SMALL ANIMAL NURSING MENTORSHIP I

VM 20500

CRITERIA HANDBOOK AND LOGBOOK
INDEX OF NOTEBOOK

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Clinical Mentorship Tasks

1. Encage and remove dog and cat from cage*
2. Restrain a dog in sternal recumbency*
3. Restrain a dog in lateral recumbency*
4. Restrain a dog for cephalic venipuncture*
5. Restrain a dog for saphenous venipuncture*
6. Restrain a dog for jugular venipuncture*
7. Restrain a dog for eye and ear medication*
8. Restrain a dog for IM injection or nail trim*
9. Apply a gauze muzzle to a dog*
10. Apply a nylon or leather muzzle to a dog*
11. Restrain a dog with a catch/restraint pole*
12. Perform a physical examination (dog)*
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17. Restrain a cat using a towel*
18. Restrain a cat using a cat bag*
19. Apply a muzzle to a cat*
20. Perform a physical examination (cat)*
21. Administer oral tablet or capsule (dog and cat)*
22. Administer oral liquid to dog or cat*
23. Administer eye drops or ointment with restraining assistance*
24. Administer eye drops or ointment without assistance*
25. Administer ear medication (dog and cat)*
26. Administer subcutaneous injection (dog and cat)**
27. Administer intramuscular injection (dog and cat)**
28. Perform cephalic venipuncture sample collection (dog and cat)**
29. Administer intravenous cephalic injection to a dog**
30. Administer intravenous injection to a cat**
31. Administer intravenous saphenous injection to a dog**
32. Trim toe nails (dog and cat)*
33. Ear Sample Collection and Preparation*
34. Clean ears (dog and cat) **
35. Express anal sacs**
36. Bathe a dog or cat*
37. Collect free catch urine sample*
38. Obtain a history
39. Recording patient treatments and data in a hospital record

IMPORTANT! See following page for due dates for all tasks and Animal Use Guidelines
NOTE THE FOLLOWING DUE DATES FOR THE TASKS ABOVE:

**Fall or Spring semester**
- 11:59 p.m. ET Thursday of week 3 – Tasks 1-11
- 11:59 p.m. ET Thursday of week 6 – Tasks 12-19
- 11:59 p.m. ET Thursday of week 9 – Tasks 20-31
- 11:59 p.m. ET Thursday of week 12 – Tasks 32-39

**Summer session**
- 11:59 p.m. ET Thursday of week 2 – Tasks 1-11
- 11:59 p.m. ET Thursday of week 4 – Tasks 12-19
- 11:59 p.m. ET Thursday of week 6 – Tasks 20-31
- 11:59 p.m. ET Thursday of week 8 – Tasks 32-39

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.

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**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. Restrained 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
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
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 31st.

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:

- Stethoscope
- Rectal thermometer
- Nylon or leather dog muzzles
- Cat restraint bag
- Cat muzzle
- Nail trimmers / hemostatic agent
- Canine restraint/catch pole
- Diff-Quik stain set

In addition, the following disposable items must be available:

- Cloth towels
- Examination gloves
- 3cc syringes and needles
- 4x4 or 2x2 gauze sponges
- Eye drop medication
- KY Jelly or similar lubricant
- Eye ointment medication
- Shampoo
- Sterile saline or LRS for parenteral administration
- Hair brushes
- Cotton-tipped applicators
- Microscope slides
- Cotton balls
- Mineral oil
- Oral tablet and liquid medication
- Ear cleaning solution +/- medication
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 see 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 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. ENCAGE AND REMOVE DOG AND CAT FROM CAGE

**Goal:** Appropriately encage a dog and a cat and remove it from the cage without injury to either the patient or veterinary personnel.

**Description:** The student will put a dog and a cat into a cage appropriately, close the cage, and open the cage and remove the animal from the cage.

**Criteria:**
- The student opened the cage door quietly so as not to startle the animal.
- The student placed the animal into the cage and closed the door quietly and without the patient escaping.
- The student opened the cage door and removed the animal from the cage, maintaining control of the animal and preventing injury to the animal or personnel.
- The student was able to restrain the animal in a manner that was adequate for control yet of no harm to the animal.

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

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Encage and Remove Dog and a Cat from Cage skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student moving a dog as described, into and out of a cage. The video should clearly show the placement of the student’s hands and the position of the animal.

3. One video showing the student moving a cat as described, into and out of a cage. The video should clearly show the placement of the student’s hands and the position of the animal.

**Student Name:**

**Supervisor Name:**

RVT, CVT, LVT

DVM, VMD

**Patient Name:** ________________________________ Date: ____________ dog / cat

**Patient Name:** ________________________________ Date: ____________ dog / cat

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

**Signature of Clinical Mentorship Supervisor:** ________________________________
2. RESTRAIN A DOG IN STERNAL RECUMBENCY

Goal: Adequately restrain a dog in sternal recumbency so that a medical or diagnostic procedure may be performed without injury to either the patient or veterinary personnel

Description: The student will restrain a dog in sternal recumbency while a veterinarian or credentialed veterinary technician performs an examination of the animal’s head, performs auscultation of the thorax, and examines the perineal area

Criteria: The student properly positioned the dog in sternal recumbency

The student was able to restrain the animal when it struggled

The student properly positioned their hand and arm around neck and head to control the head and prevent personnel from being bitten or injured

The student properly positioned their hand, arm, and body to keep the body of the animal properly immobilized to prevent personnel from being injured

The student was able to restrain the animal in a manner that was adequate for control yet of no harm to the animal

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Canine Sternal Recumbency Restraint skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student restraining an animal as described while a veterinarian or credentialed veterinary technician performs the stated examinations. The video should clearly show the placement of the student’s hands and the position of the animal.

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. RESTRAIN A DOG IN LATERAL RECUMBENCY

**Goal:** Adequately restrain a dog in lateral recumbency so that a medical or diagnostic procedure may be performed without injury to either the patient or veterinary personnel.

**Description:** The student will restrain a dog in lateral recumbency while a veterinarian or credentialed veterinary technician performs an examination of the animal's head, palpates the abdomen, and examines the perineal area.

**Criteria:**
- The student properly positioned the dog in lateral recumbency.
- The student was able to restrain the animal when it struggled.
- The student properly positioned their hand and arm on the neck and head to control the head and prevent personnel from being bitten or injured.
- The student properly positioned their hands, arms, and body to keep the body of the animal properly immobilized to prevent personnel from being injured.
- The student was able to restrain the animal in a manner that was adequate for control yet of no harm to the animal.

