

# SMALL ANIMAL NURSING I CLINICAL MENTORSHIP



VM 20500

# CRITERIA HANDBOOK AND LOGBOOK

# INDEX OF NOTEBOOK

## Student Information

- Goals of SA Nursing I Clinical Mentorship
- Contact person at Purdue University
- Pre-requisites for VM 20500 SA Medical Nursing Clinical Mentorship
  - ❖ Courses
  - ❖ Contracts and agreements
  - ❖ Technical standards
  - ❖ Insurance
- Selection of Clinical Mentorship site – facility criteria
- Selection of Mentorship Supervisor
- Materials – The Criteria Handbook and Logbook
- Completion of SA Nursing I Clinical Mentorship

## Clinical Mentorship Tasks

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. Restrain a dog for eye and ear medication\*
7. Restrain a dog for IM injection or nail trim\*
8. Apply a gauze muzzle to a dog\*
9. Apply a nylon or leather muzzle to a dog\*
10. Restrain a dog with a catch/restraint pole\*
11. Restrain a cat for cephalic venipuncture\*
12. Restrain a cat for jugular venipuncture\*
13. Restrain a cat in sternal recumbency with a “cat press” technique\*
14. Restrain a cat in lateral recumbency with a “cat stretch” technique\*
15. Restrain a cat using a towel\*
16. Restrain a cat using a cat bag\*
17. Apply a muzzle to a cat\*
18. Administer oral tablet or capsule (dog and cat) \*
19. Administer oral liquid\*
20. Administer eye drops or ointment with restraining assistance\*
21. Administer eye drops or ointment without assistance\*
22. Administer ear medication\*
23. Administer subcutaneous injection\*\*
24. Administer intramuscular injection\*\*
25. Intravenous cephalic injection – canine\*\*
26. Intravenous cephalic or femoral injection – feline\*\*
27. Intravenous saphenous injection – canine\*\*
28. Trim toe nails\*
29. Ear Sample Collection and Preparation\*
30. Clean ears (dog and cat) \*\*
31. Express anal sacs\*\*
32. Bathe a patient\*
33. Collection urine sample – free catch\*
34. Obtain a history
35. Perform a physical examination (dog)\*
36. Perform a physical examination (cat)\*
37. 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**      **5:00p.m. ET Thursday of week 3 – Tasks 1-10**  
**5:00p.m. ET Thursday of week 6 – Tasks 11-17**  
**5:00p.m. ET Thursday of week 9 – Tasks 18-27**  
**5:00p.m. ET Thursday of week 12 – Tasks 28-37**

**Summer session**              **5:00p.m. ET Thursday of week 2 – Tasks 1-10**  
**5:00p.m. ET Thursday of week 3 – Tasks 11-17**  
**5:00p.m. ET Thursday of week 4 – Tasks 18-27**  
**5:00p.m. ET Thursday of week 6 – Tasks 28-37**

**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.**

---

### **Animal Use Guidelines**

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

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

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

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

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

# STUDENT INFORMATION

## GOALS OF VM 20500

### SA NURSING I CLINICAL MENTORSHIP

Working with a small animal 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 Technology Distance Learning Program meets the standards of quality required by the Purdue University College of Veterinary Medicine faculty and the American Veterinary Medical Association accrediting bodies.

## CONTACT PERSON

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

Pam Phegley, BS, RVT  
Purdue University  
Veterinary Technology Program  
625 Harrison Street, Lynn Hall G171  
West Lafayette IN 47907  
(765) 496-6809  
phegleyp@purdue.edu

# PRE-REQUISITES FOR VM 20500 SA MEDICAL NURSING I CLINICAL MENTORSHIP

## Contracts and Agreements

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

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

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

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

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

## Insurance

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

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

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

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

# SELECTING THE CLINICAL MENTORSHIP SITE – FACILITY REQUIREMENTS

You must visit the Clinical Mentorship Site and determine if the following equipment is readily available to you for use during your Clinical Mentorship. You 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 pole

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 for parenteral administration
- Hair brushes
- Cotton-tipped applicators
- Microscope slides
- Cotton balls

# SELECTION OF CLINICAL MENTORSHIP SUPERVISOR

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

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

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

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

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

# CRITERIA HANDBOOK AND LOGBOOK

This Criteria Handbook and Logbook contains the list of tasks that must be successfully completed in order to receive credit for this Clinical Mentorship. You are expected to have learned the basics of how, why, and when each procedure is to be done from the courses listed as pre-requisites for this Clinical Mentorship. This booklet contains the directions and forms that must be followed and completed in order to meet the standards set for successful completion of this Clinical Mentorship.

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

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

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

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

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

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

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

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

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

If you do not own a video camera, one may be borrowed or rented. Pre-planning the video procedures will help reduce the need to redo the video documentation. Explain what you are doing as you perform the video documentation, as narration will help the evaluator follow your thought process and clarify what is seen on the video. Voiceovers may be done to clearly explain what is being performed. At the beginning of each task, clearly announce what task you are doing, or insert a written title in the video.

