SMALL ANIMAL NURSING II
CLINICAL MENTORSHIP

VM 20600

CRITERIA HANDBOOK
AND LOGBOOK
INDEX OF NOTEBOOK

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Clinical Mentorship Tasks

1. Perform jugular venipuncture (canine)**
2. Perform jugular venipuncture (feline)**
3. Place cephalic catheter (canine)**
4. Place cephalic catheter (feline)**
5. Place saphenous catheter (canine only)**
6. Apply Modified Robert Jones bandage*
7. Administer subcutaneous fluids to dog or cat**
8. Place urinary catheter in male dog**
9. Perform cystocentesis on male dog**
10. Perform cystocentesis on female dog**
11. Place a stomach tube-canine**
12. Perform an enema**
13. Perform complete dental prophylaxis**
14. Produce diagnostic ECG tracing*

NOTE THE FOLLOWING DUE DATES FOR THE TASKS ABOVE:

Fall or Spring semester
5:00p.m. Thursday of week 7 – 5 tasks¹
5:00p.m. Thursday of week 10 – 5 tasks¹
5:00p.m. Thursday of week 13 – 4 tasks¹

Summer session
5:00p.m. Thursday of week 2 – 5 tasks¹
5:00p.m. Thursday of week 4 – 5 tasks¹
5:00p.m. Thursday of week 6 – 4 tasks¹

¹Because these tasks are particularly case-dependent, any of the listed tasks may be submitted in groups by the due dates.

Incomplete grades will not be assigned for mentorships at the end of the semester. Grade penalties will be assessed for tasks submitted after the due date. Resubmission due dates will be set by the instructor as required.

*IMPORTANT! See following page for Animal Use Guidelines
**Animal Use Guidelines**

The student shall abide by the following guidelines when performing mentorship tasks:

1. A mentorship task may be performed only once on a single animal.
2. A student may perform a maximum of ten (10) minimally invasive tasks (denoted by one asterisk) on a single animal within a 24-hour period.
3. A student may perform a maximum of three (3) moderately invasive tasks (denoted by two asterisks) on a single animal within a 24-hour period.
4. When combining tasks, a student may perform a maximum of five (5) minimally and three (3) moderately invasive tasks on a single animal within a 24-hour period.
5. Tasks denoted with no asterisks do not involve live animal use.

For example, a student might perform the following tasks on an animal in a single day:

1. Restrain a dog in sternal recumbency*
2. Restrain a dog in lateral recumbency*
3. Restrain a dog for cephalic venipuncture*
4. Restrain a dog for saphenous venipuncture*
5. Restrain a dog for jugular venipuncture*
6. Administer subcutaneous injection**
7. Administer intramuscular injection**
8. Intravenous cephalic injection – canine**

Failure to comply with the Animal Use Guidelines may result in failure of the Clinical Mentorship.
STUDENT INFORMATION

GOALS OF VM 20600
SA NURSING II CLINICAL MENTORSHIP

Working with a small animal veterinary care facility, the student will practice several tasks under the supervision of a clinical mentor (veterinarian or accredited Veterinary Technician).

In order to achieve the goals for this Clinical Mentorship, the tasks must be performed to the level of competency as outlined by the Criteria for each task.

The student is responsible for providing documentation for each task as defined by the Materials Submitted for Evaluation and Verification section on each task.

In addition to the documentation, the Clinical Mentorship site supervisor will verify that the student performed the task under their supervision.

Final approval of successful performance and completion of the Clinical Mentorship will be made by the Purdue University instructor in charge of the Clinical Mentorship. This approval will be based upon the documentation provided by the student.

The Purdue University instructor in charge has the option to require additional documentation if, in their judgment, the student has not performed and/or documented the task to the level set by the Criteria.

Documentation of completed tasks is essential to validate the educational process and insure that the performance of graduates of the Veterinary Technology Distance Learning Program meets the standards of quality required by the Purdue University College of Veterinary Medicine faculty and the American Veterinary Medical Association accrediting bodies.

CONTACT PERSON

Any questions regarding the Clinical Mentorship process should be directed to:

Pam Phegley, BS, RVT
Purdue University
Veterinary Technology Program
625 Harrison Street, Lynn Hall G171
West Lafayette IN 47907
(765) 496-6809
phegleyp@purdue.edu
PRE-REQUISITES FOR VM 20600
SA MEDICAL NURSING II CLINICAL MENTORSHIP

Contracts and Agreements

Because of legal, liability and AVMA accreditation issues, the following documents must be completed prior to beginning the Clinical Mentorship:

1. Facility Requirement Agreement
2. Clinical Mentorship Agreement
3. Supervisor Agreement
4. Health Risk and Insurance Acknowledgment
5. Professional Liability Insurance Coverage
6. Agreement and Release of Liability
7. Technical Standards Acknowledgment
8. Code of Conduct

These forms are available on the VTDL website for downloading, printout, and completion, or by phone request from the VTDL office (765-496-6579).

