Internship Logbook Master of Science in Microbiology MB 653 Public Health Microbiology



Central Department of Microbiology
Institute of Science and Technology
Tribhuvan University
Kirtipur, Kathmandu, Nepal

Name of the intern:

TU Registration No.:

Date of entry into internship:

Student Details

Name of the student (Intern):
TU Registration No.
Batch No. /Year:
Date of Entry into Internship:
Name of Preceptor:
Name of University/Campus/College Supervisor:
Title of Thesis:
Scheduled date of Final Examination:

Guidelines for the student (intern)

The Logbook provides a record of the laboratory experience and academic and educational activities of the student. It also helps the trainer to identify the deficiency in any aspect of the internship so that it can be rectified in time. It is an important document which will be required and evaluated during the final examination of the student.

All students are supposed to maintain the logbook for the whole period of their internship and keep a timely record of the,

- a. Laboratory experience
- b. Experience of public health management by district health system
- c. Academic activities
- d. Research experience and publications

Entries in the logbook: The intern is advised to make the required entries in the logbook along with the signature of the Immediate Supervisor (Unit Chief) involved on the day of the event. The Immediate Supervisor based on the host institution should sign all entries within 2 to 4 weeks and/or before the intern leaves the unit. The Preceptor (Head of the host institution) of the intern should sign all entries within at a month. Similarly, the University/Campus/College Supervisor and Head of Department of Microbiology should respectively sign the logbook on weekly and monthly basis so that they know the status of work of the student.

Continuous assessment of the intern: The intern will be assessed continuously by the unit she/he is posted. The criteria of the formative assessment are given in the logbook for the knowledge and improvement of the intern.

Leave and Absence Record: All leave and absence of the intern should be entered in the attendance register and the logbook and duly signed by the Supervisor and later by the Preceptor

Submission of the logbook: The logbook has to be submitted in the final examination, where it will be discussed and evaluated. All the submitted logbooks have to be reviewed and evaluated by the respective committee at University/Campus/College. Marks obtained out of total 200 from term assessment by the supervisors, laboratory experience, academic and educational activities of the intern will be added to the final assessment.

I hereby affirm that I have read the guidelines and will abide by them during the whole period of my internship.

Instruction for the Preceptor and Supervisor

The preceptor should follow the progress of the intern throughout the course. A formal three-monthly review of the intern's progress by the immediate supervisor is required and documented in the logbook. A confidential assessment report on the progress of the intern will be submitted by the Supervisor to Department of Microbiology on a prepared format at the end of each term. The aim of such review is to ensure that all aspects of the internship have been adequately covered. Deficiency in any aspect of the training should be identified and appropriate steps taken to overcome them.

Rotation Schedule

Each candidate will undergo a rotation posting in different units as follows:

District Health Office/District Public Health Office:

1 month
Public Health Laboratory/Laboratory at Hospital: Bacteriology:

2 months
Virology:
1 month
Parasitology:
1 month
Immunology/Serology:
2 weeks

Mycology: 2 weeks

Mycology: 2 weeks

Record of Posting Schedule

Unit	From	To	Duration	Page	Supervisor's
				No.	signature
District Public/Health					
Office					
Bacteriology					
Virology					
Parasitology					
Immunology/Serology					
Mycology					

1. District Public/Health Office

SN	Activities	Tests performed	Number
1	Observe and record the		
	different units of District		
	Public/Health Programmes		
2	Understand the health		
	system of Nepal and level		
	of laboratory facilities and		
	disease diagnosis in		
	different levels of health		
	facilities		
3	Observe and record		
	activities of vector borne		
	disease control unit		
4	Observe and record		
	activities of		
	tuberculosis/leprosy disease		
	control unit		
5	Observe and record		
	activities of HIV/AIDS		
	control unit		
6	HMIS and EWARRS forms		
	and reporting system		

2. Bacteriology

SN	Laboratory procedures	Tests performed	Number
1	Urine microscopy, culture and AST		
2	Stool culture and AST		
3	Blood culture and AST		
4	CSF microscopy, protein & sugar estimation, culture and AST		
5	Pleural and other body fluid microscopy, culture and AST		
6	Sputum microscopy, culture and AST		
7	Pus microscopy, culture and AST		
8	AST a. Disc diffusion b. Dilution c. Disc diffusion + Dilution		

AST- Antibiotic Susceptibility Testing

3. Virology

SN	Laboratory procedures	Tests performed	Number
1	Virus culture		
2	Virus identification using		
	PCR		
3	Virus identification using		
	serological assays		
4	Handling specimens for		
	diagnosis of viral		
	infections from		
	 Respiratory tract 		
	infections		
	b. Gastrointestinal		
	infections		
	c. CNS infections		
	d. Sexually		
	transmitted		
	infections		

4. Parasitology

SN	Laboratory procedures	Tests Performed	Number
1	Handling of stool for		
	detection of intestinal		
	parasites		
2	Microscopic examination		
	of stool samples		
3	Stool concentration		
	methods		
	D		
4	Detection of parasites		
	from		
	- Blood		
	- Tissue		
	- Body fluids		
5	Using modern diagnostic		
	techniques for the		
	diagnosis of parasitic		
	infections:		
	 Molecular test 		
	(PCR)		
	- ICT card		
	- ELISA		

5. Immunology/Serology

SN	Laboratory procedures	Tests Performed	Number
1	ELISA		
2	RIA		
3	Agglutination/ Haemagglutination		
4	Precipitation		
5	Rapid Immunochromatographic tests		
6	Immunofluorescent test		
7	Detection of antibody titre - VDRL/TPHA - WIDAL - ASO		

6. Mycology

SN	Laboratory procedures	Tests Performed	Number
1	Examination of specimens		
	for microscopic diagnosis		
	of Fungal organisms using		
	- Lactophenol cotton		
	blue		
	 KOH preparation 		
2	Microscopy and culture of		
	hair, nail and skin		
	scrapings		
3	Fungal Identification tests		
	- Sugar Fermentation		
	- Serological tests		
	- Molecular tests		

The Leave and Absence Record of the Intern (Attendance more than 80% of working days are mandatory)

Date From	Date To	Days	Reason	Signature of the supervisor	Comment	Signature of the Preceptor

Term Assessment Sheet (Confidential)

Regis Unit of Date	e of the intern: tration number: of posting; of posting: sing: Excellent/Good/Satisfactory/Poor		
SN 1	Attributes/Discipline Punctuality (Attendance)	Marks Obtained	Comments (if any)
2	Discipline		
3	Confidence/ Decision making		
4	Knowledge of theory		
5	Practical skills		
6	Writing work (filling up lab records)		
7	Communication with colleagues, staff, patients and relations		
8	Leadership quality		
OVE	ERALL PERFORMANCE:		
Depar	ersity/Campus/College Preceptor rtment	Immediate Supervisor	Head of

NOTE:

• This confidential evaluation needs to be done by the University/Campus/College supervisor in collaboration with the supervisor and preceptor of the host institute.

• The University/Campus/College Supervisor should submit this evaluation to the respective department.

Educational and Academic Record Journal Club Presentation by the Intern

SN	Date	Journal Signal	Title	Signature of supervisor
				supervisor
		1		

Record District Public/Health Office

Date	Observation	Signature of Supervisor

Laboratory Record Bacteriology

Date	Requested for	Lab ID	Sample Type	Patient's Name	Age/ Sex	Lab Result	Signature Supervisor
		1					

Laboratory Record

Virology

Date	Requested for	Lab ID	Sample Type	Patient's Name	Age/ Sex	Lab Result	Signature of Supervisor

Laboratory Record Parasitology

Date	Requested for	Lab ID	Sample Type	Patient's Name	Age/ Sex	Lab Result	Signature of Supervisor

Laboratory Record Immunology/Serology

Date	Requested for	Lab ID	Sample Type	Patient's Name	Age/ Sex	Lab Result	Signature of Supervisor
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Laboratory Record Mycology

Date	Requested for	Lab ID	Sample Type	Patient's Name	Age/ Sex	Lab Result	Signature of Supervisor
							-

Research Experience and Publications

Projects					
Title		Results			
Publications					
Title	Authors	Details of Publication			
	<u> </u>				

Preceptor's Remarks:

Awards and Honors