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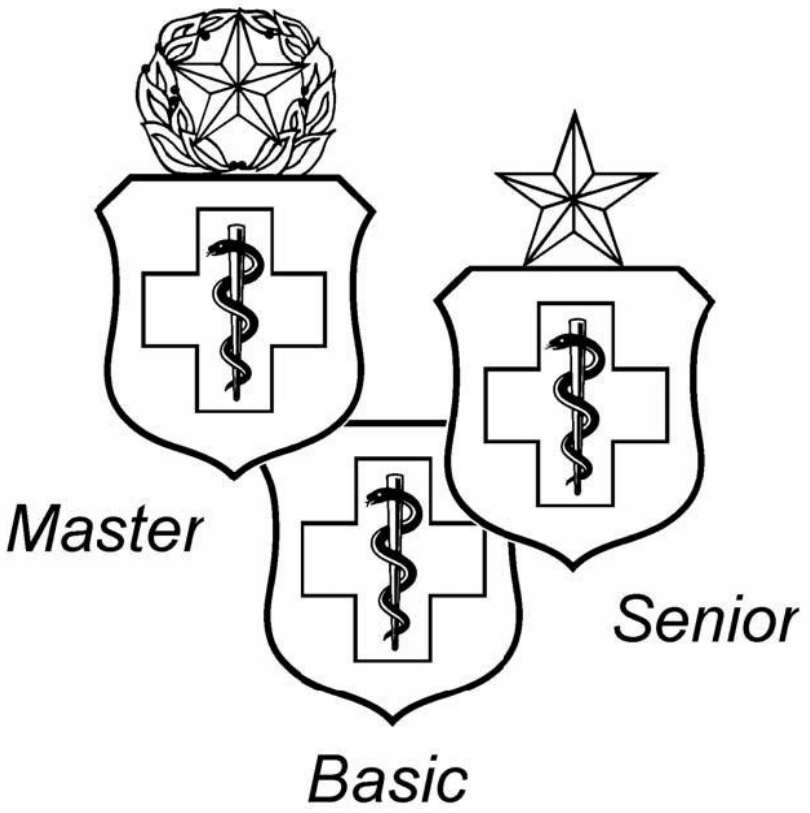
SURGICAL SERVICE SPECIALTY

OTOLARYNGOLOGY SURGICAL

SPECIALTY



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QTP 4N1X1X-D2

SURGICAL SERVICE SPECIALTY

Volume D2: Otolaryngology Surgical Specialty

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INTRODUCTION

1. This qualification training package (QTP) was developed to make a training aid available that will assist Otolaryngology Surgical Technicians to develop technical skills essential to performing specialized tasks. The tasks are broken down into teachable elements that help the trainer guide the trainee into becoming proficient with the task. The QTP will also aid the task certifier when evaluating trainees for task certification.

2. As a trainer, go through each module (lesson) and identify which QTP tasks are appropriate for the trainee's duty position, and then determine the order in which you want the trainee to learn about each subject area. Direct the trainee to review the training references to better understand the objective of each module. Go through the steps in the task performance with the trainee and allow for enough time to learn each step; some objectives may take more time than others. Remember, the objective of the QTP is to ensure the trainee can perform each task thoroughly. When the trainee receives enough training and is ready to be evaluated on an objective, follow the evaluation instructions. Use the performance checklist as you evaluate each objective. If the trainee successfully accomplishes the objective, document appropriately in the individual's training record. If the trainee does not accomplish the objective, review the areas n e e d i n g more training until the objective is met. Conduct a feedback with the trainee on each module. After the trainer has ensured and documented that the trainee is qualified to perform the task, a certifier should evaluate the trainee.

3. The goal of the developers of this QTP is to publish a useful document for trainers and trainees that will meet Air Force needs under the concepts outlined in the Career Field Education and Training Plan (CFETP). We value your expertise in meeting this goal. If you find discrepancies in this QTP, or have suggestions for its improvement, or if you have suggestions for other areas that may benefit from a QTP, please let us know about them. The subject-matter-expert for writing and developing this QTP was:

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Suggestions regarding procedures or content should be directed to her. Questions or suggestions regarding format, typographical errors, or other publication quality issues should be addressed to:

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For convenience, we have also attached a Feedback/Improvements/Corrections letter to this QTP.

