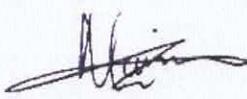
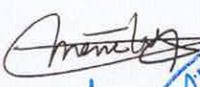


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|  <p><b>REPUBLIC OF RWANDA</b></p> <p><b>MINISTRY OF HEALTH</b><br/>P.O. BOX 84 KIGALI<br/><a href="http://www.moh.gov.rw">www.moh.gov.rw</a></p> | <b>SOP Title: Clinical Placement Guidelines for Healthcare Professional Trainees.</b> |                                                                                                                         |                                       |
|                                                                                                                                                                                                                                   | <b>SOP Number:</b> 06-00<br><b>Version:</b> 1.0                                       | <b>Effective Date:</b><br>December 2025                                                                                 | <b>Revision Date</b><br>December 2027 |
|                                                                                                                                                                                                                                   | <b>Department/Services or Unit:</b><br>Health Workforce Development Department        | <b>Applies to:</b><br>All health training institutes<br>All health facilities receiving trainees for clinical rotations |                                       |

|                   | <b>Position/Unit</b>                                                                | <b>Signature</b>                                                                                                                                                             | <b>Date</b>       |
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## Background

Clinical placement is a core requirement for all health professional students. It provides exposure to real clinical environments, strengthens professional identity, and ensures students achieve competencies required for patient care and professional registration.

Rwanda remains committed to strengthening clinical education through service-learning reforms, digital transformation, and quality improvement. A well-managed clinical placement system enhances the healthcare workforce, reduces training inequities, and supports national goals including the 4x4 reform and digital health ecosystem.

## Purpose and Vision

This SOP provides a unified national framework for planning, coordinating, implementing, and clinical placements across all accredited health training institutions and health facilities in Rwanda.

Its vision is to produce a future-ready health workforce that is clinically competent, digitally literate, ethically grounded, and capable of leading innovations in a technology-driven health system. In alignment with Rwanda's Vision 2050 and ongoing 4x4 reform, this SOP ensures that clinical training contributes to a high-quality, strong knowledge and skill-based health workforce with digital literacy. By harmonizing placement requirements, expanding equitable access, integrating digital tools, and emphasizing professionalism, research, and leadership, this SOP supports the Ministry of Health's mandate to develop competent health professionals capable of strengthening service delivery and advancing national development goals.

**Scope:** This SOP applies to all medical, nursing, pharmacy, and other health professional schools, as well as hospitals and health facilities receiving trainees for clinical rotations.

### **Core Competency Domains in Clinical Placement**

All clinical placements shall develop the student's core competency in the following areas:

**A. Clinical Experience.** Develop competence in:

- a. Foundation clinical skills to more advanced skills depending on the level of clerkship
- b. Patient assessment, diagnosis, and care across all relevant disciplines.

**B. Digital and Data Literacy.** Develop competence in:

- a. The use of EMR systems, accurate digital documentation,
- b. Data protection and patient privacy practices, health information interoperability the one-patient-one-record principle
- c. Simulation-based learning with virtual reality, AI-supported diagnostics and decision supported tools, and telemedicine workflows, including VR/AR simulations to supplement low-volume or high-risk procedures where direct exposure is limited.

**C. Research and Innovation.** Develop competence in:

- a. Research case reviews,
- b. Completion of at least one improvement or implementation research project per student group
- c. Exposure to digital analytics dashboards and evidence-based decision making

**D. Professionalism and Ethics.** Develop competence in:

- Upholding patient confidentiality, respect, integrity, accountability, and ethical conduct across all clinical settings.
- Demonstrating ethical decision-making, including the appropriate and responsible use of digital tools and AI-supported clinical decision systems.
- Adhering to national codes of practice, professional standards, and facility policies in all clinical encounters.

- Maintaining professional boundaries, cultural sensitivity, and respectful communication with patients, families, and healthcare teams.
- E. Future-Ready Workforce Competencies.** Develop competence in:
- a. Interdisciplinary teamwork and collaboration
  - b. Innovation mindset and digital transformation awareness
  - c. Exposure to digital health innovation units, biomedical engineering, and analytics teams.
  - d. Ethical decision-making, including when using digital tools and AI systems.
  - e. Community health engagement using digital surveillance and preventive care platforms
  - f. Awareness of national codes of practice and hospital-specific rules.
  - g. Confidentiality, respect, integrity, accountability, and professional conduct.
- F. Systems Thinking Leadership**
- a. Understanding healthcare delivery structures, referral pathways, and team-based care.
  - b. Engaging in health system problem-solving and quality improvement culture.
  - c. Developing leadership abilities that prepare students to contribute to and support national health system reforms and digital transformation efforts.

## Clinical Placement Governance

All clinical placement planning, allocation, monitoring, and reporting shall be managed through the national workforce management system, integrating the following areas:

- Placement requests from universities
- Health facility teaching capacity
- Slot allocation and scheduling
- Student orientation and rotation management
- Evaluation and feedback reporting
- Incident reporting and safety monitoring

This system includes dashboards accessible to the Ministry of Health, hospitals, and universities, which will improve transparency, efficiency, and accountability.

## Clinical Placement Structure

The clinical placement structure is organized into two levels: junior clerkship, which takes place in primary healthcare and district hospitals to provide students with foundational clinical exposure, and senior clerkship, which occurs in specialized, referral, or teaching hospitals for advanced

training. This progression ensures students build core competencies before engaging in more complex clinical environments.

### **I. Junior Clerkship**

**Setting:** Health centers and District hospitals and community-based settings.

**Purpose:** Introduce students to the health system, common conditions, and basic clinical skills.

- **Core Rotations:**

- Internal Medicine basics (outpatient, common ward cases, non-communicable diseases like hypertension or diabetes).
- General Surgery basics (wound care, minor procedures, pre/post-op care).
- Pediatrics basics (growth monitoring, common childhood illnesses, vaccination clinics).
- Obstetrics & Gynecology basics (antenatal care, uncomplicated deliveries, family planning services).
- Dental basics: Patient history-taking and comprehensive oral examination., Oral health education and preventive counseling., Scaling and polishing (oral prophylaxis), Simple fluoride application and fissure sealants., Uncomplicated tooth extractions (primary teeth, mobile permanent teeth)., Infection prevention and sterilization protocols
- Community Health (outreach programs, health education, preventive care).
- Laboratory basics (Sample collection and handling, basic microscopy (malaria smears, stool ova/parasite, Gram stain), basic hematology (manual hemoglobin, hematocrit, WBC differentials), routine biochemistry (urinalysis, blood glucose, dipsticks), infection prevention & biosafety (PPE, waste disposal, specimen labeling), introduction to quality control (internal checks, calibrating simple equipment)
- Imaging basics (Basic imaging positioning, operating X-ray equipment, radiation safety, simple chest and limb X-rays, preparing anesthesia machines, basic airway management observation, assisting in minor procedures, Basic patient assessment, simple mobility exercises, working with post-surgical patients)

- **Learning Approach:**

- Observing and assisting rather than leading care.
- Emphasis on history-taking, physical examination, and basic procedures (e.g., inserting IV lines, dressing wounds, basic airway management observation, malaria smears).
- Small-group bedside teaching, simulation when available.

- **Outcome:** Students gain confidence in basic patient interaction, system navigation, and primary-level service delivery.

