

FOOD ANIMAL AND EQUINE DIAGNOSTIC IMAGING CLINICAL MENTORSHIP



VM 21700

CRITERIA HANDBOOK AND LOGBOOK

INDEX OF NOTEBOOK

Student Information

- Goals of Food Animal and Equine Diagnostic Imaging Clinical Mentorship
- Contact person at Purdue University
- Pre-requisites for VM 21700 Food Animal and Equine Diagnostic Imaging Clinical Mentorship
 - ❖ Contracts and agreements
 - ❖ Technical standards
 - ❖ Insurance
- Selection of Clinical Mentorship site – facility criteria
- Selection of Mentorship Supervisor
- Materials – The Criteria Handbook and Logbook
- Completion of Pharmacy Clinical Mentorship

Clinical Mentorship Tasks

Introduction to Essential Tasks and Criteria

1. Lateromedial Projection of the Carpus*
2. Dorsopalmar Projection of the Carpus*
3. Lateromedial Projection of the Metacarpophalangeal (Fetlock) *
4. Dorsoplantar Projection of the Metatarsophalangeal or Dorsopalmar Projection of the Metacarpophalangeal (Fetlock) *
5. Dorsolateral-Palmaromedial Oblique Projection of the Metacarpophalangeal or Dorsolateral-Plantaromedial Oblique Projection of the Metatarsophalangeal (Fetlock) *
6. Dorsolateral Palmarolateral Oblique Projection of the Metacarpophalangeal or Dorsolateral Plantaromedial Oblique Projection of the Metatarsophalangeal (Fetlock) *
7. Lateromedial Projection of the Tarsus*
8. Dorsoplantar Projection of the Tarsus*
9. Lateromedial Projection of the Distal Phalanx (Coffin Bone) *
10. Dorsoplantar or Dorsopalmar Projection of the Distal Phalanx

NOTE THE FOLLOWING DUE DATES FOR THE TASKS ABOVE:

Fall or Spring semester 5:00p.m. Thursday of week 6 – Tasks 1-10 (preferred)*

5:00p.m. Thursday of week 10 – Tasks 1-10 (absolute)

Summer session 5:00p.m. Thursday of week 5 – Tasks 1-10 (preferred)*

5:00p.m. Thursday of week 7 – Tasks 1-10 (absolute)

****If you will not be able to meet the preferred due date you should contact the instructor, Liane Shaw, at lkshaw@purdue.edu BEFORE the due date.***

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 due dates for all tasks and 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 21700 FOOD ANIMAL AND EQUINE DIAGNOSTIC IMAGING 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 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 21700 FOOD ANIMAL AND EQUINE DIAGNOSTIC IMAGING 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 Acknowledgement
5. Professional Liability Insurance Coverage
6. Agreement and Release of Liability
7. Technical Standards Acknowledgement
8. Code of Conduct

These forms are available on the VTDL website for downloading, printout, and completion.

If more than one Clinical Mentorship course is taken, a separate Facility Certification, Clinical Mentorship Contract, 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:

- Practical Diagnostic Imaging for Veterinary Technicians, Han/Hurd, second edition (textbook)
 - 20 mA (or greater) / 80kVp (or greater) x-ray machine (portable low-output)
 - Stand for portable x-ray machine
 - Thyroid shields (2)
 - 0.5mm lead aprons (2)
 - 0.5mm lead gloves that provide 360^o coverage of hands (2)
 - Right and Left identification markers and oblique markers
 - Dosimetry - film badge
 - Cassette holder
 - Hoof picks
 - Wooden blocks
 - Method to measure focal film distance
 - Digital radiographic capability
- OR
- Analog radiographic capability
 - If using analog (film and screen) radiography:
 - Intensifying screens with compatible film (no specifics)
 - Automatic processor with chemicals
 - Safelight with appropriate filter and bulb
 - Single bank view box

Note: Digital imaging may be used to produce the images in this mentorship. Images should be submitted on a disc or flash drive, and each view should be clearly labeled. If using digital imaging, the student may NOT crop the image post-exposure. Appropriate collimation should be done before the image is produced. No computer-editing software should be used.

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.

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. You are 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 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.

CLINICAL MENTORSHIP PROJECTS

INTRODUCTION TO SPECIAL PROJECTS

Certain mentorships will have required projects to complete in addition to the required tasks. These are skills that are better assessed in the form of a project. Projects should be typed, and checked for correct grammar and spelling.

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 that need to be answered. The responses should be included in the write up.
4. If videotaping 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. LATEROMEDIAL PROJECTION OF THE CARPUS

Goal: To produce a diagnostic lateromedial radiographic projection of the carpus.

