Clinical Skills Practice Book

2026-2027

01 | HAND WASHING SKILL

Learning objective: To acquire hand washing skills

Required materials: Sink, clean water, soap, paper towels

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Turning on the tap			
2	Wetting hands with water			
3	Taking 3-5 ml of liquid soap on hands			
4	Lathering the soap with some water			
5	Soaping the faucet handle while the hands are thoroughly lathered			
6	Rubbing the palms together			
7	Placing the back of the left hand against the right palm and rubbing five times; repeating the same movement with the other hand			
8	Placing the right palm over the back of the left hand with the fingers interlaced and rubbing; repeating the same movement with the other hand			
9	Placing the backs of the fingers of the right hand against the left palm and rubbing; repeating the same movement with the other hand			
10	Rotationally rubbing the right thumb in the left palm five times; repeating the same movement with the left thumb			
11	Placing the fingertips of the right hand in the left palm and rubbing; repeating the same movement with the fingertips of the left hand			
12	Rinse hands thoroughly.			
13	Rinsing the faucet handle and turning off the tap			
14	Dry hands thoroughly with a paper towel.			

02 | SKILL IN PUTTING ON AND REMOVING STERILE GLOVES

Learning objective: To gain the skill of putting on and removing sterile gloves.

Required materials: Sterile Glove Package

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
Put on gloves.				
1	Open the outer packaging of the sterile glove package and place the inner package in a clean place.			
2	Wash hands.			
3	Open the inner package.			
4	Hold the dominant hand's glove by the folded wrist.			
5	Placing the dominant hand inside the glove			
6	Holding the other glove with the second, third, and fourth fingers of the dominant hand			
7	Placing the other hand inside the glove			
8	Clasping both hands to ensure the gloves fit snugly onto the fingers			
Glove Removal				
1	Holding the palm of the other hand's glove with one hand			
2	Removing the held glove			
3	Placing the removed glove into the palm of the gloved hand			
4	Using the free hand, turning the other hand's glove inside out at the wrist and removing it so that it remains inside the other glove			
5	Disposing of the gloves in a medical waste bin without causing contamination			
6	Wash hands.			

03 | PATIENT TRANSPORT SKILL WITH TRAUMA BOARD

Learning objective: To gain the skill of transporting a patient who has suffered trauma.

Required materials: Backboard or stretcher, securing straps or belts

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
Transferring the patient to a trauma board				
1	Explaining the procedure to the patient or the patient's relative			
2	Placing the patient in the supine position			
3	Bring the trauma board closer to the patient.			
4	Turn the supine patient onto their side with the help of three people. • First person maintains the patient's neck in a stable position. • Second person holds the patient with one hand on their shoulder and the other on their hip. • Third person holds the patient with one hand on their back and the other on their lower extremities.			
5	The trauma board is placed under the patient by a fourth person.			
6	The patient is turned back onto their back using the log turning method with at least three people and placed on the trauma board.			
7	Securing the patient's body to the board at a minimum of three points (shoulders, hips, and lower extremities) using safety straps			
8	The head and cervical region are secured to the board with a separate harness, surrounded by foam or rolled towels.			
9	Lifting the trauma board and moving the patient, with one person at the patient's feet and one at the patient's head simultaneously.			
10	Gently lowering the patient and trauma board to the ground or desired area, with two people doing it simultaneously.			
Removing the trauma board from under the patient.				
11	Releasing all four safety harnesses one by one to free the patient.			
12	Turning the patient onto their side using the log turning method with at least three people.			
13	Removing the board from under the patient who has been turned onto their side.			
14	Turning the patient back onto their back using the log turning method with at least three people.			
15	Replacing the trauma board.			

04 | BASIC LIFE SUPPORT SKILLS IN ADULTS

Learning objective: To gain the skill of applying basic life support with a single rescuer in an adult.

Required materials: Adult First Aid mannequin

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Ensuring the safety of oneself and the patient/injured person			
2	Checking responsiveness by gently shaking the patient/injured person by the shoulders and asking, 'Are you all right?'			
3	Requesting medical assistance Assigning the victim or someone nearby to call 112 with clear statements ("you call," etc.)			
4	Placing the victim in a face-up position on a hard surface			
5	Kneeling on the right or left side, making the patient more comfortable (loosening tie, belt, and collar)			
6	To open the airway, placing one hand on the victim's forehead and the fingertips of the other hand under their chin, pulling the chin forward to keep the airway open			
7	Checking the mouth and removing any object causing airway obstruction			
8	Checking for breathing using the look-listen-feel method for 5 seconds • LOOK for the rise and fall of the chest • Lean down and LISTEN for the patient's breathing sounds • FEEL the patient's breath on your cheek			
9	If breathing is irregular or inadequate, or if there is no breathing, begin cardiopulmonary resuscitation (CPR) using 30 chest compressions and 2 breaths			
10	**For chest compressions:** • Placing the heel of the hand in the center of the chest (middle of the sternum, at the midpoint of the line joining the nipples) • Place the palm of the other hand on top and clasp your hands together. • Apply pressure perpendicular to the victim's torso, with your arms straight at the elbows, depressing the chest by 5-6 cm. • Apply compression 30 times at a rate of at least 100 (100-120) compressions per minute. • Wait for the chest to fully retract after each compression.			

