

# "Best Practices in Foot Care" 8 hour Internship Skill Log

Name of Intern (Please print): \_\_\_\_\_

Date of Internship Completion: \_\_\_\_\_

This 8 hour Internship is designed to provide hands-on experience in Foot Care. The Intern is required to practice the following list of skills to gain proficiency, and show competencies to become a Certified Foot Care Specialist at the LPN/LVN level. The Internship Preceptor initials each skill after the training is completed.

Intern:	DPM or CFCN Initials
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| 1. Is familiar with and has performed your facility's patient entrance and exit protocols .  | _____ |
| 2. Understands and performs basic wound care/ulcer care and familiar with any needs for debridement.   | _____ |
| 3. Understands the basics of fungal nail care and performs a manual or electrical debridement treatment of fungal nails.   | _____ |
| 4. Understands and performs aseptic care of callus, IPK, Tyloma, pinch callus, porokeratosis, and understands their etiology and how they differ from verruca. Treatment may include hyfercation if it is within the LPNs Scope of Practice in your state. | _____ |
| 5. Understands and performs Assessment protocols.  | _____ |
| 6. Understands how to adjust an exam chair or to set up an exam environment for a supine patient.  | _____ |
| 7. Understands and completes basic charting with your charting system.   | _____ |
| 8. Defines treatment plan and implementation for a client.   | _____ |
| 9. Has demonstrated basic strapping for arch pain; if possible performs the skill.   | _____ |
| 10. Receives and practices basics on setting up a sterile field for minor surgical procedures for the foot.  | _____ |

These are very basic skills. If there are further skills you believe the intern needs to learn, experience, or see demonstrated in the Internship, please list below. Please keep in mind their previous experience prior to your suggestions.

\_\_\_\_\_  
\_\_\_\_\_

**Printed name, specialty (DPM or CFCN) and telephone # of the Internship Preceptor:**

Tele# \_\_\_\_\_

**Practice Name, address and email:**

\_\_\_\_\_  
\_\_\_\_\_

**By signing below, I am validating the above indicated Intern has met requirements for internship and has completed the above competencies during the course of the Internship experience.**

Date \_\_\_\_\_

This form must be signed for the above LPN/LVN to meet the requirements for application for in Foot Care Certification exam to become a Certified Foot care Specialist. We thank you for your willingness to participate in this program.