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*“Primum non nocere”*

*Hippocrates*

*(B.C. 460 – B.C. 370)*

**İSTİNYE UNIVERSITY  
MEDICAL FACULTY**



III. YEAR

APPLICATION GUIDE

FOR

CLINICAL SKILLS

2024

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**SKILLS OF EVALUATION OF GENERAL CONDITION AND VITAL SIGNS**

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| **Aim: To gain the skill of evaluation of general condition and vital signs** |
| **Materials:** Stethoscope, Sphygmomanometer |

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| **STEPS** | **PERFORMED** | **NOT PERFORMED** |
| 1. Introduced himself/herself and acknowledged the patient about the examination |  |  |
| 1. Evaluated the consciousness of the patient and registered the status of consciousness (conscious, somnolence, stupor, coma) |  |  |
| 1. Determined the orientation (place and time) of the patient by asking appropriate questions |  |  |
| 1. Determined the posture (active, passive, obligatory) of the patient |  |  |
| 1. Watched and evaluated the walking of the patient |  |  |
| 1. Evaluated the talk of the patient |  |  |
| 1. Evaluated the patient’s body structure. Registered how the body structure is (obese, thin, normal, cachectic, athletic, picnic, asthenic etc.) |  |  |
| 1. Calculated the body mass index according to the formula [weight(kg)/height2(m2)] |  |  |
| 1. Examined **edema** |  |  |
| Held the patient’s tibia |  |  |
| Pressed the surface of the tibia with the thumb for 5 – 10 seconds |  |  |
| Palpated the pressed region for ‘godet’ formation |  |  |
| 1. Examined **subicterus** and **icterus** |  |  |
| Investigated for color change of the sclera and skin |  |  |
| 1. Investigated **anemia** |  |  |
| Investigated the conjunctiva for paleness |  |  |
| Held the palm of the patient and compared its color with the color of his/her own palm (both should be held at the level of the heart) |  |  |
| 1. Investigated **cyanosis** |  |  |
| Investigated for central cyanosis by looking at the mucous membranes and investigated for peripheral cyanosis by looking at the tips of the fingers |  |  |
| 1. Evaluated **skin turgor** |  |  |
| Squeezed the ulnar skin of the forearm between the two fingers. Evaluated how quick the skin turns to its previous shape |  |  |
| 1. Evaluated **muscle tonus** |  |  |
| Held the hand of the patient up and left it while observing its fall |  |  |
| **VITAL SIGNS** |  |  |
| 1. **Respiration** |  |  |
| Evaluated for abnormal respirations (dyspnea, tachypnea, apnea, wheezing) |  |  |
| Evaluated whether the patient is using accessory respiratory muscles |  |  |
| Evaluated the rhythm and deepness of the respirations for the presence of “irregular and superficial’’ respirations |  |  |
| Counted the number of respirations per minute |  |  |
| 1. **Pulse** |  |  |
| Palpated the radial pulse of the patient with 3 fingers (2., 3. and 4. fingers) |  |  |
| Counted the number of pulses per minute |  |  |
| Evaluated the pulse rhythm |  |  |
| Evaluated the fullness of the pulse |  |  |
| Evaluated the stiffness of the pulse |  |  |
| 1. **Blood Pressure** |  |  |
| Reminded the patient of not having smoking, caffeine, food, drug intake or exercise 30 minutes before measurement |  |  |
| Made the patient remain seated and relaxed for 5 minutes |  |  |
| Adjusted the patient to the right position (sitting with back supported by chair, legs uncrossed, feet flat on floor, bare-arm resting on table, mid-arm at heart level) |  |  |
| Put the cuff at heart level |  |  |
| Inflated the cuff above 30-40 mmHg of the point of disappearance of the pulse (or until 200 mm Hg) |  |  |
| Slowly deflated (2-3 mmHg per second) the cuff |  |  |
| Registered the appearance of the sounds as systolic blood pressure and the disappearance of the sounds as diastolic blood pressure |  |  |
| 1. **Fever** |  |  |
| Inspected whether the patient feels cold, have chills and paleness; palpated the skin for the presence of sweat, heat and humidity |  |  |
| Checked the body temperature with a thermometer |  |  |

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**SKILLS OF BREAST AND AXILLA EXAMINATION**

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| **Aim: To gain the skill of breast and axilla examination by applying the skill steps correctly and in thee appropriate order** |
| **Materials:** Model |

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| **STEPS** | **PERFORMED** | **NOT PERFORMED** |
| 1. Washed his/her hands |  |  |
| 1. Introduced himself/herself and acknowledged the patient about the examination |  |  |
| 1. Made the patient sit on the examination table naked from the waist up |  |  |
| 1. Asked the patient to hang both arms freely at her sides |  |  |
| 1. Checked whether both breasts and nipples are symmetrical |  |  |
| 1. Checked for nipple shrinkage and eczematous lesions on the nipple and areola |  |  |
| 1. Checked whether there was any shrinkage on the skin of both breasts |  |  |
| 1. Asked the patient to put her hands over her head, while checking whether there was any shrinkage on the breast skin |  |  |
| 1. Asked the patient to put her hands on her waist and press, while checking whether there was any shrinkage on the breast skin and whether there was a noticeable mass on the hardened pectoralis major muscle |  |  |
| 1. Asked the patient to lie on his back and placed a pillow under his back on the side to be examined |  |  |
| 1. Hastadan muayene edilecek taraftaki kolu başının altına yerleştirmesini ve başını karşı tarafa çevirmesini istedi |  |  |
| 1. Using the palmar surfaces of the distal phalanx, the 2nd, 3rd and 4th fingers of the active hand palpated the entire breast, including the axillary extension, with circular movements starting from the areola and expanding towards the periphery |  |  |
| 1. (If palpable) Determined the characteristics of the mass such as size, consistency, adhesion to surrounding tissues and mobility |  |  |
| 1. Followed the steps 10 - 13 for the other breast as well |  |  |
| 1. Gently squeezing both nipples, she checked their consistency, elasticity, and whether there was any discharge |  |  |
| 1. Asked the patient to sit down |  |  |
| 1. Holding the patient's arm on the side being examined with the opposite hand, she lifted it to a position parallel to the ground |  |  |
| 1. Placed the other hand on the patient's axilla |  |  |
| 1. Position the patient's arm in a comfortable position so that its weight is supported by the examiner |  |  |
| 1. While the patient's arm was brought from abduction to adduction, completed the axilla examination from top to bottom, using the palmar aspect of the distal phalanges of the fingers in the axilla |  |  |
| 1. If a lymph node was detected, its characteristics such as size, consistency, adhesion to surrounding tissues, mobility and number were determined |  |  |
| 1. Applied steps 17 - 21 for the other axilla as well |  |  |
| 1. Moved to the back of the patient |  |  |
| 1. Asked the patient to turn her head to the side to be examined and palpated the supraclavicular space on that side |  |  |
| 1. If a lymph node is detected, its characteristics such as size, consistency, adhesion to surrounding tissues, mobility and number are determined |  |  |
| 1. Repeated the same procedures for the other supraclavicular space |  |  |
| 1. Informed the patient about the examination results and |  |  |
| 1. Washed his/her hands |  |  |

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**SKILLS OF CARDIOVASCULAR SYSTEM EVALUATION AND EXAMINATION**

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| **OBJECTIVE: To learn the examination of adult cardiovascular system** |
| **MATERIALS REQUIRED:** Stethoscope |

