A TECHNICAL REPORT
STUDENT INDUSTRIAL WORKING EXPERIENCE SCHEME
(SIWES)

Held at

KWARA STATE UNIVERSITY TEACHING HOSPITAL

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DEDICATION

I dedicate this technical report to the Almighty Allah, the giver of knowledge, the beneficent and the merciful for his protection and provision throughout this SIWES programme.

ACKNOWLEDGEMENT

I'm using this opportunity to express my profound gratitude and deep regards to the creator of heaven and earth, the one who knows the beginning and the end, the Almighty Allah and also to my mother (MRS. OLAONIPEKUN M.O.), and to all those who has helped me during my SIWES programme. The blessings, help and guidance given by them, time to time has carry me so this far and shall carry on the journey of life on which I am about to embark.

I 'm also using this opportunity to express a deep sense of gratitude to compliment , the H.O.D of the department of Nutrition and Dietetics in KWASUTH (DIN ONIFADE BASHIR A.)for his cordial support, valuable information and guidance which helped me in completing my SIWES through various stages.

Lastly my deep regard to the best and most inspiring brothers (Fatiu and Al-ameen).

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CHAPTER ONE

1.1 INTRODUCTION TO STUDENT INDUSTRIAL WORK EXPERIENCE SCHEME

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 affords students the opportunity of familiarizing and exposing 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, Industrial Training Fund (ITF), and Nigerian Universities Commission (NUC).

The student's 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 student of tertiary institutions and to 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. In view of acquired industrial skill, the Federal University of Agriculture, Abeokuta (FUNAAB) 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 HISTORY OF SIWES

The SIWES program was introduced in Nigeria in 1973 by the Industrial Training Fund (ITF) to address the growing concern about the lack of practical skills among graduates. The scheme was created in collaboration with the Nigerian Universities Commission (NUC), the National Board for Technical Education (NBTE), and the National Commission for Colleges of Education (NCCE). Over the years, SIWES has evolved to become a critical component of tertiary education in Nigeria, ensuring that students are well-prepared for the demands of the labor market.

The Students’ Industrial Work Experience Scheme (SIWES) was initiated in 1973 by the Federal Government of Nigeria under the Industrial Training Fund (ITF) to bridge the gap between theory and practice among products of our tertiary Institutions. It was designed to provide practical training that will expose and prepare students of Universities, Polytechnics, and Colleges of Education for work situation they are likely to meet after graduation.

Before the establishment of the scheme, there was a growing concern among the industrialists that graduates of institutions of higher learning lacked adequate practical background studies preparatory for employment in industries. Thus the employers were of the opinion that the theoretical education going on in higher institutions was not responsive to the needs of the employers of labour.

As a result of the increasing number of students' enrolment in higher institutions of learning, the administration of this function of funding the scheme became enormous, hence ITF withdrew from the scheme in 1978 and was taken over by the Federal Government and handed to National Universities commission (NUC), National Board for Technical Education (NBTE) and National Commission for Colleges of Education (NCCE). In 1984, the Federal Government reverted back to ITF which took over the scheme officially in 1985 with funding provided by the Federal Government

1.2 OBJECTIVES OF STUDENTS INDUSTRIAL WORK EXPERIENCE SCHEME

- To provide an avenue for students in the university to acquire industrial skills and experience in their course of study..
- To expose students to the practical aspect of their discipline, thereby enhance creativity and skills in them.
- To teach students the techniques and methods of working with facilities and equipments that may not be available within the walls of an educational institution.
- To make students learn how to manage work environment and increase their interactive skills will colleagues, subordinates, superiors and clients.
- To provide students with an opportunity to apply their knowledge in real work situation, thereby bridging the gap between theory and practice.

CHAPTER TWO

2.1 LOCATION AND BRIEF HISTORY OF KWASUTH

The General Hospital in Ilorin, Nigeria was the temporary site of the University of Ilorin Teaching Hospital (UITH). The hospital is located in the General area of Ilorin, which is named after the hospital.

2.1.1 LOCATION

The General Hospital is located in the General area of Ilorin, Nigeria. The area has a roundabout that connects to Taiwo Road, Surulere Road, and the Geri Alimi Underpass.

2.1.2 HISTORY

The General Hospital was owned by the Kwara State Government. The UlTH was established by law on May 2, 1980. The UITH started operating in July 1980 using the General Hospital as its temporary site. The permanent site of the UITH was opened by President Olusegun Obasanjo in May 2007. The UlTH moved to its permanent site in April 2010. The UITH is now known as the KWARA STATE UNIVEREITY TEACHING HOSPITAL.

