**TECHNICAL REPORT ON**

**STUDENT’S INDUSTRIAL WORK EXPERIENCE SCHEME (SIWES)**

**CARRIED OUT AT**

**GENERAL HOSPITAL,**

**ASKIRA UBA, BORNO STATE**

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**BY**

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* **INTRODUCTION**

Student Industrial Work Experience Scheme (SIWES), was established by Industrial Training Fund (ITF) in 1973 to solve the problem of lack of adequate practical skills preparatory for employment in industrial by Nigerian graduates of tertiary institution. The scheme exposes student to industry-based skills necessary for a smooth transition from the classroom to the world of work. It affords student of tertiary institution the opportunity of being familiarized and exposed to the needed experience in handling machinery and equipment which are usually not available in the educational institution. Participation in SIWES has become a necessary pre-condition for the award of Diploma and Degree Certificates in specific discipline in most institution of higher learning in the country, in accordance with the education policy of government.

* **DEFINITION OF SIWES**SIWES is the Student Industrial Work Experience Scheme students are out annually to professional organization relevant to their course of study with the help of the institution-based coordinator. The scheme takes up at the end of the first year during the ND program for science-oriented course, study in polytechnics.
* **PURPOSE OF SIWES**In the earlier stage, students are graduating without any technical knowledge or working experience and this makes them to undergo further training after securing an employment. With this reason, student industrial training was established. During this program, as designed by the ITF, students are expected to get technical assistance and acquire more experience scheme in their chosen field of study and exposed them to the usage of source machines and safety precaution where relevant before the completion of their program in their various institutions.
* **AIMS AND OBJECTIVE OF SIWES**

1. To provide an avenue for student in the Nigerian Institution to acquire industrial skills and experience during their course of study.
2. To prepare students for the work situation they are likely to meet after graduation.
3. To expose the student to work method and techniques in handling equipment and machinery that may not be available in their institution.
4. To allow the transition phase from school to the world of working environment easier and facilitate students contact for later job placements.
5. To provide student with an opportunity to apply their theoretical knowledge in real work situation thereby bridging the gap between theory and practice.

* **BRIEF HISTORY OF GENERAL HOSPITAL, ASKIRA-UBA**

General Hospital Askira-Uba was established on October 6th, 1986 by the former military Governor of Borno State Lt. Colonel Adulmuminu Aminu, that was, the old building formally was a Comprehensive Health Centre.

In the year 2004, the former Governor, His Excellency Senator Ali Modu Sherriff came and constructed the new facility where the Hospital is currently is now. The following are the wards in the Hospital Maternity ward, Male Wards, Children ward, Female ward Surgical ward etc.

**PRINCIPAL MEDICAL OFFICER**

**CHIEF NURSING**

**WARDS AND RECEPTION**

**CHIEF. MED.LAB**

**SCIENTIST**

**LABORATORY**

**CHIEF PHARMACY**

**STORE & DESPENSING**

**MIDWIFERY/NURSE**

Figure 1: Organizational Chart

**EXPERIENCE GAINED DURING THE STUDENT INDUSTRIAL WORKING EXPERIENCE (SIWES)**

During the industrial attachment, the following department were visited; Female ward, Children ward, and Maternity ward.

**FEMALE MEDICAL WARD**

This is a ward where female patients are being anchored for special nursing care and treatment. Some cases and diseases found in this ward include the following:

Malaria, Peptic ulcer disease, Typhoid and para typhoid fever, Anemia, Diabetic, Hypatitis, Asthma etc.

Some drugs that are used to treat a patient in this ward are:

**Antibiotics.** E.g. Ceftriaxone, Amoxicillin, Augmentin, etc.

**Analgesic.** E.g. pentazocine injection, paracetamol injection, diclofenac injection etc.

**MATERIALS USED IN THE WARD**

Trolley, wheel chair, bed, spygonometer, thermometer, drip stand, straighter, mosquito net, bed pad, tunicate etc.

Materials used in setting drip/infusion are; plaster, cotton wool, a drip, scalvent, giver set etc.

Common route of administration used in this ward are:

* + 1. Intramuscular injection (im) direct into the muscle
    2. Intravenous injection (iv) direct into the vein

Side of injection

Bottom – upper quadrant

Upper urine – dentail muscular

Tick to 900 before used.

