



**National Institute for Health Specialties
United Arab Emirates**

**Procedure Log Guidelines for
Internship Programs**

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EXECUTIVE SUMMARY

This document outlines the general framework for documenting procedure logs for interns. It defines the minimum requirements and clarifies the roles of trainees and Specialty Scientific Subcommittee (SSS) assessors in ensuring proper supervision and validation.

Internship programs will have a dedicated appendix detailing specific procedural requirements, including the number of times each activity must be performed, the required level of supervision, and any specialty-specific conditions. These requirements must be fulfilled for the procedure log to be considered complete. This document should be read in conjunction with the list of procedures.

PURPOSE

The NIHS Procedure Log System provides a critical summary of trainees' procedural activity during their program. This guide is provided to help facilitate uniform and accurate logging.

Program leadership is expected to review trainee's Procedure Logs on a regular basis to ensure they are consistently progressing through the achievement of respective EPAs and correctly recording their cases afterwards.

At a minimum, this review must take place twice a year during the semi-annual evaluation of trainee performance.

Accurate logging affects programs and interns in these ways:

- Procedure Log data of program graduates play a major role in the Central Accreditation Committee's accreditation decisions as to whether the program offers adequate procedural experience.
- Procedure Log data play an important role in assessment, feedback, and increased responsibility for trainees to ensure they have the experience needed to progress to autonomous practice.
- Hospitals and practices may request graduated Procedure Log reports as data elements for hiring, granting privileges, and/or other employment processes.

GUIDELINE

Specialty Minimum Numbers

The Central Accreditation Committee has defined procedural categories required for trainees' completion of internship. The table outlines the minimum procedural experiences programs are required to provide trainees with.

The Central Accreditation Committee uses Procedure Logs to assess trainee experience, as well as the breadth and depth of a program's procedural education and training.

The minimum Case/Procedure numbers are provided in Appendix 1.







Notes

- Minimum numbers are not a final target number and interns are encouraged to exceed the target numbers.
- Programs are considered compliant with procedural requirements if all their interns achieve the minimum number in each category.
- To count a procedure towards minimum counts, a trainee must receive an entrustment rating of 4 or 5 or must be already entrusted for that specific procedure. Exceptions include invasive procedures such as Lumbar puncture in which case 2 or 3 may be sufficient.
- The level of autonomy indicates the highest level of entrustment that can be achieved for the particular procedure. Therefore, faculty must note that they cannot score higher entrustment than the level of autonomy assigned to the trainee for that particular procedure.

Rating Scale for Level of Entrustment:

The faculty rates the candidate based on the entrustment scale for the observed procedure as shown in the rating scale below:

Options

 0 Unconfirmed	0
 1 Observation without execution even with direct supervision	1
 2 Execution with direct supervision	2
 3 Execution with reactive supervision i.e., on request quickly available	3
 4 Supervision at Distance and/or post hoc	4
 5 Trusted to perform without supervision. Can supervise junior colleagues	5

Initiating the Procedure Log Entry

The list of procedures have been presented in the eportfolio categorised under major specialties. However, all the specialty lists are available at all times and cross entry of procedures of another rotation are permitted.

Before performing a procedure, trainees are required to complete the section of the Procedure Log System. All available fields should be filled in, with special attention to the starred (*) items which are mandatory. This includes entering the date the procedure was performed, selecting the clinical setting and patient type from dropdown menus, and providing the MRN, a unique case identifier that carries no patient-identifiable information.

Additional details such as location (optional), diagnosis using the ICD code, and the primary procedure to be logged must also be recorded. Trainees may indicate secondary procedures using checkboxes; however, these will not count toward the procedure log minimums unless they are entered separately in a new form.

