

# SMALL ANIMAL NURSING MENTORSHIP III



VM 20700

CRITERIA HANDBOOK AND  
LOGBOOK

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## Clinical Mentorship Tasks

1. Video verification of required equipment and supplies
2. Perform fine needle aspiration\*\*
3. Perform skin scraping\*
4. Demonstrate closed chest CPR (simulation)
5. Perform Schirmer Tear Test\*
6. Perform a fluorescein stain test\*
7. Perform tonometry\*
8. Apply Elizabethan collar\*
9. Hospitalized Patient Care, Record Keeping and Observation of a Critical Patient on IV Fluids (calculate, monitor and maintain)\*

## Clinical Mentorship Projects

10. Assessment of Emergency Area
11. First Aid Procedures

### **NOTE THE FOLLOWING DUE DATES FOR THE TASKS ABOVE:**

<b><i>Fall or Spring semester</i></b>	<b><i>11:59p.m. Thursday of week 1 – Task 1</i></b>
	<b><i>11:59p.m. Thursday of week 6 – Tasks 2-4</i></b>
	<b><i>11:59p.m. Thursday of week 9 – Tasks 5-8</i></b>
	<b><i>11:59p.m. Thursday of week 12 – Tasks 9-11</i></b>
<b><i>Summer session</i></b>	<b><i>11:59p.m. Thursday of week 1 – Task 1</i></b>
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***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. All animals used for demonstration of mentorship skills must be appropriately restrained by another person, for the safety of the patient and the student.
2. A mentorship task may be performed only once on a single animal.
3. 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.
4. 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.
5. 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.
6. 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 CLINICAL MENTORSHIP

Working with a veterinary care facility, the student will perform tasks under the supervision of a clinical mentor (veterinarian or credentialed 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 validating the educational process and insuring that the performance of graduates of the Veterinary Nursing 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 Nursing Program  
625 Harrison Street, Lynn Hall G171  
West Lafayette IN 47907  
(765) 496-6809  
[phegleyp@purdue.edu](mailto:phegleyp@purdue.edu)

# PRE-REQUISITES FOR CLINICAL MENTORSHIP

## Contracts and Agreements

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

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

These documents are available on the VNDL website.

If more than one Clinical Mentorship course is taken, separate Clinical Mentorship and Facility Requirement 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 submit the listed documents and/or non-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 VNDL student is required to purchase, for a nominal fee, Professional Liability Insurance through Purdue University. The fee covers from the time of initiation of coverage until the subsequent July 31<sup>st</sup>.

Students will not be enrolled in Clinical Mentorships until the Professional Liability Insurance is paid, and the student is covered by the policy.

# WHAT TO LOOK FOR IN A MENTORSHIP FACILITY

When evaluating a facility for clinical mentorships, the student should thoroughly research the site. It is strongly suggested to visit the site if not currently working there. This experience is a chance to begin to apply the wealth of knowledge and skills acquired and developed to this point in the veterinary nursing education. The following are points of discussion or questions to consider when evaluating the site (RVT includes any credentialed veterinary technician):

- Does the site currently have credentialed veterinary technicians/nurses on staff?
- Are there any boarded DVM specialists or VTS RVTs on staff?
- What is the role of the technician/nurse versus other members of the staff (such as veterinary assistants)?
- What is the overall size of the staff (professional and paraprofessional staff)?
- Is the site an accredited practice or facility (AAHA, ALAC, etc.)?
- Has the site hosted a VNDL student in the past?
- Does the staff seem receptive to hosting a student?
- Is the site located in a safe and easily accessible location? Are there geographical considerations?
- Is this also an employment opportunity?
- Ask the supervisor:
  - What are their specific goals for the student?
  - Have they ever been a supervisor before for a veterinary technician/nursing student?
  - Who else at the site may be involved in supervision?
  - Do they have any concerns for the legal allowances in which the student may perform certain tasks?