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

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Canine Lateral Recumbency Restraint skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student restraining an animal as described while a veterinarian or credentialed veterinary technician performs the stated examinations. The video should clearly show the placement of the student's hands and the position of the animal.

**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:** ______________________________________
4. RESTRAIN A DOG FOR CEPHALIC VENIPUNCTURE

Goal: Adequately restrain a dog so that cephalic venipuncture may be successfully performed without injury to either the patient or veterinary personnel.

Description: The student will restrain a dog while a veterinarian or credentialed veterinary technician withdraws blood from the cephalic vein.

Criteria: The student was able to restrain the animal when it struggled.

The student was able to apply a tourniquet or compress the vein in order to raise the vein so that the venipuncture could be done successfully.

The student released the tourniquet or removed the compression on the vein to prevent excessive bleeding after completion of the venipuncture.

The student applied pressure to the venipuncture site to prevent bleeding from the site.

The student was able to restrain the animal in a manner that was adequate for control yet of no harm to the animal.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Cephalic Venipuncture Restraint skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student restraining an animal as described while a veterinarian or credentialed veterinary technician withdraws a blood sample from the cephalic vein. The video should clearly show the placement of the student’s hands, the position of the animal, the compression of the vein or placement of the tourniquet, the release of the tourniquet or compression of the vein, and the application of pressure to the venipuncture site.

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: _____________________________________
5. RESTRAIN A DOG FOR SAPHENOUS VENIPUNCTURE

Goal: Adequately restrain a dog so that saphenous venipuncture may be successfully performed without injury to either the patient or veterinary personnel.

Description: The student will restrain a dog while a veterinarian or credentialed veterinary technician withdraws blood from the lateral saphenous vein.

Criteria: The student was able to restrain the animal when it struggled.

The student was able to apply a tourniquet or compress the vein in order to raise the vein so that the venipuncture could be done successfully.

The student released the tourniquet or removed the compression on the vein to prevent excessive bleeding after completion of the venipuncture.

The student applied pressure to the venipuncture site to prevent bleeding from the site.

The student was able to restrain the animal in a manner that was adequate for control yet of no harm to the animal.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Saphenous Venipuncture Restraint skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student restraining an animal as described while a veterinarian or credentialed veterinary technician withdraws a blood sample from the lateral saphenous vein. The video should clearly show the placement of the student’s hands, the position of the animal, the compression of the vein or placement of the tourniquet, the release of the tourniquet or compression of the vein, and the application of pressure to the venipuncture site.

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. RESTRAIN A DOG FOR JUGULAR VENIPUNCTURE

Goal: Adequately restrain a dog so that jugular venipuncture may be successfully performed without injury to either the patient or veterinary personnel.

Description: The student will restrain a dog while a veterinarian or credentialed veterinary technician withdraws blood from the jugular vein.

Criteria: The student was able to restrain the animal when it struggled.

The student applied pressure to the venipuncture site to prevent bleeding from the site.

The student was able to restrain the animal in a manner that was adequate for control yet of no harm to the animal.

Number of Times Task Needs to be Successfully Performed: 2

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Jugular Venipuncture Restraint skill, signed by the Clinical Mentorship supervisor.

2. One video showing a student restraining an animal as described while a veterinarian or credentialed veterinary technician withdraws a blood sample from the jugular vein. The video should clearly show the placement of the student’s hands, the position of the animal, and the application of pressure to the venipuncture site.

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: ___________________________________
7. RESTRAIN A DOG FOR EYE AND EAR MEDICATION

Goal: Adequately restrain a dog so that medication may be successfully placed in the eye or ear without injury to either the patient or veterinary personnel.

Description: The student will restrain a dog in sternal recumbency or a sitting position while a veterinarian or credentialed veterinary technician administers medication to the eye or ear.

Criteria: The student was able to restrain the animal when it struggled such that the medication was successfully administered and the applicator tip did not touch the cornea of the eye (for eye medication) or the ear (for ear medication).

The student kept the nose tipped up and the head adequately controlled so that the medication was successfully administered.

The student was able to restrain the animal in a manner that was adequate for control yet of no harm to the animal.

Number of Times Task Needs to be Successfully Performed: 1 eye, 1 ear

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Eye and Ear Medication Administration Restraint skill, signed by the Clinical Mentorship supervisor

2. One video showing the student properly restraining the animal while eye medication is being administered. The video should clearly show the placement of student’s hands, the position of the animal, and the position of the medication applicator.

3. One video showing the student properly restraining the animal while ear medication is being administered. The video should clearly show the placement of the student’s hands, the position of the animal, and the position of the medication applicator.

Student Name: __________________________________________________________

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

Patient Name: _____________________________ Date: ___________________________ eye/ear

Patient Name: _____________________________ Date: ___________________________ eye/ear

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

Signature of Clinical Mentorship Supervisor: ___________________________________
8. RESTRAIN A DOG FOR IM INJECTION OR NAIL TRIM

Goal: Adequately restrain a dog so that an IM injection can be administered or a nail trim performed without injury to either the patient or veterinary personnel.

Description: The student will restrain a dog while a veterinarian or credentialed veterinary technician administers an IM injection or trims the toe nails.

Criteria: The student was able to restrain the animal when it struggled such that personnel were able to carry out the IM injection or nail trim procedure without being bitten.

The student was able to restrain the animal in a manner that was adequate for control yet of no harm to the animal.

Number of Times Task Needs to be Successfully Performed: 1 IM injection, 1 nail trim

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for IM Administration/Nail Trim Restraint skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student properly restraining the animal while an IM injection is being administered or a nail trim is being performed. The video should clearly show the placement of the student’s hands, arms and body, the position of the animal, and either the administration of the IM injection or the nail trim being performed.

Student Name: __________________________________________________________

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

Patient Name: ___________________________ Date: ________________ IM / nail trim

Patient Name: ___________________________ Date: ________________ IM / nail trim

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

Signature of Clinical Mentorship Supervisor: ___________________________________
9. APPLY A GAUZE MUZZLE TO A DOG

Goal: Adequately apply a gauze muzzle to a dog so that a medical or diagnostic procedure may be performed without injury to either the patient or veterinary personnel.

Description: The student will select a piece of non-stretch gauze, form a loop with it, and apply it to a dog prior to restraining the animal for a procedure.

Criteria: The gauze is of appropriate length to wrap around the muzzle, tie beneath the dog’s muzzle, and still have sufficient length to tie in a bow behind the head.

The student formed a loop in the gauze and placed it over the dog’s muzzle, tightening so the dog could not open its mouth.

The student tied or crossed the gauze under the muzzle.

The student tied the gauze in a bow behind the dog’s head.

