

TECHNICIAN PRACTICAL PERFORMANCE TEST

FEMTOSECOND LASER PROCESSING

Applicant's Name: _____

Eye Bank: _____

Examiner's Name:
(please print) _____

Total Points: **Aseptic Technique** _____ **Surgical Technique** _____

Aseptic Points Range: 12 - 11 Pass 10 or Less Fail

Surgical Points Range: 18 - 14 Pass 13 or Less Fail

ASEPTIC TECHNIQUE

1. Appropriate, monitored environment for performing processing with femtosecond laser (e.g. records of routine culturing, acceptable CFU levels).

1 Yes

0 No If no, describe deficiency of environment _____

2. Appropriate dress (Was the technician wearing moisture impermeable clothing with sterile sleeves/sterile impermeable gown, cap, mask and protective eye wear?)

1 Yes

0 No If no, what was technician wearing? _____

3. Wrapping of instruments (includes double wrapped, single-wrapped, and visi-peel bag)

1 Acceptable

0 Unacceptable If unacceptable, describe: _____

4. Kit unwrapped so that the sterility of instruments, equipment, and sterile field are not compromised

1 Yes

0 No If aseptic technique violated, note how: _____

5. Placement of non-sterile items around sterile field

1 Acceptable

0 Unacceptable If unacceptable, describe: _____

6. Surgical hand antisepsis (via 3-5 minute scrub or EtOH-based surgical hand rub product) per AORN recommended practices and Eye Bank's SOP

1 Appropriate

0 Inappropriate technique If not appropriate, describe _____

7. Gloving technique
- 1 Acceptable
0 Unacceptable If unacceptable, describe: _____
8. Transfer of corneoscleral disc or whole eye from container to sterile field
- 1 Acceptable
0 Unacceptable If unacceptable, describe: _____
9. Placement of instrumentation and equipment during procedure
- 1 Acceptable
0 Unacceptable If unacceptable, describe: _____
10. Instruments used for conjunctival resection– Per Eye Bank’s SOP
- 1 Acceptable
0 Unacceptable If unacceptable, describe: _____
0 Not performed: SOP requires removal however technician did not perform
1 N/A: Eye Bank’s SOP does not require
11. Measurement of the stromal bed while maintaining aseptic technique (ie. using pachymetry during procedure) – Per Eye Bank’s SOP.
- 1 Acceptable
0 Unacceptable If unacceptable, describe: _____
0 Not performed: SOP requires, however technician did not perform
1 N/A: Procedure does not require (e.g. full thickness graft vs. DSAEK)
12. Transfer of corneoscleral disc to vial or viewing chamber of storage solution
- 1 Acceptable
0 Unacceptable If unacceptable, describe: _____

SURGICAL TECHNIQUE

1. Femtosecond Laser warm up and appropriate check(s) run according to manufacturer’s recommendations – Per Eye Bank’s SOP
- 1 Acceptable
0 Unacceptable If unacceptable, describe: _____
0 Not performed: SOP requires, however technician did not perform
2. Objective(s) for graft configuration established and reviewed. Laser settings programmed accordingly. – Per Eye Bank’s SOP
- 1 Acceptable
0 Unacceptable If unacceptable, describe: _____
0 Not performed: SOP requires, however technician did not perform

3. Conjunctiva removal (360° peritomy) – Per Eye Bank’s SOP
- 1 Acceptable: complete removal
 - 0 Unacceptable: compromised cornea, incomplete removal or contaminated the tissue
 - 0 Not performed: SOP requires, however technician did not perform
 - 1 N/A: Eye Bank’s SOP does not require
4. Cornea placed on Artificial Chamber satisfactorily (ie. centers cornea, does not fold, induce stress lines, or traumatize endothelium) – Per Eye Bank’s SOP
- 2 Acceptable
 - 1 Acceptable: slight problems
 - 0 Unacceptable: many problems If many problems, describe: _____
 - 0 Not performed: SOP requires, however technician did not perform
5. Adequately assesses pressure (ie. does not induce stress lines or traumatize endothelium) – Per Eye Bank’s SOP
- 2 Acceptable
 - 1 Acceptable: slight problems
 - 0 Unacceptable: many problems If many problems, describe: _____
 - 0 Not performed: SOP requires, however technician did not perform
6. Appropriate applanation of femtosecond laser interface onto the cornea.
- 2 Acceptable
 - 1 Acceptable: slight problems
 - 0 Unacceptable: many problems If many problems, describe: _____
7. Anterior Chamber Maintained
- 2 Acceptable
 - 0 Unacceptable: anterior chamber collapsed or high pressure fluid rupture through laser cut
8. Thickness and diameter of stromal bed measured - per Eye Bank’s SOP (*Note: The timing of this step may vary between banks, but should occur at the time specified by each Eye Bank’s SOP)
- 1 Acceptable
 - 0 Unacceptable
 - 0 Not performed: SOP requires, however technician did not perform
 - 1 N/A: Procedure does not require (e.g. full thickness graft vs. DSAEK)
9. Cornea removed from Artificial Chamber satisfactorily (ie. does not fold, induce stress lines, or traumatize endothelium) – Per Eye Bank’s SOP
- 2 Acceptable
 - 1 Acceptable: slight problems
 - 0 Unacceptable: many problems If many problems, describe: _____
10. Manual dexterity during procedure
- 2 Acceptable
 - 1 Acceptable: slight problems
 - 0 Unacceptable: many problems If many problems, describe: _____

11. Question: Did the technician perform this procedure as described in the Eye Bank policies and procedures manual?

1 Yes

0 No

12. Question: Did the technician explain deviations, if any, from the procedure as described in the Eye Bank policies and procedures manual?

1 Yes (or not applicable)

0 No

COMMENT SECTION: