

# EQUINE DIAGNOSTIC IMAGING MENTORSHIP



VM 21700

CRITERIA HANDBOOK AND  
LOGBOOK

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

<b><i>Fall or Spring semester</i></b>	<b><i>11:59p.m. Thursday of week 1 – Task 1 due</i></b>
	<b><i>11:59p.m. Thursday of week 6 – Tasks 2-11 (preferred)*</i></b>
	<b><i>11:59p.m. Thursday of week 10 – Tasks 2-11 (absolute)</i></b>
<b><i>Summer session</i></b>	<b><i>11:59p.m. Thursday of week 1 – Task 1 due</i></b>
	<b><i>11:59p.m. Thursday of week 5 – Tasks 1-10 (preferred)*</i></b>
	<b><i>11:59p.m. Thursday of week 7 – Tasks 1-10 (absolute)</i></b>

***\* 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. Restrain a dog for jugular venipuncture\*
6. Administer subcutaneous injection\*\*
7. Administer intramuscular injection\*\*
8. Intravenous cephalic injection – canine\*\*

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

## STUDENT INFORMATION

### GOALS OF VM 21700 FOOD ANIMAL AND EQUINE DIAGNOSTIC IMAGING CLINICAL MENTORSHIP

Working with a veterinary care facility, the student will perform tasks under direct 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 direct supervision.

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

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

Documentation of completed tasks is essential to validate the educational process and insure that the performance of graduates of the Veterinary 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 Technology Program  
625 Harrison Street, Lynn Hall G171  
West Lafayette IN 47907  
(765) 496-6809  
phegley@purdue.edu

# PRE-REQUISITES FOR CLINICAL MENTORSHIP

## Contracts and Agreements

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

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

These documents are available on the VNDL website.

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

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

*Failure to complete and submit the listed documents and/or non-payment for Student Professional Liability Insurance Coverage will prevent the student from enrolling in the Clinical Mentorship*

## Insurance

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

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

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

Each VNDL student is required to purchase, for a nominal fee, Professional Liability Insurance through Purdue University. The fee covers from the time of initiation of coverage until the subsequent July 31<sup>st</sup>.

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

## WHAT TO LOOK FOR IN A MENTORSHIP FACILITY

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

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

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

# SELECTING THE CLINICAL MENTORSHIP SITE – FACILITY REQUIREMENTS

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

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

- 20 mA (or greater) / 80kVp (or greater) x-ray machine (portable low-output)
- Stand for portable x-ray machine
- Thyroid shields (2)
- 0.5mm lead aprons (2)
- 0.5mm lead gloves that provide 360<sup>o</sup> coverage of hands (2)
- Right and Left identification markers and oblique markers
- Dosimetry - film badge
- Cassette holder
- Hoof picks
- Wooden blocks
- Method to measure focal film distance
- Digital radiographic capability

OR

- Analog radiographic capability
  - If using analog (film and screen) radiography:
    - Intensifying screens with compatible film (no specifics)
    - Automatic processor with chemicals
    - Safelight with appropriate filter and bulb
    - Single bank view box

**Note: Digital imaging may be used to produce the images in this mentorship. If using digital imaging, the student may NOT crop the image post-exposure. Appropriate collimation should be done before the image is produced. No computer-editing software should be used.**

# SELECTION OF CLINICAL MENTORSHIP SUPERVISOR

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

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

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

Each Clinical Mentorship Supervisor must complete a Clinical Mentorship Supervisor Agreement that acknowledges that the supervisor has read and agreed to the Mentorship Code of Conduct. Multiple supervisors may be used for documentation of mentorship tasks. Each supervisor must complete a separate Clinical Mentorship Supervisor Agreement.

Should your Clinical Mentorship Supervisor change during the course of the Clinical Mentorship, you will need to have your new supervisor complete a Clinical Mentorship Supervisor Agreement and return it to the Purdue VNDL office. These forms are available on the VNDL website and can be completed electronically using DocuSign.