Level of Autonomy

The trainee must fill the level of autonomy to indicate whether the trainee is assigned to perform the procedure under direct supervision, reactive supervision, distance supervision or independently. Therefore, the form includes these options as shown below:

Options

+	2 Execution with direct supervision
+	3 Execution with reactive supervision i.e., on request quickly available
+	4 Supervision at Distance and/or post hoc
+	5 Trusted to perform without supervision. Can supervise junior colleagues

Trainees Roles

When interns enter a case into the NIHS Procedure Log System, they must indicate their major role in the case (autonomy level).

Assistant

To be recorded as the Assistant, a trainee must be scrubbed in, actively participate in the case, and perform less than 50 percent of the procedure or greater than or equal to 50 percent, but not the key portion(s) of the procedure.

Independent intern

To be recorded as an independent intern, a trainee must perform greater than or equal to 50 percent of the procedure, including the key portion(s) of the procedure.

This is consistent with level 4 on the EPA entrustment scale.

Procedure Logs 101

Key Points

- Trainees must be conscientious and thorough about recording cases.
- Trainees should take credit for what they have performed and report cases appropriately.
- Only trainees with autonomy level 4 and 5 (equivalent to level 4 and 5 on the entrustability scale) will receive credits for a procedure.

Adding a Procedure Log

Enter all known information into each of the available fields in the Procedure Log System. Starred (*) fields are required.

Field	Input Type / Instructions
Date Performed*	<i>Enter the date of the procedure.</i>
Clinical Setting*	<i>Select from the dropdown menu.</i>
Location	<i>Optional field – enter location if applicable.</i>
MRN*	<i>Enter the MRN (unique case identifier, not patient identifiable).</i>
Patient Type*	<i>Select from the dropdown menu.</i>
Diagnosis*	<i>Enter the ICD code for the diagnosis.</i>
Primary Procedure*	<i>Select the main procedure to be counted in the Procedure Log.</i>
Secondary Procedure (Checkbox)	<i>You may check multiple additional procedures. Note: Secondary procedures are not counted toward minimums; if you want them counted, open a separate Procedure Log form.</i>
Role*	<i>Choose from dropdown: Independent (Surgeon) / Assistant / Teaching Assistant. (See page 3 for role definitions)</i>
Level of Autonomy*	<i>Select from the dropdown menu. 2 Execution with direct supervision 3 Execution with reactive supervision i.e., on request quickly available 4 Supervision at distance and/or post hoc 5 Trusted to perform without supervision. Can supervise junior colleagues</i>
Resident Comments	<i>Free-text box – enter your comments.</i>
Supervisor Section	<i>Hand over the device to the supervisor for completion.</i>
Level of Entrustment*	<i>Supervisor selects from dropdown for the primary procedure.</i>
Supervisor Comments	<i>Supervisor writes comments.</i>

Program Director’s Review of Procedures on ePortfolio

The PD must review the ePortfolio after each rotation to ensure that interns are making progress and actively engaging with EPAs and procedures. Ensure that at the end of the internship year, the portfolio demonstrates that all procedures are completed.

As in all programs, the Program Director (PD) is responsible for reviewing the NHS ePortfolio with the CCC every 3–4 months (at a minimum every 6 months). The following points highlight aspects of internship that may differ from residency or fellowship programs.

Ensuring opportunities for Procedure Log completion

The institution and Program Director must ensure these opportunities are arranged through suitable partner centers through written PLAs. The relevant faculty should be included in the internship faculty list for documentation. This has to be reported to NIHS and shall be assessed during re-accreditation.

Procedures with safety implications

Some procedures have important patient safety considerations and do not require interns to perform them independently. Instead, interns are only required to complete these procedures in an assistant role. For these procedures, a Level 2 rating is sufficient.

Procedures for which Level 2 is sufficient will be clearly marked as “Level 2” on the ePortfolio. At present, these procedures include the following:

- Pleural paracentesis
- Placement of chest drain
- Joint aspiration
- Central line insertion
- Hemodialysis
- LP in Pediatrics
- Foley catheter insertion in Pediatrics
- NG insertion in Pediatrics
- IV cannula in Pediatrics
- C-section
- Episiotomy
- Endotracheal intubation
- Chest drain insertion
- Local anesthesia
- ECT

Flexibility of procedures across rotations

Most procedures may be completed in any relevant posting, even if they are listed under one major specialty in the ePortfolio. However, if a procedure is specifically identified to a particular setting eg. pediatric, it must be completed in that setting. The Dentistry internship will follow their own procedure documentation system until the NIHS procedure list is announced.