It is strongly recommended that the student show potential mentorship supervisor(s) examples of mentorship logbooks, so they are aware of what the student will need to accomplish in this facility. The discussion should include that most tasks will require videos of the student performing skills, and how this will be accomplished. A student may have multiple supervisors (either DVM or credentialed technician), and one must be present any time the student is performing skills for a clinical mentorship. Supervisors sign Task Verification forms which state that they observed the student as they performed each task. Mentorship supervisors act as coaches and must be present to ensure the safety of the patient and personnel. They are not involved in evaluation of skills; this is done by Purdue instructors.

# SELECTING THE CLINICAL MENTORSHIP SITE – FACILITY REQUIREMENTS

The student must visit the Clinical Mentorship Site and determine if the following supplies and equipment are readily available for use during the Clinical Mentorship. The student must complete and have the facility veterinarian sign the Clinical Mentorship Site Facility Requirements Agreement.

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

- Clippers with a #40 blade
- Tonometer
- Diff-Quik stain set
- Endotracheal tubes
- Ambu bag or other source for positive-pressure ventilation such as anesthesia machine
- ECG monitor
- Emergency drugs

In addition, the following disposable items must be available

- Syringe – assorted sizes
- Needles – assorted sizes
- Isopropyl alcohol
- Scalpel blades - #10
- Mineral oil
- Schirmer tear test strips
- Topical ophthalmic anesthetic
- Eye wash or artificial tears
- Fluorescein strips or solution
- IV catheter and supplies for placement
- Fluids for parenteral administration
- IV fluid administration sets
- Microscope slides
- Exam gloves
- Elizabethan collar

# SELECTION OF CLINICAL MENTORSHIP SUPERVISOR

The Clinical Mentorship Supervisor is the person who will sign Task Verification forms that 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 and Mentorship Code of Conduct*. The student must return these agreements with the other agreements prior to beginning the Clinical Mentorship. Multiple supervisors may be used for documentation of mentorship tasks. Each supervisor must complete a separate agreement.

Should the Clinical Mentorship Supervisor change during the course of the Clinical Mentorship, the student will need to have the new supervisor complete a *Clinical Mentorship Supervisor Agreement* and return it to the Purdue VNDL office. These forms are available on the VNDL website for downloading and printing.

Multiple Clinical Mentorship Supervisors may be utilized so one person does not have to be present for all task performances. Each supervisor must submit a *Clinical Mentorship Supervisor Agreement*.

**ALL TASKS PERFORMED FOR A MENTORSHIP MUST BE OBSERVED IN PERSON BY A SUPERVISOR FOR WHOM DOCUMENTATION HAS BEEN SUBMITTED**

# CRITERIA HANDBOOK AND LOGBOOK

This Criteria Handbook and Logbook contains the list of tasks that must be successfully completed in order to receive credit for this Clinical Mentorship. The student is expected to have learned the basics of how, why, and when each procedure is to be done from the courses listed as pre-requisites 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 performing the task to minimize required resubmissions. The components of each task are summarized:

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

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

**Criteria** – Lists specific, observable, objective behaviors the student must demonstrate for each task. The 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.**

The student may not use the same animal to do all of the repetitions of a task. However, the same animal may be used to perform different tasks. In other words, one can't do three ear cleanings on the same animal, however, one may 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 the student 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 the student was able to perform the task to the standard required.

Pre-planning the videos will help reduce the need to resubmit tasks. The student should narrate the video as they work, explaining what they are doing and why. This helps the evaluator follow the thought process and clarify what is seen on the video. The student's face must be shown at some point in every video to verify their identity. The name and/or number of the task should be either stated at the beginning of the video or embedded (written) into the video itself.

Videos, 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 VNDL meet AVMA accreditation criteria. Therefore, it is essential that the student follows the evaluation and validation requirements.

**Task Verification Forms** – Each task has a form that must be completed and signed by the Clinical Mentorship Supervisor. A supervisor must observe every performance of a skill for a clinical mentorship.