Description: The student will position the animal and produce a lateromedial carpal radiograph of diagnostic quality.

Criteria: The student collimated to include only landmarks.

The student positioned the animal squarely so the weight was distributed evenly on each limb.

The student placed the cassette, using a cassette holder, against the medial aspect of the carpus.

The student positioned the primary beam parallel to the floor at appropriate focal film distance, and centered on the middle of the carpal joint.

The student selected a right or left marker according to which limb was being imaged, and placed the marker just cranial to the carpal joint of interest.

The student produced the radiograph with proper collimation such that only the landmarks for the entire carpal joint and the correct marker were included.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Lateromedial Projection of the Carpus task, signed by the clinical mentorship supervisor.
2. A video that clearly shows the student producing the radiograph as defined in the above criteria for this task, ***utilizing the proper PPE.***
3. One processed lateromedial carpus image.
4. Written self-evaluation of image including:
 - a. mAs and kVp settings
 - b. Positioning critique
 - c. Landmark critique
 - d. Collimation critique
 - e. Exposure factor critique including any improvements that could be made
 - f. Evaluate overall quality of image on a scale of 1-10, with 10 being the perfect image.

Student Name: _____

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

Patient Name: _____ **Date:** _____

I verify that the student performed this task under my supervision.

Signature of Clinical Mentorship Supervisor: _____

2. DORSOPALMAR PROJECTION OF THE CARPUS

- Goal:** To produce a diagnostic dorsopalmar radiographic projection of the carpus.
- Description:** The student will position the animal and produce a dorsopalmar carpal radiograph of diagnostic quality.
- Criteria:** The student positioned the animal squarely so that the weight was evenly distributed on each limb.
- The student placed the cassette, using a cassette holder, against the palmar aspect of the carpus.
- The student positioned the primary beam parallel to the floor at appropriate focal film distance, and centered on the middle of the carpal joint.
- The student selected a right or left marker according to which limb was being imaged, and placed the marker just lateral to the carpal joint of interest.
- The student produced the radiograph with proper collimation such that only the landmarks for the entire carpal joint and the correct marker were included.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Dorsopalmar Projection of the Carpus task, signed by the clinical mentorship supervisor.
2. One processed dorsopalmar carpus image.
3. Written self-evaluation of image including:
 - a. mAs and kVp settings
 - b. Positioning critique
 - c. Landmark critique
 - d. Collimation critique
 - e. Exposure factor critique including any improvements that could be made
 - f. Evaluate radiographic overall quality on a scale of 1-10 with 10 being the perfect radiograph

Student Name: _____

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

Patient Name: _____ **Date:** _____

I verify that the student performed this task under my supervision.

Signature of Clinical Mentorship Supervisor: _____

3. LATEROMEDIAL PROJECTION OF THE METACARPOPHALANGEAL (FETLOCK)

Goal: To produce a diagnostic lateromedial radiographic projection of the metacarpophalangeal (fetlock).

Description: The student will position the animal and produce a lateromedial metacarpophalangeal (fetlock) radiograph of diagnostic quality.

Criteria: The student positioned the animal squarely so that the weight was evenly distributed on each limb.

The student placed the cassette, using a cassette holder, against the medial aspect of the metacarpophalangeal (fetlock).

The student positioned the primary beam parallel to the floor at appropriate focal film distance, and centered on the middle of the metacarpophalangeal (fetlock) joint.

The student selected a RF, LF, RR or LR limb marker according to which limb was being imaged, and placed the marker just cranial to the metacarpophalangeal (fetlock) joint.

The student produced the radiograph with proper collimation such that only the landmarks for the entire metacarpophalangeal (fetlock) joint and the marker were included.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Lateromedial Radiographic Projection of the Metacarpophalangeal (fetlock) task, signed by the clinical mentorship supervisor.
2. One processed lateromedial metacarpophalangeal (fetlock) image.
3. Written self-evaluation of radiograph including:
 - a. mAs and kVp settings
 - b. Positioning critique
 - c. Landmark critique
 - d. Collimation critique
 - e. Exposure factor critique including any improvement that could be made
 - f. Evaluate overall quality of image on a scale of 1-10, with 10 being the perfect image.

Student Name: _____

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

Patient Name: _____ **Date:** _____

I verify that the student performed this task under my supervision.

Signature of Clinical Mentorship Supervisor: _____

4. DORSOPHALMAR POJECTION OF THE METACARPOPHALANGEAL OR DORSOPLANTAR PROJECTION OF THE METATARSOPHALANGEAL (FETLOCK)

Goal: To produce a diagnostic dorsoplantar projection of the metatarsophalangeal or dorsopalmar radiographic projection of the metacarpophalangeal (fetlock).

