
Primary accreditation of health care professionals



SECHENOV UNIVERSITY
LIFE SCIENCES

AMSEEA

Azerbaijan Medical Simulation
Education Association



SIMULATION CENTER
SECHENOV UNIVERSITY
BAKU

THE GUIDE TO THE OSCE

Physical examination of the patient
(respiratory system)

Specialty:
General medicine

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General provisions. Station passports (hereinafter stations) of the objective structured clinical examination (hereinafter stations) for the second stage of initial accreditation and initial specialized accreditation of specialists is a document, which includes necessary information on station equipment, briefing (brief task before entering the station), scenarios, evaluation sheets (hereinafter checklist), sources of information, reference material, etc., and is intended as a methodological and reference material to assess the accredited person's proficiency in a particular practice

The assessment of the practical skills features in a particular specialty can be implemented through the selection of specific scenarios. This decision is made by the accreditation subcommittee for the specialty (hereinafter - ASC) on the day of the second stage of specialist accreditation.

In order to ensure standardization of the practical skills assessment procedure, the terms of reference and checklist are the same for all.

It is advisable to announce in advance to the accredited the rules for visiting the simulation center and the regulations for conducting the accreditation exam.

1. Professional standard (labor functions)

1.1 Unified tariff-specialization summary of job responsibilities of employee and labor professions related to the healthcare sector (approved by Resolution No. 8 of the Ministry of Labor and Social Protection of the Republic of Azerbaijan dated June 19, 2017)

1.2 Sample job descriptions for the employees in medical, pharmaceutical and other specialties working in medical institutions (approved by Order No. 70 of the Minister of Health of the Republic of Azerbaijan dated September 19, 2012)

2. Information about the passport's developers

Developer organization:

- 2.1. Baku branch of the First Moscow State Medical University named after I.M. Sechenov.
- 2.2. AMSEA - Azerbaijan Medical Simulation Education Association

3. Operating time of the station

The total time to perform the task is 10 minutes.

The time the accredited person spends at the station is at least 8.5 minutes (in case of early completion of a practical skill, the accredited person remains at the station until the voice command "Go to the next station").

Table 1

Command announcement time	Voice command	Action of the accredited person	Skill execution time (min)
0'	Read the station assignment	Familiarization with the task (briefing)	0,5'
0,5'	Enter the station and tell your ID number	Getting started at the station	8,5'
8,0'	You have one minute left	Continuing to work at the station	
9,0'	Go to the next station	Leaves the station and moves to the next station according to the individual route	1'

4. Station task

Demonstration of the ability to perform a physical examination of adult patients for the purpose of examining the respiratory system, the ability to interpret the results obtained and formulate a preliminary diagnosis, assessment of skills in collecting complaints and anamnesis by the accredited person.

5. Information on ensuring the operation of the station

To organize the operation of the station, the following must be provided:

5.1 The workspace of an ASC member

Table 2

№	Equipment list	Quantity
1	Work table (working surface)	1 pc.
2	Chair	2 pcs.
3	Computer for access to the local network of the simulation center ¹	1 pc.
4	A device for broadcasting video and audio recordings ² from the place of work of the accredited person with the ability to give introductory notes provided for in the station's passport	1 pc.
5	Microphone with the ability to give introductions, provided for by the station passport	1 pc.
6	Headphones	2 pcs.
7	Checklists in paper form (in case of technical problems. They are not used during normal operation)	By the number of accredited persons
8	Ball pen	2 pcs.

¹In the future - a computer with Internet access to access the automated accreditation system for healthcare specialists of the Ministry of Health of Azerbaijan.

²By agreement with the chairman of the APC, the device broadcasting the video recording of the accredited person's work may be located in another place, to which members of the APC must have unhindered access in order to be able to review the video recording.

5.2. Workplace of the accredited person

The station must imitate a work space and include equipment and consumables (based on the attempts of accredited persons):

5.2.1. List of furniture and other equipment

Table 3

№	List of furniture and other equipment	Quantity
1	Table/couch/cart on wheels for simulator placement ³	1 pc.
2	Chair	1 pc.
3	Work table	1 pc.
4	Trolley on wheels on which medical equipment and consumables are placed	1 pc.
5	Wall clock with second hand	1 pc.

³If the simulator is powered by an electrical network, it is necessary to consider the option of connecting it so that the wires (including the wire connecting to the computer) do not mislead the accredited person and are not perceived by him as an additional danger.

5.2.2. List of medical equipment

Table 4

№	List of medical equipment	Quantity
1	Stethoscope	1 pc.
2	Fixed bag for Class A waste disposal	1 pc.
3	Fixed bag for Class B waste disposal	1 pc.

5.2.3. Consumables

Table 5

№	List of consumables	Quantity (per attempt)
1	Examination gloves in different sizes (S, M, L)	1 pack each
2	Alcohol wipe	1 pc.
3	Disposable towel	1 pc.
4	Hand sanitizer	1 pc.
5	Disposable wooden spatula	1 pc.
6	Medical record of a patient receiving medical care in an outpatient setting	1 pc.
7	Voluntary informed consent form	1 pc.

5.2.4. Station simulation equipment and its characteristics

Table 6

№	Characteristics of simulation equipment
1	Manikin (vertical torso) to demonstrate the technique of physical examination of the respiratory system with the ability to simulate normal and pathological auscultation patterns of the lungs.

8. List of station cases (scenarios)

Table 7

№	Case (scenario)
1	Bilateral pneumonia
2	Acute viral bronchitis
3	Acute respiratory disease (ARI), laryngitis
4	Chronic obstructive pulmonary disease (COPD) (emphysematous form)
5	Asthma

The choice and sequence of cases (scenarios) of the station are determined by the ASC on the day of the second stage of the primary specialized accreditation of healthcare professionals.

9. Information (briefing) for the accredited person

You are a doctor in your specialty. A patient whom you are seeing for the first time is waiting for you in the examination room. The patient is conscious.

It is necessary to collect complaints and anamnesis, conduct an examination of the patient, using all the techniques known to you for physical examination of a patient with suspected pathology of the respiratory system.

Voice everything you consider necessary when communicating with the patient.

10. Medical documentation

Voluntary informed consent of the patient to medical intervention

According to the requirements of the law of the Republic of Azerbaijan "On Protection of the Public Health", every citizen, except for emergency medical care cases, has the right to voluntarily choose a doctor, attending physician, as well as a medical institution. Taking into consideration this Law, I ask you to place

Me _____ in a clinic for the purpose of receiving medical care, examination, treatment and other medical interventions.

1. I have read the information mentioned below and agree to the following:

1.1. In order to receive quality medical care, I must provide information necessary for my health, as well as about health complications during treatment and about the medications I take;

1.2. I must comply with the relevant rules for the collection of materials for laboratory investigations;

1.3. I must authorize the use of any methods and facilities in accordance with the preferences of the institution for laboratory investigations;

1.4. During the taking blood samples or other biological materials for laboratory investigations, I must agree to certain manipulations (hand movements) (any medical manipulation can cause certain complications);

1.5. Laboratory and diagnostic methods are considered auxiliary methods and the final diagnosis is made by a doctor;

1.6. I must follow the rules of discipline and ethics, including treating clinic staff and other patients with respect and courtesy, remaining calm and keeping cleanliness;

1.7. Registration is done only on the basis of identity document.

2. The clinic is not responsible for the harm caused to the patient's health, the patient's failure to recover, the impossibility of performing services within a certain period, if the above events occurred as a result of the patient's violation of medical prescriptions and recommendations.

- The attending physician is responsible for examinations and treatment.
- I would like to undergo examination in your clinic at my own request.

Date: 01.01.2023

Patient's signature: _____

Note: In accordance with the order of the Ministry of Health "On improving the work to identify especially dangerous infections", information about the sample and the patient with a positive or suspicious result will be sent to the appropriate government agency. Once the response from this government agency has been presented to the patient in person, the patient may receive a response from the clinic.

OUTPATIENT MEDICAL CARD

№ _____

1. Surname: Aliyev
2. Name: Ali
3. Sex: male
4. Date of birth: March 4 XX year
5. Place of registration: Baku, Alif Gadzhiev str, 18
6. Document passport : series 1517 № 765611

11. Algorithm for performing the skill

Meeting the patient	<p>About yourself:</p> <ul style="list-style-type: none"> • Greet the patient • Introduce yourself and indicate your role <p>About patient:</p> <ul style="list-style-type: none"> • Offer to sit down • Ask for the patient's name and age <p>Collection of information. Questioning the patient:</p> <ul style="list-style-type: none"> • Ask: "What did you come with?" • Ask: "Anything else?" • Ask questions about anamnesis vitae and anamnesis morbi <ul style="list-style-type: none"> ○ 1 open question, for example: "Tell me about your condition from the very beginning" ○ 1 closed question, for example: "What kind of cough do you have?" <p><i>Without interrupting the patient; asking a series of questions</i></p> <p>Informing the patient:</p> <ul style="list-style-type: none"> • Provide information about upcoming procedures • Check if there are any questions • Obtain voluntary informed consent
Preparing for the examination	<ul style="list-style-type: none"> • Make sure you have everything you need in advance • Clean your hands in a hygienic manner • Wear examination gloves • Sit comfortably next to a patient sitting in a chair
EXAMINATION OF THE PATIENT	
Assessment of signs of chronic hypoxia, measurement of heart rate and respiratory rate, nasal breathing assessment	
<ul style="list-style-type: none"> • Assess the patient's position • Assess the patient's skin • Assess the patient's fingers (ask to stretch out his palms and spread his fingers) • Measure the patient's body temperature <p><u>Arterial system</u></p> <ul style="list-style-type: none"> • Palpate the pulse in both radial arteries simultaneously • Calculate heart rate on one radial artery (within 10 seconds) <p><u>Breathing</u></p> <ul style="list-style-type: none"> • Calculate the respiratory rate (within 10 seconds) • Nasal breathing (by asking him to breathe forcefully, alternately pinching the wings of the nose) • Open the packaging of the disposable wooden spatula and dispose of it in a Class A waste container • Ask the patient to open his mouth and examine the tonsils and back of the throat 	

Chest examination

- Ask the patient to remove clothing from the chest area and stand up
- **After warning the patient, examine the chest**
 - chest shape
 - presence of chest deformities
 - symmetry of the right and left halves of the chest
 - synchronization of movement of the right and left halves of the chest (from behind - placing hands on the patient's shoulders)
 - retraction of the compliant areas of the chest
 - breathing type
 - breathing rhythm

Palpation of the chest

- **After warning the patient, assess the elasticity of the chest**
 - Ask the patient about the presence of pain during palpation
- **After warning the patient, assess tactile fremitus**
 - After asking the patient to repeat the number "99" out loud several times, apply your palms to symmetrical areas:
 - Front**
 - Supraclavicular
 - Subclavicular
 - Sides** (asking the patient to place his hands behind his head)
 - Back**
 - Suprascapular (asking the patient to lower his arms and turn his back)

Ask the patient to lean forward slightly with his head down and cross his arms over his chest with his palms on his shoulders and evaluate the tactile fremitus in the areas:

 - Interscapular
 - Subscapular

Comparative percussion of the lungs

After warning the patient

- **Anterior sections**
- **Lateral sections** (ask to raise his hands and cross them at the back of his head)
- **Posterior sections** (ask to cross his arms over his chest)

Comparative auscultation of the lungs

After informing the patient and asking him not to hold his breath

- 1) **Anterior sections**
- 2) **Lateral sections** (ask to raise his hands and cross them at the back of his head)
- 3) **Posterior sections** (ask to cross his arms over his chest)

Ask the patient to breathe deeply through the mouth and/or cough

COMPLETION OF THE EXAMINATION

- Thank the patient, say that the examination is completed and that the patient can get dressed, sit and wait
- Clean the phonendoscope with an alcohol wipe
- Remove examination gloves
- Correctly dispose of alcohol wipes and gloves
- Clean the hands in a hygienic manner
- Sit at the table

VOICE THE SUSPECTED DIAGNOSIS

Additional research

- Assign recommended additional studies in accordance with scenario options (situations)

12. Scenarios

Auscultation data for programming the simulator for physical examination of the respiratory system in accordance with scenario options (situations)

