



FACULTY OF MEDICINE

CLINICAL SKILLS TRAINING

LEARNING GUIDE

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LEARNING GUIDELINE ABILITY OF HAND WASHING

EQUIPMENT: Water, soap/cleaning solution, paper towel, medical waste bag

PARTICIPANT:

Due to frequent contact with outer media, hands are the most infection causing organs. Thus, we ought to know how to wash our hands well and apply it. When washing our hands, we first wet them with water and lather with soap or cleaning solution. While our hands are foamy, we must repeat the movements described below in an order and repeat them at least five times. That way, all parts of our hands are cleaned.



Rub the palms in contact with each other.



The other hand's back is rubbed with your palm.



Rub by passing the fingers through each other, while palms are in contact.



For the right and left hands respectively, rub the backs of the fingers by the other hand's palm with fingers interlocked.



Rotational rubbing of left thumb clasped in right palm and vice versa.



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.

After cleaning all parts of our hands, we rinse our hands with water. While lever faucets are preferred and are turned off with the elbows, classical taps are turned off by pouring water on them from the palms and by holding them with the used paper towel.

STEP NO	PROCEDURE STEPS
1	Fold the arms of your clothes leaving your wrists open.
2	Remove your jewelry (ring, watch, bracelet).
3	Wet your hands under with running water by turning on the faucet.
4	Get some soap/cleaning solution to your hands and foam it with some water.
5	If you are using soap, rinse the soap and leave it to its place, when your hands are still foamy.
6	Repeat the following movements for at least five times while your hands are foamy.
	<ul style="list-style-type: none"> • Rub keeping your palms in touch,
	<ul style="list-style-type: none"> • Rub the other hand's back with your palm; rub the backside and interdigital areas of the left hand with the palm of the right hand,
	<ul style="list-style-type: none"> • Rub the back and interdigital areas of the right hand with the palm of the left hand.
	<ul style="list-style-type: none"> • Rub by passing the fingers through each other.
	<ul style="list-style-type: none"> • For the right and left hands respectively, scrub the backs of the fingers by the other hand's palms.
	<ul style="list-style-type: none"> • Rub the right and left thumbs respectively, in the other hand's palm.
	<ul style="list-style-type: none"> • Rub the fingertips of the right and left hands with the other hand's palm.
7	Wash your hands by rubbing and rinse them by shedding the foam of the cleaning solution.
8	Dry your hands with paper towel.
9	While lever faucets are preferred and are turned off with the elbows, classical taps are turned off by pouring water on them from the palms and by holding them with the used paper towel.
10	Throw the used paper towel to the blue household waste bags.



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LEARNING GUIDELINE

ABILITY OF PUTTING ON AND REMOVING STERILE GLOVES

EQUIPMENT: Sterile gloves

PARTICIPANT:

Types of Gloves and where they are used:

Nylon Gloves: They are made of semi-transparent thin nylon for preventing transmission in food industry. They are loose-fitting. They are not suitable for delicate works.

Examination Gloves: The gloves that are made of latex, are non-sterile and available in standard sizes. They are released in multiple packages, are used frequently, and fit hands.

Surgical (Sterile) Gloves: They are made of latex like examination gloves. The glove shaped for the right hand is different from the one for the left hand. For a better fitting glove, glove sizes range from 7 to 8,5.

STEP NO	PROCEDURE STEPS
1	Wash and dry your hands according to the instructions.
2	Select proper size of gloves.
3	Look for an expiration date on the package of gloves and check gloves for physical damage such as tears.
4	Peel and open the outer package without damaging the second paper layer inside.
5	Open the inner package onto the table without touching the gloves and its inside.
6	While putting on, be careful for the place of thumb. Bring the thumb of the glove to the front. Grasp the cuff at the folded edge of the opposing glove with the dominant hand without touching the outer surface of the glove.
7	Bring the thumb of the glove to the front. Slide the other hand into the glove by paying attention to all the fingertips are placed correctly. After fitting your hand into it, pull out the glove to the wrist.
8	While putting on the other hand, pick up the glove by inserting the second and third fingers of the gloved hand into the folded edge. Then, ungloved hand is put on as it is explained above.
9	Bring the thumb of the glove to the front and advance your bare hand into the glove. While inserting your hand into the glove, pull the neck of the glove upwards from your wrist with your gloved hand and ensure that your fingers fit snugly without touching anything else.
10	Straighten the neck of the other glove, which is bent at the wrist level, and pull it upwards.
11	With all the fingers of one hand, grasp the glove of the other hand by grasping it tightly in the palm of your hand and pull the glove off.
12	Gather all of the glove you removed into the palm of your gloved hand.
13	Place your ungloved hand between the glove and your wrist without touching the glove's exterior. Remove the glove turning it inside out as it goes.
14	Throw the gloves into medical waste bag (red) and the package of the gloves into paper or household waste bags.
15	Wash and dry your hands.