PERFORMING BASIC NURSING CARE

SUTURE REMOVAL

SUBJECT AREA:	Perform Clinical Procedures
TASK(s):	Suture Removal
CFETP/STS REFERENCE(s):	21.6.1 Suture removal
TRAINING REFERENCE(s):	Kozier, Barbara. Fundamentals of Nursing. Concepts, Process, and Practice 5th ed , The Addison- Wesley Publication, 1995
EQUIPMENT REQUIRED:	Sterile gloves Forceps and small suture scissors Gauze Steri-strips Drape Antiseptic cleaner Dressing
OBJECTIVE:	In a clinical setting, perform suture removal.
REMARKS/NOTES:	There are various methods of suturing. Skin sutures can be broadly categorized as either interrupted (each stitch is tied and knotted separately) or continuous (one thread runs in a series of stitches and is tied only at the beginning and at the end of the run). Ensure trainee is familiar with each technique.

EVALUATION INSTRUCTIONS:

1. This QTP should be evaluated during actual performance of the tasks.

2. Since this task involves direct patient care, ensure the trainee understands the process, knows inherent risk factors, and is closely supervised during the evaluation. **The evaluator will STOP the procedure immediately and correct the trainee if performance may compromise patient safety.** Ensure the trainee dons all personal protective equipment (PPE) required by current standards/precautions.

3. The trainee must satisfactorily perform all parts of the task with 100% accuracy, *without assistance*.

4. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished.

5. Document competency upon satisfactory completion of the evaluation. Initial evaluation should be documented in the Specialty Training Standard (STS) of the trainee's CFETP. All recurring evaluation should be documented using AF Form 1098, *Special Task Certification and Recurring Training,* or using an approved substitute record.

PERFORMING BASIC NURSING CARE

PERFORMANCE CHECKLIST

SUTURE REMOVAL	SAT	UNSAT
PREPARATORY PHASE		
1. Verify physician's orders.		
2. Wash hands and gather supplies and equipment.		
3. Identify patient and explain procedure.		
4. Position patient in position of comfort with affected site exposed.		
PERFORMANCE PHASE		
1. Wash hands. Don PPE.		
2. Remove sutures: a. Grasp knot with forceps and gently pull upward. b. Cut one side of suture below the knot. c. Pull the suture out of the wound. d. Continue until all sutures are removed. e. Ensure all sutures that were placed in the wound are accounted for.		
3. Clean the site.		
4. Apply steri-strips if ordered.		
5. Dress and bandage site if ordered.		
6. Instruct patient on proper care of the site.		
7. Dispose of supplies properly.		
8. Wash hands and document observations and procedure		
FINAL RESULTS/NOTES: If the patient experiences pain or bleeding, evaluation by the credentialed provider is indicated.		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc.

PERFORMING BASIC NURSING CARE

DRAIN REMOVAL

SUBJECT AREA:	Perform Clinical procedures
TASK(s):	Drain Removal
CFETP/STS REFERENCE(s):	21.6.2 Drain Removal
TRAINING REFERENCE(s):	Kozier, Barbara. Fundamentals of Nursing. Concepts, Process, and Practice 5th ed , The Addison- Wesley Publication, 1995
EQUIPMENT REQUIRED:	Disposable gloves Suture removal set Gauze Antiseptic cleaner
OBJECTIVE:	In a clinical setting, perform drain removal.
REMARKS/NOTES:	There are several different types of drains used. The two most common are the Penrose drain (has an open end that drains onto a dressing) and a closed drainage system (a drain connected to either an electric suction or a portable drainage suction such as a bulb. Ensure trainee is familiar with each technique.

EVALUATION INSTRUCTIONS:

1. This QTP should be evaluated during actual performance of the tasks.

2. Since this task involves direct patient care, ensure the trainee understands the process, knows inherent risk factors, and is closely supervised during the evaluation. **The evaluator will STOP the procedure immediately and correct the trainee if performance may compromise patient safety.** Ensure the trainee dons all personal protective equipment (PPE) required by current standards/precautions.

3. The trainee must satisfactorily perform all parts of the task with 100% accuracy, *without assistance*.

4. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished.

5. Document competency upon satisfactory completion of the evaluation. Initial evaluation should be documented in the Specialty Training Standard (STS) of the trainee's CFETP. All recurring evaluation should be documented using AF Form 1098, *Special Task Certification and Recurring Training*, or using an approved substitute record.

PERFORMING BASIC NURSING CARE

PERFORMANCE CHECKLIST

PERFORM DRAIN REMOVAL	SAT	UNSAT
PREPARATORY PHASE		
1. Verify physician's orders.		
2. Wash hands and gather supplies and equipment.		
3. Identify patient and explain procedure.		
4. Position patient in position of comfort with affected site exposed.		
PERFORMANCE PHASE		
1. Wash hands. Don PPE and remove dressing.		
2. Remove drain: a. Turn off suction if drain is attached to a suction unit or remove suction cap from the bulb. b. Record amount of drainage. c. Remove suture holding the drain in place. d. Use one hand to stabilize the skin area around the drain and slowly remove the drain tube from the wound with your free hand. If the drain does not come out smoothly, stop and reevaluate the drain. It may have been sutured to the patient on the inside and the doctor must be notified.		
3. Clean the site.		
4. Dispose of supplies properly.		
5. Wash hands and document observations and procedure.		
FINAL RESULTS/NOTES: If the patient experiences pain or bleeding, evaluation by the credentialed provider is indicated.		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc.