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|  | **PERFORMED** | **NOT PERFORMED** |
| 1. 1. Washed hands and informed the patient about the examination |  |  |
| 1. 2. Positioning him/herself to the right side of the patient |  |  |
| **(Inspection)**   1. Inspecting any sign of stress on the patients (anxiety, pain, sweating, abnormal breathing, crying etc.) |  |  |
| 1. Evaluation of any dermatologic – skin lesions on the patient (cyanosis, sweaty or dry skin, edema, ecchymosis, petechia etc.) |  |  |
| 1. Evaluation of the posture, abnormal position or shape of extremity or thorax, presence of pacemaker, looking for scars for previous surgeries such as bypass surgery. |  |  |
| 1. Any finding for specific for cardiovascular disease on neck, head or face (xanthelasma, facies mitrale, musset sign, cyanosis, ecchymosis) |  |  |
| 1. Evaluation of jugular venous pressure (patient at 45 degree, in sitting position and turn the head to the left side) |  |  |
| 1. Abdominal examination, looking for distention, hernia, skin lesions, previous scars from previous surgeries. |  |  |
| 1. Extremity evaluation, looking for edema, nail examination, skin lesions. |  |  |
| **(Palpation)**   1. With warm hands, patient is lying down position. Evaluates the precordial beats (left and right ventricle). Fingers and hand on the midsternal - 5th intercostal space – midclavicular line to detect the position of ventricular apex. |  |  |
| 1. Patient is in sitting position – evaluated the precordial beat and evaluated the beat and carotid artery synchronization |  |  |
| 1. Evaluates any thrill on the chest wall both in sitting and lying down position |  |  |
| 1. Both in sitting and lying down position – evaluated and detected the position of heart and dullness by percussion starting from axillary line and coming down to the medial area by following intercostal spaces and placed markers by pen. |  |  |
| **(Auscultation)**   1. By warming the stethoscope, started the auscultation |  |  |
| 1. Shows the sites - points for auscultation of the heart on chest wall (used both diaphragm and bell parts of the stethoscope, in sitting, on lean forward, lying down and left side lying down)   Auscultation points;   1. Aortic: intersection of right border of sternum and second intercostal space 2. Pulmonary: intersection of left border of sternum and second intercostal space 3. Erb’s point: intersection of right border of sternum and third intercostal space 4. Tricuspit: intersection of left border of sternum and forth intercostal space 5. Mitral: intersection of midclavicular line and fifth intercostal space |  |  |
| 1. Listens and can recognize S1 and S2 together with carotid pulse synchrony |  |  |
| 1. Evaluates strength, intensity and duration of the heart sounds |  |  |
| 1. Evaluates the heart rate, and rhythm |  |  |
| 1. Defines if there are any abnormal heart sounds |  |  |
| 1. Defines if there are any murmur and evaluates the radiation, type and pattern of the murmur. |  |  |
| 1. Performs dynamic auscultation (with various physiologic maneuvers or pharmacologic agents) and re-defines the murmurs. |  |  |
| 1. Evaluates the peripheral pulses (carotid, brachial, radial, femoral, popliteal, dorsalis pedis) |  |  |
| 1. Informs the patients about the findings in the examination |  |  |
| 1. Wash hands |  |  |

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**SKILLS OF RESPİRATORY SYSTEM EXAMINATION**

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| **AIM̧: To apply the correct examination skills in the appropriate chronological order in aim of attaining the**  **basic examination skills required** |
| **MATERIALS REQUIRED:** Stethoscope |