04 | BASIC LIFE SUPPORT SKILLS IN ADULTS

Continued • Application steps 11–14

No.	Step / Number of Performances →	I	II	III
11	**For ventilation:** • Use the thumb and index finger of the hand placed on the forehead to close the patient's/victim's nose. • With the head tilted back, sealing your mouth over the patient's mouth and giving a rescue breath • Administer 2 "rescue breaths," each lasting more than 1 second, to raise the victim's chest, checking if air is escaping.			
12	After performing 30 chest compressions / 2 effective breath cycles 5 times, palpate the carotid pulse or look for signs of life (movement, eye opening, breathing, coughing, etc.).			
13	If there is no pulse, continuing cycles of 30 chest compressions and 2 effective breaths for 2 minutes (5 cycles)			
14	Continuing basic life support without interruption until signs of life return or medical assistance arrives			

05 | INTRAMUSCULAR (IM) INJECTION SKILL

Learning objective: To gain the skill of administering intramuscular injections.

Required materials: Gloves, syringe, tray, disinfectant solution (alcohol or antiseptic solution), cotton, medication

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Wash hands.			
2	Prepare the treatment tray			
3	Identify the correct patient by asking for their name and surname and inform the patient about the procedure			
4	Place the patient in the prone position			
5	Place the patient in the correct posture by rotating the hip joint inwards and turning the feet inwards so that the toes point towards each other			
6	Opening the injection site and determining the injection location (the midpoint of the outer 1/3 of the imaginary line drawn between the anterior superior iliac spine and the coccyx)			
7	Wiping the injection site with disinfectant solution using circular motions from the center to the periphery			
8	Holding the syringe in the dominant hand and removing the needle cap			
9	Stretching and pressing the skin and subcutaneous tissue at the injection site with the thumb and index finger of the non-dominant hand			
10	While ensuring the patient takes a deep breath, inserting the syringe into the tissue quickly and at a right angle, as if holding a pen, with the dominant hand and holding it steady.			
11	Pulling back the syringe plunger with the non-dominant hand to check for blood aspiration (if blood enters the syringe, withdraw it and repeat the procedure)			
12	If no blood is aspirated, slowly injecting the medication with the non-dominant hand			
13	Press a cotton swab against the needle entry point with the non-dominant hand, and withdraw the syringe in the direction of the entry angle with the dominant hand.			
14	Applying pressure to the injection site with cotton or gauze			
15	Discarding the used syringe in the sharps container without recapping the needle			
16	Record the name of the medication, method of administration, time, and dose.			
17	Wash hands.			

06 | SUBCUTANEOUS (SC) INJECTION SKILLS

Learning objective: To gain the skill of administering subcutaneous injections.

Required materials: Gloves, insulin syringe, tray, disinfectant solution.

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Wash hands.			
2	Prepare the treatment tray			
3	Identify the correct patient by asking for their name and surname and inform the patient about the procedure.			
4	Determine the injection site; • Areas where absorption is relatively slow should be selected, such as the back of the upper arm, the front of the calves, the abdominal area, and subcutaneous tissue areas extending between the epidermis and muscle under the scapulae.			
5	Wipe the injection site with disinfectant solutions using circular motions from the center to the periphery.			
6	Hold the syringe in the dominant hand and remove the protective cap from the needle.			
7	With the thumb and index finger of the non-dominant hand, pull and lift the skin and subcutaneous tissue at the insertion point.			
8	Ask the patient to take a deep breath, and with the dominant hand, insert the needle into the tissue with the open end pointing upwards at a 45-degree angle.			
9	While holding the lower end of the syringe steady with the dominant hand, pull back the plunger with the non-dominant hand. If blood enters the syringe, withdraw the syringe and stop the procedure. Repeating the procedure			
10	If no blood is aspirated, slowly injecting the medication with the non-dominant hand			
11	Press a cotton swab against the needle entry point with the non-dominant hand, and withdraw the syringe in the direction of the entry angle with the dominant hand.			
12	Applying pressure to the injection site with cotton or gauze			
13	Placing the used needle on the treatment tray without recapping it			
14	Recording the medication name, route of administration, time, dose, and patient name			
15	Taking the treatment tray to the treatment room and disposing of the syringe and other waste in the medical waste bin			

No.	Step / Number of Performances →	I	II	III
16	Wash hands.			

07 | INTRADERMAL (ID) INJECTION SKILLS

Learning objective: To gain the skill of administering intradermal injections.

Required materials: Gloves, insulin/tuberculin syringe, tray, 70% alcohol, cotton swabs, waste container.

