

Surgical Nurse Tech Intern Program

Program Description: The Surgical Nurse Tech Is a three month summer program for baccalaureate nursing students who have completed their junior year by the program start date. This program provides real-life orientation and hands-on experience between nursing education and is ideal for a team-oriented, critically thinking and dedicated nursing student looking to begin a career in perioperative nursing.

Eligibility:

- ❖ Selection by student's university
- ❖ Completion of junior year by program start date
- ❖ Current BLS certification
- ❖ Good standing in an accredited BSN program
- ❖ Availability to complete 10 weeks of program from June 4th through August 10th
- ❖ Completed application packet:
 - Application
 - Personal Statement
 - Completed Nurse Intern Competency Checklist
 - Reference from clinical instructor
 - Transcript
 - Shadowing Application

Process:

- ❖ Obtain application packet from program coordinator/instructor
- ❖ Submit completed application packet **by February 16, 2018** to the program coordinator at your school
- ❖ Qualified candidates will be invited for an interview, tour and shadowing experience at Mercy Medical Center
- ❖ Selected candidates will be notified **by March 16, 2018** via Email
- ❖ Selected candidates will complete the onboarding process and begin the program on June 4, 2018.



Surgical Nurse Tech Intern Application

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Email: _____

BSN Program: Malone University Kent State University

Anticipated Graduation Date: _____ Current GPA: _____

Are you in good standings with the university? Yes No *If no, please explain* _____

Have you completed at least one clinical rotation and skills lab? Yes No

Do you have current BLS certification? Yes No

Personal Statement: Please include a one page, typed, double spaced statement as to why you would like to participate in the Mercy Surgical Nurse Tech Internship. Include any qualities you possess that would be beneficial in the program, as well as your career goals and how participating in this program would help you achieve those goals.

Nurse Intern Competency Checklist and Reference from clinical instructor: Please complete the enclosed Nurse Intern Competency Checklist, which includes a reference from a clinical instructor.

Transcript: Please include one copy of your official university transcript

Surgical Nurse Tech Intern Competency Checklist

Requirements:

Must have one clinical rotation and skills lab completed

Instructions:

The Surgical Nurse Tech Intern applicant:

- Reviews Skills Checklist/Nurse Intern Core Competencies and self-evaluates
- Requests one Nursing Instructor to complete the Skills Checklist/Nurse Intern Core Competencies
- Request Nursing Instructor to complete Reference form

If selected for the program:

- The Surgical Nurse Tech Intern will complete all necessary program requirements
- The Surgical Nurse Tech Intern will be permitted to perform only those extended skills that have been successfully performed during clinical rotation and the skills lab.
- The Surgical Nurse Tech Intern will NOT be allowed to administer medication or be responsible for IV therapy.

Surgical Nurse Tech Intern Reference

This section to be completed by applicant

Name: _____

School: _____ Anticipated Graduation Date: _____

I have applied to a Surgical Nurse Tech Intern Program and request and authorize you to release the information requested below:

Signature of Applicant

Date

This section to be completed by evaluator. Please check all items that apply to the above applicant.

Clinical Technical Skills	<input type="checkbox"/> Easily applies theory to clinical practice <input type="checkbox"/> Demonstrates confidence in clinical practice <input type="checkbox"/> Recognizes limitations and seeks assistance <input type="checkbox"/> Has difficulty applying theory to practice <input type="checkbox"/> Lacks confidence in clinical practice <input type="checkbox"/> Not observed in clinical setting
Interpersonal Skills	<input type="checkbox"/> Pleasant, courteous and respectful of others <input type="checkbox"/> Utilizes effective communication techniques <input type="checkbox"/> Shows concern and interest in others <input type="checkbox"/> Limited ability to communicate effectively <input type="checkbox"/> Passive/excessively quiet
Attendance/Dependability	<input type="checkbox"/> Rarely absent <input type="checkbox"/> Punctual <input type="checkbox"/> Meets deadlines <input type="checkbox"/> Frequently late <input type="checkbox"/> Unreliable <input type="checkbox"/> Can be relied upon to follow through or finish the job <input type="checkbox"/> Good time management skills and organizational skills
Personal Appearance	<input type="checkbox"/> Consistently neat and well groomed <input type="checkbox"/> Occasional inappropriate attire and grooming
Miscellaneous	<input type="checkbox"/> Shows initiative <input type="checkbox"/> Enthusiastic <input type="checkbox"/> Flexible <input type="checkbox"/> Appropriate response to stressful situations <input type="checkbox"/> Lacks interest or motivation to complete assignments <input type="checkbox"/> Needs reminders to stay on task or meet expectations

As an overall evaluation, considering their peer students, how would you rate this applicant?

Upper Third
 Middle Third
 Lower Third

Comments: _____

Instructor's Name

Phone Number

Date

Skills Checklist/ Core Competencies

The knowledge and skills necessary to provide appropriate care for the age of the patient will be demonstrated upon employment for all topics/items and at least annually for topics/items that are deemed to be high risk, low volume or new. This will generally be established by observation and demonstration; however, seminar/education program attendance, written/verbal tests or other instructional methods approved by Department Director may also be used to determine competency.

Please initial in the appropriate column to indicate the Nurse Intern's competency. Please add any additional comments as needed.

	Skill	Instructor Evaluation	Self Evaluation	Comments
Catheterization	a. Insertion			
	b. Straight cath			
	c. Indwelling cath			
	d. removal of indwelling			
	e. Patient Care Standards			
Respiratory Therapy	a. Incentive Spirometry			
	b. Blow bottles			
	c. Oxygen flowmeter			
	d. Nasal O ₂			
	e. Mask O ₂			
	f. Ventimask			
	g. Rebreather			
	h. Non-Rebreather			
	i. Flow by			
	j. Trach collar			
	k. Face tent			
	l. Humidification			
	m. Portable oxygen			
	n. E Cylinder			
	o. Liquid system			
Intake and Output	a. Recording			
	b. Measuring wall suction and changing when full			
Irrigations	Bladder:			
	a. Continuous			
	b. Intermittent			
Testing Samples	a. FSBS			
	b. Accucheck-patient specimen			
	c. Accucheck-quality control check			

Skill		Instructor Evaluation	Self Evaluation	Comments
Suctioning	a. Gastric			
	b. Tracheostomy			
	c. Endotracheal			
Tracheostomy Care	a. Clean			
	b. Change inner cannula			
	c. Change ties			
Colostomy/ Ileostomy Care	a. Changing appliance			
	b. Emptying pouch			
	c. Skin care			
Preoperative Checklist				
Anti-Embolism Stockings	a. Measuring			
	b. Initial Application			
CPR (Healthcare Provider)				
Urostomy Care	a. Changing appliance			
	b. Skin care			
	c. Obtaining specimen			
Gastrostomy Tubes	a. Dressing change			
	b. Irrigation			
	c. Feedings			
Hypo/Hyperthermia Blanket				
Nasogastric Tubes	a. Irrigation			
	b. Taping			
	c. Measuring output			
	d. Removal			
Vital Signs	a. Peripheral vascular check			
	b. Use of the Doppler			
	c. Applying telemetry			
Collection of specimens	a. Sputum specimen			
	b. Sterile (suctioned)			
	c. Routine specimen			
Documentation	a. Flow sheet			
	b. Graphic sheet			
	c. IV sheet VS portion			
	d. Charting			

Skill		Instructor Evaluation	Self Evaluation	Comments
Obtain Sterile Urine Specimen from Closed Drainage System				
Sterile Dressing Changes	a. Dry			
	b. Wet			
Enemas				
Care of Drains/Tubes	a. JP			
	b. Wound Vac			
	c. Hemovac			
	d. Chest tubes			
	e. T Tubes			
	f. Penrose			

Instructor Initials: _____

Signature/Title: _____

**Shadow-A-Professional Program Application
Surgical Nurse Tech Internship**

Thank you for your interest in the Shadow-A-Professional Program at Mercy Medical Center. Please submit your completed application to the Volunteer Services Department. After your completed application is received in the Volunteer Services Office, a staff member will arrange the shadowing date(s) and time(s) in conjunction with the Surgery Department interview and tour.

Shadowing Department Approval

Shadowing Department

I have read and understand the Infection Control Guidelines as explained on Page 2 of this Shadowing Application.

Director/Manager's Signature: _____ **Date:** _____

Section I: Personal Data (Please Print Clearly)

Full Name: _____ Date: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

If you have lived outside of Ohio in the last (10) years, please list any additional addresses below:

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____ Date of Birth: _____ Age: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Email Address: _____

Are you a Mercy Medical Center Employee? Yes ___ No ___ If Yes, Department: _____

If Yes, Job title: _____

Health Information:

Do you have any illnesses, injuries, or other conditions that might prevent you from shadowing in the area you have requested?

Yes No If yes, please briefly describe the nature of your illness, injury or other condition below:

Section III: Infection Control Guidelines

- Shadowing participants **are not permitted** to shadow if exhibiting respiratory symptoms (coughs, colds) or elevated temperatures.
- Shadowing participants **must remain** at least 6 feet away from patients (thus limiting potential exposure to undiagnosed infections from patients).
- Shadowing participants **are not permitted** to enter isolation rooms (Contact, Droplet, Airborne, Neutroenic).
- Shadowing participants, if going into a surgical procedure room for observation, **must remain** well away from the operative field and sterile instruments table, preferably in a corner well away from the "action to preclude violation of asepsis (and not falling into the wrong place if fainting occurs), and **under no circumstances** should they be unaccompanied in the O.R.

Section IV: Other Information

- **Attire** – The appearance of the participant should reflect well on him/her and the Medical Center. **Therefore, please do not wear jeans, shorts, tee shirts, low-cut tops/see through tops, dirty/untied tennis shoes, or facial piercings, no exposed tattoos.**
- **Shadowing Activities**- The shadowing participant may not actively participate in any work-related activities. **He/she may only observe and ask questions and must be accompanied by an employee/manager of the department. Shadow participants are not to be accompanied by other shadow, students or interns.**
- **Shadowing Badge**– **The shadowing participant must pick up their shadowing badge in the Volunteer Services Department prior to the shadowing experience.** In order to pick up a badge, the manager's approval must be on this form or the Volunteer Services Office must have received prior approval of the shadow. Shadowing badges must be returned to the Volunteer Services Office after the shadowing experience takes place.

Section IV: Shadowing Agreement (Please read and sign)

My signature below verifies that I will adhere to the following guidelines:

- I agree to keep **confidential** all information about patients, staff, and physicians that I may encounter while observing a professional in the healthcare setting at Mercy Medical Center completely **confidential**. **Information that must be confidential includes identity (name, personal information), physical or psychological condition, emotional status, conversations between patient and healthcare providers, and paperwork on or about a person.** I understand that falsification of information on this application, failure to maintain strict confidentiality, or any violations of the policies outlined by the department manager may result in my immediate dismissal from the work area and/or serious legal consequences.
- **All information** included in this application form is **correct** to the best of my knowledge.
- I further understand that **falsification** of information on this application, failure to maintain strict confidentiality, or any violations of the policies outlined by the department manager may result in my immediate dismissal from the work area and or serious legal consequences.
- The shadowing participants, on behalf of themselves and in their representative capacities, release and discharge Mercy Medical Center from any and all liability resulting from death or injuries as a result of his or her participation.
- Mercy Medical Center shall provide the participant with access to first aid, emergency care and medical assessment for illness, accidents or incidents which occur at the participant's expense.

Applicant Signature: _____ Date: _____