals and the community at large.

15.4.3 Plan of Care – the DSI:

- (i) Establishes and monitors a plan of care in consultation, cooperation and collaboration with the patient/client and other practitioners to ensure that care is continuous and reliable.
- (ii) Evaluates and updates the plan of care as indicated, based on the patient/client status and applicable laws and regulations.
- (iii) Incorporates appropriate, timely and efficient use of resources when developing a plan of care.

15.4.4 Implementation – the DSI:

- (i) Delivers, evaluates and adjusts the dental intervention.
- (ii) Takes appropriate action in any emergency situation.
- (iii) Utilizes assistants or other health care workers in accordance with legal requirements.

15.4.5 Education – the DSI:

- (i) Educates patients/clients, family, and caregivers, using relevant appropriate and effective teaching methods to assure optimal patient care outcomes.

15.4.6 Discharge – the DSI:

- (i) Plans for discharge in consultation with the patient/client and care givers.
- (ii) Discharges the patient/client after expected outcomes have been achieved and documents rationale for discharge when outcomes have not been achieved.
- (iii) Assists in the coordination of ongoing care if required.

16.0 STANDARDS OF PRACTICE FOR SUPERVISORS

16.1 Delegation of responsibility

When a Dental Surgeon delegates patient care responsibilities to a colleague in a lower cadre of health workers, the Dental Surgeon holds responsibility for supervision of the dental treatment. Dental surgeons shall not delegate to a less qualified person any activity that requires the unique skills, knowledge, and judgment of the Dental Surgeon. The primary responsibility for dental care rendered by supportive personnel rests with the supervising Dental Surgeon. Adequate supervision requires, at a minimum, that the supervising Dental Surgeon perform the following activities:

- (a) Designate or establish channels of written and oral communication.
- (b) Interpret available information concerning the individual under care.
- (c) Provide initial evaluation.
- (d) Develop a plan of care, including long-term goals.
- (e) Select and delegate appropriate tasks for the plan of care.
- (f) Assess competence of supportive personnel to perform assigned tasks.

- (g) Direct and supervise supportive personnel in delegated tasks.
- (h) Identify and document precautions, goals, anticipated progress, and plans for re-evaluation.
- (i) Re-evaluate, adjust plan of care when necessary, perform final evaluation, and establish follow up plan of care.

17.0 MISCELLANEOUS

17.1 Terms and titles

- (a) The designations Dental Surgeon and Dental Surgery Student should be used for the qualified Dental Surgeon and a student studying Dental Surgery at an approved school (currently, in Malawi, only Kamuzu University of Health Sciences).

17.2 Induction of internship for DSIs and Supervisors

- (a) MCM shall conduct induction for all DSIs prior to commencing internship.
- (b) It shall be compulsory for all DSI's to attend the MCM induction.
- (c) MCM shall also conduct an orientation session for all eligible supervisors.
- (d) The inductions shall either be administered either physically or virtually.

18. ANNEXURES

18.1 Facility Assessment Checklist

The checklist and narrative developed by Group 1 here

MINIMUM REQUIREMENTS FOR HOSTING DENTAL SURGEONS INTERNSHIP

Name of hosting health facility.....Reg Number.....

Postal address.....

Physical address.....

Name of Contact Person: Phone Number:

Email:

Date:

Requirement	Availability		Remarks
	Yes	No	
Human Resource Requirements			
<i>A registered Dental Surgeon physically available with the following:</i>			
• Good standing with Medical Council of Malawi			
• Three years' experience and competent to perform procedures or specific areas of Dentistry			
• Trained on building capacity and assessment of DSIs			
• Presence of a Dental Specialist (Added advantage)			
• Meets the expected trainer to trainee ratio of 1:4 if facility meets all minimum requirements			
• Procedures for handling conflicts that may arise between DSIs and their supervisors, or between patients and the DSIs in place			
• Procedures for handling fitness to practice for practitioners including DSIs in place			
Dental Departments-Human Resource			
• Availability of Dental Laboratory Technician or Dental Technologist in good standing with the MCM.			
• Availability of Dental Nurse/ Dental Surgery Assistant or where not possible General Nurse			
• Availability of other support staff to ensure quality dental service provision			
• Resting areas or rooms for periods of on-call duties			

Requirement		Availability		Remarks
		Yes	No	
Surgery	All the four major specializations within dental and oral surgery available			
	Dental Unit			
	• Functional Dental Chair with Water bottle and suction unit			
	• Dental light			
	• Suction unit/compressor			
	• Stool for dentist/dental therapist			
	• Stool for dental assistant			
	• Drainage System			
	• Consistent and reliable water supply			
	• Suction unit/compressor			
	• Dental Hand Pieces (fast, slow and straight), and Dental Burs appropriate burs (all types)			
	• Intraoral and extra oral X-ray machines (including lead aprons, Radiation and badge			
Oral and Maxillofacial Surgery Services	Dental pharmaceutical materials			
	(a) Paediatrics (Paedodontics) and Orthodontics			
	• Mouth mirrors			
	• Examination probes			
	• Curing light			
	• mouth prop			
	• Hand excavators			
	• Stainless steel crowns			
	(b) Extraction forceps			
	• Lower jaw: lower molar and lower anterior (lower molars including cow horns, lower premolars)			
	• Upper jaw: upper left and right molars, upper anterior (left and right molars, including cow horns upper premolars, and anterior teeth forceps			

Requirement		Availability		Remarks
		Yes	No	
	(c)Dental elevators			
	• Cryers set			
	• Warwick-James			
	• Coupland			
	(d) Instruments used for Suturing			
	• Needle holder			
	• Tissue forceps			
	• Austin cheek retractor			
	• Stitch scissors			
	• Dissecting scissors			
	• Scalpel blade holder size 3			
	• Mosquito/ artery forceps, (straight and curved)			
	• Periosteal elevator			
	(e) Instruments used for dental drilling and wiring			
	• Dental surgical Drill			
	• Straight hand piece			
	• Wire twister			
	• Wire cutter			
	• Wire hook			
Specialized Oral Medicine and Periodontology				
	• Periodontal probe			
	• Manual scalers			
	• Ultrasonic scalers			
	Specialized Restorative Dentistry including Endodontics			

Requirement		Availability		Remarks
		Yes	No	
	<ul style="list-style-type: none"> Composite restorative set (excavators, ball burnisher, flat plastic, condenser, matrix holder, light cure machine) 			
	<ul style="list-style-type: none"> Tweezers, 			
	<ul style="list-style-type: none"> Dampen dish 			
	<ul style="list-style-type: none"> Glass slab 			
	<ul style="list-style-type: none"> Amalgamator 			
Dental materials: Restorative/Operative dentistry				
	Composite fillings <ul style="list-style-type: none"> Glass ionomer cement 			
	Amalgam fillings; <ul style="list-style-type: none"> ZOE, Dycal, rubber dam, matrix band, articulating paper, Mylar strip, wooden wedges 			
	Endodontics <ul style="list-style-type: none"> files, paper points, sodium hypochlorite, gutta percha, temporary dressing materials 			
	Prosthodontics <ul style="list-style-type: none"> Alginate, gypsum and dental stones, crowns, bridges and luting materials 			
Dental materials: Oral and Maxillofacial Surgery				

Requirement		Availability		Remarks
		Yes	No	
Oral & maxillofacial surgery services	Exodontia			
	• Alveogyl,			
	• Spongostan/kaltostat/surgicel			
	• Intraoral Sutures (chromic 3/0, 4/0, vicryl 2/0 and 4/0 and silk 3/0 and 4/0			
	• Extra oral sutures (nylon 4/0, 5/0 and 6/0)			
	• Trans alveolar method (701, 702, 703 and rose head burs)			
	Facial trauma			
	• 0.016", 0.018" and 0.020" osteosynthesis ligature wire,			
	• Arch bar			
	Periodontics			
	• Propphy paste and brushes,			
	• Pumice			
	• Fluoride gel			
	• Disclosing tablets			
	Paedodontics			
	• Fissure sealant,			
	• Stainless steel crowns,			
	• Temporary dressing materials,			
	• Glass ionomer cement			
Theater and Anaesthesia				

Requirement		Availability		Remarks
		Yes	No	
Theater	MCM Approved Dental theatre			
Procedures	All types of Dentistry Specialty Procedures conducted at the facility (E.g. Restorative Dentistry, Oral and Maxillofacial Surgery, Paedodontics)			
	Total number of dental procedures conducted in the previous year			
	Number of major dental procedures conducted in the previous year			
	Number of minor dental procedures conducted in the previous year			
Anaesthesia	Dental procedures under local anaesthesia conducted			
	Dental procedures under general anaesthesia conducted			
	Registered anesthesiologists in good standing with MCM			
	Registered Anaesthesia Clinical Associate in good standing with MCM			
	Registered Anaesthetic Clinical in good standing with MCM			
Diagnostics				
Laboratory: Availability of both Dental & General Laboratory Services				
Laboratory	Dental Laboratory/Supportive laboratory			
	• Diagnostic casts (models)			
	• Dentures			
	• Feeding plates			
	• Removable Partial Denture (RPD), Full dentures, crowns and bridges			
	• Trays			
	• Mixing bowl, Wooden and metal spatulas			
	• Articulators			
	• Flasks			
	• Wax knife			
	• Investing flask			
	• Polishing motor			
	• Bunsen burner			

Requirement		Availability		Remarks
		Yes	No	
services	• Pliers			
	• Acrylic teeth			
	• Metal flask			
	• Vibrating machine			
	• Model trimmer			
	• Adjustable and non-adjustable Articulators			
	General Laboratory			
	• Hematology tests conducted including Full Blood Count			
	• Biochemistry tests conducted including Urea and Electrolytes			
	• Microscopy, Culture and Sensitivity (MC&S) conducted			
	• Blood Bank and Transfusion Services			
	• Pathology Services accessible			
	• Others			
Radiology: Availability of both dental and general radiology Services				
Radiology	Dental Radiology			
	• Intra-oral (bitewings, periapical, occlusal radiographs)			
	• Extra-oral radiology (panoramic) optional			
	General Radiology			
	• Ultrasound Scans			
	• Radiography examinations			
	• Computed Tomography Scan (CT scan) optional			
	• Magnetic Resonance Imaging (MRI) optional			
Pharmaceutical Services				
	Analgesics:			
	• Paracetamol (tablets, IV)			
	• NSAID's: Aspirin, Ibuprofen, mefenamic acid, Xefo)			