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LEARNING GUIDELINE

ABILITY OF APPLYING ELASTIC BANDAGE

EQUIPMENT: Elastic bandages, adult first aid dummy	
PARTICIPANT:	
STEP NO	PROCEDURE STEPS
1	Inform the patient about the examination that will be done.
2	Prepare elastic bandages; 15-20cm for lower extremity and 5,8-10 cm for upper extremity.
3	Ask patient to take off the clothes for leaving the extremity to be wrapped completely open.
4	While holding the bandage with your dominant hand, hold the losing end of the bandage with the other hand.
5	By leaving the fingers open on the lower and upper extremities, wrap the bandage around the extremity in a distal to proximal fashion and overlap each turn to cover the previous one by 50 percent.
6	Apply the bandage wrapping cross around the knuckles as the figure of 8.
7	Fasten the losing end to the rest of the bandage.
8	Finally check the circulation on the fingertips.
9	You can apply these steps for wrist, elbow, ankle and knee joint.



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LEARNING GUIDELINE

ABILITY OF APPLYING BASIC LIFE SUPPORT FOR ADULTS

EQUIPMENT:	
PARTICIPANT:	
STEP NO	PROCEDURE STEPS
1	Check environment, patient's and your safety by looking around where you meet the patient.
2	Wear gloves if it is possible.
3	Considering the possibility of neck (cervical) injury, make the patient lie on a hard surface on her/his back on the floor without shaking them too much.
4	Move to the patient's side.
5	<p>Assess the patient for unresponsiveness and the presence of breathing.</p> <p>5a. Put your hand on the patient's shoulder and gently shake it. Ask the patient following questions: How are you? / Are you okay? (Do not move the patient too much considering the possibility of neck injury (cervical trauma)).</p> <p>5b. Open the patient's airway with a head tilt-chin lift maneuver. With the look-listen-and-feel method, evaluate within 10 seconds whether the patient is breathing abnormally (gasping-sigh).</p>
6	<p>If there is no response from the patient and the patient is not breathing, or breathing is not regular (gasping), consider sudden cardiac death.</p> <ul style="list-style-type: none"> • Shout for help. • If possible, immediately call 112 on a mobile phone or ask your assistant to call. <p>• If there is no mobile phone, first go to a fixed phone and call 112, and then come back to the patient.</p>
7	<p>When you call 112 by phone, give appropriate information about the incident to the staff at the center.</p> <ul style="list-style-type: none"> • Report the address of the emergency (neighborhood, street, building, room number, etc.). • Say the phone number from which the phone call was made. • Tell the nature of the event (heart attack, stroke, traffic accident, etc.). • Tell the number of people who need help. • Tell the condition of casualty and what kind of assistance was given. <p>Connect with 112 center staff, turn on your phone's speaker and follow the prompts and resuscitation recommendations.</p>
8	Use an automated external defibrillator (AED) if available, otherwise, have a second rescuer find it.
EVALUATION AND ENSURING OF CIRCULATION	
(CIRCULATION) (C)	
1	Kneel next to the patient.

2	Feel the trachea in the midline of the patient's neck, feel the carotid pulse by sliding your hand 3 cm to the side with your right hand (for medical personnel).
3	Check for pulse and regular breathing at the same time (in less than 10 seconds).
4	<ul style="list-style-type: none"> • If there is a pulse and breathing, monitor the patient in her/his position. • If there is a pulse and no breathing, give the patient a breath every 6 seconds. • Start cardiopulmonary resuscitation (CPR-resuscitation) if there is no pulse and no breathing.
5	Begin chest compressions (heart massage) when the patient lies on firm soil at the supine position.
6	Place the palm of your dominant hand in contact with the lower ½ of the breastbone (sternum). (Fingers should not touch the rib cage.)
7	Place your other hand on top of your dominant hand.
8	Lock your elbows without breaking them.
9	Transfer your weight to your arms so that your whole body moves as a whole.
10	Apply enough pressure to collapse the sternum by at least 5 cm (do not exceed 6 cm).
11	Remove the pressure without removing your hand from the rib cage so that the sternum rises back.
12	Perform 30 fast and strong compressions at a rate of 100-120 per minute. (push hard, push fast)
AIRWAY MANEUVER	
(AIRWAY)(A)	
1	Open the airway without wasting time.
2	Perform the Head Tilt-Chin Lift maneuver to lift the tongue obstructing from the airway in non-trauma patients. (The rescuer, standing on the right side of the patient, puts his left hand on the forehead of the patient and the other hand on the front of the mandible, and positions the head backward.)
3	Perform the Jaw Thrust maneuver on the trauma/suspected patient (Only medical professionals can do it.) (Kneel on the patient's head. Place both hands on the corners of the mandible and pull the chin forward and upward. Do not move the neck)
4	Keeping the given position, proceed to the breathing step.
BREATHING (B)	
1	Give the patient 2 effective rescue breaths (artificial respiration).
2	Cover the patient's nose with your left index finger and thumb, without changing the position given in the airway opening maneuvers.
3	Breathe (not deep) and slowly exhale the air from the patient's oral cavity for 1 second (enough to lift the rib cage).
4	As a second way, cover the patient's lower jaw with your right hand from below, and exhale the air you take from the patient's nose in 1 second. Breath every 6 seconds (10 breaths/min)