Gauze muzzle was placed appropriately on the dog so that the mouth would not open sufficiently to allow biting.

The muzzle was applied in such a way that the animal experienced minimal discomfort.

Number of Times Task Needs to be Successfully Performed: 2

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Gauze Muzzle Application skill, signed by the Clinical Mentorship supervisor.

2. One video clearly showing one instance of the student applying the muzzle, and the position of the muzzle from the front, side, and back of the head.

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: ___________________________________
10. APPLY A NYLON OR LEATHER MUZZLE TO A DOG

**Goal:** Adequately apply a nylon or leather muzzle to a dog so that a medical or diagnostic procedure may be performed without injury to either the patient or veterinary personnel.

**Description:** The student will apply a nylon or leather muzzle to a dog prior to restraining the animal for a procedure.

**Criteria:**

- The correct muzzle size was selected.
- The muzzle was placed on the dog correctly.
- The muzzle was placed appropriately on the dog so that the mouth would not open sufficiently to allow biting.
- The muzzle was applied in such a way that the animal experienced minimal discomfort.

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

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Nylon/Leather Muzzle Application skill, signed by the Clinical Mentorship supervisor.

2. One video clearly showing one instance of the student applying the muzzle, and the position of the muzzle from the front, size, and back of the head.

**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. RESTRRAIN A DOG USING A CATCH/RESTRAINT POLE

Goal: Safely use a restraint pole to catch a dog, without injury to the dog or veterinary personnel.

Description: The student will apply a restraint pole to an unrestrained/unleashed dog and then remove it.

Criteria: The student verified that the restraint pole was in good working order.

The student properly placed the loop over the patient’s head and around the neck.

The student closed the loop around the patient’s neck such that the animal could not escape, but breathing was not restricted.

The student safely removed the restraint pole from the patient.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Restraint Pole Use skill, signed by the Clinical Mentorship supervisor.

2. One video clearly showing one instance of the student checking the function of the pole, applying the restraint pole to an unrestrained/unleashed dog, and releasing and removing it.

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 A PHYSICAL EXAMINATION (DOG)

Goal: To complete an accurate physical examination on a canine patient and record the information accurately in the patient's record.

Description: The student will perform a systematic physical examination of all the major body systems on a dog, and record this information on the attached Physical Examination sheet. As an alternative, the student may photocopy the recorded physical examination from the clinical record if allowed by the Clinical Mentorship supervisor. The Clinical Mentorship supervisor will verify the accuracy of the physical examination and observe the student performing the physical examination.

Criteria: The student observed the patient to assess attitude before approaching the animal to begin the physical examination.

The student assessed each of the following on the physical examination while narrating live, their findings:
- General appearance
- Body condition (BCS) and weight
- Temperature, heart rate, respiratory rate
- Mucous membrane color, condition, capillary refill time
- Oral cavity including teeth, gingiva, tonsils
- Conjunctiva, cornea, pupil, iris and sclera
- Pinna and external ear canal
- Skin and hair coat including color, lesions, evidence of external parasites or other abnormalities
- Musculature and skeleton including gait, asymmetry, pain or other abnormalities
- Cardiac auscultation including check for pulse deficit
- Observation of respiration and auscultation of lungs
- Checking basic reflexes and assessment of cranial nerves
- Abdominal palpation including urinary bladder
- Visual exam of external genitalia and anal area
- Lymph nodes including submandibular, prescapular and popliteal

The student accurately recorded the findings of the physical examination including any abnormalities.

Number of Times Task Needs to be Successfully Performed: 3

Materials Submitted for Evaluation and Verification:

1. For each patient, either the original written record of the Physical Examination on the forms provided or a photocopy from the clinical record of the recorded Physical Examination signed by the Clinical Mentorship supervisor. Photocopy of the clinical record may be done only with permission of the veterinarian. Client name and address/phone may be redacted.

2. One video either with a client animal or a simulation in which the student performs and records a Physical Examination on a dog. The Physical Examination recorded must be one of the three Physical Examination forms submitted by the student so that the video observations can be correlated with the written comments. The video should clearly show the student performing each of the required components of the Physical Examination, and should include CLEAR, LIVE narration of what is being done, seen, heard, felt, etc. during the exam. Anatomy should be correctly identified. Voice-over is not acceptable.
PHYSICAL EXAMINATION SHEET

Patient’s Name ________________________________ Date of Examination ___________________
Species ______________________ Breed ___________________________ Age_______________

<table>
<thead>
<tr>
<th>BODY CONDITION</th>
<th>TEMPERAMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>T</td>
<td>P</td>
</tr>
<tr>
<td>1 GENERAL APPEARANCE</td>
<td>NOT EXAMINED</td>
</tr>
<tr>
<td>2 INTEGUMENTARY</td>
<td>NOT EXAMINED</td>
</tr>
<tr>
<td>3 MUSCULOSKELETAL</td>
<td>NOT EXAMINED</td>
</tr>
<tr>
<td>4 CIRCULATORY</td>
<td>NOT EXAMINED</td>
</tr>
<tr>
<td>5 RESPIRATORY</td>
<td>NOT EXAMINED</td>
</tr>
<tr>
<td>6 DIGESTIVE</td>
<td>NOT EXAMINED</td>
</tr>
</tbody>
</table>

*(Explain below)

_____________________________________________
Physical Examination conducted by: Student’s Name Printed

I attest that the student performed this examination

______________________________
Clinical Mentorship Supervisor Signature

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13. RESTRAIN A CAT FOR CEPHALIC VENIPUNCTURE

Goal: Adequately restrain a cat so that cephalic venipuncture may be successfully performed without injury to either the patient or veterinary personnel.

Description: The student will restrain a cat while a veterinarian or credentialed veterinary technician withdraws blood from the cephalic vein.

Criteria: The student was able to restrain the animal when it struggled.

The student was able to apply a tourniquet or compress the vein in order to raise the vein so that the venipuncture could be done successfully.

The student released the tourniquet or removed the compression on the vein to prevent excessive bleeding after completion of the venipuncture.

The student applied pressure to the venipuncture site to prevent bleeding from the site.

The student was able to restrain the animal in a manner that was adequate for control yet of no harm to the animal.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Cephalic Venipuncture Restraint skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student restraining an animal as described while a veterinarian or credentialed veterinary technician withdraws a blood sample from the cephalic vein. The video should clearly show the placement of the student’s hands, the position of the animal, the compression of the vein or placement of the tourniquet, the release of the tourniquet or compression of the vein, and the application of pressure to the venipuncture site.

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: ____________________________________
14. RESTRAIN A CAT FOR JUGULAR VENIPUNCTURE

Goal: Adequately restrain a cat so that jugular venipuncture may be successfully performed without injury to either the patient or veterinary personnel.

