

**A TECHNICAL REPORT**  
**ON**  
**STUDENT'S INDUSTRIAL WORK EXPERIENCE SCHEME (SIWES)**

**UNDERTAKEN AT**  
**GENERAL HOSPITAL, ISOLO, LAGOS STATE.**

**BY**  
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## **DEDICATION**

This Student Industrial Work Experience Scheme (SIWES) report is dedicated to Almighty God who made this programme to be a successful one.

## **ACKNOWLEDGMENT**

All thanks, Glorification, adoration, and appreciation is given to nobody except God.

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 BACKGROUND**

The Student's Industrial Work Experience Scheme (SIWES) is a skill training programme designed to expose and prepare students of Universities, Polytechnics, Colleges of Technology/Colleges of Agriculture and Colleges of Education for industrial work situations they are likely to meet after graduation. The scheme also allows students to familiarize themselves and expose themselves to the needed experience in handling equipment and machinery that are usually not available in the institutions. It is a cooperative industrial internship program that involves institutions of higher learning, industries, the Federal Government of Nigeria, the Industrial Training Fund (ITF), and the Nigerian Universities Commission (NUC).

The Student Industrial Work Experience Scheme (SIWES) was initiated in 1973 by the Industrial Training Fund (ITF). This is in response to the mandate given to the ITF through Decree 47 of 1971, charging it with the responsibility of promoting and encouraging the acquisition of skills in industry and commerce with the view to generating a pool of trained Indigenous manpower sufficient to meet the needs of the economy. SIWES has come to be recognized as the major avenue of bridging the gap between the theory acquired by students of tertiary institutions and the various professions and disciplines essential to the technological and economic development of Nigeria. The scheme has, over the years contributed immensely to the personal development and motivation of students to be able to understand the important connection between the taught and learnt content of their academic programs and what knowledge and skills will be expected of them in professional practice after graduation.

More so, SIWES is a program designed by ITF to prepare students for the challenges they will face in their respective fields when they become part of the nation's workforce. Furthermore, ITF through SIWES, aims at ensuring that Universities and Polytechnics do not produce "half-baked graduates" that will not be useful industrially because of their inability to relate the theoretical knowledge acquired to the necessary industrial practice.

Over the years, SIWES has contributed immensely to building the common pool of technical and allied skills available to the Nigerian Economy which is needed for the nation's industrial development. These contributions and achievements have been possible because of regular innovations and improvements in the modalities employed for the management of the scheme. Given acquired industrial skills, the Kwara State Polytechnic, Isolo, has made it compulsory for all students to undergo the Students Industrial Work Experience Scheme (SIWES). Therefore, Universities and Polytechnics now produce graduates with a great wealth of experience.

## **1.2 OBJECTIVES**

- i. To provide an avenue for students in the university to acquire industrial skills and experience in their course of study.
- ii. To expose students to the practical aspect of their discipline, thereby enhancing creativity and skills in them.
- iii. To teach students the techniques and methods of working with facilities and equipment that may not be available within the walls of an educational institution.
- iv. To make students learn how to manage the work environment and increase their interactive skills with colleagues, subordinates, superiors and clients.
- v. To provide students with an opportunity to apply their knowledge in real work situations, thereby bridging the gap between theory and practice.
- vi. To enlist and strengthen employers' involvement in the entire educational process through SIWES.

## **CHAPTER TWO**

### **DESCRIPTION OF THE ESTABLISHMENT OF ATTACHMENT**

#### **2.1 LOCATION AND BRIEF HISTORY OF ESTABLISHMENT**

General Hospital Isolo was established by the Lagos state Government on 15th April, 1975 under the leadership of Brigadier Mobolaji Johnson, the then-Military Governor of Lagos State. Its primary objective was to provide quality healthcare services to the public.

Initially operating as a health center, it was later upgraded to a Grade-A General Hospital to expand its medical services. Today, it serves resident of Isolo, Mushin, Alimosho Igando, Ojo, Surulere, and neighbouring communities, as well as patients from other states, including the Eastern region of Nigeria.