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Wash hands.			
2	Opening the injection site • Inner surface of the forearm • Outer surface of the upper arm • Back area • Chest area			
3	Hold the syringe in the dominant hand and remove the protective cap from the needle.			
4	Pulling the skin down at the injection site with the non-dominant hand			
5	Holding the syringe between the thumb and index finger of the dominant hand with the bevel facing upward; inserting it at a 10–15° angle until the bevel is completely under the skin			
6	Holding the plunger with the non-dominant hand and slowly injecting the medication intradermally without aspirating			
7	Observing the formation of a wheal at the injection site			
8	Withdraw the needle without changing the entry angle. • Do not press or massage with a cotton swab.			
9	Circle the injection site with a pen and instruct the patient not to wash the area.			
10	Placing the used needle on the treatment tray without recapping it			
11	Record the procedure.			
12	Take the treatment tray to the treatment room and dispose of the syringe and other waste in the infected waste container.			
13	Wash hands.			

08 | INTRAVENOUS (IV) INJECTION SKILLS

Learning objective: To gain the skill of administering intravenous injections.

Required materials: Gloves, medication prepared in a syringe, tourniquet, treatment tray, disinfectant solution (alcohol, povidone-iodine, etc.), cotton, chair with armrest

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: Performing each step correctly, completely, and without hesitation.

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Wash hands.			
2	Checking the required materials and preparing them on a tray			
3	Comparing the medication to be administered with the treatment chart			
4	Verifying the patient by asking for their name and surname and informing the patient about the procedure			
5	If air bubbles have formed, gently tapping the syringe to collect them at the top and removing the collected air			
6	Determining the site for intravenous injection			
7	Placing a protective treatment pad beneath the procedure site			
8	Putting on gloves			
9	Apply a tourniquet 5-10 cm above the selected venous entry point and increase venous distension by clenching and unclenching the hand and/or gently tapping the vein.			
10	Wipe the area where the vein will be entered with disinfectant solutions using circular motions from the center to the periphery.			
11	Hold the syringe in the dominant hand and remove the protective cap from the needle.			
12	Stretch the skin downwards 2-3 cm below the entry point with a finger of the non-dominant hand.			
13	With the sharp tip of the needle pointing upwards, insert the needle into the skin 1 cm below the entry point, first at a 30-45° angle along the vein, then at a 15° angle into the vein.			
14	Without moving the dominant hand, retract the plunger with the non-dominant hand and check for blood flow.			
15	Release the tourniquet.			
16	Slow administration of medication by pushing the plunger with the non-dominant hand			

No.	Step / Number of Performances →	I	II	III
17	Pressing cotton onto the needle insertion point with the non-dominant hand, and withdrawing the syringe in the direction of the insertion angle with the dominant hand			
18	Placing the needle on the treatment tray without recapping it			
19	Adjusting the patient's clothing to ensure comfort			
20	Recording the medication name, route of administration, time, dose, and patient name			
21	Taking the treatment tray to the treatment room and disposing of the syringe and other waste in the medical waste bin			
22	Removing gloves and discarding them in the waste bin			
23	Wash hands.			

09 | CARDIAC AUSCULTATION SKILLS

Learning objective: To gain the skill of listening to heart sounds.

Required materials: Watch with a second hand, stethoscope

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Wash hands.			
2	Explaining the procedure to the patient			
3	Allowing the patient to rest for 5–10 minutes if they have been physically active			
4	Remove clothing, leaving the chest exposed.			
5	Position the patient in a sitting, supine, or left lateral position.			
6	Position the head midline and with slight extension.			
7	Warm the stethoscope diaphragm manually, move to the patient's right side.			
8	Place the stethoscope in the ears, apply appropriate pressure to the chest wall.			
9	Synchronize peripheral pulse palpation with auscultation.			
10	Count pulse beats for 60 seconds.			
11	**Determine the apex of the heartbeat.** • Determination of apical beat by inspection of the precordial region (apical beat - at the midclavicular line on the left and in the fifth intercostal space) • Palpation of the apical beat with the palm of the right hand to investigate the location, strength, area of pulsation and presence of thrill			
12	**Determination of cardiac foci;** • Aortic valve focus: the junction of the right second intercostal space and the sternum • Mitral valve focus (apical region): the junction of the left fifth intercostal space and the midclavicular line. • Pulmonary valve focus: the junction of the left second intercostal space and the sternum • Tricuspid focus: the junction of the left fourth intercostal space and the sternum			
13	Auscultation of the foci, differentiation of systole and diastole, identification of heart sounds and auscultation of additional sounds, and recording of findings (each focus should be auscultated for at least one minute)			
14	Wash hands.			

10 | RESPIRATORY SYSTEM AUSCULTATION SKILLS

Learning objective: To acquire auscultation skills in respiratory system examinations.

Required materials: Stethoscope

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Wash hands.			
2	Removal of all clothing above the waist, taking care of the patient's privacy			
3	Seating the patient upright on a stool			
4	Placing the stethoscope earpieces in both ears and positioning the wide drum on the apical area of the back			
5	Instructing the patient to breathe deeply and regularly through the mouth			
6	Listening at each site for at least one complete inspiration-expiration cycle			
7	Repeating the same procedure (steps 4, 5, and 6) for the other symmetrical apical region and listening to breath sounds			
8	Repeating the same procedures (steps 6 and 7) symmetrically on both hemithoraxes from apex to base on the back			
9	Asking the patient to raise their right and left arms and place their hands on their head			
10	Auscultating the patient's lateral chest walls in this position			
11	Approaching the front of the patient while they are sitting			
12	Applying all auscultation steps to the anterior chest wall in this position			
13	Wash hands.			

11 | BLOOD PRESSURE MEASUREMENT SKILLS IN ADULTS

Learning objective: To acquire blood pressure measurement skills in adults.

Required materials: Sphygmomanometer, stethoscope

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Wash hands.			
2	Explaining the procedure to the patient			
3	Cleaning the diaphragm and earpiece tips of the stethoscope with antiseptic solution			
4	Allowing the patient to rest for 5–10 minutes if they have been physically active			
5	Positioning the patient sitting or lying down, with the arm supported at heart level and the palm facing upward			
6	Exposing the patient's arm up to the axilla			
7	Wrap the blood pressure cuff around the upper arm, 2.5-3 cm above the antecubital space.			
8	Bring the blood pressure cuff gauge to the zero point.			
9	Place the pump (bulb) in the palm of the hand and close the switch with the thumb.			
10	Feel the pulse in the brachial artery in the antecubital space using the index, middle, and ring fingers of the left hand.			
11	Insert the stethoscope earpiece into the ear canal.			
12	Place the stethoscope diaphragm over the area where the brachial artery is felt.			
13	Inflate the cuff by squeezing the pump regularly and quickly.			
14	Inflating the cuff to 30 mmHg above the pressure at which the pulse is no longer heard			
15	Opening the bulb valve and deflating the cuff at a rate of 2–3 mmHg per second			
16	Identifying the pressure at which the first Korotkoff sound is heard (systolic pressure)			
17	Identifying the pressure at which the sounds disappear (diastolic pressure)			
18	Completely deflate the cuff			
19	Remove the stethoscope			
20	Remove the cuff			
21	Record the systolic and diastolic pressures			
22	Collecting and storing the sphygmomanometer			
23	Wash hands.			

12 | NASOGASTRIC TUBE INSERTION AND REMOVAL SKILLS

Learning objective: To gain skills in nasogastric tube insertion and removal.

Required materials: Nasogastric tube, syringe (20–50 mL), paper towel, a glass of water and a straw, light source, adhesive tape, stethoscope, towel, kidney basin, tongue depressor, disposable gloves

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Wash hands.			
2	Check the equipment			
3	Explain the procedure to the patient and obtain their consent			
4	Positioning the patient correctly • If conscious, Fowler position (sitting) (at a 45-60 degree angle) • If unconscious, semi-Fowler position (semi-sitting) (at a 30 degree angle)			
5	Measuring the length of the nasogastric tube (earlobe - tip of nose - lower end of sternum)			
6	Preparing the adhesive bandages			
7	Plastering the stethoscope around the neck and putting on gloves			
8	Checking the patient's nostrils and monitoring breathing			
9	Inserting the tube into the nostril, first parallel to the base of the nose, then downwards and backwards (to the distance between the tip of the nose and the earlobe)			
10	Using a light source and tongue depressor to visualize the tube tip behind the uvula			
11	Flexing the patient's head forward, advancing the tube slightly, and then returning the head to its original position			
12	Asking the patient to swallow while advancing the tube to the measured mark; if resistance is encountered, rotating the tube around its axis			
13	Immediately withdrawing the tube if the patient's respiratory status changes			
14	Checking that the tube tip is in the stomach: • Attaching a syringe to the free external end of the tube and aspirating gastric contents • If no gastric contents are visible, inject 15-20 ml of air into the tube with a syringe and listen for a gurgling sound from the epigastric region with a stethoscope.			
15	Removal of gloves			
16	Securing the tube to the nose using the butterfly adhesive tape method			

No.	Step / Number of Performances →	I	II	III
17	Securing the external portion of the tube to the patient's shoulder with adhesive tape so that it does not hang down or obstruct the patient's field of view			
18	Removal of used instruments and equipment			
19	Wash hands.			
20	Recording the procedure (reason for nasogastric tube insertion, type of tube, etc.)			
21	Explaining the procedure to the patient			
22	Positioning the patient correctly • If the patient is conscious Fowler position, semi-Fowler position if unconscious			
23	Placing a paper towel on the patient's chest			
24	Putting on gloves			
25	Removing the adhesive tape and freeing the tube			
26	Withdrawing the tube at a steady rate using smooth, continuous movements; wrapping it in the paper towel on the patient's chest and discarding it			
27	Removal of gloves			
28	Wash hands.			
29	Recording the time at which the tube was removed			

13 | URETHRAL CATHETER INSERTION SKILLS IN MEN

Learning objective: To gain the skill of inserting a Foley catheter into a male patient.

