Nicona	Clara.	D. L.
Name	Class	Date

PROCEDURE 4.1 Communicating With the Anxious Patient

This procedure includes identifying the signs and sources of anxiety, using appropriate communication, and helping the patient recognize and cope with anxiety.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your point for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: None

Step	Point Value	Points Achieved	Mastery
1. Identify signs of anxiety in the patient.	10		
2. Acknowledge the patient's anxiety.	5		
 Identify possible sources of anxiety, such as fear of a procedure or test result, along with supportive resources available to the patient, such as family members and friends. 	10		
 Do what you can to alleviate the patient's physical discomfort. For example, find a quiet place for the patient to wait, a comfortable chair, a drink of water, or access to the bathroom. 	10		
5. Allow ample personal space for conversation.	10		
 6. Create a climate of warmth, acceptance, and trust. a. Recognize and control your own anxiety. Your air of calm can decrease the patient's anxiety. b. Provide reassurance by demonstrating genuine care, respect, and empathy. c. Act confidently and dependably, maintaining truthfulness and confidentiality at all times. 	10		
 7. Using the appropriate communication skills, have the patient describe the experience that is causing anxiety, her thoughts about it, and her feelings. a. Maintain an open posture. b. Maintain eye contact, if culturally appropriate. c. Use active listening skills. d. Listen without interrupting. 	15		
Do not belittle the patient's thoughts and feelings. This can increase anxiety.	5		

Name	Class		Date	
Step		Point Value	Points Achieved	Mastery
9. Be empathic to the patient's concerns.		10		
 10. Help the patient recognize and cope with the a. Provide information. Helping patients undisease or the procedure they are about help decrease their anxiety. b. Suggest coping behaviors, such as deep other relaxation exercises. 	nderstand their to undergo will	10		
11. Notify the doctor of the patient's concerns.		5		
Time limit: 10 minutes Observer's Name:		nts Achieved:		
Steps that require more practice:				
Instructor comments:				

Name Class Date

PROCEDURE 5.1 How to Use a Postage Meter

This procedure includes verifying funds available, applying postage to an envelope or label, and verifying the applied postage.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Postage meter, addressed envelope or package, postal scale

Step	Point Value	Points Achieved	Mastery
 Contact the company managing your account or the local post office to determine whether there are sufficient funds in your postal account. 	10		
Verify the day's date. Check to make sure the postage meter is plugged in and switched on.	10		
 Locate the area where the meter registers the date, and make sure the date is correct. If it is not, change the numbers to the correct date. 	10		
Make sure all materials have been included in the envelope or package. Weigh the envelope or package on a postal scale to determine the amount of postage required.	10		
Key in the postage amount on the meter, and press the button to enter the amount.	10		
Check to see that the amount you typed is the correct amount.	20		
7. If you are applying postage to an envelope, hold it flat and right-side up. Seal the envelope (unless the meter seals it for you). Locate the plate or area through which the envelope can slide. Place the envelope on the left side, and give it a gentle push toward the right. Some models hold the envelope in a stationary position.	10		

Name	Class		Date	
Step		Point Value	Points Achieved	Mastery
Create a postage label for a package. Follow the procedure for a label as for an envelope. Affix the package in the upper-right corner.		10		
Check to see that the printed postmark has the and amount and that it is legible.	correct date	10		
Time limit: 10 minutes Add Points Achieved: Observer's Name:				
Steps that require more practice:				
Instructor comments:				

News		Data		
Name Class		Date		
PROCEDURE 5.2 How to Use a Dictation-Tra	anscription	on Machir	ne	
This procedure includes the mechanics of using the machine and proofreading and correcting the final document.				
Complete the steps below. A scoring system has been provided for each individual procedure is 100 points. Each step within the procedure is that step and is noted in the column "Point Value." Steps that are of with a higher point value. Record your points for each step in the column	weighted acco a more critical	rding to the im nature have b	portance of	
Determine your mastery of each step in the procedure by assigning it $1 = poor$, $2 = fair$, $3 = good$, $4 = excellent$.	a score of 1 to	4 in the last o	olumn:	
On the basis of your scores, budget time for additional practice of spe	cific steps.			
Materials: Dictation-transcription machine; audiocassette or magnedictation; typewriter, word processor, or computer; blank paper or dictionary; pen; correction fluid or tape (for the typewriter)	stationery; m			
Step	Point Value	Points Achieved	Mastery	
Insert the tape into the dictation-transcription machine. Turn on the typewriter, word processor, or computer.	10			
Place all materials, including a regular dictionary and a medical dictionary, within easy reach, and clear the area of items you will not use.	10			
Choose and insert the paper you will use. Set the margins and line spacing. Estimate the length using the scanning control.	15			
Press the foot pedal to start and stop the dictation- transcription machine.	10			
5. To rewind the tape, use the reverse foot pedal.	10			
Pause the recording with the pause foot pedal, or stop it with the stop/start pedal.	10			
Adjust the speed and volume controls to help you work most efficiently.	10			
8. Proofread the final document, and make corrections directly on the document. Make sure the final document looks professional. Retype it if necessary. Proofread the final copy once again.	15			
9. When you have finished, turn off all the equipment.	10			
Time limit: 10 minutes Add Poi	nts Achieved	:		
Observer's Name:				
Steps that require more practice:				

Instructor comments:

Name	Class	Doto
Name	Class	Date

PROCEDURE 6.1 Creating a Form Letter

This procedure includes entering, moving, and deleting text. Saving and printing the letter are also stressed.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Computer equipped with a word processing program, printer, form letter to be input, $8\% \times 11$ paper

Step	Point Value	Points Achieved	Mastery
1. Turn on the computer. Select the word processing program.	20		
Use the keyboard to begin entering text into a new document.	20		
3. To edit text, press the arrow keys to move the cursor to the appropriate position to insert or delete characters, and enter the text. Use the "Insert" mode to add characters or the "Typeover" mode to replace characters.	10		
4. To delete text, position the cursor to the left of the characters to be deleted and press the "Delete" key. Alternatively, place the cursor to the right of the characters to be deleted and press the "Backspace" key.	10		
5. To move text, you must first highlight it. In most Windows-based programs, click the mouse at the beginning of the text to be highlighted. Holding down the left mouse button, drag it to the end of the block of text, and then release the button. Choose the button or command for cutting text. Then move the cursor to the place where you want to insert the text, and select the button or command for retrieving or pasting text.	15		

Name	_ Class		Date	
Step		Point Value	Points Achieved	Mastery
6. Save your work every 15 minutes and at end of choosing the "Save" command or button.	f the task by	15		
7. Print the letter by using the "Print" command	or button.	10		
Time limit: 10 minutes Observer's Name: Steps that require more practice:				
Instructor comments:				

Name	Class	Date
Name	Class	Date

PROCEDURE 7.1 Creating a Letter

This procedure outlines the proper method of formatting, editing, and proofreading a business letter.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Word processor or personal computer, letterhead paper, dictionaries or other sources

Step	Point Value	Points Achieved	Mastery
Format the letter according to office procedures.	15		
2. Three lines below the letterhead, type the dateline.	5		
Two lines below the dateline, type the special mailing instructions.	5		
Three lines below the special mailing instructions, begin the inside address.	5		
5. Two lines below the inside address, type the salutation.	5		
6. Two lines below the salutation, type the subject line.	5		
7. Two lines below the subject line, begin the body of the letter, single-spacing between lines and double-spacing between paragraphs.	5		
8. Two lines below the body of letter, type the complimentary closing.	5		
9. Leave three blank lines for the sender's signature; then type the sender's name and, below that, the sender's title.	5		
10. Two lines below the sender's title, type the identification line.	5		
11. One or two lines below the identification line, type the enclosure notation, if applicable.	5		
12. Two lines below the enclosure notation, type the courtesy copy notation, if applicable.	5		

Name	Class		Date	
Step		Point Value	Points Achieved	Mastery
13. Edit the letter.		15		
14. Proofread the letter.		15		
Time limit: 10 minutes Observer's Name: Steps that require more practice:				
Instructor comments:				

Name Class Date

PROCEDURE 7.2 Sorting and Opening Mail

This procedure includes verifying the addressee, sorting the mail according to priority, and reviewing incoming correspondence.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Letter opener, date and time stamp (manual or automatic), stapler, paper clips, adhesive notes

Step	Point Value	Points Achieved	Mastery
Check each address to make sure the letter or package belongs at your office.	5		
2. Sort the mail into piles, according to priority and type.	5		
3. Set aside all personal or confidential mail.	5		
Arrange all the envelopes with the flaps facing up and away from you.	5		
5. Tap the lower edge of the envelopes to shift the contents to the bottom.	5		
6. Open all the envelopes.	5		
7. Remove and unfold the contents of each envelope.	5		
8. Check each sender's name and address. If a letter has no return address, tape the address from the envelope to the letter. If the letter and envelope have different addresses, staple the envelope to the letter.	10		
9. Make sure the listed enclosures are included. If they are not, make a notation to contact the sender.	5		
10. Clip together each letter and its enclosures.	5		
11. Compare the date on each letter with the postmark date on its envelope. If there is a significant difference in the dates, keep the envelope.	10		
12. If no problems exist, discard the envelopes.	10		

Name	Class		Date	
Step		Point Value	Points Achieved	Mastery
13. Review bills and statements to make sur enclosed match the amounts on the state		10		
14. Stamp each piece of correspondence wit receipt.	h the date of	15		
Time limit: 10 minutes	Add Po	ints Achieved:		
Observer's Name:				
Steps that require more practice:				
Instructor comments:				

Name	Class	Date

PROCEDURE 8.1 Step-by-Step Overview of Inventory Procedures

This procedure includes establishing a needs list, devising a system, ordering, and verifying the receipt of as well as sending payment for office supplies.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Pen, paper file folders, vendor catalogs, index cards or loose-leaf binder and blank pages, reorder reminder cards, vendor order forms

Step	Point Value	Points Achieved	Mastery
Define with the physician the extent of your responsibility in managing supplies.	10		
Know what administrative and clinical supplies should be stocked in your office.	10		
Start a file containing a list of current vendors with copies of their catalogs.	5		
Create a want list of brands or products the office does not currently use but might like to try.	5		
5. Make a file for supply invoices and completed order forms.	5		
 Devise an inventory system of index cards or loose-leaf pages for each item. Make sure that each card or page has all relevant data for the item. 	5		
Have a system for flagging items that need to be ordered and those that are already on order.	10		
Establish with the physician a regular schedule for taking inventory.	5		
9. Order at the same times each week or month after inventory is taken, unless there is an unexpected shortage of an essential item.	10		
10. Follow ordering procedures that have been approved by the physician or office manager. Use the vendor's order form, type a letter of request, or order the supplies by telephone, fax, or e-mail to speed the process. Record the order information in the inventory file, and obtain an estimated order arrival time.	5		

Name Class Date

Step	Point Value	Points Achieved	Mastery
11. When you receive the shipment, record the date and amount received on each item's inventory card or record page, and check the shipment against the order.	10		
12. Check the invoice against the original order and packing slip, and sign or stamp the invoice to show that the order was received.	5		
13. Write a check to the vendor, have the physician sign it, and record the check number, date, and amount of payment on the invoice. Write the invoice number on the check.	10		
14. Mail the check and vendor's copy of the invoice to the vendor within 30 days, and file the office copy of the invoice with the original order and packing slip.	5		
Time limit: 10 minutes Add Poir	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class		Date	
PROCEDURE COMPETEN	NCY CHECKLIS	STS		
PROCEDURE 9.1 Correcting	Medical Records	6		
This procedure outlines the steps to be taken	to correct a medical reco	ord within m	edical legal bo	oundaries.
Complete the steps below. A scoring system hadividual procedure is 100 points. Each step that step and is noted in the column "Point Vivith a higher point value. Record your points	within the procedure is w'alue." Steps that are of a	eighted acco more critical	rding to the im nature have b	portance of
Determine your mastery of each step in the properties $1 = poor$, $2 = fair$, $3 = good$, $4 = excellent$.	rocedure by assigning it a	score of 1 to	4 in the last o	column:
On the basis of your scores, budget time for a	dditional practice of speci	ific steps.		
Materials: Patient file, other pertinent docur corrections (for example, transcribed notes, a good ballpoint pen				-
Step		Point Value	Points Achieved	Mastery
Make the correction in a way that doe intention to deceive or cover up a lack care.				Mastery
Make the correction in a way that doe intention to deceive or cover up a lack	k of proper medical	Value		Mastery
Make the correction in a way that doe intention to deceive or cover up a lack care. When deleting information, draw a line.	ne through the original mpletely cover it up. on above or below the eed to attach another it, indicate in the	Value 20		Mastery
 Make the correction in a way that doe intention to deceive or cover up a lack care. When deleting information, draw a lir information, but do not erase it or cor Write or type in the correct information original line or in the margin. If you nesheet of paper with the correction on 	ne through the original mpletely cover it up. on above or below the eed to attach another it, indicate in the bund.	Value 20 15		Mastery
 Make the correction in a way that doe intention to deceive or cover up a lack care. When deleting information, draw a lir information, but do not erase it or cor Write or type in the correct information original line or in the margin. If you not sheet of paper with the correction on record where the correction can be formade. Never make any change without 	the control of the co	20 15 15		Mastery
 Make the correction in a way that doe intention to deceive or cover up a lack care. When deleting information, draw a lin information, but do not erase it or cord. Write or type in the correct information original line or in the margin. If you need sheet of paper with the correction on record where the correction can be formade. Never make any change without for it. 	the contraction of the contracti	Value 20 15 15		Mastery

Name	Class	Date
PROCEDURE 9.2 Upda	ting Medical Records	
, ,	e right record, transcribing the physicial he entries, and filing the information in	. 0.1
individual procedure is 100 points. Ea that step and is noted in the column	ystem has been provided for each proced ach step within the procedure is weighte "Point Value." Steps that are of a more on the reach step in the column "Po	ed according to the importance of critical nature have been weighted
Determine your mastery of each step $1 = poor$, $2 = fair$, $3 = good$, $4 = exc$	in the procedure by assigning it a score cellent.	of 1 to 4 in the last column:
On the basis of your scores, budget ti	me for additional practice of specific ste	eps.

Materials: Patient file, other pertinent documents (test results, x-rays, telephone notes, correspondence), good ballpoint pen, notebook, typewriter/transcribing equipment

Step	Point Value	Points Achieved	Mastery
1. Verify that you have the right records for the right patient.	15		
Transcribe dictated doctor's notes as soon as possible, and enter them into the patient record.	10		
 Spell out names of disorders, diseases, medication, and other terms the first time you enter them, followed by the appropriate abbreviation (for example: congestive heart failure [CHF]). Thereafter, use the abbreviation. 	15		
Enter only what the doctor has dictated. Date and initial each entry.	15		
Ask the doctor where in the file to record laboratory test results. Follow his instructions, then date and initial each entry. Note in the chart the date of the test and the results.	5		
6. Make a note of all telephone calls to and from the patient. Date and initial the entries. These entries may also include the doctor's observations, changes in the patient's medications, and so on.	10		
Read over the entries for omissions or mistakes. Ask the doctor to answer any questions you have.	10		
8. Make sure you have dated and initialed each entry.	5		
9. Be sure all documents are included in the file.	10		
Replace the patient's file in the filing system as soon as possible.	5		
Time limit: 10 minutes Add Poir Observer's Name:	nts Achieved:		
Steps that require more practice:			
Instructor comments:			

lame Class		Date	
PROCEDURE COMPETENCY CHECKLI	STS		
PROCEDURE 10.1 Creating a Filing System	for Patie	nt Record	s
this procedure includes evaluating various filing systems and choosi p the system and using it are also included.	ng the appro	priate one. Ste	ps for settin
complete the steps below. A scoring system has been provided for each advidual procedure is 100 points. Each step within the procedure is that step and is noted in the column "Point Value." Steps that are of a with a higher point value. Record your points for each step in the colu	veighted acco more critica	ording to the im I nature have b	iportance o
Determine your mastery of each step in the procedure by assigning it $a = poor$, $a = poo$	a score of 1 to	o 4 in the last o	column:
On the basis of your scores, budget time for additional practice of spec	cific steps.		
laterials: Vertical or horizontal filing cabinets with locks, file jacket ut guides, filing sorters	s, tabbed file	Points	s, file guide
Step	Value	Achieved	Mastery
 Evaluate which filing system is best for your office— alphabetic or numeric. Make sure the doctor approves the system you choose. 	20		
Establish a style for labeling files; use it for all labels. Place records for different family members in separate files.	15		
3. Set up a color-coding system to distinguish the files (for example, use blue for the letters A–C, red for D–F, and so on).	10		
4. Use file guides to divide files into sections.	10		
Use out guides to indicate which files have been removed. Include a charge-out form to be signed and dated by the person who is taking the file.	10		
6. To keep files in order and to avoid misplacing them, use a file sorter to hold records until they can be returned to the files.	15		
7. Develop a manual explaining the filing system to new staff members. Include guidelines on how to keep the system in good order.	10		
	10		
8. Avoid writing by hand. Type or use a label marker.			
8. Avoid writing by hand. Type or use a label marker.		:	
8. Avoid writing by hand. Type or use a label marker.		:	

rime limit: 10 minutes	Add Points Achieved:
Observer's Name:	
Steps that require more practice:	
Instructor comments:	

Name	Class	Date	
DDOOFDLIDE 40.0	Catting Union Office Tielder File		

Setting Up an Office Tickler File PROCEDURE 10.2

This procedure outlines the steps for creating and utilizing a reminder file system.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: 12 manila file folders, 12 file labels, pen or typewriter, paper

Step	Point Value	Points Achieved	Mastery
Write or type 12 file labels, 1 for each month of the year. Abbreviations are acceptable. Do not include the year.	10		
2. Affix one label to the tab of each of 12 file folders.	10		
3. Arrange the folders so that the current month is on the top of the pile. Months should follow in chronological order.	10		
 Make a list of upcoming responsibilities and activities and the date they should be completed. Use a separate sheet of paper for each month. 	10		
5. File the notes by month in the appropriate folders.	10		
Place the folders, with the current month on top, in a prominent place in the office.	10		
 Check the tickler file at least once a week on a specific day. Assign a backup person to check it if you are out of the office. 	10		
8. Complete the tickler activities on the designated days. Keep notes concerning activities in progress. Discard old notes.	10		
At the end of the month, place that month's folder at the bottom of the tickler file. Move any remaining notes into the new month's folder.	10		
10. Continue to add new notes to the appropriate tickler files.	10		
Time limit: 10 minutes Add Poir Observer's Name: Steps that require more practice:			
Instructor comments:			

Vame	Class	Date

PROCEDURE 10.3 Developing a Records Retention Program

This procedure includes identifying the types of information to be kept; researching the legal requirements of records retention; and developing, implementing, and periodically reviewing a system of records retention.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Guide to Record Retention Requirements (published annually by the federal government), names and telephone numbers of local medical associations and state offices (including the state insurance commissioner and the medical practice's attorney), file folders, index cards, index box, paper, pen or typewriter

Step	Point Value	Points Achieved	Mastery
List the types of information in a typical patient medical record in your office. For example, a file for an adult patient may include the patient's case history, records of hospital stays, and insurance information.	5		
Research the legal, state, and federal requirements for keeping documents. Consult the <i>Guide to Record Retention Requirements</i> for federal guidelines. Contact the appropriate state office for specific state requirements. Call local medical associations. If your office does business in other states, research all applicable regulations. Consult with the attorney who represents your practice.	10		
 Compile the results of your research in a chart. At the top of the chart, list the kinds of information your office keeps in patient records. Down the left side of the chart, list the headings Legal, Federal, State, and Other. In each box, record the corresponding information. 	10		
Compare all the legal and government requirements. Indicate which one covers the longest period of time.	10		
5. Review the information with the doctor. Together, prepare a retention schedule. Decide how long different records should be kept in the office after a patient leaves the practice and how long records will be kept in storage. Because retention periods can vary for different types of information kept in a file, choose a retention period that covers all records. Determine how files will be destroyed when they have exceeded the retention period. Usually records are destroyed by paper shredding. Purchase any needed equipment.	5		

Name	Class	Date

Step	Point Value	Points Achieved	Mastery
6. Put the retention schedule in writing, post it prominently near the files, and review it with the staff. Keep a copy in a safe place.	5	7101110100	actory
7. Develop a system for identifying files easily under the retention system. You might prepare an index card or create a master list for each inactive or closed file. It should include the patient's name and Social Security number, contents of the file, date the file was deemed inactive and by whom, date the file should be sent to storage (the actual date will be filled in later; if more than one storage location is used, indicate the location), date the file should be destroyed (the actual date will be filled in later). Have the card signed by the doctor and the person responsible for the files. Keep the card in an index box. This is your authorization to destroy the file at the appropriate time.	10		
8. Use color coding to help identify inactive files.	5		
9. One person should be responsible for checking the index cards each month to determine which files should be destroyed. Before retrieving files from storage, circulate a notice to the office staff stating which records will be destroyed. Indicate that they must let you know by a specific date if any files should be saved. You may keep a separate file with these notices.	10		
10. After the deadline has passed, retrieve the files from storage. Review each file. Make sure staff members who will be destroying the files are trained to use the equipment. Develop an instruction sheet describing how to destroy files. Post it prominently with the retention schedule and near the machinery used to destroy the files.	10		
11. Update the index card, giving the date the file was destroyed and by whom.	10		
12. Periodically review the retention schedule. Update it with current legal and governmental requirements. With the staff, evaluate whether the current schedule is meeting the needs of your office or whether files are being kept too long or destroyed prematurely. With the doctor's approval, change the schedule as necessary.	10		
Observer's Name:Steps that require more practice:			
Instructor comments:			

Name	Class	Date
------	-------	------

PROCEDURE 11.1 Handling Emergency Calls

This procedure outlines the appropriate steps to be taken during an emergency call, including obtaining necessary information and responding appropriately.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Office guidelines for handling emergency calls; list of symptoms and conditions requiring immediate medical attention; telephone numbers of area emergency rooms, poison control centers, and ambulance transport services; telephone message pads or telephone message log

	Point	Points	
Step	Value	Achieved	Mastery
When someone calls the office regarding a potential emergency, remain calm.	20		
2. Obtain the following information: a. The caller's name b. The caller's relation to the patient c. The patient's name d. The patient's age e. A description of the patient's symptoms f. A description of how the accident or injury occurred g. A description of the patient's reaction to the situation h. Any treatment that has been administered i. The caller's telephone number and the address from which the call is being made	20		
3. Read back the details of the medical problem to verify them.	15		
If necessary, refer to the list of symptoms and conditions that require immediate medical attention to determine whether the situation is an emergency.	10		
 5. If the situation is a medical emergency, put the call through to the doctor immediately. If the doctor is not in the office, follow established office procedures. They may involve: a. Transferring the call to the nurse practitioner or other medical personnel b. Instructing the caller to dial 911 to request an ambulance c. Instructing the patient to go to the nearest emergency room d. Instructing the caller to telephone the nearest poison control center for advice and supplying the telephone number e. Paging the doctor 	15		

Name	Class		Date	·
Step		Point Value	Points Achieved	Mastery
If the situation is not a medical emergency, has according to established office procedures.	andle the call	10		
7. If you are in doubt about whether the situation emergency, treat it as an emergency.	ı is an	10		
Time limit: 10 minutes	Add Poir	nts Achieved:		
Observer's Name:				
Steps that require more practice:				
Instructor comments:				

Name ___

Name	Class		Date	
PROCEDURE 11.2 Retrieving M	lessages Fror	m an Ans	wering S	ervice
This procedure includes setting a schedule for an retrieved messages.	d gathering the app	ropriate infor	mation from tl	ne routing of
Complete the steps below. A scoring system has be individual procedure is 100 points. Each step with that step and is noted in the column "Point Value. with a higher point value. Record your points for e	in the procedure is u " Steps that are of a	veighted acco more critical	rding to the im nature have b	portance of
Determine your mastery of each step in the proceed $1 = poor$, $2 = fair$, $3 = good$, $4 = excellent$.	lure by assigning it o	a score of 1 to	4 in the last o	olumn:
On the basis of your scores, budget time for additi	ional practice of spec	cific steps.		
Materials: Telephone message pad or telephone	log			
Step		Point Value	Points Achieved	Mastery
 Set a regular schedule for calling the answ retrieve messages. 	vering service to	15		
Call at the regularly scheduled time(s) to s are any messages.	see whether there	15		
Identify yourself, and state that you are camessages for the practice.	Illing to obtain	15		
 Write down all pertinent information for e the telephone message pad or telephone include the patient's name and telephone call, message or description of the proble action taken. 	log. Be sure to number, time of	25		
5. Repeat the information, confirming that you correct spelling of all names.	ou have the	15		
When you have retrieved all messages, reaccording to the office policy.	oute them	15		
Time limit: 10 minutes Observer's Name:		nts Achieved	:	
Steps that require more practice:				
Instructor comments:				

PROCEDURE 12.1 Creating a Cluster Schedule

This procedure includes establishing the types of cases to be clustered, determining the average length of a visit, and appropriately blocking off times in the schedule.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Calendar, tickler file, appointment book, colored pencils or markers (optional)

Point Value	Points Achieved	Mastery
20		
20		
20		
20		
10		
10		
its Achieved:		
	Value 20 20 20 20 10 10 ts Achieved:	Value Achieved 20 20 20 20 10 10 ts Achieved:

Name Class		Date	
PROCEDURE 12.2 Scheduling and Confirn	ning Surge	ery at a Ho	spital
This procedure includes determining the urgency of the surgery, s admissions, providing preadmission forms, and confirming the scl			nging for
Complete the steps below. A scoring system has been provided for eindividual procedure is 100 points. Each step within the procedure that step and is noted in the column "Point Value." Steps that are cwith a higher point value. Record your points for each step in the co	is weighted acco of a more critical	rding to the in I nature have b	portance of
Determine your mastery of each step in the procedure by assigning $1 = poor$, $2 = fair$, $3 = good$, $4 = excellent$.	it a score of 1 to	o 4 in the last o	column:
On the basis of your scores, budget time for additional practice of s	specific steps.		
Materials: Calendar, telephone, notepad, pen			
Step	Point Value	Points Achieved	Mastery
 Determine whether the need is for elective surgery or emergency surgery. Patients facing elective surgery may be given only one or two choices of days and times. For emergency surgery, the first step is to reserve the operating room. 	25		
Call the operating room secretary. Give the procedure required, the name of the surgeon, the length of time involved, and the preferred date and hour.	15		
3. Provide the patient's name, address, telephone number, ag gender, Social Security number, and insurance information			
4. Arrange with the admissions office for the patient to be admitted on the day of surgery or the day before (depending on the type of surgery). Ask for a copy of the admissions form for the patient record.	15		
5. If the hospital requires patients to complete preadmission forms, request a blank form for the patient.	15		
6. Confirm the surgery and the patient's arrival time 1 business day before surgery.	15		
Time limit: 10 minutes Add F Observer's Name: Steps that require more practice:			
Instructor comments:			

Name Clas	ss Date)
-----------	---------	---

PROCEDURE 13.1 Creating a Pediatric Playroom

This procedure outlines the steps for creating a safe and comfortable playroom for pediatric patients. These steps include choosing appropriate books and toys, grouping furniture effectively, and decorating the area to meet the needs of children.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Children's books and magazines, games, toys, crayons and coloring books, television and videocassette recorder (VCR), children's videotapes, child- and adult-size chairs, child-size table, bookshelf, boxes or shelves, decorative wall hangings or educational posters (optional)

Step	Point Value	Points Achieved	Mastery
Place all adult-size and some child-size chairs against the wall.	10		
Place the remainder of the child-size chairs in small groupings throughout the room. Put several chairs with the child-size table.	10		
Put the books, magazines, crayons, and coloring books on the bookshelf in one corner of the room near a grouping of chairs.	10		
4. Choose toys and games carefully. Avoid toys that encourage active play or that require a large area. Make sure all toys meet safety guidelines. Watch for loose parts or parts that are smaller than a golf ball. Toys should be easy to clean.	30		
5. Place the activities for older children near one grouping of chairs and the games and toys for younger children near another grouping. Keep toys and games in boxes or on shelves.	15		

Step	Point Value	Points Achieved	Mastery
Place the television and VCR high on a shelf or attach it to the wall near the ceiling. Keep videos behind the reception desk, and periodically change the video in the VCR.	15		
7. Decorate the room with wall hangings or posters.	10		
Time limit: 10 minutes Add Points Achieved: Observer's Name:			
Steps that require more practice:			
Instructor comments:			

_____ Class _____ Date _____

Name __

	01	n .
Name	Class	Date

PROCEDURE 13.2 Creating a Waiting Room Accessible to Differently Abled Patients

This procedure outlines the steps in creating a waiting area that is safe according to the requirements of the Americans With Disabilities Act and that includes appropriate furniture arrangement and choice of reading materials and other materials.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Chairs, bars or rails, adjustable-height tables, doorway floor coverings, magazine rack, television and VCR, ramps (if needed), large-type and braille magazines

Step	Point Value	Points Achieved	Mastery
Arrange chairs, leaving gaps so that substantial space is available for wheelchairs along walls and near other groups of chairs. Make sure chairs can be moved to allow extra room.	5		
Remove any obstacles that may interfere with the space needed for a wheelchair to swivel around completely. Remove scatter rugs or carpeting that is not attached to the floor.	15		
Position coffee tables at a height that is accessible for people in wheelchairs.	5		
Place office reading materials at a height that is accessible to people in wheelchairs.	5		
Locate the television and VCR within full view of patients sitting on chairs and in wheelchairs so they do not have to strain their necks to watch.	5		
6. For patients with visual impairment, include reading materials with large type and in braille.	15		
7. For patients who have difficulty walking, make sure bars or rails are attached securely to walls 34 to 38 inches above the floor to accommodate requirements set forth in the Americans With Disabilities Act. Make sure the bars are sturdy enough to provide balance for patients who need it. Bars are most important in entrances and hallways. Consider placing a bar near the receptionist's window for added support as patients check in.	25		

lame Class		Date	
Step	Point Value	Points Achieved	Mastery
8. Eliminate metal or wood sills in doorways. Otherwis securely attach a thin rubber covering to provide a graduated slope. Be sure the covering is attached pr and meets safety standards.			

10

5

additional needs.			
Time limit: 10 minutes	Add Poi	nts Achieved:	
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

9. Make sure the office has ramp access.

10. Solicit feedback from patients with physical disabilities

about the accessibility of the patient reception area. Encourage ideas for improvements. Address any

Name	Class	Date

PROCEDURE 14.1 Developing a Patient Education Plan

This procedure includes identifying the patient's needs; developing a teaching plan; and implementing, evaluating, and revising the plan as indicated.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Pen, paper, various educational aids

Step	Point Value	Points Achieved	Mastery
 Identify the patient's needs for education. Consider the patient's current knowledge, misconceptions the patient may have, obstacles to learning (loss of hearing or vision, limitations of mobility, language barriers, and so on), the patient's willingness to learn, and how the patient will use the information. 	20		
Develop and outline a plan using the various educational aids available. Include what you want to accomplish, how you plan to accomplish it, and how you will determine whether the teaching was successful.	10		
Write the plan. Try to make the information interesting for the patient.	10		
Before carrying out the plan, share it with the physician to get approval and suggestions for improvement.	10		
5. Perform the instruction.	15		
6. Document the teaching in the patient's chart.	15		
7. Evaluate the effectiveness of your teaching session by asking yourself whether you covered all the topics in the plan, whether the information was well received by the patient, whether the patient appeared to learn, and how you would rate your performance.	10		
Revise your plan as necessary to make it even more effective.	10		

Name	Class	Date
Time limit: 10 minutes	Add Points Ach	nieved:
Observer's Name:		
Steps that require more practice:		
Instructor comments:		

Name	Class	Date	

PROCEDURE 14.2 Informing the Patient of Guidelines for Surgery

This procedure includes reviewing the patient's chart, determining the type of procedure, providing appropriate oral and written guidelines for the procedure, and documenting the instructions in the patient's chart.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Patient chart, surgical guidelines

Step	Point Value	Points Achieved	Mastery
Review the patient's chart to determine the type of surgery to be performed.	10		
Tell the patient that you will be providing both oral and written instructions that should be followed prior to surgery.	5		
Inform the patient about policies regarding makeup, jewelry, contact lenses, wigs, dentures, and so on.	10		
4. Tell the patient to leave money and valuables at home.	5		
If applicable, suggest appropriate clothing for the patient to wear for postoperative ease and comfort.	5		
Explain the need for someone to drive the patient home following an outpatient surgical procedure.	5		
7. Tell the patient the correct time to arrive in the office or at the hospital for the procedure.	10		
8. Inform the patient of dietary restrictions. Use specific, clear instructions about what may or may not be ingested and at what time the patient must abstain from eating or drinking. Explain the reason for the dietary restrictions and the possible consequences of not following them.	10		
 Ask patients who smoke to refrain from or reduce cigarette smoking during at least the 8 hours prior to the procedure. Explain to the patient that reducing smoking improves the level of oxygen in the blood during surgery. 	5		
10. Suggest that the patient shower or bathe the morning of the procedure or the evening before.	5		
Instruct the patient about medications to take or avoid before surgery.	10		

Step	Point Value	Points Achieved	Mastery
12. If necessary, clarify information about which the patient is unclear.	5		
13. Provide written surgical guidelines, and suggest that the patient call the office if additional questions arise.	5		
14. Document the instruction in the patient's chart.	10		
Time limit: 10 minutes Add Points Achieved:			
Steps that require more practice:			
Instructor comments:			

_____ Class _____ Date _____

Name __

PROCEDURE 15.1 Completing the CMS-1500 Claim Form

This procedure outlines the steps involved in completing the CMS-1500 claim form, including obtaining patient information, the patient's signature, clinical information, the charge for services, and the physician's information.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Patient medical record, CMS-1500 form, typewriter or computer, patient ledger card

Step	Point Value	Points Achieved	Mastery
Patient Information Section 1. Check the appropriate insurance box. Enter the insured's insurance identification number as it appears on the insurance card.	5		
Enter the patient's name in this order: last name, first name, middle initial (if any).	5		
3. Enter the patient's birth date using two digits each for the month, day, and year. Indicate the sex of the patient.	5		
4. If the insured and the patient are the same person, enter SAME. If not, enter policyholder's name. For CHAMPUS/TRICARE claims, enter the sponsor's (service person's) full name.	2		
5. Enter the patient's mailing address, city, state, and zip code.	3		
6. Enter the patient's relationship to the insured. If they are the same, mark SELF. For CHAMPUS/TRICARE, enter the patient's relationship to the sponsor.	5		
7. Enter the insured's mailing address, city, state, zip code, and telephone number. If this address is the same as the patient's, enter SAME.	3		
Indicate the patient's marital, employment, and student status by checking boxes.	2		

Step	Point Value	Points Achieved	Mastery
 9. Enter the last name, first name, and middle initial of any other insured person whose policy might cover the patient. If the claim is for Medicare and the patient has a Medigap policy, enter SAME. 9a. Enter the policy or group number for the other insured person. If this is a Medigap policy, enter MEDIGAP before the policy number. 9b. Enter the date of birth and sex of the other insured person (field 9). 9c. Enter the other insured's employer or school name. (Note: If this is a Medicare claim, enter the claims-processing address for the Medigap insurer from field 9. If this is a Medicaid claim and other insurance is available, note it in fields 1a and 2, and enter the requested policy information. 9d. Enter the other insured's insurance plan or program name. If the plan is Medigap and CMS has assigned it a nine-digit number called PAYERID, enter that number here. On an attached sheet, give the complete mailing address for all other insurance information, and enter the word ATTACHMENT in 10d. 	5		
10. Check the appropriate YES or NO boxes in a, b, and c to indicate whether the patient's place of employment, an auto accident, or other type of accident precipitated the patient's condition. For PLACE, enter the two-letter state postal abbreviation. For Medicaid claims, enter MCD and the Medicaid number at line 10d. For all other claims, enter ATTACHMENT here if there is other insurance information. Be sure the full names and addresses of the other insurer appear on the attached sheet. Also, code the insurer as follows: MSP Medicare Secondary Payer MG Medigap SP Supplemental Employer MCD Medicaid	5		
 11. Enter the insured's policy or group number. For Medicare claims, fill out this section only if there is other insurance primary to Medicare; otherwise, enter NONE. 11a. Enter the insured's date of birth and sex as in field 3, if the insured is not the patient. 11b. Enter the employer's name or school name here. This information will determine if Medicare is the primary payer. 11c. Enter the insurance plan or program name. 11d. Check YES or NO to indicate if there is another health benefit plan. If YES, complete 9a through 9d, or the claim will be denied. 	5		

Name	Class	Date
Name	Class	Date

Step	Point Value	Points Achieved	Mastery
12. Have the patient or an authorized representative sign and date the form here. If a representative signs, have this person indicate the relationship to the patient.	3		
 Have the insured sign here to authorize payment of Medigap benefits. 	3		
Physician Information Section 14. Enter the date of the current illness, injury, or pregnancy, using eight digits.	2		
15. Do not complete this field. Leave it blank for Medicare.	2		
16. Enter the dates that the patient is or was unable to work. This information could signal a workers' compensation claim.	2		
17. Enter the name of the referring physician, clinical laboratory, or other referring source. Enter the physician's unique physician identifier number (UPIN) or other applicable identifying number.	2		
18. Enter the dates the patient was hospitalized, if at all, with the current condition.	2		
19. Enter the date the patient was last seen by the referring physician or other medical professional.	2		
20. Check YES if a laboratory test was performed outside the physician's office, and enter the test price.	2		
21. Enter the multidigit ICD-9-CM code number diagnosis or nature of injury.	5		
22. Enter the Medicaid resubmission code and original reference number.	2		
23. Enter the prior authorization number if required by the payer.	2		
 24A. Enter the date of each service, procedure, or supply provided. 24B. Enter the two-digit place-of-service code. 24C. Leave this field blank. 24D. Enter the CPT/HCPCS codes with modifiers for the procedures, services, or supplies provided. 	5		

Jame	Class	Date

Step	Point Value	Points Achieved	Mastery
 24E. Enter the diagnosis code that applies to that procedure, as listed in field 21. 24F. Enter the dollar amount of fee charged. 24G. Enter the days or units on which the service was performed, using three digits. 24H. This field is Medicaid specific. 24I. If the service was performed in an emergency room, check this field. 24J. Some plans require a checkmark here if the patient has coverage in addition to the primary plan. 24K. Enter the insurance-company-assigned nine-digit physician PIN. For CHAMPUS/TRICARE, enter the physician's state license number. 			
25. Enter the physician's or care provider's federal tax identification number or Social Security number.	5		
26. Enter the patient's account number assigned by your office.	2		
27. Check YES to indicate that the physician will accept Medicare or CHAMPUS/TRICARE assignment of benefits.	2		
28. Enter the total charge for the service.	2		
29. Enter the amount already paid by the patient or insurance company.	2		
30. Enter the balance due your office (subtract field 29 from field 28 to obtain this figure).	2		
31. Have the physician or service supplier sign and date the form here.	2		
32. Enter the name and address of the organization or individual who performed the services.	2		
33. List the billing physician's or supplier's name, address, zip code, and phone number.	2		
Time limit: 10 minutes Add Poir	nts Achieved	:	
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class	Date
INGILIE	Class	Date

PROCEDURE 16.1 Locating an ICD-9-CM Code

This procedure covers the steps involved in finding the appropriate diagnosis codes for use in completing health insurance claim forms.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Patient record, ICD-9-CM

Step	Point Value	Points Achieved	Mastery
 Locate the statement of the diagnosis in the patient's medical record. This information may be located on the superbill (encounter form) or elsewhere in the patient's chart. 	20		
 Find the diagnosis in the ICD's Alphabetic Index. Look for the condition first. Then find descriptive words that make the condition more specific. Read all cross-references to check all the possibilities for a term and its synonyms. 	20		
3. Locate the code from the Alphabetic Index in the ICD's Tabular List. Remember, the number to check is a code number, not a page number. The Tabular List gives codes in numerical order. Look for the number in bold-faced type.	20		
4. Read all information to find the code that corresponds to the patient's specific disease or condition. Study the list of codes and descriptions. Be sure to pick the most specific code available. Check for the symbol that shows that a five-digit code is required.	20		
 5. Record the diagnosis code on the insurance claim and proofread the numbers. Enter the correct diagnosis code on the health-care claim, checking the following: The numbers are entered correctly. Proofread the numbers on the computer screen or on the printed claim form. The codes are complete. The highest (mo'st specific) code is used. 	20		

Name	Class	Date
Time limit: 10 minutes	Add Points Achieved	d:
Observer's Name:		
Steps that require more practice:		
Instructor comments:		

Name Class Date

PROCEDURE 16.2 Locating a CPT Code

This procedure covers the steps involved in finding appropriate procedure codes for use in completing health insurance claim forms.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

	Point	Deinte	
Step	Value	Points Achieved	Mastery
1. Become familiar with the CPT. Read the introduction and main section guidelines and notes. For example, look at the guidelines for the Evaluation and Management section. They include definitions of key terms, such as new patient, established patient, chief complaint, concurrent care, and counseling. The guidelines also explain the way E/M codes should be selected.	20		
 Find the services listed in the patient's record. Check the patient's record to see which services were performed. For E/M procedures, look for clues as to the extent of history, examination, and decision making that were involved. 	20		
3. Look up the procedure code(s). First, pick out a specific procedure or service, organ, or condition. Find the procedure code in the CPT index. Remember, the number in the index is the five-digit code, not a page number. In some cases, the patient's medical record shows an abbreviation, an eponym (a person or place for which a procedure is named), or a synonym.	20		
4. Determine appropriate modifiers. Check section guidelines and Appendix A to choose a modifier if needed to explain a situation involving the procedure being coded, such as difficult work or a discontinued procedure.	20		
5. Record the procedure code(s) on the health-care claim. After the procedure code is verified, it is posted to the health-care claim. The primary procedure—performed for the condition listed as the primary diagnosis—is listed first. Match additional procedures with their corresponding diagnoses.	20		

Name	Class	Date
Time limit: 10 minutes Observer's Name:		d:
Steps that require more practice:		
Instructor comments:		

Name Class Date

PROCEDURE 17.1 How to Bill With the Superbill

This procedure outlines the steps involved in using a superbill for patient billing. These steps include completing the physician's name and address, patient information, total charges, patient payments, and the final balance.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Superbill, patient ledger card, patient information sheet, fee schedule, insurance code list, pen

Step	Point Value	Points Achieved	Mastery
Make sure the doctor's name and address appear on the form.	5		
From the patient ledger card and information sheet, fill in the patient's data, such as name, sex, date of birth, and insurance information.	10		
3. Fill in the place and date of service.	5		
 Attach the superbill to the patient's medical record, and give them both to the doctor. 	5		
Accept the completed superbill from the patient after the patient sees the doctor. Make sure that the doctor has indicated the diagnosis and the procedures performed.	15		
If the doctor has not already recorded the charges, refer to the fee schedule. Then fill in the charges next to the marked procedures.	10		
7. List the total charges for the visit and the previous balance (if any). Deduct any payments or adjustments received before this visit.	10		
8. Calculate the subtotal.	10		
9. Fill in the amount and type of payment (cash, check, money order, or credit card) made by the patient.	5		
10. Calculate and enter the new balance.	10		

Step	Point Value	Points Achieved	Mastery
11. Have the patient sign the authorization-and-release section of the superbill.	10		
12. Keep a copy of the superbill. Give the patient the original and a copy to file with the patient's insurer.	5		
Time limit: 10 minutes Add Poir	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name ______ Date _____

Name Class Date

PROCEDURE 18.1 Organizing the Practice's Bookkeeping System

This procedure includes starting a new daily log sheet, updating ledger cards, recording deposits, and preparing a charge summary.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Daily log sheets; patient ledger cards; check register; summaries of charges, receipts, and disbursements

Step	Point Value	Points Achieved	Mastery	
Using a new daily log sheet, record the name of each new patient seen that day. Also record the relevant charges and payments received.	20			
 Keep ledger cards for all patients, with each patient's name, address, home and work telephone numbers, insurance company, and person responsible for payment. Update the cards, adjusting the balance after every transaction. 	20			
Record all deposits in the check register. File the deposit receipt with a detailed listing of checks.	20			
When paying bills, enter each check in the register. Include check number, date, payee, and amount.	20			
Prepare a summary of charges, receipts, and disbursements every month, quarter, or year. Double-check calculations before posting them to summaries.	20			
Time limit: 10 minutes Add Poir	nts Achieved:			
Observer's Name:				
Steps that require more practice:				
Instructor comments:				

Name Class Date	Name	Class	Date
-----------------	------	-------	------

PROCEDURE 18.2 Making a Bank Deposit

This procedure includes sorting the currency, reviewing and listing checks and money orders, calculating the total deposit, making the deposit, and obtaining a receipt.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Bank deposit slip and items to be deposited, such as checks, cash, and money orders

Step	Point Value	Points Achieved	Mastery
Divide the bills, coins, checks, and money orders into separate piles.	5		
Sort the bills by denomination; stack them, portrait side up, in the same direction. Total and record the amount on the deposit slip line marked "Currency."	5		
3. If there are enough coins, put them in wrappers. If not, count the coins, and put them in the deposit bag. Total the amount of coins, and record that amount on the deposit slip line marked "Coin."	10		
4. Review all checks and money orders for proper endorsements. List each check on the deposit slip, including the check number and amount. If you do not keep a list of the check writers' names in the office, record this information on the deposit slip also.	20		
5. List each money order on the deposit slip with the notation "money order" or "MO" and name of the writer.	10		
6. Calculate the total deposit, and record it on the slip under "Total." Photocopy the slip for office records.	15		
7. Record the total amount of the deposit in the office checkbook register.	15		
8. If you plan to make the deposit in person, place the currency, coins, checks, and money orders in a deposit bag. Otherwise, put the checks and money orders in a special bank-by-mail envelope, or put all deposit items in an envelope and send it by registered mail.	5		

Cton	Point Value	Points Achieved	Mastani
Step	value	Acmeved	Mastery
9. Make the deposit in person or by mail.	5		
Obtain a deposit receipt from the bank. File it in the office for use in reconciling the bank statement.	10		
Time limit: 10 minutes Add Poi	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name ______ Date _____

Name Class Date	Name	Class	Date
-----------------	------	-------	------

PROCEDURE 18.3 Reconciling a Bank Statement

This procedure includes matching the previous closing balance with the new statement balance, checking deposits and returned checks against the bank statement, subtracting outstanding checks from the statement balance, and comparing the checkbook balance with the new bank statement balance.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Previous bank statement, current bank statement, reconciliation worksheet (if not part of the current bank statement), deposit receipts, red pencil, check stubs or checkbook register, returned checks

Step	Point Value	Points Achieved	Mastery
 Check the closing balance on the previous statement against the opening balance on the new statement to make sure they match. If they do not match, call the bank. 	10		
Record the closing balance from the new statement on the reconciliation worksheet.	10		
 Check each deposit receipt against the bank statement. Place a red check mark in the upper right corner of each recorded receipt. Total the deposits that do not appear on the statement. Add the total to the closing balance on the reconciliation worksheet. 	10		
4. Put the returned checks in numerical order.	10		
5. Compare each returned check with the bank statement, making sure that the amounts agree. Place a red check mark in the upper right corner of each returned check that is recorded on the statement. Also place a check mark on the check stub or check register entry.	10		
List each outstanding check on the worksheet. Total these checks; then subtract the total from the bank statement balance.	10		
7. Add interest, if interest was earned.	10		
Subtract any service charges, check printing charges, or automatic payments.	10		
 Compare the new checkbook balance with the new bank statement balance. They should match. If they do not, repeat the process, rechecking all calculations and looking for other possible errors. 	10		

Step	Point Value	Points Achieved	Mastery
 If your work is correct and the balances still do not agree, call the bank to determine whether a bank error has been made. 	10		
Time limit: 10 minutes Add Poi	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

PROCEDURE 18.4 Setting Up the Accounts Payable System

This procedure includes setting up the disbursements journal, petty cash record, and payroll register.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Disbursements journal, petty cash record, payroll register, pen

Step	Point Value	Points Achieved	Mastery
Setting Up the Disbursements Journal 1. Write in column headings for the basic information about each check: date, payee's name, check number, and check amount.	10		
Write in column headings for each type of business expense, such as rent and utilities.	5		
Write in column headings for deposits and the account balance.	5		
Record the data from completed checks under the appropriate column headings.	5		
Setting Up the Petty Cash Record 1. Write in column headings for the date, transaction number, payee, brief description, amount of transaction, and type of expense.	10		
2. Write in a column heading for the petty cash fund balance.	5		
Record the data from petty cash vouchers under the appropriate column headings.	5		
Setting Up the Payroll Register 1. Write in column headings for check number, employee name, earnings to date, hourly rate, hours worked, regular earnings, overtime hours worked, and overtime earnings.	20		
Write in column headings for total gross earnings for the pay period and gross taxable earnings.	5		
Write in column headings for each deduction. These may include federal income tax, FICA tax, state income tax, local income tax, and various voluntary deductions.	20		

Step	Point Value	Points Achieved	Mastery
4. Write in a column heading for net earnings.	5		
Each time you write payroll checks, record earning and deduction data under the appropriate column headings on the payroll register.	5		
Time limit: 10 minutes Add Po	nts Achieved:		
Steps that require more practice:			
Instructor comments:			

Name _____ Date _____

Name	Class	Date

PROCEDURE 18.5 Generating Payroll

This procedure includes calculating regular and overtime hours worked by each employee, calculating gross earnings, computing appropriate tax deductions, making out the paychecks, and depositing deductions in a tax liability account.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Employees' time cards, employees' earnings records, payroll register, IRS tax tables, check registe

Step	Point Value	Points Achieved	Mastery
Calculate the total regular and overtime hours worked on the basis of the employee's time card. Enter totals under the appropriate headings on the payroll register.	10		
Check the pay rate on the employee earnings record. Then multiply the hours worked (including any paid vacation or paid holidays) by the rates for regular time and overtime. This yields gross earnings.	10		
Enter the gross earnings under the appropriate heading on the payroll register. Subtract any nontaxable benefits.	5		
4. Using IRS tax tables and data on the employee earnings record, determine the amount of federal income tax to withhold on the basis of the employee's marital status and number of exemptions. Compute the amount of FICA tax to withhold for Social Security and Medicare.	10		
 Following state and local procedures, determine the amount of state and local income taxes (if any) to withhold on the basis of the employee's marital status and number of exemptions. 	10		
6. Calculate the employer's contributions to FUTA and to the state unemployment fund, if any. Post these amounts to the employer's account.	10		
7. Enter any other required or voluntary deductions.	5		
8. Subtract all deductions from the gross earnings to get the employee's net earnings.	10		

Name	Class	Date
	0.000	

Step	Point Value	Points Achieved	Mastery
 Enter the total amount withheld from all employees for FICA under the headings for Social Security and Medicare. (The employer must match these amounts.) Enter other employer contributions under the appropriate headings. 	10		
10. Fill out the check stub, including the employee's name, date, pay period, gross earnings, all deductions, and net earnings. Make out the paycheck for the net earnings.	10		
11. Deposit each deduction in a tax liability account.	10		
Time limit: 10 minutes Add Points Achieved: Observer's Name: Steps that require more practice:			
Instructor comments:			

Name	Class	Date
PROCEDURE COMPETENCY C	HECKLISTS	

PROCEDURE 19.1 Aseptic Hand Washing

This procedure outlines the steps necessary to perform hand washing in order to prevent the spread of microorganisms from person to person.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Liquid soap, nailbrush or orange stick, paper towels

Step	Point Value	Points Achieved	Mastery
Remove all jewelry (wedding rings may be left on and scrubbed).	10		
Turn on the faucets using a paper towel, and adjust the water temperature to moderately warm.	10		
3. Wet your hands and apply liquid soap.	10		
4. Work the soap into a lather, making sure that all of both hands are lathered. Rub vigorously in a circular motion for 2 minutes. Keep your hands lower than your forearms so that dirty water flows into the sink instead of back onto your arms. The fingertips should be pointing down. Interlace your fingers to clean between them, and use the palm of one hand to clean the back of the other.	20		
5. Use a nailbrush or orange stick to dislodge dirt around your nails and cuticles.	20		
Rinse your hands well, keeping the hands lower than your forearms and not touching the sink or faucets.	15		
7. With the water still running, dry your hands thoroughly with clean, dry paper towels, and then turn off the faucets using a clean, dry paper towel. Discard the towels.	15		
Time limit: 10 minutes Add Poir	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name Class		Date	
PROCEDURE 19.2 Moving Sterile Items Usin	ng Transf	er Forcep	s
This procedure outlines the steps used to transfer items to a sterile fit technique.	eld while mai	ntaining a ste	rile
Complete the steps below. A scoring system has been provided for each individual procedure is 100 points. Each step within the procedure is with that step and is noted in the column "Point Value." Steps that are of a with a higher point value. Record your points for each step in the column.	veighted accor more critical	rding to the im nature have b	iportance of
Determine your mastery of each step in the procedure by assigning it $a = b$, $a = $	a score of 1 to	4 in the last o	column:
On the basis of your scores, budget time for additional practice of spec	cific steps.		
Materials: Sterile transfer forceps, forceps container with sterile sol (opened to expose the gauze), sterile supplies or equipment, Mayo			-
Step	Point Value	Points Achieved	Mastery
1. Grasp the forceps by the handles. Do not open the forceps.	10		
Lift the forceps slowly in a vertical position, letting the sterile solution run toward the tips.	15		
3. Lift the forceps out of the solution, taking care not to touch the sides of the container.	15		
 Carefully open and close the forceps to remove excess solution from them; then dry the tips by touching them to the sterile gauze in the opened packet. 	15		
Grasp the sterile supplies or instrument, pointing the forceps downward and avoiding touching the sterile container or field.	15		
Place the sterile supplies or instrument on the sterile field, well inside the imaginary 1-inch border that is considered not sterile.	20		
Place the forceps back into the forceps container, being careful to avoid touching the sides.	10		
Time limit: 10 minutes Add Poir Observer's Name:	nts Achieved:		

Observer's Name:		
Steps that require more practice: _		
Instructor comments:		

Name	Class	Date
inallic	Ciuss	Date

PROCEDURE 20.1 Wrapping and Labeling Instruments for Sterilization in the Autoclave

This procedure includes the steps for wrapping instruments in paper or fabric and in bags or envelopes.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Dry, sanitized, and disinfected instruments and equipment; wrapping material (paper, muslin, gauze, bags, envelopes); sterilization indicators; autoclave tape; labels (if wrapping does not include space for labeling); pen

Step	Point Value	Points Achieved	Mastery
For wrapping instruments and equipment in pieces of paper or fabric:			
1. Wash your hands and put on gloves.	5		
 Place a square of paper or a double thickness of muslin on the table with one point toward you. The paper or fabric must be large enough to allow all four points to cover the instruments or equipment and to provide an overlap. 	5		
3. Place each item to be wrapped in the pack in the center of the "diamond." Items that will be used together should be wrapped together. Surfaces of items should not touch, and hinged instruments should be placed in the open position. Inspect each item to make sure it is operating correctly. Wrap a small piece of paper, muslin, or gauze around delicate edges or points to protect against damage.	5		
Place a sterilization indicator inside the pack, and position it according to the manufacturer's guidelines.	5		
 Fold the bottom point of the diamond up and over the instruments and in to the center. Fold back a small portion of the point to use later as a handle to open the sterile pack. 	5		
6. Fold the right point of the diamond in to the center. Again, fold back a small portion of the point to be used later as a handle.	5		
7. Fold the left point of the diamond in to the center, folding back a small portion to form a handle. The pack should resemble an open envelope.	5		

Name	Class	Date

Step	Point Value	Points Achieved	Mastery
8. Grasp the bottom of the "envelope" that holds the covered instruments, and fold this portion up, toward the top point. Fold the top point down over the pack, making sure the pack is snug but not too tight.	5		
Secure the pack with autoclave tape. A quick-opening tab can be created by folding a small portion of the tape back onto itself.	5		
 Label the pack with your initials and the date. List the contents of the pack. If the pack contains syringes, identify their sizes. 	10		
11. Put the pack aside for loading into the autoclave.	5		
12. Remove gloves, dispose of them in the proper waste container, and wash your hands.	5		
For wrapping instruments and equipment in bags or envelopes:			
Wash your hands and put on gloves.	5		
 Insert the items into the bag or envelope, as indicated by the manufacturer's directions. Hinged instruments should be opened before insertion. Needles may need to be inserted into special holders before being placed inside the bag or envelope. 	5		
Close and seal the pack. Make sure the sterilization indicator is not damaged or already exposed.	5		
Label the pack with your initials and the date. List the contents of the pack. If the pack contains syringes, identify their sizes.	10		
5. Put the pack aside for loading into the autoclave.	5		
Remove gloves, dispose of them in the proper waste container, and wash your hands.	5		
Time limit: 10 minutes Add Poir	nts Achieved	l:	
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class	Date

PROCEDURE 20.2 Running a Load Through the Autoclave

This procedure includes the steps for loading, running, and unloading an autoclave.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Dry, sanitized, and disinfected instruments and equipment, both individual pieces and packs; oven mitts; sterile transfer forceps; storage containers for individual items

Step	Point Value	Points Achieved	Mastery
1. Wash your hands and put on gloves.	5		
Place packs on their edges, and place jars and containers on their sides in the autoclave.	10		
Place lids for jars and containers with their sterile sides down.	10		
If the load includes plastic items, make sure no other items lean against them.	5		
 If your load contains both wrapped packs and individual instruments, place the tray containing the instruments below the tray containing the wrapped packs. 	5		
6. Close the door and start the unit.	5		
7. Start the timer when the indicators show the recommended temperature and pressure.	5		
8. After the end of the steam cycle and just before the start of the drying cycle, open the autoclave door between ¼ and ½ inch.	5		
Dry according to manufacturer recommendations.	5		
10. Unload the autoclave after the drying cycle is finished.	5		
11. Unload each package carefully. Wear oven mitts to protect yourself from burns when removing wrapped packs. Use sterile transfer forceps to unload unwrapped individual objects.	5		
12. Inspect each package or item, looking for moisture on the wrapping, underexposed sterilization indicators, and tears in the wrapping. Consider the pack unsterile if any of these conditions are present.	10		

Nicona	Clara.	D. L.
Name	Class	Date

Step	Point Value	Points Achieved	Mastery
13. Place sterile packs aside for transfer to storage.	5		
14. Place individual items that are not required to be sterile in clean containers.	5		
15. Place items that must remain sterile in sterile containers. Close container covers tightly.	5		
16. As you unload items, avoid placing them in an overly cool location.	5		
17. Remove gloves, dispose of them in the proper waste container, and wash your hands.	5		
Time limit: 10 minutes Add Poi Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name Class Date	Name	Class	Date
-----------------	------	-------	------

PROCEDURE 21.1 Applying Universal Precautions

This procedure includes performing aseptic hand washing, donning personal protective equipment, and following OSHA guidelines for cleaning treatment areas and reusable instruments.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Items needed for the specific treatment or procedure being performed.

	Point	Points		
Step	Value	Achieved	Mastery	
1. Perform aseptic hand washing.	10			
Put on gloves and a gown or a laboratory coat and, if required, eye protection and a mask or a face shield.	20			
Assist with the treatment or procedure as your office policy dictates.	10			
Follow OSHA procedures to clean and decontaminate the treatment area.	20			
5. Place reusable instruments in appropriate containers for sanitizing, disinfecting, and sterilizing, as appropriate.				
6. Remove your gloves and all personal protective equipment. Place them in waste containers or laundry receptacles, according to OSHA guidelines.				
7. Wash your hands.	10			
Time limit: 10 minutes Add Points Achieved: Observer's Name:				
Steps that require more practice:				
Instructor comments:				

Nicona	Clara.	D. L.
Name	Class	Date

PROCEDURE 21.2 Notifying State and County Agencies About Reportable Diseases

This procedure outlines the steps that must be taken when notifying appropriate agencies about reportable diseases.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Communicable disease report form, pen, envelope, stamp

Step	Point Value	Points Achieved	Mastery
1. Check to be sure you have the correct form.	25		
2. Fill in all blank areas unless they are shaded.	25		
3. Follow office procedures for submitting the report to a supervisor or physician before sending it out.	25		
Sign and date the form. Address the envelope, put a stamp on it, and place it in the mail.	25		
Time limit: 10 minutes Add Po	oints Achieved	:	
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class		Date	
PROCEDURE COMPETE	NCY CHECKLIS	STS		
PROCEDURE 22.1 Guidelin Room Surfaces	es for Disinfecting	g Examin	nation	
This procedure outlines the steps for decor and disinfecting the surfaces after patient ϵ			ding removinន្	g visible soil
Complete the steps that follow. A scoring sy ndividual procedure is 100 points. Each ste hat step and is noted in the column "Point vith a higher point value. Record your poin	ep within the procedure is w Value." Steps that are of a	veighted accor more critical	ding to the im nature have b	portance of
Determine your mastery of each step in the $t=1$ poor, $t=1$ = $t=1$		score of 1 to	4 in the last c	olumn:
On the basis of your scores, budget time for	additional practice of speci	ific steps.		
Materials: Utility gloves, disinfectant (10% owels, dustpan and brush, tongs, forceps		-	nfecting produ	ıct), paper
Step		Point Value	Points Achieved	Mastery
1. Wash your hands and put on utility of	gloves.	10		
 Wash your hands and put on utility g Remove any visible soil from examine with disposable paper towels or a range. 	nation room surfaces	10 15		
2. Remove any visible soil from examin	nation room surfaces g.			
Remove any visible soil from examine with disposable paper towels or a range.	nation room surfaces g. e disinfectant. a broken glass	15		
 Remove any visible soil from examin with disposable paper towels or a ra Thoroughly wipe all surfaces with th In the event of an accident involving container, use tongs, a dustpan and 	e disinfectant. a broken glass brush, or forceps rings on equipment if be become contaminated.	15 15		
 Remove any visible soil from examin with disposable paper towels or a ra Thoroughly wipe all surfaces with th In the event of an accident involving container, use tongs, a dustpan and to pick up the shattered glass. Remove and replace protective cove the equipment or the coverings have After removing the coverings, disinfern 	e disinfectant. a broken glass brush, or forceps rings on equipment if be become contaminated. ect the equipment and	15 15 10		
 Remove any visible soil from examin with disposable paper towels or a ra Thoroughly wipe all surfaces with th In the event of an accident involving container, use tongs, a dustpan and to pick up the shattered glass. Remove and replace protective cove the equipment or the coverings have After removing the coverings, disinfeallow it to air-dry. When you finish cleaning, dispose or 	e disinfectant. a broken glass brush, or forceps rings on equipment if become contaminated. ect the equipment and f the paper towels eptacle.	15 15 10		

Time limit: 10 minutes	Add Points Achieved:
Observer's Name:	
Steps that require more practice:	
Instructor comments:	

	Name	Class	Date
--	------	-------	------

PROCEDURE 22.2 Making the Examination Room Safe for Patients With Visual Impairments

This procedure includes the steps necessary for ensuring a safe examination room for visually impaired patients. These steps include clearing obstacles, providing adequate lighting, and arranging patient supplies so that they are more easily visible.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Reflective tape, if needed

Step	Point Value	Points Achieved	Mastery
Make sure the hallway leading to the examination room is clear of obstacles.	15		
Increase the amount of lighting in the room. Adjust the shades on any windows in the room to allow for maximum natural light. Turn on all lights, especially those under cabinets, to dispel shadows.	10		
3. Clear a path along which the patient can walk through the room. Make sure the chairs are out of the way. Move the scale out of the path. Place the step stool for the examining table right up against the table.	15		
4. Make sure the floor is not slippery.	10		
5. Remove furniture that might be easily tipped over. Push the examination chair out of the way.	10		
6. Provide a sturdy chair with arms and a straight back to make it easier for the patient to sit down and stand up.	10		
7. Apply a wide strip of reflective tape to the examining-table step to make it visible for all patients. If your office uses a step stool instead of a step, make sure the tape on the stool is facing out.	10		
8. Alert the patient to protruding equipment or furnishings.	10		

Name	Class		Date	
Step		Point Value	Points Achieved	Mastery
 Arrange the supplies for the patient with the foll guideline in mind: It is easier to see light objects dark objects or dark objects against light objects objects against light objects or dark objects again dark objects. 	against than light	10		
Time limit: 10 minutes	Add Poi	nts Achieved:		
Observer's Name:				
Steps that require more practice:				
Instructor comments:				

Name Clas	ss Date)
-----------	---------	---

PROCEDURE 36.1 Using Critical Thinking Skills During an Interview

This procedure outlines the steps necessary to deal with different types of patient situations, including gaining the underlying meaning, dealing with an angry patient, and gathering symptom information about a child.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Patient chart, pen with black ink

Step	Point Value	Points Achieved	Mastery
Example 1: Getting at an Underlying Meaning 1. A female patient with type 2 diabetes has recently started insulin injections and has come in for a follow-up visit.	10		
Ask an open-ended question to get her to explain her condition in her own words: "How are you managing your diabetes?"	10		
3. The patient says that she "just can't get used to the whole idea of injections."	10		
4. Mirror her response with a statement such as, "You seem to be having some difficulty in giving yourself injections." Encourage her to tell you the specific part of the procedure that is giving her trouble.	10		
5. After determining the specific problem, address it or note it in the patient's chart for the doctor's attention.	5		
Example 2: Dealing With a Potentially Violent Patient 1. While interviewing a new, agitated, 24-year-old male patient, you ask the reason for his visit.	5		
He says that he does not want to talk to "some assistant" about the problem. He wants to see the doctor.	5		
3. Explain that you will not ask about his symptoms but you need him to answer a few questions so the doctor can better help him. (The patient has the right to refuse to answer any questions.)	5		
The patient yells that he wants to see the doctor, not "answer stupid questions."	5		

Name	Class	Date	

Step	Point Value	Points Achieved	Mastery	
Realize that because this patient may become violent, you should not try to handle him by yourself.	5			
6. Request help from another staff member.	5			
Example 3: Gathering Symptom Information About a Child 1. A parent brings in a 6-year-old boy who is complaining of stomach pain.	5			
 Gather information directly from the child by asking various types of questions. For example, "Can you tell me about the pain?" "Can you tell me exactly where it hurts?" 	5			
To confirm the child's answers, ask the parent to answer 5 similar questions.				
4. Ask the parent additional open-ended questions, along with more specific, follow-up questions. For example, "How long has he had the pain?" and "Is the pain related to any specific event, such as going to school?"	5			
Ask the child to confirm the parent's answers and perhaps provide additional information.	5			
Time limit: 10 minutes Observer's Name: Steps that require more practice: Instructor comments:				

	Name	Class	Date
--	------	-------	------

PROCEDURE 37.1 Taking the Blood Pressure of Adults and Older Children

This procedure includes ensuring the patient's comfort, selecting the appropriate cuff size, obtaining an accurate blood pressure, and documenting that pressure.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Aneroid or mercury sphygmomanometer, stethoscope, alcohol gauze squares, patient's chart, and black pen.

Step	Point Value	Points Achieved	Mastery
Gather the equipment and make sure the sphygmo- manometer is in working order and is correctly calibrated.	5		
2. Identify the patient and introduce yourself.	5		
3. Wash your hands and explain the procedure to the patient.	5		
4. Have the patient sit in a quiet area. If she is wearing long-sleeved clothing, have her loosely roll up one sleeve. If she cannot, have her change into a gown. (A sleeve that is tightly rolled up may restrict the blood flow and give inaccurate readings. The cuff should not be placed over clothing for the same reason.)	2		
Have the patient rest her bared arm on a flat surface so that the midpoint of the upper arm is at the same level as the heart.	2		
6. Select a cuff that is the appropriate size for the patient. The bladder inside the cuff should encircle 80% of the arm in adults and 100% of the arm in children under the age of 13. If you are not sure about the size, use a larger cuff.	5		
7. Locate the brachial artery in the antecubital space.	5		
8. Position the cuff so that the midline of the bladder is above the arterial pulsation. Then wrap and secure the cuff snugly around the patient's bare upper arm. The lower edge of the cuff should be 1 inch above the antecubital space, where the head of the stethoscope is to be placed.	5		

Name	Class	Date
Name	Ciass	Date

Step	Point Value	Points Achieved	Mastery
 Place the manometer so that the center of the aneroid dial or mercury column is at eye level and easily visible and so that the tubing from the cuff is unobstructed. 	5		
10. Close the valve of the pressure bulb until it is finger-tight.	2		
11. Inflate the cuff rapidly to 70 mm Hg with one hand, and increase this pressure by 10 mm Hg increments while palpating the radial pulse with your other hand. Note the level of pressure at which the pulse disappears and subsequently reappears during deflation. This procedure, the palpatory method, provides a necessary preliminary approximation of the systolic blood pressure to ensure an adequate level of inflation when the actual auscultatory measurement is made.	5		
12. Open the valve to release the pressure, deflate the cuff completely, and wait 30 seconds. (If you do not deflate the cuff completely and wait, blood may pool in the artery and give a falsely high reading.)	2		
13. Place the earpieces of the stethoscope in your ear canals, and adjust them to fit snugly and comfortably. When placed in the ears, they should point up or toward the nose. Switch the stethoscope head to the diaphragm position. Confirm the setting by listening as you tap the stethoscope head gently.	2		
14. Place the head of the stethoscope over the brachial artery pulsation, just above and medial to the antecubital space but below the lower edge of the cuff. Hold the stethoscope firmly in place between the index and middle fingers, making sure the head is in contact with the skin around its entire circumference. (Do not hold the stethoscope with the thumb, because the pulse of your thumb can interfere with the reading.)	5		
15. Inflate the bladder rapidly and steadily to a pressure 20 to 30 mm Hg above the level previously determined by palpation. Then partially open (unscrew) the valve, and deflate the bladder at 2 mm per second while you listen for the appearance of the Korotkoff sounds.	5		
16. As the pressure in the bladder falls, note the level of pressure on the manometer at the first appearance of repetitive sounds. This reading is the systolic pressure.	10		
17. Continue to deflate the cuff gradually, noting the point at which the sound changes from strong to muffled.	5		
18. Continue to deflate the cuff, and note when the sound disappears. This reading is the diastolic pressure.	10		

Name	Class	Date

Step	Point Value	Points Achieved	Mastery
Deflate the cuff completely, and remove it from the patient's arm.	2		
20. Record the three numbers, separated by slashes, in the patient's chart. (This value is an exact measurement of the auscultated blood pressure, meaning that it was determined by listening with a stethoscope.) Remember to indicate the date and time of the measurement, the arm on which the measurement was made, the subject's position, and the cuff size when a nonstandard size is used.	5		
21. Fold the cuff and replace it in the holder.	2		
22. Inform the patient that you have completed the procedure.	2		
23. Disinfect the earpieces and diaphragm of the stethoscope with gauze squares moistened with alcohol.	2		
24. Properly dispose of the used gauze squares and wash your hands.	2		
Time limit: 10 minutes Add Poi Observer's Name: Steps that require more practice:			
Instructor comments:			

Name Class	Date	
------------	------	--

PROCEDURE 37.2 Measuring Adults and Children

This procedure includes measuring the weight and height of children and adults.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: For an adult or older child, adult scale with height bar, disposable towel; for toddler, adult scale with height bar or height chart, disposable towel

Step	Point Value	Points Achieved	Mastery
	value	Acilieved	iviastery
Adult or Older Child: Weight			
Identify the patient and introduce yourself.	2		
2. Wash your hands and explain the procedure to the patient.	3		
3. Check to see whether the scale is in balance by moving all the weights to the left side. The indicator should be level with the middle mark. If not, check the manufacturer's directions and adjust it to ensure a zero balance. If you are using a scale equipped to measure either kilograms or pounds, check to see that it is set on the desired units and that the upper and lower weights show the same units.	7		
4. Place a disposable towel on the scale.	1		
5. Ask the patient to remove her shoes, if that is the standard office policy. (Use the same procedure for all visits for consistency.)	1		
Ask the patient to step on the center of the scale, facing forward. Assist as necessary.	1		
7. Place the lower weight at the highest number that does not cause the balance indicator to drop to the bottom.	4		
8. Move the upper weight slowly to the right until the balance bar is centered at the middle mark, adjusting as necessary.	4		
9. Add the two weights together to get the patient's weight.	4		
10. Record the patient's weight in the chart to the nearest quarter of a pound or tenth of a kilogram.	4		
11. Return the weights to their starting positions on the left side.	1		

Name	Class	Date
Naille	Class	Date

Step	Point Value	Points Achieved	Mastery
Adult or Older Child: Height 12. With the patient off the scale, raise the height bar well above the patient's head and swing out the extension.	5		
13. Ask the patient to step on the center of the scale and to stand up straight and look forward.	4		
14. Gently lower the height bar until the extension rests on the patient's head.	5		
15. Have the patient step off the scale before reading the measurement.	4		
16. If the patient is fewer than 50 inches tall, read the height on the bottom part of the ruler; if the patient is more than 50 inches tall, read the height on the top movable part of the ruler at the point at which it meets the bottom part of the ruler. Note that the numbers increase on the bottom part of the bar and decrease on the top, moveable part of the bar. Read the height in the right direction.	5		
17. Record the patient's height.	5		
18. Have the patient put her shoes back on, if necessary.	4		
19. Properly dispose of the used towel and wash your hands.	4		
Toddler: Weight 1. Identify the patient and obtain permission from the parent to weigh the toddler.	2		
2. Wash your hands and explain the procedure to the parent.	3		
3. Check to see whether the scale is in balance, and place a disposable towel on the scale.	7		
4. Ask the parent to hold the patient and to step on the scale. Follow the procedure for obtaining the weight of an adult.	1		
Have the parent put the child down or hand the child to another staff member.	1		
6. Obtain the parent's weight.	1		
7. Subtract the parent's weight from the combined weight to determine the weight of the child.	4		
8. Record the patient's weight in the chart to the nearest quarter of a pound or tenth of a kilogram.	4		

Name	Class		Date	
Step		Point Value	Points Achieved	Mastery
Toddler: Height				
Measure the child's height in the same manne measure adult height, or have the child stand against the height chart. Measure height at the of the head.	with his back	4		
10. Record the height in the patient's chart.		4		
11. Properly dispose of the used towel and wash	your hands.	1		
Time limit: 10 minutes Add Points Achieved: Observer's Name:				
Steps that require more practice:				
Instructor comments:				

Name	Class	Date	

PROCEDURE 37.3 Measuring Infants

This procedure includes measuring the weight, length, and head circumference of infants.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Pediatric examination table or infant scale, cardboard, pencil, yardstick, tape measure, disposable towel

Step	Point Value	Points Achieved	Mastery
Weight 1. Identify the patient and obtain permission from the parent to weigh the infant.	4		
2. Wash your hands and explain the procedure to the parent.	5		
Ask the parent to undress the infant. (The infant's clothing and diaper can affect the results.)	5		
Check to see whether the infant scale is in balance, and place a disposable towel on it.	8		
5. Have the parent place the child face up on the scale (or on the examination table if the scale is built into it). Keep one hand over the infant at all times to prevent a fall. (When weighing a male infant, it is a good idea to hold a diaper over his penis to catch any urine the infant might void.)	5		
6. Place the lower weight at the highest number that does not cause the balance indicator to drop to the bottom.	5		
7. Move the upper weight slowly to the right until the balance bar is centered at the middle mark, adjusting as necessary.	5		
8. Add the two weights together to get the infant's weight.	5		
9. Record the infant's weight in the chart in pounds and ounces or to the nearest tenth of a kilogram.	5		
10. Return the weights to their starting positions on the left side.	5		

Name	Class	Date
Name	Ciass	Date

Step	Point Value	Points Achieved	Mastery
Length: Scale With Length (Height) Bar 11. If the scale has a height bar, move the infant toward the head of the scale or examination table until her head touches the bar.	5		
12. Have the parent hold the infant by the shoulders in this position.	4		
13. Holding the infant's ankles, gently extend the legs and slide the bottom bar to touch the soles of the feet.	5		
14. Note the length and release the infant's ankles.	5		
15. Record the length in the patient's chart.	5		
Length: Scale or Examination Table Without Length (Height) Bar 11. If neither the scale nor the examination table has a height bar, have the parent position the infant close to the head of the examination table and hold the infant by the shoulders in this position.	5		
12. Place a stiff piece of cardboard against the crown of the infant's head, and mark a line on the towel or paper, or hold a yardstick against the cardboard.	4		
13. Holding the infant's ankles, gently extend the legs and draw a line on the towel or paper to mark the heel, or note the measure on the yardstick.	5		
14. Release the infant's ankles and measure the distance between the two markings on the towel or paper using the yardstick or a tape measure.	5		
15. Record the length in the patient's chart.	5		
Head Circumference Measurement of head circumference may be performed at the same time as weight and length, or it may be part of the general physical examination. 16. With the infant in a sitting or supine position, place the tape measure around the infant's head at the forehead. 17. Adjust the tape so that it surrounds the infant's head at its	5		
largest circumference. 18. Overlap the ends of the tape, and read the measure at the point of overlap.	5		

Step	Points Value	Achieved	Mastery
Remove the tape, and record the circumference in the patient's chart.	5		
20. Properly dispose of the used towel and wash your hands.	4		
Time limit: 10 minutes Add Poi	nte Achieved:		
			_
Observer's Name:			
Steps that require more practice:			
· · · · · ·			
h 			
Instructor comments:			

Name	Class	Date
Name	Ciass	Date

PROCEDURE COMPETENCY CHECKLISTS

PROCEDURE 38.1 Positioning the Patient for an Examination

This procedure includes the steps necessary for placing the patient in the appropriate position for specific examinations.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Adjustable examination table or gynecologic table, step stool, examination gown, drape

Step	Point Value	Points Achieved	Mastery
Identify the patient and introduce yourself.	10		
2. Wash your hands.	10		
3. Explain the procedure to the patient.	10		
4. Provide a gown or drape if the physician has requested one, and instruct the patient in the proper way to wear it. Allow the patient privacy for disrobing, and assist if requested.	10		
5. Explain to the patient the necessary examination and the position required.	10		
6. As the patient to step on the stool or the pullout step of the examination table. If necessary, assist the patient onto the examination table.	10		
 7. Assist the patient into the required position: a. Sitting. Do not use for patients who cannot sit unsupported b. Supine (Recumbent). Do not use for patients with back injury, low-back pain, or difficulty breathing. Place a pillow or other support under the head and knees for comfort. c. Dorsal Recumbent. This position may be difficult for someone with leg disabilities. It may be used for patients who find the lithotomy position difficult. d. Lithotomy. This position is used to exam the female genitalia, with the patient's feet placed in stirrups. Assist as necessary. The patient's buttocks should be near the edge of the table. Drape the client with a large drape to help prevent embarrassment. 	10		

Name	Class	Date

Step	Point Value	Points Achieved	Mastery
e. Trendelenburg. In this supine position, the patient's head is lower than the feet. This position is used infrequently in the physician's office but may be necessary for low blood pressure or shock.			
f. Fowler's. Adjust the head of the table to the desired angle. Help the patient move toward the head of the table until the patient's buttocks meet the point at which the head of the table begins to incline upward (Figures 38-2 and 38-3 in the student textbook).			
g. Prone. In this position, the patient lies face down. Do not use for patients in later stages of pregnancy, obese patients, patients with respiratory difficulty, or certain elderly patients.			
h. Sims'. In this position, the patient lies on the left side with the left leg slightly bent and the left arm behind the back. The right knee is bent and raised toward the chest, and right arm is bent toward the head. This position may be difficult for patients with joint deformities.			
 i. Knee-Chest. This position is difficult for patients to assume. The patient is face down, supporting the weight on the knees and chest or an alternative knee-elbow position. Keep the patient in this position for the shortest amount of time possible. The position is used for rectal and perineal exams. j. Proctologic. This position is also used for rectal and perineal exams. A patient assumes this position by bending over the exam table with the chest resting on the table. 			
Drape the client to prevent exposure and avoid embarrassment. Place pillows for comfort as needed.	10		
9. Adjust the drapes during the examination.	10		
Upon completion of the examination, assist the client as necessary out of the position and provide privacy as the client dresses.	10		
Time limit: 10 minutes Add Poi	nts Achieved	:	
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class	Date

PROCEDURE 38.2 Communicating Effectively With Patients From Other Cultures and Meeting Their Needs for Privacy

This procedure includes effective communication, the use of a translator, and ensuring privacy for patients from other cultures.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Examination gown, drapes

Step	Point Value	Points Achieved	Mastery
Effective Communication 1. When it is necessary to use a translator, direct conversation or instruction to the translator.	10		
Direct demonstrations of what to do, such as putting on an examination gown, to the patient.	10		
Confirm with the translator that the patient has understood the instruction or demonstration.	10		
Allow the translator to be present during the examination if that is the patient's preference.	5		
If the patient understands some English, speak slowly, use simple language, and demonstrate instructions whenever possible.	10		
Meeting the Need for Privacy 1. Before the procedure, thoroughly explain to the patient or translator the reason for disrobing. Indicate that you will allow the patient privacy and ample time to undress.	10		
If the patient is reluctant, say that the physician respects the need for privacy and will look at only what is necessary for the examination.	10		
Provide extra drapes if you think doing so will make the patient feel more comfortable.	5		
 If the patient is still reluctant, discuss the problem with the physician; the physician may be able to negotiate a compromise with the patient. 	10		

Name	Class		Date	
Step		Point Value	Points Achieved	Mastery
During the procedure, ensure that the patie only as much as necessary.	ent is undraped	10		
6. Whenever possible, minimize the amount of patient remains undraped.	of time the	10		
Time limit: 10 minutes	Add Poir	nts Achieved:		
Observer's Name:				
Steps that require more practice:				
Instructor comments:				

Name ___

Name	Class	Date
inallic	Ciuss	Date

PROCEDURE 38.3 Transferring a Patient in a Wheelchair and Preparing for an Examination

This procedure includes preparation before a transfer and transferring a patient with or without assistance.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Adjustable examination table or gynecologic table, step stool (optional), examination gown, drape

Step	Point Value	Points Achieved	Mastery
Preparation Before Transfer			
1. Identify the patient and introduce yourself.	10		
2. Wash your hands.	5		
3. Explain the procedure in detail.	5		
4. Position the wheelchair at a right angle to the end of the examination table.	5		
Lock the wheels of the wheelchair to prevent the wheelchair from moving during the transfer.	10		
6. Lift the patient's feet and fold back the foot and leg supports of the wheelchair.	5		
 Place the patient's feet on the floor, and ensure that the patient will not slip on the floor. Place your feet in front of the patient's feet to prevent slipping. 	5		
8. If needed, place a step stool in front of the table, and place the patient's feet flat on the stool.	5		
Transferring a Patient by Yourself 9. Face the patient, spread your feet apart, align your knees with the patient's knees, and bend your knees slightly.	10		
10. Have the patient hold on to your shoulders.	5		
11. Place your arms around the patient, under the patient's arms.	5		
12. Tell the patient that you will lift on the count of 3, and ask the patient to support as much of her own weight as possible.	5		

Name	Class	Date

Step	Point Value	Points Achieved	Mastery
13. At the count of 3, lift the patient.	5		
14. Pivot the patient to bring the back of the patient's knees against the table.	5		
15. Gently lower the patient into a sitting or supine position on the table.	5		
16. Move the wheelchair out of the way.	5		
17. Assist the patient with disrobing as necessary, providing a gown and drape.	5		
Transferring a Patient With Assistance			
 Both you and your partner face the patient. Spread your feet apart, positioning yourselves so that one knee of each of you is aligned with the patient's knees, and bend your knees slightly. 	10		
Have the patient place one hand on a shoulder of each of you and hold on.	5		
11. Each of you places your outermost arm around the patient, one under each of the patient's arms. Interlock your wrists.	5		
12. Tell the patient that you will lift on the count of 3, and ask the patient to support as much of his own weight as possible.	5		
13. At the count of 3, together, lift the patient.	5		
14. The stronger of the two of you should pivot the patient to bring the back of the patient's knees against the table.	5		
15. Working together, gently lower the patient into a sitting or supine position on the table.	5		
16. Move the wheelchair out of the way.	5		
17. Assist the patient with disrobing as necessary, providing a gown and drape.	5		
Time limit: 10 minutes Add Po	ints Achieved	l:	
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class	Date
Name	Ciass	Date

PROCEDURE 38.4 Meeting the Needs of the Pregnant Patient During an Examination

This procedure includes providing patient information and ensuring comfort during an examination.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Patient education materials, examination or gynecologic table, examination gown, drape

Step	Point Value	Points Achieved	Mastery
Providing Patient Information			
Identify the patient and introduce yourself.	20		
Assess the patient's need for education by asking appropriate questions.	20		
3. Provide any appropriate instructions or materials.	20		
 Ask the patient whether she has any special concerns or questions about her pregnancy that she might want to discuss with the physician. 	20		
Communicate the patient's concerns or questions to the physician; include all pertinent background information on the patient.	20		
Ensuring Comfort During the Examination			
1. Identify the patient and introduce yourself.	5		
2. Wash your hands.	5		
3. Explain the procedure to the patient.	5		
Provide a gown or drape, and instruct the patient in the proper way to wear it after disrobing.	10		
5. Ask the patient to step on the stool or the pullout step of the examination table.	5		
6. Assist the patient onto the examination table.	10		
7. Help the patient into the position requested by the physician.	10		
8. Provide and adjust additional drapes as needed.	10		
9. Keep in mind any difficulties the patient may have in achieving a certain position; suggest alternatives.	10		

Name (Class		Date	
Step		Point Value	Points Achieved	Mastery
10. Minimize the time the patient must spend in unco	mfortable	10		
11. If the patient appears uncomfortable during the pask whether she would like to reposition herself obreak; assist as necessary.		10		
12. Allow the patient time to adjust to sitting before supafter she has been lying on the examination ta		10		
Time limit: 10 minutes Observer's Name: Steps that require more practice:				
Instructor comments:				

Name Class Date

PROCEDURE COMPETENCY CHECKLISTS

PROCEDURE 39.1 Performing Vision Screening Tests

This procedure includes the steps for performing screening tests for distance vision, near vision, contrast sensitivity, and color vision.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Occluder or card, alcohol, gauze squares, appropriate vision charts to test for distance vision, near vision, contrast sensitivity, and color blindness

Step	Point Value	Points Achieved	Mastery
Distance Vision			
 Wash your hands, identify the patient, introduce yourself, and explain the procedure. 	5		
2. Mount one of the following eye charts at eye level: Snellen letter or similar chart (for patients who can read); Snellen E, Landolt C, pictorial, or similar chart (for patients who cannot read). If using the Snellen letter chart, verify that the patient knows the letters of the alphabet. With children or nonreading adults, use demonstration cards to verify that they can identify the pictures or direction of the letters.	5		
3. Make a mark on the floor 20 ft from the chart.	5		
 Have the patient stand with his heels at the 20-ft mark or sit with the back of the chair at the mark. 	5		
Instruct the patient to keep both eyes open and not to squint or lean forward during the test.	5		
6. Test both eyes first, then the right eye, and then the left eye.	5		
7. Have the patient read the lines on the chart (or identify the picture/direction), starting with the 20-mm line. If the patient cannot read this line, start with the smallest line the patient can read.	10		
8. Note the smallest line the patient can read or identify.	5		
9. Record the results as a fraction (for example, O.U. 20/40 -1 if the patient misses one letter on a line).	5		

Step	Point Value	Points Achieved	Mastery
10. Show the patient how to cover the left eye with the occlud or card. Again instruct the patient to keep both eyes oper and not to squint or lean forward during the test.			
11. Have the patient read the lines on the chart.	5		
12. Record the results of the right eye (for example, O.D. 20/3	0). 5		
13. Have the patient cover the right eye and read the lines or the chart.	n 5		
14. Record the results of the left eye (for example, O.S. 20/20). 5		
15. If the patient wears corrective lenses, record the results usi \overline{cc} in front of the results (for example, \overline{cc} O.U. 20/20).	ng 5		
16. Note and record any observations of squinting, head tilting or excessive blinking or tearing.	ng, 5		
17. Ask the patient to keep both eyes open and to identify the two colored bars. Record the results in the patient's chart			
18. Clean the occluder with a gauze square dampened with alcohol.	5		
19. Properly dispose of the gauze square; wash your hands.	5		
Near Vision 1. Wash your hands, identify the patient, introduce yourself and explain the procedure.	, 10		
Have the patient hold one of the following at normal reading distance (approximately 14 to 16 inches): Jaeger, Richmond pocket, or similar chart or card.	, 20		
3. Ask the patient to keep both eyes open and to read or identify the letters, symbols, or paragraphs.	20		
4. Record the smallest line read without error.	20		
Clean laminated cards with a gauze square dampened with alcohol.	20		
6. Properly dispose of the gauze square; wash your hands.	10		
Contrast Sensitivity 1. Wash your hands, identify the patient, introduce yourself and explain the procedure.	5, 5		
Mount a contrast sensitivity chart at eye level. (The following steps apply to the use of the Vistech Consultants vision contrast test system.)	5		
3. Make a mark on the floor 10 ft from the chart.	5		

Jame	Class	Date

Step	Point Value	Points Achieved	Mastery
Have the patient stand with his heels at the mark or sit with the back of the chair at the mark.	5		
5. Test both eyes first.	10		
6. Beginning with circle A1, have the patient identify the direction of the stripes in each circle in row A: left, right, up and down, or blank.	10		
7. In column A on the answer grid that accompanies the chart, mark the point for the last circle for which the patient can correctly identify the direction of the stripes.	10		
8. Repeat steps 6 and 7 for rows B through E.	10		
9. Have the patient cover his left eye with an occluder or card, and repeat steps 6 through 8 for the right eye.	10		
10. Have the patient cover his right eye, and repeat steps 6 through 8 for the left eye.	10		
11. Clean the occluder or card with a gauze square dipped in alcohol.	10		
12. Properly dispose of the gauze square; wash your hands.	10		
Color Vision 1. Wash your hands, identify the patient, introduce yourself, and explain the procedure.	10		
Hold one of the following color charts or books at the patient's normal reading distance: Ishihara, Richmond pseudoisochromatic, or similar color-testing system.	20		
Ask the patient to tell you the number or symbol within the colored dots on each chart or page.	20		
4. Proceed through all the charts or pages.	10		
5. Record the number correctly identified and failed with a slash between them (for example, 13 passed/1 failed).	20		
Clean laminated charts with a gauze square dampened with alcohol.	10		
7. Properly dispose of the gauze square; wash your hands.	10		
Time limit: 10 minutes Add Poin	its Achieved	:	
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class	Date
INdille	Class	Date

PROCEDURE 39.2 Administering Eye Medications

This procedure includes the steps for administering eyedrops, creams, and ointments using sterile technique.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Medication (drops, cream, or ointment), tissues, eye patch (if applicable)

Step	Point Value	Points Achieved	Mastery
Identify the patient, introduce yourself, and explain the procedure.	4		
 Review the doctor's medication order, which should include the patient's name, drug name, concentration, number of drops, into which eye(s) the medication is to be administered, and the frequency of administration. 	ude 5		
3. Compare the drug with the medication order three time	s. 5		
Ask whether the patient has any known allergies to eye medications.	5		
5. Wash your hands and put on gloves.	4		
6. Assemble supplies.	4		
7. Ask the patient to lie down or to sit back in a chair with head tilted back.	the 4		
Give the patient a tissue to blot excess medication as needed.	4		
9. Remove an eye patch, if present.	4		
10. Ask the patient to look at the ceiling and to keep both ey open during the procedure.	res 4		
11. With a tissue, gently pull the lower eyelid down by pres downward on the patient's cheekbone just below the ey with your nondominant hand.			
Eyedrops			
 Rest your dominant hand on the patient's forehead, and hold the filled eyedropper or bottle about ½ inch from the conjunctiva. 			
13. Drop the prescribed number of drops into the pocket of space between the lower eyelid and the eye.	4		

Name	Class	Date	

Step	Point Value	Points Achieved	Mastery
Creams or Ointments 12. Rest your dominant hand on the patient's forehead, and hold the tube or applicator above the conjunctiva.	4		
13. Evenly apply a thin ribbon of cream or ointment along the inside edge of the lower eyelid on the conjunctiva, working from the medial (inner) to the lateral (outer) side.	4		
All Medications 14. Release the lower lid and tell the patient to gently close the eyes.	4		
15. Repeat the procedure for the other eye as necessary.	4		
16. Remove any excess medication by wiping each eyelid gently with a fresh tissue, from the medial to the lateral side.	4		
17. Apply a clean eye patch to cover the entire eye as necessary.	4		
18. Ask whether the patient felt any discomfort, and observe for adverse reactions. Notify the doctor as necessary.	4		
19. Instruct the patient on how to administer the medication and apply the patch as necessary.	4		
20. Ask the patient to repeat the instructions.	4		
21. Provide written instructions.	4		
22. Properly dispose of used disposable materials.	4		
23. Remove the gloves and wash your hands.	4		
24. Document administration in the patient's chart. Include the drug, concentration, number of drops, time of administration, and which eye(s) received the medication.	5		
Time limit: 10 minutes Add Poir	nts Achieved	l:	
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

	01	n .
Name	Class	Date

PROCEDURE 39.3 Performing Eye Irrigation

This procedure includes reviewing the physician's order, choosing the ordered solution, irrigating the eye using sterile technique, and documenting the procedure.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Sterile irrigating solution, sterile basin, sterile irrigating syringe, kidney-shaped basin, tissues

Step	Point Value	Points Achieved	Mastery
Identify the patient, introduce yourself, and explain the procedure.	5		
Review the physician's order, which should include the patient's name, irrigating solution, volume of solution, and for which eye(s) the irrigation is to be performed.	10		
3. Compare the solution with the instructions three times.	15		
4. Wash your hands and put on gloves, a gown, and a face shield.	5		
5. Assemble supplies.	5		
6. Ask the patient to lie down or to sit with the head tilted back and to the side that is being irrigated. The solution should not spill over into the other eye.	5		
7. Place a towel over the patient's shoulder (or under the head and shoulder, if the patient is lying down). Have the patient hold the kidney-shaped basin at the side of the head next to the eye to be irrigated.	5		
8. Pour the solution into the sterile basin.	5		
9. Fill the irrigating syringe with solution (approximately 50 mL).	5		
Hold a tissue on the patient's cheekbone below the lower eyelid with your nondominant hand, and press downward to expose the eye socket.	5		
11. Holding the tip of the syringe ½ inch away from the eye, direct the solution onto the lower conjunctiva from the inner to the outer aspect of the eye.	5		
12. Refill the syringe and continue irrigation until the prescribed volume of solution is used or until the solution is used up.	5		

Name Class		Date	
Step	Point Value	Points Achieved	Mastery
13. Dry the area around the eye with tissues.	5		
14. Properly dispose of used disposable materials.	5		
15. Remove the gloves, gown, and face shield, and wash your hands.	5		
16. Record in the patient's chart the procedure, the amount of solution used, time of administration, and eye(s) irrigated.	5		
17. Put on gloves and clean the equipment and room according to OSHA guidelines.	5		
	oints Achieved:		_
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name Class Date

PROCEDURE 39.4 Measuring Auditory Acuity

This procedure includes measuring the hearing of adults and children using an audiometer and measuring an infant's response to specific sounds.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Audiometer, headset, graph pad (if applicable), alcohol, gauze squares

Step	Point Value	Points Achieved	Mastery
Adults and Children 1. Wash your hands, identify the patient, introduce yourself, and explain the procedure.	4		
Clean the earpieces of the headset with a gauze square dampened with alcohol.	4		
3. Have the patient sit with his back to you.	4		
Assist the patient in putting on the headset, and adjust it until it is comfortable.	4		
5. Tell the patient he will hear tones in the right ear.	4		
6. Tell the patient to raise his finger or press the indicator button when he hears a tone.	4		
7. Set the audiometer for the right ear.	4		
8. Set the audiometer for the lowest range of frequencies and the first degree of loudness (usually 15 decibels).	4		
9. Press the tone button and observe the patient.	4		
10. If the patient does not hear the first degree of loudness, raise it two or three times, up to 50 or 60 decibels.	4		
11. If the patient indicates that he has heard the tone, record the setting on the graph.	4		
12. Change the setting to the next frequency. Repeat steps 9, 10, and 11.	4		
13. Proceed to the mid-range frequencies. Repeat steps 9, 10, and 11.	4		
14. Proceed to the high-range frequencies. Repeat steps 9, 10, and 11.	4		

Step	Point Value	Points Achieved	Mastery
15. Set the audiometer for the left ear.	4		
16. Tell the patient that he will hear tones in the left ear, and ask him to raise his finger or press the indicator button when he hears a tone.	4		
17. Repeat steps 8 through 14.	8		
18. Set the audiometer for both ears.	4		
Ask the patient to listen with both ears and to raise his finger or press the indicator button when he hears a tone.	4		
20. Repeat steps 8 through 14.	8		
21. Have the patient remove the headset.	4		
22. Clean the earpieces with a gauze square dampened with alcohol.	4		
23. Properly dispose of the used gauze square and wash your hands.	4		
Infants and Toddlers 1. Identify the patient and introduce yourself.	5		
2. Wash your hands.	5		
3. Pick a quiet location.	5		
The patient can be sitting, lying down, or held by the parent.	5		
5. Instruct the parent to be silent during the procedure.	5		
6. Position yourself so your hands are behind the child's right ear and out of sight.	5		
7. Clap your hands loudly, or use a device such as a rattle or clicker to make sound. Observe the child's response.	10		
8. Record the child's response as positive or negative for loud noise.	10		
9. Position one hand behind the child's right ear.	10		
10. Snap your fingers. Observe the child's response.	10		

Step	Point Value	Points Achieved	Mastery
11. Record the response as positive or negative for moderate noise.	10		
12. Repeat steps 6 through 11 for the left ear.	20		
Time limit: 10 minutes Add Point Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class	Date

PROCEDURE 39.5 Administering Eardrops

This procedure includes identifying the appropriate medication, ensuring that it is warmed to room temperature, and administering it using the proper technique for straightening the ear canal.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Liquid medication, cotton balls

Step	Point Value	Points Achieved	Mastery
Identify the patient, introduce yourself, and explain the procedure.	4		
 Check the physician's medication order, which should include the patient's name, drug name, concentration, number of drops, into which ear(s) the medication is to be administered, and the frequency of administration. 	7		
3. Compare the drug with the instructions three times.	7		
Ask whether the patient has any allergies to ear medications.	7		
5. Wash your hands and put on gloves.	4		
6. Assemble supplies.	3		
If the medication is cold, warm it to room temperature with your hands or by placing the bottle in a pan of warm water.	7		
8. Have the patient lie on one side with the ear to be treated facing up.	4		
Straighten the ear canal by pulling the auricle upward and outward for adults, down and back for infants and children.	7		
10. Hold the dropper ½ inch above the ear canal.	3		
11. Gently squeeze the bottle or dropper bulb to administer the correct number of drops.	3		
12. Have the patient remain in this position for 10 minutes.	4		
13. If ordered, loosely place a small wad of cotton in the outermost part of the ear canal.	3		
14. Note any adverse reaction, notifying the physician as necessary.	7		

Name	Class	Date	

Step	Point Value	Points Achieved	Mastery
15. Repeat the procedure for the other ear if ordered.	7		
16. Instruct the patient on how to administer the drops at home.	4		
17. Ask the patient to repeat the instructions.	3		
18. Provide written instructions.	3		
19. Remove the cotton after 15 minutes.	3		
20. Properly dispose of used disposable materials.	3		
21. Remove the gloves and wash your hands.	3		
22. Record in the patient's chart the medication, concentration, number of drops, time of administration, and which ear(s) received the medication.	4		
Time limit: 10 minutes Add Poir Observer's Name:		:	
Steps that require more practice:			
Instructor comments:			

Name Class	Date	
------------	------	--

PROCEDURE 39.6 Performing Ear Irrigation

This procedure includes preparing the patient, warming the irrigating solution, irrigating the ear until the returned solution is clear, observing the patient, and documenting the procedure.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Fresh irrigating solution, clean basin, clean irrigating syringe, towel or absorbent pad, kidney-shaped basin, cotton balls

Step	Point Value	Points Achieved	Mastery
Identify the patient, introduce yourself, and explain the procedure.	3		
 Check the doctor's order, which should include the patient's name, irrigating solution, volume of solution, and for which ear(s) the irrigation is to be performed. If the doctor has not specified the volume of solution, use the amount needed to remove the wax. 	7		
3. Compare the solution with the instructions three times.	7		
4. Wash your hands and put on gloves, a gown, and a face shield.	3		
Look into the patient's ear if cerumen or a foreign body needs to be removed so you will know when you have completed the irrigation.	16		
6. Assemble the supplies.	3		
If the solution is cold, warm it to room temperature by placing the bottle in a pan of warm water.	7		
8. Have the patient sit or lie on her back with the ear to be treated facing you.	3		
9. Place a towel over the patient's shoulder (or under the head and shoulder if she is lying down), and have her hold the kidney-shaped basin under her ear.	7		
10. Pour the solution into the other basin.	3		
If necessary, gently clean the external ear with cotton moistened with the solution.	3		
12. Fill the irrigating syringe with solution (about 50 mL).	3		

		_
Name	Class	Date

Step	Point Value	Points Achieved	Mastery
 Straighten the ear canal by pulling the auricle upward and outward for adults, down and back for infants and children. 	7		
14. Holding the tip of the syringe ½ inch above the opening of the ear, slowly instill the solution into the ear. Allow the fluid to drain out during the process.	7		
15. Refill the syringe and continue irrigation until the canal is cleaned or the solution is used up.	3		
16. Dry the external ear with a cotton ball, and leave a clean cotton ball loosely in place for 5 to 10 minutes.	3		
17. If the patient becomes dizzy or nauseated, allow her time to regain her balance before she stands up. Then assist her as needed.	3		
18. Properly dispose of used disposable materials.	3		
19. Remove the gloves, gown, and face shield, and wash your hands.	3		
20. Record in the patient's chart the procedure and result, amount of solution used, time of administration, and ear(s) irrigated.	3		
21. Put on gloves and clean the equipment and room according to OSHA guidelines.	3		
Time limit: 10 minutes Add Poi	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class	_ Date
Procedure Competency	CHECKLISTS	

PROCEDURE 40.1 Performing an Assessment for Chronic Fatigue Syndrome

This procedure includes identifying the patient, asking questions appropriate to the symptoms of chronic fatigue syndrome, and documenting your findings.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Patient chart, pen

Step	Point Value	Points Achieved	Mastery
 Identify the patient and introduce yourself. Inform the patient of the right to confidentiality and the right to refuse to answer any questions. 	20		
 Question the patient about the following: Persistent, overwhelming fatigue for at least 6 months Lingering fatigue after levels of exercise that normally would be tolerated easily Frequent headaches Sore throat and swollen lymph nodes in neck or armpits Low-grade fever Unexplainable muscle weakness or pain Pain in joints without swelling Forgetfulness or confusion Irritability Depression Sensitivity to light or impaired vision Sleep disturbances Inability to concentrate Numbness or tingling sensations 	60		
Document any of these symptoms in the patient's chart, and report them to the internist.	20		
Time limit: 10 minutes Add Poir Observer's Name: Steps that require more practice:	nts Achieved:		
Instructor comments:			

Step	Point Value	Points Achieved	Mastery
Materials: Patient chart, pen			
On the basis of your scores, budget time for additional practic	e of specific steps.		
Determine your mastery of each step in the procedure by assign $1 = poor$, $2 = fair$, $3 = good$, $4 = excellent$.	rning it a score of 1 to	4 in the last c	olumn:
Complete the steps that follow. A scoring system has been proindividual procedure is 100 points. Each step within the proce that step and is noted in the column "Point Value." Steps that with a higher point value. Record your points for each step in	dure is weighted accor are of a more critical	rding to the im nature have b	portance of
This procedure outlines the steps for assessing a patient for the patient for differences in arm position, hip height, or human transfer of the patient for differences in arm position.	_	•	•
PROCEDURE 40.2 Performing a Scolio	sis Examinatio	n	
Name Class		Date	

Step	Point Value	Points Achieved	Mastery
1. Identify the patient and introduce yourself.	10		
2. Explain the procedure.	10		
Have the child remove his shirt and stand up straight. Look to see whether one shoulder is higher than the other or one shoulder blade is more prominent.	20		
4. With the child's arms hanging loosely at his sides, check whether one arm swings away from the body more than the other, whether one hip is higher or more prominent than the other, and whether the child seems to tilt to one side.	20		
Have the child bend forward, with arms hanging down and palms together at knee level. Check to see whether there is a hump on the back at the ribs or near the waist.	20		
Document your findings in the patient's chart, and report them to the doctor.	20		
Time limit: 10 minutes Add Poi	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class	Date

PROCEDURE 40.3 Assisting With a Gynecological Examination

This procedure includes preparing the patient, assisting with specimen collection, fixing the specimen once it is collected, and preparing the specimen for transport to an outside laboratory.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Gown and drape, vaginal speculum, cervical brush and/or scraper, cotton-tipped applicator, examination gloves, tissues, laboratory requisition, water-soluble lubricant, examination table with stirrups, examination light, microscope slide(s), tissues, spray fixative, pen and pencil

Step		Point Value	Points Achieved	Mastery
Gather equipment, and make sure all order. Write the patient's name and daslide with pencil.		5		
Identify the patient and explain the properties should remove all clothing, including the gown on with the opening in the factorial states.	underwear, and put	5		
Ask the patient to sit on the edge of the with the drape until the physician arri		5		
4. When the physician is ready, have the into the stirrups and move her buttoo table. This is the lithotomy position.		5		
5. Provide the physician with gloves and as she examines the genitalia by insp		5		
 Pass the speculum to the physician. F you may warm it in warm water. For a water-soluble lubricant is used. Have physician as required. 	plastic speculum, a	10		
7. For the Pap (Papanicolaou) smear, be cotton-tipped applicator and cervical the collection of the specimen. Have t available for the physician to place th slide. Depending on the physician and collected, two or more slides may be be labeled based on where the specimendocervical = E, vaginal = V, and ce	orush or scraper for he labeled slide e specimen on the d the specimen necessary. They may nen was collected:	10		

Name	Class	Date

Step	Point Value	Points Achieved	Mastery
8. Once the specimen(s) is on the slide, apply a cytology fixative immediately. The fixative holds the cells in place until a microscopic examination is performed. A spray fixative is commonly used. Hold it 6 inches from the slide and spray it lightly with a back-and-forth motion. Allow each slide to dry completely.	10		
 After the physician removes the speculum, a digital examination is performed to check the position of the internal organs. Provide the physician with additional lubricant as needed. 	5		
 On completion of the examination, help the patient switch from the lithotomy position to a supine or sitting position. 	5		
11. Provide tissues for the patient to remove the lubricant, and ask the patient to get dressed. Assist as necessary or provide for privacy. Explain the procedure for communicating the laboratory results.	5		
12. After the patient has left, put on gloves and clean the examination room and equipment. Dispose of the disposable speculum, cervical scraper, and other contaminated waste in a biohazardous waste container.	10		
13. Store the supplies, straighten the room, and discard the used examination paper on the table.	5		
14. Prepare the laboratory slide, and place it and the specimen in the proper place for transport to an outside laboratory.	10		
15. Remove your gloves and wash your hands.	5		
Time limit: 10 minutes Add Poir	nts Achieved	:	
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name Class	Date	
------------	------	--

PROCEDURE 40.4 Assisting With a Cervical Biopsy

This procedure includes preparing the patient, establishing a sterile field with appropriate instruments, assisting the physician with tissue sample collection, and preparing the sample for transport to an outside laboratory.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Gown and drape, tray or Mayo stand, disposable cervical biopsy kit (disposable forceps, curette, and spatula in a sterile pack), transfer forceps, vaginal speculum, biopsy specimen container, clean basin, sterile cotton balls, sterile gauze squares, sanitary napkin

Step	Point Value	Points Achieved	Mastery
1. Identify the patient and introduce yourself.	5		
2. Look at the patient's chart, and ask the patient to confirm information or explain any changes. Specifically ask about and note in the chart the patient's date of birth and Social Security number, date of last menstrual period, method of contraception if any, previous gynecologic surgery, and use of hormone replacement therapy or other steroids.	6		
Describe the biopsy procedure to the patient, and explain that it may be painful for a brief moment when the tissue is taken.	5		
4. Give the patient a gown if needed and a drape. Direct her to undress from the waist down and to wrap the drape around herself. Tell her to sit at the end of the examining table.	5		
5. Wash your hands and put on examination gloves.	5		
 Using sterile method, open the sterile pack to create a sterile field on the tray or Mayo stand, and arrange the instruments with transfer forceps. Add the vaginal speculum and sterile supplies to the sterile field. 	6		
7. When the physician arrives in the examining room, ask the patient to lie back, place her heels in the stirrups of the table, and move her buttocks to the edge of the table.	6		
Assist the physician by arranging the drape so that only the genitalia are exposed, and place the light so that the genitalia are illuminated.	5		

Name	Class	Date
Naille	Class	Date

Step	Point Value	Points Achieved	Mastery
9. Use transfer forceps to hand instruments and supplies to the physician as he requests them. When he is ready to obtain the biopsy, tell the patient that it may hurt. If she seems fearful, instruct her to take a deep breath and let it out slowly.	10		
10. When the physician hands you the instrument with the tissue specimen, place the specimen in the specimen container, and discard the instrument in the appropriate container.	10		
11. Label the specimen container with the patient's name, the date and time, whether cervical or endocervical, the physician's name, and your initials.	10		
12. Place the container and the cytology laboratory requisition form in the envelope or bag provided by the laboratory.	6		
13. When the physician has removed the vaginal speculum, place it in the clean basin for later sanitization, disinfection, and sterilization. Properly dispose of used disposable instruments and supplies.	5		
14. Remove the gloves and wash your hands.	5		
15. Tell the patient that she may get dressed. Inform her that she may have some vaginal bleeding for a couple of days, and provide her with a sanitary napkin. Instruct her not to take tub baths or have intercourse and not to use tampons for 2 days. Encourage her to call the office if she experiences problems or has questions.	6		
16. Put on gloves, and clean and disinfect the room according to OSHA guidelines.	5		
Time limit: 10 minutes Add Poir	nts Achieved	:	
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class	Date

PROCEDURE COMPETENCY CHECKLISTS

PROCEDURE 41.1 Performing a Scratch Test

This procedure outlines the steps necessary for performing an allergy test using the scratch test method. These steps include preparing the patient, identifying the test sites, performing the test, observing the patient for a reaction, and recording that reaction.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Disposable sterile needles or lancets, allergen extracts, control solution, cotton balls, alcohol, timer, washable-ink pen, ruler, cold packs or ice bag

Step	Point Value	Points Achieved	Mastery
1. Wash your hands and assemble the necessary materials.	4		
2. Identify the patient and introduce yourself.	4		
Show the patient into the treatment area. Explain the procedure and discuss any concerns.	4		
Put on examination gloves, and assist the patient into a comfortable position.	4		
5. Swab the test site, usually the upper arm or back, with an alcohol-soaked cotton ball. Allow the test site to air-dry.	5		
 Apply small drops of the allergen extracts and control solution onto the test site at evenly spaced intervals, about 1.5 to 2.0 inches apart. 	5		
Identify the sites (if more than one) by marking them with a pen.	5		
Open the package containing the first needle or lancet, making sure you do not contaminate the instrument.	5		
 Using a new sterile needle or lancet for each site, scratch the skin beneath each drop of allergen, no more than ¼ inch deep. 	17		
10. Start the timer for the 20-minute reaction period.	17		
11. After the reaction time has passed, cleanse each site with an alcohol-soaked cotton ball. (Do not wipe away identifying pen marks.)	5		

Name Date

Step	Point Value	Points Achieved	Mastery
12. Examine and measure the sites.	4		
13. Apply cold packs or an ice bag to sites as needed to relieve itching.	4		
14. Record the test results in the patient's chart, and initial your entries.	5		
15. Properly dispose of used materials and instruments.	4		
16. Clean and disinfect the area according to OSHA guidelines.	4		
17. Remove the gloves and wash your hands.	4		
Time limit: 10 minutes Add Poir Observer's Name: Steps that require more practice:			
Instructor comments:			

Name	Class	Date

PROCEDURE 41.2 Assisting With a Sigmoidoscopy

This procedure includes preparing the patient, preparing the sigmoidoscope, assisting the physician with the procedure, monitoring the patient during the procedure, and properly disinfecting the equipment according to OSHA guidelines.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Sigmoidoscope, suction pump, lubricating jelly, drape, patient gown, tissues

Step	Point Value	Points Achieved	Mastery
Wash your hands and assemble and position materials and equipment according to the preference of the doctor.	5		
2. Test the suction pump.	5		
3. Identify the patient and introduce yourself.	5		
Show the patient into the treatment room. Explain the procedure and discuss any concerns the patient may have.	5		
Instruct the patient to empty the bladder, take off all clothing from the waist down, and put on the gown with the opening in the back.	5		
6. Put on examination gloves, and assist the patient into the knee-chest or Sims' position. Immediately cover the patient with a drape.	5		
7. Use warm water to bring the sigmoidoscope to slightly above body temperature; lubricate the tip.	5		
Assist as needed, including handing the doctor the necessary instruments and equipment.	5		
Monitor the patient's reactions during the procedure, and relay any signs of pain to the doctor.	5		
10. Clean the anal area with tissues after the examination.	5		
Properly dispose of used materials and disposable instruments.	5		
12. Remove the gloves and wash your hands.	5		
13. Help the patient gradually assume a comfortable position.	5		

Name	Class		Date	
Step		Point Value	Points Achieved	Mastery
14. Instruct the patient to dress.		5		
15. Put on clean gloves.		5		
16. Sanitize reusable instruments and prepare t disinfection and/or sterilization, as necessar		5		
17. Clean and disinfect the equipment and the r to OSHA guidelines.	oom according	15		
18. Remove the gloves and wash your hands.		5		
Time limit: 10 minutes Observer's Name: Steps that require more practice:				

Instructor comments:

Name	Class	Date

PROCEDURE 41.3 Preparing the Ophthalmoscope for Use

This procedure outlines the steps necessary to ensure that the ophthalmoscope is ready for use during an examination.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Ophthalmoscope, lens, spare bulb, spare battery

Step	Point Value	Points Achieved	Mastery
1. Wash your hands.	20		
Take the ophthalmoscope out of its battery charger. In a darkened room, turn on the ophthalmoscope light.	20		
Shine the large beam of white light on the back of your hand to check that the instrument's tiny lightbulb is providing strong enough light.	20		
4. Replace the bulb or battery if necessary.	20		
5. Make sure the instrument's lens is screwed into the handle. If it is not, attach the lens.	20		
Time limit: 10 minutes Add Poir Observer's Name:			
Steps that require more practice:			
Instructor comments:			

		_
Name	Class	Date

PROCEDURE 41.4 Assisting With a Needle Biopsy

This procedure includes preparing a sterile field with the appropriate instruments, assisting the physician, properly preparing the specimen for transport to an outside laboratory, dressing the patient's wound site, and cleaning the room according to OSHA guidelines.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Sterile drapes, tray or Mayo stand, antiseptic solution, cotton balls, local anesthetic, disposable sterile biopsy needle or disposable sterile syringe and needle, sterile sponges, specimen bottle with fixative solution, laboratory packaging, sterile wound-dressing materials

Step	Point Value	Points Achieved	Mastery
Identify the patient and introduce yourself; instruct the patient as needed.	7		
2. Wash your hands and assemble the necessary materials.	7		
3. Prepare the sterile field and instruments.	7		
4. Put on examination gloves.	7		
5. Cleanse the biopsy site. Prepare the patient's skin.	7		
Remove the gloves, wash your hands, and put on clean examination gloves.	7		
7. Assist the doctor as she injects anesthetic.	7		
8. During the procedure, help drape and position the patient.	7		
 If you will be handing the doctor the instruments, remove the gloves, perform a surgical scrub, and put on sterile gloves. 	8		
Place the sample in a properly labeled specimen bottle, complete the laboratory requisition form, and package the specimen for immediate transport to the laboratory.	8		
11. Dress the patient's wound site.	8		
12. Properly dispose of used supplies and instruments.	7		

Step	Point Value	Points Achieved	Mastery		
13. Clean and disinfect the room according to OSHA guidelines.	7				
14. Remove the gloves and wash your hands.	6				
Time limit: 10 minutes Observer's Name: Steps that require more practice: Instructor comments:					

_____ Class _____ Date _____

Name ___

Name	Class	Date

PROCEDURE COMPETENCY CHECKLISTS

PROCEDURE 42.1 Creating a Sterile Field

This procedure includes the steps necessary to ensure a sterile field, including checking the date, checking the sterilization indicator, and establishing a sterile area.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Tray or Mayo stand, sterile instrument pack, sterile transfer forceps, cleaning solution, sterile drape, additional packaged sterile items as required

Step	Point Value	Points Achieved	Mastery
Clean and disinfect the tray or Mayo stand.	9		
2. Wash your hands and assemble the necessary materials.	8		
3. Check the label on the instrument pack to make sure it is the correct pack for the procedure.	13		
Check the date and sterilization indicator on the instrument pack to make sure the pack is still sterile.	13		
Place the sterile pack on the tray or stand, and unfold the outermost fold away from yourself.	8		
6. Unfold the sides of the pack outward, touching only the areas that will become the underside of the sterile field.	8		
7. Open the final flap toward yourself.	8		
 8. Place additional packaged sterile items on the sterile field. Ensure you have the correct item or instrument and that the package is still sterile. Stand away from the sterile field. Grasp the package flaps and pull apart about halfway. Bring the corners of the wrapping beneath the package, paying attention not to contaminate the inner package or item. Hold the package over sterile field with the opening down; with a quick movement, pull the flap completely open and snap the sterile item onto the field. 	9		

Name	Class		Date	
Step		Point Value	Points Achieved	Mastery
Place basins and bowls near the edge of the sto you can pour liquids without reaching over the		8		
10. Use sterile transfer forceps if necessary to add items to the sterile field.	additional	8		
11. Apply sterile gloves if necessary after a sterile sarrange items on the sterile field.	scrub to	8		
Time limit: 10 minutes Add Points Achieved:				
Observer's Name: Steps that require more practice:				
Instructor comments:				

Name	Class	Date

PROCEDURE 42.2 Performing a Surgical Scrub

This procedure includes ensuring that all hand and wrist surfaces are scrubbed, that hands are dried with sterile towels, and that sterile gloves are donned immediately after completing hand washing.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Dispenser with surgical soap, sterile surgical scrub brush, orange stick, sterile towels

Step		Point Value	Points Achieved	Mastery
1.	Remove all jewelry and roll up your sleeves to above the elbow.	10		
2.	Assemble the necessary materials.	10		
3.	Turn the water on and adjust it so that it is warm.	10		
4.	Wet your hands from the fingertips to the elbows, keeping your hands higher than your elbows.	10		
5.	Apply surgical soap and for 2 minutes scrub your hands, fingers, areas between the fingers, wrists, and forearms with the scrub brush, using a firm circular motion.	10		
6.	Rinse from fingers to elbows, keeping your hands higher than your elbows.	10		
7.	Use the orange stick to clean under your fingernails, and rinse your hands again.	10		
8.	Apply more surgical soap, and again use the brush to completely scrub your hands, fingers, areas between the fingers, wrists, and forearms. Scrub for at least 3 minutes, and then rinse from fingers to elbows again.	10		
9.	Thoroughly dry your hands and forearms with sterile towels, working from the hands to the elbows.	10		
10.	Turn off the faucet with the foot or knee pedal. Use a clean paper towel if a pedal is not available.	10		
Time	e limit: 10 minutes Add Poi	nts Achieved:		
Obs	erver's Name:			
Step	s that require more practice:			
Instr	uctor comments:			

Name Class	Date	
------------	------	--

PROCEDURE 42.3 Donning Sterile Gloves

This procedure includes the steps necessary to ensure that gloves are donned using sterile technique in order to maintain surgical asepsis.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Prepackaged, double-wrapped sterile gloves

Step	Point Value	Points Achieved	Mastery
Obtain the correct size gloves.	4		
Check the package for tears and ensure that the expiration date has not passed.	6		
3. Perform a surgical scrub.	5		
Peel the outer wrap from gloves and place the inner wrapper on a clean surface above waist level.	5		
5. Position gloves so the cuff end is closest to your body.	5		
6. Touch only the flaps as you open the package.	6		
7. Use instructions provided on inner package, if available.	5		
Do not reach over the sterile inside of the inner package.	6		
 9. Follow these steps if there are no instructions: a. Open the package so the first flap is opened away from you. b. Pinch the corner and pull to one side. c. Put your fingertips under the side flaps and gently pull until the package is completely open. 	5		
10. Use your nondominant hand to grasp the inside cuff of the opposite glove (the folded edge). Do not touch the outside of the glove. If you are right-handed, use your left hand to put on the right glove first, and vice versa.	5		
11. Holding the glove at arm's length and waist level, insert the dominant hand into the glove with the palm facing up. Don't let the outside of the glove touch any other surface.	6		
12. With your sterile gloved hand, slip the gloved fingers into the cuff of the other glove.	5		

Name	Class	Date

Step	Point Value	Points Achieved	Mastery
13. Pick up the other glove, touching only the outside. Don't touch any other surfaces.	6		
14. Pull the glove up and onto your hand. Ensure that the sterile gloved hand does not touch skin.	5		
15. Adjust your fingers as necessary, touching only glove to glove.	5		
16. Do not adjust the cuffs because your forearms may contaminate the gloves.	5		
17. Keep your hands in front of you, between your shoulders and waist. If you move your hands out of this area, they are considered contaminated.	6		
18. If contamination or the possibility of contamination occurs, change gloves.	5		
19. Remove gloves the same way you remove clean gloves, by touching only the inside.	5		
Time limit: 10 minutes Add Poir	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class	Date

PROCEDURE 42.4 General Assisting Procedures for Minor Surgery

This procedure includes the steps necessary for assisting, both as an unsterile and a sterile scrub assistant, during and after a surgical procedure.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Sterile towel, tray, or Mayo stand, appropriate instrument pack(s), needles and syringes, anesthetic, antiseptic, sterile water or normal saline, small sterile bowl, sterile gauze squares or cotton balls, specimen containers half-filled with preservative, suture materials, sterile dressings and tape

Step	Point Value	Points Achieved	Mastery
Floater (Unsterile Assistant) 1. Perform routine hand washing and put on examination gloves.	10		
Monitor the patient during the procedure; record the results in the patient's chart.	10		
3. During the surgery, assist as needed.	10		
4. Add sterile items to the tray as necessary.	15		
5. Pour sterile solution into a sterile bowl as needed.	15		
 6. Assist in administering additional anesthetic. a. Check the medication vial three times. b. Clean the rubber stopper with alcohol (write the date opened when using a new bottle); leave cotton or gauze on top. c. Present the needle and syringe to the doctor. d. Remove the cotton or gauze from the vial, and show the label to the doctor. e. Hold the vial upside down, and grasp the lower edge firmly; brace your wrist with your free hand. f. Allow the doctor to fill the syringe. 	20		
 7. Receive specimens for laboratory examination. a. Uncap the specimen container; present it to the doctor for the introduction of the specimen. b. Replace the cap and label the container. c. Treat all specimens as infectious. d. Place the specimen container in a transport bag or other container. e. Complete the requisition form to send the specimen to the laboratory. 	20		

Name	Class	Date

Point

Points

Step	Value	Achieved	Mastery
Sterile Scrub Assistant 1. Perform a surgical scrub and put on sterile gloves. (Remember to remove the sterile towel covering the sterile field and instruments before gloving.)	25		
2. Close and arrange the surgical instruments on the tray.	15		
Prepare for swabbing by inserting gauze squares into the sterile dressing forceps.	15		
4. Pass the instruments as necessary.	15		
5. Swab the wound as requested.	15		
6. Retract the wound as requested.	15		
7. Cut the sutures as requested.	15		
Floater or Sterile Scrub Assistant (After Surgery) 1. Monitor the patient.	10		
Put on clean examination gloves, and clean the wound with antiseptic.	10		
3. Dress the wound.	10		
4. Remove the gloves and wash your hands.	10		
Give the patient oral postoperative instructions in addition to the release packet.	10		
6. Discharge the patient.	5		
7. Put on clean examination gloves.	5		
Properly dispose of used materials and disposable instruments.	5		
Sanitize reusable instruments and prepare them for disinfection and/or sterilization as needed.	10		
10. Clean equipment and the examination room according to OSHA guidelines.	15		
11. Remove the gloves and wash your hands.	10		
Time limit: 10 minutes Add Poir Observer's Name: Steps that require more practice:			
Instructor comments:			
		lura Competency (51 111 445

		_
Name	Class	Date

PROCEDURE 42.5 Suture Removal

This procedure includes the steps necessary for removing sutures from a healing wound while maintaining sterile technique.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Tray or Mayo stand, suture removal pack (suture scissors and thumb forceps), sterile towel, antiseptic solution, hydrogen peroxide (3%), two small sterile bowls, sterile gauze squares, sterile strips or butterfly closures, sterile dressings and tape

Step	Point Value	Points Achieved	Mastery
Clean and disinfect the tray or Mayo stand.	6		
2. Wash your hands and assemble the necessary materials.	1		
Check the date and sterilization indicator on the suture removal pack.	6		
Unwrap the suture removal pack, and place it on the tray or stand to create a sterile field.	1		
5. Unwrap the sterile bowls, and add them to the sterile field.	1		
Pour a small amount of antiseptic solution into one bowl, and pour a small amount of hydrogen peroxide into the other bowl.	1		
Cover the tray with a sterile towel to protect the sterile field while you are out of the room.	1		
Escort the patient to the examination room and explain the procedure.	1		
Perform a routine scrub, remove the towel from the tray, and put on examination gloves.	1		
 10. Remove the old dressing. a. Lift the tape toward the middle of the dressing. b. If the dressing adheres to the wound, cover the dressing with gauze squares soaked in hydrogen peroxide. Leave the wet gauze in place for several seconds to loosen the dressing. c. Save the old dressing for the doctor to inspect. 	8		
11. Inspect the wound for signs of infection.	1		

Name Clas	ss Date)
-----------	---------	---

Ste		Point Value	Points Achieved	Mastery
12.	Clean the wound with gauze pads soaked in antiseptic, and pat it dry with clean gauze pads.	1		
13.	Remove the gloves and wash your hands.	1		
14.	Notify the doctor that the wound is ready for examination.	1		
15.	Once the doctor indicates that the wound is sufficiently healed to proceed, put on clean examination gloves.	6		
16.	Place a square of gauze next to the wound for collecting the sutures as they are removed.	1		
17.	Grasp the first suture knot with forceps.	1		
18.	Gently lift the knot away from the skin to allow room for the suture scissors.	1		
19.	Slide the suture scissors under the suture material, and cut the suture where it enters the skin.	1		
20.	Gently lift the knot up and toward the wound to remove the suture without opening the wound.	1		
21.	Place the suture on the gauze pad, and inspect to ensure the entire suture is present.	1		
22.	Repeat the removal process until all sutures have been removed.	6		
23.	Count the sutures and compare the number with the number indicated in the patient's record.	6		
24.	Clean the wound with antiseptic, and allow the wound to air-dry.	6		
25.	Dress the wound as ordered, or notify the doctor if sterile strips or butterfly closures are to be applied.	6		
26.	Observe the patient for signs of distress.	6		
27.	Properly dispose of used materials and disposable instruments.	1		
28.	Remove the gloves and wash your hands.	1		
29.	Instruct the patient on wound care.	1		
30.	In the patient's chart, record pertinent information, such as the condition of the wound and the type of closures used, if any.	8		
31.	Escort the patient to the checkout area.	1		

Name	Class		Date	
Step		Point Value	Points Achieved	Mastery
32. Put on clean examination gloves.		1		
33. Sanitize reusable instruments and prepare the disinfection and/or sterilization as needed.	em for	6		
34. Clean the equipment and examination room OSHA guidelines.	according to	8		
Time limit: 10 minutes Observer's Name:				
Steps that require more practice:				
Instructor comments:				

Name	Class	Date
INGILIE	Class	Date

PROCEDURE COMPETENCY CHECKLISTS

PROCEDURE 43.1 Administering Cryotherapy

This procedure includes positioning and draping the patient, preparing the ordered therapy, observing the patient throughout the procedure for signs of cold damage to the skin, and documenting the procedure.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Gloves, cold application materials required for order—ice bag, ice collar, chemical cold pack, washcloth or gauze squares, or ice

Step	Point Value	Points Achieved	Mastery
 Double-check the physician's order. Be sure you know where to apply therapy, the proper temperature for the application, and how long it should remain in place. 	5		
Identify the patient and explain the procedure and its purpose. Ask the patient if she has any questions.	5		
3. Have the patient undress and put on a gown, if required; provide privacy or assistance as needed.	5		
 Wash your hands and put on gloves. Utility gloves and a laboratory coat may be necessary depending on the temperature and type of treatment. 	5		
5. Position and drape the patient properly.	5		
Remove any dressing covering the area and place in the biohazardous waste container.	5		
7. Check the temperature on all applications before and during the treatment. As necessary, cool devices to provide therapeutic temperatures and then reapply them.	5		
8. Prepare the therapy as ordered.	15		
 Place the device on the patient's affected body part. If you are using a compress, place an ice bag on it, if desired, to keep it colder longer. 	5		
Ask the patient how the device feels. Explain that the cold is of great benefit, although it may be somewhat uncomfortable.	5		

Name	Class	Date

Step	Point Value	Points Achieved	Mastery
11. Leave the device in place for the length of time ordered by the physician. Periodically check the skin for color, feeling, and pain. If the area becomes excessively pale or blue, numb, or painful, remove the device and have the physician examine the area.	10		
 Remove the application and observe the area for reduced swelling, redness, and pain. Replace the patient's dressing if necessary. 	5		
13. Help the patient dress, if needed.	5		
14. Remove equipment and supplies, properly discarding used disposable materials and arranging for the appropriate sanitization, disinfection, and/or sterilization of reusable equipment and materials as needed.	5		
15. Remove the gloves and wash your hands.	5		
16. Document in the patient's chart the treatment and your observation. If you teach the patient or the patient's family how to use the device, document your instructions.	10		
Time limit: 10 minutes Add Poir	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

	01	n .
Name	Class	Date

PROCEDURE 43.2 Administering Thermotherapy

This procedure includes positioning and draping the patient, preparing the ordered therapy, observing the patient throughout the procedure for signs of heat damage to the skin, and documenting the procedure.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Gloves, towels, blanket, heat application materials required for order—chemical hot pack, heating pad, hot-water bottle, heat lamp, container and medication for hot soak, container and gauze for hot compress

Step	Point Value	Points Achieved	Mastery
 Double-check the physician's order. Be sure you know where to apply therapy, the proper temperature for the application, and how long it should remain in place. 	5		
Identify the patient and explain the procedure and its purpose. Ask the patient if he has any questions.	5		
Have the patient undress and put on a gown, if required; provide privacy or assistance as needed.	5		
Wash your hands and put on gloves. Utility gloves and a laboratory coat may be necessary depending on the temperature and type of treatment.	5		
5. Position and drape the patient properly.	5		
Remove any dressing covering the area and place in the biohazardous waste container.	5		
7. Check the temperature on all applications before and during the treatment. As necessary, reheat devices or solutions to provide therapeutic temperatures and then reapply them.	5		
8. Prepare the therapy as ordered.	15		
 Place the device on the patient's affected body part or place the affected body part in the container. If you are using a compress, place a hot-water bottle on top, if desired, to keep it warm longer. 	5		
10. Ask the patient how the device feels. During any heat therapy, remember that dilated blood vessels cause heat loss from the skin and that this heat loss may make the patient feel chilled. Be prepared to cover the patient with sheets or blankets.	5		

Name	Class	Date

Point Value	Points Achieved	Mastery
10		
5		
5		
5		
5		
10		
nts Achieved:		
	Value 10 5 5 10 nts Achieved:	Value Achieved 10 5 5 10 nts Achieved:

	01	n .
Name	Class	Date

PROCEDURE 43.3 Teaching a Patient How to Use a Cane

This procedure includes the steps necessary for teaching patients how to use a cane safely while standing, sitting, walking, ascending and descending stairs, and walking on ice and snow.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Cane suited to the patient's needs.

Step	Point Value	Points Achieved	Mastery
Standing From a Sitting Position 1. Instruct the patient to slide his buttocks to the edge of the chair.	4		
Tell the patient to place his right foot against the right front leg of the chair and his left foot against the left front leg of the chair.	8		
3. Instruct the patient to lean forward and use the armrests of the chair to push upward. Caution the patient not to lean on the cane.	4		
Have the patient position the cane for support on the strong side of his body.	4		
 Walking 1. Teach the patient to hold the cane on the strong side of her body with the tip(s) of the cane 4 to 6 inches from the side of her strong foot. Remind the patient to make sure the tip is flat on the ground. 	8		
Have the patient move the cane forward approximately 12 inches and then move her affected foot forward, parallel to the cane.	8		
Next have the patient move her strong leg forward past the cane and her weak leg.	4		
4. Observe as the patient repeats this process.	4		
Ascending Stairs 1. Instruct the patient to always start with his strong leg when going up stairs.	8		
Advise the patient to keep the cane on the strong side of his body and to use the wall or rail for support on the weak side.	8		

Name	Class	Date
Name	Class	Date

Step	Point Value	Points Achieved	Mastery
After the patient steps on the strong leg, instruct him to bring up his weak leg and then the cane.	4		
4. Remind the patient not to rush.	4		
Descending Stairs 1. Instruct the patient to always start with her weak leg when going down stairs.	8		
Advise the patient to keep the cane on the strong side of her body and to use the wall or rail for support on the weak side.	8		
3. Have the patient use the strong leg and wall or rail to support her body, bending the strong leg as she lowers the weak leg and cane to the next step. She can move the cane and weak leg simultaneously, or she can move the cane first, followed by the weak leg.	4		
4. Instruct the patient to step down with the strong leg.	4		
Walking on Snow or Ice Suggest that the patient try a metal ice-gripping cane or a ski pole. These can be dug into the snow or ice to prevent slipping.	8		
Time limit: 10 minutes Add Poi	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class	Date

PROCEDURE 43.4 Teaching a Patient How to Use a Walker

This procedure includes the steps necessary for teaching patients how to use a walker safely while walking, sitting, and ascending and descending stairs.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Walker suited to the patient's needs.

Step	Point Value	Points Achieved	Mastery
Walking			
Instruct the patient to step into the walker.	7		
Tell the patient to place her hands on the handgrips on the sides of the walker.	7		
Make sure the patient's feet are far enough apart so that she feels balanced.	7		
4. Instruct the patient to pick up the walker and move it forward about 6 inches.	7		
Have the patient move one foot forward and then the other foot.	7		
 Instruct the patient to pick up the walker again and to move it forward. If the patient is strong enough, explain that she may advance the walker after moving each leg rather than waiting until she has moved both legs. 	10		
Sitting			
1. Teach the patient to turn his back to the chair or bed.	7		
Instruct the patient to take small, careful steps and to back up until he feels the chair or bed at the back of his legs.	10		
3. Instruct the patient to keep the walker in front of himself, let go of the walker, and place both his hands on the arms of the chair or on the bed.	7		
4. Teach the patient to balance himself on his arms while lowering himself slowly to the chair or bed.	7		

Name	Class	Date

Point Value	Points Achieved	Mastery	
10			
7			
7			
Time limit: 10 minutes Add Points Achieved:			
	10 7 7 nts Achieved:	Value Achieved 10 7 7	

Name Class Date

PROCEDURE 43.5 Teaching a Patient How to Use Crutches

This procedure includes the steps necessary for teaching the safe use of crutches, including adjusting the crutches, rising from a chair, walking, ascending and descending stairs, and general safety guidelines.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Crutches suited to the patient's needs

Step	Point Value	Points Achieved	Mastery
Verify the physician order for the type of crutches and gait to be used.	8		
Wash your hands, identify the patient, and explain the procedure.	8		
Teach elderly patients or patients with muscle weakness arm exercises to strengthen their muscles.	10		
4. Have the patient stand erect and look straight ahead.	8		
5. Tell the patient to place the crutch tips 4 to 6 inches in front of and 4 to 6 inches to the side of each foot.	8		
6. When using an axillary crutch, make sure there is a 2-inch gap between the axilla and the axillary bar and that each elbow is flexed 25 to 30 degrees.	8		
7. Teach the patient how to get up from a chair.	10		
8. Teach the patient the required gait. The gait is typically determined by the muscle strength and coordination of the patient. It also depends on the type of crutches, the injury, and the patient's condition. Check the physician orders.	10		
9. Teach the patient how to ascend stairs.	10		

Step	Point Value	Points Achieved	Mastery	
10. Teach the patient how to descend stairs.	10			
11. Give the patient general information and other tips related to using crutches.	10			
Time limit: 10 minutes Add Points Achieved:				
Observer's Name:				
Steps that require more practice:				
Instructor comments:				

_____ Class _____ Date _____

Name Class Date

PROCEDURE COMPETENCY CHECKLISTS

PROCEDURE 44.1 Stocking the Crash Cart

This procedure includes the steps for stocking the items needed to respond to an office emergency.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Protocol for or list of crash cart items, crash cart

	Point	Points			
Step	Value	Achieved	Mastery		
Review the office protocol for or list of items that should be on the crash cart.	20				
Verify each drug and its amount against the list provided on the crash cart. Restock those that were used, and replace those that have passed their expiration date.	20				
Check the supplies on the crash cart against the list. Restock items that were used, and make sure the packaged supplies on the cart have not been opened.	20				
4. Check the equipment on the crash cart against the list, and examine it to make sure it is in working order. Restock equipment that is missing or broken.					
5. Check miscellaneous items on the crash cart against 20 the list, and restock as needed.					
Time limit: 10 minutes Add Poir	nts Achieved:				
Observer's Name:					
Steps that require more practice:					
Instructor comments:					

Name Class Date	Name	Class	Date
-----------------	------	-------	------

PROCEDURE 44.2 Performing an Emergency Assessment

This procedure outlines the steps that a medical assistant should take in an initial emergency assessment of a patient during a medical crisis. These steps include assessing the patient's airway, breathing, and circulation, and reporting the findings to the physician or EMT.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Patient's chart, pen, gloves

Step	Point Value	Points Achieved	Mastery
1. Wash hands, if possible, and put on gloves.	5		
Form a general impression of the patient, including his level of responsiveness, level of distress, facial expressions, age, ability to talk, and skin color.	8		
If the patient can communicate clearly, ask what happened. If not, ask someone who observed the accident or injury.	8		
 Assess an unresponsive patient by tapping on his shoulder and asking, "Are you okay?" If there is no response, proceed to the next step. 	8		
 Assess the airway. If necessary, open the airway by using the head tilt-chin lift maneuver. If you suspect a neck injury, use the jaw thrust maneuver. 	10		
Assess the breathing. If the patient is not breathing, then perform rescue breathing.	10		
7. Assess the circulation. Determine if the patient has a pulse. Is there any serious external bleeding? Perform CPR as needed (see Procedure 44-8). Control any significant bleeding (see Procedure 44-5).	10		
Perform a focused exam if all life-threatening problems have been identified and treated. Start at the head and perform the steps rapidly, taking about 90 seconds.	10		
 Check the vital signs and observe the patient for pallor (paleness) or cyanosis (a bluish tint). If the patient is dark-skinned, observe for pallor or cyanosis on the inside of the lips and mouth. 	10		

Name Date					
Step		Point Value	Points Achieved	Mastery	
10. Document your findings and report them to the d or EMT.	octor	10			
11. Assist the doctor or EMT as requested.		6			
12. Remove your gloves and wash your hands. 5					
Time limit: 10 minutes Observer's Name:					
Steps that require more practice:					
Instructor comments:					

Name	Class	Date
inallic	Ciuss	Date

PROCEDURE 44.3 Foreign Body Airway Obstruction in a Responsive Adult or Child

This procedure includes the steps necessary to correctly relieve a foreign body obstruction, including the initial assessment, the correct technique for clearing the object, and once the object is cleared, maintaining the airway.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Choking adult or child patient. *Caution: Never perform this procedure on someone who is not choking.*

Step	Point Value	Points Achieved	Mastery
 Ask, "Are you choking?" If the answer is "yes," indicated by a nod of the head or some other sign, ask, "Can you speak?" If the answer is "no," tell the patient that you can help. A choking person cannot speak, cough, or breathe, and exhibits the universal sign of choking. 	5		
Position yourself behind the patient. Place your fist against the abdomen just above the navel and below the xiphoid process.	5		
 Grasp your fist with your other hand and provide quick inward and upward thrusts into the patient's abdomen. Note: If a pregnant or obese person is choking, you will need to place your arms around the chest and perform thrusts over the center of the breastbone. 	10		
Continue the thrusts until the object is expelled or the patient becomes unresponsive.	5		
If the patient becomes unresponsive, call EMS and position the patient on her back.	10		
Open the patient's mouth by grasping both the tongue and lower jaw between your thumb and fingers and pull up the lower jawbone.	10		
 Look into the mouth. If you see the foreign body, remove it using your index finger. Do not perform any blind finger sweeps on a child. 	5		

Name Clas	ss Date)
-----------	---------	---

Step	Point Value	Points Achieved	Mastery
8. Open the airway and look, listen, and feel for breathing. If the patient is not breathing, attempt a rescue breath. Observe the chest. If it does not rise with the breath, reposition the airway and administer another rescue breath. If the chest does not rise after the second attempt, assume that the airway is still blocked.	10		
9. Kneel by the patient's thighs and place the heel of one hand just above the navel. Place the other hand on top and push into the abdomen, inward and upward. Once again, if the patient is obese or pregnant, position your hands over the breastbone. Perform 15 compressions for an adult and five for a child.	10		
10. Return to the head and repeat steps 6 through 9 until the foreign body is removed or until trained personnel arrive to relieve you.	10		
11. If the foreign body is removed, open the airway and check for breathing. If the patient is not breathing, perform two rescue breaths.	10		
12. Check for signs of circulation and start CPR if necessary.	10		
		:	
Observer's Name: Steps that require more practice:			
Otops that require more practice.			
Instructor comments:			

Name	Class	Date

PROCEDURE 44.4 Foreign Body Airway Obstruction in a Responsive Infant

This procedure includes the steps necessary to correctly relieve a foreign body obstruction in an infant, including the initial assessment, the correct technique for clearing the object, and once the object is cleared, maintaining the airway.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Choking infant. Caution: Never perform this procedure on an infant who is not choking.

Step	Point Value	Points Achieved	Mastery
Assess the infant for signs of severe or complete airway obstruction.	10		
2. Hold the infant with his head down, supporting the body with your forearm. His legs should straddle your forearm and you should support his jaw and head with your hand and fingers. This is best done in a sitting or kneeling position.	10		
 Give up to five back blows with the heel of your free hand. Strike the infant's back forcefully between the shoulder blades. At any point, if the object is expelled, discontinue the back blows. 	10		
 If the obstruction is not cleared, turn the infant over as a unit, supporting his head with your hands and his body between your forearms. 	10		
5. Keep his head lower than his chest and perform five chest thrusts. Place two fingers over the breastbone (sternum), above the xiphoid. Compress the chest upward toward the head. Stop the compressions if the object is expelled.	10		
 Alternate back blows and chest thrusts until the object is expelled or the infant becomes unconscious. If the infant becomes unconscious, call EMS or have someone do it for you. 	10		
7. Open the infant's mouth by grasping both his tongue and his lower jaw between your thumb and fingers, and pull up the lower jawbone. If you see the object, remove it using your smallest finger. Do not use blind finger sweeps on an infant.	10		

Name	Class		Date	
Step		Point Value	Points Achieved	Mastery
If the chest d	way and attempt to provide rescue breaths. oes not rise, reposition the airway (both head d try to provide another rescue breath.	10		
	breaths are unsuccessful, give five back ve chest thrusts.	10		
	7 through 9 until rescue breaths are effective, tinue CPR as necessary.	10		
Time limit: 10 mir		nts Achieved:		
Observer's Name:				
Steps that require	e more practice:			
Instructor comme	nts:			

Name	Class	Date

PROCEDURE 44.5 Controlling Bleeding

This procedure includes using the appropriate personal protective equipment (if time allows), applying pressure to the wound, elevating the body part that is bleeding, and assisting the physician or EMT as indicated.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Clean or sterile dressings

Step	Point Value	Points Achieved	Mastery
 If you have time, wash your hands and put on examination gloves, face protection, and a gown to protect yourself from splatters, splashes, and sprays. 	15		
Using a clean or sterile dressing, apply direct pressure over the wound.	10		
If blood soaks through the dressing, do not remove it. Apply an additional dressing over the original one.	15		
4. Elevate the body part that is bleeding.	10		
If direct pressure and elevation do not stop the bleeding, apply pressure over the nearest pressure point between the bleeding and heart.	20		
6. When the doctor or EMT arrives, assist as requested.	10		
After the patient has been transferred to a hospital, properly dispose of contaminated materials.	10		
8. Remove the gloves and wash your hands.	10		
Time limit: 10 minutes Add Poir Observer's Name: Steps that require more practice:			
Instructor comments:			

Name	Class	Date			
PROCEDURE 44.6	Cleaning Minor Wounds				
This procedure includes the steps for cleaning, dressing, and bandaging a minor wound.					

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Sterile gauze squares, basin, antiseptic soap, warm water, sterile dressing

Step	Point Value	Points Achieved	Mastery	
1. Wash your hands and put on examination gloves.	10			
Dip several gauze squares into a basin of warm, soapy water.	10			
 Wash the wound from the center outward to avoid bringing contaminants from the surrounding skin into the wound. Use a new gauze square for each cleansing motion. 	15			
4. As you wash, remove debris that could cause infection.	15			
5. Rinse the area thoroughly, preferably by placing the wound under warm, running water.	5			
6. Pat the wound dry with sterile gauze squares.	5			
7. Cover the wound with a dry, sterile dressing. Bandage the dressing in place.	5			
8. Properly dispose of contaminated materials.	5			
9. Remove the gloves and wash your hands.	10			
10. Instruct the patient on wound care.	10			
11. Record the procedure in the patient's chart.	10			
	nts Achieved:			
Observer's Name:				
Steps that require more practice:				
Instructor comments:				

ame	Class		Date	
PROCEDURE 44.7 Caring for a P	atient Who i	is Vomit	ing	
his procedure includes assessing the patient, ensuri f the vomit, monitoring the patient for signs of dehy				
complete the steps below. A scoring system has been adividual procedure is 100 points. Each step within nat step and is noted in the column "Point Value." with a higher point value. Record your points for each	the procedure is u Steps that are of a	veighted acco more critical	ording to the im l nature have b	iportance of
Determine your mastery of each step in the procedum $0 = 1$ poor, $0 = 1$ fair, $0 = 1$ good, $0 = 1$ excellent.	re by assigning it a	score of 1 to	o 4 in the last c	olumn:
on the basis of your scores, budget time for addition	nal practice of spec	ific steps.		
Materials: Emesis basin, cool compress, cup of co ntravenous fluids and electrolytes and an antinau		sues or a to	wel, and (if or	dered)
Step		Point Value	Points Achieved	Mastery
Wash your hands and put on examination gother PPE.	loves and	15		
Ask the patient when and how the vomiting how frequently it occurs. Find out whether s or in pain.		15		
3. Give the patient an emesis basin to collect value and document its amount, color, odor, and of Particularly note blood, bile, undigested foo the vomit.	consistency.	15		
 Place a cool compress on the patient's forether more comfortable. Offer water and paper towel to clean her mouth. 		10		
her more comfortable. Offer water and pape	onfusion, or for signs of	10		
her more comfortable. Offer water and paper towel to clean her mouth. 5. Monitor for signs of dehydration, such as contribution irritability, and flushed, dry skin. Also monit electrolyte imbalances, such as leg cramps	onfusion, or for signs of or an irregular and equipment ravenous fluids			
her more comfortable. Offer water and paper towel to clean her mouth. 5. Monitor for signs of dehydration, such as continuous irritability, and flushed, dry skin. Also monit electrolyte imbalances, such as leg cramps pulse. 6. If requested, assist by laying out supplies are for the physician to use in administering into and electrolytes. Administer an antinauseare	er tissues or a onfusion, or for signs of or an irregular nd equipment ravenous fluids drug if	15		

oserver's Name:	_
eps that require more practice:	_
structor comments:	_

Name	Class	Date
INdille	Class	Date

PROCEDURE 44.8 Performing Cardiopulmonary Resuscitation (CPR)

This procedure outlines the steps necessary to ensure a patient's airway, breathing, and circulation after respiratory or cardiac arrest.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Mouth shield, or if not in the office, a piece of plastic with a hole for the mouth

Step	Point Value	Points Achieved	Mastery
1. Check the patient's responsiveness.	10		
If the patient is unresponsive, call 911 or the local emergency number or have someone do it for you.	15		
3. Open the airway.	15		
 4. Check for breathing. Place your ear next to the patient's mouth, turn your head, and watch his chest. Look for chest rise and fall, listen for sounds coming out of his mouth or nose, and feel for air movement. If the patient is breathing, place him in the recovery position. If the patient is not breathing or has inadequate breathing, give two slow rescue breaths, which should be given at two seconds per breath using one of three methods: Ensure the adequate rise and fall of the chest. If his chest does not rise, reposition his airway and try again. If on the second attempt the chest does not rise, your patient may have an airway obstruction. See Procedure 44-3. 	15		
 5. Check for signs of circulation. Check for adequate breathing, coughing, movement, and normal skin color. Check for a carotid pulse. If patient is not breathing but other signs of circulation are present, give rescue breaths at a rate of one every 5 seconds. If you cannot determine whether the patient has a pulse or signs of circulation, start CPR and prepare to use an AED, if an AED is available and you are trained to use it. 	15		

Vame	Class	Date	

Step	Point Value	Points Achieved	Mastery
 6. Perform CPR. Place two fingers on the lower end of the patient's rib cage, on the side closest to you. Slide your fingers up the patient's rib cage to the notch where the ribs meet the lower sternum. Place the heel of one hand just above your two fingers on the lower half of the sternum, and place your other hand on top of the first. The proper location for chest compression is between the nipples. Lean forward so your shoulders are over the patient, keeping your arms straight. Keep the heel of your hand on the patient's chest but make sure to keep your fingers off the chest. Give 15 chest compressions at a rate of 100 compressions per minute, followed by two slow rescue breaths for an adult. Push down on the breastbone 1½ to 2 inches with each compression. Allow the chest to return to its normal state between compressions. Continue cycles of 15:2 (15 chest compressions and 2 rescue breaths) for a total of four cycles or approximately one minute. 	15		
 7. Recheck circulation. After four cycles of 15:2, which is about one minute, recheck signs of circulation. If patient is not breathing and has no signs of circulation, resume CPR cycles beginning with chest compressions. If signs of circulation are present but patient is not breathing, give one rescue breath every 5 seconds. Recheck for signs of circulation every few minutes. 	15		
	nts Achieved:		
Observer's Name: Steps that require more practice:			
Instructor comments:			

	01	n .
Name	Class	Date

PROCEDURE 44.9 Assisting With Emergency Childbirth

This procedure outlines the steps necessary for assisting with the delivery of—or delivering—a baby in an emergency situation.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Clean cloths, sterile or clean sheets or towels, two sterile clamps or two pieces of string boiled in water for at least 10 minutes, sterile scissors, plastic bag, soft blankets or towels

Step	Point Value	Points Achieved	Mastery
Ask the woman her name and age, how far apart her contractions are, whether her water has broken, and whether she feels straining or pressure as if the baby is coming.	4		
2. Help remove the woman's lower clothing.	4		
3. Explain that you are about to do a visual inspection to see if the baby's head is in position. Ask the woman to lie on her back with her thighs spread, her knees flexed, and her feet flat. Examine her to see whether there is crowning.	4		
 If the head is crowning, childbirth is imminent. Place clean cloths under the woman's buttocks, and use sterile sheets or towels to cover her legs and stomach. 	4		
5. Wash your hands thoroughly and put on examination gloves. If other PPE is available, put it on now.	4		
6. At this point the physician would begin to take steps to deliver the baby, and you would position yourself at the woman's head to provide emotional support and help in case she vomited. If no physician is available, you may have to proceed on your own. In that case position yourself at the woman's side so that you have a constant view of the vaginal opening.	4		
7. Talk to the woman and encourage her to relax between contractions while allowing the delivery to proceed naturally.	4		
 Position your gloved hands at the woman's vaginal opening when the baby's head starts to appear. Do not touch her skin. 	4		

Step	Point Value	Points Achieved	Mastery
9. Place one hand below the baby's head as it is delivered. Spread your fingers evenly around the baby's head to support it so that it does not touch the mother's anal area. Use your other hand to help cradle the baby's head. Never pull on the baby.	6		
If the umbilical cord is wrapped around the baby's neck, gently loosen the cord and slide it over the baby's head.	6		
11. If the amniotic sac has not broken by the time the baby's head is delivered, use your finger to puncture the membrane. Then pull the membranes away from the baby's mouth and nose.	6		
12. Wipe blood or mucus from the baby's mouth with a clean cloth.	6		
13. Continue to support the baby's head as the shoulders emerge. The upper shoulder will deliver first, followed quickly by the lower shoulder.	6		
14. If the baby is not breathing, lower the head, raise the lower part of the body, and tap the soles of the feet. If the baby is still not breathing, begin rescue breathing through the mouth and nose as directed in this chapter.	6		
15. After the feet are delivered, lay the baby on his side with the head slightly lower than the body. Keep the baby at the same level as the mother until you cut the umbilical cord.	6		
16. Before cutting the cord, wait several minutes, until pulsations stop. Use the clamps or pieces of string to tie the cord in two places: 6 inches from the baby and again about 12 inches from the baby.	6		
17. Use sterilized scissors to cut the cord between the two clamps or pieces of string.	4		
18. Within 10 minutes of the baby's birth, the placenta will begin to expel. Save it in a plastic bag for further examination.	4		
 Keep the mother and baby warm by wrapping them in towels or blankets. Do not touch the baby any more than necessary. 	4		

Step	Point Value	Points Achieved	Mastery
Massage the mother's abdomen just below the navel every few minutes to control internal bleeding.	4		
21. Arrange for transport of the mother and baby to the hospital.	4		
Time limit: 10 minutes Add Poir	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name _____ Date _____

ig Triage in a D	isaster		
n patient and labeling	patients accor	ding to a prior	rity of needs.
ithin the procedure is t ue." Steps that are of a	veighted accor more critical	rding to the im nature have b	portance of
cedure by assigning it	a score of 1 to	4 in the last c	olumn:
litional practice of spec	cific steps.		
	Point Value	Points Achieved	Mastery
on gloves and other	10		
	20		
	20		
ately. Emergent	20		
care within the next lacerations that	10		
ovide hose for whom as patients who	10		
e safe until they	10		
	on gloves and other for care, classifying or dead. send them to ately. Emergent k or who are and them to basic care within the next lacerations that ding but can wait and them to care within the next lacerations that ding but can wait and them to covide hose for whom as patients who motionally upset. are that the bodies is safe until they be taken. Add Poin	patient and labeling patients accord has been provided for each procedure ithin the procedure is weighted according. Steps that are of a more critical or each step in the column "Points Accedure by assigning it a score of 1 to ditional practice of specific steps. Point Value on gloves and other 10 20 for care, classifying 20 or dead. send them to 20 attely. Emergent k or who are do them to basic care within the next lacerations that ding but can wait and them to 30 or ovide 30 hose for whom 30 as patients who 31 motionally upset. In that the bodies 32 e safe until they 33 be taken. Add Points Achieved:	a patient and labeling patients according to a prior in has been provided for each procedure. The total stithin the procedure is weighted according to the impue." Steps that are of a more critical nature have been each step in the column "Points Achieved." cedure by assigning it a score of 1 to 4 in the last continual practice of specific steps. Point Value Points Achieved

Name	Class	Date

PROCEDURE COMPETENCY CHECKLISTS

PROCEDURE 45.1 Using a Microscope

This procedure includes preventive maintenance, light adjustment, coarse and fine focus, the oil-immersion technique, and cleaning the microscope after use.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Microscope, lens paper, lens cleaner, prepared specimen slide, immersion oil, tissues

Step	Point Value	Points Achieved	Mastery
1. Wash your hands and put on examination gloves.	4		
Remove the protective cover from the microscope. Examine the microscope to make sure that it is clean and that all parts are intact.	4		
3. Plug in the microscope and make sure the light is working. If you need to replace the bulb, refer to the manufacturer's guidelines. Turn the light off before cleaning the lenses.	4		
Clean the lenses and oculars with lens paper. Avoid touching the lenses with anything except lens paper. If a lens is particularly dirty, use a small amount of lens cleaner.	5		
Place the specimen slide on the stage. Slide the edges of the slide under the slide clips to secure the slide to the stage.	4		
 Adjust the distance between the oculars to a position of comfort. You have correctly adjusted the oculars when the field you see through the eyepieces is a merged field, not separate left and right fields. 	5		
7. Adjust the objectives so that the low-power (10×) objective points directly at the specimen slide. Before swiveling the objective assembly, be sure you have sufficient space for the objective. Raise the body tube by using the coarse adjustment control, and lower the stage as needed. If the objective assembly is too close to the stage, you may hit the specimen slide and crack it.	5		
8. Turn on the light, and using the iris controls, adjust the amount of light illuminating the specimen so that the light fills the field but does not wash out the image.	5		

Step	Point Value	Points Achieved	Mastery
9. Observe the microscope from one side, and slowly lower the body tube to move the objective closer to the stage and specimen slide. If you used the stage controls to lower the stage away from the objectives, you may also need to adjust those controls. Again, take care not to strike the stage with the objective. The objective should almost meet the specimen slide but not touch it.	5	Admicada	inactory in the second
10. Look through the oculars and use the coarse focus control to slowly adjust the image. If necessary, adjust the amount of light coming through the iris.	5		
11. Continue using the fine focus control to adjust the image. When the image is correctly adjusted, the specimen will be clearly visible, and the field illumination will be bright enough to show details but not so bright that it is uncomfortable to view.	5		
12. Switch to the high-power (40×) objective. Use the fine focus controls to view the specimen clearly.	5		
13. Rotate the objective assembly so that no objective points directly at the stage and specimen slide.	4		
14. Apply a small drop of immersion oil to the specimen slide.	4		
15. Swing the oil-immersion (100×) objective over the stage and specimen slide. Gently lower the objective so that it is surrounded by the immersion oil.	4		
16. Examine the image and adjust the amount of light and focus as needed. To eliminate air bubbles in the immersion oil, gently move the stage left and right.	4		
17. After you have examined the specimen as required by the testing procedure, lower the stage and raise the objectives.	4		
18. Remove the slide. Dispose of it or store it as required by the testing procedure. If you must dispose of the slide, be sure to use the appropriate biohazardous waste container. If you must store the slide, remove the immersion oil with a tissue.	4		
 Clean the microscope stage, ocular lenses, and objectives. Be careful to remove all traces of immersion oil from the stage and oil-immersion objective. 	4		
20. Turn off the light. Unplug the microscope if that is your laboratory's standard operating procedure.	4		
21. Rotate the objective assembly so that the low-power objective points toward the stage. Lower the objective so that it comes close to but does not rest on the stage.	4		

Step	Point Value	Points Achieved	Mastery
22. Cover the microscope with its protective cover. Check the work area to be sure you have cleaned everything correctly and disposed of all waste materials.	4		
23. Remove the gloves and wash your hands.	4		
Time limit: 10 minutes Add Poir	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name _____ Class ____ Date ____

Name Class	Date	
------------	------	--

PROCEDURE 45.2 Disposing of Biohazardous Waste

This procedure outlines the steps necessary for safely disposing of contaminated sharps and paper waste.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Biohazardous waste containers, gloves, waste materials

Step	Point Value	Points Achieved	Mastery
To dispose of sharps or other materials that could cut, slice, or puncture the skin:			
 While wearing gloves, hold the article by the unpointed or blunt end. 	10		
2. Drop the object directly into an approved container. (If you are using an evacuation system, unscrew the needle and allow it to drop into the receptacle.) The container should be puncture-proof, with rigid sides and a tight-fitting lid.	15		
3. If you are disposing of a needle, do not bend, break, or attempt to recap the needle before disposal. If the needle is equipped with a safety shield, slide the shield over the needle as designed, and drop the entire assembly into the sharps container.	15		
4. When the container is two-thirds full, replace it with an empty container. Depending on your office's procedures, the container and its contents may be sterilized before further disposal, or they may be collected by an authorized waste management agency.	15		
5. Remove the gloves and wash your hands.	10		
To dispose of contaminated paper waste: 1. While wearing gloves, deposit the materials in a properly marked biohazardous waste container. A standard biohazardous waste container has an inner plastic liner, either red or orange and marked with the biohazard symbol, and a puncture-proof outer shell, also marked with the biohazard symbol.	10		

Step	Point Value	Points Achieved	Mastery
If the container is full, secure the inner liner and place it in the appropriate area for biohazardous waste.	15		
3. Remove the gloves and wash your hands.	10		
Time limit: 10 minutes Add Po	ints Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name ______ Date _____

Name	Class	Date
inallic	Ciuss	Date

PROCEDURE COMPETENCY CHECKLISTS

PROCEDURE 46.1 Obtaining a Throat Culture Specimen

This procedure includes the steps for obtaining a culture and preparing it for transport to an outside laboratory or evaluation in the physician's office laboratory.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Tongue depressor, sterile collection system or sterile swab plus blood agar culture plate

Step	Point Value	Points Achieved	Mastery
Identify the patient, introduce yourself, and explain the procedure.	5		
Assemble the necessary supplies; label the culture plate if used.	5		
Wash your hands and put on examination gloves and goggles and a mask or a face shield.	5		
4. Have the patient assume a sitting position. (Having a small child lie down rather than sit may make the process easier. If the child refuses to open the mouth and all else fails, gently squeeze the nostrils shut so the child must open the mouth to breathe.)	5		
Open the collection system or sterile swab package by peeling the wrapper halfway down; remove the swab with your dominant hand.	5		
6. Ask the patient to tilt back the head and open the mouth as wide as possible.	5		
7. With your other hand, depress the patient's tongue with the tongue depressor.	5		
8. Ask the patient to say "Ah."	5		
9. Insert the swab and quickly swab the back of the throat in the area of the tonsils, twirling the swab over representative areas on both sides of the throat. (Avoid touching the uvula, which will make the patient gag.)	10		
10. Remove the swab and then the tongue depressor from the patient's mouth.	5		

Name	Class	Date

Step	Point Value	Points Achieved	Mastery
Discard the tongue depressor in a biohazardous waste container.	5		
To transport the specimen to a reference laboratory: 12. Immediately insert the swab back into the plastic sleeve, being careful not to touch the outside of the sleeve with the swab.	10		
13. Crush the vial of transport medium to moisten the tip of the swab.	10		
14. Label the collection system and arrange for transport to the laboratory.	10		
15. Remove the gloves and wash your hands.	5		
16. Document the procedure in the patient's chart.	5		
To prepare the specimen for evaluation in the physician's office laboratory: 12. Immediately inoculate the culture plate with the swab, using a back-and-forth motion.	10		
13. Discard the swab in a biohazardous waste container.	5		
14. Label the culture plate, and place it in the incubator.	10		
15. Remove the gloves and wash your hands.	5		
16. Document the procedure in the patient's chart.	10		
Observer's Name:	ints Achieved:		
Steps that require more practice:			
Instructor comments:			

Name	Class	Date
inallic	Ciuss	Date

PROCEDURE 46.2 Preparing Microbiologic Specimens for Transport to an Outside Laboratory

This procedure includes the steps for obtaining the specimen, completing the requisition, preparing the specimen for transport, and calling for pickup.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Specimen collection device, requisition form, secondary container or zipper-type plastic bag

Step	Point Value	Points Achieved	Mastery
 Wash your hands and put on examination gloves (and goggles and a mask or a face shield if you are collecting a microbiologic throat culture specimen). 	10		
 2. Obtain the microbiologic culture specimen. a. Use the collection system specified by the outside laboratory for the test requested. b. Label the microbiologic specimen collection device at the time of collection. c. Collect the microbiologic specimen according to the guidelines provided by the laboratory and office procedure. 	20		
3. Remove the gloves and wash your hands.	5		
4. Complete the test requisition form.	5		
Place the microbiologic specimen container in a secondary container or zipper-type plastic bag.	5		
Attach the test requisition form to the outside of the secondary container or bag, per laboratory policy.	5		
7. Log the microbiologic specimen in the list of outgoing specimens.	10		
Store the microbiologic specimen according to guidelines provided by the laboratory for that type of specimen.	20		
9. Call the laboratory for pickup of the microbiologic specimen, or hold it until the next scheduled pickup.	5		

Step	Point Value	Points Achieved	Mastery
 At the time of pickup, ensure that the carrier takes all microbiologic specimens that are logged and scheduled to be picked up. 	10		
11. If you are ever unsure about collection or transportation details, call the laboratory.	5		
Time limit: 10 minutes Add Poir	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name ______ Date _____

Name Class Date	Name	Class	Date
-----------------	------	-------	------

PROCEDURE 46.3 Preparing a Microbiologic Specimen Smear

This procedure includes the steps necessary to heat-fix a slide smear for subsequent staining technique.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Glass slide with frosted end, pencil, specimen swab, Bunsen burner, forceps

Step	Point Value	Points Achieved	Mastery
Wash your hands and put on examination gloves.	10		
2. Assemble all the necessary items.	5		
Use a pencil to label the frosted end of the slide with the patient's name.	15		
4. Roll the specimen swab evenly over the smooth part of the slide, making sure that all areas of the swab touch the slide.	15		
Discard the swab in a biohazardous waste container. (Retain the microbiologic specimen for culture as necessary or according to office policy.)	10		
 Allow the smear to air-dry. Do not wave the slide to dry it, because this may spread pathogens or contaminate the slide. 	10		
7. Heat-fix the slide by holding the frosted end with forceps and passing the clear part of the slide, with the smear side up, through the flame of a Bunsen burner three or four times. (Your office may use an alternate procedure for fixing the slide, such as flooding the smear with alcohol, allowing it to sit for a few minutes, and either pouring off the remaining liquid or allowing the smear to air-dry. Pap smear slides must be fixed with a chemical spray within 10 seconds. Chlamydia slides come with their own fixative.)	15		
8. Allow the slide to cool before staining the smear.	5		

Step	Point Value	Points Achieved	Mastery
9. Return the materials to their proper location.	5		
10. Remove the gloves and wash your hands.	10		
Time limit: 10 minutes A Observer's Name: Steps that require more practice:			
Instructor comments:			

Name	Class	Date

PROCEDURE 46.4 Performing a Gram's Stain

This procedure includes applying the primary stain and iodine solution, decolorizing with alcohol, and counterstaining with a secondary stain.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Heat-fixed smear, slide staining rack and tray, crystal violet dye, iodine solution, alcohol or acetone-alcohol decolorizer, safranin dye, wash bottle filled with water, forceps, blotting paper or paper towels (optional)

Step	Point Value	Points Achieved	Mastery
Assemble all the necessary supplies.	4		
2. Wash your hands and put on gloves.	4		
Place the heat-fixed smear on a level staining rack and tray with the smear side up.	4		
4. Completely cover the specimen area of the slide with the crystal violet stain. (Many commercially available Gram's stain solutions have flip-up bottle caps that allow you to dispense stain by the drop. If the stain bottle you are using does not have an attached dropper cap, use an eyedropper.)	12		
Allow the stain to sit for 1 minute; wash the slide thoroughly with water from the wash bottle.	4		
Use the forceps to hold the slide at the frosted end, tilting the slide to remove excess water.	4		
7. Place the slide flat on the rack again, and completely cover the specimen area with iodine solution.	12		
Allow the iodine to remain for 1 minute; wash the slide thoroughly with water.	4		
Use the forceps to hold and tilt the slide to remove excess water.	4		
10. While still tilting the slide, apply the alcohol or decolorizer drop by drop until no more purple color washes off.	12		
11. Wash the slide thoroughly with water; use the forceps to hold and tip the slide to remove excess water.	4		
12. Completely cover the specimen with safranin dye.	12		

Name	Class	Date

Step	Point Value	Points Achieved	Mastery
13. Allow the safranin to remain for 1 minute; wash the slide thoroughly with water.	4		
14. Use the forceps to hold the stained smear by the frosted end, and carefully wipe the back of the slide to remove excess stain.	4		
15. Place the smear in a vertical position and allow it to air-dry.	4		
16. Sanitize and disinfect the work area.	4		
17. Remove the gloves and wash your hands.	4		
Time limit: 10 minutes Add Poin	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class	Date
inallic	Ciuss	Date

PROCEDURE COMPETENCY CHECKLISTS

PROCEDURE 47.1 Collecting a Clean-Catch Midstream Urine Specimen

This procedure includes the steps involved in instructing the patient to collect a urine specimen and assisting in the collection for a female and a male patient.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Dry, sterile urine container with lid; label; written instructions (if patient is to perform procedure independently); antiseptic towelettes

Step	Point Value	Points Achieved	Mastery
Confirm the patient's identity and be sure all forms are correctly completed.	5		
Label the specimen container with the names of the patient and physician, the date and time of collection, and the initials of the person collecting the specimen.	5		
When the patient will be completing the procedure independently:			
3. Explain the procedure in detail. Provide the patient with written instructions and the labeled specimen container.	5		
4. Confirm that the patient understands the instructions, especially not to touch the inside of the specimen container and to refrigerate the specimen until it is brought to the physician's office or laboratory.	5		
When you are assisting a patient in the collection process:			
Explain the procedure and how you will be assisting in the collection.	5		
4. Wash your hands and put on examination gloves.	5		
When you are assisting in the collection for a female patient:			
Remove the lid from the specimen container, and place the lid upside down on a flat surface.	5		
6. Spread the labia to clean the perineal area. Wipe one side, the other side, and the middle with a separate antiseptic towelette for each area, discarding each towelette after its one-time use. Rinse the area from front to back with water.	5		

Name	Class	Date

Step	Point Value	Points Achieved	Mastery
7. Keeping the patient's labia spread, tell her to urinate into the toilet. After she has expressed a small amount of urine, instruct her to stop the flow if possible.	5		
Position the specimen container close to but not touching the patient.	5		
9. Tell the patient to start urinating again. Collect the necessary amount of urine in the container.	5		
10. Allow the patient to finish urinating. Place the lid back on the collection container.	5		
11. Remove the gloves and wash your hands.	5		
12. Complete the test request slip, and record the collection in the patient's chart.	5		
When you are assisting in the collection for male patients: 5. Remove the lid from the specimen container, and place the lid upside down on a flat surface.	5		
6. For a circumcised patient, use a towelette to clean the head of the penis. Wipe with a second towelette across the urethral opening. For an uncircumcised patient, retract the foreskin before cleaning the penis. Rinse the area once from front to back with water.	5		
7. Keeping an uncircumcised patient's foreskin retracted, tell the patient to urinate into the toilet. After he has expressed a small amount of urine, instruct him to stop the flow if possible.	5		
Position the specimen container close to but not touching the patient.	5		
Tell the patient to start urinating again. Collect the necessary amount of urine in the container.	5		
10. Allow the patient to finish urinating. Place the lid back on the collection container.	5		
11. Remove the gloves and wash your hands.	5		
12. Complete the test request slip, and record the collection in the patient's chart.	5		
Time limit: 10 minutes Add Point	s Achieved	:	
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class	Date

PROCEDURE 47.2 Collecting a Urine Specimen from a Pediatric Patient

This procedure includes properly cleaning the genitalia, applying the collection bag, observing the collection bag for urine, transferring the specimen to a container, and documenting the collection in the patient's chart.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Urine specimen bottle or container, label, sterile cotton balls, soapy water, sterile water, plastic disposable urine collection bag

Step	Point Value	Points Achieved	Mastery
 Confirm the patient's identity and be sure all forms are correctly completed. 	5		
Label the specimen container with the names of the patient and physician, the date and time of collection, and your initials.	10		
3. Explain the procedure to the child (if age-appropriate) and to the parents or guardians.	5		
4. Wash your hands and put on examination gloves.	5		
Have the parents pull the child's pants down and take off the diaper.	5		
6. Position the child with the genitalia exposed.	5		
7. Clean the genitalia. For a male patient, wipe the tip of the penis with a soapy cotton ball, and then rinse it with a cotton ball saturated with sterile water. Allow it to air-dry. For a female patient, use soapy cotton balls to clean the labia majora from front to back, using one cotton ball for each wipe. Use cotton balls saturated with sterile water to rinse the area, and allow it to air-dry.	10		
8. Remove the backing from the collection bag and place the bag over the penis and scrotum or the vulva. Seal tightly to avoid leaks. Do not cover the child's rectum.	10		
9. Diaper the child.	5		
10. Remove the gloves and wash your hands.	5		

Name	Class	Date

Step	Point Value	Points Achieved	Mastery
11. Open the diaper and check the collection bag every half-hour for urine.	5		
12. If the child has voided, wash your hands and put on examination gloves.	5		
13. Remove the diaper, take off the collection bag carefully so that you do not irritate the child's skin, wash off the adhesive residue, rinse, and pat dry.	5		
14. Diaper the child.	5		
15. Place the specimen in the specimen container and cover it.	5		
16. Remove the gloves and wash your hands.	5		
17. Complete the test request slip, and record the collection in the patient's chart.	5		
Time limit: 10 minutes Add Poi	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class	Date

PROCEDURE 47.3 Establishing Chain of Custody for a Urine Specimen

This procedure includes the steps involved in obtaining a urine specimen for drug testing by establishing the legal chain of custody throughout the procedure.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Dry, sterile urine container with lid; chain of custody form (CCF); two additional specimen containers

Step	Point Value	Points Achieved	Mastery
 Positively identify the donor. Complete the top part of the CCF with the name and address of the drug testing laboratory, the name and address of the requesting company, and the Social Security number of the donor. Make a note on the form if the donor refuses to give her Social Security number. Ensure that the number on the printed label matches the number at the top of the form. 	7		
Ensure that the donor removes any outer clothing and empties her pockets, displaying all items.	7		
3. Instruct the patient to wash and dry her hands.	5		
 Instruct the patient that no water is to be running while the specimen is being collected. 	7		
Instruct the patient to provide the specimen as soon as it is collected so that you may record the temperature of the specimen.	7		
6. Remain by the door of the restroom.	5		
7. Measure and record the temperature of the urine specimen within 4 minutes of collection. Make a note if its temperature is out of acceptable range.	7		
Examine the specimen for signs of adulteration (unusual color or odor).	7		
9. In the presence of the donor, check the single or split specimen box. The donor should witness your transferring the specimen into the transport specimen bottles, capping the bottles, and affixing the labels on the bottles.	7		
 The donor should initial the specimen bottle labels after they are placed on the bottles. 	5		

Name	Class	Date
------	-------	------

Step	Point Value	Points Achieved	Mastery
Complete any additional information requested on the form, including the authorization for drug screening.	7		
12. Sign the CCF; print your full name, note the date and time of the collection, and the name of the courier service.	7		
13. Give the donor a copy of the CCF.	5		
14. Place the specimen in a leakproof bag with the appropriate copy of the form.	5		
15. Release the specimen to the courier service.	7		
16. Distribute additional copies as required.	5		
Time limit: 10 minutes Add Poi Observer's Name:		:	
Steps that require more practice:			
Instructor comments:			

Name	Class	Date

PROCEDURE 47.4 Measuring Specific Gravity With a Refractometer

This procedure includes calibrating the refractometer, applying the specimen, and reading and recording the results.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Urine specimen, refractometer, dropper, laboratory report form

Step	Point Value	Points Achieved	Mastery
Wash your hands and put on examination gloves.	5		
 Check the specimen for proper labeling, and examine it to make sure that there is no visible contamination and that no more than 1 hour has passed since collection or since the specimen was removed from the refrigerator and brought back to room temperature. 	20		
3. Swirl the specimen to mix it thoroughly.	5		
4. If the refractometer has not been calibrated that day, calibrate it using distilled water and two standard solutions. Clean the refractometer and the dropper after each use, and record the calibration values in the quality control log.	15		
5. Open the hinged lid of the refractometer.	5		
6. Draw up a small amount of the specimen into the dropper.	5		
7. Place one drop of the specimen under the cover.	5		
8. Close the lid.	5		
9. Turn on the light, and look into the eyepiece of the refractometer. As the light passes through the specimen, the refractometer measures the refraction of the light and displays the refractive index on a scale on the right with corresponding specific gravity values on the left.	5		
10. Read the specific gravity value at the line where light and dark meet.	5		
11. Record the value on the laboratory report form.	5		
12. Sanitize and disinfect the refractometer and dropper, and put them away when they are dry.	5		

Step	Point Value	Points Achieved	Mastery
13. Clean and disinfect the work area.	5		
14. Remove the gloves and wash your hands.	5		
15. Record the value in the patient's chart.	5		
Time limit: 10 minutes Add Po Observer's Name:	ints Achieved:		
Steps that require more practice:			
Instructor comments:			

_____ Class _____ Date _____

Name ___

Name	Class	Date

PROCEDURE 47.5 Performing a Reagent Strip Test

This procedure includes ensuring the quality of the specimen, performing and reading the test, and recording the results in the patient's chart.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Urine specimen, laboratory report form, reagent strips, paper towel, timer

Step		Point Value	Points Achieved	Mastery
1.	Wash your hands and put on personal protective equipment.	5		
2.	Check the specimen for proper labeling, and examine it to make sure that there is no visible contamination. Perform the test as soon as possible after collection. Refrigerate the specimen if it will be longer than 1 hour before testing. Bring the refrigerated specimen back to room temperature prior to testing.	10		
3.	Check the strip for damaged or discolored pads.	12		
4.	Swirl the specimen to mix it thoroughly.	10		
5.	Dip a urine strip or dipstick into the specimen, making sure each pad is completely covered. Briefly tap the strip or dipstick sideways on a paper towel. <i>Do not blot</i> the test pads.	15		
6.	Read each test pad against the chart on the bottle at the designated time. Note: It is important to read each pad at the appropriate time. Most reagent strip or dipstick results are invalid after 2 minutes.	15		
7.	Record the values on the laboratory report form.	10		
8.	Discard the used disposable supplies.	5		
9.	Clean and disinfect the work area.	10		
10.	Remove your gloves and wash your hands.	5		
11.	Record the result in the patient's chart.	5		
Γim	e limit: 10 minutes Add Poir	nts Achieved	:	
Obs	erver's Name:			
Step	os that require more practice:			
	ructor comments:			

Name Clas	s	Date	
PROCEDURE 47.6 Pregnancy Testing U	Jsing the EIA N	/lethod	
This procedure outlines the steps necessary to test a patient	s urine sample for the	presence of H	ICG.
Complete the steps below. A scoring system has been provide individual procedure is 100 points. Each step within the procethat step and is noted in the column "Point Value." Steps that with a higher point value. Record your points for each step in	edure is weighted accor t are of a more critical	rding to the im nature have b	portance of
Determine your mastery of each step in the procedure by assi $1 = poor$, $2 = fair$, $3 = good$, $4 = excellent$.	gning it a score of 1 to	4 in the last c	olumn:
On the basis of your scores, budget time for additional practi	ce of specific steps.		
Materials: Gloves, urine specimen, timing device, surface of pregnancy test kits	lisinfectant, pregnanc	y control solu	tions,
Step	Point Value	Points Achieved	Mastery
Wash your hands and put on examination gloves.	5		
2. Gather the necessary supplies and equipment.	5		
If refrigerated, allow all materials to reach room temperature prior to conducting the testing.	15		
 Label the test chamber with the patient's name or identification number; label one test chamber for a negative and positive control. 	15		
5. Apply the urine (or serum) to the test chamber per the manufacturer's instructions.	ne 15		
6. At the appropriate time, read and interpret the result	s. 15		
7. Document the patient's results in the chart; documer quality control results in the appropriate log book.	nt the 15		
8. Dispose of used reagents in a biohazard container.	5		
9. Clean the work area with a disinfectant solution.	5		
10. Wash your hands.	5		
Time limit: 10 minutes Observer's Name:	Add Points Achieved:		
Steps that require more practice:			

Instructor comments: ___

Name	Class	Date
Name	Ciass	Date

PROCEDURE 47.7 Processing a Urine Specimen for Microscopic Examination of Sediment

This procedure includes preparing the specimen, performing a wet mount, placing a slide on the microscope, recording the results of the physician's observations, and disinfecting the work area.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Fresh urine specimen, two glass or plastic test tubes, water, centrifuge, tapered pipette, glass slide with coverslip, microscope with light source, laboratory report form

Step	Point Value	Points Achieved	Mastery
Wash your hands and put on examination gloves.	5		
 Check the specimen for proper labeling, and examine it to make sure that there is no visible contamination and that no more than 1 hour has passed since collection or since the specimen was removed from the refrigerator and brought back to room temperature. 	5		
3. Swirl the specimen to mix it thoroughly.	5		
 Pour approximately 10 mL of urine into one test tube and 10 mL of plain water into the other. 	5		
Balance the centrifuge by placing the test tubes on either side.	5		
6. Make sure the lid is secure, and set the centrifuge timer for 3 to 5 minutes.	5		
Set the speed as prescribed by office protocol, and start the centrifuge.	5		
 After the centrifuge stops, lift out the tube containing the urine, and pour most of the supernatant down the drain in the sink. 	5		
Mix the remaining urine and sediment together by gently tapping the bottom of the tube on the palm of your hand.	5		
 Use the tapered pipette to obtain a drop or two of the urine sediment. Place the drops in the center of a clean glass slide. 	5		
11. Place the coverslip over the specimen, allow it to settle, and place it on the stage of the microscope.	5		

		_
Name	Class	Date

Step	Point Value	Points Achieved	Mastery
12. Correctly focus the microscope.	5		
Note: Physicians, rather than medical assistants, usually examine the specimen. You may, however, be asked to clean the items after the examination is completed. Steps 13–15 are provided for your information.			
13. Use a dim light and view the slide under the low-power objective.	5		
14. Switch to the high-power objective. View any casts, cells, and crystals. Adjust the slide position so that you can view it from at least ten different fields. Turn off the light after the examination is completed.	5		
15. Record the observations on the laboratory report form.	5		
16. Properly dispose of used disposable materials.	5		
17. Following the physician's examination of the specimen and recording of the observations on the laboratory report form, sanitize and disinfect nondisposable items, and put them away when they are dry.	5		
18. Clean and disinfect the work area.	5		
19. Remove the gloves and wash your hands.	5		
20. Record the observations in the patient's chart.	5		
Time limit: 10 minutes Add Poil Observer's Name: Steps that require more practice:	nts Achieved:		
Instructor comments:			

Name	Class	Date

PROCEDURE COMPETENCY CHECKLISTS

PROCEDURE 48.1 Quality Control Procedures for Blood Specimen Collection

This procedure includes the steps necessary for ensuring that a blood specimen is collected and handled properly.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Necessary sterile equipment, specimen collection container, paperwork related to the type of blood test the specimen is being drawn for, requisition form, marker, proper packing materials for transport

Step	Point Value	Points Achieved	Mastery
Review the request form, verify the procedure, and prepare the equipment, paperwork, and work area.	10		
Identify the patient and ask her to spell her name. Make sure the patient understands the procedure that is to be performed.	15		
 Confirm that the patient has followed any pretest requirements such as fasting, taking necessary medication, or stopping a medication. 	10		
Collect the specimen properly and at the right time intervals. Use sterile equipment and proper technique.	15		
Use the correct specimen collection containers and preservatives, if required.	10		
 After the specimen is collected, immediately label the containers with the patient's name, the date and time of the collection, the test's name, and the name of the person collecting the specimen. 	10		
Dispose of hazardous waste correctly, and decontaminate work area.	10		
8. Thank the patient and keep the patient in the office if any follow-up observation is necessary.	5		

Name Clas	ss Date)
-----------	---------	---

15	
s Achieved:	

Name	Class	Date
Name	Ciass	Date

PROCEDURE 48.2 Performing Venipuncture Using an Evacuation System

This procedure includes ensuring patient comfort and safety when applying a tourniquet, identifying the appropriate vein, drawing multiple samples, labeling the samples correctly, and observing the patient.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: VACUTAINER components (needle, needle holder/adapter, collection tubes), antiseptic and cotton balls or antiseptic wipes, tourniquet, sterile gauze squares, sterile adhesive bandages

Step	Point Value	Points Achieved	Mastery
Review the laboratory request form, and make sure you have the necessary supplies.	4		
Greet the patient, confirm the patient's identity, and introduce yourself.	4		
Explain the purpose of the procedure, and confirm that the patient has followed the physician's special instructions.	4		
Make sure the patient is sitting in a venipuncture chair or is lying down.	4		
5. Wash your hands. Put on examination gloves.	4		
6. Prepare the needle holder/adapter assembly by inserting the threaded side of the needle into the adapter and twisting the adapter in a clockwise direction. Push the first collection tube into the other end of the needle holder/ adapter until the outer edge of the collection tube stopper meets the guideline.	6		
7. Ask the patient whether one arm is better than the other for the venipuncture. The chosen arm should be positioned slightly downward.	4		
8. Apply the tourniquet to the patient's forearm midway between the elbow and the shoulder. Wrap the tourniquet around the patient's arm and cross the ends. Holding one end of the tourniquet against the patient's arm, stretch the other end to apply pressure against the patient's skin. Pull a loop of the stretched end under the end held tightly against the patient's skin. Then ask the patient to make a fist and release it several times to make the veins in the forearm stand out more prominently.	6		

Step	Point Value	Points Achieved	Mastery
 Palpate the proposed site, and use your index finger to locate the vein. If you cannot locate the vein within 1 minute, release the tourniquet and allow blood to flow freely for 1 to 2 minutes. Then reapply the tourniquet and try again. 	4		
10. After locating the vein, remove the tourniquet. Then clean the area with a cotton ball moistened with antiseptic or an antiseptic wipe. Use a circular motion to clean the area, starting at the center and working outward. Make sure the area is dry before you proceed.	6		
11. Reapply the tourniquet to the patient's arm. Remove the plastic cap from the outer point of the needle cover, and ask the patient to tighten the fist. Hold the patient's skin taut above and below the insertion site. With a steady and quick motion, insert the needle—held at a 15° angle, bevel side up, and aligned parallel to the vein—into the vein. Penetrate to a depth of ¼ to ½ inch. Grasp the holder/ adapter between your index and great (middle) fingers. Using your thumb, seat the collection tube firmly into place over the needle point, puncturing the rubber stopper so that blood can flow into the collection tube.	6		
12. Fill each tube until the blood stops running to ensure the correct proportion of blood to additives. Switch tubes as needed by pulling one tube out of the adapter and inserting the next in a smooth and steady motion.	6		
13. Once blood is flowing steadily, ask the patient to release the fist, and untie the tourniquet by pulling the end of the tucked-in loop. The tourniquet should, in general, be left on no longer than 1 minute. Be sure to remove the tourniquet before you withdraw the needle from the vein.	4		
14. As you withdraw the needle in a smooth and steady motion, place a sterile gauze square over the insertion site. Dispose of the needle immediately. Instruct the patient to hold the gauze pad in place with slight pressure and to keep the arm straight and slightly elevated for several minutes.	4		
15. If the collection tubes contain additives, invert them slowly several times to mix the chemical agent and the blood sample.	6		
16. Label the specimens and complete the paperwork.	6		

lame	Class Da)ate	
Step	Poin Valu		Mastery	
17. Check the patient's condition and the puncture bleeding. Replace the sterile gauze square wit adhesive bandage.				
18. Properly dispose of used supplies and dispose instruments, and disinfect the work area.	able 4			
19. Remove the gloves and wash your hands.	4			
20. Instruct the patient about care of the puncture	site. 4			
21. Document the procedure in the patient's chart	. 6			
Time limit: 10 minutes Observer's Name:	Add Points Achie	eved:		

Time mint. To minutes	Add Folints Achieved.
Observer's Name:	
Steps that require more practice:	
[<u> </u>	
Instructor comments:	

	01	n .
Name	Class	Date

PROCEDURE 48.3 Performing Capillary Puncture

This procedure includes ensuring patient comfort, filling the collection devices—including the micropipette, reagent strip, or smear slide—and documenting the procedure.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Capillary puncture device (lancet or automatic puncture device such as Autolet or Glucolet), antiseptic and cotton balls or antiseptic wipes, sterile gauze squares, sterile adhesive bandages, reagent strips, micropipettes, smear slides

Step	Point Value	Points Achieved	Mastery
Review the laboratory request form, and make sure you have the necessary supplies.	10		
Greet the patient, confirm the patient's identity, and introduce yourself.	10		
3. Explain the purpose of the procedure, and confirm that the patient has followed the doctor's special instructions.	2		
Make sure the patient is sitting in the venipuncture chair or is lying down.	2		
5. Wash your hands. Put on examination gloves.	2		
6. Examine the patient's hands to determine which finger to use for the procedure. If the patient's hands are cold, warm them to improve circulation.	2		
 Prepare the patient's finger with a gentle "milking" or rubbing motion toward the fingertip. Be sure to keep the patient's hand below heart level. 	10		
8. Clean the area with a cotton ball moistened with antiseptic or an antiseptic wipe. Allow the site to air-dry, or wipe the area dry with a sterile gauze square.	10		
9. Hold the patient's finger between your thumb and forefinger. Hold the lancet or automatic puncture device at a right angle to the patient's fingerprint. Puncture the skin on the pad of the fingertip with a quick, sharp motion.	2		
10. Allow a drop of blood to form at the end of the patient's finger. If the blood droplet is slow in forming, apply steady pressure, but avoid milking the patient's finger.	10		

Name	Class	Date

Point Value	Points Achieved	Mastery
10		
2		
10		
2		
2		
2		
2		
10		
nts Achieved	:	
	10 2 10 2 2 2 10 nts Achieved	Value Achieved 10 2 2 2 2 2 2 2 10 2 2 2 10 3 10 3 10 4

	01	n .
Name	Class	Date

PROCEDURE 48.4 Preparing a Blood Smear Slide

This procedure outlines the steps necessary for pushing a blood smear, including collecting the sample, smearing the slide, and staining the smeared specimen.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Blood specimen (either from a capillary puncture or a specimen tube containing anticoagulated blood), capillary tubes, sterile gauze squares, slide with frosted end, wooden applicator sticks

Step	Point Value	Points Achieved	Mastery
Wash your hands and put on examination gloves.	6		
If you will be using blood from a capillary puncture, express a drop of blood from the patient's finger. If you will be using a venous sample, check the specimen for proper labeling, uncap the specimen tube, and use wooden applicator sticks to remove any coagulated blood from the inside rim of the tube.	10		
Touch the tip of the capillary tube to the blood specimen so that the tube can take up the correct amount through capillary action.	10		
 Pull the capillary tube away from the sample, holding it carefully to prevent spillage. Wipe the outside of the capillary tube with a sterile gauze square to remove excess blood. 	6		
With the slide on the work surface, hold the capillary tube in one hand and the frosted end of the slide against the work surface with the other.	6		
6. Apply a drop of blood to the slide, about ¾ inch from the frosted end. Place the capillary tube in a safe location to prevent spillage.	10		
7. Pick up the spreader slide with your dominant hand. Hold the slide at a 30° to 35° angle. Place the edge of the spreader slide on the smear slide close to the unfrosted end. Pull the spreader slide toward the frosted end until the spreader slide touches the blood drop and capillary action spreads the droplet along the edge of the spreader slide.	10		

Name	Class	Date

Step	Point Value	Points Achieved	Mastery
8. As soon as the drop spreads out to cover most of the spreader slide edge, push the spreader slide back toward the unfrosted end of the smear slide, pulling the sample across the slide behind it. Maintain the 30° to 35° angle.	10		
9. As you near the unfrosted end of the smear slide, gently lift the spreader slide away from it, still maintaining the angle. The resulting smear should be approximately 1½ inches long, preferably with a margin of empty slide on all sides. The smear should be thicker on the frosted end of the slide.	10		
 Properly label the slide, allow it to dry, and follow the manufacturer's directions for staining it for the required tests. 	10		
11. Properly dispose of used supplies, and disinfect the work area.	6		
12. Remove the gloves and wash your hands.	6		
Time limit: 10 minutes Add Poi	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name Class	Date

PROCEDURE 48.5 Measuring Hematocrit Percentage After Centrifuge

This procedure includes the steps necessary for measuring the percentage of red blood cells in a volume of blood, including collecting the sample, preparing the sample for centrifugation, reading the result, calculating the percentage, and recording the results.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Blood specimen (either from a capillary puncture or a specimen tube containing anticoagulated blood), microhematocrit tube, sealant tray containing sealing clay, centrifuge, hematocrit gauge, wooden applicator sticks, gauze squares

Step	Point Value	Points Achieved	Mastery
1. Wash your hands and put on examination gloves.	5		
 If you will be using blood from a capillary puncture, express a drop of blood from the patient's finger. If you will be using a venous sample, check the specimen for proper labeling, uncap the specimen tube, and use wooden applicator sticks to remove any coagulated blood from the inside rim of the tube. 	5		
Touch the tip of one of the microhematocrit tubes to the blood sample so that the tube can take up the correct amount through capillary action.	5		
4. Pull the microhematocrit tube away from the sample, holding it carefully to prevent spillage. Wipe the outside of the microhematocrit tube with a gauze square to remove excess blood.	5		
5. Hold the microhematocrit tube in one hand, with a gloved finger over one end to prevent leakage, and press the other end of the tube gently into the clay in the sealant tray. Make sure that the clay plug completely seals the end of the tube.	10		
6. Repeat the process to fill another microhematocrit tube.	10		
7. Place the tubes in the centrifuge, with the sealed ends pointing outward. If you are processing more than one sample, record the position identification number in the patient's chart to track the sample.	5		
8. Seal the centrifuge chamber.	5		
9. Run the centrifuge for the required time (usually between 3 and 5 minutes). Allow the centrifuge to come to a complete stop before unsealing it.	5		

		_	
Name	Class	Date	

Step	Point Value	Points Achieved	Mastery
10. Determine the hematocrit percentage by comparing the column of packed red blood cells in the microhematocrit tubes with the hematocrit gauge. Position each tube so that the boundary between sealing clay and red blood cells is at zero on the gauge and the top of the plasma is on the 100 line.	10		
11. Record the percentage value on the gauge that corresponds to the top of the column of red blood cells for each tube. Compare the two results. They should not vary by more than 2%. If you record a greater variance, at least one of the tubes was filled incorrectly, and you must repeat the test.	10		
12. Calculate the average result by adding the two tube figures and dividing that number by 2.	5		
 Properly dispose of used supplies, and clean and disinfect the equipment and the area. 	5		
14. Remove the gloves and wash your hands.	5		
15. Record the test result in the patient's chart. Be sure to identify abnormal results.	10		
Time limit: 10 minutes Add Poil Observer's Name:	nts Achieved:		
Steps that require more practice:			
Instructor comments:			

Name Clas	ss Date)
-----------	---------	---

PROCEDURE 49.1 Educating Adult Patients About Daily Water Requirements

This procedure includes the steps necessary to instruct patients regarding appropriate water intake based on their health status.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Patient education literature, patient's chart, pen

Step	Point Value	Points Achieved	Mastery
 Explain to patients how important water is to the body. Point out the water content of the body and the many functions of water in the body. 	20		
Add any comments applicable to an individual patient's health status—for example, issues related to medication use, physical activity, pregnancy, incontinence, and so on.	20		
3. Explain that people obtain water by drinking water and other fluids and by eating water-containing foods. On average, a person should drink six to eight glasses of water a day. Reinforce the physician's or dietitian's recommendations for a patient's water needs.	10		
Caution that soft drinks, coffee, and tea are not good substitutes for water and that it would be wise to filter tap water or to drink bottled water, if possible.	10		
Provide tips about reminders to drink the requisite amount of water each day.	10		
Remind patients that you and the physician are available to discuss any problems or questions.	10		

Name	Class		Date	
Step		Point Value	Points Achieved	Mastery
 Document formal patient education sessions or exchanges with a patient in the patient's chart, in whether the patient understood the information by having the patient repeat the instructions also initial the entry. 	noting presented	20		
Time limit: 10 minutes	Add Poi	nts Achieved:		
Observer's Name:				
Steps that require more practice:				
Instructor comments:				

Name Class Date

PROCEDURE 49.2 Alerting Patients With Food Allergies to the Dangers of Common Foods

This procedure includes discussing the results of allergy testing, how the patient can avoid these foods, alternate choices, and the steps that should be taken after accidental ingestion.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Results of the patient's allergy tests, patient's chart, pen, patient education materials

Step	Point Value	Points Achieved	Mastery
1. Identify the patient and introduce yourself.	10		
 Discuss the results of the patient's allergy tests (if available), reinforcing the physician's instructions. List the foods the patient has been found to be allergic to. Provide the patient with a checklist of those foods. 	15		
Discuss with the patient the possible allergic reactions those foods can cause.	10		
4. Talk about how the patient can avoid or eliminate those foods from the diet—not only in their basic forms but also as ingredients in prepared dishes and packaged foods. Tell the patient to read labels carefully and to inquire at restaurants about the use of those ingredients in dishes listed on the menu.	15		
5. With the physician's or dietitian's consent, talk with the patient about finding adequate substitutes for any foods if they are among the patient's favorites. If necessary, discuss how the patient can obtain the nutrients in those foods from other sources. Provide these explanations in writing, if appropriate, along with supplementary materials.	15		
Discuss procedures to follow if the allergy-causing foods are accidentally ingested.	10		
7. Answer the patient's questions and remind the patient that you and the rest of the medical team are available if questions or problems arise.	10		

Step	Point Value	Points Achieved	Mastery
 Document the patient education session or interchange in the patient's chart, note the patient's understanding by having the patient repeat the instructions aloud, and initial the entry. 	15		
Time limit: 10 minutes Add Poir Observer's Name:			
Steps that require more practice:			
Instructor comments:			

_____ Class _____ Date _____

Name __

Name Class		Date	
PROCEDURE 49.3 Teaching Patients How to	o Read F	ood Labels	S
This procedure includes explaining the value of food labels, the varies interpret these elements.	ous elements	on these labels	s, and how
Complete the steps that follow. A scoring system has been provided for individual procedure is 100 points. Each step within the procedure is that step and is noted in the column "Point Value." Steps that are of with a higher point value. Record your points for each step in the column	weighted acco a more critica	ording to the im I nature have b	portance of
Determine your mastery of each step in the procedure by assigning it $1 = poor$, $2 = fair$, $3 = good$, $4 = excellent$.	a score of 1 t	o 4 in the last c	olumn:
On the basis of your scores, budget time for additional practice of spe	ecific steps.		
Materials: Food labels from products			
Step	Point Value	Points Achieved	Mastery
1. Identify the patient and introduce yourself.	15		
Explain that food labels can be used as a valuable source of information when planning or implementing a prescribed diet.	15		
3. Using a label from a food package, point out the Nutrition Facts section.	10		
 4. Describe the various elements on the label. • The serving size. • The information about calories and calories from fat. • The information in the Daily Value section about the amounts of various nutrients and the percentage of the recommended daily intake of each given nutrient. • The list of ingredients, which are given in order from largest to smallest quantity. 	15		
 Inform the patient that a variety of similar products with significantly different nutritional values are often available. Urge the patient to evaluate and compare nutritional labels to find what a product contributes to the diet and what it lacks. 	15		
 Ask the patient to compare two other similar products and determine which would fit in better as part of a healthy, nutritious diet that meets that patient's individual needs. 	15		
7. Document the patient education session in the patient's chart, indicate the patient's understanding by having the patient repeat the instructions aloud, and initial the entry.	15		
Observer's Name:		l:	
Steps that require more practice:			

Instructor comments: _____

Name	Class	Date
Name	Ciass	Date

PROCEDURE 50.1 Helping the Physician Comply With the Controlled Substances Act of 1970

This procedure includes the steps necessary to complete the standard Drug Enforcement Administration (DEA) forms, inventory schedule II–V drugs kept in the office, and disposing of expired drugs according to DEA regulations.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: DEA Form 224, DEA Form 222, DEA Form 41, pen

Step	Point Value	Points Achieved	Mastery	
Use DEA Form 224 to register the physician (for each office location at which he administers or dispenses drugs in Schedules II through V) with the Drug Enforcement Administration.	20			
Order Schedule II drugs using DEA Form 222, as instructed by the physician.	10			
Include the physician's DEA registration number on every prescription for a drug in Schedules II through V.	10			
Complete an inventory of all drugs in Schedules II through V every 2 years (as permitted in your state).	10			
5. Store all drugs in Schedules II through V in a secure, locked safe or cabinet (as permitted in your state).	20			
Keep accurate dispensing and inventory records for at least 2 years.	10			
7. Dispose of expired or unused drugs according to the DEA regulations, and complete DEA Form 41.	20			
Time limit: 10 minutes Add Poir	nts Achieved:			
Observer's Name:				
Steps that require more practice:				
Instructor comments:				

Name	Class Date	
PROCEDURE 50.2	.2 Renewing the Physician's DEA Registration	

This procedure includes the steps necessary for maintaining a valid DEA registration, including filing the appropriate paperwork at least 45 days in advance of the expiration date and following up on that paperwork.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Calendar, tickler file (optional), DEA Form 224a, pen

Step		Point Value	Points Achieved	Mastery
re	retermine the expiration date of the physician's DEA egistration by calculating a period of 3 years from the ate of the original registration or most recent renewal.	20		
da	ubtract 45 days from the expiration date, and mark this ate on the calendar (and perhaps in the physician's tickler le) as a reminder to submit renewal forms.	15		
Fo da	you receive registration renewal paperwork (DEA orm 224a) from the DEA well before the submission ate, put it in a safe place until you can complete it and ave the physician sign it.	10		
da Fo re D Ro Co P.	you do not receive renewal paperwork by the submission ate, call your regional DEA office to request DEA orm 224a, or send written notice that no form was eceived and that you request the renewal to: rug Enforcement Administration egistration Unit entral Station O. Box 28083 Vashington, DC 20038-8083	20		
	efore the expiration deadline, complete DEA Form 224a s instructed on the form, and have the physician sign it.	20		
w	ubmit the original and one copy of the completed form vith the appropriate fee to the DEA so that it will arrive efore the deadline. Keep one copy for the office records.	15		
Time limit: 10 minutes Add Points Achieved:				
Observer's Name:				
Steps	that require more practice:			
Instruc	ctor comments:			

Name	Class	Data
Name	Class	Date

PROCEDURE 51.1 Administering Oral Drugs

This procedure includes the steps involved in administering tablets, capsules, and liquid medications.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Drug order (in patient chart), container of oral drug, small paper cup (for tablets, capsules, or caplets) or plastic calibrated medicine cup (for liquids), glass of water or juice, straw (optional), package insert or drug information sheet

Step	Point Value	Points Achieved	Mastery
1. Wash your hands. Identify the patient.	5		
2. Select the ordered drug (tablet, capsule, or liquid).	5		
Check the "seven rights," comparing information against the drug order.	10		
4. If you are unfamiliar with the drug, check the <i>PDR</i> or other drug reference, read the package insert, or speak with the physician. Determine whether the drug may be taken with or followed by water or juice.	10		
Ask the patient about any drug or food allergies. If the patient is not allergic to the ordered drug or ingredients used to prepare it, proceed.	15		
6. Perform any calculations needed to provide the prescribed dose. If you are unsure of your calculations, check them with a coworker or the physician.	10		
If You Must Give Tablets or Capsules 7. Open the container and tap the correct number into the cap. Do not touch the inside of the cap. If you pour out too many tablets or capsules and have not touched them, tap the excess back into the container.	10		
8. Tap the tablets or capsules from the cap into the paper cup.	5		
9. Recap the container.	5		
10. Give the patient the cup along with a glass of water or juice. If the patient finds it easier to drink with a straw, unwrap the straw and place it in the fluid. If patients have difficulty swallowing pills, have them drink some water or juice before putting the pills in the mouth.	5		

		_
Name	Class	Date

Step	Point Value	Points Achieved	Mastery
If You Must Give a Liquid Drug			
7. If the liquid is in a suspension, shake it well.	10		
8. Locate the mark on the medicine cup for the prescribed dose. Keeping your thumbnail on the mark, hold the cup at eye level, and pour the correct amount of the drug, keeping the label side of the bottle on top or putting your palm over the label to prevent drips from obscuring the label.	5		
Place the cup on a flat surface, and check the drug level again by the alignment of the meniscus with the mark that indicates the prescribed dose. If you poured out too much, discard the excess.	5		
 Give the medicine cup to the patient with instructions to drink the liquid. If appropriate, offer a glass of water or juice to wash down the drug. 	5		
After You Have Given an Oral Drug 11. Wash your hands.	5		
12. Give the patient an information sheet about the drug. Discuss the information with the patient, and answer any questions she may have. If the patient has questions you cannot answer, refer her to the physician.	5		
13. Document in the patient's chart the drug administration with the date, time, drug name, dosage, expiration date, lot number, manufacturer, route, site, and significant patient reactions. Also document patient education about the drug.	10		
Time limit: 10 minutes Add Poi	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class	_ Date
PROCEDURE 51.2	Drawing a Drug From an Ampule	

This procedure includes ensuring that the liquid is at the bottom of the ampule, safely breaking the neck of the ampule, and drawing the solution from it.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Ampule of drug, alcohol swab, 2-by-2-inch gauze square, small file (provided by drug manufacturer), needle and syringe of the appropriate size

Step	Point Value	Points Achieved	Mastery
 Wash your hands and put on examination gloves. Identify the patient. 	10		
Gently tap the top of the ampule with your forefinger to settle the liquid to the bottom of the ampule.	20		
3. Wipe the ampule's neck with an alcohol swab.	20		
4. Wrap the gauze square around the ampule's neck, and snap the neck away from you. If it does not snap easily, score the neck with the file and snap it again.	20		
Insert the needle into the ampule without touching the side of the ampule.	20		
6. Pull back on the plunger to aspirate the liquid.	10		
Time limit: 10 minutes Add Poi	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name Class		Date	
PROCEDURE 51.3 Reconstituting and Drawi	ng a Drι	ıg for Inje	ction
This procedure includes the correct technique for drawing the approp diluent into the drug vial, mixing the drug, and aspiring the amount of			
Complete the steps below. A scoring system has been provided for each individual procedure is 100 points. Each step within the procedure is u that step and is noted in the column "Point Value." Steps that are of a with a higher point value. Record your points for each step in the column	veighted acco more critica	ording to the im l nature have b	iportance of
Determine your mastery of each step in the procedure by assigning it a $1 = poor$, $2 = fair$, $3 = good$, $4 = excellent$.	score of 1 to	o 4 in the last o	column:
On the basis of your scores, budget time for additional practice of spec	ific steps.		
Materials: Vial of drug, vial of diluent, alcohol swabs, two disposabl appropriate size	e sterile nee	edle and syring	je sets of
Step	Point Value	Points Achieved	Mastery
Wash your hands and put on examination gloves. Identify the patient.	10		
Place the drug vial and diluent vial on the countertop. Wipe the rubber diaphragm of each with an alcohol swab.	10		
Remove the needle cap and syringe guard. Pull the plunger back to the mark indicating the amount of diluent needed to reconstitute the drug ordered.	10		
Puncture the diaphragm of the vial of diluent with the needle, and inject the air into the diluent.	10		
5. Invert the vial and aspirate the diluent.	10		
6. Remove the needle from the diluent vial, inject the diluent into the drug vial, and withdraw the needle. Properly dispose of this needle and syringe.	10		
7. Roll the vial between your hands to mix the drug and diluent thoroughly. Do not shake the vial unless so directed on the drug label.	10		
Remove the cap and guard from the second needle and syringe.	10		
9. Pull back the plunger to the mark that reflects the amount of drug ordered. Inject the air into the drug vial.	10		
10. Invert the vial and aspirate the proper amount of the drug into the syringe.	10		
Time limit: 10 minutes Add Poin	ts Achieved	:	
Observer's Name:			
Steps that require more practice:			

Instructor comments: _____

Name Class Date	Name	Class	Date
-----------------	------	-------	------

PROCEDURE 51.4 Giving an Intradermal Injection

This procedure includes checking the "seven rights," preparing the skin, injecting the drug ordered into the layers of the dermis, observing the formation of the wheal, monitoring the patient, and documenting the procedure.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Drug order (in patient's chart), alcohol swab, disposable needle, syringe of the appropriate size filled with the ordered dose of drug, sharps container

Step	Point Value	Points Achieved	Mastery
Wash your hands and put on examination gloves. Identify the patient.	10		
Check the "seven rights," comparing information against the drug order.	10		
3. Rest the patient's arm on a table with the palm up. Measure 2 to 3 finger-widths below the antecubital space and a hand-width above the wrist. The space between is the injection site.	5		
Prepare the skin with the alcohol swab, moving in a circle from the center out.	5		
5. Let the skin dry before giving the injection.	5		
6. Hold the patient's forearm, and stretch the skin taut with one hand.	5		
7. With the other hand, place the needle—bevel up—almost flat against the patient's skin. Press the needle against the skin and insert it.	10		
Inject the drug slowly and gently. Observe that a wheal forms.	15		
9. After the full dose of the drug has been injected, withdraw the needle. Properly dispose of used materials and the needle and syringe immediately.	5		
10. Remove the gloves and wash your hands.	5		
11. Stay with the patient to m\onitor for unexpected reactions.	10		

Step	Point Value	Points Achieved	Mastery
12. Document in the patient's chart the drug administration with the date, time, drug name, dosage, expiration date, lot number, manufacturer, route, site, and significant patient reactions.	15		
Time limit: 10 minutes Add Poir	nts Achieved:		
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name Class	Date	
------------	------	--

PROCEDURE 51.5 Giving a Subcutaneous Injection

This procedure includes the steps necessary for delivering a drug to the hypodermis, including checking the "seven rights," preparing the drug ordered, injecting the drug using the proper technique, monitoring the patient, and documenting the injection.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Drug order (in patient's chart), alcohol swabs, container of the ordered drug, disposable needle and syringe of the appropriate size, sharps container

Step	Point Value	Points Achieved	Mastery
Wash your hands and put on examination gloves. Identify the patient.	5		
Check the "seven rights," comparing information against the drug order.	10		
3. Prepare the drug and draw it up to the mark on the syringe that matches the ordered dose. Then pull back the plunger an additional 0.2 to 0.3 mL to create an air bubble.	5		
Choose a site and clean it with an alcohol swab, moving in a circle from the center out. Let the area dry.	5		
5. Pinch the skin firmly to lift the subcutaneous tissue.	5		
6. Position the needle—bevel up—at a 45° angle to the skin.	5		
7. Insert the needle in one quick motion. Then release the skin, and aspirate by pulling back slightly on the plunger to check the needle placement (do not pull back if you are administering insulin or heparin). If pulling back on the plunger produces blood, begin again with a fresh needle and syringe. If no blood appears, inject the drug slowly.	15		
8. After the full dose has been injected, place an alcohol swab over the site, and withdraw the needle at the same angle as you inserted it.	5		
9. Apply pressure at the puncture site with the alcohol swab.	5		
10. Massage the site gently to help distribute the drug, if indicated.	5		
11. Properly dispose of the used materials and the needle and syringe.	5		

Name Clas	SS	Date	
Step	Point Value	Points Achieved	Mastery
12. Remove the gloves and wash your hands.	5		
13. Stay with the patient to monitor for unexpected read	ctions. 10		
14. Document in the patient's chart the drug administrative with the date, time, drug name, dosage, expiration of lot number, manufacturer, route, site, and significan patient reactions.	date,		
Time limit: 10 minutes	Add Points Achieved		

parameter and the second secon			
Time limit: 10 minutes	Add Poi	nts Achieved:	
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name	Class	Date

PROCEDURE 51.6 Giving an Intramuscular Injection

This procedure includes the steps necessary for delivering a drug to the muscular tissue, including checking the "seven rights," preparing the drug ordered, injecting the drug using the proper technique and site location, monitoring the patient, and documenting the injection.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Drug order (in patient's chart), alcohol swabs, container of the ordered drug, disposable needle and syringe of the appropriate size, sharps container

Step	Point Value	Points Achieved	Mastery
Wash your hands and put on examination gloves. Identify the patient.	5		
Check the "seven rights," comparing information against the drug order.	10		
3. Prepare the drug and draw it up to the mark on the syringe that reflects the ordered dose. Pull back the plunger an additional 0.2 to 0.3 mL to add air.	5		
4. Choose a site and gently tap it.	10		
5. Clean the site with an alcohol swab, moving in a circle from the center out. Let the site dry.	5		
6. Stretch the skin taut over the injection site.	5		
7. Hold the needle and syringe at a 90° angle to the skin. Then insert the needle with a quick, dartlike thrust.	5		
8. Release the skin and aspirate by pulling back slightly on the plunger to check the needle placement. If pulling back on the plunger produces blood, begin again with a fresh needle and syringe. If no blood appears, inject the drug slowly.	10		
 After the full dose of the drug has been injected, place an alcohol swab over the site. Then quickly remove the needle at a 90° angle. 	5		
10. Use the alcohol swab to apply pressure to the site and massage it, if indicated.	5		
11. Properly dispose of used materials and the needle and syringe.	5		

Name CI	ass	Date		
Step	Point Value	Points Achieved	Mastery	
Otep	value	Acilieved	iviastery	
12. Remove the gloves and wash your hands.	5			
Stay with the patient to monitor for unexpected reactions.	10			
14. Document in the patient's chart the drug administr with the date, time, drug name, dosage, expiration lot number, manufacturer, route, site, and significa patient reactions.	ı date,			
Time limit: 10 minutes	Add Points Achieved			
Observer's Name:				
Steps that require more practice:				
Instructor comments:				

Name	Class	Date
INGILIE	Class	Date

PROCEDURE 52.1 Obtaining an ECG

This procedure includes preparing the patient, placing the electrodes appropriately, attaching wires and cables, standardizing the machine and running the strips as ordered, checking the tracings for artifacts, disconnecting the leads, and recording the procedure in the patient's chart.

Complete the steps that follow. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Electrocardiograph, ECG paper, electrodes, electrolyte preparation, wires, patient gown, drape, blanket, pillows, gauze pads, alcohol, moist towel, disposable shaving supplies (if needed)

Step	Point Value	Points Achieved	Mastery
Turn on the electrocardiograph and, if necessary, allow the stylus to heat up.	2		
Identify the patient, introduce yourself, and explain the procedure.	2		
3. Wash your hands.	2		
4. Ask the patient to disrobe from the waist up and remove jewelry, socks or stockings, and shoes. If the electrodes will be placed on the patient's legs, have the patient roll up his or her pant legs. Sometimes the electrodes are placed on the sides of the lower abdomen—check the manufacturer's instructions. Provide a gown if the patient is female, and instruct her to wear the gown with the opening in front.	2		
5. Assist the patient onto the table and into a supine position. Cover the patient with a drape (and a blanket if the room is cool). If the patient experiences difficulty breathing or cannot tolerate lying flat, use a Fowler's or semi-Fowler's position, adjusting with pillows under the head and knees for comfort if needed.	2		
Tell the patient to rest quietly and breathe normally. Explain the importance of lying still to prevent false readings.	2		
7. Wash the patient's skin, using gauze pads moistened with alcohol. Then rub it vigorously with dry gauze pads to promote better contact of the electrodes.	2		

Step	Point Value	Points Achieved	Mastery
8. If the patient's leg or chest hair is dense, put on examination gloves, and shave the areas where you will attach the electrodes. Properly dispose of the razor and gloves.	2		
9. Apply electrodes to fleshy portions of the limbs, making sure that the electrodes on one arm and leg are placed similarly to those on the other arm and leg (Figure 52-8). The direction that the tabs (where the wires are fastened) are facing will vary. For disposable electrodes, peel off the backings, and press them into place. Reusable electrodes are rarely used.	12		
 Apply the precordial electrodes at specified locations on the chest. 	15		
11. Attach wires and cables, making sure all wire tips follow the patient's body contours.	2		
12. Check all electrodes and wires for proper placement and connection; drape wires over the patient to avoid creating tension on the electrodes that could result in artifacts (Figure 52-9).	2		
 13. Enter the patient data into the electrocardiograph. Press the on, run, or record button. Older machines may require the following steps: a. Set the paper speed to 25 mm per second or as instructed. b. Set the sensitivity setting to 1 or as instructed. c. Turn the lead selector to standardization mode. d. Adjust the stylus so the baseline is centered. e. Press the standardization button. The stylus should move upward above the baseline 10 mm (two large squares). 	25		
 14. Run the strip. a. If the machine has an automatic feature, set the lead selector to automatic. b. For manual tracings, turn the lead selector to standby mode. Select the first lead (I), and record the tracing. Switch the machine to standby, and then repeat the procedure for all 12 leads. 	2		
15. Check tracings for artifacts.	2		
16. Correct problems and repeat any tracings that are not clear.	2		
17. Disconnect the patient from the machine.	2		

Name	Class	Date

Step	Point Value	Points Achieved	Mastery
18. Remove the tracing from the machine, and label it with the patient's name, the date, and your initials.	2		
Disconnect the wires from the electrodes, and remove the electrodes from the patient.	2		
20. Clean the patient's skin with a moist towel.	2		
21. Assist the patient into a sitting position.	2		
22. Allow a moment for rest, and then assist the patient from the table.	2		
23. Assist the patient in dressing if necessary, or allow the patient privacy to dress.	2		
24. Wash your hands.	2		
25. Record the procedure in the patient's chart.	2		
Properly dispose of used materials and disposable electrodes. Clean reusable electrodes, if used.	2		
27. Clean and disinfect the equipment and the room according to OSHA guidelines.	2		
Time limit: 10 minutes Add Poi	ints Achieved:		_
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name Class Date

PROCEDURE 52.2 Holter Monitoring

This procedure outlines the steps necessary for applying an ambulatory heart monitor including instructing the patient, attaching the electrodes, connecting the unit to a standard electrocardiograph to ensure proper attachment, scheduling the patient's return visit, and removing the Holter monitor.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Holter monitor, battery, cassette tape, patient diary or log, alcohol, gauze pads, disposable shaving supplies, disposable electrodes, hypoallergenic tape, drape, electrocardiograph

Step	Point Value	Points Achieved	Mastery
Identify the patient, introduce yourself, and explain the procedure.	5		
Ask the patient to remove clothing from the waist up; provide a drape if necessary.	5		
3. Wash your hands and assemble the equipment.	5		
Assist the patient into a comfortable position (sitting or supine).	5		
5. If the patient's body hair is particularly dense, put on examination gloves and shave the areas where the electrodes will be attached. Properly dispose of the razor and the gloves.	5		
6. Clean the electrode sites with alcohol and gauze.	5		
7. Rub each electrode site vigorously with a dry gauze square to help electrodes adhere to the skin.	5		
8. Attach wires to the electrodes, and peel off the paper backing on the electrodes. Apply as indicated, pressing firmly to ensure that each electrode is securely attached, making good contact with the skin.	10		
9. Attach the patient cable.	5		
10. Insert a fresh battery, and position the unit.	5		
11. Tape wires, cable, and electrodes as necessary to avoid tension on the wires as the patient moves.	5		
12. Insert the cassette tape, and turn on the unit.	5		

		_	
Name	Class	Date	

Step	Point Value	Points Achieved	Mastery	
13. Connect the unit to a standard electrocardiograph to ensure that the electrodes are attached properly and that there are no artifacts. Indicate the start time in the patient's chart.	5			
14. Instruct the patient on proper use of the monitor and how to enter information in the diary. Caution the patient not to alter any diary entries.	10			
15. Schedule the patient's return visit for the same time on the following day.	5			
16. On the following day remove the electrodes, discard them, and clean the electrode sites.	5			
17. Wash your hands.	5			
18. Remove the cassette and obtain a printout of the tracing according to office procedure.	5			
Time limit: 10 minutes Add Poir	nts Achieved:			
Observer's Name:				
Steps that require more practice:				
Instructor comments:				

	01	n .
Name	Class	Date

PROCEDURE 52.3 Measuring Forced Vital Capacity Using Spirometry

This procedure includes calibrating the machine, explaining and demonstrating the procedure, ensuring patient comfort, coaching the patient during the maneuver, recording the procedure in the patient's chart, and sanitizing and disinfecting the room and equipment according to OSHA guidelines.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Adult scale with height bar, spirometer, patient tubing (tubing that runs from the mouthpiece to the machine), mouthpiece, nose clip, disinfectant

Step	Point Value	Points Achieved	Mastery
Prepare the equipment. Ensure that the paper supply in the machine is adequate.	4		
2. Calibrate the machine as necessary.	4		
3. Identify the patient and introduce yourself.	4		
Check the patient's chart to see whether there are special instructions.	8		
5. Ask whether the patient has followed instructions.	4		
6. Wash your hands and put on examination gloves.	4		
7. Measure and record the patient's height and weight.	4		
8. Explain the proper positioning.	4		
9. Explain the procedure.	4		
10. Demonstrate the procedure.	4		
11. Turn on the spirometer, and enter applicable patient data and the number of tests to be performed.	4		
12. Ensure that the patient has loosened any tight clothing, is comfortable, and is in the proper position. Apply the nose clip.	8		
13. Have the patient perform the first maneuver, coaching when necessary.	4		
14. Determine whether the maneuver is acceptable.	4		
15. Offer feedback to the patient and recommendations for improvement if necessary.	4		

		_	
Name	Class	Date	

Step	Point Value	Points Achieved	Mastery	
16. Have the patient perform additional maneuvers until three acceptable maneuvers are obtained.	4			
17. Record the procedure in the patient's chart, and place the chart and the test results on the physician's desk for interpretation.	8			
18. Ask the patient to remain until the physician reviews the results.	4			
19. Properly dispose of used materials and disposable instruments.	4			
20. Sanitize and disinfect patient tubing and reusable mouthpiece and nose clip.	4			
21. Clean and disinfect the equipment and room according to OSHA guidelines.	8			
Time limit: 10 minutes Add Points Achieved: Observer's Name:				
Steps that require more practice:				
Instructor comments:				

Name	Class	Date
INGILIE	Class	Date

PROCEDURE 53.1 Assisting With an X-Ray Examination

This procedure includes preparing and instructing the patient and assisting a radiologic technologist in performing the examination.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: X-ray examination order, x-ray machine, x-ray film and holder, x-ray film developer, drape, patient shield

Step	Point Value	Points Achieved	Mastery
1. Check the x-ray examination order and equipment needed.	10		
2. Identify the patient and introduce yourself.	5		
Determine whether the patient has complied with the preprocedure instructions.	5		
Explain the procedure and the purpose of the examination to the patient.	5		
5. Instruct the patient to remove clothing and all metals (including jewelry) as needed, according to body area to be examined, and to put on a gown. Explain that metals may interfere with the image. Ask whether the patient has any surgical metal or a pacemaker, and report this information to the radiologic technologist. Leave the room to ensure patient privacy.	10		
Note: Steps 6 through 11 are nearly always performed by a radiologic technologist. 6. Position the patient according to the x-ray view ordered.	10		
7. Drape the patient and place the patient shield appropriately.	10		
Instruct the patient about the need to remain still and to hold his breath when requested.	5		
Leave the room or stand behind a lead shield during the exposure.	10		
 Ask the patient to assume a comfortable position while the films are developed. Explain that x-rays sometimes must be repeated. 	5		

ivame Date	Name	Class	Date
------------	------	-------	------

Step	Point Value	Points Achieved	Mastery	
11. Develop the films.	5			
12. If the x-ray films are satisfactory, instruct the patient to dress, and tell him when to contact his physician's office for the results.	5			
13. Label the dry, finished x-ray films, place them in a properly labeled envelope, and file them according to the policies of your office.	5			
14. Record the x-ray examination, along with the final written findings, in the patient's chart.	10			
Time limit: 10 minutes Add Points Achieved: Observer's Name: Steps that require more practice:				
Instructor comments:				

Name Class		Date	
PROCEDURE 53.2 Documentation and Filing	g Techniq	ues for X	-Rays
This procedure includes documenting x-ray information, verifying praccording to office protocol.	oper film labe	ling, and filin	g the film
Complete the steps below. A scoring system has been provided for each individual procedure is 100 points. Each step within the procedure is a that step and is noted in the column "Point Value." Steps that are of a with a higher point value. Record your points for each step in the column	veighted accor n more critical	ding to the im nature have b	iportance of
Determine your mastery of each step in the procedure by assigning it $1 = poor$, $2 = fair$, $3 = good$, $4 = excellent$.	a score of 1 to	4 in the last o	column:
On the basis of your scores, budget time for additional practice of spec	cific steps.		
Materials: X-ray film(s), patient x-ray record card or book, label, filr inserts, marking pen	n-filing envelo	opes, film-filir	ng cabinet,
Step	Point Value	Points Achieved	Mastery
 Document the patient's x-ray information on the patient record card or in the record book. Include the patient's name, the date, the type of x-ray, and the number of x-rays taken. 	25		
2. Verify that the film is properly labeled with the referring doctor's name, the date, and the patient's name. To note corrections or unusual positions or to identify a film that does not include labeling, attach the appropriate label and complete the necessary information. Some facilities also record the name of the radiologist who interpreted the x-ray.	25		
3. Place the processed film in a film-filing envelope. File the envelope alphabetically or chronologically (or according to your office's protocol) in the filing cabinet.	25		
If you remove an envelope for any reason, put an insert or an "out card" in its place until it is returned to the cabinet.	25		
	nts Achieved:		
Observer's Name: Steps that require more practice:			

Instructor comments: ___

Name	Class	Date
inallic	Ciuss	Date

PROCEDURE 54.1 Résumé Writing

This procedure includes the steps necessary for writing an effective résumé that includes personal information, education and work experience, and professional memberships.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Paper; pen; dictionary; thesaurus; computer, word processor, or typewriter

Step	Point Value	Points Achieved	Mastery
Write your full name, address, and telephone number.	15		
List your career objective. You may also choose to summarize your skills.	10		
 Summarize your education. List your highest level of education or your most recent degree first. Include the school name, degree earned, and date of graduation. List special projects, courses, or participation in overseas study programs. 	15		
4. Summarize your work experience. List your most recent or most relevant employment first. Describe your responsibilities, and list job titles, company names, and dates of employment. Summer employment, volunteer work, and student externships may also be included. Use short sentences with strong action verbs.	15		
5. List memberships in professional organizations. List them alphabetically or by order of importance.	10		
6. State "References available upon request."	10		
7. Do not list the salary you want. Discuss it in the job interview. If the ad requests a required salary, give a range.	10		

Step	Point Value	Points Achieved	Mastery
Сер	value	Acilieveu	iviastery
 Type your résumé on an 8½-by-11-inch sheet of white, off-white, or gray bond paper. Check your résumé for spelling, punctuation, and grammatical errors. 	15		
Time limits 10 minutes	nto Ashiovadu		
Time limit: 10 minutes Add Points Achieved:			
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name _____ Date _____

Name Class Date	Name	Class	Date
-----------------	------	-------	------

PROCEDURE 54.2 Writing Thank-You Notes

This procedure includes the proper method for writing thank-you notes after an interview or externship.

Complete the steps below. A scoring system has been provided for each procedure. The total score for each individual procedure is 100 points. Each step within the procedure is weighted according to the importance of that step and is noted in the column "Point Value." Steps that are of a more critical nature have been weighted with a higher point value. Record your points for each step in the column "Points Achieved."

Determine your mastery of each step in the procedure by assigning it a score of 1 to 4 in the last column: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

On the basis of your scores, budget time for additional practice of specific steps.

Materials: Paper; pen; dictionary; thesaurus; computer, word processor, or typewriter; no.10 business envelope

Step	Point Value	Points Achieved	Mastery
Write the letter within 2 days of the interview or completion of the externship. Write the date at the top of the letter.	10		
Write the name (include credentials and title) of the person who interviewed you (or who was your mentor in the externship). Include the complete address.	10		
3. Start the letter with "Dear Dr., Mr., Mrs., Miss, or Ms":	10		
4. In the first paragraph, thank the interviewer for his time and for granting the interview. Discuss specific impressions. If you are writing to your mentor, thank her for her time. Discuss the experience you gained.	15		
5. In the second paragraph, mention aspects of the job or externship that you found most interesting or challenging. For a job interview thank-you note, state how your skills and qualifications will make you an asset to the staff. For an externship thank-you note, mention your interest in future positions.	15		
6. In the last paragraph, thank the interviewer for considering you for the position. Ask that he contact you at his earliest convenience regarding his employment decision.	15		
7. Close the letter with "Sincerely," and type your name. Leave enough space above your typewritten name to sign your name.	10		

	Doint	Points	
Step	Point Value	Achieved	Mastery
 Type your return address in the upper left corner of the no. 10 business envelope. Type the interviewer's name and address in the center. Apply postage, and mail. 	15		
Time limit: 10 minutes Add	d Points Achieved	:	
Observer's Name:			
Steps that require more practice:			
Instructor comments:			

Name _____ Class ____ Date ____