

# OPERATING ROOM TECHNIQUE & STERILIZATION PROCEDURES CLINICAL MENTORSHIP



## VM 21200

# CRITERIA HANDBOOK AND LOGBOOK

# INDEX OF NOTEBOOK

## Student Information

- Goals of OR Technique & Sterilization Procedures
- Contact person at Purdue University
- Pre-requisites for VM 21200
  - ❖ 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 OR Technique & Sterilization Procedures Mentorship

## Clinical Mentorship Tasks

1. Clean instruments post operatively
2. Prepare a surgical pack for sterilization
3. Sterilize an instrument pack
4. Sterilize an individually packaged instrument or item
5. Open a gown and gloves
6. Position patients for the following procedures: laparotomy, orthopedic procedure\*
7. Prepare surgical site using aseptic technique\*
8. Demonstrate scrubbing of hands and arms
9. Demonstrate gowning
10. Demonstrate closed gloving technique as a scrub nurse
11. Aseptically pass instruments as scrub nurse/Tissue Handling
12. Aseptically open pack/instruments as circulating nurse
13. Removal of sutures\*
14. Apply emergency bandage/splint\*

## Clinical Mentorship Projects

15. Gravity Steam Autoclave Procedures
16. Operating Room Sanitation and Care
17. Operative Records
18. Hazardous Medical Waste

***\*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 4 – Tasks 1-5***  
***5:00p.m. ET Thursday of week 8 – Tasks 6-10***  
***5:00p.m. ET Thursday of week 11 – Tasks 11-18***

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

***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 21200 OR TECHNIQUE & STERILIZATION PROCEDURES CLINICAL MENTORSHIP

Working with a veterinary care facility, the student will perform tasks under the supervision of a clinical mentor (veterinarian or credentialed veterinary technician).

In order to achieve the goals for this Clinical Mentorship, the tasks must be performed to the level of competency as outlined by the *Criteria* for each task.

The student is responsible for providing documentation for each task as defined by the *Materials Submitted for Evaluation and Verification* section on each task.

In addition to the documentation, the Clinical Mentorship site supervisor will verify that the student performed the task under their supervision.

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

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

Documentation of completed tasks is essential to validating the educational process and insuring that the performance of graduates of the Veterinary 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 21200 OR TECHNIQUE & STERILIZATION PROCEDURES 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.

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

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

## Insurance

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

Health Insurance is highly recommended to cover 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 supplies and equipment are 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:**

- A surgery instrument pack that may be sterilized
- A steam autoclave that is in good working order
- Surgical instruments packaged and sterilized separately
  1. Steri-peel and
  2. Cloth or paper wrapped
- A surgery room
- Clippers with #40 blade
- Suture or staple removal instrument

## **The following items:**

- Sterile surgery gown
- Sterile surgery gloves
- Supplies for a sterile surgical prep of patient
  - Sterile gloves
  - Sterile pourable saline
  - Sterile gauze sponges
  - Antiseptic scrub (povidone iodine, chlorhexidine, alcohol)
- Surgical scrub (Povidone iodine, chlorhexidine)
- Scrub brushes for scrubbing of hands (may be disposable or re-sterilizable)
- Pourable sterile saline solution
- Instrument cleaning solution
- Instrument cleaning brushes
- Scalpel blades
- Suture material – sterile, commercially prepackaged
- Sterile surgical drapes
- Pack wraps
- Packaging for sterile instruments
- Gauze sponges
- Chemical sterilization indicator
  - Tape
  - Strip
  - Other \_\_\_\_\_ (describe)

# 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. CLEAN INSTRUMENTS POST-OPERATIVELY

- Goal:** To properly handle, care for, and clean surgical instruments post-operatively.
- Description:** The student will rinse soiled instruments in cold water immediately after use, then demonstrate appropriate manual cleaning of surgical instruments.
- Criteria:**
- The student selected at least five different types of instruments to clean and verbally ID'd them
  - The student rinsed soiled instruments in cold water immediately after use
  - The student opened instruments and disassembled multi-part instruments as appropriate
  - The student mixed neutral pH instrument detergent with water
  - The student placed soiled instruments in detergent solution
  - The student scrubbed instruments with attention to:
    - To-and-fro motion
    - Direction of serrations
    - Direction of metal grain
  - The student avoided use of wire bristle brush
  - The student used accessory cleaning tools as needed (i.e., pipe cleaner, bottle brush)
  - The student rinsed the instruments thoroughly
  - The student carefully inspected the instruments, removed instruments in need of repair, and lubricated instruments or placed in instrument milk
  - The student re-assembled instruments if needed
  - The student laid instruments out to dry or gathered instruments to prepare to assemble a pack

**Number of Times Task Needs to be Successfully Performed:** 2

**Materials Submitted for Evaluation and Verification:**

1. Task Verification form for cleaning instruments post-operatively skill, signed by the clinical mentorship supervisor
2. One video of the student cleaning instruments post-operatively
3. List of instruments cleaned
4. Type of water used for detergent solution (de-ionized, distilled, hard, soft)
5. Name, mixing recommendations, and pH of detergent used

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

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

RVT, CVT, LVT  
DVM, VMD

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

## 2. PREPARE A SURGICAL PACK FOR STERILIZATION

**Goal:** To assemble a surgical pack and prepare it for sterilization for clinical use.

**Description:** The student will assemble a soft tissue pack with clean instruments, following guidelines from a checklist or “recipe”. The pack will be appropriately packaged using the clinic’s preferred packaging material.

**Criteria:** The student gathered the appropriate instruments, and instrument pan if applicable.

The student gathered the appropriate linen supplies if applicable, showing that the wrap is free of tears and holes (newspaper, masking tape are not acceptable).

The student selected the appropriate packaging material and chemical indicator.

The student assembled the pack correctly by following the instructions on the checklist or recipe.

The student appropriately selected and placed the chemical indicator.

The student appropriately selected and utilized packaging material.

**Number of Times Task Needs to be Successfully Performed:** 2

**Materials Submitted for Evaluation and Verification:**

1. Task Verification form for Preparing a Surgical Pack for Sterilization skill, signed by the Clinical Mentorship supervisor.
2. One video of the student preparing a surgical pack for sterilization.
3. Checklist or recipe for surgical pack demonstrated on video, including type of chemical indicator, linens within pack, and packaging material used (i.e., surgical wrap linen, paper, peel pouch), and type of instrument pan used (i.e., fenestrated, non-fenestrated)

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

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

RVT, CVT, LVT  
DVM, VMD

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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

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



### 3. STERILIZE AN INSTRUMENT PACK

**Goal:** To (steam) sterilize an instrument pack using appropriate methods

**Description:** The student will sterilize a prepared instrument pack that contains at least five different instruments. The pack will be appropriately placed in a steam autoclave, which will be properly operated.

**Criteria:** The student selected an appropriately prepared instrument pack.

The student placed the pack in a gravity autoclave.

The student stated verbally the make and model of the autoclave.

The student stated verbally the type of steam autoclave: hi-vac or gravity.

The student stated verbally the steam autoclave settings for processing the surgical pack, including temperature (degrees F or C), exposure time (Minutes), and dry cycle time (Minutes).

The student opened the autoclave door slightly for at least 10 minutes but not more than 20 minutes following processing was complete.

The student removed the surgical pack from the autoclave with attention to personal safety and without causing strikethrough (i.e., used oven mitt).

The student placed the cooled pack on a clean, flat surface.

The student opened the pack to show that the inner chemical indicators had changed to indicate successful sterilization, stating verbally the changes noted.

**Number of Times Task Needs to be Successfully Performed:** 2

**Materials Submitted for Evaluation and Verification:**

1. Task Verification form for Sterilizing an Instrument Pack task, signed by the Clinical Mentorship supervisor.
2. One video of the student Sterilizing an Instrument Pack.