Required materials: Sterile and non-sterile gloves, antiseptic solution, sterile swabs, sterile liquid petroleum jelly, Foley catheter, syringe, 10 mL normal saline ampoule, light source, sterile fenestrated drape, urine drainage bag, kidney basin

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Washing hands and putting on gloves			
2	Checking the materials for sterility			
3	Explaining the procedure to the patient and obtaining consent			
4	Placing the patient in the supine position			
5	Placing the kidney basin between the patient's legs			
6	Pouring the antiseptic solution onto the sterile swab (without touching the tip of the bottle to the swab)			
7	Wiping the penis at least three times in circular motions from the inside out			
8	Opening the cap of the sterile petroleum jelly			
9	Opening the sterile drape			
10	Drawing 10 ml of saline solution into the syringe			
11	Opening the Foley catheter and preparing it while keeping the tip sterile			
12	Preparing the urine bag			
13	Removing the non-sterile gloves and putting on sterile gloves			
14	Covering the penis with a sterile fenestrated drape, leaving the penis exposed			
15	Removing the Foley catheter from the package by holding the previously opened tip (attention should be paid to sterility)			
16	Lubricating the Foley catheter with sterile petroleum jelly			
17	Holding the penis erect with the non-dominant hand and advancing the Foley catheter into the external meatus with the dominant hand			

No.	Step / Number of Performances →	I	II	III
18	After urine flow is observed, advancing the catheter a further 4–5 cm			
19	Attach the saline solution syringe to the balloon-connected end of the catheter and inflate the balloon with 10 ml of saline solution.			
20	Gently withdraw the catheter and position the balloon over the neck of the bladder.			
21	Connecting the urine drainage bag to the open end of the catheter			
22	Correct the patient's position.			
23	Gather materials and remove gloves.			
24	Wash hands.			
25	Record the procedure.			

14 | URETHRAL CATHETER INSERTION SKILLS IN WOMEN

Learning objective: To gain the skill of inserting a Foley catheter into a female patient.

Required materials: Sterile and non-sterile gloves, antiseptic solution, sterile swabs, sterile liquid petroleum jelly, Foley catheter, syringe, 10 mL normal saline ampoule, light source, sterile fenestrated drape, urine drainage bag, kidney basin

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Washing hands and putting on gloves			
2	Checking the materials for sterility			
3	Explaining the procedure to the patient and obtaining consent			
4	Placing the patient in the supine position			
5	Placing the kidney basin between the patient's legs			
6	Pouring the antiseptic solution onto the sterile swab (without touching the tip of the bottle to the swab)			
7	Wipe the vagina at least three times in a single motion from front to back.			
8	Opening the cap of the sterile petroleum jelly			
9	Opening the sterile drape			
10	Drawing 10 ml of saline solution into the syringe			
11	Opening the Foley catheter and preparing it while keeping the tip sterile			
12	Preparing the urine bag			
13	Removing the non-sterile gloves and putting on sterile gloves			
14	Cover the vagina with a sterile fenestrated drape, leaving the vagina exposed.			
15	Removing the Foley catheter from the package by holding the previously opened tip (attention should be paid to sterility)			

No.	Step / Number of Performances →	I	II	III
16	Lubricating the Foley catheter with sterile petroleum jelly			
17	Separating the labia majora with the thumb and index finger of the non-dominant hand and advancing the Foley catheter through the external urethral meatus with the dominant hand			
18	After urine flow is observed, advancing the catheter a further 4–5 cm			
19	Attaching the syringe containing normal saline to the balloon port and inflating the balloon with 10 mL of normal saline			
20	Gently withdraw the catheter and position the balloon over the neck of the bladder.			
21	Connecting the urine drainage bag to the open end of the catheter			
22	Correct the patient's position.			
23	Gather materials and remove gloves.			
24	Wash hands.			
25	Record the procedure.			

15 | SUTURING SKILLS

Learning objective: To gain skills in suturing.

Required materials: Suturing kit (sterile pack), sterile gloves, antiseptic solution, needle holder, forceps, scissors.

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Wash hands.			
2	Explaining the procedure to the patient			
3	Opening the sterile kit (suture set)			
4	Putting on sterile gloves			
5	Opening the sterile suture material			
6	Cleaning the incision with antiseptic solution			
7	Covering the incision site with a sterile fenestrated drape			
8	Administering local anesthesia a) Drawing the local anesthetic into the syringe b) Administering the medication to the wound edges using the syringe c) Disposing of the syringe needle in medical waste without attaching the protective cap to the needle tip Instructions for insertion:			
9	Opening the needle holder with the thumb and ring finger of the right hand			
10	Positioning the needle in the jaws of the needle holder with two-thirds of the needle projecting outward			
11	Closing the needle holder			
12	Placing the index finger along the shaft and holding the needle holder in the palm			
13	Using forceps to insert the needle at a 90° angle into one edge of the incision			
14	Opening the needle holder with the thumb and middle finger			
15	Grasping the needle inside the incision with the needle holder in the right hand and closing the jaws			
16	Rotating the hand 45 degrees at the wrist to remove the needle from the incision.			
17	Repositioning the needle in the jaws of the needle holder			
18	Repeat the process for the other lip of the incision, ensuring the incision is made from the inside out.			
19	Pulling the suture with the left hand and leaving a 6–8 cm free end			
20	Wrapping the suture twice around the needle holder			
21	Opening the needle holder and grasping the free end of the suture			
22	Pulling the suture and needle holder in opposite directions to secure the knot			
23	Wrapping the suture once around the needle holder and repeating the procedure			
24	Cutting the suture ends to a length of 0.5–1 cm			
25	Closing the wound			

No.	Step / Number of Performances →	I	II	III
26	Collecting the materials			
27	Removing the gloves and washing the hands			

16 | BREAST EXAMINATION SKILLS

Learning objective: To gain skills in examining the breast for masses.

Required materials: Breast model, diagram

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Putting on gloves, explaining to the patient			
2	Seating the patient on the examination table with the upper body bare, respecting their privacy			
Inspection (Performed facing the patient)				
3	Examining the general appearance of the breast: • Is there a difference in size? • Are both breasts symmetrical?			
4	Observing the nipple: • Is the line passing through both nipples parallel to the ground? • Do the nipples point in similar directions? • Are there any dryness, cracks, ulcerations, or retraction on the nipples?			
5	Observation of the areola: • Is there ulceration? (Always accompanies nipple lesions)			
6	Observation of the skin: • Retraction: ○ Retraction should be distinguished from inversion (an inverted nipple can be protruded, a retracted nipple cannot) • Erythema, discoloration • Edema (peau d'orange appearance) • Satellite nodule • Ulceration • Old incision scar			
7	Retraction tests: All stages of inspection (steps 3, 4, 5, and 6) are repeated during retraction tests. • 1st Retraction test: The patient is asked to raise their arms above their head in a "surrender" position. • 2nd retraction test: Asking the patient to place both hands firmly on the hips and press inward			
8	Observation of the axilla during the 1st retraction test • Are there any masses or conglomerated lymph nodes? • Is there a fistula opening?			

No.	Step / Number of Performances →	I	II	III
Palpation				
9	Examination of supraclavicular lymph nodes by palpation			
10	Performing an axillary examination: • The physician extends the hand on the side being examined, palm upward, and supports the patient's ipsilateral arm at the elbow (right hand for the patient's right arm or left hand for the left arm) • Ensuring the patient's forearm rests comfortably and loosely on the physician's forearm • Abducting the patient's arm • Extending the palmar surfaces of the second, third, and fourth fingers of the physician's free hand deep into the axilla • Simultaneously adducting the patient's arm • Palpating the axilla from anterior to posterior and superior to inferior without applying excessive pressure • If a lymph node is palpated; ○ localization ○ number ○ size ○ consistency ○ determination of mobility			
11	Positioning the patient appropriately for breast palpation: • Lay the patient on their back (Examination begins on the side without complaints), • Place support (thin pillow, folded sheet) under the shoulder on the side of the breast to be examined, • Place the patient's arm on the side to be examined under their head, • Turn the patient's face to the opposite side (This ensures the breast opens up like a plate on the chest wall without sagging to the side)			
12	Palpating the breast tissue with the palmar surfaces of the distal phalanges of the second, third, and fourth fingers, compressing it gently between the patient's chest wall and the examiner's fingers (as if kneading dough) • Examining the entire breast using either a circular pattern (progressively widening circles beginning at the areola) or a radial pattern (moving from the periphery toward the nipple according to clock-face positions) • Palpating while sliding the patient's skin over the underlying breast tissue			
13	If a nodule is detected, determining its characteristics: • Location: quadrant (lower/upper/inner/outer), clock-face position, and distance from the areola in cm • Size: in cm • Consistency • Sensitivity • Mobility • Surface (smooth, rough, lobulated) • Boundaries: Distinct/Not distinct)			
14	Repeat the same procedures for the other side			
15	Immediately plotting the examination findings on the diagram			
16	Informing the patient			

No.	Step / Number of Performances →	I	II	III
17	Removing gloves and washing hands			

17 | FUNDUS EXAMINATION SKILL WITH OPHTHALMOSCOPE

Learning objective: To gain the skill of examining the fundus of the eye with an ophthalmoscope