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| **STEPS** | **PERFORMED** | **NOT PERFORMED** |
| 1. Washed hands and cleansed stethoscope with alcohol |  |  |
| 1. Thawed stethoscope to avoid irritating patient |  |  |
| 1. Introduced herself/himself, inform about the examination and take permission from the patient |  |  |
| 1. Ordered the patient to undress chest. Provided the patient with the necessary privacy during the undressing and examination process |  |  |
| 1. Counted patients respiratory rate by direct inspection or by placing palm of hand on patients epigastric region for 1 minute |  |  |
| 1. Requested patient to join both hands around the waist while seated relaxing shoulders and slightly tilting the head forward |  |  |
| 1. Assessed symmetry of both hemithoraces posteriorly |  |  |
| 1. Inspected the Thorax fully and check for any pathology |  |  |
| 1. Requested patient to inhale deeply and assessed whether both hemithoraces contribute equally to respiration |  |  |
| 1. Used both hands to form pili between the inferior part of scapulae and the midline |  |  |
| 1. Requested patient to inhale deeply and palpate and observed whether both hemithoraces are contributing equally to respiration |  |  |
| 1. Repeated the previous step (11.th step) after forming pili with hands at the midline between both claviculae and inframammmilalry or axillary region |  |  |
| 1. Palpated trakeal rings by placing index fingertip on the jugular incision |  |  |
| 1. Palpated trachea from both right and left sides while measuring distance between sternocleidomastoid muscle and trachea |  |  |
| 1. Placed the palm of both hands at the outer border of the scapulae paralel to the vertebrae and inferior tp the scapulae paralel to the costa in a consecutive and symmetrical manner |  |  |
| 1. Requested patient to repeat loudly the words “ten-eleven” or “fourty-fourtyone” or “car” |  |  |
| 1. Checked the equality of the vibrations between both hemithoraces both anteriorly and posteriorly while the patient is repeating the above words |  |  |
| 1. Spreaded left hand and placed the middle finger on the chest wall |  |  |
| 1. Hit with the middle finger of the right hand the middle finger of the left hand at the level of the first interdigital joint by flexing the wrist |  |  |
| 1. Placed finger and perform percussion at the patients posterior symmetrically parallel to the spina scapula, between the scapular vertebrae and parallel to them, and then at the intercostal spaces below the scapula |  |  |
| 1. Located and marked the dullness of the diafragm posteriorly after deep expiration and compared it with the dullness of the diafragm after deep inspiration |  |  |
| 1. Located the costofrenik sinüs at the lungs basal location by detecting the change of sonor sounds to dullness and place finger on it, then requested patient to inspire deeply and hold breath |  |  |
| 1. Checked change in percussion sounds after ordering patient to inspire deeply |  |  |
| 1. Performed percussion on the whole anterior chest wall after requesting the patient to lie down on back starting from the below the clavicula down throughout all the intercostal spaces symmetrically |  |  |
| 1. Requested patient to inhale and exhale quietly with mouth open |  |  |
| 1. Auscultated the chest wall posteriorly placing the stethoscope and requesting the patient to breath in and out at least once each time |  |  |
| 1. Auscultated the whole chest wall anteriorly posteriorly and laterally in a symmetrical order with a stethoscope |  |  |
| 1. Checked whether the respiratory sounds on both hemithoraces are identical and presence of additional sounds |  |  |
| 1. Announced that the physical examination has ended and that the patient may dress up (if necessary help the patient) |  |  |
| 1. Washed hands and cleaned stethoscope with alcohol |  |  |
| 1. Provided information about the examination to patient |  |  |
| 1. Documented findings immaculately on relative forms or computer system |  |  |

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**SKILLS OF PUTTING SUPERFICIAL SUTURE AND SUTURE REMOVAL**

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| **OBJECTIVE: To gain the skill of putting superficial sutures and suture removal by appying the skill steps in the correct and appropriate order** |
| **MATERIALS REQUIRED:** Sterile suture pack, suture material, needle holder, forceps, scissors, antiseptic solution, sterile gloves |

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| **STEPS** | **PERFORMED** | **NOT PERFORMED** |
| **Skills Of Putting Superficial Suture** |  |  |
| 1. Washed his/her hands |  |  |
| 1. Checked all of the materials to be used |  |  |
| 1. Explained the procedure to the patient |  |  |
| 1. After opening the suture pack, opened the sterile suture material |  |  |
| 1. Washed his/her hands/Wore sterile gloves |  |  |
| 1. Cleaned the incision with an antiseptic solution |  |  |
| 1. Covered the incision site with a perforated dressing and opened the neddle holder with the thumb and ring finger of his/her right hand |  |  |
| 1. Using the 2 mm tip of the needle holder, held the needle from its 1/3 back part |  |  |
| 1. Placed his/her index finger on the handle of the needle holder and grasped it with his/her palm |  |  |
| 1. Determined the point where the needle would pass about 3-5 mm from the incison edge and inserted the needle into one lip of the incision at a 90° right angle, proceeded the needle into the skin |  |  |
| 1. As the needle tip passed through the dermis, directed the tip towards the incision in accordance with the curve of the needle |  |  |
| 1. While holding the tip of the needle with the forceps held in his/her left hand, supported the back part with the needle holder in his/her right hand, then opened the needle holder |  |  |
| 1. With the forceps held in his/her left hand, pulled the needle out from the incision edge by turning it in accordance with the curve of the needle in the incision |  |  |
| 1. Caught the needle in the incision again with the needle holder and closed the mouth of the needle holder |  |  |
| 1. Entered the skin perpendicularly by proceeding the needle from the same depth through the incision at the opposite incision edge, just opposite the point where the thread came out |  |  |
| 1. Proceeded the needle in accordance with its curve and brought it out from the skin by forming a 90° right angle so that it exited approximately 3-5 mm from the incision edge |  |  |
| 1. Opened the needle holder and released the needle |  |  |
| 1. Pulled the suture with his/her left hand and adjusted it to leave 6-8 cm at the end |  |  |
| 1. Twisted the suture around the needle holder twice |  |  |
| 1. Caught the rope by opening the end of the needle holder |  |  |
| 1. Pulled the suture and the needle holder in opposite directions and fixed the knot |  |  |
| 1. Repeated the process by twisting the suture around the needle holder once more |  |  |
| 1. Cut the ends of the suture as 0.5-1 cm |  |  |
| 1. Closed the incision area |  |  |
| 1. Collected the materials |  |  |
| 1. Took off the gloves and threw them in the medical waste bin, washed his/her hands |  |  |
| **Skills Of Suture Removal** |  |  |
| 1. Checked all required materials |  |  |
| 1. Explained the procedure to the patient |  |  |
| 1. Opened the medical dressing above the suture |  |  |
| 1. Washed his/her hands |  |  |
| 1. Wore sterile gloves |  |  |
| 1. Took a toothless forceps in his/her left hand and a pointed scissors in his/her right hand |  |  |
| 1. Slightly pulled up one of the sutures on the knot with the toothless forceps and cut the stitch just below the knot |  |  |
| 1. Took the suture out by pulling the stitch he/she held with the forceps |  |  |
| 1. Wiped the suture site with antiseptic solution |  |  |
| 1. Collected the materials |  |  |
| 1. Safely disposed of all medical waste and gloves into related waste bins and washed hands |  |  |

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**SKILLS OF ABDOMINAL EXAMINATION**

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| **Aim: : To gain abdominal and rectal examination skills by applying the skill steps correctly and in the appropriate order.** |
| **Materials:** Examination room with appropriate lighting, Model, Examination stretcher, Clean cover, Stethoscope, Gloves and Vaseline |