Requirement		Availability		Remarks
		Yes	No	
Pharmacy	• Steroids: Dexamethasone, methyl prednisolone etc			
	• Opioids: Pethidine, morphine			
	• Combination analgesics e.g. syndol, aceclofenac,			
	Antibiotics:			
	• Penicillin			
	• Cephalosporin.			
	Dental-local anesthetics:			
	• Lignocaine			
	• Mepivacaine			
	• Xylocaine (spray)			
	Appropriate sedatives:			
	• Benzodiazepine, Diazepam, Lorazepam and Midazolam			
	• Anxiolytics			
	• Sedatives: Barbiturates			
	DDA drugs:			
	• Fentanyl			
	• CNS depressants			
	• Narcotic analgesics			
Other Support entities				
Infection Prevention	Instrument processing conducted in line with IPC guidelines			
	Storage of processed instruments done according to guidelines			
	Adequate major, medium and minor procedure sets			
	Soapy water bucket for decontamination			
	Plain water for rinsing			
	Autoclaves/Sterilizing machine (dental department and main)			
	PPEs available for staff			
Waste	Good general cleanliness			

Requirement		Availability		Remarks
		Yes	No	
Management	Three bin system adhered to consistent with IPC guidelines			
	Waste segregated appropriately			
	Waste disposal done according to guidelines			
	Patients toilets accessible and in good condition			
Library and Information Communication and Technology	Modern computers with appropriate software			
	Library available with access to Dental books (Electronic or Physical)			

General Findings and Recommendations:

1. Finding and its corresponding recommendation listed here

Conclusion: Final conclusion

Determination: Should the facility be approved for hosting DSI? Approved, Approval with conditions, or Not approved.

Sign off by the team that inspected the facility

1. Officer Name:

Designation:

Signature:

Date:

2. Co-opted Expert:

Designation:

Signature:

Date:

18.2 Dental Surgeon Intern Logbook

MALAWI DENTAL SURGEON INTERNSHIP LOG BOOK

PERSONAL DETAILS

Name: _____ MCM Internship License No. _____

Internship Site/Health Facility: _____

INTRODUCTION TO THE LOG BOOK

1. Purpose of log book

This log book is a part of structured Internship Training Program in Conservative Dentistry, Prosthetics Dentistry, Periodontology and oral medicine, Paediatric dentistry and Orthodontics and Oral and Maxillofacial Surgery. The main purpose of the log book is to help you monitor your own competence, to recognize gaps and address them. Its second purpose is to describe the minimum competence level expected of you by the end of your internship rotation.

2. Sections of the log book

The log book contains five (5) sections which represent the disciplines covered in the period of Internship Training. Each section is laid out in the following manner:

- i. Requirements of the discipline
- ii. The level of competence required and their interpretation:
 - a. Level 1: Observe the activity being carried out by a supervisor
 - b. Level 2: Assist in the procedures
 - c. Level 3: Carry out the whole activity/procedure under direct supervision of a senior colleague, i.e. the senior colleague is present throughout
 - d. Level 4: Carry out the whole activity under indirect supervision, i.e. the senior colleagues need not to be present throughout, but should be available to provide assistance and advice
 - e. Level 5: Independent competence, no need for supervision
- iii. A log of the procedures to be completed

With additional two (2) section for community activities and CPD.

3. Further, the log book provides sections for evaluation of the progress of internship as follows.

- i. case grading
- ii. Evaluation of the rotation performance across the four disciplines and recommendations made.

3. Using the log book

The intern is expected to fill the competence levels as he achieves them and enters the appropriate date. This shall be done on day to day basis. All accomplished targets shall be signed off by the supervisor. Every month, the intern, the supervisor and the intern coordinator shall review progress in the quarter across the four disciplines to ensure the intern

is on course to achieving the set requirements for the quarter. At the end of the quarter, the intern shall be assessed by the supervisor, the intern coordinator and the medical director/superintendent on the performance during the quarter.

(A) RESTORATIVE DENTISTRY ROTATION PROCEDURE AND CASE LOG BOOK FOR DENTAL OFFICER INTERNS

OBJECTIVES	COMPETENCY LEVELS
<p>The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this rotation. This shall include:</p> <ol style="list-style-type: none"> 1. eliciting accurate information, demonstrating skills in communicating with patient and parents and maintaining proper clinical records. 2. obtaining relevant investigations and providing accurate diagnosis. 3. Outlining an acceptable treatment plan including obtaining consent from patient. 4. Demonstrating competence in operative skills, post-operative management and management of complications. 5. Demonstrating punctuality, availability, communication skills and ethical behaviour 	<p>The Supervisor shall sign the daily log of procedures performed by the intern as well as carry out the regular assessments and evaluations as outlined.</p> <p>GRADING CRITERIA</p> <p>3-Intern meets most of the criteria without assistance 2-Intern requires some assistance to meet stated criteria 1-Intern requires considerable assistance to meet stated criteria 0-Unable to meet the criteria completely</p>

PROCEDURES

CODE	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF
RESTO 01	Tooth coloured Restorations Posterior teeth	20	Level 5
RESTO 02	Tooth coloured restorations anterior teeth	10	Level 5
RESTO 03	Endodontic procedures- Anteriors- 30 Posterior 10	40	Level 5
RESTO 04	Aesthetic Dentistry Procedures (Direct composite veneers, bleaching / and treatment of fluorosis etc)	50	Level 5
RESTO 05	Amalgam restorations	10	Level 5
RESTO 06	Other: Presentation of cases in clinico-pathological-radiological conferences, grand rounds etc.	10	Level 5

