

MSc Physician Associate Studies: Procedural skills sign off sheet

Student Name.....Student number.....

Procedure		
Blood Pressure	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Perform 12 lead ECG	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Undertake Respiratory Function Tests Including Peak Flow Measurement	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Commence and Manage Nebulised Therapy	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Commence and Manage Oxygen Therapy	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Instruct Patients in the Use of Devices for Inhaled Medication	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Insert a Naso-gastric Tube	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Undertake a Nutritional Assessment	Full Name: Job Title: Signature:	Date: Name of healthcare institution:

Undertake Appropriate Strapping and Splinting for Common Musculoskeletal Injuries	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Perform Fluroscein Dye Examination of the Cornea	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Obtain Swabs for High Vaginal Cultures	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Undertake Male and Female Catherisation	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Perform a Urine Dipstick	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Undertake Simple Skin Suturing	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Undertake Simple Skin Suturing and be competent in the use of Local Anaesthetics	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Draw up and give Intramuscular, Subcutaneous, Intra-dermal and Intravenous Injections	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Take a Venous blood sample, using appropriate tubes for the required tests	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Obtain an Arterial Blood Gas (ABG) sample	Full Name: Job Title: Signature:	Date: Name of healthcare institution:

Undertake venous cannulation and set up an infusion and infusion pump	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Measure body temperature, pulse rate and monitor oxygen saturation transcutaneously	Full Name: Job Title: Signature:	Date: Name of healthcare institution:
Take nose, throat and skin Swabs	Full Name: Job Title: Signature:	Date: Name of healthcare institution:

Supervisor 1:

Name:

Placement dates: From.....To.....

Signature:

Supervisor 2:

Name:

Placement dates: From.....To.....

Signature:

Supervisor 3:

Name:

Placement dates: From.....To.....

Signature:

Supervisor 4:

Name:

Placement dates: From.....To.....

Signature:

Supervisor 5:

Name:

Placement dates: From.....To.....

Signature: