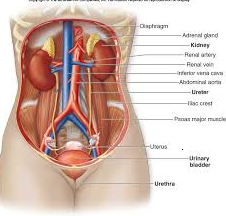




**King Saud University**

**College of Medicine**

**Medical Education Department**



**TUTOR’S GUIDE OF CLINICAL SKILLS**

**Renal Block**

**(Renal 114)**

**YEAR 1**

**2016-2017**

**(1437-1438)**



**King Saud University**

**College of Medicine**

**Medical Education Department**

**Renal Block**

**(Renal 114)**

(Academic year 1437-1438)

**Year 1**

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| --- |
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***Checklists revised by Dr Nahla Azzam (Department of Medicine)***

**Introduction and rationale:**

Early students’ clinical exposure to skills is essential for systematically learning and developing clinical skills appropriate to working in a clinical environment, and application of skills when they move onto their clinical rotations.

The transition from preclinical to clinical training is huge for the students and several studies have documented that the transition is quite stressful. (O’Brien et al., 2007).

We aim from the clinical skills to do a smooth transition in clinical skills from preclinical to clinical years.

The clinical skills took in consideration the requirement of SaudiMed for the graduates of Saudi medical students through integration with the different blocks and courses.

The clinical skills will be learnt through spiral approach system to gradually increase students’ confidence in performance when interacting with patients during their clinical years.

***The aims of e***arly clinical skills teaching:

1. improvement in the students’ **knowledge and competence** to perform examinations
2. Increased student’s perceived levels of **confidence**.
3. Enrichment of the **safe environment** that helps in bridging the gap between the preclinical and clinical years in medical undergraduate education. ***(Swamy et al., 2013)***

**Objectives of the Clinical Skills:**

**RENAL 114**

By the end of this course the students should be able to know and show how:

1. To take a history related to renal symptoms
2. To recognize the different types of catheters
3. Show how to insert the folly’s catheter
4. To perform the renal examination

**Tutorials (3 hours):**

|  |  |
| --- | --- |
| W1 | Take a history related to renal symptoms |
| W2 | Recognize different types of catheters/ insert the folly’s catheter |
| W3 | Renal examination |
| W4 | OSCE |

**Week 1:** Take a history related to renal symptoms

**Objectives: By the end of the session the students should:**

1. Show how to take a history related to renal symptoms from simulated patient
2. Show a good communication with patient

**Week 2:** Catheter

**Objectives: By the end of the session the students should:**

1. Recognize different types of catheters
2. Show how to insert Folly’s catheter on a manikin

**Week 3:** Renal examination.

**Objectives: By the end of the session the students should:**

* Show how to perform renal examination on simulated patient

**Teaching and Learning Modes:**

1. The clinical skills will be learnt by hands on the different clinical skills.
2. The tutor will do a demo in front of students, and then each student is expected to do by himself
3. The tutor will give feedback to the students according to the provided checklists

**Mode of assessment: 5 marks**

The marks will be the student’s performance on OSCE.

**Learning Resources:**

1. The clinical skills tutor
2. The clinical skill lab facilities during SDL (need to be arranged with the clinical skill staff in advance)
3. The provided checklists
4. Recommended reference textbooks and website:

- Physical Exam by Barbara Bates

- Current Medical Diagnosis

- Current Surgical Diagnosis

Website:

-Martindales Clinical Examination ([martindalecenter.com](http://martindalecenter.com/))

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic Support Team**  **CHAIRPERSON :** Dr. Malak Al Hazmi  Pathology Department  Extension :  Mobile : / Bleep :  Email : | | **CO-CHAIR :**  Department  Extension :  Mobile : / Bleep :  Email : | |
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***OSCE template***

***Sheet 1***

**College of Medicine**

**Department of Medical Education**

**Objective Structured Clinical Examination**

**(Information for student)**

**Patient Brief Record** (A brief background of the patient or the condition):

**TASK TO BE PERFORMED BY THE CANDIDATE:**

**Station Duration: (for example 5 minutes or ……..)**

**Any other special instructions:**

***Sheet 2***

**College of Medicine**

**Department of Medical Education**

**Objective Structured Clinical Examination**

**Patient’s Scenario/ Instructions to Patient**

A brief description of the condition or case to be portrayed;

• Tasks to be performed by the candidate;

• The role of the simulated patients;

• The opening statement, if any, by the simulated patients;

• Expected questions from the candidate and suggested answers;

• The demeanor of the simulated patients;

• List of dos and don’ts.