Description: The student will restrain a cat while a veterinarian or credentialed veterinary technician withdraws blood from the jugular vein.

Criteria: The student was able to restrain the animal when it struggled.

The student applied pressure to the venipuncture site to prevent bleeding from the site.

The student was able to restrain the animal in a manner that was adequate for control yet of no harm to the animal.

Number of Times Task Needs to be Successfully Performed: 2

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Feline Jugular Venipuncture Restraint skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student restraining an animal as described while a veterinarian or credentialed veterinary technician withdraws a blood sample from the jugular vein. The video should clearly show the placement of the student’s hands, the position of the animal, and the application of pressure to the venipuncture site.

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: ____________________________________
15. RESTRAIN A CAT IN STERNAL RECUMBENCY USING “CAT PRESS” TECHNIQUE

Goal: Adequately restrain a cat in sternal recumbency so that a medical or diagnostic procedure may be performed without injury to either the patient or veterinary personnel.

Description: The student will restrain a cat in sternal recumbency while a veterinarian or credentialed veterinary technician performs an examination of the animal’s head, performs auscultation of the thorax, and examines the perineal area.

Criteria: The student properly positioned the cat in sternal recumbency by gently holding the scruff of the neck and pressing down on the cat’s rump with their other hand.

The student was able to restrain the animal when it struggled.

The student was able to control the head to prevent the veterinarian or themselves from being bitten or injured by movement of the head.

The student was able to control the feet to prevent the veterinarian or themselves from being scratched or injured by the claws.

The student was able to move to allow the veterinarian to successfully perform the physical examination, but was able to maintain control of the animal at all times.

The student was able to restrain the animal in a manner that was adequate for control yet of no harm to the animal.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Feline Sternal Recumbency “cat press” Restraint skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student restraining an animal as described while a veterinarian or credentialed veterinary technician performs the stated examinations. The video should clearly show the placement of the student’s hands and the position of the animal.

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: ________________________________
16. RESTRAN A CAT IN LATERAL RECUMBENCY USING “CAT STRETCH” TECHNIQUE

Goal: Adequately restrain a cat in lateral recumbency so that a medical or diagnostic procedure may be performed without injury to either the patient or veterinary personnel.

Description: The student will restrain a cat in lateral recumbency while a veterinarian or credentialed veterinary technician performs an examination of the animal’s head, palpates the abdomen, and examines the perineal area.

Criteria: The student properly positioned the cat in lateral recumbency with one hand on the head or gently on the scruff of the neck and the other controlling the back legs.

The student was able to restrain the animal when it struggled.

The student was able to control the head to prevent the veterinarian or themselves from being bitten or injured by movement of the head.

The student was able to control the feet to prevent the veterinarian or themselves from being scratched or injured by the claws.

The student was able to move to allow the veterinarian to successfully perform the physical examination, but was able to maintain control of the animal at all times.

The student was able to restrain the animal in a manner that was adequate for control yet of no harm to the animal.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Feline Lateral Recumbency “Cat Stretch” Restraint skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student restraining an animal as described while a veterinarian or credentialed veterinary technician performs the stated examinations. The video should clearly show the placement of the student’s hands and the position of the animal.

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: ________________________________
17. RESTRAIN A CAT USING A TOWEL

Goal: Adequately restrain a cat in sternal recumbency with a towel wrap so that a medical or diagnostic procedure may be performed without injury to either the patient or veterinary personnel.

Description: The student will restrain a cat in sternal recumbency using a towel wrap while a veterinarian or credentialed veterinary technician performs an examination of the animal's eyes, ears and oral cavity.

Criteria: The student properly positioned the cat in sternal recumbency on the towel.

- The student positioned the cat so that it was perpendicular to the length of the towel with its head off the edge of the towel.
- The student was able to wrap the cat in the towel to control the head to prevent the veterinarian or themselves from being bitten or injured by movement of the head.
- The student was able to wrap the cat in the towel to control the feet to prevent personnel or themselves from being scratched or injured by the claws.
- The student was able to restrain the animal in a manner that was adequate for control yet of no harm to the animal.

Number of Times Task Needs to be Successfully Performed: 2

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Feline Towel Restraint skill, signed by the Clinical Mentorship supervisor.
2. One video showing the student restraining an animal as described while a veterinarian or credentialed veterinary technician performs the stated examination. The video should clearly show the towel wrap from the front, side, and back.

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: ________________________________
18. RESTRAIN A CAT USING A CAT BAG

Goal: Adequately restrain a cat in sternal recumbency with a cat bag so that a medical or diagnostic procedure may be performed without injury to either the patient or veterinary personnel.

Description: The student will restrain a cat in sternal recumbency using a cat bag while a veterinarian or credentialed veterinary technician performs an examination of the animal's eyes, ears and oral cavity.

Criteria: The student properly positioned the cat in sternal recumbency in the open bag.

The student was able to close the bag with the cat inside the cat bag to prevent the veterinarian or themselves from being bitten or injured by movement of the head.

The student was able to close the bag with the cat inside to prevent the veterinarian or themselves from being scratched or injured by the claws.

The student was able to restrain the animal in a manner that was adequate for control yet of no harm to the animal.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Feline Towel Restraint skill, signed by the Clinical Mentorship Supervisor.

2. Video showing the student restraining an animal as described while a veterinarian or credentialed veterinary technician performs the stated examination. The video should clearly show the cat bag from the front, side and back.

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: ___________________________
19. APPLY A MUZZLE TO A CAT

Goal: Adequately apply a muzzle to a cat so that a medical or diagnostic procedure may be performed without injury to either the patient or veterinary personnel.

Description: The student will apply a nylon, plastic or leather muzzle to a cat prior to restraining the animal for a procedure.

Criteria: The correct muzzle size was selected.
The muzzle was placed on the cat right side up.
The muzzle was applied in such a way that the animal experienced minimal discomfort.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Feline Muzzle Application skill, signed by the Clinical Mentorship supervisor.

2. Video clearly showing one instance of the student applying the muzzle, and the position of the muzzle from the front, side, and back of the head.

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: ________________________________
20. PERFORM A PHYSICAL EXAMINATION (CAT)

Goal: To complete an accurate physical examination on a feline patient and record the information accurately in the patient’s record.

Description: The student will perform a systematic physical examination of all the major body systems on a cat, and record this information on the attached Physical Examination sheet. As an alternative, the student may photocopy the recorded physical examination from the clinical record if allowed by the Clinical Mentorship supervisor. The Clinical Mentorship supervisor will verify the accuracy of the physical examination and observe the student performing the physical examination.

