OBJECTIVES

1. Evaluate challenging topics to teach in the lab setting
   1. Employability
   2. The BIG PICTURE
   3. De-escalation strategy
   4. Realistic procedures
2. Discuss strategies for student growth and development
   1. Consistency
   2. Building blocks
   3. Availability
3. Analyze key components of successful transition from lab to clinic
   1. Skills
   2. Documentation
   3. Professionalism
   4. Realism
What does a successful clinical student look like?
Preparation = Success

- SKILLS
- DOCUMENTATION
- PROFESSIONALISM
- REALISM
Successful attributes

- Possesses firm foundational Skills
- Is dependable
- Has an attitude of assertiveness and learning
- Follows chain of command
- Communicates effectively with preceptor
- Knows how to document
- Has personal issues worked out (attire, eating habits, time management)
- Has a good wrap around plan
- Feels at home in the O.R.
- Works through the nerves
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GOT SKILLZ??

- Realistic progression of skills
- Continuous building of skills into a full skill-set
- Regular check-offs
- Integrate *Guidelines for Best Practice*
- Place the progression into an O.R. schedule
  - As much as you get done of it within the skill sets you’re teaching
- Avoid “LET’S PRETEND” scenarios
Patient identification

Patient Transport & Transfer
Positioning
Wrap around skill-sets
Transfer to table

Position the Stretcher, Ready for post-op transfer
Identification/Documentation
Preop-Time out-Postop
Communication Board

Abdominal Hysterectomy

Bye, Ali 34 y/o

Morphine

Abdominoplasty

Mann, Ivana

NKA
Lab Day 1/2-open sterile supplies
Scrub/Gown/Glove, Set up
Lab Day 1 and 2 - First Quarter

BEACH BALL

Each skill taught as a building block
Putting together pre-op skills
Any corner is a practice corner!
Next week: Minor Case Setup
And... OH, learn more instruments!
Classification of instruments
TOE THE LINE

Factors: TIME AND MONEY

- Supplies
  - REFOLDING
  - DONATIONS
  - INCREASE LAB FEES
- TIME
  - Enough instructors
  - Peer review
  - At-Home-Practice-Kits
  - Record and discuss

Every skill, every time
NO PRETENDING
REFOLDING
Remedial Practice
How to get extra practice in?
Quarter 2-Fundamentals shaky?
NO PROCEDURE-no practice points
(Think like a preceptor)
Practice, in all things, makes better... never perfect 😊
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<td>Lab 4: GU (Genitourinary) Surgery</td>
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Case Logs
Case Studies
Self Evaluations
  Compare Self Instructor
Drawing setups from memory
PROFESSIONALISM

FOR CLINICAL
- Communication
  - RUBRIC
  - Clear Expectations
  - Names, not roles
  - Voice
  - Morning/Afternoon Report
- Personal presentation
  - Assertive
  - Dependable
- Life Planning
  - Advising
  - Wrap around support-WHAT IF?

FOR LAB
- SAME
Communication

- Start now in the lab
  - Ask for it yourself-out loud
  - Use classmate’s name-not role
  - What do you want to focus on before case
  - Strength/weakness after case
Put into practice

Counting instruments

Observe the prep-communicate needs
Transition to clinical communication

Communicate with preceptor
• Same as in lab
  • Strengths/weaknesses
  • What to focus on
Personal Presentation

- O.R. Attire—figure it out now
  - Goggles
  - Masks (N95 + Surgical)
  - Socks
  - Deodorant
  - Breakfast?
  - Shoes

REALISTIC LOCKER ROOM SETTING—practice time management

- Assertiveness
  - Extra time? Practice
  - Open lab practice/clinical “toy box”

- Dependable
  - Available
Life Planning-ADVISING

- Wrap around support
  - Car
  - Kids
  - Funding

Life’s a PARTY
DEBRIEF. EVERY. SINGLE. DAY.

- Take notes for the “BIG LAB BOOK”
  - What do we need (supplies, instruments, equipment, time, etc.)
  - What went well
  - What was horrible
  - Why didn’t they get it
  - WOW, are they doing great or what-WHY??

- PAC
- BUDGET
- ANNUAL PLANNING
- COURSE ASSESSMENT
REALISM

- Bring components of the clinical setting home to lab
  - Professional Management
    - Manager for the week-name your successor
      - O.R.
    - SPD
    - Equipment room
    - Sterile Storage
  - Process
    - Daily routines
  - Protocols
    - Policies
  - Procedures
    - O.R. schedule
Realism in Process

- Room Turn Over
- Decontam/SPD
- Turn Over Items***
Realism in Protocols

- Guidelines for Best Practice
  - Evidence for everything we do-STOP. LOOK IT UP.
- Preference sheets
- Custom Packs
- Count policy
- Inventory (lead tech)
Realism in Sciences-wrap around knowledge

Microbiology and Surgical Tech students collaborate
Gram Stain

Kirby-Bauer culture and Sensitivity Test

AGAR
# Realism in Procedures - BIG PICTURE

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<tr>
<th>SURGICAL PROCEDURE</th>
<th>STSR (Scrub role)</th>
<th>SPD</th>
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<td></td>
<td>Melissa</td>
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Realistic setting
Realistic problems
Like arts and crafts?
nothing like a good bowel surgery
Realism also means creating critical thinking scenarios
Doesn’t have to be PRETTY
Lap Chole BOX
Cover it up!
Plastic Surgery anyone?
How to make it so you can HAMMER IT
R/O Osteomyelitis?
Abdominoplasty

Maintain that position!!
More realism...
Putting those skills together—every time
BEHIND THE CURTAIN
Realism in urological procedures
Radical Prostate Cystoscopy with stent insertion
Vascular surgery-AV fistula
Yep, we can use that!
Best to stay hidden?
Arthroscopy

Craniotomy
What do our clinical sites use that we should incorporate?

Neutral zone pad
SIMULATION?
GOAL: SEAMLESS TRANSITION

Yeah, doesn’t exist

G.O.A.T.
References

- LIBBY’S BRAIN
- CARA’S BRAIN
- YEP, That’s IT-So PICK AWAY!!!!