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

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



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

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

## COMPLETION OF THE CLINICAL MENTORSHIP

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

Paperwork may be

- FAXed to 765-496-2873
- e-mailed to [phegleyp@purdue.edu](mailto:phegleyp@purdue.edu)
- sent by regular mail to 625 Harrison Street, Lynn Hall G171, West Lafayette, IN 47907

Videos may be submitted

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

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

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

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

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

# CLINICAL MENTORSHIP TASKS

## INTRODUCTION TO ESSENTIAL TASKS AND CRITERIA

Before starting each task:

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

After performing each task:

4. Label all items submitted so that the materials you submit for evaluation and validation at Purdue are identified as your submission.
5. Label all videos posted to Blackboard with the name of the task performed.
6. Submit materials to Purdue by the deadlines listed in the logbooks.

# CLINICAL MENTORSHIP PROJECTS

## INTRODUCTION TO SPECIAL PROJECTS

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

Before starting each project

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

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

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

# 1. 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 performs an examination of the animal's head, performs auscultation of the thorax, and examines the perianal 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 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:** \_\_\_\_\_

## 2. 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 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 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 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:** \_\_\_\_\_

## 4. 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 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 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:** \_\_\_\_\_

## 5. 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 tape 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:** \_\_\_\_\_

## 6. 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 accredited 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. A 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. A 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:** \_\_\_\_\_



## 7. 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. A 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 in progress.

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

## 8. 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 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. 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:** \_\_\_\_\_

## 9. 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. 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:** \_\_\_\_\_

## 10. RESTRAIN A DOG USING A 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 a dog and 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. Video clearly showing one instance of the student applying the restraint pole 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:** \_\_\_\_\_

## 11. 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 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:** \_\_\_\_\_

## 12. 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 accredited 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:** \_\_\_\_\_

### 13. 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 performs an examination of the animal’s head, performs auscultation of the thorax, and examines the perianal area.

**Criteria:** The student properly positioned the cat in sternal recumbency by 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 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:** \_\_\_\_\_

## 14. RESTRAIN 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 performs an examination of the animal's head, palpates the abdomen, and examines the perianal area.

**Criteria:** The student properly positioned the cat in lateral recumbency with one hand 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 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:** \_\_\_\_\_



## 15. 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 performs an examination of the animal's head.

**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 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:** 2

**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 performs the states examinations. 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:** \_\_\_\_\_

## 16. 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 performs an examination of the animal's head.

**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 performs the stated examinations. 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:** \_\_\_\_\_

## 17. 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 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:** \_\_\_\_\_

## 18. 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.

**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. A 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 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:** \_\_\_\_\_

## 19. ADMINSTER 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. A 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:** \_\_\_\_\_

## 20. 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 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. A 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 eye drops/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:** \_\_\_\_\_

## 21. 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. A 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:** \_\_\_\_\_

## 22. 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. A 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 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:** \_\_\_\_\_



## 23. 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.

**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. A video showing the student administering the medication to a dog or 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:** \_\_\_\_\_

## 24. ADMINISTER INTRAMUSCULAR INJECTION

**Goal:** Successfully administer medication by intramuscular injection into both the lumbar and 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.

**Criteria:** The student selected the proper site for administration based on anatomical 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. A video showing the student administering the medication to a dog or cat. The video should clearly show the student, the position of the needle/syringe. The student should verbally identify the 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:** \_\_\_\_\_

## 25. INTRAVENOUS CEPHALIC INJECTION – CANINE

**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.

**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. A 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:** \_\_\_\_\_

## 26. INTRAVENOUS CEPHALIC/FEMORAL INJECTION – FELINE

**Goal:** Successfully administer medication by intravenous cephalic/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.

**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. A 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:** \_\_\_\_\_

## 27. INTRAVENOUS SAPHENOUS INJECTION – CANINE

**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.

**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. A 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:** \_\_\_\_\_

## 28. TRIM TOE NAILS

**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. A video showing the student trimming the toe nails of either a dog or 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:** \_\_\_\_\_

## 29. 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:** The student introduced a cotton-tipped applicator appropriately into the ear.

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

The student stained one slide appropriately for yeast or bacteria.

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. A video showing the student collecting the ear sample. The video should clearly show the student, the introduction of the cotton-tipped applicator into the ear canal, and the preparation of the sample.

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

## 30. 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. A 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. A 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:** \_\_\_\_\_



## 31. 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. A 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:** \_\_\_\_\_

## 32. BATHE A PATIENT

**Goal:** Successfully bathe a dog

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

**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. A video showing the student preparing, bathing, rinsing, and drying a dog. 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 can read these off the bottle on the tape). 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 but should catch the key components of each step.

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

### 33. COLLECT URINE SAMPLE – FREE CATCH

**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 cc's of urine from a dog (or 3 cc's 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. A video showing the student collecting the 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 th 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:** \_\_\_\_\_

## 34. 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. 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 general health questions.

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

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

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













## 35. PERFORM A PHYSICAL EXAMINATION (DOG)

**Goal:** To complete an accurate physical examination 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 both dogs and cats, 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

- ❖ 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.
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 narration of what is being done, seen, heard, felt, etc. during the exam.







## 35. PERFORM A PHYSICAL EXAMINATION (CAT)

**Goal:** To complete an accurate physical examination 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 both dogs and cats, 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

- ❖ 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.
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 narration of what is being done, seen, heard, felt, etc. during the exam.









## 37. 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. 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 veterinarian.

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