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| **STEPS** | **PERFORMED** | **NOT PERFORMED** |
| 1. Welcomed the patient politely, first introduced himself/herself to the patient and gave information about the examination to be performed |  |  |
| 1. Washed and warmed his/her hands |  |  |
| 1. Moved to the patient's right side |  |  |
| 1. Asked the patient to remove all clothing, leaving the upper body naked |  |  |
| 1. Asked the patient to lay on his/her back to extend both arms to his/her sides or place them loosely on his chest |  |  |
| 1. Made sure that the patient's knees were slightly bent and semiflexed to loosen the abdominal wall, and that he was distracted and relaxed by making him talk |  |  |
| 1. Performed a visual examination of the patient at room temperature and in a bright room |  |  |
| 1. By inspection, evaluated the presence of surgical scar, skin color, appearance, hernia, vascular structure, rash, asymmetry, nodule, ulcer, bowel movement, pulsation and whether the abdomen participated in breathing |  |  |
| 1. Evaluated whether there was any shape change in the abdomen (flat, bulbous, sunken, umbilicus shape and location, frog abdomen, etc.). |  |  |
| 1. Placed the stethoscope on the abdomen without pressing and listened to the bowel sounds in four quadrants for 1 minute (evaluating whether bowel sounds (increased/decreased), silent abdomen, turbulence sounds were present) |  |  |
| 1. Evaluated whether there were artery and vein murmurs |  |  |
| 1. By questioning whether the patient had pain in the abdomen, if there was a painful area, started palpating it from the farthest location |  |  |
| 1. By touching the entire abdomen with the palm of the right hand and the fingers, evaluated all quadrants and the umbilicus systematically by first superficial and then deep palpation |  |  |
| 1. During palpation, asked the patient to breathe deeply, and while waiting for inspiration, examined the patient by moving 1 finger up at the end of expiration |  |  |
| 1. By performing the same procedures with deep palpation, determined the tender points, evaluated the presence of rebound tenderness, looked for a palpable mass, and evaluated the liver and spleen sizes by palpation |  |  |
| 1. Percussed the patient starting from the xiphoid and proceeding radially downwards |  |  |
| 1. While performing the percussion, evaluated the sounds by percusting with the middle finger of the right hand with falling movements breaking from the wrist, while the fingers of the left hand touched the abdominal skin (distinguished sonor-hypersonor, tympanic, dull sounds) |  |  |
| 1. Percutated all four quadrants of the abdomen with the appropriate method, determined the borders of liver dullness, and percutated the spleen borders and Traube's area |  |  |
| 1. Evaluated the presence of an abdominal mass, ascites, and globe vesicle by percussion |  |  |
| 1. Evaluated the left supraclavicular fossa by palpation |  |  |
| 1. Digital rectal examination (By laying the patient on his/her left side and stood in the knee-chest position, put on gloves and vaselined his/her index finger, evaluated the anus and its surroundings for skin lesions, hemorrhoids, fissures, fistula mouth, and examined the sphincter tone and rectum with rectal touch) |  |  |
| 1. Washed his/her hands |  |  |
| 1. Recorded the findings |  |  |
| 1. Informed the patient about the examination results |  |  |

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**SKILLS OF URINARY SYSTEM EXAMINATION**

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| **Aim: To gain the talent of examination of the urinary system correctly and in the right order** |
| **Materials:** Stethoscope |

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| **STEPS** | **PERFORMED** | **NOT PERFORMED** |
| Introduced himself/herself as a physician and informed the patient about the examination |  |  |
| **Inspection of the renal sites** |  |  |
| 1. Told the patient to sit on the examination bed and stood behind the patient |  |  |
| 1. Inspected both of the renal sites (the costovertebral angles) |  |  |
| **Bimanual palpation of the kidneys (Guyon’s method)** |  |  |
| 1. Told the patient to lie on his/her back and asked him/her to bring the legs to semi-flexed position |  |  |
| 1. Stood on the right side of the patient and placed his/her left hand under the right lumbar region |  |  |
| 1. Put his/her hand over the right lumbar region |  |  |
| 1. Told the patient to take a deep breath and hold the breath |  |  |
| 1. While the patient is holding the breath, moved his/her left hand upward and pressed his/her right hand over the right lumbar region. By doing so, tried to palpate the right kidney of the patient (in a normal individual the kidneys cannot be palpated) |  |  |
| 1. Stayed on the right side of patient and placed his/her left hand under the left lumbar region |  |  |
| 1. Put his/her right hand over the left lumbar region |  |  |
| 1. Told the patient to take a deep breath and hold the breath |  |  |
| 1. While the patient is holding the breath, moved his/her left hand upward and pressed his/her right hand over the left lumbar region. By doing so, tried to palpate the left kidney of the patient (in a normal individual the kidneys cannot be palpated) |  |  |
| **Percussion of the kidneys** |  |  |
| 1. Told the patient to sit on the examination bed and stood behind the patient |  |  |
| 1. Percussed both costovertebral angles and both lumbar regions by using the ulnar sites of his/her hand. While doing so, asked the patient whether he/she had pain |  |  |
| **Auscultation of the kidneys** |  |  |
| Told the patient to lie on his/her back. Put the stethoscope over the renal arteries which are the intersection points of the line passing between the lower sides of the last ribs on both sides and the lateral sides of both of the rectus abdominis muscles. He/she listened for the presence of bruits over the renal arteries |  |  |
| **Palpation of the ureteric points** |  |  |
| Told the patient to lie on his/her back and palpated the points which intersect between the transvers line through the umbilicus and the lateral sides of both of the rectus abdominis muscles. These points are the ureteropelvic junctions of the kidneys on both sides. He/she asked whether there is tenderness or pain while palpation |  |  |
| Palpated the points which lie on the right and left one-thirds of the line crossing both of the anterior superior iliac spines. These are the points where both of the ureters cross the iliac arteries on both sides. He/she asked whether there is tenderness or pain while palpation |  |  |
| **Inspection of the bladder** |  |  |
| Inspected the suprapubic region of the lying patient for bulging which suggests vesical globe |  |  |
| **Palpation of the bladder** |  |  |
| 1. Told the patient to lie on his/her back and asked him/her to bring the legs to semi-flexed position |  |  |
| 1. Palpated the suprapubic region; evaluated whether the bladder could be palpated. Also, asked the patient whether he/she feels pain and/or sense of urination while palpation |  |  |
| **Percussion of the bladder** |  |  |
| Percussed the abdomen starting from the xiphoid process in a radial style down to the suprapubic and inguinal regions. In a normal individual a tympanic sound is heard. However, in the presence of a vesical globe, a dullness is heard on the suprapubic region while percussion. Also, asked the patient whether he/she feels pain and/or sense of urination while percussion |  |  |

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**SKILLS OF GYNECOLOGICAL EXAMINATION**

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| **OBJECTIVE: Learning the gynecological examination** |
| **MATERIALS REQUIRED:** Pelvis model, gloves, speculum, light source |

