School of Medicine

Year 3

2011/12

Clinical Logbook

and

DOPS Assessment

Student name: ..........................................................................

If this book is found,

please contact me at: ..............................................................

<https://education.med.imperial.ac.uk/Skills/Skills.htm>

DOPS learning and assessment

During your 3rd (and subsequent) years, you need to learn various basic clinical skills and procedures, which will be essential as a foundation doctor. You will learn many of these initially in the skills lab, but will need to demonstrate your competence in each by asking to be assessed whilst carrying them out on a patient within a clinical setting.

During the year you should take every opportunity to practice the skills, guided by the checklists in this book and practicing within the skills labs and working with members of the clinical teams in firms and GP surgeries.

When you feel competent to perform the task, find an appropriate member of staff and ask them to watch and assess you perform the skill.

They will judge you against the criteria in this log book, and complete the DOPS (Directly Observed Practical Skill) form which will give you feedback on what you have done.

If you have passed the skill, continue to practice it to retain and improve your competence (it may come up in any of your end of year examinations and you will certainly need it for foundation posts). If you have failed you must retake it once you have gained more experience. Blank forms can be downloaded from the intranet.

Every skill must be successfully completed by the end of Year 3 in order to enter the end of year examinations (and therefore progress to the next year).

You should not need reminding that these are part of your professional development as a doctor.

**Cheating in these assessments (forging signatures etc.) is a fitness-to-practice issue and will result in expulsion from the course.**

**Who can test you on your skills?**

Any member of staff who performs the skill regularly as part of their job. This may be one of the medical team, but other members of the heath care team, such as nurses, physios or phlebotomists can also assess you on various skills.

**At the end of your firm**

Your firm head will look over the skills you have completed and sign off the summary form (back cover)

**Entering the examinations**

Before the end of year examinations you must have satisfactorily completed all the skills for Year 3.

**Looking after your logbook**

Your record of skills achievements is an essential record of your progress. If you lose it, you may have to repeat skills. We advise you to scan each completed form (e.g. using a scanner or camera) and upload it to your computer, both as a permanent record for yourself and as a backup in case you lose your book.

|  |  |  |
| --- | --- | --- |
| **Skill index** | **Performed on** | **Best place to get assessed?\*** |
| **Near patient testing** | | |
| Perform pulse oximetry | Patient | Anaesthetics, GP, A&E |
| Test urine with reagent strips | Patient | GP, A&E |
| Set up and manage an ECG monitor | Patient | Anaesthetics, A&E |
| Perform and report an ECG | Patient | GP, Hospital |
| Measure and record the peak expiratory flow rate | Patient | GP, A&E |
| **Therapeutic procedures** | | |
| Administer oxygen at defined concentrations | Patient | Anaesthetics, A&E |
| **Clinical procedures** | | |
| Perform Venepuncture | Patient | GP, Wards , A&E |
| Cannulate a patient | Patient | Anaesthetics, A&E |
| Set up an IV infusion | Patient | Anaesthetics, A&E |
| **Patient protection** | | |
| Scrubbing Up | Self | Theatre charge nurse |
| **Explaining skills** | | |
| Explain to a patient how to produce an MSU | Patient | GP or Outpatients |
| Teach a patient to use a peak flow meter | Patient | GP or Outpatients |
| Teach a patient to use a MDI (& show awareness of the different types of inhaler devices) | Patient | GP or Outpatients |

\* This the best place and person to observe you perform the skill, however there are plenty of opportunities throughout your Year 3 firms and you can get assessed at any point.

The table above lists the skills that appear in this book. The skills need to be performed on patients (except scrubbing up) in clinical settings, supervised and examined by relevant clinical staff (see over).

Assessment may ***not*** be done in the Skills Lab.

This logbook should be used in conjunction with the “Guide to Practical Clinical Skills. This can be found on the intranet and will provide further information including equipment needed and references.

## SKILLS

Criteria and sign-off forms

The Assessor for each activity will assess how well you have met the expectations

|  |  |  |  |
| --- | --- | --- | --- |
| **Above expectations**  **+++** | **Meets expectations**  **+** | **Borderline**  **+ / -** | **Below expectations**  **-** |

**Use a fingertip pulse oximeter and interpret the findings**

* Ensure the oximeter is clean, in working order and the finger probe is attached
* Check batteries or mains lead
* Oximeters are self-calibrating (but quality control checks can be performed)
* Explain to the patient what you are going to do and obtain consent
* Inspect the patients hands for the following prior to attaching the finger probe as they can adversely affect the reading
  + Nail polish especially blue, green or black. All nail polish should be removed prior to measuring the pulse oximetry
  + Synthetic nails. These should be removed.
  + Dye on fingers i.e. nicotine stain may also effect the readings
  + Cold hands, raynauds disease, poor peripheral circulation
  + Excessive motion i.e. patients with marked tremor
* Attach the probe to the finger and ensure it is correctly placed
* Check signal strength - most oximeters show the signal strength on the display.  
  If low try a different finger. If an adequate signal cannot be obtained the SaO2 will not be accurate.
* Clean probe according to manufacturer’s instructions. This is usually by wiping the inside of the probe with a 70% isopropyl alcohol or detergent wipe
* Record the results in the patient notes or on observation chart as appropriate:
  + Date and time the record and write your name, designation (medical student) and signature
  + If the patient is on supplementary oxygen, record the percentage.