2.2 OBJECTIVES OF KWASUTH

The objectives of General Hospital Ilorin include providing quality healthcare services, training medical professionals, and promoting research.

QUALITY HEALTHCARE SERVICES

- Improve access and quality of healthcare services to all in Kwara State
- Provide a healthy environment for the delivery of health care services

TRAINING MEDICAL PROFESSIONALS

- Support the training of medical students and related professionals by the Kwara State University
- Provide incentives to motivate and enhance skills for services staff
- Engage in task-oriented training programs for all staff

PROMOTE RESEARCH

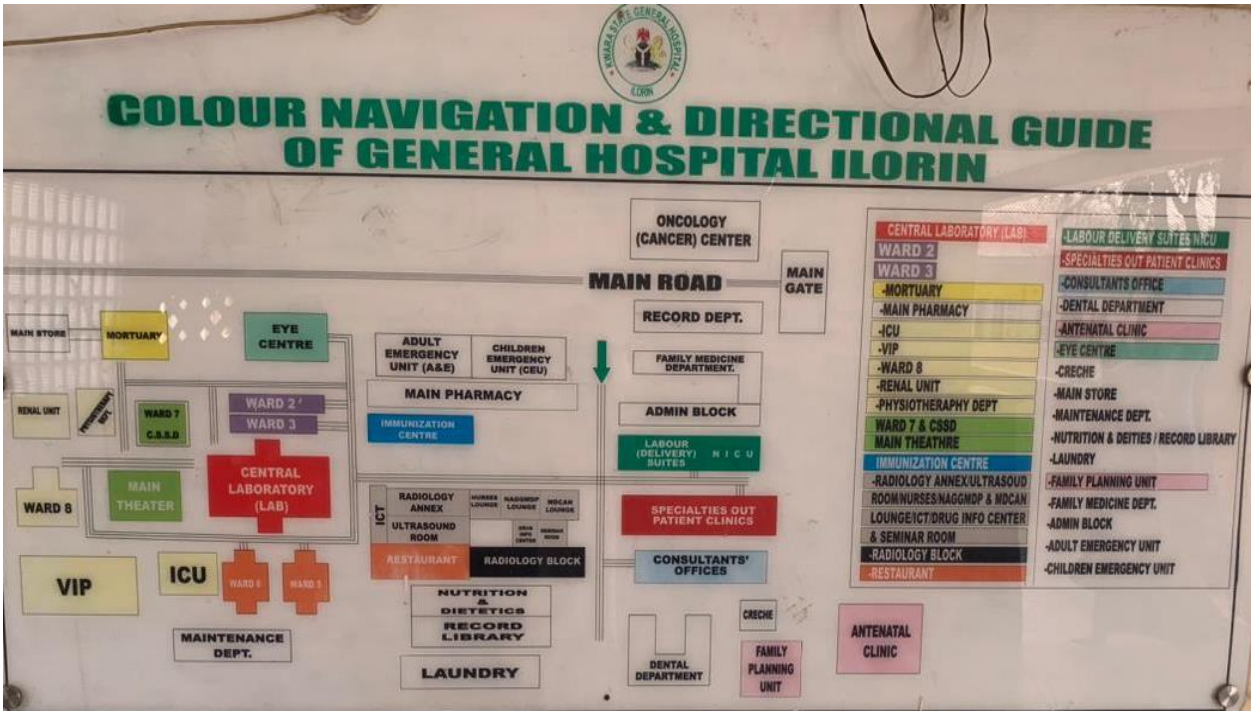
- Promote an environment for research in the overall interest of the patient

OTHER OBJECTIVES

- Promote staff welfare in all its ramifications
- Provide diagnostic and therapeutic patient services for medical conditions
- Provide continuous nursing services
- Provide emergency services, outpatient and inpatient care, surgical services, and support services like pharmacy and administration

The Kwara State Hospital Management Board (KWSHMB) is responsible for ensuring a healthy population in Kwara State.

2.3 ORGANOGRAM OF KWASUTH



2.4 VARIOUS DEPARTMENT / UNIT IN KWASUTH

•Radiological services

•Orthopedic Services

•General Out-patient Services (GOPD)

•Pediatrics

•Obstetrics & Gynecology Services

•Medical Out-patient Department (MOPD)

•Dental Department

•Medical Laboratory

•Ophthalmology Services

•Physiotherapy Department

•Nutrition and Dietetics department

•Pharmacy

•Maternity

•Gynecology

•Psychiatry Unit

•Antenatal Clinic

•National Programme Immunization

•Medical Records, and Administrative departments like Accounts, Human Resources, and Engineering

FUNCTIONS OF SOME DEPARTMENT/UNIT IN KWASUTH:

1. Radiological Services: Provides diagnostic imaging services using X-rays, CT scans, MRI, and ultrasound.

2. General Out-patient Services (GOPD): Offers primary care services for adults and children, including health education and preventive care.

3. Nutrition and Dietetics Department: Provides nutrition counselling and dietary planning for patients.

4. National Programme Immunization: Implements immunization programs to prevent vaccine-preventable diseases.

5. Maternity: Provides prenatal, delivery, and postpartum care for pregnant women.

6. Antenatal Clinic: Provides prenatal care and education for pregnant women

7. Paediatrics: Provides medical care for infants, children, and adolescents, including preventive care and management of acute and chronic illnesses.

8. Obstetrics & Gynaecology Services: Offers prenatal, delivery, and postpartum care for pregnant women, as well as diagnostic and therapeutic services for gynaecological conditions.

9. Medical Out-patient Department (MOPD): Provides specialized medical care for adults, including diagnosis and management of chronic diseases.

10. Dental Department: Offers preventive and therapeutic dental services, including oral surgery and orthodontics.

CHAPTER THREE

3.1 ACTIVITIES CARRIED OUT AT KWASUTH

My Student Industrial Work Experience (SIWES) was held at Kwara state University Teaching Hospital, Ilorin, Kwara State, Nigeria. The programme was done for four months from August – December 2024.

Introduction to all staffs and already present trainees from various schools was carried out on my first day of resumption which was on 5th of August, 2024. I did my training at the Nutrition and Dietetics department of the organization which forms the basis of this report.

We were lectured on various necessities to know about the department including how to calculate the BMI (body mass index) of a patient which is calculated by dividing the weight of the patient by the height squared $^{w(kg)}/_{h\ (cm)}$.

IMAGE OF THE NUTRITION & DIETETICS DEPARTMENT AT KWASUTH

3.2 DIETETICS AND NUTRITION

The dietetics department provides nutritional support in the management of diet-related diseases and conditions. They collaborate with other healthcare professionals to achieve better healthcare delivery by assessing patient's nutritional needs and counseling them on nutrition values and healthy eating habits.

The department majorly carries out the following activities:

- In-Patient Care
- Out-Patient Care
- Nutrition Education

3.2.1 IN-PATIENT CARE

In-patients are patients that are registered and admitted in the hospital while they receive treatment from the medical team.

Patients are usually referred from other units in the hospital like ANC (Antenatal Clinic), NPI (National Programme Immunization), GOPD (General Out-Patient Services), and CEU (Children Emergency Unit).
These referrals usually contain laboratory test results and other indicators.

The Dietitian, including we students, visits the patients in the ward for assessment and counseling. The patients are counselled on foods to eat, foods to avoid, and foods to eat in moderation.

3.2.2 OUT-PATIENT CARE

Out-patients are patients that are registered in the hospital but not on admission. They visit the hospital based on appointments for consultations, tests, or other activities that may be prescribed.

The Dietetics department and Dietetics kitchen are open from Monday to Friday for either consultation or preparation of therapeutic diets. There are no exceptions for children,

Paediatric interventions are usually classified as urgent, therefore the department can be open even during weekends (Saturday/Sunday).

New patients are freely assessed and clerked to know their weight, height, body mass index (BMI), etc.

The Dietitians make use of a book to record the patient's personal information, diet history, and diagnosis.

Clerking procedure at the Dietetics department

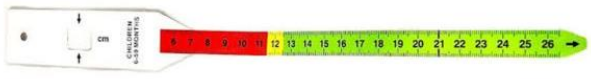
- The patient brings in a referral letter from the doctor. A referral letter is a letter that introduces the patient to the Dietitian, it contains the personal information of the patient as well as the medical history of the patient.
- The patient's anthropometric measurement is taken by the dietitian, this procedure includes measurement of the weight, height and calculation of the BMI (body mass index) and it is recorded.
- The dietitian fills an index card with the patient's basic information.
- The diet history of the patient is taken and recorded.
- The patient's medical history is also taken and recorded to know if the illness is inherited and the duration of the diseased condition which is to be considered when counselling and giving to the patient.
- The patient's laboratory tests results are interpreted and recorded
- Nutritional counselling of the patient is done in line with the clinical condition and nutritional needs of the patient.