LOG OF PROCEDURES

[illegible]

[illegible]

RESTO 04: Crown and bridge work					
RESTO 05: Amalgam Restorations					

[illegible]

LOG OF CASE REPORTS

NO.	CASE DESCRIPTION	DATE	SUPERVISOR SIGN
CASE 1			
CASE 2			
CASE 3			
CASE 4			
CASE 5			
CASE 6			
CASE 7			
CASE 8			
CASE 9			
CASE 10			

(B) PROSTHETIC DENTISTRY ROTATION PROCEDURE AND CASE LOG BOOK FOR DENTAL OFFICER INTERNS

OBJECTIVES	COMPETENCY LEVELS
<p>The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this rotation. This shall include:</p> <ol style="list-style-type: none"> 1. Eliciting accurate information, demonstrating skills in communicating with patient and parents and maintaining proper clinical records. 2. Obtaining relevant investigations and providing accurate diagnosis. 3. Outlining an acceptable treatment plan including obtaining consent from patient. 4. Demonstrating competence in operative skills, post-operative management and management of complications. 5. Demonstrating punctuality, availability, communication skills and ethical behaviour 	<p>The Supervisor shall sign the daily log of procedures performed by the intern as well as carry out the regular assessments and evaluations as outlined.</p> <p>GRADING CRITERIA</p> <p>3-Intern meets most of the criteria without assistance</p> <p>2-Intern requires some assistance to meet stated criteria</p> <p>1-Intern requires considerable assistance to meet stated criteria</p> <p>0-Unable to meet the criteria completely</p>

PROCEDURES

CODE	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCY
PROS 1	Complete dentures	3	Level 5
PROS 2	Removable partial dentures	10	Level 5
PROS 3	Repairs, relines, immediate dentures	20	Level 5
PROS 4	Participation overdenture, orofacial prostheses teams, obturators	2	Level 2
PROS 5	Tooth preparation for crown, impression taking and fitting of the crown	20	Level 5
PROS 6	Teeth preparation for 3 unit bridge, impression taking and fitting of the bridge	10	Level 5

LOG OF PROCEDURES

PROCEDURE	SKILL LEVEL	PATIENT'S SERIAL NO.	DATE	GRADE	SUPERVISOR SIGN
PROS 1: Complete dentures					
PROS 3: Repairs, relines, immediate dentures					
PROS 4: Participation overdenture, orofacial prostheses teams, obturators					

[illegible]

LOG OF CASE REPORTS

NO.	CASE DESCRIPTION	DATE	SUPERVISOR SIGN
CASE 1			
CASE 2			
CASE 3			
CASE 4			
CASE 5			
CASE 6			
CASE 7			
CASE 8			
CASE 9			
CASE 10			

(C) PERIODONTOLOGY /ORAL MEDICINE ROTATION

PROCEDURE AND CASE LOG BOOK FOR DENTAL OFFICER

INTERNS

OBJECTIVES	COMPETENCY LEVELS
<p>The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this Discipline. This shall include:</p> <p>The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this Discipline.</p> <ol style="list-style-type: none">1. The intern is expected to elicit accurate information, demonstrating skills in communicating with patient and maintaining proper clinical records.2. He/She should obtain relevant investigations and provide accurate diagnosis.3. Outline an acceptable treatment plan including obtaining consent from patient.4. Demonstrate competence in Periodontics, post-operative management and management of complications of periodontal diseases.5. In addition, other skills such as punctuality, appointment management infection control, communication, ethical behaviour among others will be evaluated	<p>The Supervisor shall assess the competence of the Intern on a regular basis (daily or weekly basis) and tick appropriately when completing the log below.</p> <p>GRADING CRITERIA</p> <p>3-Intern meets most of the criteria without assistance</p> <p>2-Intern requires some assistance to meet stated criteria</p> <p>1-Intern requires considerable assistance to meet stated criteria</p> <p>0-Unable to meet the criteria completely</p>

PROCEDURES

CODE	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
PER 01	Diagnosis/Treatment planning/Periodontal maintenance/Counselling and follow up	50	Level 5
PER 02	Management of periodontal disease in patients with systemic diseases (Diabetes, Hypertension, Cardiac disease, HIV/AIDS), Smoking and tobacco use	10	Level 5
PER 03	Non-surgical periodontal procedures: scaling and polishing, occlusal adjustments, root planning. Post-operative procedures: splinting of periodontally involved teeth.	50	Level 5
PER 04	Surgical periodontal procedures: gingivectomy, gingivoplasty, frenectomy	5	Level 5
PER 05	Periodontal flap surgery, Osseous Mucogingival surgery, gingival grafting	5	Level 2
PER 06	Participation in Implant dentistry	2	Level 2
PER 07	Identify, diagnose, treatment planning for a patient with oral manifestations of systemic conditions	10	Level 5

LOG OF PROCEDURES

[illegible]

[illegible]

PER 04: Surgical periodontal procedures: gingivectomy, gingivoplasty, frenectomy					
PER 05: Periodontal flap surgery, Osseous surgery, Mucogingival surgery, gingival grafting					
PER 06: Implant dentistry team Procedures					
PER 07: Identify, diagnose, treatment planning for a patient with oral manifestations of systemic conditions					