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

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

RVT, CVT, LVT  
DVM, VMD

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

## 4. STERILIZE AN INDIVIDUALLY PACKAGED INSTRUMENT OR ITEM

**Goal:** To (steam) sterilize an instrument or supply item using appropriate methods.

**Description:** The student will sterilize a prepared, individually packaged instrument or supply item by placing it into an autoclave and operating the autoclave properly.

**Criteria:** The student selected appropriately prepared instrument or item, in a peel pouch or wrapped. Note: A package of 10-20 gauze squares would be considered an individual item.

The student placed the packaged item appropriately into the autoclave.

The student stated verbally the steam autoclave settings for processing the item, including temperature (degrees F or C), exposure time (minutes), and dry cycle time (Minutes).

The student operated the steam autoclave properly, following manufacturer's directions.

The student opened the autoclave door slightly for at least 10 minutes but not more than 20 minutes following processing was complete.

The student removed the item from the autoclave with attention to personal safety and without causing strikethrough (i.e., used oven mitt).

The student placed the cooled item on a clean, flat surface.

If item wrapped:

The student opened the item to show that chemical indicators had changed to indicate successful sterilization, stating verbally the changes noted.

If item in peel pouch:

The student inspected the package to ensure it was intact, and stated verbally the result of the inspection as well as the chemical indicator reading.

**Number of Times Task Needs to be Successfully Performed:** 2

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Sterilizing an Individually Packaged Instrument or Item skill, signed by the Clinical Mentorship supervisor.
2. One video showing the student sterilizing an individually packaged instrument or item.

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

## 5. OPEN A GOWN AND GLOVES

**Goal:** To aseptically open a gown and gloves for the surgeon or surgical nurse.

**Description:** The student will select appropriate gown and gloves. The gown and gloves will be placed on a dry, level surface and opened without contamination.

**Criteria:** The area where the gown and gloves were placed was dry and level.

The gown was appropriately wrapped and sterilized.

The gown is opened without contamination and the flaps are opened in the correct order.

The student checked the chemical indicator to ensure sterility.

The gloves are opened without contamination.

The student tied or assisted with tying the surgery gown aseptically.

**Number of Times Task Needs to be Successfully Performed:** 2

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Open a Gown and Gloves skill, signed by Clinical Mentorship supervisor.
2. One video of the student selecting and aseptically opening a gown and gloves.

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

## 6. POSITION PATIENT FOR PROCEDURES

**Goal:** To position a patient for a surgery to provide optimum comfort for the patient while providing optimum positioning for the surgeon.

**Description:** The student will position a patient for each of the following procedures: laparotomy, orthopedic procedure. The student will position the patient such that it provides for patient comfort and for facilitation of the surgery.

**Criteria:** The student identified the procedure:  
Laparotomy  
Orthopedic procedure

The student placed a heating pad and towels under the patient.

The student placed the animal in position and explains the reason for the position.

The student secured the limbs of the patient.

The student properly positioned a patient for a laparotomy.

The student properly positioned a patient for an orthopedic procedure.

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

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Position Patient for Procedures skill, signed by Clinical Mentorship supervisor.
2. One video of the student positioning a patient for a laparotomy. The student will narrate the steps performed.
3. One video of the student positioning a patient for an orthopedic procedure. The student will narrate the steps performed.

**NOTE:** *This task may be simulated on a patient anesthetized for any procedure.*

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

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

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

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

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

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

## 7. CLIP AND PREPARE A SURGICAL SITE

**Goal:** To clip a surgical site defining the proper anatomical landmarks and to prepare the site using antiseptics so that the site is ready for surgery.

**Description:** The student will use clippers to remove the hair from the site that is to have surgery (except cat castration). The student will surgically prepare the site using antiseptics.

**Criteria:** The student verbally explained the area to be clipped using the correct anatomical landmarks.

The student clipped all the hair from the surgical site according to the stated landmarks.

The student applied antiseptic scrub to the site, and verbally identified the solutions used in the prep.

The student prepped the site with a clean surgical sponge beginning at the incision site and worked toward the edges.

The student discarded the sponge once it reached the edge of the clipped area.

The student did not bring the sponge back to the incision site once it was moved away from the incision site.

