LAHORE
MEDICAL & DENTAL
COLLEGE

First Year MBBS

CFRC
STUDY GUIDE

MODULAR INTEGRATED CIRRICULUM 2K23

version 3.0

VOLUME:01

LOGBOOK

CLINICAL-FOUNDATION ROTATION CLERKSHIP

C-FRC

LOGBOOK
C-FRC

C-FRC-1
YEAR-1

Table of Contents

LIST OF ABBREVIATIONS

Abbreviations	Subjects
A	Anatomy
Ag	Aging
B	Biochemistry
BhS	Behavioral sciences
C	Civics
CM	Community Medicine
C-FRC	Clinical-Foundation Rotation Clerkship
CV	Cardiovascular
EnR	Endocrinology & Reproduction
ENT	Ear Nose Throat
F	Foundation
FM	Forensic Medicine
GIT	Gastrointestinal tract
GO	Gynecology and Obstetrics
HL	Hematopoietic & Lymphatic
HNSS	Head & Neck and Special Senses
IN	Inflammation
M	Medicine
MS	Musculoskeletal
NS	Neurosciences
O	Ophthalmology
Or	Orientation
P	Physiology
Pa	Pathology
Pe	Pediatrics
PERLs	Professionalism, Ethics, Research, Leadership
Ph	Pharmacology

Psy	Psychiatry
QI	Quran and Islamiyat
R	Renal
Ra	Radiology
Re	Respiratory
S	Surgery

PREAMBLE

The Aim of Medical training is to deliver the best possible patient care. This is not possible until medical students are holistically trained to deliver standardized patient care, with management and counselling skills. The competencies given by PMDC for a graduating physician include:

1. Skillful
2. Knowledgeable
3. Community Health Promoter
4. Critical Thinker
5. Professional
6. Scholar
7. Leader and Role Model

All the above cannot be accomplished without a robust Clinical clerkship program.

The purpose of this document is to provide an outline to the UHS clinical clerkship program which will serve as a vertically integrated module throughout the five years of medical college, transitioning from Clinical Foundation (CF) in the first two years to Clinical Rotations (CR) in the third and fourth year and finally to a complete clinical clerkship (CC) in final year of MBBS.

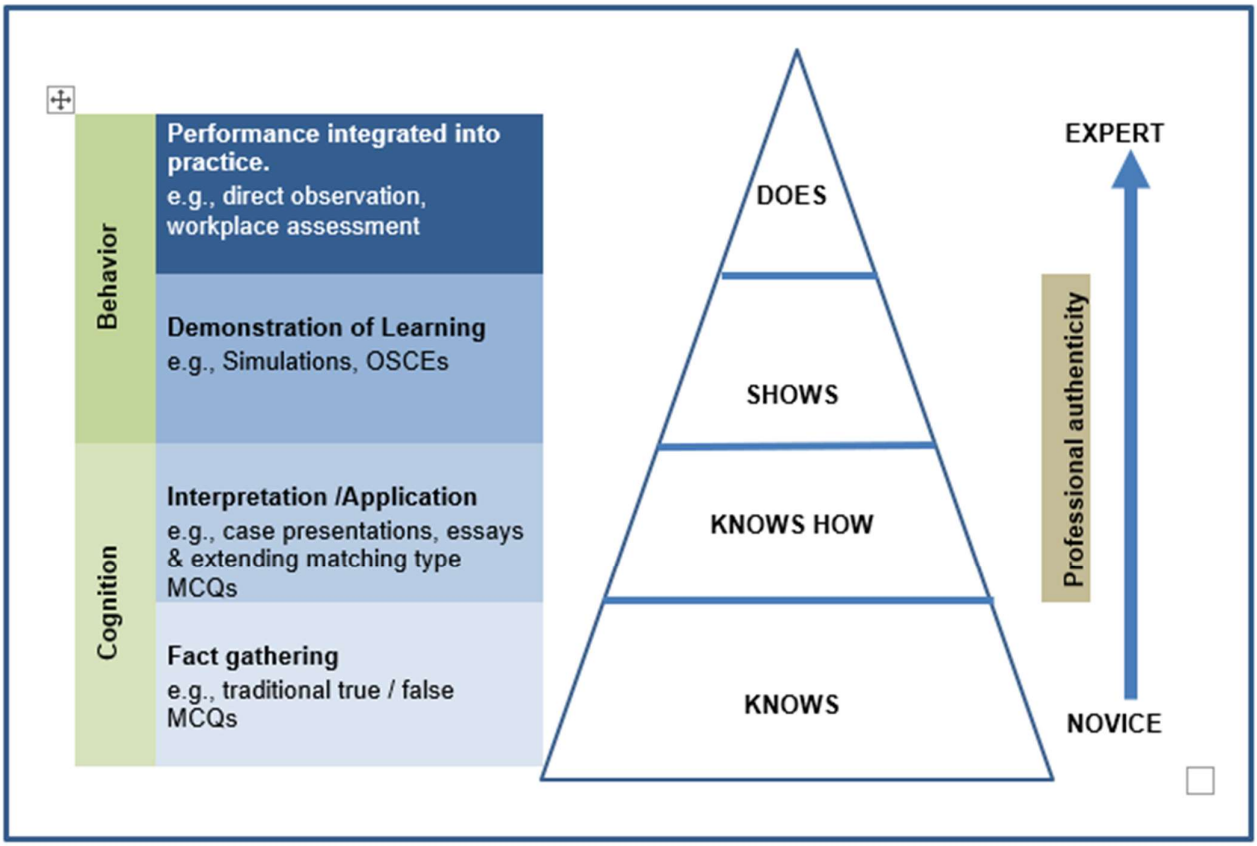
Keeping in view the 45 affiliated medical colleges under the umbrella of UHS, we have tried our best to devise a flexible program which colleges can tailor according to their capacities and resources. We are hopeful this innovative new step will lead to standardization of patient care for UHS lead colleges in the best possible way.