If more than one Clinical Mentorship course is taken, a separate Facility Requirement Agreement, Clinical Mentorship Agreement, and Supervisor Agreement must be completed for each course.

More than one Mentorship Supervisor may sign the mentorship logbook. Each must be either a DVM or a credentialed technician, and must complete a separate Supervisor Agreement.

*Failure to complete and return the listed documents and the payment for Student Professional Liability Insurance Coverage will prevent the student from enrolling in the Clinical Mentorship.*

Insurance

Two types of insurance are recommended or required for the student working in a Clinical Mentorship.

Health Insurance is highly recommended to cover the medical expenses should the student become injured while on the job. It is the student’s responsibility to procure such insurance.

Liability Insurance is required to protect the student in the event of a suit filed against the student for acts he/she performed while in the Clinical Mentorship.

Each VTDL student is required to purchase, for a nominal fee, Professional Liability Insurance through Purdue University. This is done by completing the Professional Liability Insurance Coverage form and sending a check for the fee. This check must be separate from payment of course fees. The fee covers from the time of initiation of coverage until the subsequent July 31st.

Students will not be enrolled in Clinical Mentorships until the Professional Liability Insurance is paid, and the student is covered by the policy.
SELECTING THE CLINICAL MENTORSHIP SITE – FACILITY REQUIREMENTS

You must visit the Clinical Mentorship Site and determine if the following supplies and equipment are readily available to you for use during your Clinical Mentorship. You must complete and have the facility veterinarian sign the Facility Requirement Agreement.

The veterinary care facility must be equipped with the following equipment/supplies:

- Clippers with a #40 blade
- Scissors
- Stomach tube
- Slide Mailing
- Mouth speculum
- Periodontal probe
- Hand scaler
- Ultrasonic scaler/polisher
- Automatic water sprayer on unit or water and syringe to rinse mouth
- ECG monitor with 4 lead capability or acceptable alternative (Cardiopet or another type of phone in ECG service)
- ECG leads

In addition, the following disposable items must be available:

- Syringe – assorted sizes
- Needles – assorted sizes (22 ga for Cystocentesis)
- Alcohol
- Zonas or other tape
- Injection cap or T-set
- Heparinized Saline
- IV catheters
- Supplies for a sterile prep
- Tongue depressors
- Sof-Roll or other padding – size appropriate for patient
- Roll gauze – size appropriate for patient
- Protective wrap (Vet wrap, Coban)
- Sterile K-Y or alternate water-soluble lubricant
- Prep materials for penis
- Urinary catheters – appropriate for patient/purpose
- Urinary collection system – if needed
- Sterile gloves
- Fluids for parenteral administration
- IV fluid administration set
- Sterile saline
- Sterile cotton tip applicator
- Microscope slides
- Diff-Quick stain
- Water or medication for administration
- Exam gloves
- Enema tube – size appropriate for patient
- Enema solution
- Towels
- Surgical mask
- Safety goggles
- ECG paste
- Table mat
- Polishing paste
SELECTION OF CLINICAL MENTORSHIP SUPERVISOR

The Clinical Mentorship Supervisor is the person who will sign your Logbook and verify performance of tasks at the Clinical Mentorship site. This person must be a credentialed veterinary technician (have graduated from an AVMA accredited program or met State requirements for credentialing as a veterinary technician) or a licensed veterinarian.

An individual who claims to be a “veterinary technician” but has not met the criteria for credentialing above is not eligible to be mentorship supervisor.

The individual is not considered to be an employee of Purdue University when acting as your Clinical Mentorship supervisor.

Each Clinical Mentorship Supervisor must complete a Supervisor Agreement. You must return this agreement with the other agreements prior to beginning your Clinical Mentorship. Multiple supervisors may be used for documentation of mentorship tasks. Each supervisor must complete a separate agreement.

Should your Clinical Mentorship Supervisor change during the course of the Clinical Mentorship, you will need to have your new supervisor complete a Clinical Mentorship Supervisor Agreement and return it to the Purdue VTDL office. These forms are available on the VTDL website for downloading and printing.
This Criteria Handbook and Logbook contains the list of tasks that must be successfully completed in order to receive credit for this Clinical Mentorship. You are expected to have learned the basics of how, why, and when each procedure is to be done from the courses listed as prerequisites for this Clinical mentorship. This booklet contains the directions and forms that must be followed and completed in order to meet the standards set for successful completion of this Clinical mentorship.