## II. Senior Clerkship

**Setting:** Teaching hospitals, Referral hospitals, Level II teaching hospitals, specialized hospitals.

**Purpose:** Deepen clinical reasoning, exposure to complex cases, and preparation for internship and job placement.

### ● Core Rotations:

- Internal Medicine subspecialties (cardiology, infectious diseases including HIV/TB, gastroenterology).
- Surgery subspecialties (orthopedics, urology, general surgery with operative exposure).
- Pediatrics subspecialties (neonatology, pediatric emergencies).
- Obstetrics & Gynecology (operative obstetrics, gynecologic conditions, obstetric emergencies).
- Psychiatry, Emergency Medicine, Anesthesiology (essential exposure).
- Dental skills: Comprehensive diagnosis and treatment planning for advanced oral health conditions., Complex restorations (multi-surface, crown preparations, inlays/onlays), Advanced periodontal procedures (scaling and root planning, minor flap surgeries under supervision), Exposure to maxillofacial surgery (fracture management, oral cancer diagnosis, biopsies), Administration of local anesthesia (block techniques), Minor oral surgery (incision & drainage, alveoloplasty), Endodontic therapy (root canal treatment of anterior and premolar teeth).
- Laboratory skills (Sample collection and handling, basic microscopy (malaria smears, advanced hematology (automated CBC analyzers, coagulation studies, blood banking), advanced microbiology (culture & sensitivity, TB culture, viral diagnostics, serology), molecular biology techniques (PCR basics, HIV viral load testing if available), clinical chemistry (enzyme assays, electrolytes, liver/kidney function tests), histopathology basics (tissue preparation, staining, slide reading)
- Imaging skills (CT/MRI basics, contrast studies, ultrasound assistance, report preparation under supervision, assisting in major surgeries, intubation under supervision, monitoring anesthesia depth, managing recovery room care, advanced musculoskeletal/neurological rehab, community rehab programs).

### ● Learning Approach:

- Active participation in ward rounds, grand ward rounds, journal clubs, emergency call duties, and assisting in major procedures.
- Case presentations, seminars, and structured logbook requirements.
- Increased responsibility under supervision.

- **Outcome:** Students demonstrate readiness for internship or job placement with ability to handle common emergencies, manage complex cases in a team setting, and practice professional behavior.

## Quality Assurance in Clinical Placement

Quality assurance, monitoring & evaluation, and equitable clinical placement management will be ensured through a national digital placement system, which supports continuous monitoring, fair distribution of students, and a robust evaluation process that upholds high standards of training and patient safety. All students and supervisors are to use electronic logbooks and digital assessment tools linked to system dashboards, enabling real-time tracking of clinical exposure, attendance, competencies, professionalism, and site capacity to prevent overcrowding.

Health facilities and supervisors are to document incidents, learning opportunities, and resource gaps directly within the platform, while quarterly digital reviews conducted by hospitals and universities will facilitate continuous improvement, benchmarking, and early identification of placement challenges.

Placement allocation must be completed during academic year planning, with timely response on the placement plan from the health facility. This will ensure that students from all institutions receive equitable learning opportunities across diverse facility levels, including underserved and remote regions, supported where necessary by tele-supervision and mobile learning units.

Quality indicators, including clinical competence, ethical conduct, adherence to safety protocols, inter-professional collaboration, and digital health proficiency, should ensure that clinical learning environments meet standards and contribute to developing a future-ready health workforce.

### Responsibilities

#### A. Responsibilities of a trainee

All trainees must adhere to the highest standards of conduct to ensure patient safety, respect for healthcare teams, and achievement of learning objectives.

##### I. Professional conduct

- Students must demonstrate respect, integrity, and professionalism in all interactions with patients, hospital staff, supervisors, and peers.
- Confidentiality must be maintained at all times in line with medical ethics and hospital policies.
- Punctuality and full attendance during clinical placements are mandatory. Unexcused absences or lateness will be reported to the university.
- Students must adhere to hospital rules and national codes of practice (no smoking, drinking or unruly behavior in the hospital premises)

##### II. Clinical responsibilities

- Perform clinical duties only under the supervision of designated hospital staff.
- Provide care and participate in procedures within the limits of their training level (junior or senior clerkship).
- Ensure accurate and timely completion of logbooks, and other required documentation.
- Actively engage in patient care, ward rounds, grand rounds, tutorials, and case presentations as scheduled.