The student wiped the site with a rinse solution using a clean surgical sponge following the same pattern as when scrubbing with the antiseptic.

The student repeated the scrub and rinse a minimum of 3 times or until the final rinse sponge was clean.

**Number of Times Task Needs to be Successfully Performed:** 2: one dog or one cat spay  
one dog or one cat castration

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Clip and Prepare a Surgical Site skill, signed by the Clinical Mentorship supervisor.
2. One video of the student clipping and prepping a female patient for a spay surgery. The video should clearly show the student following the prescribed prepping procedure. The student should verbally and physically identify the anatomical landmarks for the clip and at the end of the final rinse, should show the sponge that is clean.

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

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

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ spay/castration

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ spay/castration

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

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

## 8. DEMONSTRATE SCRUBBING OF ARMS AND HANDS

**Goal:** To scrub the hands and arms in preparation for gowning and gloving.

**Description:** The student will demonstrate the technique used to aseptically prepare the hands and arms for gowning and gloving.

**Criteria:** The student identified the brush as a disposable brush or a clean re-sterilized brush.

The student applied the antiseptic scrub over both arms and hands.

The student began scrubbing the first hand and arm beginning at the finger-tips.

The student scrubbed ends of the fingers 10 times.

The student scrubbed each of the four surfaces of each finger 10 times.

The student scrubbed each of the four sides of the hand 10 times.

The student scrubbed each of the four sides of the arm 10 times.

The student repeated the same process on the second hand and arm.

The student repeated the procedure on both hands and arms 3 times.

The procedure lasted a minimum of 10 minutes.

The student did not touch any non-sterile objects.

The student kept their hands above their elbows at all times during and after the scrub.

**Number of Times Task Needs to be Successfully Performed:** 2

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Demonstrate Scrubbing of Arms and Hands skill, signed by the Clinical Mentorship supervisor
2. A video of the student scrubbing their hands and arms. The narration should clearly explain the process as the student performs it.

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

## 9. DEMONSTRATE GOWNING FOR SURGERY

**Goal:** To demonstrate dressing in a sterile surgery gown.

**Description:** The student will demonstrate the drying of hands and dressing in the sterile gown without contamination.

**Criteria:** The student wore appropriate clothing for under a surgical gown.

The student picked up the towel from the opened sterile gown without contamination or dropping the hands below the elbows.

The student dried the first hand beginning at the fingers and working toward the elbow.

The student used the other end of the sterile hand towel to dry the second hand beginning at the fingers and ending with the elbow.

The student discarded the towel without contamination.

The student removed the sterile gown from the wrap and allowed it to unfold without contamination.

The student placed both arms in the sleeves and worked the gown on without contamination.

The hands of the student did not exit the sleeves of the gown.

The student stood with arms at chest while the shoulders and back of gown are tied by another person.

**Number of Times Task Needs to be Successfully Performed:** 2

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Demonstrate Gowning for Surgery skill, signed by the Clinical Mentorship supervisor.
2. A video of the student drying their hands and putting on a sterile gown. The narration should clearly explain the process as the student performs it.

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

## 10. DEMONSTRATE CLOSED GLOVING TECHNIQUE AS A SCRUB NURSE

- Goal:** To aseptically closed glove while wearing a sterile surgery gown.
- Description:** The student will demonstrate the closed gloving technique while wearing a sterile gown..
- Criteria:** The student picked up the first glove from the open package and placed it thumb toward the palm and fingers pointing towards the elbows.
- The student grasped the glove on both sides through the sleeves of the gown and stretched the glove to create an opening.
- The student pulled the glove over the hand.
- The student moved their fingers from inside the cuff to the glove.
- The student placed their fingers into the fingers of the glove.
- The student pulled the sleeve of the gown and adjusted the glove to fit.
- The student repeated the process with the other glove and hand.
- The student made final adjustments on the gloves so that they fit snugly on the hands.
- The student did not contaminate the gloves or gown while putting the gloves on their hands.