**Warnings**

* Pulse oximeters do not measure carbon dioxide. Do not be falsely reassured by the patient with a normal SpO2 but who is developing respiratory failure due to carbon dioxide retention
* Carbon Monoxide binds to the same sites as oxygen and the pulse oximeter cannot differentiate the two to any great extent. This means that SpO2 will be overestimated in heavy smokers and will be high in carbon monoxide poisoning
* Severe anaemia can theoretically produce a falsely high reading (in the same way that cyanosis is not seen in severe anaemia). Methylene blue (used in some surgical procedures) can give a false low reading
* Bright external lights may also effect the accuracy of the reading (such as in an operating theatre). Don’t use a finger probe on an ear, etc.

**Interpreting your findings**

A pulse oximeter is an indirect measure of hypoxia (SaO2 via blood gases is a direct measure). Cyanosis is a crude “eyeball” method of hypoxia and causes of cyanosis are therefore identical to causes of a low SpO2

In fit young people SpO2 is normally above 97%, above 92% is considered normal

A low SpO2 in acute asthma is a sign of severity. An elderly patient with acute COPD will often have a low SpO2 (below 90%), however their baseline SpO2 (when exacerbation free) may be quite low and they may have acclimatised to a level of hypoxaemia

DOPS FORM: Use a pulse oximeter and interpret the findings

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| **Patient safety**  Hand hygiene before and after  Checks patient identity  Aseptic / clean technique, as indicated  Labels specimen & forms legibly and accurately | | |  |  |  | |  |
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**Test urine with reagent strips**

* Obtain a clean specimen of fresh urine from the patient as urine that has been stored deteriorates rapidly and can give false results.
* Apply non-sterile gloves.
* Mix urine well before immediately before testing.
* Check expiry date of reagent strips
* Remove a strip from reagent bottle and replace cap.
* Briefly immerse test strip in urine ensuring all pads covered then remove immediately.
* Drag the edge of the trip against the urine container rim to remove excess urine.
* Note the time as accurate timing is crucial.
* Hold the stick horizontally rather than upright to prevent various reagents mixing together.
* Compare each test pad to the corresponding row of colour blocks on the bottle label *at the time shown* on the label starting with the shortest time. (wait times for Bayer multistix below – for other makes, read instructions).
* Remove gloves and clean hands.
* Record results clearly and legibly in the patient’s notes & report as appropriate.
* Date and sign the entry
* Explain the results to the patient
  + Avoid jargon
  + Check for understanding
  + Discuss with the patient what will happen next.

**Recommended Test Strip Read Times (Bayer multistix)**

Glucose 30 seconds

Bilirubin 30 seconds

Ketones 40 seconds

Specific Gravity 45 seconds

Blood 60 seconds

pH 60 seconds (can read immediately)

Protein 60 seconds

Urobilinogen 60 seconds

Nitrite 60 seconds

Leukocyte esterase 60 seconds (Pos.)-120 seconds (Neg.)

DOPS FORM: Test urine with reagent strips

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**Set up and manage a cardiac monitor**

**Why use a cardiac monitor?**

The ECG monitor provides a warning of rhythm disturbances

It is used in patients who are potentially vulnerable to these such as in operating theatres and recovery (where the various stresses can induce cardiac problems) and in monitoring patients in acute medical situations where they are vulnerable to cardiac events (such as patients with chest pain in A&E)

**Limitations**

The ECG monitor gives only crude information about rhythm problems (and as such is badly named). To assess ischemia, or to diagnose arrhythmias a standard 12 lead ECG recording is needed

**Electrode placement**

Placement is much less critical than for a 12 lead ECG, so long as you can see well-formed complexes appropriate for monitoring.

A 3 lead system or a five lead system may be used.

Ensure the skin is dry and not greasy and place the electrodes on relatively hair free skin (or shave off dense hair).

Place electrodes over bone rather than muscle to minimise interference from muscle artefact. Areas that may need to be used for placement of defibrillator pads should be avoided.

Electrode Positions & Lead placement: (Resuscitation Council UK)

1. Right Shoulder – Red Lead
2. Left Shoulder – Yellow Lead
3. Lower left chest wall – Green Lead

If using a five lead system:

1. Lower right side of the abdomen – Black Lead
2. Middle of the chest – White Lead

Attach the 3 leads to the electrodes and to the monitor.

Switch the monitor on

Begin by monitoring in lead II as this usually displays good amplitude sinus P waves and good amplitude QRS complexes; however switch to another lead if necessary to obtain the best ECG signal e.g. lead I or III.

The monitor will show a waveform (which may or may not look like a conventional ECG trace depending on electrode position). There is also often a digital display of the pulse rate

An alarm can should be set to sound if the pulse rate falls or rises above predefined levels

A common reason for the alarm to sound is because electrodes have fallen off or the patient’s movements have resulted in non-cardiac interference. When an alarm sounds check the patient to confirm the finding, then make any necessary adjustments to the machine and or treat patient appropriately using the ABCDE approach.

DOPS FORM: Set up and manage a cardiac monitor

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**Perform and report a 12-lead ECG**

*Before* and *after* each patient contact or procedure, clean hands as appropriate with soap and water or alcohol gel.