**Supplementary Materials** – Logs, written materials, photographs, or other forms/documentation may be required for specific tasks. The “Materials to be Submitted for Evaluation” section outlines what is required to submit for each task.

## COMPLETION OF THE CLINICAL MENTORSHIP

Mentorship logbooks include due dates for sets of tasks. Each set must be submitted by the deadline listed in the logbook. Late submissions will incur a grade penalty. Incomplete grades will not be assigned for mentorships at the end of each semester.

Feedback will be emailed to the student following review of each set of submitted tasks. 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.

***Note: A student who is dismissed from their mentorship facility may fail the course and may be dismissed from the program.***

**Task Verification forms** and other written materials should be submitted in **Assignments** in Brightspace. Task Verification forms are due by the task due date in order for each task to be complete. You must assign the forms and any other supplemental paperwork required for the tasks, to the correct course assignment in order for the instructor to view them.

**Videos** should be submitted in **Assignments** in Brightspace. This method of online submission does not limit how much you put on, is no cost to you, and automatically archives. You must assign the videos to the correct course assignment in order for the instructor to view them.

### Using Kaltura for Video Assignments

**Kaltura** is a secure streaming service that Purdue offers for faculty, staff, and students. Videos uploaded to an assignment via Kaltura will only be accessible to instructor(s) within the course.

#### **Step 1: Set Video Type on Your Device**

Confirm your device is recording in a format accepted by Kaltura; common formats include:

- .MOV/.MP4/.M4V • .WMV
- .AVI
- .WEBM

**Kaltura cannot accept the HEVC video format.**

iPhone/iPad:

- *Click* on **Settings->Camera->Formats**
- *Change* the format to **Most Compatible**.

Android:

- In your camera application's settings, *change* the video recording format to **MOV, M4V, or MP4**.

Desktop/Laptop:

- Depending on your recording application, you will need to save your video recording as a common video format (such as .mp4, .mov, or .m4v).

## **Step 2: Allow your Browser to use Pop-Up Windows**

Confirm your browser has pop-ups enabled. Kaltura will pop open a window for you to upload your video. Use the *Help* feature in your preferred browser if you need assistance in enabling pop-up windows.

**If you do not allow pop-up windows on your browser, you will not be able to upload videos.**

## **Step 3: Ensure You Have a Stable High-Speed Internet Connection**

Confirm you have a **stable** internet connection; if you are on a connection that can disconnect on a regular basis your upload may be cancelled. Additionally, you will need to have a **high-speed** connection. Videos may have large file sizes, and a slow connection may result in your video taking a very long time to upload. If you need a stable and fast internet connection but do not have one at home, consider using public wifi at a library or coffee shop.

## **Step 4: Uploading Your Task Verification Form (TVF)**

You must upload your TVF at the same time that you upload your video.

- *Open* the assignment in Brightspace
- *Click* on the "**Add a File**" button. A dialogue box will open allowing you to select the TVF file to upload from your device.

## **Step 5: Uploading Your Video**

Once you have uploaded your TVF, you can upload your video. Scroll down on the page to the Comments area.

- *Click* on the **Insert Stuff** icon on the text editor.
- On the **Insert Stuff** menu that opens, *click* on **Add Kaltura Media**.
- On the **Insert Stuff** window, *click* the **plus** button. On the menu that opens, *click* **Media Upload**.
- The **Upload Media** window will open. *Click* on **Choose a file to upload** to select a file on your computer, or *click and drag* the video file into the box.
- Depending on your internet connection speed and the file size, it may take a few minutes to upload the file. **Allow the file to upload completely and do not close the window.**

You may alter the name of the file and add a description.

Once the file is uploaded and any name or description changes have been made, *click*

**</> Save and Embed** to save the video to Kaltura.

- If your video has processed, you may see a preview. Otherwise, you may see an animation that your video is still processing. Even if the video is still processing, you can still submit the video. *Click **Insert*** to add the video to the assignment or discussion
- Your video will be added to the text box. *Click **Submit*** to turn in your assignment.
- You may confirm your submission by clicking on the link to the assignment or discussion and seeing if you can view the video.