PERFORMING BASIC NURSING CARE

REMOVAL OF STAPLES

SUBJECT AREA:	Perform Clinical procedures
TASK(s):	Staple Removal
CFETP/STS REFERENCE(s):	21.6.3 Staple removal
TRAINING REFERENCE(s):	Kozier, Barbara. Fundamentals of Nursing. Concepts, Process, and Practice 5th ed , The Addison- Wesley Publication, 1995
EQUIPMENT REQUIRED:	Sterile gloves Staple remover/curved mosquito hemostat Gauze Steri-strips Drape Antiseptic cleaner Dressing
OBJECTIVE:	In a clinical setting, perform staple removal.

EVALUATION INSTRUCTIONS:

1. This QTP should be evaluated during actual performance of the tasks.

2. Since this task involves direct patient care, ensure the trainee understands the process, knows inherent risk factors, and is closely supervised during the evaluation. **The evaluator will STOP the procedure immediately and correct the trainee if performance may compromise patient safety.** Ensure the trainee dons all personal protective equipment (PPE) required by current standards/precautions.

3. The trainee must satisfactorily perform all parts of the task *without assistance*.

4. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished.

5. Document competency upon satisfactory completion of the evaluation. Initial evaluation should be documented in the Specialty Training Standard (STS) of the trainee's CFETP. All recurring evaluation should be documented using AF Form 1098, *Special Task Certification and Recurring Training,* or using an approved substitute record.

PERFORMING BASIC NURSING CARE

PERFORMANCE CHECKLIST

PERFORM REMOVAL OF STAPLES	**SAT**	**UNSAT**
PREPARATORY PHASE		
1. Verify physician's orders.		
2. Wash hands and gather supplies and equipment.		
3. Identify patient and explain procedure.		
4. Position patient in position of comfort with affected site exposed.		
PERFORMANCE PHASE		
1. Wash hands. Don PPE and remove dressing.		
2. Remove staples: (staple remover) a. Place staple remover under staple. b. Squeeze handle down and pull staple upward. c. Continue until all staples are removed. d. Ensure all staples that were placed in the wound are accounted for. (mosquito) a. Place the tip of the hemostat under the staple with tip facing upward. b. Gently widen the tip until the wings of the staple expand. c. Remove hemostat and grasp center of the staple to remove from the skin.		
3. Clean the site.		
4. Apply steri-strips if ordered.		
5. Dress and bandage site if ordered.		
6. Instruct patient on proper care of the site.		
7. Dispose of supplies properly.		
8. Wash hands and document observations and procedure		
FINAL RESULTS/NOTES: If the patient experiences pain or bleeding, evaluation by the credentialed provider is indicated.		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc.

PERFORMING BASIC NURSING CARE

PERFORM INTERNAL/EXTERNAL NASAL SPLINT REMOVAL

SUBJECT AREA:	Perform Clinical procedures
TASK(s):	Perform Internal/External nasal splint removal
CFETP/STS REFERENCE(s):	21.4.3 Internal/External nasal splint removal
TRAINING REFERENCE(s):	Kozier, Barbara. Fundamentals of Nursing. Concepts, Process, and Practice 5th ed , The Addison- Wesley Publication, 1995
EQUIPMENT REQUIRED:	Disposable gloves Headlight Minor suture removal set Bayonette forceps Gauze Nasal speculum Emesis basin Suction
OBJECTIVE:	In a clinical setting, perform Internal/External nasal splint removal
REMARKS/NOTES:	Removing Internal nasal splints can cause a patient to feel light-headed, nauseous, and sometimes cause fainting. Ensure trainee is familiar with procedures regarding these complications.

EVALUATION INSTRUCTIONS:

1. This QTP should be evaluated during actual performance of the tasks.

2. Since this task involves direct patient care, ensure the trainee understands the process, knows inherent risk factors, and is closely supervised during the evaluation. **The evaluator will STOP the procedure immediately and correct the trainee if performance may compromise patient safety**. Ensure the trainee dons all personal protective equipment (PPE) required by current standards/precautions.

3. The trainee must satisfactorily perform all parts of the task *without assistance*.

4. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished.

5. Document competency upon satisfactory completion of the evaluation. Initial evaluation should be documented in the Specialty Training Standard (STS) of the trainee's CFETP. All recurring evaluation should be documented using AF Form 1098, *Special Task Certification and Recurring Training*, or using an approved substitute record.

