

**COURSE SYLLABUS**  
**Surgery and Anesthesia**

CVM 7035

Credit Hours 2

**Course Director:** Maria A. Fahie, DVM, MS, DACVS  
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**Course Instructors & Technician:**  
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Other Western University Faculty  
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**Course Location:**

Banfield Veterinary Clinical Center Hospital (BVCC)  
Orange Veterinary Hospital (OVH), 1100 W. Chapman Ave, Orange, CA 92868 (one Tuesday or Thursday per course)

**Course Description: (Course Purpose, aims/goals)**

Whether you are afraid of a scalpel blade or an anesthetic machine or can't wait to hold one or use one, this is the course for you to learn to perform surgery and anesthesia with skill and confidence. Doing so will result in the most humane management of your patients. As a compassionate veterinarian, this will result in significantly less work-related stress and enhance your marketability as a future employee. How will you achieve this serenity? In many cases, the lack of confidence that occurs with surgery and anesthesia is due to a lack of anatomical and physiological knowledge and simple lack of experience. Combine that with the thought that your patient's life is in your hands, and you have a recipe for increased cortisol! You have completed the Clinical Skills course in your freshman and sophomore years. In this course, you will have the opportunity to apply that previous knowledge and to observe, perform and model basic surgical procedures and anesthetic delivery and monitoring in the laboratory and clinical setting. This will increase both anatomical and physiological knowledge and psychomotor skill experience levels. All activities will occur under the supervision of experienced faculty and staff so that constructive, supportive feedback can be provided. Complications that can and might occur will be observed and discussed in this safe environment setting. Failure can sometimes be the first step to success!

**TEACHING GOALS:**

1. By the end of this course, students will have a basic or even higher level of confidence in their surgery and anesthesia skills.
2. By the end of this course, students will be aware of methods to continue to enhance their confidence and skills throughout their careers.

**Learning Objectives:** (Supporting The Course Purpose)

**At the end of the course the student will:**

**For Teaching Goal 1:**

- Rate their initial level of surgical skill and confidence (Appendices C & F).
- Demonstrate their initial level of surgical skill and confidence (Appendices A & B).
- Observe multiple resources regarding surgical procedures (including faculty / staff demonstrations, DVD's, textbooks, Banfield modules) and replicate those techniques.
- Discuss and may observe complications that can occur with surgical patients.
- Rate their level of surgical skill and confidence at the end of the course (Appendices C & F).
- Be assessed on their level of surgical knowledge, skill and confidence during the course (Appendices A & B and mid-block / final exams).
- Perform anesthesia, including preparation of equipment, assessment of patient anesthetic risk, anesthetic protocol construction, induction / maintenance / monitoring of anesthesia, anesthetic recovery and pain management (Appendix D).
- Observe multiple resources regarding humane patient management (including faculty / staff demonstrations, DVD's, textbooks, Banfield BLC modules) and replicate those techniques.

**For Teaching Goal 2:**

- Observe multiple surgical resources and discover which best applies to their learning style
- Design a plan for continuing skill and confidence development (Appendix C).

**LEARNING EXPERIENCES:**

**Orientation Day:**

- 8 - 5 PM Monday: Students will observe a basic orientation to the BVCC hospital where the rotation activities will occur.
  - Students will discuss potential complications that might occur in patients undergoing anesthesia and surgery.

- Students will individually rate their level of surgical skill and confidence on a form provided.
- Multiple surgical resources will be provided and discussed. The group will be encouraged to share and critically evaluate their resources.
- Students will demonstrate their surgical skills on models.
- Students will participate in orientation to anesthetic & pain management agents and equipment, anesthetic monitoring equipment and procedures necessary for anesthesia such as IV catheter placement, endotracheal intubation
- 4PM Monday: Patient transfer. Students will then be responsible for patient physical examination, patient care, preparation for surgery, postoperative care, communications with foster / primary contact person and patient discharge.

### **Clinical Surgery & Anesthesia Days**

- Students will apply skills they've previously learned to live patients in order to examine, assess and prepare them for anesthesia and surgery (any course day)
- Students will perform basic anesthesia and surgery procedures. (W, F, M, W, F course days)
- Students will discuss their cases with the course director, course instructors and other group members to develop learning issues and discuss resources.
- Students will discuss and may observe complications occurring in patients.
- Students will record their cases in a log.
- Students will be responsible for the primary care of their patient and communication regarding their patient with the appropriate person

### **Surgical Clinical Skills (Week 1 & 2, Tues & Thurs):**

- Students will apply skills they've learned to models and/or patients.
- Students will perform basic surgical procedures on models and/or patient.
- Students will observe a veterinarian performing surgery on clinical patients.

### **Course Policies and Procedures:** (Attendance/Dress Code etc. – specific to course)

#### **Attendance**

Attendance is mandatory on all days of the course. If a student needs to be absent, she/he must contact the course director in advance and obtain approval. For anticipated absences, contacting the course director by e-mail is appropriate. In emergency situations students should contact the course director via telephone; if this person cannot be reached, the student should contact Western University (Receptionist 909-469-5628; or Administrative Assistants for Clinical Programs 909-469-5590; or 909-469-5582), who will then notify the course director as soon as possible. Excused absences are generally granted in extenuating circumstances beyond the student's control (e.g., need to observe religious holidays, severe illness, death in the family); however, this time may need to be made up during the course (e.g., on Saturday or Sunday if the clinical site is open) or at another time. Students with unexcused absences are required to make up the absence and their course and course grade may be affected.

#### **Honor Code**

In compliance with the University and College requirements and recommendations and accessible in the Catalogue.

#### **Students with Special Needs**

Students in need of disability accommodations are encouraged to contact the Center for Disability Issues & the Health Professions (CDIHP) office: 909- 469-5380). This office will coordinate reasonable accommodations for students with disabilities documented *prior to the beginning of the course*. Retroactive disability-related accommodations will not be granted. Students needing accommodations should notify the course director before the course begins so that appropriate arrangements can be made.

Students requiring special accommodations for scrubbing into surgery (such as non-latex gloves or alternative sized gowns) must advise the course director well in advance of their course to allow time to order necessary products.

#### **Equipment/Clothing**

The student should possess at all times the following equipment items: DAISIE or other suturing model, stethoscope, pen light, plexor hammer, digital thermometer, bandage scissors, hemostats, and suture scissors. A calculator may also be useful.

Clothing items needed include white receiving jackets or laboratory coats and scrub suits. White coats should be worn over scrubs at all times except when in the surgical suite to help maintain the clean environment.

#### **Professional Appearance**

Professional dress is required at all times since you are representing Western University to the world and you/we will be judged, in part, on the basis of your appearance. Failure to dress professionally will result in a warning and the requirement to change immediately to appropriate attire.

Shorts, jeans, athletic clothing (e.g., sweatsuits, items made of lycra or spandex), open-toed shoes, and sandals are not appropriate dress at any time (for safety and/or professional appearance reasons).

Students should wear a clean, white receiving jacket (or white laboratory coat) with your Western University name tag at all times. In addition, the student should always have an extra receiving jacket with you each day since accidents may happen.

If a student wears scrubs outside the surgical procedures area of the hospital, he/she must also wear a white receiving jacket over them at all times. This is to facilitate sterility of the surgical suite.

### **Professional Attitude/Behavior**

A courteous, professional attitude is expected at all times during the course. Reluctance to help fellow classmates, to take on responsibilities of case management, or to participate in any necessary activity could result in failure of the course.

### **Student Responsibilities:**

1. Students are responsible for their patients through discharge including cleaning kennel, food/water and walking.
2. Students are responsible for cleaning, wrapping and autoclaving their surgical packs throughout the day.
3. Students are responsible for laundry generated during the day.
4. Students are responsible for assisting in clean up at the end of the day including, but not limited to: wiping down equipment and exam tables, sweeping and mopping floors.
5. Students are responsible for cleaning / reorganizing any models used during the course.

### **Assessment:** (Grades/Rubric/Exam)

#### **EVALUATION/GRADING OF THE COURSE:**

1. Students' cognitive surgical & anesthesia knowledge will be assessed with the mid-block and final examination. Non-graded formative quizzes are available on Blackboard that contain exam questions that are representative of the depth and breadth of assessment expectations.
  - 10% Mid-course exam (5% surgery & 5% anesthesia): 1 hour written exam including possible multiple choice, short answer, essay; occurs the second Tuesday of the course
  - 25% Final Exam (15% surgery & 10% anesthesia): 2 hour written exam including possible multiple choice, short answer, essay; occurs during the on-campus exam weeks
2. Students' psychomotor skill level will be assessed with constructive feedback provided using a feedback tool (Appendices A and C). The student will complete the tool for each procedure. Course directors or instructors will evaluate the students' tools. Each students' ratings will be considered and an overall score assigned based on the following guidelines:  
For Surgery:
  - Rating of 1 (novice) on the feedback tool = <65 % (0 / 15) = F
  - Rating of 2 (advanced beginner) on the feedback tool = 11 / 15
  - Rating of 3 (competent) on the feedback tool = 13 / 15
  - Rating of 4 (proficient) on the feedback tool = 15 / 15For Anesthesia:
  - Rating of 1 (novice) on the feedback tool = <65 % (0 / 10) = F
  - Rating of 2 (advanced beginner) on the feedback tool = 7/10
  - Rating of 3 (competent) on the feedback tool = 9/10
  - Rating of 4 (proficient) on the feedback tool = 10/10The overall score will then be converted to a score out of 15% for surgery & 10% for anesthesia (25% of total grade). For example, a student scoring 4 in surgery will accrue 15 points toward their final grade.
3. Students will perform self-assessment of their surgical skills (Appendix C) and confidence (Appendix F) **by the end of the first week of the course.** They should be submitted electronically to the course director with the student's name saved in the document title. The course director will evaluate the students' tools and an overall score (10%) will be assigned based on the following guidelines:
  - Rating of 1 (novice) on the feedback tool = <65 % (0 / 5) = F
  - Rating of 2 (advanced beginner) on the feedback tool = 3/5
  - Rating of 3 (competent) on the feedback tool = 4/5
  - Rating of 4 (proficient) on the feedback tool = 5/5
4. Anesthesia Quizzes: There will be 4 anesthesia quizzes available on Blackboard or hand-written provided to you during the course. They are to be completed on Tuesday/Thursday during your study time and submitted to Dr. Lyon Lee for grading if hard copy. Blackboard quizzes will have electronic grade recording. The first quiz will be a formative quiz that does not count toward your grade and will be representative of the depth/breadth of knowledge expected as well as the type of question. The following 3 are each 5 points.

5. Students will write surgical and anesthesia reports for all patients; these will be assessed using Appendix D. Surgical reports should be cut and pasted from the Banfield software into a word document and submitted electronically at the end of the course. Anesthesia records should be entered into the Banfield software and then placed into the appropriate box in the clinic for grading. The course director and instructors will evaluate the students' records and an overall score (5% surgery, 5% anesthesia) will be assigned based on the following guidelines:

- Rating of 1 (novice) on the feedback tool = <65 % (0 / 5) = F
- Rating of 2 (advanced beginner) on the feedback tool = 3.5 / 5
- Rating of 3 (competent) on the feedback tool = 4 / 5
- Rating of 4 (proficient) on the feedback tool = 5 / 5

6. Students will perform patient care and client communications during the course. The course director and instructors will evaluate student performance based on the rubric in Appendix E and including feedback from technicians and faculty interacting with students during the course.

- Rating of 1 (novice) on the feedback tool = <65 % (0 / 10) = F
- Rating of 2 (advanced beginner) on the feedback tool = <65 % (0 / 10) = F
- Rating of 3 (competent) on the feedback tool = 8 / 10
- Rating of 4 (proficient) on the feedback tool = 10 / 10

Assessment will be combined 60% surgery / patient care & client communication and 40% anesthesia. A passing grade (>65%) must be earned in each of the five categories and individually in surgery and anesthesia in order to pass the course. Remediation is at the discretion of the course director.

**Summary:**

10% Mid-course exam (5% surgery & 5% anesthesia) (Blackboard and/or BVCC)

25% Final exam (15% surgery & 10% anesthesia) (during on campus exam week)

25% Clinical Skills (15% for surgery & 10% for anesthesia)

5% Self-assessment of surgical skills / confidence & Future Plan Development (surgery)

15% Anesthesia Tuesday/Thursday quizzes (3 per course worth 5 points each; there will be a quiz called "Formative quiz" that will act as your practice for these quizzes)

10% Surgery reports / Anesthesia record (5% surgery, 5% anesthesia)

10% Patient Care / Client Communication

TOTAL = 100% (45% surgery, 45% anesthesia, 10% patient care)

**Final Grade:**

100-90=A ; 89-80=B; 79-70=C; 69-65=D; <65=F/U

**Case Logs/Clinical Skills Documentation**

As for other Phase II courses, students are required to enter patients encountered during CVM 7035 in their case log. You are required to complete a daily log of all cases you manage during the course. This is a threshold event that must be completed to pass the course, but does not contribute to the course grade. Clinical Skills are also documented in association with each case log. Be sure to complete this section as it provides you with a record of skills performed and the College uses this to document clinical skills acquisition for accreditation purposes. Please note that the case logs and clinical skills documentation are due at 8:00 AM on the Monday following the end of each course.

**Monday:** 8am-5pm/Orientation /Banfield Veterinary Clinical Center (BVCC)

**Tuesday:** 8am-5pm: Care of Surgical Patients / Transfer of Surgical Patients from Shelter Medicine students / course directors; Study time / Model procedures; Preparation of anesthetic & surgical plan for following day. Orientation to

anesthetic equipment and CPR training with Lauren Kreisberg. Possible travel to other sites for surgical opportunities.

**Wednesday:** 8am-5pm /Surgery & Anesthesia in BVCC; no sedation after noon without course director consent; 4PM Transfer of surgical patients from shelter medicine students.

**Thursday:** 8am-5pm: Care of Surgical Patients / Transfer of Surgical Patients Shelter Medicine students / course directors Study time / Model procedures; Preparation of anesthetic & surgical plan for following day. Two students go to Orange Veterinary Hospital (8:30 to 4PM) with Dr. Fahie (other 4-5 students take over their patient care for the day). Possible travel to other sites for surgical opportunities.

**Friday:** 8am-5pm /Surgery & Anesthesia in BVCC; no sedation after noon without course director consent; 4PM Transfer of surgical patients from shelter medicine students; Preparation and discharge of patients.

**Monday:** 8am-5pm /Surgery & Anesthesia in BVCC; no sedation after noon without course director consent; 4PM Transfer of surgical patients from shelter medicine students.

**Tuesday:** 8am-5pm: Care of Surgical Patients / Transfer of Surgical Patients Shelter Medicine students / course directors; Study time / Model procedures; Preparation of anesthetic & surgical plan for following day. Two students go to Orange Veterinary Hospital (8:30 to 4PM) with Dr. Fahie (other 4-5 students take over their patient care for the day). Possible travel to other sites for surgical opportunities.

**Wednesday:** 8am-5pm /Surgery & Anesthesia in BVCC; no sedation after noon without course director consent; 4PM Transfer of surgical patients from shelter medicine students.

**Thursday:** 8am-5pm: Care of Surgical Patients / Transfer of Surgical Patients Shelter Medicine students / course directors; Study time / Model procedures; Preparation of anesthetic & surgical plan for following day. Two students go to Orange Veterinary Hospital (8:30 to 4PM) with Dr. Fahie (other 4-5 students take over their patient care for the day). Possible travel to other sites for surgical opportunities.

**Friday:** 8am-5pm /Surgery & Anesthesia in BVCC; no sedation after noon without course director consent; 4PM Transfer of surgical patients from shelter medicine students; Preparation and discharge of patients.

**On Surgery days (W,F,M,W,F), the course director or any course instructor may intervene with the surgeon, assistant surgeon or anesthetist to facilitate speed of the procedure if required for the patient's well being or due to scheduling.**

### **Resources:**

There are no required textbooks for this course, however there are multiple suggested resources, and group discussions will hopefully generate knowledge of additional resources each time the course is delivered.

### **Suggested resources:**

- Blackboard CVM 7035 Course Folder
- Blackboard CVM Virtual Resource Center (Surgery & Anesthesia folders)
- Slatter D. Textbook of Small Animal Surgery, 3<sup>rd</sup> ed. 2003 WB Saunders; ISBN 0-7216-8607-9
- Bojrab MJ. Current Techniques in Small Animal Surgery, 3<sup>rd</sup> ed. 1990 Lea & Febiger; ISBN 0-8121-1193-1
- Bojrab MJ. Disease Mechanisms in Small Animal Surgery, 2<sup>nd</sup> ed. 1993 Lea & Febiger, ISBN 0-8121-1491-4
- Fossum T. Small Animal Surgery, 2<sup>nd</sup> ed. 2002 Mosby; ISBN 0-323-01238-8.
- Harari J. Surgical Complications & Wound Healing in the Small Animal Practice, 1993, WB Saunders. ISBN 0-7216-3984-4.
- Smith MM, Waldron D. Atlas of Approaches for General Surgery of the Dog and Cat, 1993, WB Saunders. ISBN 0-7216-3515-6.
- Piermattei DL, Johnson KA. An Atlas of Surgical Approaches to the Bones and Joints of the Dog and Cat, 2004, WB Saunders. ISBN 0-7216-8707-5.
- Evans HE. Miller's Anatomy of the Dog
- Kern EB, Sherris DA. Essential Surgical Skills with CD (human text with basic techniques that apply for all species)
- Hall, Clarke and Trim. Veterinary Anaesthesia (2000) Saunders
- Tranquilli, Thumon, Grimm (eds) Lumb and Jones. Veterinary Anesthesia and Analgesia (2007) Blackwell
- Muir, Hubbel, Bednarski. Handbook of Veterinary Anesthesia (2006) Mosby
- <http://vam.anest.ufl.edu> (Virtual Anesthetic Machine Simulations)
- Banfield modules found online or via Blackboard link:
  - Anesthesia for the Pet Practitioner, Novak, Banfield, The Pet Hospital
  - Anesthesia Equipment & Monitoring BLC/Quiz
  - Aseptic Technique & Surgical Prep I & II BLC/Quiz

- ECG Training/Recognizing and Treating Arrhythmias BLC/Quiz
- Manual Differentials BLC/Quiz

# Appendices

## Appendix A: Surgical Skills Feedback Tool

**1 = Novice**; doesn't meet expectations; demonstrates positive evidence <10% of the time

**2 = Advanced Beginner**; minimally meets expectations; demonstrates positive evidence 10-49% of the time

**3 = Competent**; meets expectations of 3<sup>rd</sup> year student; demonstrates positive evidence 50-70% of the time

**4 = Proficient**; exceeds expectations of 3<sup>rd</sup> year student; demonstrates positive evidence 70-90% of the time

**Rating of 1 = F, Rating of 2 = 11/15 (C), Rating of 3 = 13/15 (B), Rating of 4 = 15/15 (A)**

**For Others to Assess: In surgery, the student demonstrates the following:**

POSITIVE EVIDENCE	NEGATIVE EVIDENCE
Understand and apply principles of sterile technique	Unable to explain reasoning behind sterile techniques
Can explain justification for choices / decisions in applying sterile technique	Unable to apply sterile technique
Plan surgical technique in advance & have multiple plans in case of complications	Arrives unprepared for surgery
Choose appropriate location for initial incision	Unable to proceed if a problem occurs with original plan
Accepts feedback intraoperatively & applies new knowledge or technique to remainder of procedure	Unfamiliar with or unable to identify anatomic structures pertinent for the procedure performed
Gentle & appropriate tissue handling	Incorrect use of instruments
Perform hemostasis as indicated	Unable to proceed past hesitancy & reluctance to perform procedure
Identify anatomic landmarks pertinent to the procedure	Inappropriate response to mistakes made during procedure
Perform procedure using correct surgical technique	Lacks time efficiency for procedure
Correct instrument handling during procedure	Unable to justify choice of suture pattern / material for closure
Has anticipated instruments, suture material, ligatures necessary for planned procedure	Incorrect choice of suture pattern / material
Can justify ligature choices	Incorrect skin apposition
Perform procedure in a timely manner	Frequently requires supervisor to provide answers / suggestions
Perform wound closure with appropriate technique & choice of suture materials & pattern	Unable to prioritize patient needs versus own nervousness, hesitation, distraction
Justify choices of ligature material and technique	Lack of dexterity
Capable of teaching others	Does not accept feedback intraoperatively
Calm, cool, collected	Does not apply new knowledge from feedback to remainder of procedure or other procedures
Can focus with distraction	
Can anticipate potential problems &	

generate solutions	
Presence of dexterity	

## Appendix B: Self-assessment Skills Feedback Tool

**1 = Novice;** doesn't meet expectations; demonstrates positive evidence <10% of the time

**2 = Advanced Beginner;** minimally meets expectations; demonstrates positive evidence 10-49% of the time

**3 = Competent;** meets expectations of 3<sup>rd</sup> year student; demonstrates positive evidence 50-70% of the time

**4 = Proficient;** exceeds expectations of 3<sup>rd</sup> year student; demonstrates positive evidence 70-90% of the time

