



BLOCK-08	
CFRC Code	Task/Skill
CFRC3-023	<p>Oncological History Taking</p> <p>Take history from patients with suspected or confirmed malignancy, including presenting complaints, duration, and associated symptoms (e.g., weight loss, fatigue, bleeding).</p>
CFRC3-024	<p>Self Examination of Breast</p> <p>Perform and demonstrate personal self examination of Breast as primary screening and prevention.</p>
CFRC3-026	<p>Breast examination</p> <p>Perform a systematic breast examination by inspecting for asymmetry, skin dimpling, nipple retraction, discharge, ulceration, or peau d'orange.</p>
CFRC3-027	<p>Examination of lump</p> <p>Inspect and palpate a lump, and describe its characteristics based on parameters: site, size, shape, surface, margin, consistency, tenderness, mobility, temperature, transillumination, fluctuation, pulsatility, and regional lymphadenopathy.</p>
CFRC3-028	<p>Lymph node palpation</p> <p>Palpate and describe lymph nodes; cervical, axillary, epitrochlear, and inguinal for site, size, shape, consistency, tenderness, mobility, and matting.</p>
CFRC3-029	<p>Biopsy procedure</p> <p>Observe the steps of biopsy procedure for cancer diagnosis.</p> <p>Identify indications and precautions.</p>
CFRC3-030	<p>Chemotherapy and Palliative Care</p> <p>Identify common chemotherapy-related adverse effects and initial management.</p> <p>Observe and assist in palliative and comfort care, including pain relief, nutritional support, and psychological care for terminal patients.</p>
CFRC3-031	<p>Breaking bad news</p> <p>Observe a clinician delivering bad news to a patient diagnosed with malignancy, noting communication techniques and emotional handling.</p> <p>Practice the communication skill of breaking bad news to a patient diagnosed with malignancy.</p>

CFRC3-032	<p>Effective counselling techniques</p> <p>Demonstrate empathy and effective communication when counseling oncology patients and their families.</p>
CFRC3-033	<p>Examination of hip joint</p> <p>Perform hip joint examination, including Trendelenburg test.</p>
CFRC3-034	<p>Examination of knee joint</p> <p>Examine knee joint using ligament stability tests, meniscal tests, patellar tap, and bulge sign.</p>
CFRC3-035	<p>Examination of foot</p> <p>Examine ankle and foot using Thompson test for Achilles tendon rupture.</p>
CFRC3-036	<p>Examination of hand</p> <p>Inspect patients' hands to identify and describe common deformities such as swan neck, boutonnière, and claw hand.</p>
CFRC3-037	<p>Lumbar spine examination</p> <p>Demonstrate lumbar spine examination, including straight leg raise (SLR) and femoral stretch tests.</p> <p>Inspect and palpate for spinal deformities such as kyphosis, scoliosis, and lordosis</p>
CFRC3-038	<p>Application/removal of plaster slab</p> <p>Apply and remove a plaster slab or back slab under supervision.</p>
CFRC3-039	<p>Splint application</p> <p>Demonstrate proper technique for splint application and limb immobilization.</p>
CFRC3-040	<p>Steroid injection administration</p> <p>Observe and assist in joint aspiration or local steroid injection under aseptic conditions.</p>
CFRC3-041	<p>X-ray interpretation of bones and joints</p> <p>Interpret X-rays of long bones, joints, and spine to identify common fractures or dislocations.</p>
CFRC3-042	<p>Personal Protective Equipment (PPE)</p> <p>Demonstrate donning and doffing personal protective equipment (PPE) while managing infectious disease patients.</p>
CFRC3-043	<p>Sputum Collection for TB Culture and Sensitivity</p>

	Observe and narrate the procedure for collection, labeling, transport, and storage of sputum specimens for tuberculosis culture and sensitivity, highlighting aseptic technique and biosafety measures. (see annexure 2)
CFRC3-044	Interpretation of vital signs Measure and interpret vital signs (temperature, pulse, respiratory rate) in patients with acute febrile illness.
CFRC3-045	Post-Exposure Prophylaxis Observe post-exposure management steps for needle-stick injuries or other occupational exposures.
CFRC3-046	Protocol for Pus specimen collection Collection, Transport and Storage of Pus Specimen for Culture & Sensitivity

Note: Before signing the logbook entry, the DME/HOD will ensure that the skill/task has been achieved by the student.