***ALL TASKS PERFORMED FOR A MENTORSHIP SHOULD 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 being seen on the video. The student's face must be shown at some point in every video to verify their identity. The name and/or number of the task should be either stated at the beginning of the video or embedded (written) into the video itself.

Videos, photographs, radiographs, slides, written projects, the Criteria Handbook and Logbook and any other required documentation will not be returned. These items will be kept at Purdue as documentation of the student's performance for accreditation purposes.

This validation is essential to help the Purdue VNDL meet AVMA accreditation criteria. Therefore, it is essential that the student follows the evaluation and validation requirements.

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

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

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

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

## COMPLETION OF THE CLINICAL MENTORSHIP

Mentorship logbooks include due dates for 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. Do not send in this type of format as the instructor cannot view them.**

iPhone/iPad:

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

Android:

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

Desktop/Laptop:

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

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

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

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

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

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

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

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

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

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

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

- Click on the **Insert Stuff** icon on the text editor.
- On the **Insert Stuff** menu that opens, click on **Add Kaltura Media**.
- On the **Insert Stuff** window, click the **plus** button. On the menu that opens, click **Media Upload**.
- The **Upload Media** window will open. Click on **Choose a file to upload** to select a file on your computer, or *click and drag* the video file into the box.

- Depending on your internet connection speed and the file size, it may take a few minutes to upload the file. **Allow the file to upload completely and do not close the window.**

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

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

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

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

### **For Support**

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

# CLINICAL MENTORSHIP TASKS

## INTRODUCTION TO ESSENTIAL TASKS AND CRITERIA

Before starting each task:

1. Read the Goal, Description, Criteria, and Materials to be Submitted for Evaluation and Verification. Understand what is expected for each task.
2. Make sure that all equipment and supplies needed to complete the task are available. Pay particular attention to the details of what needs to be documented and submitted.
3. Make sure to obtain appropriate permissions where necessary. Please inform the facility's owner/manager of activities. A good relationship with the veterinarian in charge is key to having a positive Clinical Mentorship experience.

After performing each task:

4. Label all items submitted so that the materials submitted for evaluation and validation at Purdue are identified as the student's submission.
5. Label all videos posted to Brightspace with the task number.
6. Submit materials by the deadlines listed in the logbooks.

# CLINICAL MENTORSHIP PROJECTS

## INTRODUCTION TO SPECIAL PROJECTS

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

Before starting each project

1. Read through the project in its entirety. This will give you a description of the project and what is needed to complete it successfully.
2. Determine what materials, if any, need to be submitted for completion of the project.
3. Most projects will come with a list of questions/points that need to be addressed and included in the written document.
4. If video is required for a project, it should be noted on the video 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: Video recording and photographs are not for the purpose of verifying if the practice is within OSHA compliance or other government regulations. These projects are for the student's education. It may be determined by the student that the practice is not within the current recommendations. The purpose of these projects is to make the student aware of these issues, and how to recognize the issues and develop suggestions for improvement.

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

# 1. VIDEO VERIFICATION OF REQUIRED EQUIPMENT AND SUPPLIES

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

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

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

The student donned the appropriate PPE and showed the following clearly:

- 20 mA (or greater) / 80kVp (or greater) x-ray machine (portable low-output)
- Stand for portable x-ray machine
- Thyroid shields (2)
- 0.5mm lead aprons (2)
- 0.5mm lead gloves that provide 360<sup>o</sup> coverage of hands (2)
- Right and Left identification markers and oblique markers
- Dosimetry badge
- Cassette holder
- Hoof pick
- Wooden blocks
- Method to measure focal film distance

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

**Materials Submitted for Evaluation and Verification:**

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

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

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

RVT, CVT, LVT  
DVM, VMD

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

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

# 1. LATEROMEDIAL PROJECTION OF THE CARPUS AND POSITIONING OF THE HORSE

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

**Description:** The student will safely position the animal and produce a lateromedial carpal radiograph of diagnostic quality while abiding Radiation Safety regulations.

**Criteria:** The student donned Radiation Safety PPE

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

The student positioned the primary beam parallel to the floor at appropriate focal film distance, and centered over the area of interest.

The student selected a right or left marker according to which limb was being imaged, and placed the marker in the correct location.

The student collimated to include only landmarks for the AOI.

The student produced the radiograph with a proper diagnostic radiographic exposure technique.

The student recorded the full process (positioning and production) of the radiograph with a recorded radiographic diagnostic quality (CALIPER) film self-evaluation

- Collimation
- Artifacts
- Landmarks
- Identification
- Positioning errors
- Exposure techniques (mAs and kVp settings)
- Radiographic presentation

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

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Lateromedial Projection of the Carpus task, signed by the clinical mentorship supervisor.
2. One video that clearly shows the student **positioning the patient**, radiographic production and diagnostic quality film evaluation as defined in the above criteria for this task.
3. One lateromedial carpus image.

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

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

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

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

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



## 2. DORSOPALMAR PROJECTION OF THE CARPUS

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

**Description:** The student will safely position the animal and produce a DP carpal radiograph of diagnostic quality while abiding Radiation Safety regulations.

**Criteria:** The student donned Radiation Safety PPE

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

The student positioned the primary beam parallel to the floor at appropriate focal film distance, and centered over the area of interest.

The student selected a right or left marker according to which limb was being imaged, and placed the marker in the correct location.

The student collimated to include only landmarks for the AOI.

The student produced the radiograph with a proper diagnostic radiographic exposure technique.

The student recorded the full process (positioning and production) of the radiograph with a recorded radiographic diagnostic quality (CALIPER) film self-evaluation

- Collimation
- Artifacts
- Landmarks
- Identification
- Positioning errors
- Exposure techniques (mAs and kVp settings)
- Radiographic presentation

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

### Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Dorsopalmar Projection of the Carpus task, signed by the clinical mentorship supervisor.
2. One video that clearly shows the student **positioning the patient**, radiographic production and diagnostic quality film evaluation as defined in the above criteria for this task.
3. One dorsopalmar carpus image.

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

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

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

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

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

### 3. LATEROMEDIAL PROJECTION OF THE METACARPOPHALANGEAL (FETLOCK)

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

**Description:** The student will safely position the animal and produce a lateromedial Fetlock radiograph of diagnostic quality while abiding Radiation Safety regulations.

**Criteria:** The student donned Radiation Safety PPE

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

The student positioned the primary beam parallel to the floor at appropriate focal film distance, and centered over the area of interest.

The student selected a right or left marker according to which limb was being imaged, and placed the marker in the correct location.

The student collimated to include only landmarks for the AOI.

The student produced the radiograph with a proper diagnostic radiographic exposure technique.

The student recorded the full process (positioning and production) of the radiograph with a recorded radiographic diagnostic quality (CALIPER) film self-evaluation

- Collimation
- Artifacts
- Landmarks
- Identification
- Positioning errors
- Exposure techniques (mAs and kVp settings)
- Radiographic presentation

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

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Lateromedial Radiographic Projection of the Metacarpophalangeal (fetlock) task, signed by the clinical mentorship supervisor.
2. One video that clearly shows the student **positioning the patient, radiographic production** and **diagnostic quality film evaluation** as defined in the above criteria for this task.
3. One lateromedial metacarpophalangeal (fetlock) image.

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

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

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

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

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

#### 4. DORSOPALMAR POJECTION OF THE METACARPOPHALANGEAL OR METATARSOPHALANGEAL JOINT (FETLOCK)

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

**Description:** The student will safely position the animal and produce a DP Fetlock radiograph of diagnostic quality while abiding Radiation Safety regulations.

**Criteria:** The student donned Radiation Safety PPE

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

The student positioned the primary beam at appropriate focal film distance, and centered over the area of interest.

The student selected a right or left marker according to which limb was being imaged, and placed the marker in the correct location.

The student collimated to include only landmarks for the AOI.

The student produced the radiograph with a proper diagnostic radiographic exposure technique.

