| 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 |



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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**<br>**(Some of the following steps/tasks should be performed simultaneously.)** | **CASES**<br>**(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** | | | |



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

**Date Observed:** _____

| **CHECKLIST FOR EXAMINATION OF EDEMA**<br>**(Some of the following steps/tasks should be performed simultaneously.)** | **CASES**<br>**(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** | | | |

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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**<br>**(Some of the following steps/tasks should be performed simultaneously.)** | **CASES**<br>**(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<br><br>*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** | | | |

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

**Date Observed:** _____

| **CHECKLIST FOR EXAMINATION OF JVP**<br>**(Some of the following steps/tasks should be performed simultaneously.)** | **CASES**<br>**(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.<br>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**<br>**(Some of the following steps/tasks should be performed simultaneously.)** | **CASES**<br>**(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 |

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

**Date Observed:** _____

| **CHECKLIST FOR PERFORMANCE OF CHEST COMPRESSIONS**<br>**(Some of the following steps/tasks should be performed simultaneously.)** | **CASES**<br>**(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** | | | |



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

**Date Observed:** _____

| **CHECKLIST FOR CHECKING CLUBBING OF FINGERS**<br>**(Some of the following steps/tasks should be performed simultaneously.)** | **CASES**<br>**(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** | | | |



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

**Date Observed:** _____

| **CHECKLIST FOR IDENTIFICATION OF ORGANS ON CXR**<br>**(Some of the following steps/tasks should be performed simultaneously.)** | **CASES**<br>**(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**<br>**(Some of the following steps/tasks should be performed simultaneously.)** | **CASES**<br>**(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**<br>**(Some of the following steps/tasks should be performed simultaneously.)** | **CASES**<br>**(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 | | | |


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