How to use this logbook:

- Each clinical skill has an entry in this logbook along with the checklist to be filled by the supervisor in the ward.
- Number of entries per skill is also mentioned in the modular study guides.
- The Clinical supervisor must tick all boxes deemed fulfilled and give feedback to the student regarding their performance.

MILLER'S PYRAMID

The basis to assess clinical skills is the Miller's pyramid. Different skills throughout the CFR-C module scale from Knows How (e.g., Interpretation of CXR) to does (administer IM injections etc.).



BLOCK-01

FOUNDATION MODULE		
Objectives	**Skill**	**Miller's Pyramid Level Reflected**
Demonstrate steps of hand washing	Hand washing	Shows
Demonstrate the procedure of taking thepulse	Radial Pulse	Shows
Record the Respiratory Rate of patient	Respiratory Rate measurement	Shows
Demonstrate the procedure of taking theBlood Pressure	Blood Pressure	Shows
Demonstrate the process of wearing thegloves	Donning and Doffing	Shows

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines
Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR HANDWASHING **(Some of the following steps/tasks should be performed simultaneously.)**	**CASES (Minimum 2 Entries)**	
STEP/TASK		
GETTING READY: 1. Has read the handwashing procedure and understands the 4 moments of hand hygiene. i. Before Contact with patient and/or their environment ii. Before performing a clean and/or aseptic procedure iii. After exposure to blood and/or body fluid iv. After contact with patient and/or their environment		
SKILL/ACTIVITY PERFORMED SATISFACTORILY		
THE PROCEDURE: 1. Wet hands with warm water		
2. Apply soap and lather thoroughly		
3. Rub palms, spaces between fingers, backs of hands and wrists, rubbing it vigorously.		
4. Able to identify how long handwashing procedure is		
5. Rinse under running water.		
6. Pat hands dry with paper towel.		

7. Turn off tap with paper towel		
SKILL/ACTIVITY PERFORMED SATISFACTORILY		
SIGNATURES OF SUPERVISOR		

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines
Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR RADIAL PULSE **(Some of the following steps/tasks should be performed simultaneously.)**	**CASES (Minimum 2 Entries)**		
STEP/TASK			
GETTING READY:			
1. Washed hands/sanitized hands			
2. Prepared equipment: watch with second hand.			
3. Explained procedure to the patient and take consent			
4. Determined if the patient is taking any medications that may affect the pulse rate.			
5. Assisted the patient to a comfortable position			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
THE PROCEDURE:			
6. Located the radial artery. Use the tip of the index and third fingers of your other hand to feel the pulse in your radial artery between your wrist bone and the tendon on the thumb side of your wrist.			
7. Placed the tips of index and middle fingers over the vessel.			
8. Pushed lightly at first, adding pressure till feeling the pulsation			

SKILL/ACTIVITY PERFORMED SATISFACTORILY			
POST PROCEDURE: 9. Discussed the findings with the facilitator			
10. Washed hands.			
11. Recorded the results as beats / minute and comment on, rate and rhythm			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
SIGNATURES OF SUPERVISOR			

VITAL SIGNS REFERENCE RANGES

(Ref: EMT National Training - National Exams)

Ages	Heart Rae	Respiratory Rate	Systolic Blood Pressure	Temperature
Infancy (Birth to 1 Year)	100 to 160 (first 30 minutes) Settling around 120 bpm	40 to 60 initially 30-40 after first few minutes. 20-30 by one year	70 at Birth to 90 at 1 year	98-100
Toddler (12 to 36 Months) and Preschool Age (3 to 5 Years)	20 to 130 bpm 20 to 120 bpm	20 to 30 20 to 30	70 to 100 mmHg 80 to 110 mmHg	96.8 – 99.6
School-age Children (6 to 12 Years)	70 to 110 bpm	20 to 30	80 to 120 mmHg	98.6
Adolescence (13 to 18 Years)	55 to 105 bpm	12 to 20	100 to 120 mmHg	98.6
Early Adulthood (20 to 40 Years)	70 bpm average	16 to 20 (12-20 normal)	120/80 mmHg average	98.6
Middle Adulthood (41 to 60 Years	70 bpm average	16 to 20 (12-20 normal)	120/80 mmHg average	98.6

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines
Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

Note: Respiratory rate is not taken in isolation, usually it is performed while checking radial pulse.

CHECKLIST FOR RESPIRATORY **(Some of the following steps/tasks should be performed simultaneously.)**	**CASES (Minimum 3 Entries)**		
STEP/TASK			
GETTING READY: 1. Introduce yourself to the patient.			
2. Explain the procedure of radial pulse measurement and reassure the patient.			
3. Get patient's consent.			
4. Wash hands/Sanitize hands			
5. Prepare the necessary material (clock/watch)			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
THE PROCEDURE: 6. Check radial pulse (see pulse checklist for reference).			
7. Proceed with taking the Respiratory rate (RR) while your hand is still on the patient's radial artery (Do not inform your patient that you are taking the RR).			