* Identify the patient
* Discuss the procedure with the patient and obtain verbal consent
* Gather and prepare equipment including the ECG machine
* Prepare the patient: lying with head raised sufficiently for comfort, expose the patient’s wrists, ankles and chest area; maintain their privacy and comfort
* Identify electrode positions and clean sites, with gauze and 70% isopropyl alcohol to ensure good electrode contact. Shave excessive chest hair
* Check the electrodes are in date and moist
* Apply the limb electrodes on the inner aspects of wrists and ankles

Apply the chest electrodes for V1-V6

* V1 – 4th intercostal space to right of the sternal edge
* V2 – 4th intercostal space to left of the sternal edge
* V3 – halfway on a line joining V2 and V4
* V4 – 5th intercostal space; mid-clavicular line
* V5 – 5th intercostal space; anterior axillary line
* V6 – 5th intercostal space; mid-axillary line
* aVL – left wrist
* aVF – left ankle
* aVR – right wrist
* N (neutral) – right ankle (NB names used for limb leads may vary)

Position and connect the leads to the relevant electrodes as labelled or colour coded.

Check the machine is calibrated to a paper speed of 25mm/s and sensitivity is

set to 10mm/milivolt.

Ask the patient to lie still, relax and breathe normally.

Record the ECG

Check the recording is technically satisfactory

Label the ECG:

* Patient’s Name, Date of Birth, Hospital number,
* Time and Date of the ECG,
* any relevant symptoms e.g.chest pain or pain free.

Disconnect the leads, Remove the electrodes and wipe away any gel

Clear up and return machine to proper location.

Document the procedure in the patient’s notes and consult senior colleagues as

required.

**Report the ECG to your supervisor** (see imperial clinical skills intranet for lessons on ECG interpretation and how to report <https://education.med.imperial.ac.uk/e-lectures/ECGs/player.html>)

**DOPS FORM: Perform and report a 12-lead ECG**

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**Teach patient to use a peak flow meter**

**NB Explaining and teaching skills.** Student often assume this is all about what they say, but it is a 2 way communication, the second part is listening to the patient to check they have understood

**Introductions**

* Introduce yourself – name, and status
* Check patient’s identity (name, D.O.B., Hosp No.)

**Explain Task**

What you want to do

* “the doctor has asked me to teach you to use a peak flow meter”

Why you want to do it

* E.g. “this will help us to discover whether you have asthma”
* Or “this will help monitor your asthma to see if your treatment is working satisfactorily”
* Or other reason

Gain verbal or written consent (verbal fine here) –

* “is that OK?”

**Explain How**

Easiest done by demonstrating the machine to the patient and then observing them do it and helping them to correct their technique

Ensure that they:

* Check that the pointer is at zero.
* Stand (or if not possible to sit upright).
* hold the peak flow meter horizontally (and keep fingers away from the scale)
* Take a deep breath and close your lips firmly around the mouthpiece.
* Then blow as hard possible using a short sharp puff like “blowing out candles on a birthday cake”.
* Take the reading and write it down
* Reset the pointer back to zero.
* Ask them to repeat it three times and record the highest reading
* Show them how to fill in theIR peak flow chart

**Check for understanding**

“Is there anything you don’t understand?” “Have you any questions?”

**Wrapping up**

* Thank the patient
* Explain what happens next, e.g. follow up, etc.
* Hand hygiene
* Record what you have done in the patient’s notes and sign and date the entry

DOPS FORM: Teach patient to use a peak flow meter

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**Measure and record a peak expiratory Flow rate**

* Before and after each patient contact or procedure, clean hands as appropriate with soap and water or alcohol gel
* Identify the patient
* Discuss the procedure with the patient and obtain verbal consent
* Check that the pointer is at zero.
* Ask you patient to stand or if not possible to sit in a comfortable, upright position
* Instruct the patient to
  + hold the peak flow meter horizontally   
    (and keep fingers away from the scale)
  + Take a deep breath and close your lips firmly around the mouthpiece.
  + Then blow as hard possible – a short sharp puff, like “blowing out candles on a birthday cake”
* Look at the pointer and note the reading
* Reset the pointer back to zero
* Do this three times and record the highest reading in the patients notes
* Sign and date the entry

DOPS FORM: Measure and record a peak expiratory Flow rate

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**Teach patient to use a metered dose inhaler**

**NB Explaining and teaching skills.** Student often assume this is all about what they say, but it is a 2 way communication, the second part is listening to the patient to check they have understood

**Introductions**

* Introduce yourself – name, and status
* Check patient’s identity (name, D.O.B., Hosp No.)

**Explain Task**

What you want to do

* “the doctor has asked me to teach you to use your asthma pump”

Why you want to do it

* E.g. “this will help you to get the maximum benefit from it”

Gain verbal or written consent (verbal fine here) –

* “is that OK?”

**Explain How**

Easiest done by demonstrating it to the patient using a placebo inhaler, and then observing them do it and helping them to correct their technique

Ensure that they:

* Remove the cap and shake inhaler
* Breathe out gently
* Put mouthpiece in mouth and at start of inspiration, which should be slow and
* deep, press canister down and continue to inhale deeply
* Hold breath for 10 seconds, or as long as possible then breathe out slowly
* Wait for a few seconds before repeating

**Check for understanding**

“Is there anything you don’t understand?” “Have you any questions?”

**Wrapping up**

* Thank the patient
* Explain to the patient when to take the inhaler (regular? PRN?) and what to do if it is not working (get medical help, usually represents an exacerbation)
* Explain what happens next, e.g. follow up etc
* Hand hygiene
* Record what you have done in the patients notes and sign and date the entry

**(NB these instructions for a standard metered dose inhaler: you may demonstrate this skill with any type of inhaler, you should be familiar with each of the main types and the use of spacer devices. See “Inhaled therapy and PEFRs” guidance on intranet at:** <https://education.med.imperial.ac.uk/Skills/Skills.htm>

DOPS FORM: Teach patient to use a metered dose inhaler

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**Administer oxygen at defined concentrations**

See BMJ’s ABC of oxygen. Acute Oxygen Therapy at: <http://ukpmc.ac.uk/articles/PMC1113909>.

This article is a good discussion, but quite old, see BTS Guideline on Emergency Oxygen esp tables and algorithm Vi4 - vi9 for up to date information: <http://www.brit-thoracic.org.uk/Portals/0/Clinical%20Information/Emergency%20Oxygen/Emergency%20oxygen%20guideline/THX-63-Suppl_6.pdf>

* Before and after each patient contact or procedure, clean hands as appropriate with soap and water or alcohol gel
* Identify the patient
* Discuss the procedure with the patient and obtain verbal consent
* Select an appropriate mask in discussion with your Anaesthetist supervisor
* Connect the mask to the O2 supply
* Adjust the flow rate to give an appropriate concentration
* Position the facemask on the patient and secure
* Monitor the patient appropriately (pulse oximetry, blood gases, etc.)

DOPS FORM: Administer oxygen at defined concentrations

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Score** | | | | | | |
| **+++** | | **+** | **+ / -** | | **-** | |
| **Professionalism with patient**  Greeting and introduction to patient  Demonstrates concern for their welfare throughout  **Professionalism with assessor**  Discusses reason for procedure  Discusses outcome/findings/interpretation | |  | |  |  | |  | |
| **Consent**  Explains the purpose of the examination.  Checks for patients understanding  Asks permission in a way which permits refusal | |  | |  |  | |  | |
| **Performing procedure**  Prepares equipment  Performs procedure in a logical sequence, appears practiced  Explains what they are doing to the patient  Attends to the patient’s comfort and dignity.  Clears up, including disposal of sharps | |  | |  |  | |  | |
| **Patient safety**  Hand hygiene before and after  Checks patient identity  Aseptic / clean technique, as indicated  Labels specimen & forms legibly and accurately | |  | |  |  | |  | |
| **Communication**  Uses jargon free language,  Elicits and deals with patient’s concerns  Explains result of procedure (where appropriate) | |  | |  |  | |  | |
| **Overall competence & professionalism performing this skill** | |  | |  |  | |  | |
|  | |  | | | | | | |
| Anything especially good? | | | | Things to improve? | | | | |
| Student’s name: | | | | Student’s signature: | | | | |
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| Examiner’s position (e.g. SpR, Consultant, etc.): | | | | | | | Date: | |

**Venepuncture**

**🚑 Danger 🚑 Health and Safety Blackspot! 🚑**

**More students at Imperial suffer needlestick injuries than   
any other clinical accident**

* **Practice in skills lab (including safety aspects) before venesecting patients**
* **Concentrate on what you are doing**
* **Keep Sharps bin handy**
* **Do not resheathe needles**
* **Do not take blood from known high risk patients (Hepatitis B & C & HIV)**

**Recommended Technique**

**Before** and **after** each patient contact and procedure clean hands as appropriate with soap and water or alcohol gel

* Gather the required equipment, including a clean tray and sharps bin
* Introduce yourself to the patient and check their identity (name, DoB, Hosp No.)
* If you are using a lab form completed by someone else, ensure the details match
* Discuss the procedure with the patient and obtain verbal consent
* Prepare the patient as necessary e.g. sitting or lying down
* Clean hands and apply non-sterile gloves
* Select the most suitable site for venepuncture
* Apply a disposable tourniquet 5-10cm above the site, to gently constrict venous return
* If necessary encourage venous distension by hanging limb downwards
* Clean the site by 70% isopropyl alcohol for 30 seconds and allow to dry for 30 seconds. Do not then repalpate or touch the skin
* Connect needle or butterfly to holder
* Stabilising the vein with one hand, insert the needle with the other; with bevel upwards at approx. 15 – 30 degree angle
* Introduce the sample tubes following the recommended ‘order of draw’ and invert tubes upon removal following the recommended mixing guidelines
* Release tourniquet
* Withdraw the needle, disposing of it directly into a sharps bin
* With sterile gauze apply mild pressure over the puncture site until bleeding ceases; if capable the patient may be able to do this
* Check for any complications e.g. haematoma, and apply dressing
* Label all blood specimens and complete the laboratory form at the bedside (reduces risk of error)
* Place blood specimens and laboratory form into a plastic specimen bag ready for collection
* Remove gloves and dispose of all used equipment safely and appropriately
* Clean hands