5	Control the output of the air you exhale.
CONTROL	
1	Perform 5 rounds of CPR (Cardiopulmonary resuscitation) with 30 compressions/2 breaths per round.
2	Check vital signs after performing 5 rounds of CPR (2 minutes) on the patient.
3	Change the person who performs CPR every 2 minutes.
4	If there are no vital signs, continue CPR. Defibrillate the patient when the AED arrives.
5	If there are vital signs, place the patient in the recovery position.
AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)	
1	Continue CPR with the arrested patient until the AED arrives.
2	When the AED arrives, turn on the button and adhere the electrode pads to the patient's chest skin as described in the illustration. If you are two people, one continues CPR.
3	Make sure no one is touching the patient while the AED is analyzing the rhythm.
4	If a shock is required, press the shock button after checking with the devices warning function that no one is touching the device.
5	Start CPR immediately after shock without checking for pulse and rhythm (30 compressions/2 breaths). Follow the commands of the device.
6	Continue CPR if shock delivery is not indicated.
RECOVERY POSITION	
1	If the patient has normal circulation and respiration, but his/her conscious state is not good, lay the patient on his back on the floor. (Be aware of neck trauma.)
2	Move to the right side of the patient.
3	Bend the right arm 90 degrees at the elbow so that it is at head level and the palm of the hand is facing up.
4	Place the patient's left hand under the right cheek so that the left arm passes in front of the neck.
5	Bend the patient's left leg 90 degrees at the knee.
6	Hold the patient's shoulder with your left hand and the hip with your right hand and turn it towards you.
7	Bring the patient's left elbow and left knee into contact with the ground.
8	Check the patient's airway patency, breathing, and circulation.
9	If the patient will stay in the recovery position for more than 30 minutes, turn to the opposite direction by giving the same position. Turn him/her to the opposite side every 30 minutes.

10	Wait in this position until the ambulance arrives.
11	If the patient's respiratory and circulatory findings disappear, begin CPR by laying him back on the floor.

LEARNING GUIDELINE

ABILITY OF REMOVAL OF FOREIGN BODY AIRWAY OBSTRUCTION

EQUIPMENT: Airway obstruction model	
PARTICIPANT:	
STEP NO	PROCEDURE STEPS
1	Stand next to and slightly behind the casualty.
2	Support the victim's chest with one hand, keeping the victim's head and torso tilted forward.
3	If the casualty shows any signs of mild airway obstruction, prompt them to continue coughing and do nothing else.
4	If the victim shows signs of severe airway obstruction and is conscious, strike quickly and forcefully 1 time between the victim's two scapulae (scapula) with the palm (palm) of one hand.
5	If the foreign body does not remove, repeat step 4 for a total of 5 times.
6	If the foreign object is not removed, stand behind the standing casualty (facing the victim's back).
7	Support the casualty from the abdomen with both hands.
8	Make a fist with one hand with the thumb pointing towards the casualty's abdomen.
9	Place your fist between the casualty's navel and xiphoid process.
10	Grasp your fist with your other hand.
11	From the point you placed with your hands, apply strong pressure 1 time from front to back and from bottom to top.
12	If the foreign body is not removed, repeat step 11 for a total of 5 times.
13	If the foreign body is not removed, repeat the steps 1 - 12.
14	Lay the casualty carefully down if the casualty loses consciousness at any time.
15	Call Emergency Medical Assistance (Phone:112) for the unconscious patient if you are outside the hospital.
16	Begin cardiopulmonary resuscitation (CPR) (See: Basic Life Support Practice Skills).