Please read each component of each task carefully before doing the task, to minimize the number of times you have to repeat the task. The components of each task are summarized:

**Goal** – Describes the ultimate outcome of the task you will perform.

**Description** – Lists the physical acts that you will perform, and under what conditions these acts will be completed.

**Criteria** - Lists *specific, observable, objective* behaviors that you must demonstrate for each task. Your ability to demonstrate each of these behaviors will be required in order to be considered as having successfully completed each task.

**Number of Times Task Needs to be Successfully Performed** – States the required number of times to repeat the tasks. The patient’s name and the date each repetition of the task was performed must be recorded on the Task Verification Form.

*EACH REQUIRED REPETITION OF THE TASK MUST BE PERFORMED ON A DIFFERENT ANIMAL.* You cannot use the same animal to do all of the repetitions of a task. However, you can use the same animal to perform different tasks. In other words, you can’t do three ear cleanings on the same animal, however, you can do an ear cleaning, an anal sac expression, and a venipuncture on the same animal.

**Materials Submitted for Evaluation and Verification** – These specific materials, which usually include video or other materials, must be submitted to demonstrate that you actually performed the task as stated. Each evaluation states specifically what must be shown in the submitted materials.

_The Purdue University course instructor for this Clinical Mentorship has the option to request further documentation if the submitted materials do not clearly illustrate the required tasks._

It is recommended that the video materials document all angles of the procedure. The purpose of the video and other material is to provide “concrete evidence” that you were able to perform the task to the standard required.

If you do not own a video camera, one may be borrowed or rented. Pre-planning the video procedures will help reduce the need to redo the video documentation. Explain what you are doing as you perform the video documentation, as narration will help the evaluator follow your thought process and clarify what is seen on the video. Voiceovers may be done to clearly explain what is being performed. At the beginning of each task, clearly announce what task you are doing, or insert a written title in the video.
Videotapes, photographs, radiographs, slides, written projects, the Criteria Handbook and Logbook and any other required documentation will not be returned. These items will be kept at Purdue as documentation of the student’s performance for accreditation purposes.

This validation is essential to help the Purdue VTDL meet AVMA accreditation criteria. Therefore, it is essential that you follow the evaluation and validation requirements.

**Task Verification Forms** – Each task has a form that must be completed and signed by the Clinical Mentorship Supervisor.

**Supplementary Materials** – Logs, written materials, photographs, or other forms/documentation may be required for specific tasks. Be sure to read the Materials to be Submitted for Evaluation section very carefully and return all documented evidence as prescribed.
COMPLETION OF THE CLINICAL MENTORSHIP

Mentorship logbooks include due dates for sections of courses. Each section must arrive at Purdue by the deadline (not a postmark date).

Paperwork may be
- FAXed to 765-496-2873
- e-mailed to phegleyp@purdue.edu
- sent by regular mail to 625 Harrison Street, Lynn Hall G171, West Lafayette, IN 47907

Videos may be submitted
- in the Media Gallery of Blackboard. If submitted on Blackboard, send an e-mail to phegleyp@purdue.edu notifying of the submission. This is the preferred method of online submission, since it does not limit how much you put on, is no cost to you, and automatically archives here. You must assign the videos to the correct course in order for the instructor to view them.
- by an online source such as Dropbox. If a password is required to open videos submitted with an online service, email the password to phegleyp@purdue.edu. These methods may not be acceptable if they cannot be archived.
- by sending on a disc or flash drive by regular mail to 625 Harrison Street, Lynn Hall G171, West Lafayette, IN 47907

Late submissions will incur a grade penalty. Incomplete grades will no longer be assigned for mentorships at the end of each semester.

Feedback will be emailed until all tasks are completed successfully. A hard copy will be sent when the course is complete and a grade is assigned. As necessary, instructors may require resubmission of some tasks. When feedback is sent, due dates for resubmissions will be given. It is crucial that students with pending feedback check their Purdue emails frequently so this information is received in a timely manner.

Final approval of successful performance and completion of the Clinical Mentorship will be made by the Purdue University instructor in charge of the Clinical Mentorship based upon the documentation provided by the student.

Upon successful completion of all tasks in the clinical mentorship course, a grade will be assigned by the course instructor based upon the documented performance of the tasks.
CLINICAL MENTORSHIP TASKS

INTRODUCTION TO ESSENTIAL TASKS AND CRITERIA

Before starting each task:

1. Read the Goal, Description, Criteria, and Materials to be Submitted for Evaluation and Verification. Understand what is expected of you for each task.

2. Make sure you have whatever equipment and supplies you need to document the task. Pay particular attention to the details of what needs to be documented and submitted.

3. Make sure you obtain appropriate permissions where necessary. Please inform the facility’s owner/manager of your activities. A good relationship with the veterinarian in charge is key to having a positive Clinical Mentorship experience.