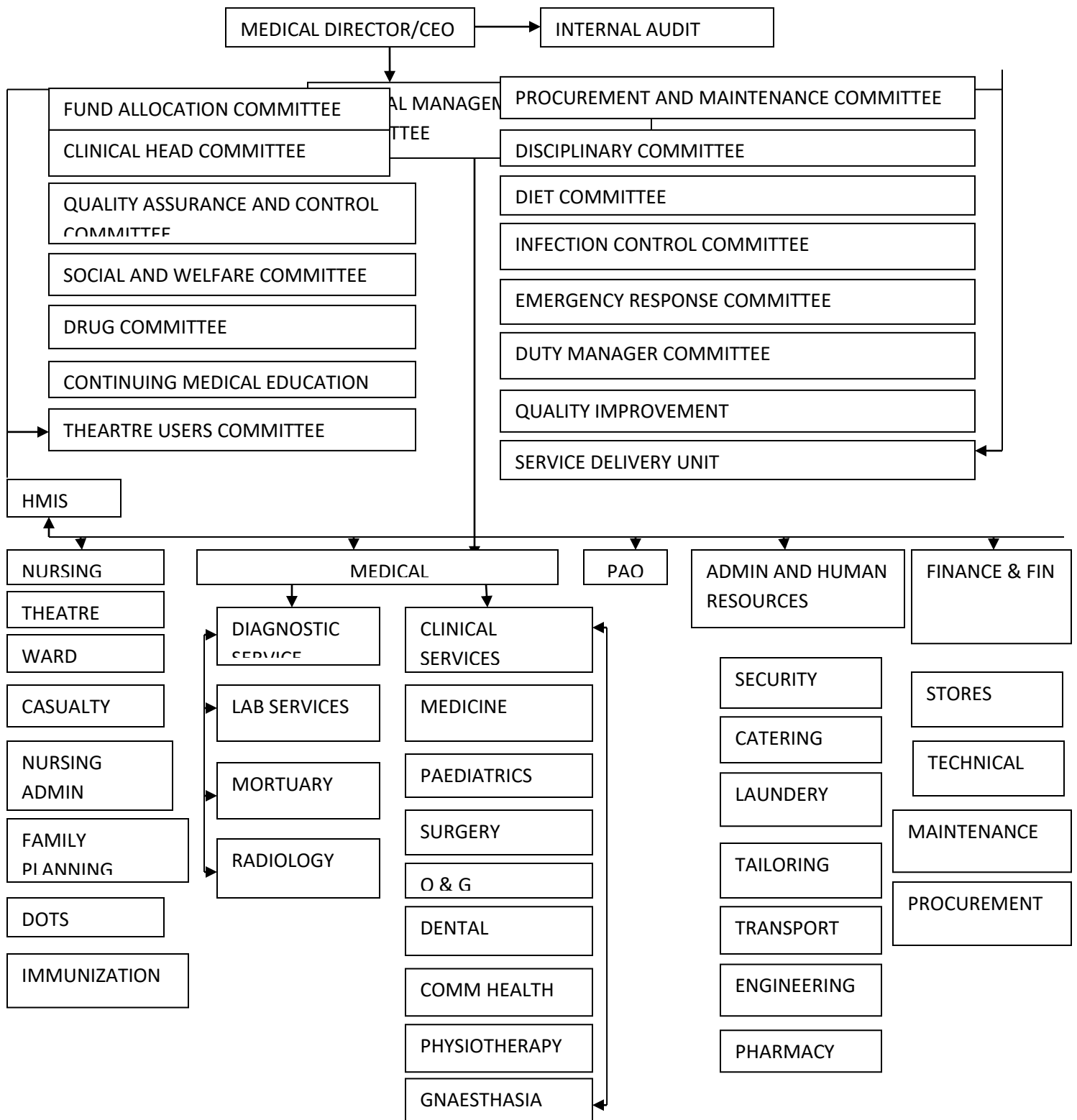
The hospital prioritizes grassroots healthcare and currently employs 435 staff members. Its facilities include 131 beds, with a bustling Maternal and Child Center (popularly called “Baba Factory”) that records approximately 150 births monthly. The antenatal clinic attendance continues to grow, reflecting the hospital’s critical role in maternal and child health.

#### **2.2 OBJECTIVES OF GENERAL HOSPITAL, ISOLO**

The hospital aims to:

