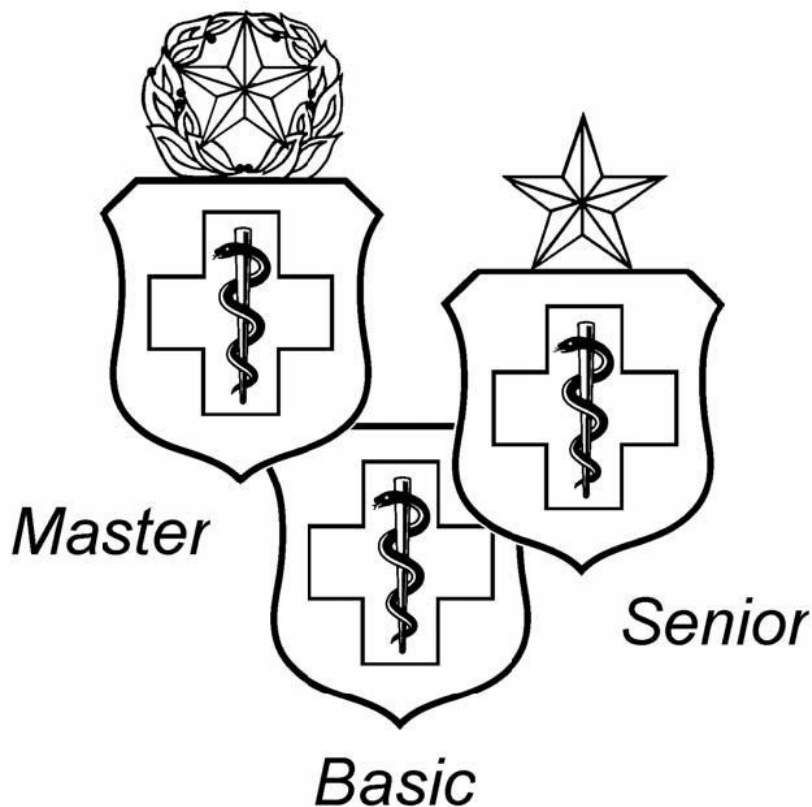


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**SURGICAL SERVICE SPECIALTY**  
**OTOLARYNGOLOGY SURGICAL**  
**SPECIALTY**



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**QTP 4N1X1X-D1**  
**SURGICAL SERVICE SPECIALTY**  
*Volume D1: Otolaryngology Surgical Specialty*

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OPR: AF/SG1/8  
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## **INTRODUCTION**

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

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

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

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

## REMOVE EXTERNAL EAR DEBRIS AND FOREIGN BODIES

*CURETTAGE AND SUCTION METHOD*

<b>SUBJECT AREA:</b>	Perform Clinical Procedures
<b>TASK(s):</b>	Clean debris (ear wax) or foreign bodies from external auditory canal (EAC) using Curettage and/or Suction Technique
<b>CFETP/STS REFERENCE(s):</b>	21.2.1 Cerumen Loop (microscope) 21.2.2 Suction (microscope)
<b>TRAINING REFERENCE(s):</b>	Frank E. Lucente, Gady Har-El <i>Essentials of Otolaryngology</i> , 5 <sup>th</sup> Ed. Lippincott Williams & Wilkins, 2004
<b>EQUIPMENT REQUIRED:</b>	Personal protective gloves Microscope with 250mm lens Examination table or chair with headrest Suction device (e.g., SMR unit) Assorted curettes and/or suction catheters, ear wire loops, alligator forceps, and various sizes of ear specula
<b>OBJECTIVE:</b>	In a clinical setting, remove cerumen or foreign matter from the ear canal.
<b>REMARKS/NOTES:</b>	The principal danger of mechanical removal of debris or foreign bodies from the ear canal is trauma to the skin of the canal or perforation of the tympanic membrane.

**EVALUATION INSTRUCTIONS:**

1. This QTP should be evaluated during actual performance of the tasks.
2. Since this task involves direct patient care, ensure the trainee understands the process, knows inherent risk factors, and is closely supervised during the evaluation. **The evaluator will STOP the procedure immediately and correct the trainee if performance may compromise patient safety.** Ensure the trainee dons all personal protective equipment (PPE) required by current standards/precautions.
3. The trainee must satisfactorily perform all parts of the task *without assistance*.
4. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished.
5. Document competency upon satisfactory completion of the evaluation. Initial evaluation should be documented in the Specialty Training Standard (STS) of the trainee's CFETP. All recurring evaluation should be documented using AF Form 1098, *Special Task Certification and Recurring Training*, or using an approved substitute record.

## REMOVE EXTERNAL EAR DEBRIS AND FOREIGN BODIES

**PERFORMANCE CHECKLIST**

<b><i>APPLICATION OF MICROSCOPE – CERUMEN LOOP OR SUCTION METHOD</i></b>	<b>SAT</b>	<b>UNSAT</b>
<b>PREPARATORY PHASE</b>		
1. Review orders to determine requirement.		
2. Assemble all required instruments—curettes, suction device, irrigation for suction, tissue wipes, etc...		
3. Explain the procedure to the patient. Help the patient to relax as much as possible.		
4. Position the patient according to the requirements of the microscope. If a sitting position is required, have support for patient's head and neck. If supine, be sure to have sufficient neck flexion to keep the patient comfortable.		
5. Examine both ear canals with a hand-held otoscope, looking for any unusual anatomy or conditions, which would require physician care.		
<b>PERFORMANCE PHASE</b>		
1. Wash hands. Don PPE.		
2. Define the circumference of the obstructing mass—use a wire loop, other instrument, or suction to loosen the mass from the sides of the EAC.		
3. Gently rock the mass to and fro to further loosen it.		
4. Impale the mass with an angled hook, or grasp with an alligator forceps and remove from canal if possible.		
5. If the mass breaks up, remove piece meal. Suction is often helpful with the small, mobile pieces.		
6. If the mass is too soft to mobilize and grasp, a few drops of Debrox solution introduced into the EAC followed by large bore suction may clear the debris.		
7. Perform the same procedure on the opposite ear.		
<b>FOLLOW-UP PHASE</b>		
1. Be sure the patient is not dizzy (commonly occurs with manipulation or temperature change in the EAC) and has no pain.		
2. Run irrigation solution through the suction tip to prevent clogging.		
<b>FINAL RESULTS/NOTES:</b> If the patient experiences pain or bleeding, evaluation by the credentialed provider is indicated. If unable to successfully remove cerumen using the above methods, assign patient to continue using Debrox solution according to the manufacturer's instructions and return to the clinic at a later prescribed time.		

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