Interns starting at Level 4

Some internship programs have reported that interns, especially dental interns, are expected to start at Level 4 for most EPAs, as these are already required for graduation. Therefore, progression during the internship may not always be demonstrable. The number of observations and narrative feedback will be important in confirming and documenting their higher levels of competence.

Template of Appendix 1 for internship Minimum Numbers

[This list is intended to be used in conjunction with the **Procedure Log Guidelines for Internship Programs** to ensure comprehensive documentation and compliance with training requirements.]

Category	Minimum
Total number of procedures	

Interns Roles

When interns enter a case into the NIHS Procedure Log System, they must indicate their major role in the case (autonomy level).

- **Independent intern** must perform greater than or equal to 50 percent of the procedure, including the key portion(s) of the procedure. This is consistent with level 4 on the EPA entrustment scale.
- **Assistant** scrubbed in and performed less than 50 percent of the procedure or greater than or equal to 50 percent, but not the key portion(s) of the procedure.
- **P.S:** Teaching assistant role is not applicable to internship

P.S. There is a separate Appendix 1 for each specialty on NIHS website.

Appendix 1

Medical Internship Procedure Minimum Numbers

[This list is intended to be used in conjunction with the **Procedure Log Guidelines for Internship Programs** to ensure comprehensive documentation and compliance with training requirements.]

Procedure / Skill	Minimum Number
Medicine	
ECG interpretation	10
CXR interpretation	15
NG tube insertion	5
Ophthalmoscopy	5
ABG procedure + interpretation	5
PFT interpretation	3
Peakflow meter testing and interpretation	3
Peritoneal paracentesis	5
Urine catheterization	5
Set up IV Infusion and manage drip rate	5
Set up and administer oxygen to a patient.	5
Diabetic foot care	5
Arterial and venous blood withdrawal.	5
Lumbar Puncture (Level 2)	8
Pleural paracentesis (Level 2)	5
Placement of chest drain (Level 2)	5
Joint aspiration (Level 2)	2
Central line insertion (Level 2)	3
Hemodialysis (Level 2)	2
Surgery	
Surgical scrubbing	5
Skin preparation for surgery	5
Abdominal X-ray interpretation	10
Suturing	5
Removal of sutures	5
Basic wound care	5
I&D of abscess	2
Surgical drain removal	5

PR exam	3
Pediatrics	
Measure weight/height/skull circumference and plot on growth chart	5
BP measurement in Pediatrics	5
Vaccine administration	5
Otoscopy in Pediatrics	10
ABG procedure + interpretation	5
LP in Pediatrics (Level 2)	5
Foley catheter insertion in Pediatrics (Level 2)	5
NG insertion in Pediatrics (Level 2)	5
IV cannula in Pediatrics (Level 2)	8
Ob/Gyn	
Vaginal exam	10
Insert vaginal speculum	8
Normal labor	3
CTG tracing	3
Pap smear collection	8
Fundal height assessment	8
C-section (Level 2)	10
Episiotomy (Level 2)	10
Emergency	
O2 therapy	5
Neck stiffness exam	10
Nebulization therapy	5
GCS scale assessment	10
Nasal packing	5
CT scan interpretation (brain) + identify indications for urgent CT	5
ABG procedure + interpretation	5
I&D of abscess	2
Suturing	5
CPR	5
Endotracheal intubation (Level 2)	5
Chest drain insertion (Level 2)	5
Local anesthesia (Level 2)	5
Psychiatry	

Mini-mental state exam	8
Suicide risk assessment	8
Alcohol withdrawal scale use	8
Identify intoxication with drugs	5
ECT (Level 2)	5