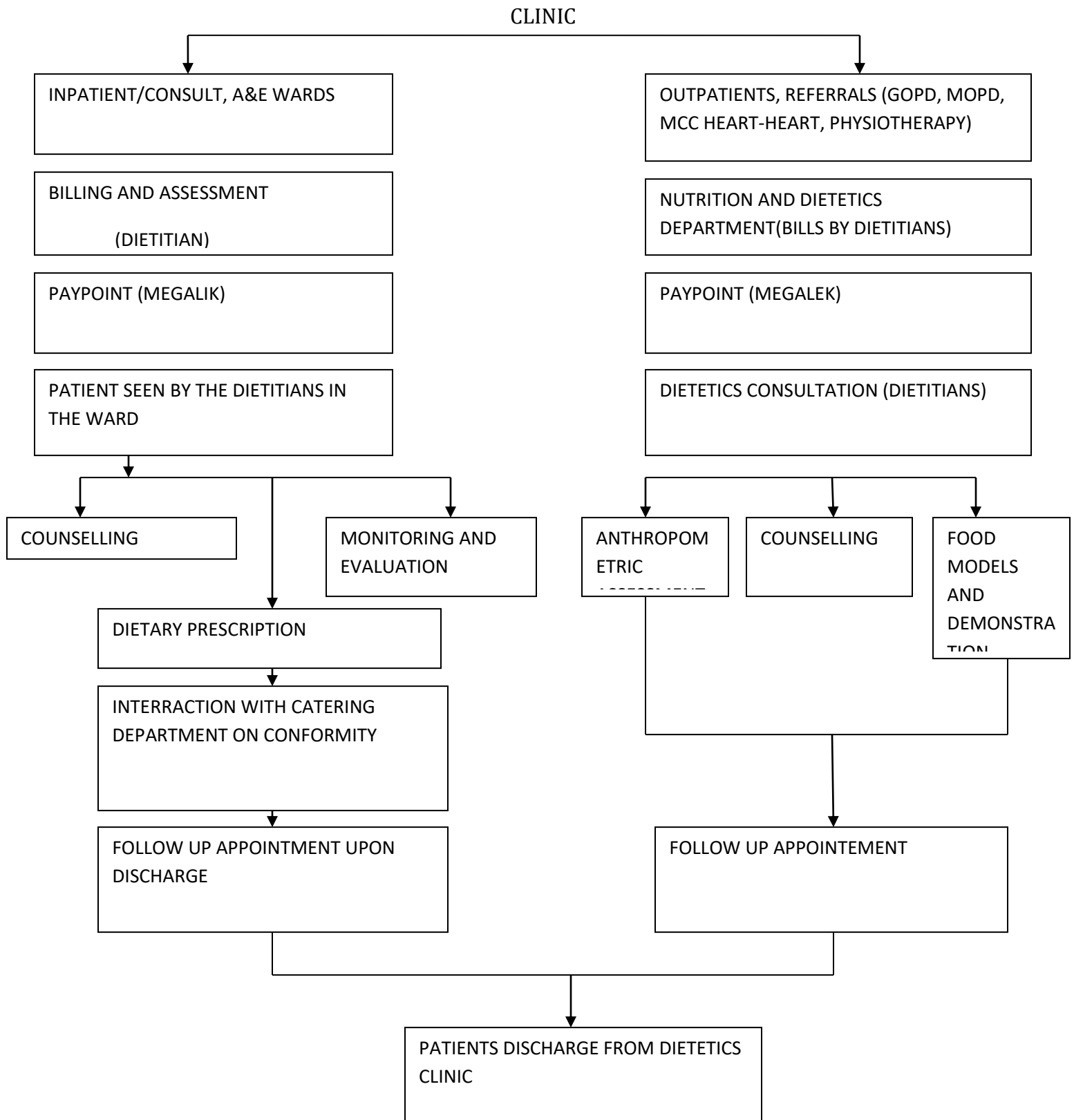
- i. Deliver effective, affordable, and specialized healthcare to patients.
- ii. Serve as an advocacy center for health challenges, disability, prevention, and public health education.
- iii. Promote training, research, and partnerships with stakeholders.

### 2.3.1 ORGANOGRAM OF THE GENERAL HOSPITAL, ISOLO.

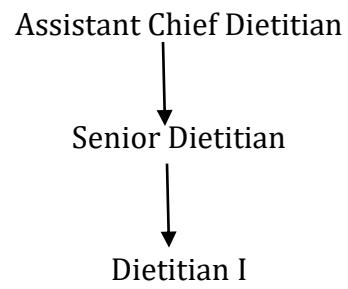




### 2.3.2 OPERATION FLOW CHART OF NUTRITION AND DIETETICS DEPARTMENT



## 2.7 ORGANOGRAM OF DIETETICS DEPARTMENT



## **2.4 THE VARIOUS DEPARTMENTS /UNIT IN THE ESTABLISHMENT AND THEIR FUNCTIONS**

### **2.4.1 DEPARTMENTS & THEIR FUNCTIONS**

#### **1. Nutrition and Dietetics:**

- Conduct nutritional assessments for inpatients and outpatients.
- Design personalized meal plans for diabetic, hypertensive, and malnourished patients.
- Collaborate with catering for therapeutic diets (e.g., low-sodium, high-protein).
- Educate antenatal and postnatal mothers on balanced diets.
- Monitor progress of patients with chronic diseases (e.g., kidney failure).

#### **2. Dental Department:**

- Provide routine dental check-ups and oral hygiene education.
- Perform tooth extractions and fillings for cavities.
- Manage emergency dental cases (e.g., trauma, abscesses).
- Offer orthodontic consultations and referrals.
- Conduct community outreach for dental health awareness.

#### **3. Medical Outpatient Department (MOPD):**

- Diagnose and treat non-emergency medical conditions (e.g., malaria, hypertension).
- Refer complex cases to specialized clinics or inpatient wards.
- Prescribe and monitor long-term medications (e.g., for diabetes).
- Conduct health education on disease prevention.
- Maintain patient records for follow-up care.

#### **4. Laboratory Services/Pathology:**

- Perform diagnostic tests (e.g., blood counts, malaria tests, HIV screening).
- Analyze bodily fluids (urine, sputum) for infections.
- Support antenatal screenings (e.g., blood group, hepatitis B).
- Conduct histopathology for cancer diagnosis.
- Collaborate with doctors to interpret test results.

#### **5. Pharmacy:**

- Dispense prescribed medications accurately.
- Counsel patients on drug usage and side effects.
- Manage inventory of essential medicines.
- Monitor for drug interactions or allergies.
- Participate in drug procurement and quality assurance.

#### **6. Pediatrics Department:**

- \* Providing primary and specialty care for infants, children, and adolescents
- \* Diagnosing and managing pediatric conditions (e.g., asthma, pediatric surgery)
- \* Conducting well-child visits and vaccinations
- \* Educating parents and caregivers on child health and development
- \* Collaborating with other healthcare professionals to ensure comprehensive care

#### **7. Radiology Department:**

- \* Interpreting imaging studies (e.g., X-rays, CT scans, MRI scans) to aid in diagnosis and treatment
- \* Conducting image-guided procedures (e.g., biopsies, drainages)

- \* Developing and implementing radiology protocols and guidelines
- \* Ensuring radiation safety practices
- \* Participating in research and quality improvement initiatives

#### **8. Anaesthesia Department:**

- \* Evaluating patients for anaesthesia care and developing treatment plans
- \* Administering anaesthesia for surgical, obstetric, and other medical procedures
- \* Managing pain and sedation in various settings (e.g., ICU, ER)
- \* Collaborating with surgeons and other healthcare professionals to ensure safe anaesthesia practices
- \* Participating in anaesthesia research and quality improvement initiatives

#### **9. Orthopaedics Department:**

- \* Diagnosing and managing musculoskeletal disorders (e.g., fractures, joint replacements)
- \* Conducting orthopaedic surgeries (e.g., joint replacements, osteotomies)
- \* Providing non-surgical treatments (e.g., casting, bracing)
- \* Educating patients on proper body mechanics and injury prevention
- \* Collaborating with rehabilitation teams to ensure comprehensive care

#### **10. Ophthalmology Department:**

- \* Diagnosing and managing eye disorders (e.g., cataracts, glaucoma)
- \* Conducting eye surgeries (e.g., cataract removals, LASIK)
- \* Prescribing medications and treatments for eye conditions
- \* Educating patients on eye health and vision care
- \* Collaborating with other healthcare professionals to ensure comprehensive care

### **11. Otorhinolaryngology (ENT) Department:**

- \* Diagnosing and managing ear, nose, and throat disorders (e.g., sinusitis, hearing loss)
- \* Conducting ENT surgeries (e.g., tonsillectomies, cochlear implants)
- \* Prescribing medications and treatments for ENT conditions
- \* Educating patients on hearing and speech health
- \* Collaborating with other healthcare professionals to ensure comprehensive care

### **12. Pathology Department:**

- \* Examining tissue and cell samples to aid in diagnosis and treatment
- \* Conducting autopsies to determine cause of death
- \* Developing and implementing pathology protocols and guidelines
- \* Ensuring quality control and quality assurance in pathology testing

### **13. Community Medicine Department:**

- \* Promoting health and preventing disease through community-based initiatives
- \* Conducting health education and outreach programs
- \* Developing and implementing public health policies and interventions
- \* Collaborating with community leaders and organizations to improve health outcomes
- \* Conducting research to inform community health practices

### **14. Psychiatry Department:**

- \* Diagnosing and managing mental health disorders (e.g., depression, schizophrenia)
- \* Conducting psychiatric evaluations and therapy sessions
- \* Prescribing medications and treatments for mental health conditions
- \* Educating patients and families on mental health and wellness

\* Collaborating with other healthcare professionals to ensure comprehensive care

## **2.4.2 WARDS & THEIR FUNCTIONS**

### **1. Male Surgical Ward:**

- Provide pre- and post-operative care for male surgical patients.
- Monitor wound healing and infection prevention.
- Administer pain management and antibiotics.
- Educate patients on post-surgery rehabilitation.
- Coordinate with physiotherapy for recovery plans.

### **2. Accident and Emergency Ward:**

- Triage and stabilize trauma patients (e.g., fractures, burns).
- Perform emergency procedures (e.g., CPR, wound suturing).
- Coordinate blood transfusions for critical cases.
- Refer severe cases to ICU or specialized units.
- Document patient history and treatment for continuity of care.

### **3. Labour Ward:**

- Assist with safe vaginal deliveries.
- Monitor fetal heart rate and maternal vital signs during labor.
- Manage complications (e.g., eclampsia, hemorrhage).
- Provide immediate newborn care (e.g., APGAR scoring).
- Educate mothers on breastfeeding and postnatal hygiene.

#### **4. Children's Ward:**

- Treat pediatric illnesses (e.g., pneumonia, diarrhea).
- Administer vaccinations and growth monitoring.
- Manage neonatal jaundice and malnutrition cases.
- Educate parents on child nutrition and immunization schedules.
- Collaborate with pediatricians for specialized care.

#### **5. Post-natal Ward:**

- Monitor mothers for post-delivery complications (e.g., infections).
- Provide breastfeeding support and lactation counseling.
- Conduct postnatal check-ups for mothers and newborns.
- Administer tetanus toxoid and family planning advice.
- Discharge mothers with health education pamphlets.

### **2.4.3 CLINICS & THEIR FUNCTIONS**

#### **1. Antenatal/Postnatal Clinic:**

- Conduct routine prenatal check-ups (e.g., blood pressure, fetal growth).
- Administer antenatal vitamins and immunizations (e.g., tetanus).
- Screen for high-risk pregnancies (e.g., gestational diabetes).
- Offer postnatal depression counseling and support groups.
- Educate mothers on newborn care and immunization schedules.



## **2. Sickle Cell Clinic:**

- Manage sickle cell crises with pain relief and hydration.
- Provide genetic counseling for families.
- Monitor patients for complications (e.g., organ damage).
- Prescribe hydroxyurea or blood transfusions as needed.
- Organize awareness campaigns for sickle cell prevention.

## **3. Eye Clinic:**

- Diagnose and treat eye conditions (e.g., glaucoma, cataracts).
- Prescribe corrective lenses or refer for surgery.
- Screen for diabetic retinopathy in diabetic patients.
- Conduct community outreach for eye health education.
- Manage emergency eye injuries (e.g., chemical burns).

## **4. Family Planning Clinic:**

- Provide contraceptive options (e.g., pills, implants, IUDs).
- Counsel couples on family spacing and fertility.
- Perform tubal ligation or vasectomy referrals.
- Address side effects of contraceptives.
- Educate adolescents on sexual health.

## **5. Heart-to-Heart Clinic:**

- Screen and manage cardiovascular diseases (e.g., hypertension).
- Conduct ECG tests and lipid profile monitoring.
- Counsel patients on diet and exercise for heart health.

- Refer severe cases to cardiologists.
- Organize blood pressure check-up camps in the community.

## **CHAPTER THREE**

### **WORK ACTUALLY CARRIED OUT DURING SIWES ATTACHMENT**

During my four-month SIWES attachment at the Nutrition and Dietetics Department of Isolo General Hospital, Lagos, I was privileged to gain practical experience in various aspects of clinical nutrition, dietetics, patient care, and hospital administration. Under the supervision of Dietitian B.A. Adefalu, I participated in diverse activities across different units, including the Child Welfare Clinic, Antenatal Clinic, General Outpatient Department (GOPD), Catering Department, and Immunization Unit. These experiences significantly enhanced my understanding of hospital-based nutrition management, dietary modifications for different medical conditions, and public health interventions.

#### **3.1 Introduction to the Department and Orientation**

Upon resumption, I was formally introduced to the members of the Nutrition and Dietetics Department by the Head of Department, Dietitian B.A. Adefalu. I was given an overview of the department's functions, which included dietary counseling, nutritional assessment, meal planning, and the management of therapeutic diets. The orientation covered standard procedures for interacting with patients, documentation of dietary recommendations, and adherence to hospital guidelines in food service management.