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| **STEPS** | **PERMORMED** | **NOT PERFORMED** |
| 1. Informed the patient about the procedure to be performed. Received permission for a pelvic examination. (Asked if the patient was sexually active before the procedure) |  |  |
| 1. Asked the patient, if she has urinated recently |  |  |
| 1. Asked the patient to be prepared. Placed the patient on the examination table in the lithotomy position. |  |  |
| 1. Wore disposable gloves. |  |  |
| 1. Gave information about every movement before touching the patient, avoiding sudden movements |  |  |
| 1. Inspected the external genital organs (Labia major, labia minor, clitoris, perineal region and mons pubis) |  |  |
| 1. With thumb and forefinger, opened the labia, looked at the vestibulum, vaginal and urethral orifice |  |  |
| 1. Superficially palpated the vulva, especially the Bartholin glands |  |  |
| 1. Chose the appropriate size speculum |  |  |
| 1. Checked if the speculum is too cold or hot |  |  |
| 1. Checked that the valves of the speculum are closed |  |  |
| 1. Told the patient to relax and push gently |  |  |
| 1. Held the speculum with his/her active hand and separated the labia with his other hand |  |  |
| 1. Pushed the speculum obliquely to the entrance of the vagina, turning it clockwise at a 45◦ angle downward and inward |  |  |
| 1. Examined the vaginal canal while inserting and pushing the speculum |  |  |
| 1. After examining the anterior and posterior fornix and assessing the cervix, fixed the speculum with its valves in the anterior and posterior fornix |  |  |
| 1. Examined the cervix carefully |  |  |
| 1. Sampled the discharge and take smears, if necessary |  |  |
| 1. After the speculum was loosened, removed the speculum from the vagina by turning it counterclockwise, so that the long sides of the valves were perpendicular to the vagina |  |  |
| 1. Informed the patient before bimanual vaginal examination |  |  |
| 1. Told the patient to relax, inserted the gloved and lubricated index and middle fingers of the right hand slowly into the vagina |  |  |
| 1. Placed his/her left hand on the abdomen with fingers closed, slightly flexed, pressing the inner face to the abdomen |  |  |
| 1. Palpated vaginal walls, fornix, cervix |  |  |
| 1. Checked the tenderness by moving the cervix |  |  |
| 1. Pressed his/her left hand to the abdomen while pushing his/her fingers in the vagina to the lower part of the cervix and corpus |  |  |
| 1. Determined the position, size, consistency, contours, mobility of the uterus and whether the patient has sensitivity |  |  |
| 1. Turned the fingers inside the vagina with the palm facing upwards, placed them on the right lateral fornix and examined the adnexa by pressing his/her left hand on the fingers inside the vagina. |  |  |
| 1. Assessed the tenderness, mobility, and presence of mass by palpation |  |  |
| 1. Applied the same procedure for the other part |  |  |
| 1. Ended the procedure by gently pulling his/her fingers inside the vagina |  |  |
| 1. Informed the patient about his/her examination |  |  |
| 1. Recorded the examination findings on the relevant form or on the computer |  |  |

**Assessing Faculty Member Name-Surname:**

**Date:**

**Signature:**

# **SKILLS OF PREGNANCY EXAMINATION**

|  |
| --- |
| **OBJECTIVE: To learn the obstetric examination of the pregnant** |
| **MATERIALS REQUIRED:** Model, gloves |

|  |  |  |
| --- | --- | --- |
| **STEPS** | **PERFORMED** | **NOT PERFORMED** |
| 1. Informed the pregnant woman about the procedure |  |  |
| 1. Washed his hands |  |  |
| 1. Wore the gloves |  |  |
| 1. Placed the pregnant in supine position |  |  |
| 1. Told the pregnant woman to open her abdomen |  |  |
| 1. To evaluate the week of pregnancy, placed his/her hand on the fundus with the tips of his/her fingers touching and measured the height (1st Leopold maneuver) |  |  |
| 1. To determine the position of the fetal back, tried to identify which side of the back was on his fingertips by palpating the right and left sides (2nd Leopold maneuver) |  |  |
| 1. Investigated the fetal presentation. For this purpose, while detecting the fundus with one hand, grasped the presenting part of the fetus just above the symphisis pubis between the thumb and 4 fingers of the other hand. Said that if it is round and hard, it is the head, if it is soft and large, it is the anal region, if nothing is felt, it is the side stance position (3rd Leopold maneuver) |  |  |
| 1. Turned his/her back towards the patient's face. With the inner surface of both hands, he/she palpated deeply towards the axis of the pelvic inlet. Said that if the fingertips of both hands touch each other, the incoming part is mobile. Said that if the fingers of his/her hand do not meet and the incoming part is mobile, it is fixed. If the incoming part was completely settled in the pelvis and did not move at all, it was considered as engaged (4th Leopold maneuver) |  |  |
| 1. Passed to vaginal cervical touch. Advanced his/her right hand into the vagina and found the cervix. Evaluated its aperture, softness and thinness |  |  |
| 1. Took off the gloves and threw them in the medical waste bin |  |  |
| 1. Washed his/her hands |  |  |
| 1. Informed the pregnant woman about the result of the examination |  |  |

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