**Note:** This excludes samples for blood cultures.

# DOPS FORM: Venepuncture

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Score** | | | | | |
| **+++** | **+** | **+ / -** | | **-** | |
| **Professionalism with patient**  Greeting and introduction to patient  Demonstrates concern for their welfare throughout  **Professionalism with assessor**  Discusses reason for procedure  Discusses outcome/findings/interpretation | |  |  |  | |  | |
| **Consent**  Explains the purpose of the examination.  Checks for patients understanding  Asks permission in a way which permits refusal | |  |  |  | |  | |
| **Performing procedure**  Prepares equipment  Performs procedure in a logical sequence, appears practiced  Explains what they are doing to the patient  Attends to the patient’s comfort and dignity.  Clears up, including disposal of sharps | |  |  |  | |  | |
| **Patient safety**  Hand hygiene before and after  Checks patient identity  Aseptic / clean technique, as indicated  Labels specimen & forms legibly and accurately | |  |  |  | |  | |
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| **Overall competence & professionalism performing this skill** | |  |  |  | |  | |
|  | |  | | | | | |
| Anything especially good? | | Things to improve? | | | | | |
| Student’s name: | | Student’s signature: | | | | | |
| Examiner’s name: | | Examiner’s signature: | | | | | |
| Examiner’s position (e.g. SpR, Consultant, etc.): | | | | | | Date: | |
| **Assessors please note: More Imperial student’s suffer needlestick injuries than any other clinical accident. Please take special care that students competence includes sharps handling** | | | | | | | |

**Peripheral Intravenous Cannulation**

**Equipment**

|  |  |
| --- | --- |
| * Clean tray | * Disposable plastic apron |
| * Non-sterile gloves | * 10ml Syringe & needle |
| * Tourniquet | * Sterile IV dressing |
| * Sterile gauze | * Sharps bin |
| * Extension Set (as required) | * Protective field/underlay |
| * 2% Chlorhexidine in 70% Alcohol skin prep (or 70% Alcohol skin prep if not available). | * Cannula (of appropriate size) |
| * 0.9% Sodium Chloride for injection |

* Before and after each patient contact or procedure, clean hands as appropriate with soap and water or alcohol gel
* Gather the equipment needed including a clean tray and sharps bin
* Identify the patient (name, DoB, Hosp No.)
* Discuss the procedure with the patient and obtain verbal consent
* Clean hands and put on gloves
* Prepare equipment and draw up the flush
* Apply the disposable tourniquet to the chosen limb to gently impeded venous return
* Encourage venous distension if required (see venesection)
* Select the most suitable vein
* Clean the area with 2% chlorhexidine gluconate in 70% isopropyl alcohol and allow to dry for at least 30 seconds. Do not repalpate / touch the skin again
* Stabilize the vein by applying manual traction on the skin
* Insert the cannula through the skin with bevel upwards, at an angle of 15 to 45 degrees according to the depth of the vein and device used
* Observe for the first appearance of blood into the flashback chamber of the cannula
* Lower the angle of insertion and advance the cannula a further few millimetres into the vein
* Withdraw the needle slightly and observe for a second flashback of blood which will be seen along the shaft of the cannula
* Holding the needle in place, advance cannula off the needle into the vein
* Release the tourniquet and place gauze beneath the cannula end
* Apply digital pressure on the vein just above the cannula tip and support the cannula to prevent dislodgement
* Remove the needle completely and dispose of directly into a sharps container
* Connect to IVI, or extension tube as required. Flush with 0.9%.sodium chloride if appropriate
* Observe the site for signs of swelling, leakage or discomfort
* Clean area as required
* Secure the cannula with an appropriate sterile dressing
* Remove gloves and dispose of all used equipment safely and appropriately
* Document the procedure within the patient’s notes including cannula used, batch, size, site, flush, date inserted, date for removal and any complications (including number of attempts (Max 2)

DOPS FORM: Peripheral Intravenous Cannulation

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**Setting up an Infusion**

**Equipment:**

|  |  |
| --- | --- |
| * Non-sterile gloves | * Prescription chart |
| * Drip stand | * Prescribed fluid bag |
| * Giving set | * Clean preparation tray |
| * 2% Chlorhexidine in 70% Alcohol wipe (or 70% Alcohol wipe if not available). | * Disposable plastic apron  (as required) |

* Before and after each patient contact or procedure, clean hands as appropriate with soap and water or alcohol gel.
* *NOTE: Administration of medications (including IV fluids) must be done under the direct supervision and of a suitably qualified colleague who will be accountable for the procedure.*
* Identify the patient identity (name, DoB, Hosp No.) ensuring this matches the prescription chart
* Discuss the procedure with the patient and obtain verbal consent
* Check the cannula is satisfactorily situated (look for erythema, increased tenderness, local swelling) & flush to check patency
* Gather the required equipment including a clean tray
* Check the infusion fluid matches the prescription; check the expiry date and ensure the outer packaging is intact, check there are no crystals in the bag. Check with an appropriately qualified colleague (for safety always check any medication with another colleague)
* Clean hands and apply non-sterile gloves
* Remove the fluid bag from packaging
* Select appropriate giving set, and close the roller clamp
* Rest the bag of fluid on a flat surface and insert the spike from the giving set, into the fluid bag
* Invert the bag and hang on the stand
* Squeeze and release the drip chamber of the giving set until half fill with fluid (or to the designated fill line)
* Partially open the roller clamp and prime the full length of the line with fluid, keeping the end cap on, then close the roller clamp
* Remove the cap from the end of the giving set and connect to the venous access device
* Adjust the roller clamp to set the infusion to the prescribed rate - by calculating then timing the drops per minute required. Check this with a qualified colleague
* Secure the infusion line as required to prevent movement & mechanical phlebitis
* Remove gloves and dispose of all used equipment safely and appropriately
* Clean hands
* Complete documentation for the procedure, including the prescription chart (along with a signature of the supervising qualified colleague) and fluid balance chart.