PERFORMING BASIC NURSING CARE

PERFORMANCE CHECKLIST

PERFORM INTERNAL/EXTERNAL NASAL SPLINT REMOVAL	SAT	UNSAT
PREPARATORY PHASE		
1. Verify physician's orders.		
2. Wash hands and gather supplies and equipment.		
3. Identify patient and explain procedure. Explain to the patient that they may feel light headed, nauseous, and possible faint.		
4. Position patient sitting upright facing forward.		
PERFORMANCE PHASE		
1. Wash hands. Don PPE.		
2. Place a disposable pad across the patient's chest to collect any spillage of mucous or blood.		
3. Give patient emesis basin to hold under the nose and provide tissues to wipe the nose after the splints are removed.		
4. Perform **Internal nasal splint removal**: a. Examine the patient's nose with nasal speculum. b. Locate and remove suture(s) holding splints in place. c. Use the bayonette forceps to carefully get a good grip of the splint in one of the nostrils. d. Have the patient take a deep breath and in one smooth quick motion, remove the splint from the nose. e. Place the splint in the emesis basin and repeat on the other side. f. Suction if necessary		
5. Gently clean the outside of the nose and place a drip pad if needed.		
6. Perform **External nasal splint removal:** a. Take a cotton tip applicator and soak it with an adhesive remover or use adhesive removal pad. b. Using an adhesive remover soaked CTA, gently remove the steri-strips from underneath the external splint. c. Once all the steri-strips are loose from the skin, remove the strips and external splint together.		
7. Dispose of supplies properly		
8. Wash hands and document observations and procedure		
FINAL RESULTS/NOTES: If the patient experiences pain or bleeding, evaluation by the credentialed provider is indicated.		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc.

ROUTINE ENT EXAMINATION

Subject Area:	Assist in performing clinical procedures
Task(s):	Perform ear, nose and throat examination
CFETP/STS References(s):	21.8.1 Routine ENT examination
Training Reference(s):	Deweese, David F., et al. Otolaryngology: Head and Neck Surgery, 8th ed St. Louis, MO, The C.V. Mosby Company, 1988
Equipment Required:	SMR Unit Examination Chair Laryngeal Mirrors (00, 5) PPE (mask and exam gloves) Otoscope and Ear Speculums Tongue depressor Nasal speculum Headlight
Objective:	In a clinical setting, demonstrate the proper technique for examining the oropharynx.

Evaluation Instructions:

1. The trainee should be evaluated during actual performance of each task.

2. Since this task involves direct patient care, ensure the trainee understands the process, knows inherent risk factors, and is closely supervised during the evaluation. **The evaluator will STOP the procedure immediately and correct the trainee if performance may compromise patient safety.** Ensure the trainee dons all personal protective equipment (PPE) required by current standards/precautions.

3. The trainee must satisfactorily perform all parts of the tasks *without assistance*.

4. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished.

5. Document competency upon satisfactory completion of the evaluation. Initial evaluation should be documented in the Specialty Training Standard (STS) of the trainee's CFETP. All recurring evaluation should be documented using AF Form 1098, *Special Task Certification and Recurring Training*, or using an approved substitute record.

PERFORMING BASIC NURSING CARE

PERFORMANCE CHECKLIST

PERFORMANCE OF ROUTINE ENT EXAMINATION	SAT	UNSAT
PREPARATORY PHASE		
1. Equipment and Instrumentation. a. Inspect SMR Unit and exam chair for functionality. b. Ensure all instruments for exam are present. c. Inspect the temperature of the mirror warmer.		
2. Light Source. a. Select the proper light source. b. Position the light source correctly		
PERFORMANCE PHASE		
1. Wash hands. Don PPE.		
2. Patient Positioning. a. Before touching the patient, give instructions for proper sitting position and the details of the exam. b. Properly position the patient's head.		
3. Head Mirror. a. Properly wear the headlight b. Properly focus the light on the patient.		
4. Performing the Throat Examination: a. Warm the mirror to a suitable temperature and examine the oropharynx and superior oral cavity b. Use a tongue depressor to examine the posterior, sublingual, and lateral aspects of the oral cavity.		
5. Performing the Ear Examination: a. Inspect and palpate the pinna and surrounding tissue. b. Using an otoscope, properly insert an ear speculum to examine the external auditory canal. c. Identify and examine the landmarks of the tympanic membrane.		
6. Nasal Examination**:** a. Insert the nasal speculum to identify and examine nasal structures.		
7. Dispose of supplies properly		
8. Wash hands and document observations and procedure		
FINAL RESULTS/NOTES: If the patient experiences pain or bleeding, evaluation by the credentialed provider is indicated.		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc.