

# Procedural Checklist

**Due at final exam**

**Student's Name:** \_\_\_\_\_

**Student:** Remove this checklist from the syllabus and competently perform at least 10 procedures (observed and signed-off by your preceptor/attending). *\*The 10 procedures must include the breast, pelvic and skin exams.*

**Preceptor:** Indicate by YES/NO if student competently performs a required procedure. If student is not competent in any procedure, please indicate concerns and corrective measure(s) below. Attach an additional sheet, if necessary.

Procedure	Comp. Y/N	Signature of Observer	Procedure	Comp. Y/N	Signature of Observer
<b>*Breast/testicular exam</b>			Repair of skin laceration		
Casting			Rectal examination/stool for occult blood		
Colposcopy			<b>*Skin Exam</b>		
EKG			Spirometry		
Ear lavage			Splinting		
Excision of skin lesion			TB skin test		
Finger stick for glucose			Teach self breast examination/testicular		
Fluorescein staining of eye			Throat culture/rapid strep screen		
GC/Chlamydia cervical sampling			Tonometry		
Hgb/Hct			Tympanogram		
IM/SQ injection			Urinalysis-dip		
Instruct on use of nebulizer or MDI			Urinalysis-microscopic		
KOH (skin)			Urine pregnancy test		
KOH (vaginal)			Vaginal delivery		
Peak flow			Visual screen		
<b>*Pelvic exam/Pap smear</b>			Wet Mount		
Phlebotomy					

**Concerns/Corrective Measures:**

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[OVER]

# Critical Incident Log

(Minimum requirement: 2 per week)

Date	Incident