Description: The student will position the animal and produce a dorsoplantar metatarsophalangeal or dorsopalmar metacarpophalangeal (fetlock) radiograph of diagnostic quality.

Criteria: The student positioned the animal squarely so that the weight was evenly distributed on each limb.

The student placed the cassette, using a cassette holder, against the plantar or palmar aspect of the metatarsophalangeal or metacarpophalangeal (fetlock).

The student angled the primary beam 20 degrees proximal to distal, at appropriate focal film distance and centered on the midsagittal plane of the metatarsophalangeal or metacarpophalangeal (fetlock) joint.

The student selected a RF, LF, RR or LR limb marker according to which limb was being imaged, and placed the marker just lateral to the metatarsophalangeal or metacarpophalangeal (fetlock) joint of interest.

The student produced the radiograph with proper collimation such that only the landmarks for the entire metatarsophalangeal or metacarpophalangeal (fetlock) joint and the correct marker were included.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Dorsoplantar or Dorsopalmar Projection of the Metacarpophalangeal or Metatarsophalangeal (Fetlock) task, signed by the clinical mentorship supervisor.
2. One processed image.
3. Written self-evaluation of radiograph including:
 - a. mAs and kVp settings
 - b. Positioning critique
 - c. Landmark critique
 - d. Collimation critique
 - e. Exposure factor critique including any improvement that could be made
 - f. Evaluate overall quality of image on a scale of 1-10, with 10 being the perfect image.

**DORSOPHALMAR POJECTION OF THE METACARPOPHALANGEAL OR
DORSOPLANTAR PROJECTION OF THE METATARSOPHALANGEAL
(FETLOCK)**

Student Name: _____

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

Patient Name: _____ **Date:** _____

I verify that the student performed this task under my supervision.

Signature of Clinical Mentorship Supervisor: _____

5. DORSOLATERAL-PALMAROMEDIAL OBLIQUE PROJECTION OF THE METACARPOPHALANGEAL OR DORSOLATERAL-PLANTAROMEDIAL OBLIQUE PROJECTION OF THE METATARSOPHALANGEAL (FETLOCK)

Goal: To produce a diagnostic dorsolateral-palmaromedial oblique radiographic projection of the metacarpophalangeal or dorsolateral-plantaromedial oblique projection of the metatarsophalangeal (fetlock).

Description: The student will position the animal and produce a dorsolateral-palmaromedial oblique metacarpophalangeal or dorsolateral-plantaromedial oblique metatarsophalangeal (fetlock) radiograph of diagnostic quality.

Criteria: The student positioned the animal squarely so that the weight was evenly distributed on each limb.

The student placed the cassette, using a cassette holder, against the palmaromedial or plantaromedial aspect of the metacarpophalangeal or metatarsophalangeal (fetlock). The cassette was positioned so that it was perpendicular to the primary beam.

The opposite positioned the primary beam parallel to the floor, 45 degrees dorsolaterally off the true Dorsopalmar or Dorsoplantar projection. The student centered the primary beam on the metacarpophalangeal or metatarsophalangeal (fetlock) joint.

The student selected a RF, LF, RR or LR and oblique marker according to which limb was being imaged, and placed the marker just cranial to the metacarpophalangeal or metatarsophalangeal (fetlock) joint of interest.

The student produced the radiograph with proper collimation such that only the landmarks for the entire metacarpophalangeal or metatarsophalangeal (fetlock) joint and the correct marker were included.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Dorsolateral-Palmaromedial or Dorsolateral-Plantaromedial Oblique Projection of the Metacarpophalangeal or Metatarsophalangeal (Fetlock) task, signed by the clinical mentorship supervisor.
2. One processed image.
3. Written self-evaluation of radiograph including:
 - a. mAs and kVp settings
 - b. Positioning critique
 - c. Landmark critique
 - d. Collimation critique
 - e. Exposure factor critique including any improvement that could be made
 - f. Evaluate overall quality of image on a scale of 1-10, with 10 being the perfect image.

**DORSOLATERAL-PALMAROMEDIAL OBLIQUE PROJECTION OF THE
METACARPOPHALANGEAL OR DORSOLATERAL-PLANTAROMEDIAL OBLIQUE
PROJECTION OF THE METATARSOPHALANGEAL (FETLOCK)**

Student Name: _____

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

Patient Name: _____ **Date:** _____

I verify that the student performed this task under my supervision.