Criteria: The student observed the patient to assess attitude before approaching the animal to begin the physical examination.

The student assessed each of the following on the physical examination while narrating live, their findings:

- General appearance
- Body condition (BCS) and weight
- Temperature, heart rate, respiratory rate
- Mucous membrane color, condition, capillary refill time
- Oral cavity including teeth, gingiva, tonsils
- Conjunctiva, cornea, pupil, iris and sclera
- Pinna and external ear canal
- Skin and hair coat including color, lesions, evidence of external parasites or other abnormalities
- Musculature and skeleton including gait, asymmetry, pain or other abnormalities
- Cardiac auscultation including check for pulse deficit
- Observation of respiration and auscultation of lungs
- Checking basic reflexes and assessment of cranial nerves
- Abdominal palpation including urinary bladder
- Visual exam of external genitalia and anal area
- Lymph nodes including submandibular, prescapular and popliteal

The student accurately recorded the findings of the physical examination including any abnormalities.

Number of Times Task Needs to be Successfully Performed: 3

Materials Submitted for Evaluation and Verification:

1. For each patient, either the original written record of the Physical Examination on the forms provided or a photocopy from the clinical record of the recorded Physical Examination signed by the Clinical Mentorship supervisor. Photocopy of the clinical record may be done only with permission of the veterinarian. Client name and address/phone maybe redacted.

2. One video either with a client animal or a simulation in which the student performs and records a Physical Examination on a cat. The Physical Examination recorded must be one of the three Physical Examination forms submitted by the student so that the video observations can be correlated with the written comments. The video should clearly show the student performing each of the required components of the Physical Examination, and should include CLEAR, LIVE narration of what is being done, seen, heard, felt, etc. during the exam. Anatomy should be correctly identified. *Voice-over is not acceptable.*
PHYSICAL EXAMINATION SHEET

Patient’s Name ________________________________ Date of Examination ___________________

Species ______________________ Breed ________________________________ Age____________________

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Physical Examination conducted by: ____________________________________________ Student’s Name Printed

I attest that the student performed this examination ____________________________

Clinical Mentorship Supervisor Signature
21. ADMINISTER ORAL TABLET OR CAPSULE

Goal: Successfully administer a tablet or capsule orally to a cat or dog such that the medication is swallowed without injury to either the patient or veterinary personnel.

Description: The student will administer a tablet or capsule to a dog or cat, restrained by an assistant, without being bitten, causing the animal to choke, or harming the animal. The medication may not be hidden in a food treat.

Criteria: The student was able to open the mouth of the animal.

The student maintained control of the head or muzzle during the administration of the medication.

The medication was swallowed without choking.

The student was able to control the animal in a manner that was adequate to administer the medication yet did no harm to the animal.

Number of Times Task Needs to be Successfully Performed: 2 (1 dog, 1 cat)

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Oral Table or Capsule Administration skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student administering the medication to a dog. The video should clearly show the placement of the student's hands, the position of the animal, and the animal swallowing the tablet or capsule.

3. One video showing the student administering the medication to a cat. The video should clearly show the placement of the student's hands, the position of the animal, and the animal swallowing the tablet or capsule.

Student Name: ____________________________________________

Supervisor Name: ____________________________________________ RVT, CVT, LVT

DVM, VMD

Patient Name: __________________________ Date: ____________ dog / cat

Patient Name: __________________________ Date: ____________ dog / cat

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

Signature of Clinical Mentorship Supervisor: ________________________
22. ADMINISTER ORAL LIQUID

Goal: Successfully administer liquid orally to a cat or dog such that the medication is swallowed without injury to either the patient or veterinary personnel.

Description: The student will administer oral liquid with a syringe to a dog or cat, restrained by an assistant, without being bitten, causing the animal to choke, or harming the animal.

Criteria: The student tilted the patient’s nose up slightly to facilitate administration.

The student maintained control of the head or muzzle during the administration of the medication.

The medication was swallowed without choking.

The student was able to control the animal in a manner that was adequate to administer the medication yet did no harm to the animal.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Oral Liquid Administration skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student administering the medication to a dog or cat. The video should clearly show the placement of the student’s hands, the position of the animal, and the animal swallowing the liquid.

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: __________________________________________
23. ADMINISTER EYE DROPS OR OINTMENT WITH ASSISTANCE

Goal: Successfully administer eye drops or ointment to a cat or dog such that the medication is applied without injury to either the patient or veterinary personnel.

Description: The student will administer eye drops or ointment to a dog or cat restrained by an assistant without being bitten, contaminating the applicator tip, or harming the animal.

Criteria: The student was able to open the eye of the animal.

The student maintained control of the head or muzzle during the administration of the medication.

The student rested the hand holding the medication on the patient’s head.

The student successfully administered the drops/ointment into the eye.

The medication was administered without contamination of the applicator tip.

The student was able to control the animal in a manner that was adequate to administer the medication yet did no harm to the animal.

Number of Times Task Needs to be Successfully Performed: 2 (1 drops, 1 ointment)

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Eye Drop or Ointment Administration skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student administering the eye medication to a dog or cat. The video should clearly show the placement of the student’s hands, the position of the animal, and the eye drops or ointment being dropped into the eye.

Student Name: __________________________________________________________

Supervisor Name: ________________________________________________________ RVT, CVT, LVT

DVM, VMD

Patient Name: ___________________________ Date: _______________ drop / ointment

Patient Name: ___________________________ Date: _______________ drop / ointment

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

Signature of Clinical Mentorship Supervisor: __________________________________________
24. ADMINISTER EYE DROPS OR OINTMENT WITHOUT ASSISTANCE

**Goal:** Successfully administer eye medication to a cat or dog such that the medication is applied without injury to either the patient or veterinary personnel.

**Description:** The student will restrain and administer eye medication to a dog or cat by themselves without being bitten, contaminating the applicator tip, or harming the animal.

**Criteria:**
- The student was able to open the eye of the animal.
- The student maintained control of the head or muzzle during the administration of the medication.
- The student rested the head holding the medication on the patient's head.
- The student successfully administered the medication into the eye.
- The medication was administered without contamination of the applicator tip.
- The student was able to control the animal in a manner that was adequate to administer the medication yet did no harm to the animal.

**Number of Times Task Needs to be Successfully Performed:** 2 (1 drops, 1 ointment)

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Eye Drops or Ointment Administration skill, signed by the Clinical Mentorship supervisor.
2. One video showing the student administering the medication to a dog or cat. The video should clearly show the placement of the student’s hands, the position of the animal, and the medication in the eye.