Annexure II

Collection, Transport and Storage of Sputum Specimen for TB Culture & Sensitivity

Learning Outcomes

The students will be able to:

1. Describe why the accurate sputum collection, transport, and storage are essential for reliable TB culture and drug sensitivity testing (DST).
2. Describe how to prepare and instruct patients for proper sputum (not saliva) collection.
3. Describe the characteristics of an ideal sputum specimen (volume, appearance, timing).
4. Describe the time limits and temperature conditions for transporting sputum specimens to the laboratory.
5. Understand and describe the triple packaging system used for specimen safety and infection control during transport.
6. Specify the optimal storage temperature and maximum duration for sputum before processing
7. Recognize biosafety measures (e.g., PPE, sealed containers) during sputum handling.
8. Understand the importance of correct labeling and documentation to accompany the sample to the lab.
9. Explain how proper specimen management supports early and accurate diagnosis, especially in detecting MDR-TB/XDR-TB

Collection of Sputum Specimen:

Give the patient a clean (need not be sterile), dry, wide-necked, leak-proof container, and request him or her to cough deeply to produce a sputum specimen. The best time for collection of sputum specimen is early morning.

Instructions for the Patient:

Use a wide-mouthed, sterile, leak-proof plastic container with a tight-fitting screw cap.
Volume: At least 3–5 mL of sputum (not saliva)

1. Instruct the Patient to his/her their mouth with water (not any mouthwash) to reduce contamination.
2. Take a deep breath
3. Cough deeply from the chest (not saliva)
4. Expectorate sputum into the container
5. Avoid saliva or nasal discharge
6. Tighten the cap of the container to avoid contamination and spillage
7. For accurate and reliable detection of *Mycobacterium Tuberculosis*, three consecutive specimens on three consecutive days should be collected.

Transport of sputum Specimen to Microbiology laboratory:

1. Transport the specimen to the Microbiology laboratory within 1-2 hours
2. If delay is expected, the specimen can be stored at **2–8°C** for **up to 48–72 hours**
3. Do not Freeze the specimen
4. The sputum specimen for TB culture should be transported in triple packaging system
 - Sealed Sputum container with sputum specimen
 - Specimen should be sealed in Biohazard Zipper bag
 - The biohazard zipper bag should be placed in a Biohazard transport box
 - The specimen should be properly labelled with patient name, unique ID, date and time of collection

ANNEXURE III**(Collection, Transport and Storage of Pus Specimen for Culture & Sensitivity)****Learning Outcomes****The students will be able to:**

1. Understand the importance of proper Pus collection techniques in an aseptic manner to avoid contamination
2. Describe the steps involved in collecting PUS, including patient preparation, site preparation and sample handling.
3. Select the appropriate tubes/containers for Pus collection and transport media and understand the importance of viability of organisms in the specimen
4. Understand the importance of proper labelling and documentation to ensure patient safety and sample tracking
5. Understand the importance of timely transport of specimen to the Microbiology laboratory to ensure timely analysis.
6. Understand how factors like sample handling, storage and transportation can affect test results

Collection and Transport of Pus Specimen

Pus specimen should be collected by a medical officer or an experienced nurse. Pus from an abscess is best collected at the time, the abscess is incised and drained, or after it has ruptured naturally. When collecting pus from abscesses, wounds, or other sites, special care should be taken to avoid contaminating the specimen with commensal organisms from the skin. As far as possible, a specimen from a wound should be collected before an antiseptic dressing is applied.

1. Using a sterile technique, aspirate or collect from a drainage tube up to 5 ml of pus. Transfer to a leak-proof sterile container.
2. When pus is not being discharged, use a sterile cotton-wool swab to collect a sample from the infected site. Immerse the swab in a container of Amies transport medium.

Label the specimen and as soon as possible deliver it with a completed request form to the laboratory: **Do not transport the Pus swab without transport medium**

3. When mycetoma is suspected, obtain a specimen from a draining sinus tract using a sterile hypodermic needle to lift up the crusty surface over the sinus opening. This method of specimen collection has the advantage that the pus obtained is usually free from secondary organisms and the draining granules can usually be seen clearly and removed for microscopical examination. Transfer the pus to a sterile container.
4. When tuberculosis is suspected: Aspirate a sample of the pus and transfer it to a sterile container. The container should be packed into a biohazard bag to prevent its transmission to others.
5. When the tissue is deeply ulcerated and necrotic (full of dead cells) aspirate a sample of infected material from the side wall of the ulcer using a sterile needle and syringe. Transfer to a sterile container.
6. Fluid from pustules, buboes, and blisters: Aspirate a specimen using a sterile needle and syringe. Transfer to a sterile container.
7. Serous fluid from skin ulcers, papillomas, or papules, that may contain treponemes collect a drop of the exudate directly on a clean cover glass and invert it on a clean slide. Immediately deliver the specimen to the laboratory for examination by dark-field microscopy.

Transport of Pus Specimen to Microbiology Laboratory

1. Collect the specimen using a sterile cotton wool swab. Insert it in a container of Amies transport medium.
2. When the material is aspirated fluid from a pustule, transfer the fluid to a sterile, leak-proof container.
3. Send the specimens with a completed request form to reach the microbiology laboratory within 6 hours (Amies transport Medium). The Aspirated Pus should be transported to the Microbiology laboratory within 1 hour of collection.