DOPS FORM: Setting up an Infusion

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| --- | --- | --- | --- | --- | --- | --- | --- |
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**Scrubbing up**

Before you enter theatre

* + Ensure nails are a reasonable length
  + Remove nail varnish
  + Remove watch, bracelets (metal & other) and rings

Before scrubbing

* Ensure mask secure and covering mouth and nose
* Ensure hair and sleeper earrings completely covered by hat
* Ensure eye protection in place
* Ensure footwear clean, washable and for theatre use only

Scrubbing

* Select water, antiseptic and brush
* Select comfortable water temperature
* Use moderate water flow – AVOID SPLASHING
* Select ONE antiseptic and use only this throughout procedure
* Remove brush from packet, discard nail scraper as per local policy

N.B. Antiseptic soap may be used in the event of allergy and retained in hand until after step 7

**First Wash** Approximately 1 minute

* Wet brush and press antiseptic solution lever with elbow to apply antiseptic to sponge. Using sponge, lather and wash hands and arms to elbow
* Without rinsing off the solution, clean fingernails of both hands then discard brush. (N.B. Do not rub vigorously)
* Rinse

**Second Wash** N.B.  Solution must remain on skin for 2 minutes

* Apply antiseptic solution, lather hands and two-thirds of forearms thoroughly, working from wrist to forearms, keeping hands above elbows
* Wash hands thoroughly ensuring each action is repeated 5 times
* Rinse hands and arms, allowing water to run from fingertips to elbows
* Using elbows, turn off taps

**Drying** (NB keep hands above elbow throughout)

* Pick up towel (without touching sterile gown or dripping over package)
* Dry fingers, hands and wrists (do not rub)
* Fold towel. Dry arm from wrist to elbow in circular motion
* Discard towel
* Repeat steps 1-4 for other hand and arm

DOPS FORM: Scrubbing Up

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
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**Explain to a patient how to produce an MSU**

**NB Explaining and teaching skills.** Student often assume this is all about what they say, but it is a 2 way communication, the second part is listening to the patient to check they have understood

**Introductions**

* Introduce yourself – name, and status
* Check patients ID – Name / D.O.B. /Hospital number

**Explain Task**

***What you want to do***

* e.g. “the doctor has asked me to collect a urine sample from you”

***Why you want to do it***

* e.g. “we need to check to see if there is any infection in the urine”

***Gain verbal or written consent*** (verbal fine here)

* “Is that OK?”

**Explain How**

For example…“We need to collect a sample of your urine (may use different terms depending on patient level)

But it has to be a clean sample, free from any germs that could have come from the skin…

So what I need you to do is take this bottle to the toilet, start peeing and then put the bottle into the stream to catch a sample, it doesn’t have to be very much.”

**Check for understanding**

“Is there anything you don’t understand?” “Have you any questions?”

**Wrapping up**

* Thank the patient
* Explain what happens next
* Label the specimen and write the request form (if sending to lab)
* Hand hygiene

DOPS FORM: Explain to a patient how to produce an MSU

|  |  |  |  |  |  |  |  |
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**Firm Head Sign-off**

**Your firm head must sign-off each skill you have successfully achieved at the end of each firm:**

|  |  |  |
| --- | --- | --- |
| **Assessment** | **Signed** | **Print Name and Hospital** |
| **Near patient testing** | | |
| Pulse oximetry |  |  |
| Test urine with reagent strips |  |  |
| Setting up and managing an ECG monitor |  |  |
| Perform and report ECG |  |  |
| Measure and record peak flow rate |  |  |
| **Therapeutic procedures** | | |
| Administer oxygen at defined concentrations |  |  |
| **Clinical procedures** | | |
| Venepuncture |  |  |
| IV Cannulation |  |  |
| Setting up an infusion |  |  |
| **Patient protection** | | |
| Scrubbing |  |  |
| ***Explaining skills*** | | |
| Explain to a patient how to produce an MSU |  |  |
| Teach use of peak flow meter |  |  |
| Teach use of a MDI |  |  |

Clinical Skills Logbook

In order to track your own progress for each key clinical skill, please record your attempts and reflections as you go through medical school.

This logbook is to be used throughout your time at medical school, so not all skills apply to the year you are currently in. Furthermore, not all skills need to be attained at ‘level 4’ competency. To find out which level you are expected to aim at for each year, please check the clinical skills map.