Required materials: Ophthalmoscope

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Inserting and checking the ophthalmoscope battery			
2	Wash hands.			
3	Having the patient sit upright			
4	Instructing the patient to look straight ahead and maintain the same position with the other eye during the examination			
5	Moving to the side of the eye to be examined			
6	Keeping the index finger on the diopter adjustment while using the ophthalmoscope (this compensates for refractive errors of the patient and examiner)			
7	Looking through the ophthalmoscope aperture and approaching the patient's pupil while maintaining fixation			
8	Once the image is clear with the diopter adjustment, the optic disc should be directly visible as the patient is looking straight ahead. If the optic disc is not visible, correct the patient's viewing angle (the disc can also be reached by following any vascular tracing).			
9	Examine the shape, boundaries, and any structures on the optic disc.			
10	Asking the patient to look into the light and evaluating the macula, retina, and vascular structures			
11	Examine the other eye using the same method			
12	Explain the findings to the patient and record the findings			
13	Wash hands.			

18 | ADVANCED LIFE SUPPORT APPLICATION SKILL IN ADULTS

Learning objective: To gain the skill of applying advanced life support in adults

Required materials: Advanced life support mannequin, monitor, stethoscope, syringe, defibrillator, necessary medications (amiodarone, adrenaline)

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Ensure the practitioner's and the patient's/injured person's safety			
2	Check the patient's/injured person's consciousness			
3	Request medical assistance (112)			
4	To open the airway, placing one hand on the victim's forehead and the fingertips of the other hand under their chin, pulling the chin forward to keep the airway open			
5	**Checking for breathing using the look-listen-feel method for 5 seconds** • LOOK for the rise and fall of the chest • Lean down and LISTEN for the patient's breathing sounds • FEEL the patient's breath on your cheek			
6	If the patient is breathing irregularly or inadequately, or has no breathing at all, begin chest compressions (CPR)			
7	Begin cardiopulmonary resuscitation (CPR) with 30 chest compressions / 2 breaths and perform 5 repetitions without interruption (approximately 2 minutes)			
8	Monitor as soon as the monitor becomes available and perform rhythm analysis			
9	Recognizing shockable rhythms (ventricular fibrillation / pulseless ventricular tachycardia)			
10	30/2 Preparing the defibrillator while continuing CPR			
11	Determining shock levels according to defibrillator type • If the defibrillator is biphasic, the first shock is 150 J, subsequent shocks can be increased to maximum energy • If the defibrillator is monophasic, the first shock is 360 J, subsequent shocks can be increased to maximum energy			

No.	Step / Number of Performances →	I	II	III
12	Performing safe defibrillation (wearing gloves, placing paddles in the correct position)			
13	Determining the timing of medication administration in shockable rhythms			
14	Administering 1 mg adrenaline IV after the third shock in shockable rhythms and repeating every 3–5 minutes as needed			
15	Administering 300 mg amiodarone IV after the third shock			
16	Recognizing non-shockable rhythms [asystole and PEA (pulseless electrical activity)]			
17	Prepare medication while 30/2 CPR continues			
18	Administering 1 mg adrenaline IV in non-shockable rhythms and repeating every 3–5 minutes as needed			
19	Checking the pulse at appropriate intervals in both shockable and non-shockable rhythms			
20	Continue advanced life support uninterrupted until the patient/injured person's pulse returns or until they are transferred to intensive care conditions			

19 | ADVANCED LIFE SUPPORT SKILLS IN CHILDREN

Learning objective: To gain the skill of applying advanced life support in children.

Required materials: Pediatric advanced life support mannequin, monitor, stethoscope, syringe, defibrillator, necessary medications (amiodarone, adrenaline)

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Ensure the practitioner's and the child's safety			
2	Check the child's response			
3	If there is no response (consciousness), call for help and activate the emergency system			
4	Administer oxygen, connect to monitor-defibrillator			
5	Immediately begin CPR in those who are unresponsive, have no breathing, or have gasping (irregular) breathing			
6	Placing the child in the supine position; opening the airway by placing one hand on the forehead and the fingertips of the other hand under the chin, then lifting the chin forward			
7	If the child is not intubated: • If no advanced airway is present, apply a 15:2 chest compression-to-breath ratio • If an advanced airway is present, continuously apply 8-10 breaths per minute with chest compressions			
8	Perform rhythm analysis on the monitor to determine if a shockable rhythm is present (ventricular fibrillation / pulseless ventricular tachycardia)			
9	While continuing CPR, prepare the defibrillator and adjust the defibrillation shock energy; • First shock 2 J/kg, • Second shock 4 J/kg, • Subsequent shocks: at least 4 J/kg, up to a maximum of 10 J/kg			
10	If shockable rhythm is present, administer defibrillation shock (safety precautions must be observed)			
11	Simultaneously establish IV/IO (intraosseous) access while performing CPR for two minutes			
12	Perform rhythm analysis on the monitor to determine if a shockable rhythm is present [ventricular fibrillation (VF)/ pulseless ventricular tachycardia (VT)]			
13	If shockable rhythm is present, administer a second defibrillation shock (safety precautions must be observed)			

No.	Step / Number of Performances →	I	II	III
14	Administering adrenaline after the shock and repeating it every 3–5 minutes • Adrenaline IV/IO dose: 0.01 mg/kg (0.1 mL/kg at a 1:10,000 concentration) • If IV/IO access is not possible, endotracheal dose 0.1 mg/kg (0.1 mL/kg at a 1:1000 concentration)			
15	Perform rhythm check after two minutes of CPR			
16	If shockable rhythm is present, administer a third defibrillation shock (safety precautions must be taken)			
17	Administering amiodarone after the third shock • Amiodarone IV/IO dose: 5 mg/kg bolus during cardiac arrest; may be repeated twice for refractory VF/pulseless VT			
18	Treatment of concurrent reversible causes; • Hypovolemia, Hypoxia, Hydrogen ion (acidosis), Hypoglycemia, Hypo-hyperkalemia, Hypothermia, Tension Pneumothorax, Cardiac tamponade, Toxins, Coronary-pulmonary thrombosis			
19	If the rhythm is non-shockable (asystole or PEA): • Two minutes of CPR, establishing IV/IO access • Administering adrenaline every 3-5 minutes • Considering advanced airway management			
20	Checking pulse at appropriate intervals in both rhythms (shockable or non-shockable)			
21	Continuing advanced life support without interruption until the child's pulse returns or the child is transferred to intensive care			

20 | EAR EXAMINATION SKILLS WITH OTOSCOPE

Learning objective: To gain the skill of ear examination with otoscope.

Required materials: Ear examination mannequin, otoscope.

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Installing and checking the otoscope battery			
2	Wash hands.			
3	Explaining to the patient and having them sit upright			
4	Selecting the appropriate speculum for the patient's external ear canal and inserting it into the otoscope by turning it clockwise			
5	Turning on the otoscope light			
6	Asking the patient to turn the head to the left for examination of the right ear and to the right for examination of the left ear			
7	Observation of the retroauricular region, auricle, and lateral portion of the external ear with the naked eye using the otoscope light			
8	Straightening the ear canal by pulling the auricle upwards and backwards in adults and downwards in infants			
9	Slowly inserting the otoscope speculum into the external ear canal			
10	Inspection of the external ear canal			
11	Inspecting the manubrium of the malleus			
12	Inspection of the processus brevis mallei			
13	Removal of the otoscope and release of the auricle			
14	Performing the same procedures for the other ear			
15	Removing the speculum from the otoscope and placing it in the contaminated-instrument tray			
16	Wash hands.			
17	Explain the findings to the patient and record the findings			

21 | GENERAL EXAMINATION OF THE FEMALE GENITAL SYSTEM AND SMEAR COLLECTION SKILLS

Learning objective: To gain skills in general examination of the female genital system and smear collection.

Required materials: Gloves, sterile speculum, smear brush, 95% alcohol, slide

ASSESSMENT

1 — Needs Improvement: The step is not performed or is performed incorrectly

2 — Competent: The step is performed correctly and in sequence but incompletely, or correctly but out of sequence

3 — Mastered: The step is performed correctly, in sequence, completely, and without hesitation

APPLICATION STEPS

No.	Step / Number of Performances →	I	II	III
1	Wash hands.			
2	Checking the materials (sterility, etc.)			
3	Preparing the patient in the lithotomy position on the gynecological table			
4	Putting on gloves			
5	Inspection of the external genitalia			
6	Showing the speculum to the patient, explaining the speculum insertion procedure, and requesting permission			
7	Separating the labia minora with the non-dominant hand and gently inserting the speculum with the dominant hand • Inserting the speculum horizontally in the closed position • Bringing the speculum to a vertical position, opening it, and securing it			
8	Inspecting the cervix and vagina, noting any bleeding or discharge, and obtaining a smear if necessary **Smear collection procedure:** • Visualizing the cervix after inserting the vaginal speculum • After ensuring there is no bleeding, a smear is taken by rotating the smear brush. • Samples should be taken from both the endocervical canal and the ectocervix. • Spreading the collected material on a slide, immediately placing it in a container of 95% alcohol, and fixing it for 30 minutes			
9	Gently removing the speculum • The speculum is closed, brought to a horizontal position, and removed.			
10	Palpation of the uterus and adnexa using bimanual examination with the 2nd and 3rd fingers of the dominant hand in the vagina and the non-dominant hand on the abdomen. • Evaluation of the uterus in terms of position, size, and consistency. • Evaluation of the adnexa for mass lesions and adhesions.			
11	Informing the patient that ultrasonography of the uterus and adnexa may be necessary.			
12	Explaining to the patient that the examination is complete and correcting their position.			
13	Collecting the materials			
14	Removal of gloves			
15	Wash hands.			

No.	Step / Number of Performances →	I	II	III
16	Noting the examination findings.			