

Clinical Skills Inventory

A major emphasis of the UVA Family Medicine Clerkship involves direct experience in the physician's office. Since the clerkship is offered throughout the year, medical students will be entering the clerkship with various levels of clinical experience. The clinical skills inventory is intended to help you and your preceptor create a relevant and useful clerkship based on: a) your current skills, and b) areas in need of development. The skills inventory is NOT to be used as an evaluation tool. It is intended to provide a place from which to start.

Please be sure to discuss this inventory with your preceptor during the first two days of your clerkship.

Please rate your experience with each of the following skills by placing a check in the appropriate box:

	Level of Experience				Level of Experience		
	None	Some	Much		None	Some	Much
Taking a History for:				Behavioral Interventions:			
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression/Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nicotine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse/Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weight Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Exam:				Diet Modification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postpartum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sun Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contraception Method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discussing Screening Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mammograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelvic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PSA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Procedures:			
Anoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abscess I&D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Body Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear with Pneumatic Otoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KOH/Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pap Smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stool Test – Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye with Ophthalmoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cornea with Fluorescein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suture/Staple Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreting/Administering:				Splinting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EKG, Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Throat Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremity X Ray, Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest X Ray, Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaginal Wet Prep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growth Charts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write a Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write Rx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peak Flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write a Work/School Excuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tympanometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mini Mental Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Beck Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Fasting Lipid Profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pap Smear Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Are there any other skills in which you feel you need specific instruction? (Please answer on the back of this page)

Adapted from the STFM PEP2 Facilitator's Guide