

BOSTON REED COLLEGE®

**Orthopedic Technician Program
Externship Resource Booklet**

Student Name: _____

(Please print)

Course Location: _____

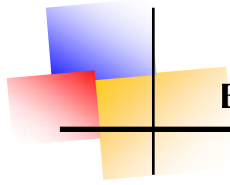
(City)

If found please return to:

Boston Reed College
2799 Napa Valley Corporate Drive
Napa, CA 94558
☎ (phone) 800-201-1141
☎ (fax) 707-307-5017

Course Completion Checklist:

- ✓ 240 Externship hours noted and signed
- ✓ Evaluation complete and signed
- ✓ Skills checklist complete
- ✓ Current address and phone number listed
- ✓ Copy of this booklet by student prior to submission



Student

Name: _____

Your current mailing address: _____

Phone number:

Day: _____

Eve: _____

Externship Site

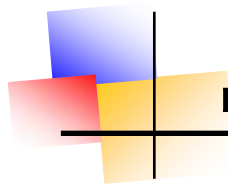
Name: _____

Address: _____

City: _____

Phone: _____

Preceptor Name: _____



Important Information !!!

Enclosed you will find the resources you will need to complete your externship.

Attendance: If you are unable to attend your externship due to illness or emergency, please notify your preceptor AND contact the **Boston Reed** Student line at (800) 201-1141, Option 3, to notify us. You must arrange for a make-up date with your preceptor.

Confidentiality: You are required to maintain confidentiality of patient information in accordance with state and federal law. No student will have access to or have the right to review any medical record, except where necessary in the regular course of the program. The discussion, transmission or narration in any form by students of any patient information obtained in the regular course of the program is forbidden except as permitted by law. Please review and sign the Health Insurance Portability and Accountability Act (HIPAA) on page 5.

Sign-in Log: See page 13. Each day of the externship should be documented and signed for a total of 240 hours.

Dress Code: See page 4 for the Dress Code.

Externship Skills Checklist: See pages 7-10. This is used in the classroom and externship settings.

Preceptor's Evaluation of Student: Pages 11-12 are to be completed by your preceptor upon completion of your externship.

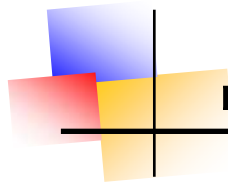
Student Evaluation of Externship Setting: Page 14 is to be completed by you *after* your preceptor evaluates you.

In order to graduate from this program, you must return this booklet to **Boston Reed** with:

- ✓ All skills signed off a minimum of one time
(both classroom and externship count toward this)
- ✓ Sign-in log
- ✓ Student Evaluation Form
- ✓ Current address and phone number listed

Once the booklet is received, Boston Reed will mail the certificate of completion directly to your home within two weeks of receipt of the booklet.

NOTE: Please make copies of all documents *before* mailing your originals to Boston Reed



Dress Code

Appropriate dress standards have been established in order to present and maintain, at all times, a professional appearance to patients, employees and visitors. The standards allow for comfortable performance of duties, promotion of safety and prevention of the spread of infectious organisms. Students are expected to conform to this dress code in the classroom and at the externship site. Instructors may dismiss students they deem inappropriately dressed at any time from the classroom. Students will be required to comply with the externship site's dress code. If none is stipulated then the following will apply.

Classroom: Comfortable casual attire is acceptable. Nothing of a distractive or disruptive nature will be allowed. Identification badge is to be worn at all times in the classroom. At the discretion of the instructor, students may be required to abide by the following dress code for the externship site in the classroom setting as well.

Externship Site:

ID Badge: Identification badge is to be worn at all times above the waist, with name visible.

Hair: Should have a clean and neat appearance; hair that is shoulder length or longer will be pulled back when on the externship site. Facial hair must be clean, neat and well groomed.

Headwear: Religious head covers may be worn; all other headwear is inappropriate.

Jewelry: Should be appropriate to professional wear and not present a safety hazard when working with patients or equipment.

Tops/Shirts: White, solid-colored or print tops with sleeves. Colors must be non-fluorescent. Pullover blouses and collared polo style shirts, or scrub tops may be worn. NO denim attire, tank tops, halter tops, sweatshirts, low cut necklines, transparent garments, tops exposing bare midriff, back or chest. Absolutely NO sweatshirts or T-shirts with cartoons, graffiti, advertising or offensive pictures.

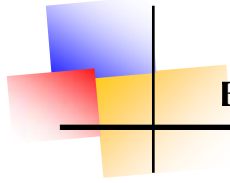
Skirts/Dresses: White, solid-colored or print uniform skirts, dresses or jumpers worn are to be clean, neat and allow for the performance of the job without restrictions. Mini dresses/skirts or long skirts that might interfere with safety are not acceptable.

Slacks/Pants: White, solid-colored or print uniform pants or scrub pants may be worn. NO sweat pants, jogging pants, overalls, torn or patched pants, tight clothing (bike shorts, leotards, shorts or leggings), baggy clothing, exposed undergarments.

Hose: White or neutral shades must be worn.

Footwear: Clean, preferably white, closed-toed shoes will be worn. Clean, neat, white athletic shoes are acceptable.

Grooming: Fragrances: Do not wear any perfume or cologne as they can cause allergic reactions for some. Fingernails should be clean and appropriate in length. Be prepared to cover obvious tattoos and remove jewelry from piercing and artificial nails.



HIPAA Statement

Dear Orthopedic Technician Student:

Notification of privacy practices in accordance with the Health Insurance Probability and Accountability Act (HIPAA) was distributed and discussed during the classroom portion of this program. It is your responsibility as a Boston Reed Orthopedic Technician student to be able to define the HIPAA regulations. You should be able to describe how the regulation affects you in your position as an orthopedic technician.

Please review the HIPAA notification thoroughly and keep it with your other orthopedic technician references that you carry with you at your job or externship site.

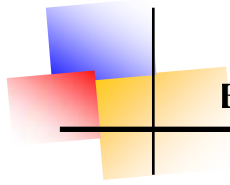
HIPAA Statement

I _____ have read and understand the HIPAA regulations.

(Please Print your name)

Signature

Date



Student: Indicate your clinical externship schedule here:

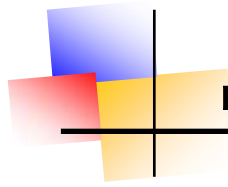
A Note for Preceptors:

Thank you for hosting a Boston Reed Orthopedic Technician student. We appreciate your contribution to the success of our students. Please contact the externship coordinator at 800-201-1141 immediately if you have any questions or concerns. This booklet contains all of the paperwork required for the student to complete the program. Here is a list of what we ask of you:

- Student's schedule: Verify student's externship schedule above.
- Skills Checklist: Initial next to any skill the student either performs or observes in your facility. We hope students will experience as many of these skills as possible, however the student is not required to have all of the skills signed off during the externship.
- Sign-In Log: Initial the back of the booklet daily with the dates and hours the student has completed.
- Student Evaluation Form: Complete this at the end of the externship.

It is the student's responsibility to provide Boston Reed with a copy of the booklet.

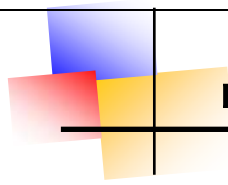
Thank you



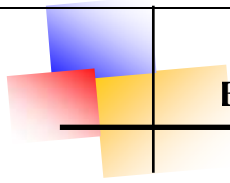
Externship Skills Checklist

Note: The externship skills checklist is for use in the classroom and externship settings. Students have been exposed to each skill in the class room portion of the course. The instructor is responsible for initialing each skill as it is taught or practiced in class. However, some of the skills may not be applicable to the externship setting. The student should strive to have as many skills as possible signed off by the preceptor during the externship. It is the responsibility of the student to ensure this checklist is completed.

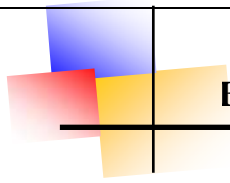
SKILL	INITIAL	INITIAL	INITIAL	INITIAL
Patient Evaluation & Education				
Phone evaluation techniques				
Charting				
Abuse reporting				
Standard (universal) precautions				
Safety				
Hand washing				
Sterile gloving				
Gowning				
Personal protection devices				
Sterile dressing				
PT				
Gait training				
Contrast packing s/p cast removal				
ROM exercises				
Fitting & teaching soft good use				
Crutches and canes: ability to fit and instruct patient in use				
Casts: Ability to apply the following				
Hand				
Gauntlet with outrigger				



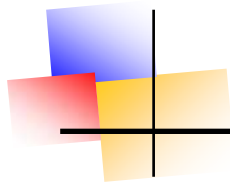
SKILL	INITIAL	INITIAL	INITIAL	INITIAL
Gauntlet with outrigger and molding				
Short arm navicular thumb spica				
Long arm thumb spica				
Long arm navicular thumb spica				
Short arm thumb spica				
Wrist, Forearm & Humerus				
Short arm in neutral position				
Short arm in flexion with ulnar deviation per MD with three point molding				
Long arm in neutral position				
Long arm in flexion with ulnar deviation per MD with three point molding				
Long arm in pronation or supination per MD				
Leg				
Short leg non-weight bearing in neutral position				
Short leg non-weight bearing in equines				
Short leg walking in neutral position				
Short leg walking in equines				
P.T.B with proper molding				
Long leg non-weight bearing in neutral position with proper knee flexion per MD				
Long leg non-weight bearing with molding for widened mortise per MD				
Toe plates applied to short leg and long leg casts				
Long leg walker				
Cylinder cast				
Healing cast				



SKILL	INITIAL	INITIAL	INITIAL	INITIAL
Cast Saw				
Remove casts				
Bivalve casts				
Univalve casts				
Window casts				
Trim casts				
Wedging				
Remove and replace cast blades				
Cast saw use & maintenance				
Cast spreader, duck bill, drill use & maintenance				
Splints, Ability to apply the following:				
Short arm volar				
Long arm posterior with side walls				
Sugar tong short arm				
Sugar tong (double) long arm				
Gutter splint lateral and medial				
Short leg posterior				
Short leg sugar tong				
Long leg posterior				
Thumb spica				
Hand muff splint				
Foot muff splint				
Reductions				
Assist MD with fracture reduction				



SKILL	INITIAL	INITIAL	INITIAL	INITIAL
Braces, Immobilizers & Pre-made Splints				
Velcro knee braces				
Wrist braces				
Cervical collar - soft & hard				
Ace bandages				
Shoulder immobilizers				
Slings				
Hinged Knee brace				
Dressing, Ability to apply the following				
Sterile Technique Una Boot				
Jones dressing				
Traction - Ability to apply the following				
Overhead frame on bed				
Bucks				
Bryants				
Splint Russells				
Balanced suspension				
Cervical				



Student Evaluation Form

Student: _____

Date Started: _____

Date Ended: _____

Please evaluate the above named student on the following questions. The guidelines are as follows:

4 = excellent 3 = above average 2 = average 1 = needs improvement

PERFORMANCE

The student demonstrates:

Ability to Learn and Retain Information	4	3	2	1	N/A
Correct Techniques in Paperwork Procedures	4	3	2	1	N/A
Competence in Charting of Clinical Procedures	4	3	2	1	N/A
Set-up and Clean-up of Patient Care Areas	4	3	2	1	N/A
Sufficient Speed in Completing Tasks	4	3	2	1	N/A
Care of Instruments and Equipment	4	3	2	1	N/A

ATTITUDE

The student demonstrates:

Interest in Improving Self	4	3	2	1	N/A
Ability to Adapt to New Procedures	4	3	2	1	N/A
Punctuality	4	3	2	1	N/A

INITIATIVE

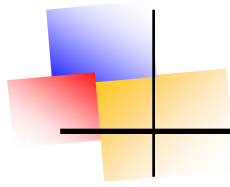
The student demonstrates:

Completion of Tasks	4	3	2	1	N/A
Undertaking of Appropriate Additional Duties	4	3	2	1	N/A
Anticipation of Doctor's / Co-workers Needs	4	3	2	1	N/A

NEATNESS

The student demonstrates:

Neatness in Accomplishing Work	4	3	2	1	N/A
Professionalism in Personal Appearance	4	3	2	1	N/A



PATIENT/STAFF RELATIONS

The student demonstrates:

Ability to Put Others at Ease	4	3	2	1	N/A
Cooperation with Staff	4	3	2	1	N/A
Diplomacy and Tact with Staff	4	3	2	1	N/A
Emotional Maturity to Function Under Stress	4	3	2	1	N/A
Appropriate Conversation with Staff/Patients	4	3	2	1	N/A
Use of Correct Terminology	4	3	2	1	N/A
Sensitivity to Patient Comfort	4	3	2	1	N/A

Student appears to show strength in these areas:

Student could profit from suggestions for improvement in these areas:

The overall appraisal of the student:

Outstanding ____ Above Average ____ Average ____ Unsatisfactory ____

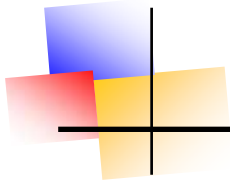
Signature: _____

Print Name: _____

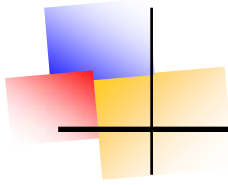
Title: _____

Institution Name: _____

Address: _____



Boston Reed College



Student Evaluation of Externship Setting

Student Name: _____

Course/Location: _____

Name of Facility: _____

Instructions to the STUDENT: Read each statement and rate the site by marking your response on this form.

A = Strongly Agree
B = Agree
C = Disagree
D = Strongly Disagree
E = Not Applicable

1. The amount of patients/clients/tasks at the site was sufficient to meet course objectives.
2. The range of technician duties represented was sufficient to meet course objectives.
3. The variety of learning opportunities was sufficient to meet course objectives.
4. The staff provided positive role models.
5. There were sufficient resources (personnel and supplies) available to meet course objectives.
6. The attitude of the staff in the contributed to a supportive learning environment.

A	B	C	D	E

Comments: _____