8. Placed Observe the rise and fall of the patient's chest and count the number of respirations for another one full minute. (One respiration consists of one complete rise and fall of the chest, or the inhalation and exhalation of air).			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
SIGNATURES OF SUPERVISOR			

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines
Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR BLOOD PRESSURE **(Some of the following steps/tasks should be performed simultaneously.)**	**CASES** **(Minimum 3 Entries)**		
GETTING READY:			
1. Introduce yourself to the patient.			
2. Explain the procedure and reassure the patient. (blood pressure measurement)			
3. Get patient's consent.			
4. Wash hands/sanitize hands			
5. Prepare the necessary material (clock/watch)			
6. Position the patient in a sitting position and uncover one of his /her arms. (Make sure the patient is relaxed and comfortable).			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
THE PROCEDURE:			
6.Turn on the mercury valve (if it is mercury sphygmomanometer).			
7. Select an appropriately sized cuff and apply it to the upper arm ensuring that it fits securely. (The centre of the cuff bladder must be over brachial artery [the bladder should cover 80% of the circumference of the upper arm] and lower edge 2.5 cm above the ante-cubital fossa).			

8. Palpate the brachial or radial artery while inflating the cuff till the point where pulsation disappears and keep inflating the cuff 20-30 mmHg more.			
9. Slowly deflate the cuff, noting the pressure at which the pulse reappears. (This is the approximate level of the systolic blood pressure).			
10. Continue to deflate the cuff slowly at 2 mm Hg/second. Note the point at which Korotkoff sounds disappear completely as the diastolic pressure.			
11. Turn off the mercury valve (if it is mercury sphygmomanometer).			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
POST PROCEDURE:			
12. Wash hands.			
13. Document the findings			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines
Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR DONNING & DOFFING **(Some of the following steps/tasks should be performed simultaneously.)**	**Minimum 2 Entries**	
STEP/TASK		
GETTING READY: 1. Washed hands.		
2. Preparation: gloves, in place		
SKILL/ACTIVITY PERFORMED SATISFACTORILY		
THE PROCEDURE: (gloving) 3. Pick up one glove and place the palm away from you. Slide the fingers under the glove cuff and spread them so that a wide opening is created. Keep thumbs under the cuff.		
4. The doctor will thrust his or her hand into the glove. Do not release the glove yet		
5. Gently release the cuff (do not allow the cuff to snap sharply) while unrolling it over the wrist. Proceed with the other glove using the same technique.		
SKILL/ACTIVITY PERFORMED SATISFACTORILY		

Signatures of Supervisor	

HEMATOPOEITC AND LYMPHATIC MODULE		
Objectives	**Skill**	**Miller's Pyramid Level Reflected**
Detail the steps of drawing blood from a vein.	*Venipuncture and blood collection	Knows how
Check for pallor in the conjunctiva, tongue, and palm of hands	Pallor	Shows

- These skills are at the 'Knows how' level of the miller's pyramid, meaning thereby that students need not perform them themselves but may develop a perception regarding them by observing performance/working on simulated patients/facilitation with video.

COLLECTION

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines
Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR VENIPUNCTURE **(Some of the following steps/tasks should be performed simultaneously.)**	**CASES** **(Minimum 2 Entries)**	
GETTING READY:		
1. Identification of patient		
2. Washed hands/ sanitized hands		
3. Preparation: gloves, in place		
SKILL/ACTIVITY DESCRIBED SATISFACTORILY		
THE PROCEDURE:		
4. Explain procedure to the patient and obtain consent		
6. Clean the site with an antiseptic solution and allow it to dry		
7. Select an appropriate site for venipuncture, such as the antecubital fossa or the back of the hand		
7. Apply a tourniquet above the site to enhance vein distention		
8. Ask the patient to make a fist to further enhance vein distention		
9. Insert the needle into the vein at a 15–30-degree angle with the bevel up		
10. Once the needle is in the vein, release the tourniquet and apply pressure to the site with gauze or a cotton ball		

11. Remove the needle and apply pressure to the site for a few minutes		
12. Dispose of the needle and syringe in a sharp's container		
13. Label the specimen with the patient's information and send it to the lab for analysis		
SKILL/ACTIVITY DESCRIBED SATISFACTORILY		
Signatures of Supervisor		

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines
Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR PALLOR **(Some of the following steps/tasks should be performed simultaneously.)**	**CASES** **(Minimum 2 Entries)**	
GETTING READY: 1. Identification of patient		
2. Presence of natural light		
SKILL/ACTIVITY OBSERVED AND DESCRIBED SATISFACTORILY		
THE PROCEDURE: 3. Obtain informed consent from the patient		
4. Examine in natural light		
EXAMINATION OF THE CONJUNCTIVA: 5. Request the patient to look upwards and simultaneously pull the lower eyelid gently downward, thereby exposing the lower palpebral conjunctiva. The lower conjunctiva has a half-moon shape and has been divided into: *i.* posterior rim: the posterior portion of the half-moon shape attached to the sclera. *ii.* anterior rim: the anterior or front portion of the half-moon shape attached to the eyelid. Normally, the anterior rim is of bright red color, in sharp contrast to the posterior rim which has relatively pale fleshy color.		
6. Report pallor (Pallor is said to be present if the anterior rim is not markedly redder as compared to the posterior rim.) (Severe pallor is considered when both, anterior and posterior rims of the palpebral conjunctivae have the same very pale fleshy color.)		