#### **3.2 Child Welfare Clinic Activities**

One of my primary assignments was assisting the Dietitian at the Child Welfare Clinic, which took place every Tuesday and Thursday. Here, I observed and participated in nutrition education sessions for mothers with infants aged 6 to 14 weeks. The dietitian emphasized the importance of exclusive breastfeeding for the first six months of a baby's life, highlighting its benefits such as:

- ✓ Strengthening the baby's immune system.
- ✓ Enhancing cognitive development.
- ✓ Reducing the risk of infections, allergies, and malnutrition.

During these sessions, I assisted in addressing mothers' concerns regarding breastfeeding difficulties, complementary feeding, and maternal nutrition. I was also involved in weighing

and measuring the height of babies to monitor their growth and nutritional status. I learned how to interpret growth charts and identify signs of malnutrition or stunted growth in infants.

### **3.3 Antenatal Clinic Activities**

On Fridays, I accompanied the Dietitian to the Antenatal Clinic, where she provided nutrition education for pregnant women. The counseling sessions focused on the importance of adequate nutrition during pregnancy, including:

- ✓ The role of iron and folic acid in preventing anemia and neural tube defects.
- ✓ The need for high-protein and calcium-rich diets for fetal growth and maternal health.
- ✓ Dietary sources of essential vitamins and minerals such as vitamin C, omega-3 fatty acids, and iodine.
- ✓ Managing pregnancy-related conditions like gestational diabetes, morning sickness, and constipation through dietary adjustments.

I assisted in checking the weight and height of pregnant women to assess their nutritional status using Body Mass Index (BMI) calculations. I also observed how the dietitian designed individualized meal plans for expectant mothers based on their nutritional needs and any medical conditions they had.

### **3.4 General Outpatient Department (GOPD) Health Talks**

I was actively involved in health talks at the General Outpatient Department (GOPD), where we educated patients on various topics, including:

- ✓ The role of nutrition in disease prevention and management.
- ✓ Diabetes-friendly diets: foods to eat and avoid.
- ✓ Hypertension and sodium restriction.
- ✓ Foods that aid in weight management and belly fat reduction.

- ✓ The importance of fiber-rich foods in preventing constipation and digestive disorders.

These sessions provided me with an opportunity to interact with patients, answer their nutrition-related questions, and observe how dietitians translate complex medical nutrition therapy into simple, practical dietary guidelines.

### **3.5 Diabetes and Hypertension Dietary Counseling**

During my attachment, I had the opportunity to observe and assist the dietitian in dietary counseling for diabetic and hypertensive patients. I learned how to:

- ✓ Advise diabetic patients on low glycemic index foods, carbohydrate counting, and portion control.
- ✓ Recommend foods that help regulate blood sugar levels, such as whole grains, vegetables, and lean proteins.
- ✓ Guide hypertensive patients on low-sodium diets, increasing potassium intake, and avoiding processed foods.
- ✓ Prepare meal plans for patients with multiple health conditions (e.g., diabetes and high blood pressure).
- ✓ I actively participated in educating patients on healthy cooking methods such as steaming, grilling, and boiling instead of frying to reduce fat intake.

### **3.6 Training in Anthropometric Measurements**

One of the essential skills I acquired during my SIWES attachment was measuring anthropometric indices. I was taught how to:

- ✓ Check patients' weight and height accurately.
- ✓ Calculate Body Mass Index (BMI) and interpret its significance.
- ✓ Determine Ideal Body Weight (IBW) based on height and gender.

- ✓ Assess waist-to-hip ratio, which is useful in determining central obesity and cardiovascular risk.

These measurements were essential in nutritional assessment, disease risk evaluation, and personalized dietary planning.

### **3.7 Posting to the Catering Department**

I was posted to the Catering Department, where I was introduced to the staff and participated in food preparation for patients. Under the guidance of the department head, I assisted in:

- ✓ Preparing therapeutic diets based on patients' diagnoses.
- ✓ Cooking low-sodium meals for hypertensive patients.
- ✓ Preparing fluid diets (e.g., pap) for post-cesarean section patients.
- ✓ Preparing high-protein meals for patients with kidney disease and malnutrition.
- ✓ Preparing low-fat diets for patients with high cholesterol.
- ✓ Preparing pepper-free meals for ulcer patients, heartburn sufferers, and those with pepper intolerance.
- ✓ Recording patients' dietary needs and meal modifications in the hospital database.