### **For Support**

Contact the PVM Instructional Design team at [pvmit@purdue.edu](mailto:pvmit@purdue.edu) for assistance.

# 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 for each task.
2. Make sure that all equipment and supplies needed to complete the task are available. Pay particular attention to the details of what needs to be documented and submitted.
3. Make sure to obtain appropriate permissions where necessary. Please inform the facility's owner/manager of 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 submitted for evaluation and validation at Purdue are identified as the student's submission.
5. Label all videos posted to Brightspace with the task number.
6. Submit materials by the deadlines listed in the logbooks.

# CLINICAL MENTORSHIP PROJECTS

## INTRODUCTION TO SPECIAL PROJECTS

Certain mentorships will have required projects to complete in addition to the required tasks. Written projects should be typed, and checked for correct grammar and spelling. Photos should be embedded into the related written documents.

Before starting each project

1. Read through the project in its entirety. This will give you a description of the project and what is needed to complete it successfully.
2. Determine what materials, if any, need to be submitted for completion of the project.
3. Most projects will come with a list of questions/points that need to be addressed and included in the written document.
4. If video is required for a project, it should be noted on the videotape verbally that this is for the project and not another required task. Some projects may require a verbal narration of a student doing something. Each individual project will define if that is a necessary requirement for that project.

Note: Videotaping and photographs are not for the purpose of verifying if the practice is within OSHA compliance or other government regulations. These projects are for the student's education. It may be determined by the student that the practice is not within the current recommendations. The purpose of these projects is to make the student aware of these issues, and how to recognize the issues and develop suggestions for improvement.

There will be certain mentorships where OSHA recommendations, in regards to equipment and policies, will be facility requirements for the mentorship.

# 1. VIDEO VERIFICATION OF REQUIRED EQUIPMENT AND SUPPLIES

**Goal:** Ensure that the student will have access to all equipment and supplies necessary to complete the skills in this course.

**Description:** The student will provide a narrated video showing equipment and supplies specific to this mentorship, to verify that required items are available to them and adequate for completion of tasks in their facility.

**Criteria:** The student introduced the video and showed their face clearly

The student walked through the facility and showed the following clearly:

- Diff-Quik stain set, with appropriate secondary container labels on jars
- Ambu bag or other oxygen source and system for ventilation
- ECG monitor
- Emergency drug box
- Schirmer Tear Test strips
- Fluorescein stain strips
- Tonometer
- Elizabethan collar

**Number of Times Task Needs to be Successfully Performed:** 1

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Video Verification of Required Equipment and Supplies, signed by the Clinical Mentorship supervisor.
2. One video showing the student as they introduced themselves and walked through the facility, showing the listed items clearly. The student narrated the video live as they showed items.

**Student Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

RVT, CVT, LVT  
DVM, VMD

I verify that the student will have access to the items shown, for tasks in this course.

**Signature of Clinical Mentorship Supervisor:** \_\_\_\_\_

## 2. FINE NEEDLE ASPIRATION

**Goal:** To collect a diagnostic quality cytology specimen using fine needle aspiration

**Description:** The student will collect cells from a mass or lymph node using fine needle aspiration and properly prepare a slide for examination.

**Criteria:** The student selected an appropriate site for aspiration

The student chose the correct needle size and syringe for the patient and site being aspirated

The student prepared the site for aspiration and did not contaminate the site once it was prepped

The student isolated the lesion/site and introduced the needle carefully with the syringe attached

The student applied negative pressure, released negative pressure, redirected and applied negative pressure again without withdrawing the needle from the skin

The student released negative pressure before withdrawing the needle from the lesion/site

The student separated the needle from the syringe, drew air into the syringe, reattached the needle and expelled the contents onto clean microscope slides

The student made appropriate smears, either push smears or squash preps, then stained the slides for viewing