Cases Sounds	Bilateral pneumonia	Acute viral bronchitis	ARI, laryngitis	COPD (emphysematous form)	Asthma
Upper lungs right front					
Main respiratory sound	Weakened vesicular breathing	Harsh respiration	Vesicular breathing	Harsh respiration	Weakened vesicular breathing
Adventitious respiratory sounds	Fine crackles	Wheezing	No	Wheezing	Wheezing
Upper lungs left front					
Main respiratory sound	Weakened vesicular breathing	Harsh respiration	Vesicular breathing	Harsh respiration	Weakened vesicular breathing
Adventitious respiratory sounds	Fine crackles	Wheezing	No	Wheezing	Wheezing
Lower lungs right front					
Main respiratory sound	Weakened vesicular breathing	Harsh respiration	Vesicular breathing	Harsh respiration	Weakened vesicular breathing
Adventitious respiratory sounds	Fine crackles	Wheezing	No	Wheezing	Wheezing
Lower lungs left front					
Main respiratory sound	Weakened vesicular breathing	Harsh respiration	Vesicular breathing	Harsh respiration	Weakened vesicular breathing
Adventitious respiratory sounds	Fine crackles	Wheezing	No	Wheezing	Wheezing
Lateral sections of the lungs on the left					
Main respiratory sound	Weakened vesicular breathing	Harsh respiration	Vesicular breathing	Harsh respiration	Weakened vesicular breathing
Adventitious respiratory sounds	Fine crackles	Wheezing	No	Wheezing	Wheezing
Lateral sections of the lungs on the right					
Main respiratory sound	Weakened vesicular breathing	Harsh respiration	Vesicular breathing	Harsh respiration	Weakened vesicular breathing
Adventitious respiratory sounds	Fine crackles	Wheezing	No	Wheezing	Wheezing
Upper lungs right back					

Table 8

Sample texts of introductory information in the dialog between the ASC member and the accredited person

Action of the accredited	Introductory text				
	Bilateral pneumonia	Acute viral bronchitis	ARI, laryngitis	COPD (emphysematous form)	Asthma
Patient's full name	Aliev Ali				
Patient's age	40 years				
Information gathering. Questioning the patient					
The question: "What did you come with?"	Coughing, fever, chest pain when I breathe	Coughing, shortness of breath, sore throat	Coughing, sore throat, hard to breathe	Severe shortness of breath, the cough has gotten worse	Cough, shortness of breath, chest tightness
The question: "Anything else?"	No				
"Tell me about your condition from the beginning"	It started about 3 days ago	It started about 6 days ago	It started about 6 days ago	It started about 3 days ago, before that I had an occasional cough too, but lately it's gotten worse	I get this a lot, as soon as it gets cold outside I start coughing right away
"What kind of cough do you have?"	Cough with sputum, lots of sputum, yellowish in appearance	Cough with sputum, in small amounts, transparent in appearance	I often have coughing attacks, dry cough	Sometimes sputum is released, mostly in the morning, in small amounts, looks like mucus	There is wheezing, sputum, whitish in appearance
When trying to obtain the patient's consent for manipulation and clarifying whether the patient has questions about the manipulation	I agree. No questions				
When trying to sanitize the hands	We will assume that the hands are treated hygienically				

Breathing rhythm	Regular				
Participation of auxiliary muscles in the act of breathing	Accessory muscles do not participate in the act of breathing	Accessory muscles do not participate in the act of breathing	Accessory muscles do not participate in the act of breathing	Accessory muscles participate in the act of breathing	Accessory muscles participate in the act of breathing
Chest palpation					
Elasticity of the chest	Elasticity of the chest is saved	Elasticity of the chest is saved	Elasticity of the chest is saved	Elasticity of the chest is reduced	Elasticity of the chest is reduced
Presence of pain during palpation of the chest	Painful	Painless	Painless	Painless	Painless
After assessing tactile fremitus	Increased in all areas	Unchanged, felt with equal strength in symmetrical areas	Unchanged, felt with equal strength in symmetrical areas	Decreased in all areas	Decreased in all areas
Comparative percussion of the lungs					
Anterior surface of the chest	Dullness in all segments	Clear pulmonary sound in all segments	Clear pulmonary sound in all segments	Hyperresonance in all segments	Hyperresonance in all segments
Lateral surface of the chest					
Posterior surface of the chest					
Lung auscultation					
When asking the patient to breathe deeply through the mouth and/or cough	Additional sounds have changed their location	Additional sounds have increased	Auscultatory picture without changes	Additional sounds have increased	Auscultatory picture without changes

**Recommended additional research
in accordance with scenario options (situations)**

Situations	Additional research
Bilateral pneumonia	General blood test Study of the level of C-reactive protein (CRP) in blood serum Survey radiography of the chest organs in the anterior direct and lateral projections Pulse oximetry with SpO ₂ measurement
Acute viral bronchitis	General blood test Survey radiography of the chest organs in the anterior direct and lateral projections
ARI, laryngitis	General blood test Hemagglutination inhibition reaction (HAI)
COPD (emphysematous form)	General blood test Survey radiography of the chest organs in the anterior direct and lateral projections Sputum microscopy Electrocardiography Spirometry Blood gases
Asthma	General blood test Spirometry Peak flow measurement Determination of the level of specific IgE in the blood to identify the allergen Survey radiography of the chest organs in the anterior direct and lateral projections Sputum microscopy