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LEARNING GUIDELINE

ABILITY OF MEASURING BLOOD PRESSURE (ADULT)

EQUIPMENT: Sphygmomanometer, stethoscope

PARTICIPANT:

STEP NO	PROCEDURE STEPS
1	Introduce yourself to the patient and give information about the procedure to be performed.
2	If the person to be measured has been involved in any activity, let him or her sit for 5-10 minutes and rest.
3	Ask the patient if he or she has used substances that affect blood pressure (such as tea, coffee, cigarettes, nasal decongestants) in the last half hour. If he or she used these substances, tell him or her that measuring after half an hour will give a more accurate result and make them wait.
4	Ask the patient's previous blood pressure measurement results by checking whether he used medication of blood pressure or not.
5	If the person feels nervous (anxiety), try to relieve this anxiety while giving information about the procedure to be done.
6	Ensure that the environment is calm, quiet, and not too hot or cold.
7	Review the blood pressure measuring instruments to be used.
8	Ask the person to remove any clothes, such as coats, jackets, sweaters, if any. (Clothing that won't pinch the arm when peeled off may not be removed).
9	Position the patient appropriately.
10	The patient should sit in a comfortable position in a chair, while the lying the patient should extend the arm to be measured parallel to the body,
11	The person's elbow should not stay in the air, it should be imposed on a place such as a table.
12	With the arm slightly flexed at the elbow and the palm facing upwards, the level of the anterior elbow cavity (antecubital fossa) should be as close to the heart as possible.
13	Ask the person to extend their right or left arm. (The blood pressure of the patient with hypertension should be measured in both arms in the first evaluation; subsequent measurements should be made in the higher arm).
14	Place the drum of the stethoscope in the anterior elbow cavity, slightly inside (medial) area (on the brachial artery trace) and so that it does not come under the sleeve. Hold it there with one hand without pressing too hard.
15	While pressing the bell with one hand, hold the air pump with the other hand and close the air (pump) tap all the way.

16	Note: Do not keep pushing and or do not tighten too much after the air cock is closed. Otherwise, you may have difficulty in opening the faucet with one hand when necessary. For this purpose, before the sleeve is inflated, it is useful to check whether the closed faucet can be opened easily.
17	Increase the sleeve pressure to 180 mm Hg by closing the air tap with your other hand, or listen to the Korotkoff sounds while increasing the sleeve pressure and increase the cuff pressure to 30-40 mm Hg higher than the pressure at which the sounds are cut off.
18	If there is no pulsing sound, loosen the screw of the air cock slightly and allow the pressure to drop down gradually.
19	Note: If the needle of the manometer is falling fast, close it a little, if it is falling slowly, open it a little (10 mmHg in 2-3 seconds) to allow the air to descend.
20	Read the pressure value at the point where the first beat sound (beats should continue after this sound) from the needle of the manometer, this value is the systolic blood pressure.
21	Once the diastolic blood pressure has been determined, quickly reduce the pressure to zero by loosening the air cock.
22	The earplugs should not be removed and the bell portion of the stethoscope should not be moved until the pressure has dropped to the bottom.
23	If it is necessary to make two measurements on the same arm, ensure that there is at least 15 seconds between the two measurements and in the meantime, the sleeve must be completely deflated.
24	If the measurement is complete, remove the headphones and unscrew the sleeve.
25	Tell the patient to get dressed.
26	Inform the patient about the measurement results.
27	Record the blood pressure value, first the systolic and then the diastolic blood pressure.
28	Collect the blood pressure monitor and put it in place.

Note: If you are going to take another measurement on the same arm, remember that you have to wait at least 5 minutes.



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LEARNING GUIDELINE

ABILITY OF MEASURING ADULT HEART RATE (ADULT)

EQUIPMENT: None	
PARTICIPANT:	
STEP NO	PROCEDURE STEPS
1	Wash your hands.
2	Inform the patient about the examination and tell him or her to be comfortable.
3	If the patient has climbed stairs, walked, tired, etc. let him rest for 5-10 minutes.
4	While the patient is in a sitting position, put the arm that you will evaluate the pulse on a support. Bend the arm at a 90° angle from the elbow and place the hand with the wrist straight, palm facing up.
5	Place your index, middle and ring fingers on the radial artery trace.
6	Palpate the radial artery.
7	60 seconds from the start of feeling the pulse beats, count the beats for the duration.
8	Record the pulse rate, rhythm, and fullness.
9	Inform the patient about your measurements.
10	Wash your hands.



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LEARNING GUIDELINE

ABILITY OF MEASURING BODY TEMPERATURE

EQUIPMENT: Tympanic thermometer, disposable tip

PARTICIPANT:

STEP NO	PROCEDURE STEPS
1	Wash your hands.
2	Explain the procedure to the patient (or to their family), turn his or her head to the side.
3	Check the digital display on the thermometer's display (usually, it should be 34°C).
4	Insert the disposable probe carefully into the sensor tip.
5	Insert the probe into the ear canal, avoid pushing it too far into the ear. (The pinna is pulled up and back in adults to straighten the ear canal; down and back in children and infants)
6	Turn on the thermometer.
7	Read and record the number on the thermometer's display.
8	Remove the probe from the device and throw it in the waste bin.
9	Wash your hands.