**Please note that for some skills you are required to complete a DOPS   
(Directly Observed Practical Skill) form.**

|  |
| --- |
| **1. GENERAL/ SYSTEM CLINICAL EXAMINATIONS** |
| Basic Obs (pulse, temp, respiratory rate, pulse oximetry) / Blood Pressure |
| Cardiovascular examination |
| Respiratory examination |
| Gastro-intestinal examination |
| Abdominal examination |
| Neurological examination - cranial |
| Neurological examination - limbs |
| Glasgow Coma Scale |
| Mini-Mental Test (/10) / Mini-Mental State Examination (/30) |
| Mental State Examination |
| Recognising the sick patient |

|  |
| --- |
| **2. SPECIFIC EXAMINATIONS** |
| Lumps/masses, incl. thyroid, neck, hernia |
| Breast examination |
| Vascular examination |
| Digital Rectal examination |
| Otoscopy / ENT examination |
| Ophthalmoscopy / Eye examination |
| GALS (Gait, Arms, Legs, Spine) examination |
| Examinations of joints (e.g. hand, elbow, wrist, shoulder, hip, knee, spine) |
| Dermatological examination |
| Examination of the pregnant abdomen |
| Bimanual / vaginal with speculum / genital examination |

|  |
| --- |
| **3. DIAGNOSTIC PROCEDURES** |
| Blood glucose / Venepuncture / Managing blood samples (containers/labels) |
| Blood cultures |
| Arterial Blood Gases |
| Urinalysis (stix) |
| Setting up an ECG |
| Measure and record peak flow |
| Spirometry |
| Throat and skin swabs |
| Cervical smear / Genital swabs |
| Advanced procedures - Insertion of a CVP line; invasive arterial and CVP monitoring; fluid aspiration; lumbar puncture. |

|  |
| --- |
| **4. INTERPRETING INVESTIGATIONS** |
| Blood tests |
| Arterial Blood Gases |
| Urinalysis (stix) |
| ECG |
| Chest X-ray |
| Abdominal X-ray |
| X-rays in Orthopaedics / Rheumatology |
| Other radiology |
| Spirometry |

|  |
| --- |
| **5. THERAPEUTIC SKILLS** |
| Administer oxygen at defined concentrations |
| Administer nebuliser / Metered Dose Inhaler |
| Cannulation |
| Setting up an infusion |
| Female catheterisation |
| Male catheterisation |
| SC and IM injections |
| Making up drugs for parenteral administration / adding drugs to i.v. bag / use of infusion devices |
| Skin suturing (inc use of local anaesthetics) |
| Wound care, dressings, splints, casts |
| Basic Life Support |
| Immediate Life Support |
| Nasogastric tube insertion |
| Tracheal intubation and artificial ventilation |
| Blood transfusion |

|  |
| --- |
| **6. SAFE PRACTICE / DOCUMENTATION** |
| Moving and handling |
| Handwashing and sharps disposal |
| Aseptic technique / personal protection equipment |
| Scrubbing up |
| Writing prescription (inc on chart + controlled drugs, insulin sliding scales) |
| Documenting in Obs, Food and Fluid balance charts and patient notes |
| Writing documents (e.g. clinic/discharge/referral letters, death certificates) |

|  |
| --- |
| **7. EXPLAINING TO PATIENTS** |
| Explaining how to use a peak flow meter / MDI (inc. different inhaler types) |
| Explaining how to take MSU |
| Explaining endoscopy (e.g. bronchoscopy, upper GI, colonoscopy, cystoscopy) |
| Explaining X-ray / CT / MRI / USS / isotope scan |
| Gaining consent for these and other surgical procedures |
| Sharing difficult news |

Clinical Skills Map for Logging skills

Below are some key clinical skills with the respective level of competency you should be aiming to attain. This is not a definitive or exhaustive list. It does not indicate where or how these skills are assessed. Please note that this is only a recommended minimum standard, depending on learning opportunities, students may well be able to outperform these.

|  |
| --- |
| **Minimum level of competency by the end of the year:**  **1** = have seen or can describe  **2** = perform in simulated situation e.g. with actor/ peer / model  **3** = perform under direct supervision  **4** = perform without direct supervision ( *only after reaching competency at level 3*) |

***PLEASE NOTE THAT YOU ARE REQUIRED TO COMPLETE A DOPS   
(Directly Observed Practical Skill) FORM FOR THOSE ITEMS MARKED WITH AN***