On approval of the “Requirements for the management of medical waste”

<https://e-qanun.az/framework/14433>

Classification of waste from medical institutions

Hazard category	Class A (safe)	Class B (dangerous)	Class C (especially dangerous)	Class D (composition close to industrial waste)
Characteristics by morphological composition	Waste from infectious diseases hospitals and non-toxic waste that does not come into contact with biological fluids of patients; food waste from all medical institutions, except infectious diseases hospitals and anti-tuberculosis institutions (departments); furniture, inventory, diagnostic equipment that does not contain or use toxic elements; uncontaminated paper, construction waste, etc.	Waste, excrement, including blood-contaminated materials and instruments that have been in contact with potentially infectious patients; pathological waste, organic (body parts, tissues, etc.) surgical waste from patients; all waste from infectious disease departments (including food waste); waste from microbiological laboratories working with pathogenic microorganisms of groups 3 and 4; biological waste from vivariums	Materials that come into contact with particularly dangerous infectious patients; waste from laboratories working with pathogenic microorganisms of groups 1-4; waste from anti-tuberculosis and dermatovenerological hospitals (departments).	Expired medicinal products, waste of medicinal and diagnostic drugs, unusable disinfectants, cytostatics and other chemicals; items, devices and equipment containing mercury



13. Regulatory and methodological support for the station passport

1. Практическая пульмонология: руководство для врачей / под ред. В.В. Салухова, М.А. Харитоновна. - Москва: ГЭОТАР-Медиа, 2020. - 416 с.: ил. – ISBN 978-5-9704-5780-1.
2. Клинические рекомендации МЗ РФ «Внебольничная пневмония у взрослых», 2021 г.
3. Клинические рекомендации МЗ РФ «Хроническая обструктивная болезнь легких», 2021 г.
4. Клинические рекомендации МЗ РФ «Острая респираторная вирусная инфекция (ОРВИ)», 2022 г.
5. Клинические рекомендации «Туберкулез у взрослых», 2022 г.
6. Практическая пульмонология: руководство для врачей / под ред. В.В. Салухова, М.А. Харитоновна. - Москва: ГЭОТАР-Медиа, 2020. - 416 с.: ил. - ISBN 978-5-9704-5780-1.
7. Основы семиотики заболеваний внутренних органов: Учебн. пособ. / А.В. Струтынский, А.П. Баранов, Г.Е. Ройтберг, Ю.П. Гапоненков. – М.: МЕДпресс-информ, 2008 – 5-е изд. – 304 с.: ил.
8. The Patient History: Evidence-Based Approach, 2nd Edition. Mark Henderson, Lawrence Tierney and Gerald Smetana. The McGraw-Hill Companies 2012.

14. Criteria for evaluating the actions of the accredited

In the electronic checklist, the assessment of the correctness and sequence of actions performed by the accredited person is carried out by activating the buttons:

- «Yes» – action performed;
- «No» – action not performed.

Each position is entered by a member of the ASC into an electronic checklist

15. Check list

№	Action of the accredited	Criteria for evaluation	
		<input type="checkbox"/> yes	<input type="checkbox"/> no
1	Established contact with the patient <i>- greeted the patient</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
2	<i>- introduced himself/herself</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
3	<i>- outlined his/her role</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
4	Identified the patient <i>- asked the patient to introduce himself</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
5	<i>- asked for his age</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
6	<i>- checked with medical documentation</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
Collection of information. Questioning the patient			
7	Started collecting information with a general question: “What did you come with?”	<input type="checkbox"/> yes	<input type="checkbox"/> no
8	Asked questions about anamnesis vitae and anamnesis morbi	<input type="checkbox"/> yes	<input type="checkbox"/> no
9	Asked a series of questions	<input type="checkbox"/> yes	<input type="checkbox"/> no
10	Didn't interrupt the patient	<input type="checkbox"/> yes	<input type="checkbox"/> no
11	Informed about the upcoming procedure, explained its purpose and obtained voluntary informed consent	<input type="checkbox"/> yes	<input type="checkbox"/> no
Preparing for the examination			
12	Checked all the necessary equipment	<input type="checkbox"/> yes	<input type="checkbox"/> no
13	Hygienically cleaned hands and put on gloves	<input type="checkbox"/> yes	<input type="checkbox"/> no

Examination			
14	Checked for signs of chronic hypoxia <ul style="list-style-type: none"> assessed the patient's position 	<input type="checkbox"/> yes	<input type="checkbox"/> no
15	<ul style="list-style-type: none"> skin colour 	<input type="checkbox"/> yes	<input type="checkbox"/> no
16	<ul style="list-style-type: none"> finger condition 	<input type="checkbox"/> yes	<input type="checkbox"/> no
17	Measured HR (heart rate) for 10 seconds	<input type="checkbox"/> yes	<input type="checkbox"/> no
18	Measured the RR (respiratory rate) while pretending to continue measuring the heart rate	<input type="checkbox"/> yes	<input type="checkbox"/> no
19	Evaluated nasal breathing	<input type="checkbox"/> yes	<input type="checkbox"/> no
20	Examined the tonsils and the back of the pharynx (using a spatula)	<input type="checkbox"/> yes	<input type="checkbox"/> no
21	Measured the patient's body temperature	<input type="checkbox"/> yes	<input type="checkbox"/> no
Chest examination			
22	Examined the chest, evaluated: <ul style="list-style-type: none"> shape presence of deformations symmetry of both halves of the chest synchrony of movement of both halves of the thorax retraction of the compliant areas of the chest participation of accessory muscles in the act of breathing breathing type breathing rhythm 	<input type="checkbox"/> yes	<input type="checkbox"/> no
Palpation of the chest			
23	Correctly palpated the chest <ul style="list-style-type: none"> evaluated the elasticity painfulness 	<input type="checkbox"/> yes	<input type="checkbox"/> no
24	Correctly assessed the tactile fremitus	<input type="checkbox"/> yes	<input type="checkbox"/> no
Comparative lung percussion			
25	Correctly performed a <u>comparative</u> percussion of the anterior surface of the thorax (from the supraclavicular fossa area to the 3 rd intercostal space on both sides, to the 5 th intercostal space on the right side, along the midclavicular line)	<input type="checkbox"/> yes	<input type="checkbox"/> no
26	Correctly performed a <u>comparative</u> percussion of the lateral surfaces of the thorax (in the 3 rd -5 th intercostal spaces along the mid axillary lines)	<input type="checkbox"/> yes	<input type="checkbox"/> no
27	Correctly performed a <u>comparative</u> percussion of the posterior surface of the thorax (in supraspinous areas along scapular lines; in interscapular space along paravertebral lines; in subscapular areas up to 10 th intercostal spaces along scapular lines)	<input type="checkbox"/> yes	<input type="checkbox"/> no

Lung auscultation			
28	Correctly auscultated the anterior lungs (<i>from the area of supraclavicular fossa to the 5th intercostal space along the midclavicular line; to the 6th and 7th intercostal spaces along the anterior and middle axillary line</i>)	<input type="checkbox"/> yes	<input type="checkbox"/> no
29	Correctly auscultated the lateral lungs (<i>in the 3rd-5th intercostal spaces along the mid axillary lines</i>)	<input type="checkbox"/> yes	<input type="checkbox"/> no
30	Correctly auscultated the posterior lungs (<i>asked the patient to lean forward and cross the arms over the chest; in the supraspinous areas along the scapular lines; in the interscapular space along the paravertebral lines; in the subscapular areas up to the 10th intercostal space along the scapular lines</i>)	<input type="checkbox"/> yes	<input type="checkbox"/> no
31	If necessary, asked the patient to breathe deeply through the mouth and/or cough to improve the audibility of additional breath sounds	<input type="checkbox"/> yes	<input type="checkbox"/> no
Conclusion			
32	Upon completion of the examination, <i>informed that the examination was over, offered to get dressed, sit and wait</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
33	Correctly disposed of alcohol wipes and examination gloves and treated hands in a hygienic manner	<input type="checkbox"/> yes	<input type="checkbox"/> no
34	Treated the diaphragm and olives of the stethophonendoscope	<input type="checkbox"/> yes	<input type="checkbox"/> no
35	Formulated the correct conclusion and gave the correct assignment	<input type="checkbox"/> yes	<input type="checkbox"/> no

****In case of incorrect or incomplete performance of an action by the accredited person, the result will not be announced by the members of the ASC.***