**Student Name:** __________________________________________________________

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

**Patient Name:** ___________________________ Date: __________ drop / ointment

**Patient Name:** ___________________________ Date: __________ drop / ointment

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

**Signature of Clinical Mentorship Supervisor:** ___________________________________
25. ADMINISTER EAR MEDICATION

Goal: Successfully administer ear medication to a cat or dog such that the medication is applied without injury to either the patient or veterinary personnel.

Description: The student will administer ear medication to a dog or cat restrained by an assistant without being bitten, contaminating the applicator tip, or harming the animal.

Criteria: The student was able to place the medication applicator in the proper position.

The student maintained control of the head or muzzle during the administration of the medication.

The student successfully administered the medication into the ear canal.

The medication was administered without contamination of the applicator tip.

The student was able to control the animal in a manner that was adequate to administer the medication yet did no harm to the animal.

Number of Times Task Needs to be Successfully Performed: 2 (1 dog, 1 cat)

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Ear Medication Administration skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student administering the medication to a dog. The video should clearly show the placement of the student's hands, the position of the animal, and the applicator position over the ear canal.

3. One video showing the student administering the medication to a cat. The video should clearly show the placement of the student's hands, the position of the animal, and the applicator position over the ear canal.

Student Name: ......................................................................................................

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

Patient Name: ____________________________ Date: ______________________ dog / cat

Patient Name: ____________________________ Date: ______________________ dog / cat

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

Signature of Clinical Mentorship Supervisor: ................................................................

Date: ______________________
26. ADMINISTER SUBCUTANEOUS INJECTION

Goal: Successfully administer medication to a cat or dog by subcutaneous injection such that the medication is correctly administered without injury to either the patient or veterinary personnel.

Description: The student will administer by subcutaneous injection either a prescribed medication or saline placebo. If a placebo is given it must be at least 0.5 mL.

Criteria: The student selected the proper site for administration.

The student properly introduced the needle into the site of administration.

The student aspirated the syringe to check for blood or air prior to injection.

The student successfully administered the prescribed amount of medication.

Number of Times Task Needs to be Successfully Performed: 2 (1 dog, 1 cat)

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Subcutaneous Injection Administration skill, signed by the Clinical Mentorship Supervisor.

2. One video showing the student administering the medication to a dog. The video should clearly show the student, the position of the needle/syringe, the aspiration of the syringe, and the administration site on the animal.

3. One video showing the student administering the medication to a cat. The video should clearly show the student, the position of the needle/syringe, the aspiration of the syringe, and the administration site on the animal.

Student Name: ____________________________________________________________

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

Patient Name: ___________________________ Date: ___________ dog / cat

Patient Name: ___________________________ Date: ___________ dog / cat

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

Signature of Clinical Mentorship Supervisor: ________________________________
27. ADMINISTER INTRAMUSCULAR INJECTION

Goal: Successfully administer medication by intramuscular injection into the lumbar and/or semimembranosus/semitendinosus sites such that the medication is correctly administered without injury to either the patient or veterinary personnel.

Description: The student will administer either a prescribed medication or saline placebo into the muscles of the lumbar area or the semimembranosus/semitendinosus area. If a placebo is given it must be at least 0.5 mL.

Criteria: The student selected the proper site for administration based on anatomical landmarks and verbally identified the site and landmarks.

The student properly introduced the needle into the site of administration.

The student aspirated the syringe to check for blood prior to injection.

The student successfully administered the prescribed amount of medication.

Number of Times Task Needs to be Successfully Performed: 2 (1 dog, 1 cat)

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Intramuscular Injection Administration skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student administering the medication to a dog. The video should clearly show the student, the position of the needle/syringe. The student should verbally identify the muscle mass and landmarks for the administration site they have chosen on the animal.

3. One video showing the student administering the medication to a cat. The video should clearly show the student, the position of the needle/syringe. The student should verbally identify the muscle mass and landmarks for the administration site they have chosen on the animal.

Student Name: __________________________________________________________

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

Patient Name: _____________________________________________ Date: ______________ dog / cat

Patient Name: _____________________________________________ Date: ______________ dog / cat

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

Signature of Clinical Mentorship Supervisor: ____________________________________
28. PERFORM CEPHALIC VENIPUNCTURE SAMPLE COLLECTION

Goal: Successfully collect a blood sample by cephalic venipuncture such that the sample is correctly drawn without injury to either the patient or veterinary personnel.

Description: The student will collect blood from the cephalic vein

Criteria: The student selected the proper site for venipuncture
The student properly introduced the needle into the site
The student aspirated the syringe to check for blood
The student drew the appropriate volume of blood for the required test
The student or restrainer properly applied pressure to the puncture site to reduce bleeding

Number of Times Task Needs to be Successfully Performed: 2 (1 dog, 1 cat)

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Cephalic IV Injection Administration skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student introducing the needle into the vein, pulling back on the syringe to check for blood, and drawing blood from a dog. The video should clearly show the student, the position of the needle/syringe, the introduction of the needle, the backflow of blood, and the area of vein after needle withdrawal showing no signs of bleeding.

3. One video showing the student introducing the needle into the vein, pulling back on the syringe to check for blood, and drawing blood from a cat. The video should clearly show the student, the position of the needle/syringe, the introduction of the needle, the backflow of blood, and the area of vein after needle withdrawal showing no signs of bleeding.

Student Name: ____________________________________________

Supervisor Name: ____________________________________________ RVT, CVT, LVT

DVM, VMD

Patient Name: ___________________________ Date: ____________ dog / cat

Patient Name: ___________________________ Date: ____________ dog / cat

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

Signature of Clinical Mentorship Supervisor: ____________________________
29. ADMINISTER INTRAVENOUS CEPHALIC INJECTION TO A DOG

Goal: Successfully administer medication by intravenous cephalic injection such that the medication is correctly administered without injury to either the patient or veterinary personnel.

Description: The student will administer either a prescribed medication or saline placebo in the cephalic vein of a dog. If a placebo is given it must be at least 0.5 mL.

Criteria: The student selected the proper site for administration.

The student properly introduced the needle into the site of administration.

The student aspirated the syringe to check for blood prior to injection.

The student injected the drug without signs of extravasation.

The student or restrainer properly applied pressure to the puncture site to reduce bleeding.

Number of Times Task Needs to be Successfully Performed: 2

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Cephalic IV Injection Administration skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student introducing the needle into the vein, pulling back on the syringe to check for blood, and administering the medication to the dog. The video should clearly show the student, the position of the needle/syringe, the introduction of the needle, the backflow of blood, the push of medication into the vein, and the area of vein after needle withdrawal showing no signs of extravasation.