**Number of Times Task Needs to be Successfully Performed:** 2

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Demonstrate Gowning for Surgery skill, signed by the Clinical Mentorship supervisor.
2. One video of the student performing the closed glove technique. The narration should clearly explain the process as the student performs it.

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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

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



## 11. ASEPTICALLY PASSING INSTRUMENTS AS SCRUB NURSE/TISSUE HANDLING

**Goal:** To aseptically pass three types of sterile surgical instruments to the surgeon. To explain the importance of handling exposed tissue appropriately.

**Description:** The student will pass the three instruments to the surgeon such that the instrument is positioned in the surgeon's hand in a ready to use position. Each instrument will be passed with efficiency and safety in mind. The student will also explain the importance of proper handling of exposed tissue and organs during a surgical procedure.

**Criteria:** **Scalpel blade and handle:**

The sharp edge of the blade was pointed away from the student's hand.

The blade was visible at all times by the student and the surgeon.

The handle was placed firmly into the surgeon's hand.

The surgeon was able to use the instrument with minimal adjustment.

When the instrument was returned to the student, it was wiped clean of blood and replaced on the organized table.

**Towel clamp**

The student held the towel clamp with the tips over the thumb (on the outside of the hand), so that when it was passed to the surgeon, it was used with minimal adjustment.

The student "snapped" the instrument into the hand of the surgeon.

When the instrument was returned to the student, it was wiped clean of blood and replaced on the organized table.

**Needleholder**

The student loaded the needle and suture on the needleholder such that when it is passed to the surgeon, the needle is pointed at the surgeon.

The student "snapped" the instrument into the hand of the surgeon.

The surgeon was able to use the instrument with minimal adjustment.

**Tissue Handling**

The student verbally explained the importance of proper handling of exposed tissue and organs during a surgical procedure, acting as a scrub nurse.

**Number of Times Task Needs to be Successfully Performed:** 2 times – each instrument

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for the Aseptically Passing Instruments as Scrub Nurse skill signed by the Clinical Mentorship supervisor.
2. One video of the student performing the three instrument passing techniques with a scalpel blade and handle, a towel clamp, and a needleholder. The video should clearly show the instrument position in the student's hand, the "snapping" of the instrument, and the surgeon's ability to use the instrument with minimal adjustment. The narration should clearly explain the process as the student performs it.
3. One video of the student explaining the importance of proper handling of exposed tissue during a surgical procedure.

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

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

Scalpel:                      Date: \_\_\_\_\_                      Date: \_\_\_\_\_

Towel clamp:              Date: \_\_\_\_\_                      Date: \_\_\_\_\_

Needleholder:              Date: \_\_\_\_\_                      Date: \_\_\_\_\_

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

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

## 12. ASEPTICALLY OPEN PACK/ INSTRUMENTS AS CIRCULATING NURSE

**Goal:** To aseptically open a surgery pack and separately wrapped instruments for the scrub nurse or surgeon.

**Description:** The student will aseptically open a surgery pack on a table, and separately wrapped instruments. One instrument will be small and wrapped in steri-peel. The second instrument should be wrapped in cloth or paper.

**Criteria:** **Surgery Pack.**

The student placed the surgery pack on a clean, dry surface.

The student removed or tore the tape holding securing the pack.

The student opened the pack without contamination and the flaps were opened in the correct order.

The student stepped away so the surgeon or scrub nurse could complete the opening of the pack.

### **Steri-peel Instrument**

The student detached the corners of the steri-peel without contamination or accidentally opening it too much.

The student peeled back the edges of the steri-peel.

The student did not roll their wrists.

The student stopped when the instrument was exposed enough for the surgeon or scrub nurse to grasp.

The student allowed the surgeon or scrub nurse to control the removal of the instrument.

The instrument or surgeon were not contaminated during the opening process.

### **Cloth or Paper Wrapped Instruments**

The student held the package in their hand during the opening process.

The student removed or tore the tape securing the pack.

The student opened the flaps in the correct order.

The student stopped when the instrument was exposed enough for the surgeon or scrub nurse to grasp.

The student allowed the surgeon or scrub nurse to control the removal of the instrument.

The instrument or surgeon were not contaminated during the opening process.

**Number of Times Task Needs to be Successfully Performed:** 2 times each item

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Aseptically Opening Instruments as the Circulating Nurse skill, signed by Clinical Mentorship supervisor.
2. One video of the student performing the three opening techniques with a surgery pack, a Steri-peel packaged instrument, and a cloth or paper wrapped instrument. The video should clearly show the instrument position in the student's hands, the slow, controlled opening of the instrument and the removal of the instrument by the scrub nurse or the surgeon. The narration should clearly explain the process as the student performs it.

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

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

Pack Date: \_\_\_\_\_

Pack Date: \_\_\_\_\_

Steri-Peel Date: \_\_\_\_\_

Steri-Peel Date: \_\_\_\_\_

Cloth or Paper Date: \_\_\_\_\_

Cloth or Paper Date: \_\_\_\_\_

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

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

### 13. REMOVAL OF SUTURES OR STAPLES

- Goal:** To remove post-operative sutures or staples from a patient.
- Description:** The student will evaluate the incision site and report any abnormal findings to the veterinarian. The student will remove sutures or staples post-operatively using the correct removal tool.
- Criteria:** The student clearly visualized and inspected the incision site.
- If there were problems with the incision site, the student informed the veterinarian.
- If there were no problems with the incision, the student removed the sutures or staples.
- The student used the correct tool to remove the sutures or staples.
- The student did not cause unnecessary harm or discomfort to the patient.

**Number of Times Task Needs to be Successfully Performed:** 2

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Removal of Sutures or Staples skill, signed by the Clinical Mentorship supervisor.
2. One video of the student performing the suture or staple removal. The video should clearly show the incision and the removal of the sutures or staples by the student. The narration should clearly explain the process as the student performs it.

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

## 14. APPLY EMERGENCY BANDAGE/SPLINT

**Goal:** To place an emergency Robert Jones bandage or a splint on a dog or cat

**Description:** The student will place a Robert Jones bandage or a splint on the limb of a dog or cat

**Criteria:** The student applied tape stirrups to the distal portion of the limb

The student covered any open wounds with non-adhering gauze pads and secured them with tape

The student applied either roll cotton (RJ) or cast padding (splint) to the limb, starting at the distal portion of the limb

The student appropriately applied a layer of gauze to the limb, starting at the distal portion of the limb

If using a splint, the student chose an appropriate splint and applied it to the limb

The student reflected the tape stirrups proximally on the limb

The student applied a layer of protective tape such as Vetwrap® or Elastikon® to the limb

The student checked the bandage after each layer to make sure it was not too tight

The limb was in proper position once the bandage was complete

The student checked the toes for temperature or swelling

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

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Apply Emergency Bandage/Splint skill, signed by the Clinical Mentorship supervisor.
2. One video showing the student applying each layer of the bandage and checking for tightness. The student should provide a narrative of the steps taken to apply the bandage/splint. The video should also show the student checking the toes following completion of the bandage.

**NOTE:** This task may be simulated on a non-emergency patient.

**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. HI-VAC OR GRAVITY STEAM AUTOCLAVE PROCEDURES PROJECT

**The student will submit a 1-3 page paper addressing the following:**

1. Is the autoclave Hi-Vac, gravity, or capable of both?
2. What are the specifications of the autoclave?
  - a. Overall length (front to back)
  - b. Overall width (front)
  - c. Overall height (top of front to support surface)
  - d. Chamber dimensions (diameter x depth)
  - e. Door opening (diameter)
  - f. Water reservoir capacity (fill level)
3. What are the load size specifications of the autoclave? What are the ramifications of overloading?
4. Is the autoclave connected into an electrical circuit with other appliances or equipment? If yes, is the circuit rated for the additional load?
5. Does the autoclave have safety features to prevent chamber overheat conditions? To prevent excessive chamber steam pressure?