Equipment used in the dietitian's office

- **Heightometer:** A height board, sometimes called a heightometer or stadiometer, is the tool used to measure height of children. It is usually constructed based on a ruler with a sliding horizontal headpiece which adjusts to rest on top of the head.

- **Record books:** this is a daily record of patients that comes to the clinic. It contains the names, Clinic number, age, sex, vitals, disease condition of patients and where they were referred from for Counselling.

- **MUAC tape:** A mid-upper arm circumference (MUAC) tape is a tool used to measure the upper arm of a child or adult to identify malnutrition. MUAC tapes are available from UNICEF.



- **Weight scale for babies:** Baby scales are specialized weighing devices designed specifically for accurately measuring the weight of infants and babies

- **Household measurements:**- such as measuring cups and spoons.

- **Weight scale for adult:** A weighing scale for adults is a device used to measure an individual's weight, typically in units of kilograms or pounds.

- **Diet Sheet:** This is a list that contains the names of patients in each ward and the type of diet they are on

3.2.3. NUTRITION EDUCATION

Nutrition education is a set of learning experiences designed to assist in healthy eating choices and other nutrition-related behavior. It empowers people with the knowledge on how to make healthy food and beverage choices. The Dietetics Department has a routine for this.

Mondays: Health Talk at National programme immunization (NPI)

Tuesdays: Health Talk at Maternity

Wednesdays: Health Talk at General Outpatient Department (GOPD)

Thursdays: Health Talk at Antenatal Clinic (ANC)

3.3 DIAGNOSIS AND COUNSELLING

Diagnosis involves identification and noting the nature of illness or medical condition of a patient based on prior assessments. These assessments usually encompass anthropometric assessment, biochemical assessment, clinical assessment and dietary assessment.

- The anthropometric assessment involves the measurement of patient body dimensions such as height, weight, body mass index, surface area, skin fold, mid upper arm circumference, head circumference, chest circumference, waist circumference, hip circumference and many others.
- Biochemical assessment include blood tests like full blood count, electrolyte/urea/creatinine, lipid profile, urine test like urinalysis, urine microscopy, other samples can as well be collected depending on the nature of biochemical assessment that is to be done.
- Clinical assessment involves direct observation of the patients such as temperature, asphyxiation, and so on.
- Dietary assessment entails investigation of food consumption pattern, it can be achieved through 24 hour dietary recall, food frequency sheet and others.

These assessments help to make reasonable diagnosis and thereafter administer the right counseling. Counseling involves explaining the situation at hand to the patients and the possible solutions while the best is suggested. Counseling session is also the period of setting agreed goals with the patient and devising plans to achieve those goals.

3.4 INTRODUCTION TO NATIONAL PROGRAMME IMMUNIZATION

The National Programme on Immunization is a public health program that provides vaccines to children and pregnant women. The program aims to protect children from preventable diseases. It provides immunization to help reduce diseases that can be prevented by vaccination. Eligible participants include babies and young children.

Vaccines Included in the NPI:

1. BCG (Bacillus Calmette-Guerin) at birth.
2. OPV (Oral Polio Vaccine) at birth and at 6, 10, and 14 weeks.
3. DPT (Diphtheria, Pertussis, Tetanus) at 6, 10, and 14 weeks.
4. Hepatitis B at birth, and 14 weeks.
5. Measles at 9 months of age.
6. Yellow Fever at 9 months of age.
7. Vitamin A supplement at 6 months – 59 months.
8. Deworming.

3.4.1 VITAMIN A SUPPLEMENTATION AND DEWORMING

The Nutrition and Dietetics department at KWASUTH is in charge of the administration of Vitamin A supplement and giving of Albendazole tablet (deworming).

VITAMIN A SUPPLEMENT

Vitamin A is essential for the functioning of the immune system and the healthy growth and development of children, and is usually acquired through a healthy diet

VITAMIN A SUPPLEMENTATION KEY MESSAGES

- Vitamin A is an important intervention for child survival because it protects children against infections and death from infections.

Examples: Diarrhea, eye infection, throat infection.

- Periodic high doses of Vitamin A can save the lives of children (measles).
- Vitamin A is key for good vision. Targeted children should be given Vitamin A from 6 to 59 months of age. Do not give Vitamin A to babies less than 6 months old.

➢ Vitamin A supplements are in two colors, which are blue and red capsules.

- Vitamin A in blue capsules of 100,000 IU (International Unit) is for children ages 6-11 months.

- Vitamin A in red capsules of 200,000 IU is for ages 12-59 months or 1 year up to 5 years.

Once a child turns 5 years old, he/she does not need the Vitamin A supplementation anymore.

3.4.2 PROTOCOL FOR SUPPLEMENTATION

- Vitamin A supplementation protocol for children. For safe administration of the capsule:
  1. Ascertain the age of the child.
  2. Ask the caregiver to hold the child firmly and ensure the child is calm.
  3. Give the appropriate dose of Vitamin A supplement to the child:
     - 100,000 IU (blue) for a child 6-11 months
     - 200,000 IU (red) for a child 12-59 months
  4. To give Vitamin A, cut the nipple of the capsule at the middle (not at the tip or bottom) with scissors.

5. Immediately squeeze the drops of the liquid into the child's mouth. Do not put the capsule into the child's mouth or allow the child to swallow the capsule.
6. Check if the child is comfortable after swallowing the supplement.
7. Dispose of all used capsules into a plastic bag.
8. Use wipes or a clean towel to clean off oil from your hands.
9. Remember to record the dose on the tally sheet.

Do's and Don'ts of Vitamin A supplementation

- Do give infants 100,000 IU (6 months to 11 months, blue).
- Do give children 12-59 months 200,000 IU (red).
- Do give Vitamin A capsules to postpartum mothers within 41 days after delivery (200,000 IU).Red
- Do not give a Vitamin A capsule if the child already received a dose within the last 1 months.
- Do not give a Vitamin A capsule to any infant below 6 months of age.
- Do not give to children who have bilateral pitting pedal edema (swollen legs).

3.4.3 BENEFITS OF VITAMIN A SUPPLEMENTATION

Vitamin A deficiency is a leading cause of preventable childhood blindness, and a major contributor of illness and death.

Providing two doses of vitamin A supplements a year is a proven way to prevent childhood blindness and increase survival rates up to 24%.

Vitamin A is critical to healthy growth and development and supports a strong immune system and vision. The main source of vitamin A is through food — leafy greens, eggs, fish, and fortified staples like milk, cereal, and bread. But children experiencing food insecurity or malnutrition in low income or middle income countries may struggle to get sufficient nutrients from their diet. When those nutritional needs cannot be met through

food alone, supplementation with vitamin A is an effective and proven way to fill a nutritional gap.

The presence of vitamin A deficiency among children in high income countries is (nearly) non-existent because many staple foods like cereal and milk are fortified with vitamin A.

3.4.4 DEWORMING

Albendazole is a type of deworming tablet and it is an antiparasitic medication that treats ringworm infections. Ringworm is a contagious fungal infection.

- Each child 12-23 months of age receives half a tablet (200 mg) twice a year, while each child 24-59 months of age receives a whole tablet (400 mg) twice a year.
- Always crush deworming tablets for all children under 5 years old. Crushing the tablet prevents choking.

USES OF DEWORMING

Albendazole is used to treat infections caused by worms. It works by keeping the worm from absorbing sugar (glucose), so that the worm loses energy and dies. This medicine is avallable only with your doctor's prescription.

3.4.5 BENEFITS OF DEWORMING

Many low- and middle-income countries with high rates of vitamin A deficiency are also endemic with intestinal worms, which compete for the micronutrients children consume and contribute to undernutrition.

Albendazole, a deworming or antiparasitic treatment, is a proven, high impact intervention. Deworming boosts immune systems and helps ensure children absorb the vital nutrients they receive. Because vitamin A and Albendazole follow similar distribution schedules, delivering the nutrition interventions together is a simple, effective way to improve children's overall health

These Capsules and tablets are counted as products used as nutritional intervention provided by the Government or WHO mainly for children under 5.

3.5 ACTIVITIES CARRIED OUT IN THE DIETETICS KITCHEN

The meals mostly prepared during our training at the dietetics kitchen are pap. From the processing to the preparation, these paps are mostly for malnourished children.

EXPLANATION ON PAP PREPARED AT THE DIETETICS KITCHEN

1. Hemix Pap

INGREDIENTS (IN LITTLE QUANTITY):

- 8 cups of guinea corn
- 1 cup of soybeans
- 2 cups of groundnut

PROCESSING:

i. Remove the shaft from the guinea corn, pour it into a bowl, add water, and thoroughly rinse, ensuring the dirt is completely removed. Place all the guinea corn in a tray and sundry.

ii. Roast the soybeans, avoiding making it burnt or too much brown.

iii. Roast the groundnuts and peel after roasting.

iv. The combination of these three ingredients is added together in a bowl and grinded together in powder form.

PREPARATION:

To prepare Hemix fortified pap for babies, one needs to:

1. Measure: Use the recommended amount of Hemix powder based on the baby's age and feeding needs. This measurement is done by using the measuring cups.
2. Pour water into the pot. One can use tap water or purified water. Pour in about 2 to 2½ cups of water.
3. Place the pot of water on an electric or gas stove. Allow the water to warm a bit.
4. In a small bowl, pour the Hemix powder and add a little bit of warm water from the gas stove into the Hemix powder in the bowl.
5. Mix the Hemix powder and let it sit for a few minutes to soften.
6. Add in the already mixed Hemix powder to the boiling water. Place the lid on the pot. Turn the heat down to medium.
7. After you have let the Hemix powder simmer for 3 minutes, remove the lid and stir the mixture so that the heat is distributed equally.
8. Simmer the Hemix powder pap for another 5 to 10 minutes, only removing the lid once or twice to stir. Immediately replace the lid when you are done stirring.
9. Check the consistency: taste the pap with a small spoon to see if it is the right texture.
10. After confirming it is perfectly done and ready to serve, turn off the gas stove. Add sugar to taste, and exclusion of milk or egg.

EQUIPMENT USED IN THE DIETETICS KITCHEN

- Measuring cups
- Spatula
- Gas stove and electric stove
- Refrigerator
- Weighing scale
- Pots
- Spoons and cups

CHAPTER FOUR

4.1 EXPERIENCE ACQUIRED AT KWASUTH

1. Identification and assessment of patients' nutritional needs.
2. Preparation of complementary foods.
3. Preparation of fortified pap.
4. Administration of vitamin A supplements and albendazole tablet.
5. Importance of exclusive breastfeeding.
6. The role of fiber in the body.
7. Nutrition practices during pregnancy.
8. Counseling and health talks.
9. The first 3 stages of breast milk and MIYCN counseling.
10. Healthy and unhealthy snacks.
11. Difference between malnutrition, over-nutrition, under nutrition, and PEM (Protein Energy Malnutrition).
12. The effect of honey on a baby less than 1 years old.
13. Nutritional care for a diabetic patient, an obese patient, and a hypertensive patient.
14. How to give spine massage to a lactating mother lacking enough breast milk.

4.2 CHALLENGES ENCOUNTERED

1. During my SIWES program at KWASUTH, one of the significant challenges I faced was the lack of a reliable water supply in the department. This necessitated frequent trips to another unit to fetch water, posing an inconvenience to all the students and a potential health risk to me, specifically because I often fell sick due to the stress.
2. Lack of accessible toilet facilities in the department. This resulted in the inconvenience of having to visit the HPL unit or the public toilet very far from the department to answer nature's call, which not only wasted time but also posed a risk to my personal safety and hygiene.

CHAPTER FIVE

5.1 RECOMMENDATIONS

5.1.1 TO THE ORGANIZATION

To address this challenge, I respectfully recommend that the hospital management consider the following:

- Construct a new toilet facility in the Nutrition and Dietetics department.
- Connect the department to the hospital's main water supply to ensure a reliable and consistent water supply.

5.1.2 TO THE DEPARTMENT

- Students should be exposed to more practical on clinical nutrition before going for SIWES.

5.1.3 TO THE INSTITUTION

- There should be thorough supervision of students during SIWES, and students should be graded and listed according to observations during visitations.

5.2 CONCLUSION

This report is written based on my experience during the 4 months of my student's industrial work experience scheme. This experience has sharpened my knowledge in the practical aspect of clinical nutrition and medical nutrition therapy.

SIWES is a really beneficial opportunity for students to grow in their field of study All I have written in this report are what I have been exposed to at my place of attachment during the four months industrial training programme.

The initiative of the four months industrial training attachment programme for students of tertiary institutions can be described to be an effective strategy as it created a platform for students (myself and my colleagues) to experience the practical aspect of their course of study

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