

Procedural Checklist - Due last day of clerkship

Student's Name: _____

Student: Try to perform as many procedures as possible during your clinical rotation.

Preceptor: Check *Yes (Y)* or *No (N)* if student was able to complete a procedure.

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

Concerns/Corrective Measures:

Critical Incident Log

(Minimum requirement: 2 per week)

[illegible]