***Sheet 3***

**Instructions to Examiners**

Depending on the case, typical instructions to the examiners may include:

• The nature of the stations;

• The tasks to be performed by the candidate;

• The findings of the patient/mannequins;

• The expected level of competency required to pass the station;

• The difficulty level of the station;

• The role of examiners during the OSCE.

***Sheet 4***

**College of Medicine**

**Department of Medical Education**

**Objective Structured Clinical Examination**

**Candidates Name:**

|  |  |  |
| --- | --- | --- |
| 2 | 1 | 0 |

**Marking schedule *(Select the domain according to the station objective/s only)***

1. **Professional behavior**
2. **Data Gathering**
3. **Examination**
4. **Management**

**Grades % Total**

**Passed Borderline Failed**

***Sheet 5***

**College of Medicine**

**Department of Medical Education**

**Objective Structured Clinical Examination**

**REQUIREMENTS**

1. **Number of Cases**
2. **Number of Examiners**
3. **Number of Role players**
4. **Instruments**
5. **Place/Rooms**

***Sheet 6***

List of requirements for the OSCE station

|  |  |  |
| --- | --- | --- |
| Cases | Requirements | Remarks |
| Case 1 |  |  |
| Case 2 |  |  |
| Case 3 |  |  |
| Case 4 |  |  |
| Case 5 |  |  |
| Case 6 |  |  |
| Case 7 |  |  |
| Case 8 |  |  |
| Case 9 |  |  |
| Case 10 |  |  |

**Checklists**



King Saud University

College of Medicine

Department of Medical Education

Riyadh, KSA

**Week 1: Renal History Taking**

* **OBJECTIVE: To** take an ideal history related to Renal signs and symptoms.

**MATERIALS: there will be standardized patient to take the history from.**

***D: Appropriately done PD: Partially done ND: Not done/Incorrectly done***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **STEP/TASK** | **D** | **PD** | **ND** |
|  | Introduce yourself to the patient. |  |  |  |
| **1.** | **Personal data** |  |  |  |
|  | Name, Age, Gender, Nationality, Occupation. |  |  |  |
| **2.** | **Chief complain** |  |  |  |
|  | Short statement of the problem that brought the PT, better recorded in the patient’s own words. |  |  |  |
| **3.** | **History of presenting illness.** |  |  |  |
|  | **Onset** (acute, subacute, chronic and insidious), **Duration**, **Course of the condition** (static, progressive, or relapsing and remitting), **Aggravating & Reliving Factors**, and **Associated symptoms**: such as Pain (Dysuria, Pyuria, Dyspnea, Lethargy, Syncope / Dizziness, Oedema, fever.)  \*Pain should be further defined in terms of the following: Location, Radiation, Quality, Severity, and Aggravating & Reliving Factors. |  |  |  |
| **4.** | **Past Medical History** |  |  |  |
|  | Same situation before, Loin or flank pain & peripheral vascular disease. |  |  |  |
|  | Chronic disease (DM, HTN …), recurrent UTI. |  |  |  |
|  | History of hospitalization : Admission, Surgery, Blood Transfusion. |  |  |  |
| **5.** | **Family & Social History** |  |  |  |
|  | Same situation in the family, chronic disease (DM, HTM), congenital & hereditary diseases. |  |  |  |
|  | Marital status, No. of children, housing status, job status & environment / conclude: socioeconomic status. History of travelling. |  |  |  |
|  | Habits: smoking, drinking Alcohol, using prohibited substances. |  |  |  |
| **6.** | **Drug history:** |  |  |  |
|  | Any recent medication, long term medication, Allergies, Herbal Medication. |  |  |  |
| **7.** | **Systemic review:** |  |  |  |
|  | CNS , RES, GIT, UT, Endocrine,Muskulo-Skeletal |  |  |  |
|  | **SUMMRY** |  |  |  |

**Sources and References:**

***Books***

1. Bates' guide to physical examination and history-taking

Lynn S.Bickley - Peter G.Szilagyi - Barbara Bates - Wolters Kluwer Health/Lippincott Williams & Wilkins – 2013