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: ___________________________________
30. ADMINISTER INTRAVENOUS INJECTION TO A CAT

Goal: Successfully administer medication by intravenous cephalic or femoral injection such that the medication is correctly administered without injury to either the patient or veterinary personnel.

Description: The student will administer either a prescribed medication or saline placebo in the cephalic or femoral vein. If a placebo is given it must be at least 0.5 mL.

Criteria: The student selected the proper site for administration.
The student properly introduced the needle into the site of administration.
The student aspirated the syringe to check for blood prior to injection.
The student injected the drug without signs of extravasation.
The student or restrainer properly applied pressure to the puncture site to reduce bleeding.

Number of Times Task Needs to be Successfully Performed: 2

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Cephalic/Femoral IV Injection Administration skill, signed by the Clinical Mentorship supervisor.
2. One video showing the student introducing the needle into the vein, pulling back on the syringe to check for blood, and administering the medication to the cat. The video should clearly show the student, the position of the needle/syringe, the introduction of the needle, the backflow of blood, the push of medication into the vein, and the area of vein after needle withdrawal showing no signs of extravasation.

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: _________________________________
31. ADMINISTER INTRAVENOUS SAPHENOUS INJECTION TO A DOG

Goal: Successfully administer medication by intravenous saphenous injection such that the medication is correctly administered without injury to either the patient or veterinary personnel.

Description: The student will administer either a prescribed medication or saline placebo in the saphenous vein. If a placebo is given it must be at least 0.5 mL.

Criteria: The student selected the proper site for administration.

The student properly introduced the needle into the site of administration.

The student aspirated the syringe to check for blood prior to injection.

The student injected the drug without signs of extravasation.

The student or restrainer properly applied pressure to the puncture site to reduce bleeding.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Saphenous IV Injection Administration skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student introducing the needle into the vein, pulling back on the syringe to check for blood, and administering the medication to the dog. The video should clearly show the student, the position of the needle/syringe, the introduction of the needle, the backflow of blood, the push of medication into the vein, and the area of vein after needle withdrawal showing no signs of extravasation.

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: ________________________________
Goal: Successfully trim nails of a dog or cat without injury to either the patient or veterinary personnel.

Description: The student will trim the nails on all four feet of a dog or cat without causing bleeding from the quick.

Criteria: The student placed the nail trimmers in the proper position on the nail.

The amount of nail tip removed was appropriate.

The nail did not bleed after removal of the tip.

Number of Times Task Needs to be Successfully Performed: 2   (1 dog, 1 cat)

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Nail Trim skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student trimming the toe nails of all four paws of a dog. The video clearly shows the student, the position of the nail trimmers on the nail, the blood supply in the nail bed (if clear nails), and the end of the nail after trimming (to check for bleeding).

3. One video showing the student trimming the toe nails of all four paws of a cat. The video clearly shows the student, the position of the nail trimmers on the nail, the blood supply in the nail bed (if clear nails), and the end of the nail after trimming (to check for bleeding).

Student Name: __________________________________________________________

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

Patient Name: ____________________________________ Date: ________________ dog / cat

Patient Name: ____________________________________ Date: ________________ dog / cat

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

Signature of Clinical Mentorship Supervisor: _________________________________________
33. EAR SAMPLE COLLECTION AND PREPARATION

Goal: Successfully collect and examine the samples obtained from the ear

Description: The student will use a cotton-tipped applicator to obtain a sample from the ear canal of a dog or cat. The student will examine the sample under the microscope and identify otic parasites, yeast, or bacteria if present.

Criteria:

1. The student introduced a cotton-tipped applicator appropriately into the ear.

2. The swab, containing an appropriate sample, was removed from the ear and the sample applied to two separate slides for examination for yeasts, parasites, and bacteria.

3. The student stained one slide appropriately for yeast or bacteria.

4. The student applied mineral oil to the other slide to look for otic parasites.

Number of Times Task Needs to be Successfully Performed: 2 (1 dog, 1 cat)

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Ear Sample Collection and Preparation skill, signed by the Clinical Mentorship supervisor.

2. One video showing the student collecting ear samples. The video should clearly show the student, the introduction of the cotton-tipped applicator into the ear canal, and the preparation of the sample on two slides.

Student Name: ____________________________________________

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

Patient Name: ___________________________ Date: ___________ dog / cat

Patient Name: ___________________________ Date: ___________ dog / cat

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

Signature of Clinical Mentorship Supervisor: ___________________
34. CLEAN EARS

Goal: Successfully clean the external ear canal of a dog or cat without injury to either the patient or veterinary personnel.

Description: The student will clean both ear canals of a dog or cat until material in the vertical ear canal has been removed.

Criteria: The student appropriately administered cleaning solution to the ear canal in sufficient quantity, without contaminating the tip of the cleaning solution bottle.

The student massaged the ear canal externally.

The student cleaned the outer ear with cotton balls.

The student used swabs appropriately if needed.

The ear canal was clean after the cleaning process.

Number of Times Task Needs to be Successfully Performed: 2 (1 dog, 1 cat)

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Ear Cleaning, signed by the Clinical Mentorship supervisor.

2. One video showing the student cleaning the external ear of a dog. The video should clearly show the student administering the cleansing solution, massaging and cleaning the ear.

3. One video showing the student cleaning the external ear of a cat. The video should clearly show the student administering the cleansing solution, massaging and cleaning the ear.

Student Name: ____________________________________________________________

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

Patient Name: _____________________________________ Date: _______________ dog / cat

Patient Name: _____________________________________ Date: _______________ dog / cat

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

Signature of Clinical Mentorship Supervisor: ___________________________________________
35. EXPRESS ANAL SACS

Goal: Successfully express and remove contents of anal sacs

Description: The student will express both anal sacs of a dog and clean the area.

Criteria: The student wore exam gloves.

The student located the position of the anal sacs.

The student lubricated the index finger.

The student appropriately positioned the finger internally and thumb externally to express the anal sacs.

The contents of each anal sac were adequately expressed into a 4x4 gauze positioned properly to prevent spraying or leakage.

The student cleaned the area after expressing the anal sacs.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Anal Sac Expression, signed by the Clinical Mentorship supervisor.

2. One video showing the student expressing both anal sacs of a dog. The video should clearly show the student, position of the fingers at the anus, and the contents expressed on the gauze.

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: ________________________________
36. BATHE A PATIENT

Goal: Successfully bathe a dog or cat

Description: The student will prepare a dog or cat for a bath, bathe the animal using an approved shampoo, rinse the animal, and supervise drying. The student will demonstrate knowledge of precautions if a medicated or insecticidal shampoo is used.