The student recorded the full process (positioning and production) of the radiograph with a recorded radiographic diagnostic quality (CALIPER) film self-evaluation

- Collimation
- Artifacts
- Landmarks
- Identification
- Positioning errors
- Exposure techniques (mAs and kVp settings)
- Radiographic presentation

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

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Dorsoplantar or Dorsopalmar Projection of the Metacarpophalangeal or Metatarsophalangeal (Fetlock) task, signed by the clinical mentorship supervisor.
2. One video that clearly shows the student **positioning the patient, radiographic production** and **diagnostic quality film evaluation** as defined in the above criteria for this task.
3. One DP Fetlock image.

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

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

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

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

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

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

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

**Description:** The student will safely position the animal and produce a DLPM Fetlock radiograph of diagnostic quality while abiding Radiation Safety regulations.

**Criteria:** The student donned Radiation Safety PPE

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

The student positioned the primary beam at appropriate focal film distance, and centered over the area of interest.

The student selected a right or left and obliqued marker according to which limb was being imaged, and placed the marker in the correct location.

The student collimated to include only landmarks for the AOI.

The student produced the radiograph with a proper diagnostic exposure technique.

The student recorded the full process (positioning and production) of the radiograph with a recorded radiographic diagnostic quality (CALIPER) film self-evaluation

- Collimation
- Artifacts
- Landmarks
- Identification
- Positioning errors
- Exposure techniques (mAs and kVp settings)
- Radiographic presentation

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

### Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Dorsolateral-Palmaromedial or Dorsolateral-Plantaromedial Oblique Projection of the Metacarpophalangeal or Metatarsophalangeal (Fetlock) task, signed by the clinical mentorship supervisor.
2. One video that clearly shows the student **positioning the patient, radiographic production** and **diagnostic quality film evaluation** as defined in the above criteria for this task.
3. One DLPM oblique fetlock image.

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

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

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

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

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

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

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

**Description:** The student will safely position the animal and produce a DMPL Fetlock radiograph of diagnostic quality while abiding Radiation Safety regulations.

**Criteria:** The student donned Radiation Safety PPE

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

The student positioned the primary beam at appropriate focal film distance, and centered over the area of interest.

The student selected a right or left and obliqued marker according to which limb was being imaged, and placed the marker in the correct location.

The student collimated to include only landmarks for the AOI.

The student produced the radiograph with a proper diagnostic exposure technique.

The student recorded the full process (positioning and production) of the radiograph with a recorded radiographic diagnostic quality (CALIPER) film self-evaluation

- Collimation
- Artifacts
- Landmarks
- Identification
- Positioning errors
- Exposure techniques (mAs and kVp settings)
- Radiographic presentation

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

### Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Dorsomedial-Palmarolateral or Dorsomedial-Plantarolateral Oblique Projection of the Metacarpophalangeal or Metatarsophalangeal (Fetlock) task, signed by the clinical mentorship supervisor.
2. One video that clearly shows the student **positioning the patient, radiographic production** and **diagnostic quality film evaluation** as defined in the above criteria for this task.
3. One Dorsomedial-Plantarolateral Oblique Fetlock image

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

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

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

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

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

## 7. LATEROMEDIAL PROJECTION OF THE TARSUS

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

**Description:** The student will safely position the animal and produce a Lateral Tarsus radiograph of diagnostic quality while abiding Radiation Safety regulations.

**Criteria:** The student donned Radiation Safety PPE

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

The student positioned the primary beam parallel to the floor at the appropriate focal film distance, and centered over the area of interest.

The student selected a right or left and obliqued marker according to which limb was being imaged, and placed the marker in the correct location.

The student collimated to include only landmarks for the AOI.

The student produced the radiograph with a proper diagnostic exposure technique.

The student recorded the full process (positioning and production) of the radiograph with a recorded radiographic diagnostic quality (CALIPER) film self-evaluation

- Collimation
- Artifacts
- Landmarks
- Identification
- Positioning errors
- Exposure techniques (mAs and kVp settings)
- Radiographic presentation

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

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Lateromedial Projection of the Tarsus task, signed by the clinical mentorship supervisor.
2. One video that clearly shows the student **positioning the patient, radiographic production** and **diagnostic quality film evaluation** as defined in the above criteria for this task.
3. One lateromedial tarsus image.

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

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

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

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

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

## 8. DORSOPLANTAR PROJECTION OF THE TARSUS

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

**Description:** The student will safely position the animal and produce a DP Tarsus radiograph of diagnostic quality while abiding Radiation Safety regulations.

**Criteria:** The student donned Radiation Safety PPE

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

The student positioned the primary beam at appropriate focal film distance, and centered over the area of interest.

The student selected a right or left and obliques marker according to which limb was being imaged, and placed the marker in the correct location.

The student collimated to include only landmarks for the AOI.

The student produced the radiograph with a proper diagnostic exposure technique.

The student recorded the full process (positioning and production) of the radiograph with a recorded radiographic diagnostic quality (CALIPER) film self-evaluation

- Collimation
- Artifacts
- Landmarks
- Identification
- Positioning errors
- Exposure techniques (mAs and kVp settings)
- Radiographic presentation

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

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Dorsoplantar Projection of the Tarsus task, signed by the clinical mentorship supervisor.
2. One video that clearly shows the student **positioning the patient, radiographic production** and **diagnostic quality film evaluation** as defined in the above criteria for this task.
3. One dorsoplantar tarsus image.

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

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

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

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

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

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

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

**Description:** The student will safely position the animal and produce a Lateromedial Foot radiograph of diagnostic quality while abiding Radiation Safety regulations.

**Criteria:** The student donned Radiation Safety PPE

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

The student positioned the primary beam at appropriate focal film distance, and centered over the area of interest.

The student selected a right or left and obliques marker according to which limb was being imaged, and placed the marker in the correct location.

The student collimated to include only landmarks for the AOI.

The student produced the radiograph with a proper diagnostic exposure technique.

The student recorded the full process (positioning and production) of the radiograph with a recorded radiographic diagnostic quality (CALIPER) film self-evaluation

- Collimation
- Artifacts
- Landmarks
- Identification
- Positioning errors
- Exposure techniques (mAs and kVp settings)
- Radiographic presentation

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

### Materials Submitted for Evaluation and Verification:

1. Task Verification Form for Lateromedial Projection of the Distal Phalanx (Coffin Bone) task, signed by the clinical mentorship supervisor.
2. One video that clearly shows the student **positioning the patient, radiographic production** and **diagnostic quality film evaluation** as defined in the above criteria for this task.
3. One lateromedial distal phalanx image.

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

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

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

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

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



# 1. DORSOPLANTAR OR DORSOPALMAR PROJECTION OF THE DISTAL PHALANX

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

**Description:** The student will safely position the animal and produce a DP Foot radiograph of diagnostic quality while abiding Radiation Safety regulations.

**Criteria:** The student donned Radiation Safety PPE

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

The student positioned the primary beam at appropriate focal film distance, and centered over the area of interest.

The student selected a right or left and obliques marker according to which limb was being imaged, and placed the marker in the correct location.

The student collimated to include only landmarks for the AOI.

The student produced the radiograph with a proper diagnostic exposure technique.

The student recorded the full process (positioning and production) of the radiograph with a recorded radiographic diagnostic quality (CALIPER) film self-evaluation

- Collimation
- Artifacts
- Landmarks
- Identification
- Positioning errors
- Exposure techniques (mAs and kVp settings)
- Radiographic presentation

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

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Dorsoplantar or Dorsopalmar Projection of the Distal Phalanx (Coffin Bone) task, signed by the clinical mentorship supervisor.
2. One video that clearly shows the student **positioning the patient, radiographic production** and **diagnostic quality film evaluation** as defined in the above criteria for this task.
3. One dorsoplantar or dorsopalmar distal phalanx image.

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

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

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

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

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