EXAMINING THE TONGUE FOR PALLOR: 7. Ask the patient to protrude the tongue and observe the dorsal surface.		
8. Report pallor (pallor is said to be present if the tongue and oral mucosa are visibly pale)		
EXAMINING THE HANDS FOR PALLOR:		
9. Holds the patient's hand gently and checks the palm, compares the color of the palm with his/her own palm.		
10. Reports pallor (severe pallor-very pale or white, some pallor-pale)		
SKILL/ACTIVITY PERFORMED SATISFACTORILY		
Signatures of Supervisor		

BLOCK-02

MUSCULOSKELETAL AND LOCOMOTION MODULE		
Objectives	**Skill**	**Miller's Pyramid Level Reflected**
Measure body temperature using a mercury/digital thermometer	Body temperature	Shows
Examine the wrist joint for functionality	Wrist joint examination	Shows
Examine strength of the upper limb	Upper limb strength and power examination	Shows
Examine strength of the lower limb	Lower limb strength and power examination	Shows
Examine the knee joint for functionality	Knee joint examination	Shows
Examine the shoulder joint for functionality	Shoulder joint examination	Shows
Examine the hip joint for functionality	Hip joint examination	Shows
*Identify common fractures showing in x rays of upper limb	X ray common fractures Upper limb	Knows how

- These skills are at the 'Knows how' level of the miller's pyramid, meaning thereby that students need not perform them themselves but may develop a perception regarding them by observing performance/working on simulated patients/facilitation with videos.

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines
Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR BODY TEMPERATURE **(Some of the following steps/tasks should be performed simultaneously.)**	**CASES** **(Minimum 2 Entries)**		
STEP/TASK			
GETTING READY: Before proceeding further, check if the patient has recently taken cold or hot food/drink or smoked. Dip the thermometer in antiseptic (spirit) and wipe dry. If analogue thermometer, shake it until the normal temperature is pushed below 35ºC. If digital thermometer, switch it on and it will show the room temperature on the display.			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
THE PROCEDURE: 1. Explain the procedure to the patient and get a verbal consent to proceed.			
2. Keep the thermometer bulb/probe under the patient's tongue. Ask the patient to close the lips firmly around the thermometer but without biting it			
3. Keep it in place for at least 2 minutes.			

4. Read the temperature as soon as you pull out the instrument			
5. After use, clean the instrument with antiseptic and wipe it off			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR WRIST JOINT EXAMINATION (Some of the following steps/tasks should be performed simultaneously.)	**CASES (Minimum 3 Entries)**		
STEP/TASK			
THE PROCEDURE:			
1. Explain the procedure to the patient and get a verbal consent to proceed.			
2. Adequately expose hands and wrists of the patient			
3. before starting with the examination, inquire about pain in any area.			
4. Observe both hands and wrists for any asymmetry, scars, and muscle wasting			
5. Palpate the wrists for evidence of any joint line irregularities or tenderness			
6. Ask patients to perform wrist extension "put the palms of your hands together and extend your wrists fully ". normal range of movement is 90 degrees			
7. Ask the patient to perform wrist flexion "put the backs of your hands together and flex your wrist fully", normal range of motion id 90 degrees			
8. Ask the patient to fully relax and allow you to move their hand and wrist for them. Warn them that in case any pain is felt they should report immediately.			
9. Repeat movements 6 and 7 passively.			

SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR EXAMINATION OF UPPER LIMB STRENGTH (Some of the following steps/tasks should be performed simultaneously.)	**CASES (Minimum 3 Entries)**		
STEP/TASK			
THE PROCEDURE:			
1. Explain the procedure to the patient and get a verbal consent to proceed.			
2. Ensuring privacy, adequately expose the arms of the patient			
3. Before starting the testing for power and strength, for each muscle group check: a. appearance of the muscle (wasted, highly developed or normal) b. Feel tone of muscle (flaccid, normal, clinic)			
4. Observe both hands and wrists for any asymmetry, scars, and muscle wasting			
5. Starting with the deltoids, ask the patient to raise both their arms in front of them simultaneously as strongly as then can while the examiner provides resistance to this movement. Compare the strength of each arm.			
6. Ask the patient to extend and raise both arms in front of them as if they were carrying a pizza. Ask the patient to keep their arms in place while they close their eyes and count to 10. Normally their arms will remain in place.			
7. Test the biceps muscle flexion by holding the patient's wrist from above and instructing them to "flex their hand up to their shoulder". Provide resistance at the wrist. Repeat and compare to the opposite arm.			
8. Ask the patient to extend their forearm against the examiner's resistance. Make certain that the patient begins			

their extension from a fully flexed position because this part of the movement is most sensitive to a loss in strength. This tests the triceps. Note any asymmetry in the other arm			
9. Test the strength of wrist extension by asking the patient to extend their wrist while the examiner resists the movement. This tests the forearm extensors. Repeat with the other arm.			
10. Examine the patient's hands and test the patient's grip by having the patient hold the examiner's fingers in their fist tightly and instructing them not to let go while the examiner attempts to remove them. Normally the examiner cannot remove their fingers. This tests the forearm flexors and the intrinsic hand muscles. Compare the hands for strength asymmetry			
11. Test the intrinsic hand muscles once again by having the patient abduct or "fan out" all of their fingers. Instruct the patient to not allow the examiner to compress them back in. Normally, one can resist the examiner from replacing the fingers			
12. Test the strength of the thumb opposition by telling the patient to touch the tip of their thumb to the tip of their little finger. Apply resistance to the thumb with your index finger. Repeat with the other thumb and compare.			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR EXAMINATION OF LOWER LIMB STRENGTH (Some of the following steps/tasks should be performed simultaneously.)	**CASES (Minimum 3 Entries)**		
STEP/TASK			
THE PROCEDURE:			
1. Explain the procedure to the patient and get a verbal consent to proceed.			
2. Ask the patient to lie down and raise each leg separately while the examiner resists. Repeat and compare with the other leg. This tests the iliopsoas muscles.			
3. Test the adduction of the legs by placing your hands on the inner thighs of the patient and asking them to bring both legs together. This test the adductors of the medial thigh.			
4. Test the abduction of the legs by placing your hands on the outer thighs and asking the patient to move their legs apart. This tests the gluteus maximus and gluteus minimums.			
5. Test the extension of the hip by instructing the patient to press down on the examiner's hand which is placed underneath the patient's thigh. Repeat and compare to the other leg. This tests the gluteus maximus			
6. Test extension at the knee by placing one hand under the knee and the other on top of the lower leg to provide resistance. Ask the patient to "kick out" or extend the lower leg at the knee. Repeat and compare to the other leg. This tests the quadriceps muscle.			
7. Test flexion at the knee by holding the knee from the side and applying resistance under the ankle and instructing the patient to pull the lower leg towards their buttock as hard as possible. Repeat with the other leg. This tests the hamstrings			
8. Test dorsiflexion of the ankle by holding the top of the ankle and have the patient pull their foot up towards their face as hard as possible. Repeat with the other foot. This tests the			

muscles in the anterior compartment of the lower leg. Holding the bottom of the foot, ask the patient to "press down on the gas pedal" as hard as possible. Repeat with the other foot and compare. This tests the gastrocnemius and soleus muscles in the posterior compartment of the lower leg			
9. Ask the patient to move the large toe against the examiner's resistance "up towards the patient's face. This tests the extensor halluces longus muscle.			
POST PROCEDURE: 1. 'Wash your hands, thank the patient'			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR EXAMINATION OF LOWER LIMB STRENGTH (Some of the following steps/tasks should be performed simultaneously.)	**CASES (Minimum 3 Entries)**		
STEP/TASK			
THE PROCEDURE:			
1. Explain the procedure to the patient and get a verbal consent to proceed.			
2. Ensure adequate exposure of the knee joints while maintaining patient privacy.			
3. Inspect the alignment of both legs, both paellas. Check for varus/vulgus deformities, swellings. Inspect skin for any scars, plaques, erythema.			
4. Check swelling at level of joints			
5. simultaneously assess and compare knee joint temperature using the back of your hands.			
6. Measure quadriceps with an inch tape 20 cm diameter above the tibial tuberosity and compare with other side.			
7. Ask the patient regarding any pan and discomfort and then start examining normal side of patient (in supine position)			
8. Flex the knee to (0 degrees, then feel along the joint line (quadriceps tendon → patella → patella tendon → tibial tuberosity → tibial plateau → femoral epicondyles and over course of medial collateral ligament and lateral collateral ligament → popliteal fossa) for ant swelling/ thickness/tenderness			
9. Test active then passive movements, keeping one hand on the knee to feel for crepitus. 1.Flexion (140˚) 2.Extension (0˚)			
10. Passively raise leg at ankle and look for knee hyperextension			
11. Perform the patellar tap: with patients knee fully extended, empty the suprapatellar pouch by sliding your left hand down			

the thigh to the upper border of the patella.			
12. Keep your left hand in position and use right hand to press downwards on the patella with your fingertips. if there is fluid present you will feel a distinct tap as patella bumps against femur			
POST PROCEDURE: 1. 'Wash your hands, thank the patient'			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR EXAMINATION OF HIP JOINT EXAMINATION (Some of the following steps/tasks should be performed simultaneously.)	**CASES (Minimum 3 Entries)**		
STEP/TASK			
THE PROCEDURE:			
1. Explain the procedure to the patient and get a verbal consent to proceed.			
2. Ensure adequate exposure of the legs while maintaining patient privacy. Provide a covering sheet for the patient. (Students examining patients of an opposite gender must be with a chaperone.)			
3. Ask the patient if they have any pain before proceeding			
4. Inspect the joint and legs for any deformity, scarring or swelling			
5. Ask the patient to walk to the end of the examination room and then turn and walk back whilst you observe their gait			
6. Ask patient to lie down for next part pf the examination.			
7. With the patient still positioned supine on the clinical examination couch simultaneously assess and compare hip joint temperature using the back of your hands.			