**The student will address the following questions or complete the following information regarding the maintenance and operation of the mentorship site's autoclave:**

1. Who is responsible for routine maintenance of the autoclave? What training/education does this person have?
2. What is performed during routine maintenance of the autoclave? List steps performed each time there is routine maintenance, even if an outside company does it.
3. What suggestions could you offer to improve the current maintenance policy, and why?
4. Who is responsible for operation of the autoclave? What training/education does this person have?
5. List steps performed each time the autoclave is operated for items to be sterilized.
6. What are the manufacturer recommendations for the following load variables? Briefly state any adjustments for temperature/exposure time for the following:
  - a. Maximum capacity
  - b. Individually packaged instruments
  - c. Textiles and surgical packs
  - d. Altitudes over 1000 ft.
7. Monitoring of sterilization process
  - a. List all chemical indicators used for steam autoclave sterilization.
  - b. Are chemical indicators included in each sterilization cycle? What are the importance of these indicators and ramifications if not used?
  - c. Are biological indicators used for steam autoclave sterilization? What are the importance of these indicators and ramifications if not used?
  - d. Submit, as part of this project, a portion of the biological indicator package that contains the brand name. If not used at your site, submit a catalog or web page face sheet that contains any steam sterilization biological indicator brand name.
8. What can you offer your mentorship site to improve the current steam autoclave operation procedure? Address equipment, safety, sterility, and personnel.

## 16. OPERATING ROOM SANITATION AND CARE PROJECT

The student will submit a 1-3 page paper addressing the following questions:

1. List all disinfectants and other cleaning agents used in the room.
  - a. Provide the proprietary and non-proprietary name
  - b. Surface or item used on
  - c. Concentration used
  - d. Bacteria destroyed
  - e. Rationale for each agent and the concentration
2. Who is responsible for cleaning and disinfection of the room? Explain the education this person has received as to the proper procedure and reasons for room cleanliness.
3. Is this room used for tasks/procedures other than surgery? If so, list the other functions of the room.
4. Are animals clipped in the same room in which the surgery occurs? If so, how is the hair removed from the area? Is there an area that would be better suited to the clipping of the patient?
5. Describe the Standard Operating Procedure (SOP) for the cleaning/disinfection process of the room:
  - a. Daily
  - b. Weekly
  - c. Other
6. Explain how the SOP meets the requirements discussed in VCS 14700. If not, what improvements should be made?
7. Write a justification that could be presented to the veterinarian on the changes that need to be made.



## 17. OPERATIVE RECORDS PROJECT

The student will submit a 1-2 page paper outlining the Standard Operating Procedures used in the keeping of operative records.

*Note: This project is not to address anesthesia records. Operative records are a separate set of documentation.*

The student will address the following questions.

1. Why is it important to keep operative records?
2. What types of information should be included on an operative record and what is the justification for what is included?
3. Who has the ultimate responsibility to make sure the operative records are completed?
4. Is this document considered legal documentation? Explain your answer.

The student will also include operative records from two different cases detailing the information listed below. The student may submit a copy of a form used by the clinic with the permission of the DVM.

The records should contain the following information:

1. Patient signalment, procedure performed, and length of surgical procedure.
2. Any information pertinent to the pre-operative or post-operative condition of the patient that affected patient preparation (excluding anesthesia).
3. All notes or records kept during surgery including charges, supplies used and other pertinent information.
4. Any relevant intra-operative information noted by the veterinarian as the surgical procedure was performed.

## 18. HAZARDOUS MEDICAL WASTE PROJECT

The student will submit a 1-2 page paper outlining the Standard Operating Procedures used in disposal of medical waste. This paper will address the following questions.

1. What does OSHA define as hazardous waste?
2. What are your state laws on the disposal of hazardous waste? Provide documentation on the laws from your state.
3. What in the veterinary facility is considered to be hazardous waste?
4. Does the facility have a standard operating procedure regarding the handling of hazardous waste? If so, please include it.
5. If the facility does not have an SOP in place, write a proposal to present to the veterinarian about what is needed in a hazardous waste policy, and why it is necessary to implement a policy in a veterinary facility.