Signature of Clinical Mentorship Supervisor: _____

6. DORSOMEDIAL-PALMAROLATERAL OBLIQUE PROJECTION OF THE METACARPOPHALANGEAL OR DORSOMEDIAL-PLANTAROLATERAL OBLIQUE PROJECTION OF THE METATARSOPHALANGEAL (FETLOCK)

Goal: To produce a diagnostic dorsomedial-palmarolateral oblique radiographic projection of the metacarpophalangeal or dorsomedial-plantarolateral oblique projection of the metatarsophalangeal (fetlock).

Description: The student will position the animal and produce a dorsomedial-palmarolateral oblique metacarpophalangeal or dorsomedial-plantarolateral oblique metatarsophalangeal (fetlock) radiograph of diagnostic quality.

Criteria: The student collimated to include only landmarks.

The student positioned the animal squarely so that the weight was evenly distributed on each limb.

The student placed the cassette, using a cassette holder, against the palmarolateral or plantarolateral aspect of the metacarpophalangeal or metatarsophalangeal (fetlock). The cassette was positioned so that it was perpendicular to the primary beam.

The student positioned the primary beam parallel to the floor, 45 degrees dorsomedially off the true dorsopalmar or dorsoplantar projection. The student centered the primary beam on the metacarpophalangeal or metatarsophalangeal (fetlock) joint.

The student selected a RF, LF, RR or LR and oblique marker according to which limb was being imaged, and placed the marker just cranial to the metacarpophalangeal or metatarsophalangeal (fetlock) joint of interest.

The student produced the radiograph with proper collimation such that only the landmarks for the entire metacarpophalangeal or metatarsophalangeal (fetlock) joint and the correct marker were included.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Dorsomedial-Palmarolateral or Dorsomedial-Plantarolateral Oblique Projection of the Metacarpophalangeal or Metatarsophalangeal (Fetlock) task, signed by the clinical mentorship supervisor.
2. One processed image
3. Written self-evaluation of radiograph including:
 - a. mAs and kVp settings
 - b. Positioning critique
 - c. Landmark critique
 - d. Collimation critique
 - e. Exposure factor critique including any improvements that could be made
 - f. Evaluate radiographic overall quality on a scale of 1 to 10 with 10 being the perfect radiograph

**DORSOMEDIAL-PALMAROLATERAL OBLIQUE PROJECTION OF THE
METACARPOPHALANGEAL OR DORSOMEDIAL-PLANTAROLATERAL OBLIQUE
PROJECTION OF THE METATARSOPHALANGEAL (FETLOCK)**

Student Name: _____

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

Patient Name: _____ **Date:** _____

I verify that the student performed this task under my supervision.

Signature of Clinical Mentorship Supervisor: _____

7. LATEROMEDIAL PROJECTION OF THE TARSUS

Goal: To produce a diagnostic lateromedial radiographic projection of the tarsus.

Description: The student will position the animal and produce a lateromedial tarsus radiograph of diagnostic quality.

Criteria: The student collimated to include only landmarks.

The student positioned the animal squarely so that the weight was evenly distributed on each limb.

The student placed the cassette, using a cassette holder, against the medial aspect of the tarsus.

The student positioned the primary beam parallel to the floor at appropriate focal film distance and centered on the proximal intertarsal joint.

The student selected a right or left limb marker according to which limb was being imaged, and placed the marker just cranial to the tarsal joint of interest.

The student produced the radiograph with proper collimation such that only the landmarks for the entire tarsal joint and the correct marker were included.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Lateromedial Projection of the Tarsus task, signed by the clinical mentorship supervisor.
2. One processed lateromedial tarsus image.
3. Written self-evaluation of radiograph including:
 - a. mAs and kVp settings
 - b. Positioning critique
 - c. Landmark critique
 - d. Collimation critique
 - e. Exposure factor critique including any improvement that could be made
 - f. Evaluate overall quality of image on a scale of 1-10, with 10 being the perfect image.

Student Name: _____

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

Patient Name: _____ **Date:** _____

I verify that the student performed this task under my supervision.

Signature of Clinical Mentorship Supervisor: _____

8. DORSOPLANTAR PROJECTION OF THE TARSUS

Goal: To produce a diagnostic dorsoplantar radiographic projection of the tarsus.

Description: The student will position the animal and produce a dorsoplantar tarsal radiograph of diagnostic quality.

Criteria: The student collimated to include only landmarks.

The student positioned the animal squarely so that the limb of interest has a slight lateral rotation, making it possible for the primary beam to travel in a true dorsoplantar direction.

The student placed the cassette, using a cassette holder, against the plantar aspect of the tarsus.

The student positioned the primary beam parallel to the floor at appropriate focal film distance and centered on the proximal intertarsal space.

The student selected a right or left limb marker according to which limb was being imaged, and placed the marker just lateral to the tarsal joint of interest.

The student produced the radiograph with proper collimation such that only the landmarks for the entire tarsal joint and the correct marker were included.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Dorsoplantar Projection of the Tarsus task, signed by the clinical mentorship supervisor.
2. One processed dorsoplantar tarsus image.
3. Self-evaluation of radiograph including:
 - a. mAs and kVp settings
 - b. Positioning critique
 - c. Landmark critique
 - d. Collimation critique
 - e. Exposure factor critique including any improvement that could be made
 - f. Evaluate overall quality of image on a scale of 1-10, with 10 being the perfect image.

Student Name: _____

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

Patient Name: _____ **Date:** _____

I verify that the student performed this task under my supervision.

Signature of Clinical Mentorship Supervisor: _____

9. LATEROMEDIAL PROJECTION OF THE DISTAL PHALANX (COFFIN BONES)

Goal: To produce a diagnostic lateromedial radiographic projection of the distal phalanx (coffin bone).

Description: The student will position the animal and produce a lateromedial distal phalanx (coffin bone) radiograph of diagnostic quality.

Criteria: The student collimated to include only landmarks

The student positioned the animal squarely so the weight was evenly distributed on each limb.

The student placed the cassette, using a cassette holder, against the medial aspect of the hoof, including the bulbs of the heel and the entire toe to evaluate rotation of the distal phalanx.

The student positioned the primary beam parallel to the floor at appropriate focal film distance and centered on the coronary band.

The student placed the horse with the foot of interest and the contralateral limb on wood blocks to raise the distal limb off the floor and allow the entire phalanx to be radiographed.

The student selected a right or left limb marker according to which limb was being imaged, and placed the marker just cranial to the distal phalanx (coffin bone) of interest.

The student produced the radiograph with proper collimation such that only the landmarks for the entire distal phalanx (coffin bone) and the correct marker were included.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Lateromedial Projection of the Distal Phalanx (Coffin Bone) task, signed by the clinical mentorship supervisor.
2. One processed lateromedial distal phalanx image.
3. Self-evaluation of radiograph including:
 - a. mAs and kVp settings
 - b. Positioning critique
 - c. Landmark critique
 - d. Collimation critique
 - e. Exposure factor critique including any improvement that could be made
 - f. Evaluate overall quality of image on a scale of 1-10, with 10 being the perfect image.

LATEROMEDIAL PROJECTION OF THE DISTAL PHALANX (COFFIN BONES)

Student Name: _____

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

Patient Name: _____ **Date:** _____

I verify that the student performed this task under my supervision.

Signature of Clinical Mentorship Supervisor: _____

10. DORSOPLANTAR OR DORSOPALMAR PROJECTION OF THE DISTAL PHALANX

Goal: To produce a diagnostic dorsoplantar or dorsopalmar radiographic projection of the distal phalanx (coffin bone).

Description: The student will position the animal and produce a DP distal phalanx (coffin bone) radiograph of diagnostic quality.

Criteria: The student positioned the animal squarely so the weight was evenly distributed on each limb.

The student placed the cassette, using a cassette holder, against the palmaro/plantaro aspect of the hoof, including the foot wall, pedal bone, middle phalanx and distal part of proximal phalanx.

The student positioned the primary beam parallel to the floor at appropriate focal film distance and centered on the coronary band.

The student placed the horse with the foot of interest and the contralateral limb on wood blocks to raise the distal limb off the floor and allow the entire phalanx to be radiographed.

The student selected a right or left limb marker according to which limb was being imaged, and placed the marker just cranial to the distal phalanx (coffin bone) of interest.

The student produced the radiograph with proper collimation such that only the landmarks for the entire distal phalanx (coffin bone) and the correct marker were included.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Dorsoplantar or Dorsopalmar Projection of the Distal Phalanx (Coffin Bone) task, signed by the clinical mentorship supervisor.
2. One processed dorsoplantar or dorsopalmar distal phalanx image.
3. Self-evaluation of radiograph including:
 - a. mAs and kVp settings
 - b. Positioning critique
 - c. Landmark critique
 - d. Collimation critique
 - e. Exposure factor critique including any improvement that could be made
 - f. Evaluate overall quality of image on a scale of 1-10, with 10 being the perfect image.

Student Name: _____

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

Patient Name: _____ **Date:** _____

I verify that the student performed this task under my supervision.

Signature of Clinical Mentorship Supervisor: _____