**CHILDREN WARD**

During my SIWES (Students Industrial Work Experience Scheme) program, I had the opportunity to work in the children's ward of a hospital. This experience provided me with valuable insights into pediatric healthcare and the specialized care provided to children of different ages.

1. **Antibiotics**: Children are often prescribed antibiotics to treat bacterial infections such as pneumonia, urinary tract infections, or skin infections.
2. **Antipyretics**: These medications help reduce fever in children. Common examples include acetaminophen (such as Tylenol) and ibuprofen (such as Advil or Motrin).
3. **Analgesics**: Pain medications may be given to alleviate pain in children who are experiencing discomfort due to various conditions or procedures.
4. **Anticonvulsants**: These medications are administered to children with seizure disorders or epilepsy to control and prevent seizures.
5. **Immunizations**: Vaccinations are an essential part of pediatric healthcare. They help protect children from various infectious diseases and are typically administered as per the recommended immunization schedule.
6. **Antidepressants** or Anxiolytics: In some cases, children with mental health conditions may require medications to manage symptoms such as depression, anxiety, or attention-deficit/hyperactivity disorder (ADHD).

**MATERNITY WARD**

A maternity ward is a specialized unit within a hospital or healthcare facility that provides care to pregnant women before, during, and after childbirth. It is a crucial component of the healthcare system, focusing on maternal and newborn health. The primary goal of a maternity ward is to ensure a safe and positive childbirth experience for both the mother and the baby.

**Antenatal Unit**

1. Folic Acid: Given to pregnant women to prevent neural tube defects in the developing baby.
2. Iron Supplements: Prescribed to address iron deficiency anemia during pregnancy.
3. Antiemetics: Used to relieve nausea and vomiting in pregnant women, especially in cases of hyperemesis gravidarum.
4. Progesterone Supplements: Administered in cases of threatened miscarriage or to support pregnancies at risk of preterm birth.
5. Antibiotics: Prescribed to treat infections, such as urinary tract infections or Group B Streptococcus colonization.

**Labor and Delivery Unit**

1. Oxytocin: Used to induce or augment labor contractions.
2. Analgesics/Pain Medications: Given to manage labor pain, including opioids (e.g., morphine) or epidural anesthesia.
3. Antibiotics: Administered during labor if the mother has a positive Group B Streptococcus test or other indications.
4. Antiemetics: Used to alleviate nausea and vomiting during labor, often in cases of epidural anesthesia.
5. Anesthetics: Local anesthetics may be used for episiotomies or repairs after childbirth.

**Process of Antenatal**

**Antenatal card**

This consist of name, x-ray number, date of booking, age and occupation of patient. Antenatal card also has the information regarding to the patient.

**Dose to be taken**

* First dose
* Second dose (after one month)
* Third dose (after four month)
* Fourth dose (after delivery)
* Fifth dose (after one year)

**Common vaccine/antigen used in antenatal care/routine immunization they are listed below.**

**Antigent Dose Route of Administration site**

BCG 0.5ml. Intradermal left upper arm

OPV 2drops. Oral mouth

Hep B birth 0.5 ml Oral mouth

PCV 0.5ml Intramuscular anterior-lateral

Measles dose 0.5mg. Subcutaneous left upper arm

Yellow fever. 0.5ml. Subcutaneous right upper arm

Meningitis vacc 0.5 m Subcutaneous anterior-lateral

HPV 6 month 0.5ml Intramuscular vitura muscular

**CONCLUSION**

SIWES as a program does bridge the gap between numerous theories taught in class room and the real live scenario (practical) that awaits student upon graduation. The program should be given more priority that it gets at the moment to near nothingness if not capped with adequate practical skill which afford by the SIWES programme. This feat alone can make student be self employed without waiting for the government or white collar jobs that are non-existent because as it stands at the moment, with the experience I have gathered.

**RECOMMENDATION**

Having been Exposed to a bit of what it entail working in an industry related to my course of study that under the SIWES program I wish to make these recommendation:

1. Higher institution of learning especially polytechnic and Universities should establish Link with companies and establishment so as to provide space for student on industrial attachment with the option of giving employment in alleviation suffering and difficulties encountered in student his securing place for industrial attachment.
2. Institution should put up necessary pure meters in place to make sure Student truly go their SIWES program by visiting them regularly and receiving direct report from the establishment about the punctual student.
3. Parent/guardians should also be ready to support their words financially during this SIWES program even if they are being paid allowanced which it might not be enough for them.