After performing each task:

4. Label all items submitted so that the materials you submit for evaluation and validation at Purdue are identified as your submission.

5. Label all videos posted to Blackboard with the name of the task performed.

6. Submit materials to Purdue by the deadlines listed in the logbooks.
1. PERFORM JUGULAR VENIPUNCTURE (CANINE)

Goal: To successfully collect a blood sample through jugular venipuncture

Description: The student will collect a blood sample from the jugular vein.

Criteria:
- The student correctly placed his/her finger in the jugular groove to act as a tourniquet.
- The student palpated the area to determine the location of the jugular vein.
- The student placed the needle in the skin with the bevel up and in the proper location.
- The student’s hand was in the proper position to hold the syringe and draw back on the plunger to obtain the sample.
- The student acquired the necessary volume for the tests ordered.
- The student released the digital tourniquet when the appropriate volume was achieved.
- The student placed a digit over the puncture site.
- The needle and syringe were removed from the patient and digital pressure was continued to prevent a hematoma.

Number of Times Task Needs to be Successfully Performed: 2

Materials Submitted for Evaluation and Verification:

1. Task verification form for Jugular Venipuncture skill, signed by the clinical mentorship supervisor.
2. One video showing the student drawing blood from a dog, properly using digital pressure to tourniquet the vein, placing the needle into the vein, holding the syringe properly to withdraw the plunger, acquiring blood into the syringe, holding pressure on the venipuncture site, and removing the syringe from the vein. The student should provide a narrative while videotaping to describe the steps being performed.

Student Name: ____________________________________________

Supervisor Name: ____________________________________________ RVT, CVT, LVT DVM, VMD

Patient Name: ___________________________ Date: ________________

Patient Name: ___________________________ Date: ________________

I verify that the student performed these tasks under my supervision.

Signature of Clinical Mentorship Supervisor: ____________________________
2. PERFORM JUGULAR VENIPUNCTURE (FELINE)

Goal: To successfully collect a blood sample through jugular venipuncture

Description: The student will collect a blood sample from the jugular vein.

Criteria: The student correctly placed his/her finger in the jugular groove to act as a tourniquet.

The student palpated the area to determine the location of the jugular vein.

The student placed the needle in the skin with the bevel up and in the proper location.

The student’s hand was in the proper position to hold the syringe and draw back on the plunger to obtain the sample.

The student acquired the necessary volume for the tests ordered.

The student released the digital tourniquet when the appropriate volume was achieved.

The student placed a digit over the puncture site.

The needle and syringe were removed from the patient and digital pressure was continued to prevent a hematoma.

Number of Times Task Needs to be Successfully Performed: 2

Materials Submitted for Evaluation and Verification:

1. Task verification form for Jugular Venipuncture skill, signed by the clinical mentorship supervisor.

2. One video showing the student drawing blood from a dog, properly using digital pressure to tourniquet the vein, placing the needle into the vein, holding the syringe properly to withdraw the plunger, acquiring blood into the syringe, holding pressure on the venipuncture site, and removing the syringe from the vein. The student should provide a narrative while videotaping to describe the steps being performed.

Student Name: ____________________________________________________________

Supervisor Name: ____________________________________________________________

DVM, VMD

Patient Name: __________________________ Date: __________________________

Patient Name: __________________________ Date: __________________________

I verify that the student performed these tasks under my supervision.

Signature of Clinical Mentorship Supervisor: __________________________
3. PLACE A CEPHALIC CATHETER (CANINE)

Goal: To successfully place an intravenous catheter in the cephalic vein.

Description: The student will place an intravenous catheter in the cephalic vein.

Criteria: The student clipped an area of appropriate size, leaving no hair at the site.

The student prepped the site for an aseptic catheter placement and did not contaminate the site once it was prepped.

The student flushed the catheter with heparinized saline prior to placement.

The student placed the catheter into the skin with the bevel up.

The student looked for blood flow into the catheter and when blood was observed, threaded the catheter off the stylet into the vein.

The student removed the stylet from the catheter and placed an injection cap on the catheter.

The student secured the catheter to the patient’s leg with tape without kinking the catheter.

The student flushed the catheter with heparinized saline, without signs of extravasation.

Number of Times Task Needs to be Successfully Performed: 2

Materials Submitted for Evaluation and Verification:

1. Task Verification form for Cephalic Catheter Placement skill, signed by the clinical mentorship supervisor.

2. One video showing the student properly clipping and prepping the side aseptically, flushing the catheter before placement, placing the catheter, taping and flushing the catheter once in the vein. The student should provide a narrative while videoing to describe the steps being performed.