**Number of Times Task Needs to be Successfully Performed:** 1

**Materials Submitted for Evaluation and Verification:**

1. Task verification form for Fine Needle Aspiration skill, signed by the clinical mentorship supervisor.
2. A video showing the student preparing the site, introducing the needle, aspirating the site, **and making and staining** the slide. The video should close up on the slide making so we can see the material on the slide prior to staining. The student will provide a narrative while videoing to describe the steps being performed.
3. One clear image of cells on the stained slide through the microscope. The slide will be from the videoed aspiration so we may compare technique to the contents on the slide. **Due by task due date.**

**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:** \_\_\_\_\_

### 3. SKIN SCRAPING

- Goal:** To collect a specimen by skin scraping that is of diagnostic quality
- Description:** The student will collect samples from a skin lesion by scraping and prepare a slide for examination for ectoparasites.
- Criteria:**
- The student placed a drop of mineral oil on the microscope slides being used
  - The student moistened the scalpel blade with mineral oil
  - The student selected an appropriate site/lesion for scraping.
  - The student pinched a fold of skin twice, at 90° angles, and scraped the surface until drops of capillary blood appeared
  - The student transferred the material collected onto the glass slide with mineral oil

**Number of Times Task Needs to be Successfully Performed:** 1

**Materials Submitted for Evaluation and Verification:**

1. Task Verification form for Skin Scraping skill, signed by the clinical mentorship supervisor.
2. One video showing the student preparing the slide, choosing the site, performing the scraping and making the slide. Close up views will be required to verify proper technique. The student will provide a narrative while videoing to describe the steps being performed.
3. One clear image of the slide through the microscope. The slide will be from the videoed scraping so we may compare technique to the contents on the slide. **Due by task due date.**

**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:** \_\_\_\_\_



## CPR Emergency Drugs and Doses

		Weight (kg)	2.5	5	10	15	20	25	30	35	40	45	50
		Weight (lb)	5	10	20	30	40	50	60	70	80	90	100
<b>DRUG</b>		<b>DOSE</b>	<b>ml</b>										
<b>Arrest</b>	<b>Epi Low</b> (1:1000)	<b>0.01 mg/kg</b>	0.03	0.05	0.1	0.15	0.2	0.25	0.3	0.35	0.4	0.45	0.5
	<b>Epi High</b> (1:1000)	<b>0.1 mg/kg</b>	0.25	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
	<b>Vasopressin</b> (20 U/ml)	<b>0.8 U/kg</b>	0.1	0.2	0.4	0.6	0.8	1	1.2	1.4	1.6	1.8	2
	<b>Atropine</b> (0.54 mg/ml)	<b>0.05 mg/kg</b>	0.25	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
<b>Anti-Arrhyth</b>	<b>Amiodarone</b> (50 mg/ml)	<b>5 mg/kg</b>	0.25	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
	<b>Lidocaine</b> (20 mg/ml)	<b>2-8 mg/kg</b>	0.25	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
<b>Reversal</b>	<b>Naloxone</b> (0.4 mg/ml)	<b>0.04 mg/kg</b>	0.25	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
	<b>Flumazenil</b> (0.1 mg/ml)	<b>0.01 mg/kg</b>	0.25	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
	<b>Atipamezole</b> (5 mg/ml)	<b>50 ug/kg</b>	0.03	0.05	0.1	0.15	0.2	0.25	0.3	0.35	0.4	0.45	0.5
<b>Defib Biphasic</b>	<b>External Defib</b> (J)	<b>2-4 J/kg</b>	6	15	30	50	75	75	100	150	150	150	150
	<b>Internal Defib</b> (J)	<b>0.2-0.4 J/kg</b>	1	2	3	5	6	8	9	10	15	15	15

## 5. SCHIRMER TEAR TEST

**Goal:** To perform a Schirmer tear test

**Description:** The student will perform a Schirmer tear test on a dog or cat and record results.

**Criteria:** The student prepared the test strip, folding at the notch while still in the package

The student removed the strip from the package, touching only the end that is not placed on the eye

The student assured the animal's head was restrained and positioned for the procedure

The student inserted the strip between the lower eyelid and the cornea

The student held the eyelids closed on the strip for 60 seconds, preventing the animal from rubbing the eye or removing the strip

The student removed the strip from the eye and measured the length of the strip that was wet according to the manufacturer's instructions

**Number of Times Task Needs to be Successfully Performed:** 1 (*both eyes*)

**Materials Submitted for Evaluation and Verification:**

1. Task Verification form for Schirmer Tear Test skill, signed by the clinical mentorship supervisor.
2. A video showing the student preparing the test strip, placement of the strip and assessment of the results. ***The student should announce the results on the video and state the normal range, and if the patient values are normal.*** Close up views will be required to verify proper technique. The student will 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. FLUORESCEIN STAIN TEST

**Goal:** To perform a fluorescein test

**Description:** The student will perform a fluorescein stain test of the cornea of a dog or cat and record results

**Criteria:** The student moistened the end of a sterile fluorescein stain strip using sterile eye wash or artificial tear solution

The student assured the animal's head was restrained and positioned for the procedure

The student elevated the upper eyelid

The student placed the moistened tip of the strip on the bulbar conjunctiva for 1-2 seconds or further moistened the strip and allowed the stain to drip onto the cornea

The student removed the strip (if touched to the eye) and allowed the animal to blink

The student flushed the eye thoroughly with sterile eyewash

The student examined the cornea in a partially darkened room

**Number of Times Task Needs to be Successfully Performed:** 1 (*both eyes*)

**Materials Submitted for Evaluation and Verification:**

1. Task Verification form for Fluorescein Stain Test skill, signed by the Clinical mentorship supervisor.
2. One video showing the student preparing the stain strip and placement of the strip. Close up views will be required to verify proper technique. The student will provide a narrative while videotaping to describe the steps being performed, including ***whether the result is normal.***

**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. TONOMETRY

**Goal:** To perform tonometry on the eyes of a dog or cat, using a Schiötz tonometer or Tonopen- or Tonovet-type instrument and record results

**Description:** The student will perform tonometry and record results, noting abnormalities.

**Criteria:** The student instilled topical ophthalmic anesthetic drops in both eyes without touching the tip of the bottle to the eye

The student checked/calibrated the tonometer for function and cleanliness before use

The student waited 30-60 seconds after instilling drops before beginning the test

The student assured the animal's head was restrained and positioned for the procedure

The student placed the tonometer on the animal's cornea and noted the reading

The student repeated the measurement two more times, and averaged the numbers obtained

If using a Schiötz, the student converted the tonometer readings

**Number of Times Task Needs to be Successfully Performed:** 1 (*both eyes*)

**Materials Submitted for Evaluation and Verification:**

1. Task Verification form for Tonometry skill, signed by the Clinical Mentorship supervisor.
2. A video showing the student checking/calibrating the tonometer, instilling anesthetic drops, checking for correct patient positioning, placement of tonometer, repeating the measurement and averaging the results. Close up views will be required to verify proper technique. The student will provide a narrative while videoing to describe the steps being performed and ***verbally comment on the resulting numerical value for each eye, state the normal range, and state whether the value is normal or abnormal.***

**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. APPLICATION OF ELIZABETHAN COLLAR

- Goal:** To apply an Elizabethan collar to a dog or cat
- Description:** The student will properly apply an Elizabethan collar around the neck of a dog or cat.
- Criteria:**
- The student chose the correct size of Elizabethan collar for the patient
  - The student prepared/assembled the collar as needed
  - The student applied the collar to the patient without causing injury or discomfort
  - The student secured the collar so it could not be removed by the patient but was not too tight
  - Once placed, the collar prevented the patient from either chewing or scratching inappropriately

**Number of Times Task Needs to be Successfully Performed:** 1

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Application of Elizabethan Collar skill, signed by the Clinical Mentorship supervisor.
2. A video showing the student choosing, preparing/assembling and applying an Elizabethan collar, from the front, side, and back. The student will 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:** \_\_\_\_\_

## 9. HOSPITALIZED PATIENT CARE, RECORD KEEPING AND OBSERVATION OF A CRITICAL PATIENT ON IV FLUIDS (CALCULATE, MONITOR AND MAINTAIN)

**Goal:** To provide nursing care for the hospitalized critical patient and calculate intravenous (IV) fluid administration rate, administer fluids and monitor fluid administration as well as the patient, while keeping detailed, accurate medical records of patient care and observations

**Description:** The student will provide nursing care for hospitalized critical patients on IV fluids and keep detailed medical records for each case. The student will calculate IV fluid rates, see that the fluids are administered at the correct rate for that patient, record data and monitor the administration of the fluids and the patient receiving them.

### **Definition of a Critical Patient:**

A patient that is required (by its medical condition) to be hospitalized for at least 8 hours. This patient must be receiving medical treatments or require other nursing care/observations at least hourly for at least an 8 hour period.

The student will provide care and record parameters for the patient for at least 8 hours (and at least 4 treatments) of its care.

Patient conditions that would be examples of critical are: unregulated diabetic, hit by car, pancreatitis, post-operative intensive care for lengthy surgery, renal failure, etc. If at any time you would like to know if a patient qualifies for this task, please contact the clinical coordinator or the mentorship instructor.

The minimum parameters that should be recorded at least every 4 hours are: TPR, check for vomition, defecation, urination, mucous membrane color (MMC), capillary refill time (CRT), attitude/mentation (i.e. BAR, QAR) and at least one medication.

**Criteria:** The student chose and identified the patient by its signalment and ailment and recorded the information on the patient record

The student chose a critical case based on the definition of a critical patient as outlined in this task, that required intravenous fluids for a minimum of 8 hours

The student provided care for at least 8 hours of the patient's hospitalization

The student initialed each entry to verify they performed the observation and treatment during the 8 hours

The student calculated the flow rate for IV fluids for the patient

The student set the flow rate to the desired setting to deliver the correct volume

The student accurately recorded the volume of fluid actually administered **hourly**, as well as the **total for the day** so far, **each hour**

The student maintained the correct rate of fluid administration

The student monitored the patient, recorded all data and ***specifically observed the patient for parameters related to hydration status to include skin turgor, mucous membrane character and CRT, and auscultation of lungs, as well as checking the catheter site EACH TIME.***

The student recorded the monitoring and observation parameters accurately and chronologically

The student recorded all treatments administered during the monitoring period accurately

The student brought variations from normal parameters to the attention of the veterinarian in charge of the patient

The student made ***detailed notes of observations and nursing care provided***

The record was clear, accurate and easy to follow

**Number of Times Task Needs to be Successfully Performed:** 3

**Materials Submitted for Evaluation and Verification:**

1. ***Task Verification Form*** for Hospitalized Critical Patient on IV Fluids Care skill, signed by the Clinical Mentorship supervisor.
2. ***Copies of flow sheets or charts from each patient***, detailing instructions for fluid administration and patient monitoring as well as actual values and observations recorded by the student. Patient signalment and medical condition(s) should be identified on these pages. The following record may be used, or one used by the practice, as long as all required data is included on the record. The records will need to span at least 8 hours and it must be clearly identified (highlighted, initialed) where the student did the nursing care, treatments, and monitoring.
3. ***Videos*** showing the student performing monitoring duties on one patient receiving IV fluids, including maintaining the correct rate of administration. The videos should clearly show the fluid rate being given, set up of the fluid pump or setting the drip rate (one video), and should show hourly checks for four hours (four videos), demonstrating correct fluid volume administration as well as checking all patient parameters related to fluid therapy listed above. The student will provide a live narrative while videoing to describe the steps being performed (voice over not acceptable).
4. ***Written calculations*** of fluid rates for each patient documented.

**HOSPITALIZED PATIENT CARE, RECORD KEEPING AND  
OBSERVATION OF A CRITICAL PATIENT ON IV FLUIDS (CALCULATE,  
MONITOR AND MAINTAIN)**

**Student Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ RVT, CVT, LVT  
DVM, VMD

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Signature of Clinical Mentorship Supervisor:** \_\_\_\_\_



**Supplemental Therapeutics**

Supplemental Therapeutics			Freq. Q_hr	Call Clinician If:	8:00A	9:00A	10:00A	11:00A	12:00P	1:00P	2:00P
Initials											
Drugs	Dose	Route									
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
<b>Treatments (See front for details)</b>											
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
<b>Infusions: See front for details</b>			Amt. since prev period								
1.			Q	Falc							
2.											
3.											
4.											
5.											
6.											
7.											
8.											
<b>Other Monitoring</b>											
1.											
2.											
3.											
4.											
5.											
6.											
7.											
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9.											
10.											
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16.											
17.											





## 10. ASSESSMENT OF EMERGENCY AREA PROJECT

**Goal:** To assess the hospital's emergency area and equipment, and determine changes that could increase the efficiency of handling emergency cases

1. The student will provide two or more photographs of the facility emergency area, particularly the emergency cart or box. One picture will be a close up of the cart/box, and another will be the general area where emergencies are handled initially.
2. The student will submit a written paper evaluating the veterinary facility's emergency area, noting both positive and negative aspects and **offer detailed suggestions for improvement.**
3. The paper will address the following criteria for the emergency cart or box:
  - a. Organization
  - b. Location in Hospital
  - c. Portability
  - d. Frequency of Inventory
4. The paper will also address the following items. Consider availability (does the clinic have these items), accessibility, and organization of equipment and supplies.
  - a. ECG
  - b. Blood pressure monitor
  - c. Suction device
  - d. Airway equipment
  - e. Emergency drugs
  - f. Fluids
  - g. IV Catheter supplies
  - h. Bandage material
  - i. Bandage scissors
  - j. Sterile gloves
  - k. Clippers
  - l. Scalpel blades
  - m. Defibrillator
  - n. Oxygen source

# 11. FIRST AID PROCEDURES PROJECT

**Goal:** To communicate with clients and veterinarians regarding emergency cases, initiate first aid procedures, and monitor the patient during and following initial treatment.

The student will provide detailed, written instructions of actions that would be taken, given scenarios of emergency situations. Detailed descriptions of client communication, first aid care, patient monitoring, and communication with a veterinarian will be included.

## Scenario 1

Mr. Jones calls your hospital and tells you that his dog, Scooby, has been outside in the garage this morning, and when he called Scooby to come in the house, Mr. Jones saw him eating some mouse bait that he had forgotten was out there. Scooby was last seen by your clinic two years ago when he was six months old.

1. Describe in detail the questions you would ask Mr. Jones on the phone
2. Describe in detail the instructions you would give Mr. Jones on the phone

## Scenario 2

Mrs. Smith rushes into your hospital carrying her Schnauzer, Pepper. Mrs. Smith is very upset, and explains that Pepper was hit by a car in front of their house this morning. You bring them into an examination room and Mrs. Smith places Pepper on the exam table. The dog is panting, and bleeding slightly from the mouth and nose. Pepper's temperature is 97°F, heart rate is 180, and respiration rate is 60. She is lying on her side on the table. Pepper's right front leg is obviously broken, with bone protruding through the skin of the leg.

Your veterinarian is out of the building and you expect her to return in 10-15 minutes.

1. Describe in detail your conversation with Mrs. Smith, as well as your initial physical exam findings and any first aid you would administer. You may describe findings as you would expect they might be, if not given here.
2. The veterinarian has returned to the hospital. Describe in detail your conversation with the doctor, including your initial assessment and first aid measures taken.
3. Pepper is stabilized and has been placed into a cage. Describe in detail the monitoring and nursing care you would continue to provide.