***ASTERIX (\*).***

|  | **Year 1** | **GE (Yr 1)** | **Year 2** | **Year 3** | **Year 5** | **Year 6** |
| --- | --- | --- | --- | --- | --- | --- |
| **GENERAL/ SYSTEM CLINICAL EXAMINATIONS** | | | | | | |
| Basic Obs (pulse, temp, respiratory rate, ***pulse oximetry\*****)* |  |  | 4 | 4 | 4 | 4 |
| Blood pressure | 2 | 2 | 4 | 4 | 4 | 4 |
| Cardiovascular examination |  |  | 1 | 4 | 4 | 4 |
| Respiratory examination | 1 | 1 | 1 | 4 | 4 | 4 |
| Gastro-intestinal / Abdominal examination |  |  | 1 | 4 | 4 | 4 |
| Neurological examination |  |  | 1 | 4 | 4 | 4 |
| Glasgow Coma Scale | 1 |  | 1 | 4 | 4 | 4 |
| Mini-Mental Test (/10) / Mini-Mental State Examination (/30) |  |  | 1 | 4 | 4 | 4 |
| Mental State Examination |  |  |  | 1 | 4 | 4 |
| Recognising the sick patient |  |  |  | 1 | 3 | 4 |
|  |  |  |  |  |  |  |
| **SPECIFIC EXAMINATIONS** | | | | | | |
| Neck (inc thyroid), Breast, Vascular, Rectal, Lumps/masses, hernia/groin |  |  |  | 4 | 4 | 4 |
| Ophthalmoscopy / Otoscopy |  |  |  | 4 | 4 | 4 |
| Ophthalmology / ENT |  |  |  |  |  | 4 |
| GALS examination |  |  |  | 4 | 4 | 4 |
| Joint examinations (e.g. hand, elbow, wrist, shoulder, hip, knee, spine) |  |  |  |  | 4 | 4 |
| Dermatological examination |  |  |  |  | 4 | 4 |
| The pregnant abdomen / bimanual / vaginal with speculum / genital examinations |  |  |  |  | 4 | 4 |
| **DIAGNOSTIC PROCEDURES** | | | | | | |
| Blood glucose | 2 | 2 | 2 | 4 | 4 | 4 |
| ***Venepuncture\**** | 1 |  | 1 | 4 | 4 | 4 |
| Blood cultures |  |  |  | 1 | 1 | 3 |
| Arterial Blood Gases |  |  |  | 1 | 3 | 4 |
| Managing blood samples (containers and labels) |  |  | 1 | 4 | 4 | 4 |
| Urinalysis (stix and pregnancy test) |  |  |  | 4 | 4 | 4 |
| ***Setting up an ECG\**** | 1 | 1 | 1 | 4 | 4 | 4 |
| ***Measure and record peak flow\**** | 2 | 2 | 2 | 4 | 4 | 4 |
| Spirometry | 2 | 2 | 2 | 3 | 3 | 4 |
| Throat and skin swabs |  |  |  | 1 | 4 | 4 |
| Cervical smear / Genital swabs |  |  |  |  | 4 | 4 |
| Advanced procedures - Insertion of a CVP line; invasive arterial and CVP monitoring; fluid aspiration; lumbar puncture. |  |  |  | 1 | 1 | 1 |
| **INTERPRETING INVESTIGATIONS (NB. Repertoire & expertise to increase as progress through curriculum)**  A = some confidence : B = very confident | | | | | | |
| Blood tests |  |  | A | B | B | B |
| Arterial Blood Gases |  |  | A | B | B | B |
| Urinalysis (stix) |  |  | A | B | B | B |
| ECG\* | A | A | A | B | B | B |
| Radiology | A | A | A | B | B | B |
| Spirometry | A | A | A | B | B | B |
| **THERAPEUTIC SKILLS** | | | | | | |
| ***Administer oxygen at defined concentrations\**** |  |  | 1 | 3 | 3 | 4 |
| Administer nebuliser / Metered Dose Inhaler |  |  |  | 3 | 3 | 3 |
| ***Cannulation\**** |  |  | 1 | 3 | 3 | 4 |
| ***Setting up an infusion\**** |  |  | 1 | 3 | 3 | 3 |
| Female catheterisation |  |  |  | 3 | 4 | 4 |
| Male catheterisation |  |  |  | 3 | 3 | 4 |
| SC and IM injections |  |  |  | 3 | 3 | 3 |
| Making up drugs for parenteral administration / adding drugs to i.v. bag / use of infusion devices |  |  | 1 | 1 | 1 | 3 |
| Skin suturing (incl. use of local anaesthetics) |  |  |  | 2 | 3 | 3 |
| Wound care, dressings |  |  |  | 1 | 3 | 3 |
| Splints, casts |  |  |  |  | 1 | 3 |
| Basic Life Support |  |  |  | 2 | 2 | 2 |
| Immediate Life Support |  |  |  |  | 2 | 2 |
| Nasogastric tube insertion |  |  |  | 1 | 1 | 3 |
| Tracheal intubation, artificial ventilation, blood transfusion |  |  |  | 1 | 1 | 1 |
| **SAFE PRACTICE / DOCUMENTATION** | | | | | | |
| Moving and handling |  |  |  | 4 | 4 | 4 |
| Handwashing and sharps disposal | 4 | 4 | 4 | 4 | 4 | 4 |
| Aseptic technique / personal protection equipment | 1 | 1 | 2 | 4 | 4 | 4 |
| ***Scrubbing up\**** |  |  |  | 4 | 4 | 4 |
| Writing prescription (incl. on chart + controlled drugs, insulin sliding scales) |  |  | 1 | 1 | 3 | 3 |
| Documenting in Obs, Food and Fluid balance charts and patient notes |  |  | 2 | 3 | 3 | 3 |
| Writing documents  (e.g. clinic/discharge/referral letters, death certificates) |  |  | 1 | 2 | 2 | 3 |
| **EXPLAINING TO PATIENTS** | | | | | | |
| ***Explaining how to use a peak flow meter\**** |  |  |  | 4 | 4 | 4 |
| ***Explaining how to use MDI (inc. different inhaler types)\**** |  |  |  | 4 | 4 | 4 |
| ***Explaining how to take MSU\**** |  |  |  | 4 | 4 | 4 |
| Explaining endoscopy (eg. bronchoscopy, upper GI, colonoscopy, cystoscopy) |  |  |  | 4 | 4 | 4 |
| Explaining X-ray / CT / MRI / USS / isotope scan |  |  |  | 4 | 4 | 4 |
| Gaining consent for these and other surgical procedures |  |  |  | 2 | 2 | 2 |
| Sharing difficult news |  |  |  | 2 | 2 | 2 |