2. Clinical Examination: A Systematic Guide to Physical Diagnosis

Simon O'Connor - Nicholas Joseph.Talley - Elsevier – 2014

3. Current medical diagnosis & treatment

Stephen J.McPhee - Maxine A.Papadakis - McGraw-Hill Medical - 2012

**SP CASE SCRIPT (Pyelonephritis)**

**Your role in this session is to role-play a patient with Kidney infection.**

*Pyelonephritis is an inflammation of the kidney* [*tissue*](https://en.wikipedia.org/wiki/Parenchyma)*,* [*calyces*](https://en.wikipedia.org/wiki/Minor_calyx)*, and* [*renal pelvis*](https://en.wikipedia.org/wiki/Renal_pelvis)*.*[*[1]*](https://en.wikipedia.org/wiki/Pyelonephritis#cite_note-1) *It is commonly caused by bacterial infection that has spread up the* [*urinary tract*](https://en.wikipedia.org/wiki/Urinary_system) *or travelled through the bloodstream to the kidneys.*[*[2]*](https://en.wikipedia.org/wiki/Pyelonephritis#cite_note-2)

***Trigger***

**You have applied to your GP with a chief complaint of Rightt loin pain**

Wait for the Doctor’s (student) questions and answer them based on the provided list below:

**Personal and Social History**; name, age, gender, occupation – Use as your own.

Single, living with parents. No alcohol and tobacco use.

**Possible questions about the present complaint:**

1. When did you first notice this problem? When did it start?

**I started noticing it around 2-3 days ago.**

1. How do you describe the pain? Pain is vague like discomfort on my lower back more on the right side.
2. Is there pain on urination? Feels like there is burning sensation on urination.
3. How many times you are going to urinate?

**At least 4-5 times a day.**

1. Can you tell me more about your urine (color, odor, volume)?

**Color (yellow to orange, darker than usual), Odor (strange odor I can not describe), Volume (seems the same amount).**

1. Do you have urgency (do you have problems to reach the bathroom on time)

**No, I don’t have (urgency).**

1. How about your appetite/eating habit?

**My appetite seems to have decreasaed.**

1. Did you have fever? I feel like having chills but did not take my temperature
2. Have you seen any other health care professional about these problems?

**No, I haven't seen a doctor for a while.**

1. Do you have any additional complaint?

**I feel a little bit tired. Sometimes I feel nauseated**

1. Have you noticed anything that makes these problems better or worse?

**No. I didn’t recognize anything particular.**

1. Are you on any medication?

**No.**

**Past medical history:** No important disease history. No operation. Noted episodes of Hospitalization during childhood due to fever.

**Family history:** Parents are healthy and alive, no major disease history.

**Clinical Skills Guide**

**History Taking**

**Learning Objectives**

* To understand main components of medical history taking and interview
* To describe general features of medical history including present illness, past medical history, family history.

**THE SEQUENCE OF THE INTERVIEW**

1. Greeting the patient and establishing rapport
2. Inviting the patient’s story
3. Establishing the agenda for the interview
4. Expanding and clarifying the patient’s story; generating and testing diagnostic hypotheses
5. Creating a shared understanding of the problem(s)
6. Negotiating a plan (includes further evaluation, treatment, and patient education)
7. Planning for follow-up and closing the interview.

**THE TECHNIQUES OF SKILLED INTERVIEWING**

\_ Active listening

\_ Adaptive questioning

\_ Nonverbal communication

\_ Facilitation

\_ Echoing

\_ Empathic responses

\_ Validation

\_ Reassurance

\_ Summarization

\_ Highlighting transitions

**EXPLORING THE PATIENT’S PERSPECTIVE**

\_ The patient’s thoughts about the nature and the cause of the problem

\_ The patient’s feelings, especially fears, about the problem

\_ The patient’s expectations of the clinician and health care

\_ The effect of the problem on the patient’s life

\_ Prior personal or family experiences that are similar

\_ Therapeutic responses the patient has already tried

**ADAPTIVE QUESTIONING: OPTIONS FOR CLARIFYING THE PATIENT’S STORY**

\_ Directed questioning—from general to specific

\_ Questioning to elicit a graded response

\_ Asking a series of questions, one at a time

\_ Offering multiple choices for answers

\_ Clarifying what the patient means

**THE FORMAT OF THE COMPREHENSIVE HEALTH HISTORY**

**Identifying Data**

Such as age, gender, occupation, marital status

**Source and Reliability of History**

Usually the patient, but can be family member, friend, letter of referral, or the medical record

Varies according to the patient’s memory, trust, and mood

**Chief Complaint**

The one or more symptoms or concerns causing the patient to seek care

**THE SEVEN ATTRIBUTES OF A SYMPTOM**

1. **Location**. Where is it? Does it radiate?