Student Name: __________________________________________________________

Supervisor Name: __________________________________________________________ RVT, CVT, LVT DVM, VMD

Patient Name: ___________________________ Date: ___________________________

Patient Name: ___________________________ Date: ___________________________

I verify that the student performed these tasks under my supervision.

Signature of Clinical Mentorship Supervisor: ___________________________________
4. PLACE A CEPHALIC CATHETER (FELINE)

**Goal:** To successfully place an intravenous catheter in the cephalic vein.

**Description:** The student will place an intravenous catheter in the cephalic vein.

**Criteria:**
- The student clipped an area of appropriate size, leaving no hair at the site.
- The student prepped the site for an aseptic catheter placement and did not contaminate the site once it was prepped.
- The student flushed the catheter with heparinized saline prior to placement.
- The student placed the catheter into the skin with the bevel up.
- The student looked for blood flow into the catheter and when blood was observed, threaded the catheter off the stylet into the vein.
- The student removed the stylet from the catheter and placed an injection cap on the catheter.
- The student secured the catheter to the patient’s leg with tape without kinking the catheter.
- The student flushed the catheter with heparinized saline, without signs of extravasation.

**Number of Times Task Needs to be Successfully Performed:** 2

**Materials Submitted for Evaluation and Verification:**

1. Task Verification form for Cephalic Catheter Placement skill, signed by the clinical mentorship supervisor.
2. One video showing the student properly clipping and prepping the side aseptically, flushing the catheter before placement, placing the catheter, taping and flushing the catheter once in the vein. The student should provide a narrative while videoing to describe the steps being performed.

**Student Name:** __________________________________________________________

**Supervisor Name:** ______________________________________________________ RVT, CVT, LVT DVM, VMD

**Patient Name:** __________________________________________________________ Date: ______________________

**Patient Name:** __________________________________________________________ Date: ______________________

I verify that the student performed these tasks under my supervision.

**Signature of Clinical Mentorship Supervisor:** ____________________________________
5. PLACE A SAPHENOUS CATHETER

Goal: To successfully place an intravenous catheter in the saphenous vein.

Description: The student will place an intravenous catheter in the saphenous vein.

Criteria: The student clipped an area of appropriate size leaving no hair at the site.

The student prepped the site for an aseptic catheter placement and did not contaminate the site once it was prepped.

The student flushed the catheter with heparinized saline prior to placement.

The student placed the catheter into the skin with the bevel up.

The student looked for blood flow into the catheter and when blood flow was observed, threaded the catheter off the stylet into the vein.

The student removed the stylet from the catheter and placed an injection cap on the catheter.

The student secured the catheter to the patient’s leg with tape without kinking the catheter.

The student flushed the catheter with heparinized saline without signs of extravasation.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification form for Saphenous Catheter Placement skill, signed by the clinical mentorship supervisor.

2. One video showing the student properly clipping and prepping the site aseptically, flushing the catheter before placement, placing the catheter, taping and flushing the catheter once in the vein. The student should provide a narrative while videoing to describe the steps being performed.

Student Name: ________________________________________________

Supervisor Name: ______________________________________________ RVT, CVT, LVT

DVM, VMD

Patient Name: ___________________________ Date: ____________________

I verify that the student performed these tasks under my supervision.

Signature of Clinical Mentorship Supervisor: ____________________________
6. PLACE A MODIFIED ROBERT JONES BADNAGE

Goal: To successfully place a Modified Robert Jones Bandage

Description: The student will place a Modified Robert Jones Bandage on a limb.

Criteria:

The student applied tape stirrups to the distal portion of the limb.

The student applied two layers of soft padding onto the limb starting at the distal portion of the limb. The student made sure it was not too tight before starting the next layer.

The student then applied a layer of gauze to the limb, starting at the distal portion of the limb. The student made sure it was not too tight before starting the next layer.

The student reflected the tape stirrups to adhere to the gauze.

The student applied a layer of protective tape, such as vetwrap, to the limb. The student made sure it was not too tight.

The limb was in proper position once the bandage was complete. The student checked the toes for temperature and swelling.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification form for Modified Robert Jones Bandage skill, signed by the clinical mentorship supervisor.

2. A video showing the student applying each layer of the bandage and checking for tightness. The student should provide a narrative of the steps taken to apply this bandage. The video should also show the student checking the toes following completion of the bandage.

Student Name: __________________________________________________________

Supervisor Name: _________________________________________________________ RVT, CVT, LVT DVM, VMD

Patient Name: ___________________________ Date: __________________________

I verify that the student performed these tasks under my supervision.