LOG OF CASE REPORTS

NO.	CASE DESCRIPTION	DATE	SUPERVISOR SIGN
CASE 1			
CASE 2			
CASE 3			
CASE 4			
CASE 5			
CASE 6			

CASE 7			
CASE 8			
CASE 9			
CASE 10			

(D) PAEDIATRIC DENTISTRY AND ORTHODONTICS

<p>The intern should strive to meet the following</p> <ul style="list-style-type: none"> • understand the principles of management and clinical skills required in this • post-operative management and management • availability, communication as well as ethical 	<p>The Supervisor shall</p> <ul style="list-style-type: none"> • understand the principles of management and clinical skills required in this • post-operative management and management • availability, communication as well as ethical <p>below.</p> <p>GRADING CRITERIA</p> <ul style="list-style-type: none"> • 0-Unable to meet the
--	--

PROCEDURES

CODE	PROCEDURE	MINIMUM NUMBER REQUIRE D	EXPECTED LEVEL OF COMPETENCE
PAED 1	Behaviour management, diet counselling, phobia management, oral health education	20	Level 5
PAED 2	Identify, diagnose and treatment planning for children with special needs	10	Level 5
PAED 3	Extractions	20	Level 5
PAED 4	Management of dental fluorosis	5	Level 5
PAED 5	Pulpotomy procedures	10	Level 5
PAED 6	Pulpectomy procedures	10	Level 5
PAED 7	Restorations: composites, glass ionomer cement (GIC)	20	Level 5
PAED 8	Preventive procedures: silver diamine fluoride, fissure sealants, fluoride treatments, mouth guards	80	Level 5
PAED 9	Paediatric crowns: stainless steel, zirconia	5	Level 4
PAED 10	Emergency treatment of traumatized teeth	5	Level 3
PAED 11	Management of paediatric cases under general anesthesia	6	Level 3
PAED 12	Identify and Diagnose Malocclusion and treatment plan	10	Level 5
PAED 13	Interceptive orthodontics e.g Space maintainers	5	Level 5
PAED 14	Habit Counselling and Habit Correcting Appliances	5	Level 5

LOG OF PROCEDURES

[illegible]

[illegible]

[illegible]

[illegible]

PAED 9: Paediatric crowns: stainless steel, zirconia					
PAED 10: Emergency treatment of traumatized teeth					
PAED 11: Management of paediatric cases under general anesthesia					
PAED 12: Identify and Diagnose Malocclusion and treatment plan					
PEAD 12: Identify and Diagnose Malocclusion and treatment planning					
PEAD 13: Interceptive orthodontics eg					

Space Maintainers					
PEAD 13: Habit Counselling and Habit Correcting Appliances					

LOG OF CASE REPORTS

NO.	CASE DESCRIPTION	DATE	SUPERVISOR SIGN
CASE 1			
CASE 2			
CASE 3			
CASE 4			
CASE 5			
CASE 6			
CASE 7			
CASE 8			
CASE 9			
CASE 10			

**(E) ORAL & MAXILLOFACIAL SURGERY ROTATION PROCEDURE AND CASE LOG
BOOK FOR DENTAL OFFICER
INTERNS**

OBJECTIVES	COMPETENCY LEVELS
The intern should strive to meet the following objectives 1. He/she should obtain relevant investigations and provide accurate diagnosis.	The Supervisor shall completing the log below.
obtaining consent from patient. 3. Outline an acceptable treatment plan including	GRADING CRITERIA
routine including infection control, occupational	criteria completely

PROCEDURES

CODE	PROCEDURE	MINIMUM NUMBER REQUIRE D	EXPECTED LEVEL OF COMPETENCE
OMF 1	Oral diagnosis/treatment planning/case presentation	200	Level 5
OMF 2	Dental extractions	30	Level 5
OMF 3	Dry socket management	20	Level 5
OMF 4	Suturing oro-facial cuts	10	Level 5
OMF 5	Change of dressing	10	Level 5
OMF 6	Management of bleeding sockets	5	Level 5
OMF 7	Incision and Drainage	10	Level 5
OMF 8	Surgical removal of teeth	10	Level 3
OMF 9	Diagnostic rotation: pathology, microbiology, radiology	10	Level 3
OMF 10	Incision and excision Biopsy	10	Level 3
OMF 11	Closed reduction of jaw fractures (intramaxillary Fixation)	5	Level 3
OMF 12	Management of TMJ dislocations	4	Level 3
OMF 13	Open reduction of jaw fractures	3	Level 3
OMF 14	Surgery under local / General Anesthesia: apicectomy, alveoloplasty	5	Level 3
OMF 15	Repair of cleft lip and palate	2	Level 3
OMF 16	Care of in-patients and theatre routine	10	Level 5
OMF 17	Casualty and emergency care calls	5	Level 5
OMF 18	Change of dressing	10	Level 5

LOG OF PROCEDURES

[illegible]

[illegible]

OMF 4: Suturing oro-facial cuts					
OMF 5: Change of dressing					
OMF 6: Management of bleeding sockets					
OMF 7: Incision and Drainage					

OMF 8: Surgical Removal of teeth					
OMF 9: Diagnostic rotation: Pathology, Microbiology, Radiology					
OMF 10: Incision and excision Biopsy					
OMF 11: Closed reduction of jaw fractures (Intramaxillary Fixation)					
OMF 12: Management of TMJ dislocations					
OMF 13: Open Reduction of jaw fractures					

OMF 14: Surgery under Local/General anesthesia: Apicoectomy, alveoloplasty					
OM 15: Repair of Cleft lip and palate					
OMF 16: Care of in patients and theatre routine					
OMF 17: Casualty and emergency care calls					

LOG OF CASE REPORTS

NO.	CASE DESCRIPTION	DATE	SUPERVISOR SIGN
CASE 1			
CASE 2			
CASE 3			
CASE 4			
CASE 5			
CASE 6			
CASE 7			
CASE 8			
CASE 9			
CASE 10			

(F) COMMUNITY DENTISTRY

OBJECTIVES	COMPETENCY LEVELS
<p>The intern should strive to meet the following objectives and demonstrate an understanding of the principles of management and clinical skills required in this Discipline. This shall include:</p> <ol style="list-style-type: none">1. Undertaking community oral health talks that aim at preventing, halting or reverting oral disease and promoting good oral health care practices to the vulnerable groups and to the general population2. Understanding the correlation between systemic chronic illnesses and oral diseases, do a follow- up and determine other risk factors that may exacerbate the burden of oral disease to the patient3. Identifying the risk factors that cause oral/dental diseases at the family and the community level4. Developing and implementing community level projects	<p>The Supervisor shall assess the competence of the Intern on a regular basis (monthly and quarterly) and tick appropriately when completing the log below.</p>

NO.	ACTIVITY	DATE	SUPERVISOR
1.	Primary school talk on oral health		
2.	High school talk on oral health		
3.	Community oral health talk		
4.	Child nutrition education and oral assessment of children under 5		
5.	Oral health education to pregnant mothers at the ANC in level 3 facilities		
6.	Health talk on tobacco and its impact on oral health		

(F) CPD

OBJECTIVES	COMPETENCY LEVELS
The intern should strive to meet the following objectives	The Supervisor shall

<ol style="list-style-type: none"> 1. Build Foundation Skills; CPD helps interns refine their basic clinical and technical skills, ensuring they can perform procedures safely and effectively under supervision. 2. Enhance Knowledge of Emerging Trends; Interns can stay updated on the latest advancements in dentistry, such as new materials, techniques, and technologies, fostering a habit of lifelong learning. 3. Develop Professionalism and Ethical Practice; CPD encourages the cultivation of professionalism, effective communication, and adherence to ethical guidelines, essential for building trust with patients and colleagues. 4. Prepare for Independent Practice; By engaging in CPD, intern dentists gain confidence and competence to transition into independent practice, equipping them to manage complex cases and make informed clinical decisions. 	<p>Ensure an intern has managed to attend the required number of CPDs and gained required points</p>
--	--

CPD No.	TOPIC	date	POINTS	SIGN -CPD Facilitator

DRAFT



PERFORMANCE EVALUATION OF DENTAL SURGERY INTERNS

Clinical Focus for Longitudinal Evaluation of Performance (LEP)

A. Please tick **ALL** 'Clinical Focus' boxes on the LEP form which correspond to the encounter. These eleven 'Clinical Focus' domains are summarised in the shaded box below:

Boxes 1-11 summarise the major competencies in the clinical domain of the *MCM Competence Assessments for Dental Surgery Interns* document, as follows:

1. Patient Examination and Diagnosis
2. Treatment Planning and Patient Management
3. Health Promotion and Disease Prevention
4. Medical and Dental Emergencies
5. Anaesthesia, Sedation, Pain and Anxiety Control
6. Periodontal Therapy and Management of Soft Tissues
7. Hard and Soft Tissue Surgery
8. Non-surgical Management of the Hard and Soft Tissues of the Head and Neck
9. Management of the Developing Dentition
10. Restoration of Teeth
11. Replacement of Teeth

B. Please provide an assessment of the performance of the Dental Surgery Intern on the nine point scale provided for each of the eight competences. A 'Not observed' box is available for use as appropriate.

1. Examination and Consultation Skills

Effective use of interviewing skills for information gathering. Obtains a detailed and appropriate medical and dental history. An accurate and thorough physical examination is performed, and the patient is kept informed about the procedure and clinical findings.

2. Clinical Judgement and Diagnosis

Intern pulls together all information obtained during the examination and reaches an appropriate and accurate diagnosis. All risks and benefits are considered, and the patient is kept fully informed

3. Technical Ability and Manual Dexterity

All technical procedures performed appropriately, accurately and efficiently. Trainee demonstrates sensitivity to the comfort of the patient.

4. Communication Skills

All stages of treatment explained to patient (and family when appropriate) in a manner which they can understand. Patient consent obtained. Education regarding disease prevention and oral health maintenance given to patient when appropriate. Trainee demonstrates effective communication with other members of the clinical team.

5. Professionalism

Trainee shows respect, courtesy and compassion for the patient and a willingness to put the needs of the patient first. Honesty and confidentiality are maintained and the MCM guidelines regarding personal and professional conduct are adhered to at all times.

6. Knowledge (Level and Application)

Intern demonstrates an appropriate level of knowledge in the field and applies this correctly in the clinical setting in order to make an accurate diagnosis and treatment plan. Clinical knowledge is kept up to date.

7. Organisation

Intern is prepared for the patient and provides treatment in an organised manner. Time is used efficiently.

8. Intern's Insight into Own Performance

Upon questioning by the evaluator during feedback, intern is able to reflect on their performance and demonstrates good judgement of their strengths and weaknesses.

C. At the conclusion of the LEP assessment, the Evaluator should spend time with

the Dental Surgery Intern to discuss their performance and the evaluation they have been given, providing feedback on domains in which they have performed well and those for which improvement is required.

Both the MCM - registered evaluator and the Dental Surgery Intern must sign off the completed LEP paperwork.

The top copy of the LEP assessment form should be retained by the Evaluator and stored confidentially with the Dental Surgery Intern's file. The Dental Surgery Intern should retain the bottom copy for their own records.

DRAFT

18.3 Dental Surgery Internship rotation form

MEDICAL COUNCIL OF MALAWI EVALUATION OF DENTAL SURGERY INTERNSHIP ROTATION AND EXPERIENCE							
SECTION 1: To be filled in by each intern who has completed or is involved in a rotation							
SURNAME (in block letters).....							
FIRST NAME(S):							
Department or Rotation Name (Complete separate form for each Department or Rotation)			Period From To				
DEPARTMENT OF:							
Please rate the following on a scale from 1-5 (where 1 = Unsatisfactory; 2 = Below average; 3 = Average; 4 = Above Average; 5 = Outstanding)			1	2	3	4	5
1. ORIENTATION ON ARRIVAL IN THIS ROTATION							
1.1 Introduction to dental staff							
1.2 Introduction to nursing staff							
1.3 Introduction to medical staff							
1.4 Introduction to other health care professionals							
1.5 Introduction to organization of the department/ward(s)/theatre							
1.6 Availability of clinical protocols for common conditions							
2. QUALITY OF WRITTEN GUIDELINES / OBJECTIVES							
3. QUALITY OF PATIENT CARE IN THIS ROTATION							

4. EXTENT TO WHICH YOUR KNOWLEDGE/SKILLS IMPROVED:						
4.1 Number of new procedures learned						
4.2 Degree to which diagnostic skills improved						
4.3 Extent to which your self-confidence improved						
4.4 Extent to which your self-confidence diminished						
5. YOUR RELATIONSHIP WITH THE FOLLOWING GROUPS:						
5.1 Patients						
5.2 Dental staff						
5.3 Nursing staff						
5.4 Medical staff						
5.5 Other health professionals						
6. INTERACTION WITH AND GUIDANCE GIVEN BY THE FOLLOWING:						
6.1 Dental staff						
6.2 Nursing staff						
6.3 Medical staff (where appropriate)						
6.4 Other health care professionals						

7. QUALITY/ADEQUACY OF TRAINING RECEIVED FROM THE FOLLOWING GROUPS:					
7.1 Dental staff					
7.2 Nursing staff					
7.3 Medical staff					
7.4 Other health care professionals					
8. QUANTITY OF TRAINING RECEIVED FROM THE FOLLOWING GROUPS:					
8.1 Dental staff					
8.2 Nursing staff					
8.3 Medical staff					
8.4 Other health care professionals					
9. RATE THE QUALITY OF YOUR CASE PRESENTATION TO SENIOR COLLEAGUES					
10. RATE THE QUALITY OF YOUR -					
10.1 Case notes					
10.2 Referral letters to other services					
11. RATE THE AVAILABILITY AND ACCESS WHICH YOU HAD TO -					
11.1 Internal communication systems					
11.2 External communication systems					
11.3 Essential information-					
11.3.1 Textbooks, journals, etc.					
11.3.2 Internet					
11.3.3 Other (specify)					
.....					
11.4 Patient records					

11.5 Health informatics					
11.6 Official transport					
11.7 Public transport					
12. RATE THE EXTENT THE SPECIFIED DEPARTMENT PROVIDES FOR -					
12.1 An induction and orientation programme					
12.2 A stated policy on internship training					
12.3 A specified training programme					
12.4 A confidential counseling service for dental surgery interns to deal with problems of a personal nature					
12.5 Avenues to deal with problems or complaints pertaining to training					
13. SPECIFY THE TIME SPENT PER WEEK (IN HOURS)	On duty		Studying		
14. SPECIFY THE AVERAGE HOURS OF SLEEP PER WEEK WHEN ON DUTY					
15. SPECIFY THE DUTY ROSTER WHICH APPLIED (e.g. 1:3 or 1:2 nights)	Weekdays		Weekends		

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SECTION II: To be completed by the Dental Surgery Intern Preceptor/Coordinator						
Surname of Head:		Initials:				
Please rate the following on a scale from 1-5 (where 1 = Unsatisfactory; 2 = Below average; 3 = Average; 4 = Above average; 5 = Outstanding)		1	2	3	4	5
1. THE INTERN'S PATIENT CARE						
1.1 History-taking						
1.2 Examination of patients						
1.3 Ability in problem-solving						
1.4 Diagnostic competence						
1.5 Clinical skills						
1.6 Follow-up competence						
2. THE INTERN'S PERSONAL CHARACTERISTICS						
2.1 Thoroughness						
2.2 Learning ability						
2.3 Punctuality						
2.4 Presentability						
2.5 Commitment						
2.6 Cooperation and attitude to staff						
2.7 Cooperation and attitude to patients and guardians						
2.8 Team effort						
3. THE INTERN'S PERFORMANCE						
3.1 Dental and medical knowledge						
3.2 Achieved level of clinical skills						
3.3 Knowledge of medical ethics						
3.4 Completion of case notes						
3.5 Presentation of cases						

3.6 Handling of emergencies					
3.7 Empathy for patients and guardians					
3.8 Cost-consciousness					

4. DO YOU AGREE WITH THE INTERN'S RATING IN SECTION 1?:

• Yes • No

5. IF NO, PLEASE SPECIFY REASONS (use separate sheet if required and attach):

6. GENERAL HEALTH OF THE PRACTITIONER *(Tick in appropriate box)*

In your opinion, is the candidate mentally and physically fit to perform his/her professional responsibilities anywhere in Malawi?