8. Palpate the greater trochanter of each leg for evidence of tenderness			
9. To assess apparent leg length, measure and compare the distance between the umbilicus and the tip of the medial malleolus of each limb.			
10. To assess true leg length, measure from the anterior superior iliac spine to the tip of the medial malleolus of each limb.			
11. For active hip flexion Place your hand under the lumbar spine to detect masking of restricted hip joint movement by the pelvis and lumbar spine and ask the patient to *"bring your leg to your chest as much as you can"*			
12. For active hip extension ask the patient to extend their leg so that it lies flat on the bed.			
13. Perform passive hip flexion, Whilst supporting the patient's leg, flex the hip as far as you are able, making sure to observe for signs of discomfort.			
14. For passive hip internal rotation, Flex the patient's hip and knee joint to 90° and then rotate their foot laterally.			
15. For passive hip external rotation, flex the patients hip and knee joint to 90° and rotate the foot medially			
16. To perform passive hip abduction: a. With the patient's legs straight and flat on the bed, use one of your hands to hold the ankle of the hip being assessed and place your other hand over the contralateral iliac crest to stabilize the pelvis. b. Move the patient's ankle laterally to abduct the hip until the pelvis begins to tilt.			
17. To perform passive hip adduction: a. With the patient's legs straight and flat on the bed, use one of your hands to hold the ankle of the hip being assessed and place your other hand over the contralateral iliac crest to stabilize the pelvis. b. Move the patient's ankle medially to adduct the hip until the pelvis begins to tilt.			
18. To perform passive hip extension, ask the patient to lie in a prone position, use one hand to hold the ankle and the other should be placed on the pelvis.			
19. Thank and reassure the patient			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR EXAMINATION OF SHOULDER JOINT EXAMINATION (Some of the following steps/tasks should be performed simultaneously.)	**CASES (Minimum 3 Entries)**		
STEP/TASK			
THE PROCEDURE:			
1. Explain the procedure to the patient and get a verbal consent to proceed.			
2. Ensure adequate exposure of the shoulder and arm and provide blanket to patient for the time when they are not being examined.			
3. Position the patient standing for initial inspection and ask the patient if they have any pain before proceeding for examination.			
4. Perform a brief general inspection looking for scars, alignment, and muscle wasting			
5. Assess and compare shoulder joint temperature using the back of your hands.			
6. Palpate the various components of the shoulder girdle, noting any swelling, bony irregularities, and tenderness.			
7. To check for external rotation and abduction, ask the patient to put their hands behind their head and point their elbows out to the side			
8. To check internal rotation and adduction, ask the patient to place each hand behind their back and reach as far up their spine as they are able to			
9. For active shoulder flexion instruct the patient to raise their arms forward until they're pointing up towards the ceiling.			
10. For active shoulder extension, ask the patient to stretch their arms behind them.			

11. For active shoulder abduction, ask the patient to raise their arms out to the sides in an arc like mono until their hands touch above their head			
12. For active shoulder adduction, ask the patients to keep their arms straight and move them across the front of their body to the opposite side.			
13. For active internal rotation, ask the patient to place each hand behind their back and reach as far up the spine as they can.			
14. To check scapular movement, ask patient to abduct their shoulder while you simultaneously palpate inferior pole of the scapula.			
15. To judge passive movements, ask the patient to fully relax and allow you to move their arms for them. Go through steps 7-14 by moving the patients arm through those movements.			
16. Thank and reassure the patient			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR UPPER LIMB X-RAY (Some of the following steps/tasks should be performed simultaneously.)	**CASES (Minimum 3 Entries)**		
STEP/TASK			
THE PROCEDURE:			
1. Observe the ABC's: a. Alignment and joint space b. Bone texture c. Cortices			
2. Changes in alignment will suggest a fracture/ complete or partial dislocation			
3. Describe the position of the fragment distal to the fracture site			
4. Look around the outline of each bone to see any step in the cortex as it may indicate a fracture			
5. Once a fracture is identified, describe which bone is involved and where the fracture is located (proximal/middle distal)/			
6. Recognize a fracture extending all the way through the bone as a complete fracture.			
7. Identify type of complete fracture accordingly: a. Transverse: fracture at right angles to the shaft b. Oblique: fracture at an angle to the shaft c. Spiral: caused by twisting injury d. Comminuted: 2 or more bone fragments e. Impacted: fractured bone forced together			

8. Recognize an incomplete fracture as one not involving the whole cortex.			
9. Types of incomplete fractures include: a. Torus/Buckle: a bulge in the cortex b. Bowing: associated bend in the bone shaft c. Greenstick: bending of the shaft with a fracture on the convex surface Salter-Harris: involving the growth plate			
10. Identify an open fracture as having a puncture of the skin or an open wound identify closed fractures as not having any skin opening.			
11. Identify closed fractures as not having any skin opening.			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

BLOCK-03

CARDIOVASCULAR-1 MODULE		
Objectives	**Skill**	**Miller's Pyramid Level Reflected**
Auscultation of heart sounds	Heart sounds	Shows
Detection of ankle swelling/edema – pitting /non-pitting	Edema	Shows
Abdominal jugular reflex	JVP	Shows
Perform detection of pedal and carotid pulses	Pedal and carotid pulse	Shows
Perform cervical and axillary lymph node examination	Lymph node Examination	Shows

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR HEART SOUNDS **(Some of the following steps/tasks should be performed simultaneously.)**	**CASES** **(Minimum 3 Entries)**		
STEP/TASK			
THE PROCEDURE:			
1. Begin by introducing yourself to the patient and explaining the auscultation process to them.			
2. Take consent of the patient			
3. Position the patient in a comfortable position and expose their chest.			
4. Place the stethoscope on the patient's chest over the four auscultation points - aortic, pulmonary, tricuspid and mitral.			
5. Listen to the heart sounds in each area, first with the diaphragm and then with the bell			
6. Identify the S1 and S2 sounds. S1 is the first sound heard, which is produced by the closure of the atrioventricular valves. S2 is the second sound heard, which is produced by the closure of the semilunar valves			
7. Determine the heart rate and rhythm			
8. Assess the intensity of the heart sounds - S1 and S2. S1 should be louder than S2 at the mitral area and vice versa at the aortic area.			
9. Assess the splitting of the heart sounds - S2 may split physiologically during inspiration and be heard as two distinct sounds			

10. Listen for any additional heart sounds such as S3 or S4 which may indicate pathological conditions.			
11. Thank the patient			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines
Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR EXAMINATION OF EDEMA **(Some of the following steps/tasks should be performed simultaneously.)**	**CASES** **(Minimum 3 Entries)**		
STEP/TASK			
THE PROCEDURE:			
1. Begin by introducing yourself to the patient and explaining the procedure			
2. Take consent.			
3. Ask patient to remove shoes and socks			
4. Observe the patient's ankles for any visible swelling or changes in skin colour			
5. Release the pressure and observe the area for any indentation or "pit".			
6. If a pit Is observed that is known as pitting edema			
7. If no pit is observed that is known as non-pitting edema			
8. Assess the extent of the edema by measuring the circumference of the ankle with a tape measure.			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines
Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR EXAMINATION OF PEDAL AND CAROTID PULSE **(Some of the following steps/tasks should be performed simultaneously.)**	**CASES** **(Minimum 3 Entries)**		
STEP/TASK			
THE PROCEDURE: (Pedal pulse)			
1. Begin by introducing yourself to the patient and explaining the procedure			
2. Take consent.			
3. Ask the patient to lie down flat on their back or sit up with their legs dangling over the edge of the examination table			
4. Identify the pedal pulse by locating the dorsalis pedis artery on the top of the foot, just lateral to the extensor hallucis longus tendon. Alternatively, locate the posterior tibial artery by palpating the groove between the medial malleolus and Achilles tendon.			
5. Place your index and middle fingers over the identified artery and apply gentle pressure until you feel the pulse.			
6. Assess the strength and regularity of the pulse.			
THE PROCEDURE: (Carotid pulse)			
1. Identify the carotid pulse by locating the carotid artery on the side of the neck, just below the angle of the jaw			
2. Assess the strength and regularity of the pulse			
3. Record your findings accurately and thank the patient			

**Remember, it's important to be gentle when performing this examination and to explain the procedure to the patient beforehand. Also, it's important to avoid excessive pressure on the carotid artery to prevent potential complications, especially in elderly or hypertensive patients. DO NOT COMPRESS CAROTID SIMULTANEOUSLY ON BOTH SIDES*			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines
Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR EXAMINATION OF JVP **(Some of the following steps/tasks should be performed simultaneously.)**	**CASES** **(Minimum 3 Entries)**		
STEP/TASK			
THE PROCEDURE:			
1. Introduce yourself to the patient and explain the procedure			
2. Ask the patient to lie down flat on their back			
3. Place your right hand on the patient's upper abdomen, just below the ribcage. 4. Apply firm pressure for about 10 seconds			
5. Observe the neck veins for any visible distension			
6. If the jugular veins in the neck become more visible or distended, this is a positive abdomin-jugular reflex and indicates an elevated JVP			
7. If there is no change in the neck veins, this is a negative abdomin-jugular reflex and indicates a normal JVP			
8. Thank the patient			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

CERVICAL AND AXILLARY LYMPH NODES

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR EXAMINATION OF LYMPH NODES **(Some of the following steps/tasks should be performed simultaneously.)**	**CASES** **(Minimum 3 Entries)**		
STEP/TASK			
THE PROCEDURE:			
1. Introduce yourself to the patient and explain the procedure			
2. Inspect the neck and axilla for any visible swelling or abnormality			
3. Palpate the cervical lymph nodes. Start by checking the pre-auricular nodes, then move on to the post-auricular, occipital, submental, submandibular, tonsillar, superficial cervical, deep cervical, supraclavicular nodes			
4. Palpate the cervical lymph nodes. Start by checking the pre-auricular nodes, then move on to the post-auricular, occipital, submental, submandibular, tonsillar, superficial cervical, deep cervical, supraclavicular nodes			
5. Note the size, shape, and consistency of the lymph nodes. Normal lymph nodes are usually small, soft, and movable. Enlarged lymph nodes may be hard, tender, or fixed			
6. Check for pain or tenderness			
7. Thank the patient			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

RESPIRATORY-1 MODULE		
Objectives	**Skill**	**Miller's Pyramid Level Reflected**
Performance of chest compressions	CPR/Chest compressions	Shows
Detection of clubbing	Clubbing	Shows
Identify main organs of the thorax on CXR	CXR	Shows
Identification of pneumonic patch on chest x ray	Pneumonia CXR	Shows
Administering inhaler to a patient	Inhaler use	Shows

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR PERFORMANCE OF CHEST COMPRESSIONS **(Some of the following steps/tasks should be performed simultaneously.)**	**CASES** **(Minimum 2 Entries)**		
STEP/TASK			
THE PROCEDURE:			
1. Position the person on their back: Place the person on their back on a hard, flat surface			
2. Kneel beside the person: Kneel beside the person's chest			
3. Place your hands: Place the heel of one hand on the center of the person's chest between the nipples. Place the other hand on top of the first hand			
4. Interlock your fingers: Interlock your fingers, making sure that pressure is not applied to the person's ribs			
5. Compress the chest: With your arms straight, press down on the person's chest using your upper body weight. Compress the chest at least two inches deep, but no more than 2.4 inches, at a rate of 100-120 compressions per minute.			
6. Allow the chest to return to its normal position: After each compression, release the pressure on the chest, but do not remove your hands.			
7. Repeat: Continue the cycle of compressions and releases until medical help arrives or the person starts breathing on their own.			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines
Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR CHECKING CLUBBING OF FINGERS **(Some of the following steps/tasks should be performed simultaneously.)**	**CASES** **(Minimum 2 Entries)**		
STEP/TASK			
THE PROCEDURE: 1. Explain the procedure: Introduce yourself to the patient, explain what you will be doing and obtain their consent.			
2. Inspect the nails: Look at the shape of the nails. Clubbed fingers have an increased curvature of the nail bed, causing the nails to appear rounded and wider than normal			
3. Check the nail base: Look at the base of the nails. Clubbed fingers have a bulbous enlargement of the soft tissues at the base of the nails			
4. Check for other signs: Look for other signs of underlying medical conditions that can cause clubbing, such as cyanosis (blue discoloration of the skin), coughing, difficulty breathing, or chest pain			
5. Ask about symptoms: Ask the patient about any symptoms they may be experiencing, such as shortness of breath, chest pain, or chronic cough			
6. Thank the patient			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR IDENTIFICATION OF ORGANS ON CXR **(Some of the following steps/tasks should be performed simultaneously.)**	**CASES** **(Minimum 3 Entries)**		
STEP/TASK			
THE PROCEDURE:			
1. Orient yourself to the image by identifying the left and right sides of the chest			
2. Look for the bony structures of the chest, including the ribs, sternum, and clavicles			
3. Identify the lungs, which will appear as dark areas on the X-ray film			
4. Look for the diaphragm, which is a thin, curved line separating the chest cavity from the abdominal cavity			
5. Identify the heart, which will appear as a slightly enlarged area in the middle of the chest			
6. Look for the aorta, which is the largest artery in the body and runs down the center of the chest			
7. Identify the trachea, which is a tube that runs down the center of the chest and divides into the left and right main bronchi			
8. Look for any abnormalities such as nodules, masses, or areas of consolidation in the lungs			
9. Report your findings			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

IDENTIFICATION OF PNEUMONIC PATCH ON X-RAY

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR IDENTFICATION OF PNEUMONIC PATCH **(Some of the following steps/tasks should be performed simultaneously.)**	**CASES** **(Minimum 2 Entries)**		
STEP/TASK			
THE PROCEDURE:			
1. Identify the location of the patch: Look for an area of increased opacity or whiteness on the chest x-ray. The patch is usually located in one or more of the lung fields			
2. Assess the shape and size of the patch: Observe the shape of the patch. It may be round, oval, or irregular in shape. Note the size of the patch and whether it is increasing or decreasing in size			
3. Determine the density of the patch: Evaluate the density of the patch. It may appear dense or fluffy, and may be surrounded by a hazy or fuzzy border			
4. Look for air bronchograms: Identify air bronchograms, which are visible air-filled bronchi within the patch. These indicate that the surrounding lung tissue is consolidated			
5. Check for pleural effusion: Assess the presence of a pleural effusion, which is a buildup of fluid in the pleural space around the lungs. This can be seen as a dark area at the bottom of the lung field			
6. Consider the patient's clinical presentation: Review the patient's symptoms, such as cough, fever, and shortness of breath, which are commonly associated with pneumonia			
7. Report your findings			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			

INHALER USAGE

Place a **"✓"** in case box if step/task is performed satisfactorily, an **"X"** if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: _____

CHECKLIST FOR INHALER USAGE **(Some of the following steps/tasks should be performed simultaneously.)**	**CASES** **(minimum 2 entries)**		
STEP/TASK			
THE PROCEDURE:			
1. Explain what you are about to demonstrate to the patient			
2. Take off the cap of the inhaler			
3. Shake the inhaler well before using it to ensure proper mixing of the medication			
4. Hold the inhaler in your hand with your thumb on the bottom and your index and middle fingers on top			
5. Position the mouthpiece between your teeth and close your lips around it to form a tight seal (explain to the patient, do not insert in your mouth while doing demonstration)			
6. Begin to inhale slowly and deeply through your mouth as you press down on the canister to release the medication			
7. Wait for at least 30 seconds before repeating the above steps if another dose is required			
8. Recap the inhaler			
9. Instruct the patient, that incase a steroid inhaler is used, rinse mouth to prevent oral thrush			
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
Signatures of Supervisor			