Signature of Clinical Mentorship Supervisor: __________________________________
7. ADMINISTER SUBCUTANEOUS FLUIDS TO A DOG OR CAT

Goal: To successfully administer subcutaneous fluids to a dog or cat

Description: The student will administer subcutaneous fluids to a dog or cat

Criteria: The student chose the proper needle size for the patient
          The student placed the needle in the correct area
          The student administered the appropriate amount of fluids at each site

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification form for Administration of Subcutaneous Fluids skill, signed by the Clinical mentorship supervisor.

2. One video showing the student choosing the needle, placing the needle in the site and removing the needle from the skin. The student should provide a narrative while videoing to describe the steps being performed, stating the needle size and the volume of fluids given.

Student Name: ____________________________________________________________

Supervisor Name: _________________________________________________________ RVT, CVT, LVT
                     _________________________________________________________ DVM, VMD

Patient Name: ___________________________________ Date: __________________________

I verify that the student performed these tasks under my supervision.

Signature of Clinical Mentorship Supervisor: ____________________________________________
8. PLACE A URINARY CATHETER IN A MALE DOG

Goal: To successfully place a urinary catheter in a male dog

Description: The student will place a urinary catheter in a male dog

Criteria: The student chose the proper type and size catheter for the dog

The student, while an assistant exposed the penis, prepared the penis aseptically without touching the prepuce.

The student lubricated the distal end of the catheter without contaminating the catheter.

The student introduced and passed the catheter into the bladder without contamination.

The student emptied the bladder with a syringe if the catheter was to be removed.

The student attached a collection system to the catheter if the catheter was to stay in.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification form for Place a Urinary Catheter in a Male Dog skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student preparing the penis, lubricating the catheter, passing the catheter and collecting the urine/attaching the collection system. The video should clearly show urine in the syringe/tubing of the collection system. The student should provide a narrative while videoing to describe the steps being performed.

Student Name: __________________________________________________________

Supervisor Name: ________________________________________ RVT, CVT, LVT

Patient Name: ___________________________ Date: _______________________

I verify that the student performed these tasks under my supervision.

Signature of Clinical Mentorship Supervisor: ________________________________
9. PERFORM A CYSTOCENTESIS ON A MALE DOG

Goal: To successfully perform a Cystocentesis on a male dog

Description: The student will perform a Cystocentesis on a male dog to obtain a urine sample.

Criteria:

- The student palpated the bladder while the dog was restrained in lateral, dorsal or standing recumbency.
- The student chose the appropriate size needle for the dog and the appropriate size syringe for the sample to be obtained.
- The student examined the area of the needle placement to ensure its cleanliness and prepared it with alcohol.
- The student placed the needle in the correct area and avoided the prepuce.
- The student aspirated to determine if the needle was in the bladder. If the needle was in the bladder, the student drew enough urine for the sample.
- If the needle was not in the bladder, the student released negative pressure on the syringe, withdrew the syringe and needle and got a new syringe and needle to try again.
- The student did not redirect within the abdomen.
- The student did not aspirate while placing or withdrawing the needle.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Cystocentesis on a Male Dog skill, signed by the Clinical Mentorship supervisor.
2. One video showing the student preparing the syringe, palpating the bladder, preparing the site, placing the needle, obtaining the sample and withdrawing the needle. If urine was obtained, the video should show the aspiration of urine into the syringe. The student should provide a narrative while videoing to describe the steps being performed, stating the needle size used.

Student Name: ____________________________________________________________

Supervisor Name: ____________________________________________________________ RVT, CVT, LVT
DVM, VMD

Patient Name: __________________________ Date: ___________________________

I verify that the student performed these tasks under my supervision.

Signature of Clinical Mentorship Supervisor: ___________________________________
10. PERFORM A CYSTOCENTESIS ON A FEMALE DOG

Goal: To successfully perform a Cystocentesis on a female dog

Description: The student will perform a Cystocentesis on a female dog to obtain a urine sample

Criteria:

The student palpated the bladder while the dog was restrained in lateral, dorsal, or standing recumbency

The student chose the appropriate size needle for the dog and the appropriate size syringe for the sample to be obtained

The student examined the area of the needle placement to ensure its cleanliness and prepared it with alcohol

The student placed the needle in the correct area (Midline)

The student aspirated to determine if the needle was in the bladder. If the needle was in the bladder, the student drew enough urine for the sample

If the needle was not in the bladder, the student released negative pressure on the syringe, withdrew the syringe and needle and obtained a new syringe and needle to try again.

The student did not redirect within the abdomen

The student did not aspirate while placing or withdrawing the needle

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Cystocentesis on a Female Dog skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student preparing the syringe, palpating the bladder, preparing the site, placing the needle, obtaining the sample and withdrawing the needle. If urine was obtained, the video should show the aspiration of urine into the syringe. The student should provide a narrative while videoing to describe the steps being performed, stating the needle size used.