2. **Quality**. What is it like?

3. **Quantity or severity**. How bad is it? (For pain, ask for a rating on a scale of 1 to 10.)

4. **Timing**. When did (does) it start? How long did (does) it last? How often did (does) it come?

5. **Setting in which it occurs**. Include environmental factors, personal activities, emotional reactions, or other circumstances that may have contributed to the illness.

6. **Remitting or exacerbating factors**. Does anything make it better or worse?

7. **Associated manifestations**. Have you noticed anything else that accompanies it?

**Symptom description mnemonic: *OPQRST-AAA***

One tool that some clinicians find helpful is using the mnemonic ***OPQRST-AAA*** to elicit the details

of a pain complaint. With minimal modifications this mnemonic is easily adaptable to other

symptoms (fever, cough, dizziness etc.) The exact content of the mnemonic varies with different

sources, but one rendering is:

***O*** - Onset

***P*** - position/pattern (or provocation/palliation, also represented below as A - aggravating/alleviating)

***Q*** - Quality

***R*** - Radiation

***S*** - severity (or site)

***T*** - timing

***A*** - aggravating/alleviating factors

***A*** - associated symptoms

***A*** - attributions/adaptations

**History of Present Illness**

Amplifies the Chief Complaint, describes how each symptom developed

Includes patient’s thoughts and feelings about the illness

May include medications, allergies, habits of smoking and alcohol, since these are frequently pertinent to the present illness

**Past Medical History**

Lists childhood illnesses

Lists adult illnesses with dates for at least four categories: medical; surgical; obstetric/gynecologic; and psychiatric. Includes health maintenance practices such as: immunizations, screening tests, lifestyle issues, and home safety

**Family History**

Outlines or diagrams of age and health, or age and cause of death of siblings, parents, and grandparents

Documents presence or absence of specific illnesses in family, such as hypertension, coronary artery disease, etc.

**Personal and Social History**

Describes educational level, family of origin, current household, personal interests, and lifestyle

**Review of systems**

**Differential Diagnosis/ Impression**

**Sources and References:**

A. Books

1. Bates' guide to physical examination and history-taking

Lynn S.Bickley - Peter G.Szilagyi - Barbara Bates - Wolters Kluwer Health/Lippincott Williams & Wilkins – 2013

2. Clinical Examination: A Systematic Guide to Physical Diagnosis

Simon O'Connor - Nicholas Joseph.Talley - Elsevier – 2014

3. Current medical diagnosis & treatment

Stephen J.McPhee - Maxine A.Papadakis - McGraw-Hill Medical - 2012

**Week 2: Urinary** **Catheterization** **(Female)** **OBJECTIVE**: To perform a proper female urinary catheterization with Foley Catheter.

**MATERIALS**: Well illuminated examination room, examination table, clean glove, sterile glove, foam body cleanser or cleanse wipes, Foley catheter, sterile tray, sterile underpad, sterile fenestrated drape, antiseptic solution (*povidone* *iodine* *etc.*), betadine swabs, sterile cotton balls/sterile gauze, forceps, sterile lubricant, sterile lidocaine, syringe, sterile water, drainage bag, dressing tape.