Criteria: Anal sacs were expressed and toe nail trims were done before bathing if required.

The student removed any collars or harnesses.

Cotton was placed in the ears.

The student thoroughly wetted the animal prior to application of the shampoo.

The student appropriately applied the shampoo.

The student observed all precautions mandated by the particular shampoo.

The hair and skin were thoroughly rinsed of all shampoo.

Cotton balls were removed from the ears.

The animal was dried safely, adequately, and not overheated with a cage dryer (if available).

Animal was combed or brushed, and mats removed if required.

Number of Times Task Needs to be Successfully Performed: 1

Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Bathe a Patient, signed by the Clinical Mentorship supervisor.

2. One video showing the student preparing, bathing, rinsing, and drying a dog or cat. The video should clearly show the student performing any preparatory activities prior to bathing (trimming nails/expressing anal sacs as needed), following any precautions mandated by the use of the shampoo (the student may read these off the bottle on the video). The rinsing process, brushing, the cage dryer (if available) set-up, and the finished, dried animal should also be shown. The video does not need to be run continuously if the shampoo is left on for a period of time, but should catch the key components of each step.

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: __________________________________________
37. COLLECT A FREE CATCH URINE SAMPLE

**Goal:** Successfully collect a urine sample of quality and quantity that allows an accurate urinalysis.

**Description:** The student will collect at least 8 cc’s of urine from the urine stream of a dog (or 3 cc’s from a cat) using a clean container.

**Criteria:**
- The student selected a clean container that was appropriate for the amount.
- The student collected the urine after the initial stream.
- The student avoided contaminating the collected urine by contact with the animal’s hair, etc.
- The student collected at least 8 mL of urine from a dog (or 3 mL from a cat).

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

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Urine Collection evaluation, signed by the Clinical Mentorship supervisor.

2. One video showing the student collecting urine. The video clearly shows the student collecting the urine, the urine in the container after collection, and documentation of the amount collected (e.g. drawing the urine into a large syringe).

**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:** ____________________________________
38. OBTAIN A HISTORY

Goal: To obtain complete and accurate information from a client by asking specific questions about the pet.

Description: The student will question a client about the past and current condition of the animal and record the history on the attached History Sheet. As an alternative, the student may photocopy the recorded history from the clinical record if allowed to do so by the veterinarian. Client name and address/phone may be redacted. The Clinical Mentorship supervisor will verify the accuracy of the obtained history and observe the student performing the history to verify the criteria for this task.

Criteria: The student allowed the client to state the presenting problem before asking additional directed questions.

The student asked a set of questions related to the presenting problem.

The student asked a set of general health questions.

The student asked the questions clearly and used terminology the client understood so that the client was able to answer the question accurately, while using professional language.

The student maintained good communication skills:
- Good eye contact
- Non-verbal body language that encouraged the client to continue to speak
- Allowed the client to finish a statement without interrupting

The student asked questions in such a way that the question was not a leading question (e.g. "Is she drinking more water?").

When/if a client was unable to understand a question, the student was able to formulate a different way of asking the same question and obtaining the needed information.

The student periodically repeated the information back to the client to confirm what the student heard was a correct interpretation of what the client said or meant.

The student was able to direct the history taking dialogue to obtain the information in a timely manner (i.e. didn’t allow the conversation to wander too far from the goal of getting a complete and accurate history).

The student was able to establish a working rapport with the client. The student conducted the history interview in a courteous and professional manner.

The student was able to gauge the amount of history needed based upon the critical status of the patient (e.g. if the case was an animal in critical status, only the pertinent history was obtained before emergency treatment was begun).

The student accurately recorded the history obtained from the client in sufficient detail to convey all the information needed by the veterinarian.
Number of Times Task Needs to be Successfully Performed: 5
(2 may be normal animals; at least 3 must have some presenting problem)

Materials Submitted for Evaluation and Verification:

1. Task Verification form for the history taking skill, signed by Clinical Mentorship supervisor

2. Either the original written record of the history for each patient or a photocopy from the clinical record of the written history signed by both the student and the Clinical Mentorship supervisor

3. One video either with a client animal or a simulation in which the student elicits and records a history. The written history corresponding to the video must be signed by the student and Clinical Mentorship supervisor and submitted with the video. The recorded history may be one of the mandatory five histories submitted.

Student Name: ________________________________________________________

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

Patient Name: ___________________________ Date: ___________________________

Patient Name: ___________________________ Date: ___________________________

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: ____________________________________
Example History Sheet for Submission

Client: _________________________________________  Patient: _________________________________________

Presenting problem: ________________________________________________________________

Date: _____________________________  □ Video

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
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__________________________________________________________________________________
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__________________________________________________________________________________
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__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

History obtained by: __________________________________________  Student’s Name Printed

I attest that the student obtained this history ____________________________________________  Clinical Mentorship Supervisor Signature
39. RECORDING TREATMENT OR CLINICAL DATA ON A HOSPITALIZED PATIENT

**Goal:**
To record complete and accurate information about a hospitalized patient’s condition and treatment.

**Description:**
The student will record the condition of a hospitalized patient on a Hospitalization Record form. A hospitalized patient is a patient that remains in the hospital for a length of time (at least one full day). Medical treatments, administered medications, and any other applicable clinical data as determined by the attending veterinarian will be recorded. Nursing care and observations by the student should be included. The Clinical Mentorship supervisor will verify the accuracy of the recorded information.

**Criteria:**
The student accurately identified the patient on the Hospitalization Record form.

The student accurately recorded the presenting problem and clinical status of the animal.

The student obtained and recorded an accurate TPR.

The student accurately recorded any treatments performed on the animal.

The student accurately recorded any medications administered to the animal.

The student accurately recorded the veterinarian’s orders for this patient.

The student accurately recorded any additional clinical data as directed by the DVM.

The student included *detailed nursing notes and observations* documenting care provided to the patient.

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

**Materials Submitted for Evaluation and Verification:**

1. Task Verification of Hospitalization Record form, signed by Clinical Mentorship supervisor for each Hospitalization Record completed.

2. Hospitalization Record forms for each of three different patients. If several personnel write on the hospitalization form, identify which are the student’s written entries by initialing or by highlighting pertinent information.

**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:** ________________________________
Hospitalization Record

Client: ___________________________________  Patient: ________________________________

Date: ___________________  Species: __________________  Sex: __________  Age: __________

T: _____________  P: ______________  R: ______________  Weight: ______________ lb / kg

Presenting problem ___________________________________________________________________

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Recorded by: ________________________________________________________________________

Student’s Name Printed

I attest that the student recorded this information _________________________________________

Clinical Mentorship Supervisor Signature