Student Name: _______________________________________________________

Supervisor Name: ___________________________________________________ RVT, CVT, LVT DVM, VMD

Patient Name: ___________________________ Date: ______________________

I verify that the student performed these tasks under my supervision.

Signature of Clinical Mentorship Supervisor: ______________________________
11. PLACE A STOMACH TUBE

Goal: To successfully place a stomach (orogastric) tube in a dog

Description: The student will place a stomach tube in a dog and administer a medication. (Tap water may be used in place of medication)

Note: This task may be performed on an anesthetized, intubated dog. Placement of the orogastric tube should be checked in the same way, however.

Criteria:

- The student measured the tube, placed the tip of the tube at the last rib and marked the tube at the point of the mouth prior to placement
- The student placed the mouth speculum in the mouth in the correct position
- The student properly lubricated the stomach tube
- The student properly passed the tube into the dog’s stomach without force
- The student verified the tube was in the stomach by palpating the tube within the neck
- The student checked placement by injecting 10.0 mL of air and an assistant auscultating the stomach for gurgling, or injecting 5.0 mL of sterile saline and listening for a cough
- The student administered the medication into the stomach tube (For purpose of videoing, tap water may be used)
- The student sealed the end of the tube to prevent aspiration of medication and removed the stomach tube from the dog

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Place a Stomach Tube skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student measuring and marking the tube, placing the mouth speculum, lubricating and passing the stomach tube, verifying the placement, administering the medication and removing the tube. The student should provide a narrative while videoing to describe the steps being performed.

Student Name: ________________________________________________________________

Supervisor Name: _____________________________________________________________ RVT, CVT, LVT

DVM, VMD

Patient Name: _______________________________________________________________  Date: __________________________

I verify that the student performed these tasks under my supervision.

Signature of Clinical Mentorship Supervisor: ______________________________________
12. PERFORM AN ENEMA

Goal: To successfully perform an enema

Description: The student will perform an enema and observe the patient for expulsion of contents from the colon

Criteria: The student measured and prepared the appropriate volume of fluid to deliver
The student, wearing exam gloves, properly lubricated the tube
The student passed the tube into the animal’s rectum without force
The student properly administered the prepared fluid
The student removed the tube from the rectum
The student placed the animal in an area to observe the expulsion of contents from the colon

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Perform an Enema skill, signed by the Clinical Mentorship supervisor.
2. One video showing the student preparing and measuring the fluid, lubricating and passing the tube, administering the medication, removing the tube and expulsion of contents from the colon. The student should provide a narrative while videoing to describe the steps being performed.

Student Name: ____________________________________________

Supervisor Name:________________________________________ RVT, CVT, LVT
DVM, VMD

Patient Name: __________________________ Date: ________________

I verify that the student performed these tasks under my supervision.

Signature of Clinical Mentorship Supervisor: __________________________
13. PRODUCE A DIAGNOSTIC ECG TRACING

Goal: To successfully produce a diagnostic ECG tracing

Description: The student will produce a diagnostic ECG tracing on a dog or cat. Cardiopet may be used.

Criteria: The student had an assistant place and restrain the patient in right lateral recumbency on a towel or mat. Care was taken to keep the patient as still as possible.

The student ensured the legs were perpendicular to the body and not touching each other.

The student attached the front leg leads to the caudal aspect of the leg just below the elbow. The rear leg leads were attached on the cranial aspect of the leg at the stifle.

The student moistened the leads with contact gel, alcohol or an acceptable alternative.

The student set the machine settings according to the machine available.

The student ran the standard leads (leads 1, 2, 3, AVR, AVL, AVF).

The student obtained (if visible) at least 6 inches of good tracing per lead without artifact.

If using Cardiopet or another “over the phone” ECG, the student followed the guidelines for timing of each lead, as defined by Cardiopet or such.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Produce a Diagnostic ECG Tracing skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student placing the leads, moistening the leads and showing the positioning of the legs.

3. One ECG printout tracing from the videotaped case. If Cardiopet – type, a copy of the report should be submitted.

Student Name: ____________________________________________________________

Supervisor Name: __________________________________________________________ RVT, CVT, LVT, DVM, VMD

Patient Name: __________________________________ Date: ______________________

I verify that the student performed these tasks under my supervision.

Signature of Clinical Mentorship Supervisor: __________________________________

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14. PERFORM A COMPLETE DENTAL PROPHYLAXIS

Goal: To successfully perform a dental prophylaxis on an anesthetized dog or cat.

Description: The student will perform a dental prophylaxis on an anesthetized dog or cat. The student should focus on the dental while another technician monitors the anesthesia.

Criteria: The student performed an oral exam to evaluate occlusion, any retained deciduous or deformed teeth, and evaluate the amount of calculus present.

The student examined the gingival tissues and pocket depths around all of the teeth with a periodontal probe and noted the abnormalities on either the dental or patient chart.

The student placed towels under the patient's head and neck to prevent potential aspiration of water and debris.

The student wore a mask, exam gloves and goggles before beginning the scaling of the teeth.

The student hand scaled the subgingival area of the teeth.

The student removed the calculus from the supragingival area of the teeth, by either starting out with manual instruments and then using the ultrasonic scaler, or just used the ultrasonic scaler.

If manual instruments were used, the student maintained the proper angle with the scaling instrument and moved from the gingival edge toward the crown.

The student did not leave the ultrasonic scaler on the tooth for longer than 10-15 seconds at a time.

The student maintained the side of the ultrasonic scaler parallel to the tooth and worked with overlapping strokes from the gingival edge toward the crown.

The student polished the teeth using the polish device at low speed, moving from each tooth every 2-3 seconds.

The student rinsed the teeth with water to remove any residual debris from the mouth.

The student performed a post cleaning oral exam and charted the teeth on the appropriate dental chart or record.

The student composed a set of discharge and home care instructions for the client and explained them to the client upon releasing the patient from the hospital.

The student submitted copies of the dental chart, discharge instructions, and home dental care guidelines.
Number of Times Task Needs to be Successfully Performed: 2

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Perform a Complete Dental Prophylaxis skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student performing the oral exam, checking pocket depth, hand scaling, using the ultrasonic scaler, polishing the teeth, rinsing the mouth and performing the post prophy oral exam. A close-up of the mouth, before waking the dog from anesthesia, will be required for the video submission. The student should provide a narrative to describe the steps being performed.

3. One video showing the student releasing the patient from the hospital and providing client education to the owner. The student should give the owner written discharge instructions and home care guidelines, going over these verbally with the client.

4. A dental chart should be provided from the videotaped dental performed. You may use the one provided in the notebook or submit the one used by your mentorship site. It must be complete and follow somewhat the one provided in your mentorship notebook.

5. A copy of the written discharge and home care instructions given to the client.

Note: Because this task will be lengthy, the video may show a 1-2 minute portion of each step being performed. The entire procedure does not have to be videoed. The student must ensure the criteria listed are clearly represented on the video.

Student Name: ______________________________________________________________

Supervisor Name:_________________________________________________________________ RVT, CVT, LVT
DVM, VMD

Patient Name: ___________________________ Date: ___________________________

Patient Name: ___________________________ Date: ___________________________

I verify that the student performed these tasks under my supervision.

Signature of Clinical Mentorship Supervisor: ____________________________________________
CANINE DENTAL RECORD

Hospital ____________________________________________     DVM ________________________________

Technician/Assistant ____________________                          Date __________________________

Diagnosis ________________________________________________________________________________________________

_______________________________________________

Assessment ____________________________________________________________

_________________________________________________________________________________________

Recommendations _________________________________________________________________________________________

_________________________________________________________________________________________________________

Patient Name _________________________________ Age _______ Species ____________ Weight ________________

Temperature _______  Pulse _______  Respiration ___________  Overall health ________________________________

Chief Complaint ______________________________________________________________________________________

Previous Dental Treatments ______________________________________________________________

Dental Home Care __________________

Skull type

- Brachycephalic
- Mesocephalic
- Dolichocephalic

Occlusion

- Scissors (Normal)
- Brachygnathism (Overshot)
- Prognathism (Undershot)
- Level Bite

Calculus

- Furcation exposure

Periodontal Disease

- Gingivitis
- Hyperplasia
- Mobility

- Grade 1: Marginal Gingivitis
- Grade 2: Gingivitis, Edema, Bleeds on Probing
- Grade 3: Pocketing, Receding Gums
- Grade 4: Deep Pockets, Pus Formation

Diagnosis ________________________________________________________________

Assessment ______________________________________________________________

Recommendations __________________________________________________________
CANINE DENTAL RECORD

Hospital ____________________________  DVM __________________________

Technician/Assistant ________________________________  Date ________________

Diagnosis _______________________________________________________________________________________________
_________________________________________________________________________________________________________
Assessment _______________________________________________________________________________________________
_________________________________________________________________________________________________________
Recommendations __________________________________________________________________________________________
_________________________________________________________________________________________________________

Patient Name ____________________________  Age _____  Species ____________  Weight ________________

Temperature _______  Pulse _______  Respiration _______  Overall health ____________________________

Chief Complaint ________________________________________________________________

Previous Dental Treatments ___________________________________________________________

Dental Home Care ________________________________________________________________

<table>
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<tr>
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Diagnosis ________________________________________________________________

Assessment _________________________________________________________________

Recommendations ____________________________________________________________