***D****:* *Appropriately* *done* ***PD****:* *Partially* *done* ***ND****:* *Not* *done/Incorrectly* *done*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **STEP/TASK** | **D** | **PD** | **ND** |
|  | **Preparation** |  |  |  |
| **1.** | Introduce yourself to the patient. |  |  |  |
| **2.** | Confirm patient’s ID. |  |  |  |
| **3.** | Explain the procedure and reassure the patient. |  |  |  |
| **4.** | Get patient’s consent. |  |  |  |
| **5.** | Wash hands. |  |  |  |
| **6.** | Prepare the necessary materials in a tray *(check* *and* *ensure* *the* *integrity* *and* *the* *sterility)*. |  |  |  |
| **7.** | Position the patient in a lying position; uncover her lower body with legs apart- knees bending and groin exposed *(maintain* *the* *patient’s* *privacy* *and* *dignity).* |  |  |  |
| *(Consider* *washing* *the* *patient’s* *genital* *area* *before* *the* *procedure* *if* *visibly* *soiled.* *After* *putting* *on* *clean* *gloves,* *wash* *patient’s* *genital* *area* *thoroughly* *with* *foam* *body* *cleanser* *or* *cleanse* *wipes.* *Remove* *gloves* *and* *wash* *hands).* | | | | |
|  | **Procedure** |  |  |  |
| **8.** | Put on sterile gloves and use strict sterile technique for the foley insertion procedure. |  |  |  |
| **9.** | Take the sterile underpad and place it *(plastic* *side* *down)* beneath the patient. |  |  |  |
| **10.** | Take the sterile fenestrated drape and position it around the patient’s genitalia. |  |  |  |
| **11.** | Draw up 5 ml sterile water into a syringe *(if* *pre-filled* *syringe* *is* *not* *provided* *with* *the* *pack).* |  |  |  |
| **12.** | Dispense the lubricating gel into the tray, pour antiseptic solution over three cotton balls. |  |  |  |
| **13.** | Remove the plastic sleeve from the catheter, lock the sterile water syringe into the port and check the integrity of the retention balloon. Place the catheter on the sterile site. |  |  |  |
| **14.** | Separate the labia using the non-dominant hand and visualize the meatus. |  |  |  |
| **Do** **not** **touch** **any** **sterile** **material** **with** **this** **hand** **for** **the** **rest** **of** **the** **procedure.** | | | | |
| **15.** | Grasp one cotton ball with the forceps, wipe one side of the labia from top to bottom and discard the cotton ball away from the sterile field. Repeat on the opposite side and then wipe down the middle using the third cotton ball. |  |  |  |
| **16.** | Using the dominant (sterile) hand, handle the catheter, cover the tip of the catheter with lubricant. |  |  |  |
| **17.** | Insert the lubricated catheter firmly into the meatus and gently advance it until you see the urine in the catheter/drainage bag. |  |  |  |
| **18.** | Once a stream of urine is obtained, advance catheter 3-4 cm. More and inject 5 ml of sterile water to inflate the catheter's balloon *(ensure* *that* *this* *does* *not* *cause* *the* *patient* *any* *pain).* |  |  |  |
| **19.** | Gently retract the catheter until a resistance is felt. |  |  |  |
| **20.** | Attach the catheter bag and hang it to the bed. |  |  |  |
| **21.** | Remove the gloves. |  |  |  |
| **22.** | Tape the catheter to the thigh. |  |  |  |
|  | **After** **the** **procedure** |  |  |  |
| **23.** | Ensure that the patient is comfortable. |  |  |  |
| **24.** | Make explanations to the patient, answer his questions and discuss management plan. |  |  |  |
| **25.** | Dispose of sharps and waste material according to infection control standards. |  |  |  |
| **26.** | Wash hands. |  |  |  |
| **27.** | Document the procedure. |  |  |  |

This document is available at https://www.facebook.com/groups/173907012758220/files/

**Urinary** **Catheterization** **(Male)**

**OBJECTIVE**: To perform a proper male urinary catheterization with Foley Catheter.

**MATERIALS**: Well illuminated examination room, examination table, clean gloves, sterile gloves, foam body cleanser or cleanse wipes, Foley catheter, sterile tray, sterile underpad, sterile fenestrated drape, antiseptic solution (*povidone* *iodine* *etc.*), betadine swabs, sterile cotton balls/sterile gauze, forceps, sterile lubricant, sterile lidocaine, syringe, sterile water, drainage bag, dressing tape.