### **III. Dress code and identification**

- Students must wear clean, professional attire with appropriate PPE.
- Identification: All students must use identification badges showing their name, level of training, clerkship type and affiliated university. Lab coats or uniforms must not display university logos or names.

### **IV. Learning responsibilities**

- Students are expected to take initiative in identifying learning opportunities during rotations.
- Must attend all orientation sessions and comply with safety, infection prevention, and hospital protocols.
- Participate in assessments (formative and summative) as scheduled.
- Provide feedback at the end of the placement to improve the training system.

### **V. Disciplinary measures**

Any breach of conduct, including absenteeism, unprofessional behavior, or violation of hospital policies, may result in:

- Formal warning (reported to the university).
- Suspension or removal from the placement site.

Referral to the university for further disciplinary action according to institutional policies.

### **B. Responsibilities of higher learning institutions**

- Appoint clinical coordinators at departmental level in the rotational sites and require accountability from them.
- Ensure adequate clinical instructors proportional to the number of students enrolled as per the regulatory bodies' guidelines;
- Provide clinical instructors/preceptors/mentors with information related to their responsibilities, including course and unit descriptions, a list of student names and their registration number prior to commencement of placement;

- Provide students with the contact details of the clinical coordinator;
- Provide pre-clinical placement information sessions (clinical briefing) to students;
- Provide regular continuous professional development (CPD) trainings to preceptors/ clinical instructors and equip preceptors with skills in clinical teaching and assessment methods;
- Ensure, in collaboration with the health facility site, that students are provided with required clinical placement materials/consumables;
- Allocate regular time for academics, who are qualified health professionals, to provide health care in teaching health facilities;
- Ensure the liability insurance for students will be covered;
- Prepare students on the use of explicit assessment criteria and tools prior to the commencement of clinical placement;
- Provide pre-clinical placement information sessions for educators, mentors, preceptors, clinical instructors including assessment training;
- Ensure students and clinical instructors have appropriate and adequate support;
- Ensure smooth communication between clinical coordinators and health facility staff before, during and after placement;
- Provide students with access to the guidelines for Health and Safety during student placements;
- Perform a clinical site prospection at least once a year to ensure that it will meet student's placement objectives;
- Explain the code of conduct to health professional students and provide a copy of the document upon enrolment

### **C. Responsibilities of the health facility**

- Have a directorate or person in charge of HCPs education and training, research functioning, coordinating all the education, training and research activities in the teaching sites.
- Identify preceptors, clinical professors and clinical mentors who are prepared for the role;
- Provide a safe placement environment for students;
- Allocate time for preceptors, clinical instructors and clinical mentors to train students in clinical placement practice;
- Allocate time for preceptors to meet with their students to undertake and record assessment activities and outcomes;
- Allocate preceptors time to reflect, give feedback and keep records of student achievement and identify gaps for support and correction;
- Ensure that preceptors, clinical professors and clinical mentors have appropriate and ongoing support in practice;
- Provide orientation and induction to health professional students coming for clinical placement in collaboration with health higher learning institutions;

- Provide resource and monitor training activities (scheduling, attendance, etc) in hospital;
- Work collaboratively with the University to ensure that students have required placement materials/consumables;
- Provide learning opportunities for students that reflect the nature of placement objectives.

**D. Responsibilities of the clinical facilitators (clinical instructors, preceptors, and mentors)**

- Master the clinical objectives, get familiar with the placement site and ensure compliance with the clinical placement guidelines;
- Identify and assist students to access every relevant learning opportunity in a safe and supportive environment;
- Provide and ensure students understand the processes surrounding patient consent and safe working procedures;
- Assist students to reflect on clinical experiences to facilitate learning;
- Provide constructive, objective and timely feedback to students to foster the professional behaviors specified in the unit objectives;
- Provide conscientious and fair assessment of student performance and complete timely assessment documentation associated with the placement;
- Inform the teaching institute if the particular placement is no longer able to provide the requisite experience needed by students;
- Remove students from the placement who, despite guidance, are considered unsafe, or who have an unsatisfactory knowledge base for safe practice or are deemed unfit to practice; such actions should be undertaken following consultation with the relevant unit coordinator, and health facility leadership and require appropriate documentation;
- Complete timely incident reports and notify teaching institution (University, College or Schools);
- Provide feedback to the teaching institutions on the quality of the preparation of students for clinical placement;
- Identify students with special learning needs and provide additional support
- Perform formative and summative assessments and provide regular constructive feedback to students about their progression in collaboration with peers.

**E. Responsibilities of the professional regulatory bodies**

- Index health professional students soon after their admission (within the first 3 months of admission) to their respective local Higher Learning Institutions for their recognition;
- Monitor and evaluate learning and proficiency of health professional students to ensure they adhere to the standards;
- License graduates from Higher Learning Institutions and continuously audit the Higher Learning Institutions to ensure that the quality of the graduates will be to the standard &

fit for mutual recognition & reciprocal licensing in the region & on the continent and beyond.

**F. Responsibilities of Higher Education Council (HEC)**

- To ensure that students acquire relevant skills and education throughout the training period, enabling them to assert themselves and create employment opportunities for personal fulfillment, advancement, and national development.

**G. Responsibilities of the Ministry of Health (MoH)**

- Uphold health services administrations for optimum functioning and avail a smooth learning clinical placement environment;
- Establish clinical placement standards in collaboration with healthcare professional councils, teaching institutions, and all relevant stakeholders;
- Ensure overall patient safety in clinical placement settings;
- Ensuring CPD for healthcare professionals responsible for teaching and learning of students;
- Ensure availability of resources for clinical teaching and learning of healthcare professional students and their facilitators;
- Ensure the welfare of students in clinical placement via feasible means;
- Ensure that teaching institutions provide all the requirements to give equal opportunities for students from different institutions (private and public) in clinical placement;
- Ensure sustainability of health professional training programs and regularly assess whether they are in harmony with national strategic vision.
- Monitor clinical placement implementation according to qualification framework

**Operational and Safety Requirements for Clinical Placement**

- A. University Contribution to Operational Costs
  1. Health facilities can request universities reasonable support to operational costs incurred during clinical placements, based on number of students placed, duration and intensity of the rotation.
    - a) consumables and materials used by students (e.g., gloves, reagents, syringes, dressings, and other supplies identified by the hospital).
- B. Student Insurance Requirements
  - a. All students must have valid medical insurance and liability insurance before starting clinical placement.
  - b. Proof of insurance must be submitted annually to the health facilities.
- C. Emergency and Risk Management

- a. Health facilities must provide immediate emergency care for student-related incidents; costs are covered by student insurance.
  - b. Hospitals must maintain documented procedures for:
    - i. incident reporting and documentation
    - ii. post-exposure prophylaxis (PEP)
    - iii. escalation and communication with university coordinators and the Ministry of Health
  - c. Universities must designate a focal person responsible for student emergency follow-up.
- D. Occupational Health and Safety Compliance
- a. Students must adhere to all hospital safety policies, including:
    - i. correct use of PPE
    - ii. infection prevention and control practices
    - iii. safe handling of equipment and specimens
    - iv. attendance at mandatory safety and induction trainings
  - b. Universities must ensure students complete pre-placement occupational health requirements:
    - i. necessary vaccinations (Hepatitis B, COVID-19, and others as applicable).
    - ii. baseline medical screening to assess fitness for placement
  - c. Health facilities have the right to suspend students who repeatedly violate safety standards.

This SOP will be reviewed every 2 years or earlier, to reflect policy changes.