This experience helped me understand hospital food service operations, diet modification techniques, and the importance of food safety in healthcare settings.

### **3.8 Immunization Unit Activities**

I was also posted to the Immunization Unit, where I worked with the matron during ward rounds. I assisted in:

- ✓ Documenting patient medical records and immunization cards.
- ✓ Weighing infants before immunization.
- ✓ Observing the administration of BCG, OPV, and HBV vaccines to newborns.

- ✓ Helping with the recording of immunization data for infants aged 0-6 weeks.
- ✓ Assisting the matron in giving Vitamin A supplements to children aged 6 months to 5 years.
- ✓ Observing and recording the administration of Td (Tetanus Diphtheria) vaccines to women of childbearing age (15-45 years).
- ✓ Learning about the different vaccines and their recommended age groups.
- ✓ Assisting in organizing vaccines in the storage fridge to maintain proper cold chain management.

### **3.9 Observing the Role of Nutrition in Post-Surgical Recovery**

I also learned about post-surgical nutrition therapy, particularly for patients recovering from cesarean sections, surgeries, and severe infections. The Dietetics Department played a critical role in ensuring:

- ✓ Adequate protein intake for wound healing.
- ✓ Proper hydration and electrolyte balance.
- ✓ High-fiber diets to prevent post-surgical constipation.
- ✓ Supplementation with vitamins and minerals to support immunity and faster recovery.

### **3.10 Participation in Nutrition Education and Research**

Throughout my attachment, I was encouraged to read and review recent research on clinical nutrition and diet therapy. I was also involved in the development of educational materials for patient nutrition counseling sessions. This improved my ability to communicate dietary guidelines in simplified terms for patient understanding.

## **CHAPTER FOUR**

### **EXPERIENCE GAINED DURING THE SIWES ATTACHMENT**

The SIWES attachment at Isolo General Hospital provided an immersive learning environment that significantly broadened my understanding of clinical nutrition and hospital-based dietetics. Working across diverse units—including the Nutrition and Dietetics Department, Child Welfare Clinic, Antenatal Clinic, GOPD, Catering Department, and Immunization Unit—enhanced both my technical and interpersonal skills.

From the outset, I gained firsthand experience in essential clinical procedures. Learning to accurately measure weight, height, and calculate Body Mass Index (BMI) and Ideal Body Weight (IBW) reinforced my competence in anthropometric assessments. These measurements are crucial for diagnosing malnutrition, obesity, and other nutritional disorders. Additionally, my involvement in checking patients' vital signs during antenatal and general outpatient sessions honed my technical skills and familiarised me with standard hospital protocols.

In the catering department, I assisted in preparing specialized diets tailored to patient diagnoses. I learned the nuances of therapeutic meal planning—ranging from low-salt diets for hypertensive and diabetic patients to fluid diets for post-cesarean recovery, high-protein meals for those with kidney disease or malnutrition, and pepper-free options for patients with gastrointestinal sensitivities. This practical exposure solidified my understanding of how dietary interventions can support recovery and manage chronic conditions.

Working closely with Dietitian B.A. Adefalu provided numerous opportunities to engage in patient counseling and nutrition education. At the Child Welfare Clinic, I observed and assisted in sessions focused on the importance of exclusive breastfeeding and proper infant nutrition. These sessions not only underscored the critical role of early-life nutrition but also sharpened my communication skills as I learned to convey complex dietary information in an accessible manner.



In the antenatal clinic, I witnessed how targeted nutrition education can improve maternal and fetal outcomes. I learned to emphasize the importance of essential nutrients—such as iron, calcium, and folic acid—and observed how personalized meal planning can address specific health needs. Moreover, participating in health talks at the GOPD further enhanced my ability to interact with diverse patient groups, helping me develop strategies to address common dietary misconceptions and promote healthier eating habits.

The attachment underscored the value of teamwork. Rotating between different departments allowed me to appreciate the interconnectedness of nutrition with other clinical disciplines. Collaborating with the catering staff, clinicians, and the immunization team taught me how multidisciplinary coordination contributes to comprehensive patient care. For example, while assisting in the Immunization Unit, I observed how careful record keeping and strict adherence to vaccine protocols are essential for maintaining public health standards. Assisting in documenting immunization details and organizing vaccines also improved my attention to detail and reinforced the importance of maintaining accurate medical records.

Perhaps the most significant insight was the practical integration of theoretical knowledge into patient care. The hands-on experience enabled me to observe the direct impact of nutritional interventions on patient outcomes—whether through improved growth parameters in infants, better glycemic control in diabetic patients, or enhanced recovery in post-operative individuals. The real-world challenges, such as managing limited resources in the catering department or addressing diverse dietary needs in a busy hospital environment, provided valuable lessons in problem-solving and adaptability.

Moreover, witnessing the role of nutritional counseling in preventive health, from educating mothers on breastfeeding to advising pregnant women on balanced diets, deepened my commitment to public health. I learned that nutrition is not just about food preparation; it is an essential component of overall health promotion and disease prevention. This experience has inspired me to pursue further training in clinical nutrition and remain dedicated to continuous professional development.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION, AND RECOMMENDATIONS**

#### **5.1 SUMMARY OF ATTACHMENT ACTIVITIES**

During my SIWES attachment at Isolo General Hospital, Lagos, I was initially placed in the Nutrition and Dietetics Department. Here, I was trained in essential skills such as measuring patients' weight and height, calculating Body Mass Index (BMI) and Ideal Body Weight (IBW), and observing dietitians as they counseled patients based on their diagnoses. After a few weeks, I was posted to two other departments. In the Catering Department, I learned how different therapeutic diets are prepared according to patients' medical conditions. I assisted in preparing low-salt diets for hypertensive and diabetic patients, fluid diets for post-cesarean recovery, high-protein meals for patients with kidney disease or malnutrition, and pepper-free diets for those with ulcers or pepper intolerance. I also helped maintain records of patients and their prescribed diets, which underscored the importance of precise documentation in patient care.

In addition, I was posted to the Child Welfare Clinic, where I observed the matron administering immunizations to infants. I accompanied the matron during ward rounds across prenatal, postnatal, and labor wards, gaining insights into the integration of preventive care with nutritional services. I assisted in organizing vaccines in the refrigerator, learning about proper storage practices and cold chain management. These varied experiences enriched my understanding of how nutrition, therapeutic diet management, and preventive health services interconnect in a hospital setting.

#### **5.2 PROBLEMS ENCOUNTERED DURING THE TRAINING**

Throughout my industrial training, I encountered several challenges that affected my overall experience. A primary issue was transportation—the cost of commuting from my residence to the hospital was significantly high, imposing a financial burden on my daily travel. Accommodation presented another challenge; living with family members during the training period led to difficulties in maintaining a consistent study and work schedule. Additionally, I faced intermittent feeding challenges, as access to regular, nutritious meals

was not always consistent. These logistical issues, while secondary to the clinical and technical training, did impact my ability to focus fully on learning and highlighted the need for better support structures for trainees.

### **5.3 SUGGESTIONS FOR THE IMPROVEMENT OF THE SCHEME**

Based on my experiences, several recommendations could enhance the SIWES program and improve the overall training experience:

**1. Recognition and Rewards:** Establish a formal system to recognize and reward outstanding performance and significant contributions during the training. This could include certificates, commendations, or even small stipends to motivate students and acknowledge their efforts.

**2. Alumni Network:** Develop a network for past trainees to share experiences, offer advice, and provide job opportunities. This platform could serve as a mentoring resource, facilitating continuous professional development and helping new trainees navigate their careers.

**3. Enhanced Logistical Support:** Institutions should consider offering or subsidizing transportation and accommodation for trainees, particularly when commuting costs or living arrangements pose significant challenges. This support would alleviate financial stress and enable students to focus on acquiring practical skills.

**4. Improved Feedback Mechanisms:** Establish regular and structured feedback sessions between trainees and supervisors. A formal feedback loop would allow for prompt resolution of issues and continuous improvement in the training process. This can be achieved through scheduled meetings or online feedback forms that capture the experiences and suggestions of trainees.

**5. Increased Hands-On Training:** Expand the scope of hands-on training in key areas such as immunization procedures, nutritional counseling, and therapeutic diet preparation. Incorporating more interactive and practical sessions will help trainees gain confidence and competence in their clinical skills.

**6. Continuous Program Evaluation:** Introduce a robust monitoring and evaluation framework that uses both qualitative and quantitative metrics to assess the program's effectiveness. Regular assessments can identify areas for improvement, ensuring that the program evolves to meet the changing needs of both the students and the healthcare industry.

**7. Integration of Technology:** Leverage technology to streamline record-keeping and communication within the training program. Digital tools for maintaining patient records, tracking training progress, and scheduling activities could enhance the efficiency and accuracy of data management, thereby improving overall service delivery.