***D****:* *Appropriately* *done* ***PD****:* *Partially* *done* ***ND****:* *Not* *done/Incorrectly* *done*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **STEP/TASK** | **D** | **PD** | **ND** |
|  | **Preparation** |  |  |  |
| **1.** | Introduce yourself to the patient. |  |  |  |
| **2.** | Confirm patient’s ID. |  |  |  |
| **3.** | Explain the procedure and reassure the patient. |  |  |  |
| **4.** | Get patient’s consent. |  |  |  |
| **5.** | Wash hands. |  |  |  |
| **6.** | Prepare the necessary materials in a tray *(check* *and* *ensure* *the* *integrity* *and* *the* *sterility)*. |  |  |  |
| **7.** | Position the patient in a lying position; uncover his lower body with legs apart and groin exposed *(maintain* *the* *patient’s* *privacy* *and* *dignity).* |  |  |  |
| *(Consider* *washing* *the* *patient’s* *genital* *area* *before* *the* *procedure* *if* *visibly* *soiled.* *After* *putting* *on* *clean* *gloves,* *wash* *patient’s* *genital* *area* *thoroughly* *with* *foam* *body* *cleanser* *or* *cleanse* *wipes.* *Remove* *gloves* *and* *wash* *hands).* | | | | |
|  | **Procedure** |  |  |  |
| **8.** | Put on sterile gloves and use strict sterile technique for the foley insertion procedure. |  |  |  |
| **9.** | Take the sterile underpad and place it *(plastic* *side* *down)* beneath the patient. |  |  |  |
| **10.** | Take the sterile fenestrated drape and position it around the patient’s genitalia. |  |  |  |
| **11.** | Draw up 5 ml sterile water into a syringe *(if* *pre-filled* *syringe* *is* *not* *provided* *with* *the* *pack).* *(Draw* *up* *5* *ml.* *sterile* *lidocaine* *if* *you* *consider* *to* *use* *such* *as* *patients* *with* *enlarge* *prostates).* |  |  |  |
| **12.** | Dispense the lubricating gel into the tray, pour antiseptic solution over three cotton balls. |  |  |  |
| **13.** | Remove the plastic sleeve from the catheter, lock the sterile water syringe into the port and check the integrity of the retention balloon. Place the catheter on the sterile site. |  |  |  |
| **14.** | Retract the foreskin, if present, hold the shaft of the penis with the non-dominant hand.  *(You* *may* *Inject* *3-5* *ml.* *sterile* *lidocaine* *into* *the* *urethra* *and* *firmly* *pinch* *the* *end* *of* *the* *penis* *for* *1-2* *minutes* *to* *retain* *the* *lidocaine* *with* *in* *the* *urethra.)* |  |  |  |
| **Do** **not** **touch** **any** **sterile** **material** **with** **this** **hand** **for** **the** **rest** **of** **the** **procedure.** | | | | |
| **15.** | Using a circular motion, wipe the glans from the meatus outward three times with three different cotton balls/swabs. |  |  |  |
| **16.** | Using the dominant (sterile) hand, handle the catheter, cover the tip of the catheter with lubricant. |  |  |  |
| **17.** | Grasp the penis in an upright position and insert the lubricated catheter firmly into the meatus and gently advance it until you see the urine in the catheter/drainage bag. |  |  |  |
| **18.** | Once a stream of urine is obtained, advance catheter 3-4 cm. More and inject 5 ml of sterile water to inflate the catheter's balloon *(ensure* *that* *this* *does* *not* *cause* *the* *patient* *any* *pain).* |  |  |  |
| **19.** | Gently retract the catheter until a resistance is felt. |  |  |  |
| **20.** | Attach the catheter bag and hang it to the bed. |  |  |  |
| **21.** | If the foreskin was retracted, reposition it after placement. |  |  |  |
| **22.** | Remove the gloves. |  |  |  |
| **23.** | Tape the catheter to the thigh. |  |  |  |
|  | **After** **the** **procedure** |  |  |  |
| **24.** | Ensure that the patient is comfortable. |  |  |  |
| **25.** | Make explanations to the patient, answer his questions and discuss management plan. |  |  |  |
| **26.** | Dispose of sharps and waste material according to infection control standards. |  |  |  |
| **27.** | Wash hands. |  |  |  |
| **28.** | Document the procedure. |  |  |  |

References:

A. Books

1. Bates' guide to physical examination and history-taking

Lynn S.Bickley - Peter G.Szilagyi - Barbara Bates - Wolters Kluwer Health/Lippincott Williams & Wilkins – 2013

2. Clinical Examination: A Systematic Guide to Physical Diagnosis

Simon O'Connor - Nicholas Joseph.Talley - Elsevier – 2014

3. Current medical diagnosis & treatment

Stephen J.McPhee - Maxine A.Papadakis - McGraw-Hill Medical - 2012

B. Websites

1. OSCE Skills

<http://www.osceskills.com/>

**Types and sizes of catheters**

Diameters:

* 5Fr, 6fr, 8fr 10fr, 12fr, 14fr, 16fr, 18fr, 20fr, 22fr, 24fr, 26fr.
* The higher the number the larger the diameter of the catheter.
* 1Fr. = 3mm (i.e. a 24fr. catheter is 8mm in diameter)

Types:

**1-Straight Catheters** -single use catheters



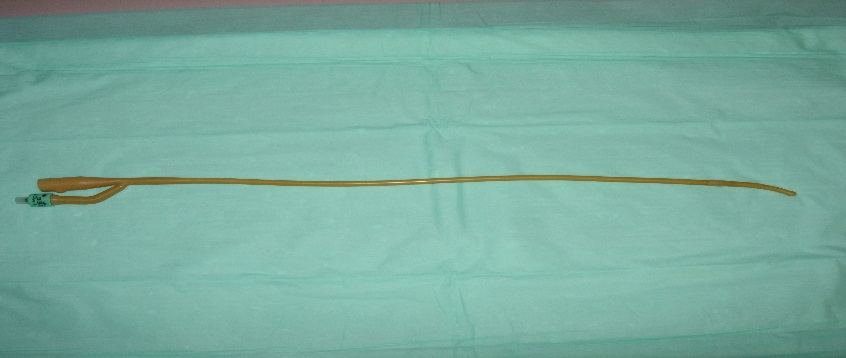
* Have a single lumen with a small 1¼ cm opening.

**2- Two (2)-way Foley catheters** (retention catheters)



* Have an inflatable balloon that encircles the tip near the lumen or opening of the catheter.

**3-Curved or Coude**



* Catheters have a rounded curved tip (elbowed) used in older male patients with enlarged prostates which partially obstruct the urethra.

**4- Three (3)-way Foley catheter**



* Often called retention catheter, they have 2 or 3 lumens that encircle the body of the catheter. One lumen drains the urine through the catheter into a collection bag. The second lumen holds the sterile water when the catheter is inflated and is also used to deflate the balloon. The third lumen maybe used to instill medications into the bladder or provide a route for continuous bladder irrigation.

**Sources and References:**

A. Books

1. Bates' guide to physical examination and history-taking

Lynn S.Bickley - Peter G.Szilagyi - Barbara Bates - Wolters Kluwer Health/Lippincott Williams & Wilkins – 2013

2. Clinical Examination: A Systematic Guide to Physical Diagnosis

Simon O'Connor - Nicholas Joseph.Talley - Elsevier – 2014

B. Web Sites:

1. Queens University, School of Medicine

<https://meds.queensu.ca/central/assets/modules/ts-urinary-catheterization/types_and_sizes_of_catheters.html>



King Saud University

College of Medicine

Department of Medical Education

Riyadh, KSA

**Week 3: Renal Examination**

**OBJECTIVE: To conduct a complete Renal Examination.**

**MATERIALS: Well illuminated examination room, examination table and stethoscope.**

***D: Appropriately done PD: Partially done ND: Not done/Incorrectly done***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **STEP/TASK** | **D** | **PD** | **ND** |
|  | **Preparation** |  |  |  |
|  | Introduce yourself to the patient and Confirm patient’s ID. |  |  |  |
|  | Explain the procedure , reassure the patient and get patient’s consent. |  |  |  |
|  | Wash hands. |  |  |  |
|  | Position the patient in a lying flat position with the head resting a on a single pillow and uncover his/her upper body. |  |  |  |
|  | **Examination** |  |  |  |
|  | **General inspection** |  |  |  |
|  | Observe the patient's general appearance *(age, state of health, nutritional status and any other obvious signs e.g. wasting, jaundice, pigmentation, dyspnea).* |  |  |  |
|  | **Hands** |  |  |  |
|  | Pick up the patient’s hand; inspect and examine (*Temperature, Color, Nail )*  Nail signs:clubbing, leuconychia*–hypoalbuminaemia*, koilonychia*–iron deficiency*.  Arms: arterio-venous fistula  Pulse: rate ,rhythm and volume  Measure the blood pressure for hypertension |  |  |  |
|  | Test for flapping tremor (uremia) |  |  |  |
|  | **Face** |  |  |  |
|  | Inspect the patient’s face *(yellow tinge in uremia, periorbital edema in nephritic syndrome, conjunctival pallor ~~in EPO def~~).* |  |  |  |
|  | **Neck** |  |  |  |
|  | Examine the neck for lymphadenopathy.  JVP for fluid overload |  |  |  |
|  | **Chest** |  |  |  |
|  | Inspect the patient’s chest.  *Heart sounds. Distant heart sound , pericardial Rub (uremic pericarditis)*  *Lungs Bilateral basal crackles (pulmonary edema)* |  |  |  |
|  | **Abdomen** *(should exposed from the nipples to the symphhsis)* |  |  |  |
|  | Inspect the patient’s abdomen for *(contours, any obvious distension, localized masses, scars, and skin changes).* |  |  |  |
|  | **Palpation of the Abdomen** |  |  |  |
|  | **Light palpation** - Begin by examining the segment furthest away from any pain or discomfort and systematically palpate the four quadrants and the umbilical area. Look for tenderness, guarding, and any masses. |  |  |  |
|  | **Deep palpation** -Describe and localize any masses in the four quadrants of the abdomen. |  |  |  |
|  | **STEP/TASK** | **D** | **PD** | **ND** |
|  | **Examination** |  |  |  |
|  | **Palpation of the Kidneys** - Position the patient close to the edge of the bed and ballot each kidney using the technique of deep bimanual palpation. Left hand always underneath, ask patient to breath out and press up into renal angle with left hand (index and middle fingers) and press down with your right hand – as patient breaths in you may feel the kidney between your hands. Ballot it with your left hand. |  |  |  |
|  | **Percussion of the abdomen** |  |  |  |
|  | Percuss the suprapubic area for undue dullness *(bladder distension)*.  If the abdomen appears distended, test for shifting dullness *(ascites)*. |  |  |  |
|  | **Auscultation of the abdomen** |  |  |  |
|  | • Auscultate in the mid-abdomen for abdominal sounds.  *(Listen for 30 seconds to conclude that they are normal, hyperactive, hypoactive or absent).*  • Listen over the abdominal aorta for aortic bruits *(arteriosclerosis or aneurysm)*.  • Listen for renal artery bruits 2.5 cm above and lateral to the umbilicus *(renal artery stenosis).* |  |  |  |
| **18** | **Lower limb** |  |  |  |
|  | Look for lower limb pitting oedema |  |  |  |
|  | **After the examination** |  |  |  |
|  | Ensure that the patient is comfortable. |  |  |  |
|  | Make explanations to the patient, answer his/her questions and discuss management plan. If appropriate, order diagnostic investigations *(e.g. ultrasound scan, CBC, LFTs, etc.).* |  |  |  |
|  | Wash hands and document the procedure. |  |  |  |

References:

A. Books

1. Bates' guide to physical examination and history-taking

Lynn S.Bickley - Peter G.Szilagyi - Barbara Bates - Wolters Kluwer Health/Lippincott Williams & Wilkins

– 2013

2. Clinical Examination: A Systematic Guide to Physical Diagnosis

Simon O'Connor - Nicholas Joseph.Talley - Elsevier – 2014

3. Current medical diagnosis & treatment

Stephen J.McPhee - Maxine A.Papadakis - McGraw-Hill Medical – 2012

B. Websites

1. OSCE Skills

<http://www.osceskills.com/>

**Tutor Guidelines of CSL**

* Tutors are expected to be on their stations at least 15 minutes before the scheduled session time in order to check the availability of all equipment needed at the station.
* Professional attire must be worn by them at all times.
* In case a tutor cannot come for an assigned session due to any reason, prior written permission from the unit supervisor together with obtaining a replacement tutor for that session should be sought.
* It is expected of the unit secretary in conjunction with the unit supervisor to send the complete weekly schedule at least 1 week prior to the beginning of the next week in order to allow the tutors to make the necessary preparations for the session.
* The tutor should make sure that all the equipment needed for the skill is in proper working order.
* The tutor session should start with a brief introduction 15 minutes about the session followed by the actual demonstration of the procedure or skill which should be followed by a complete summary of all events.
* After demonstration by the tutor, the students should be given a chance to practice on an individual basis wherever applicable. The primary purpose of the clinical skills sessions is to let students practice in a safe environment under the guidance of a skilled tutor.
* At the end of each session the tutor should make sure to sign the log book of each student.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Clinical skills schedule** | | | | |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** |
| **8:00 - 10:00am** | **8:00 - 10:00am** | **8:00 - 10:00 am** | **8:00 - 10:00 am** | **8:00 - 10:00 am** |
| **10-12 am** | **10-12 am** | **10 - 12am** | **10-12am** | **10:00 - 12:00 am**  **Clinical skills**  **YEAR 1**  **Females** |
| **Lunch**  **12:00 – 1:00pm** | **Lunch**  **12:00 – 1:00pm** | **Lunch**  **12:00 – 1:00pm** | **Lunch**  **12:00 – 1:00pm** | **Lunch**  **12:00 – 1:00pm** |
| **1:00-3:00 pm**  **Clinical skills**  **YEAR 1**  **Group A** | **1:00-3:00 pm**  **Clinical skills**  **YEAR 1**  **Group B** | **1:00-3:00 pm** | **1:00-3:00 pm** | **1:00-3:00 pm** |