• Yes • No • N/A

If the answer is NO, please specify

Do you recommend the candidate to seek medical treatment?

• Yes • No • N/A

REGISTRATION *(Tick in appropriate box)*

Do you recommend the candidate to be registered with the Medical Council of Malawi?

• Yes • No • N/A

Do you recommend the candidate for further period of clinical attachment before registration?

- Yes
- No
- N/A

If the answer is YES, please specify suggested length of further period of clinical attachment

- •Weeks/Months/Year

If the candidate is NOT recommended for registration with Medical Council of Malawi, briefly give your reasons. (The Council MAY require a separate written report).

GENERAL COMMENTS ON OVERALL PERFORMANCE:

REPORTING PRECEPTOR/INTERN COORDINATOR

Name: _____

Qualifications: _____

Qualifying Institution(s): _____

Post Held: _____

Signature: _____ Date: _____

18.4 Dental Surgeon Intern duty Certificate

MEDICAL COUNCIL OF MALAWI				
DENTAL SURGEON INTERN DUTY CERTIFICATE				
On completion of internship training, this form must be filled in and returned to: The Registrar, Medical Council of Malawi, P.O. Box 30787, Lilongwe 3				
NAME OF INTERN (Full names): REG. NO.: MCM/INT/				
NAME OF ACCREDITED FACILITY:				
I, the undersigned, Medical Director of the above facility, hereby certify that the said Dental Surgery Intern completed internship training in the specified departments of this facility for the periods specified, he or she fulfilled the prescribed requirements, and that all information furnished herein is correct.				
Notes: If the certificate is qualified to the effect that the training of an intern had been unsatisfactory , a detailed statement should be submitted by the Dental Surgery Preceptor/Coordinator as to the reasons why the training was considered to be unsatisfactory.				
DEPARTMENT	PERIOD		Months	Signature of Dental Surgery Preceptor or Coordinator or official deputy that the internship had been completed satisfactorily
	From	To		
1. MAIN CLINICAL Rotations				
1.1 Minor Oral Surgery				
1.2 Maxillofacial Surgery				
1.3 Conservative Dentistry including Endodontics				
1.4 Periodontics				
1.5 Prosthodontics				
1.6 Oral Medicine				
2. LEAVE TAKEN				
2.1 Vacation leave			Total No. of weeks	
2.2 Maternity leave			Total No. of weeks	
2.3 Sick leave			Total No. of weeks	

NAME & SIGNATURE OF MEDICAL DIRECTOR OR OFFICIAL DEPUTY:

DATE:

18.5 Delayed Registration of an Intern as a Dental Surgeon

21.1 DELAYED REGISTRATION OF AN INTERN AS A DENTAL SURGEON

BACKGROUND

All registered interns must produce a formally signed Intern Duty Certificate (see Annexure 2), which shows satisfactory performance during the intern year before the Medical Council will register them as a dental surgeon. The Dental Surgery Intern Duty Certificate is to be signed by the Intern Coordinator and dental surgery preceptor in the health facilities which the intern worked. Should a Coordinator refuse to sign, the DSI may be required to spend more time training in that rotation or the whole internship.

21.2 CRITERIA FOR DELAYED REGISTRATION

1. Undue absence from work, other than for recognized vacation or sick leave.
2. Repeated failure to perform required duties.
3. Gross incompetence or negligence in patient care.
4. Mental or physical unsuitability for registration as a medical practitioner.

21.3 RECOMMENDED PROCEDURE FOR DELAYED REGISTRATION

1. The DSI should initially be warned verbally of poor performance (see above criteria).
2. The second warning should be issued in writing to the DSI with a copy for his or her hospital file and a copy to the Council.
3. If the Intern Coordinator(s) or preceptor(s) refuses to sign the Intern Duty Certificate, a letter detailing the reasons for delayed registration should be sent to the Council and the DSI concerned. This letter should include recommendations on the duration of extra training and the department(s) in which this should be spent.

4. The Education and Training Committee should make the final decision as soon as possible, so that the DSI may be registered or swiftly informed of the extra time required.

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21.4 PROVISIONAL REGISTER

A SEPARATE REPORT ON A DENTAL SURGEON CONSIDERED NOT SUITABLE FOR REGISTRATION WITH THE MEDICAL COUNCIL OF MALAWI

1. PERSONAL PARTICULARS

- 1.1 Name of DSI: _____
- 1.2 Name of Clinical Department: _____
- 1.3 Period of Clinical Rotation: From: _____ To: _____ (Dates)

2. ATTACHMENT REPORT (Attach a separate sheet if required)

3. REPORTING DENTAL SURGERY COORDINATOR

Name: _____

Signature: _____ Date: _____