- Rating of 1 (novice) on the feedback tool = <65 % (0 / 10) = F
- Rating of 2 (advanced beginner) on the feedback tool = 7 / 10
- Rating of 3 (competent) on the feedback tool = 8 / 10
- Rating of 4 (proficient) on the feedback tool = 10 / 10

**For Self-Assessment: In surgery, I ...**

**For Others to Assess: In surgery, the student demonstrates the following:**

POSITIVE EVIDENCE	NEGATIVE EVIDENCE
Aware of my personal learning style	Do not recognize my weaknesses
Critically appraise my performance	Do not recognize my strengths
Critically consider how my thinking changes as new knowledge is acquired	Do not learn from my mistakes or those of others
Aware of my strengths and I acknowledge them	Only gauge my performance by exam grades
Aware of my weaknesses and I acknowledge them	Do not welcome feedback
Investigate my role in all outcomes, good and bad	Unable to avoid a defensive reaction when offered feedback
Take personal responsibility for actions and outcomes	Unapproachable with feedback
Generate plans for improvement based on feedback	Do not incorporate feedback into an action plan
Act on generated plans for improvement	Have unrealistic goals
	Have unmeasurable goals
	Do not follow through on action plans

**FUTURE PLAN (to be completed at end of rotation):**

**Goal (Skill wished to enhance / achieve):**

**Proposed mechanism(s) of skill acquisition (goal achievement):**

**Goal (Skill wished to enhance / achieve):**

**Proposed mechanism(s) of skill acquisition (goal achievement):**

**Goal (Skill wished to enhance / achieve):**

**Proposed mechanism(s) of skill acquisition (goal achievement):**

**Goal (Skill wished to enhance / achieve):**

**Proposed mechanism(s) of skill acquisition (goal achievement):**

**Goal (Skill wished to enhance / achieve):**

**Proposed mechanism(s) of skill acquisition (goal achievement):**

## Appendix C:

### Anesthesia Skills Feedback Tool

**1 = Novice;** doesn't meet expectations; demonstrates positive evidence <10% of the time

**2 = Advanced Beginner;** minimally meets expectations; demonstrates positive evidence 10-49% of the time

**3 = Competent;** meets expectations of 3<sup>rd</sup> year student; demonstrates positive evidence 50-70% of the time

**4 = Proficient;** exceeds expectations of 3<sup>rd</sup> year student; demonstrates positive evidence 70-90% of the time

**Rating of 1 = F, Rating of 2 = 11/15 (C), Rating of 3 = 13/15 (B), Rating of 4 = 15/15 (A)**

**For Self-Assessment: When performing anesthesia, I ...**

**For Others to Assess: When performing anesthesia, the student demonstrates the following:**

POSITIVE EVIDENCE	NEGATIVE EVIDENCE
Understand how to set up anesthetic machine & breathing system	Unable to set up anesthetic machine & breathing system
Can explain justification for choices & decisions made in anesthetic protocol development	Unable to place IV catheter successfully
Plan anesthetic protocol in advance & has multiple plans in case of complications	Arrives unprepared for anesthesia
Able to place IV catheter with minimal or no assistance	Unable to explain what monitoring equipment is measuring and what abnormal values may mean
Anticipate complications and prepared to act if they occur	Unable to develop action plan if patient complication occurs during anesthesia (such as arrhythmia, hypotension, bradycardia, ventilatory compromise)
Able to perform endotracheal intubation with minimal or no assistance	Unaware of potential complications during anesthesia
Understand monitoring equipment (ECG, pulse oximetry, CO2 monitor, BP)	Unaware of principles of pain management
Maintain sterile technique during anesthesia in surgery	Makes irrational decisions under pressure
Maintain accurate anesthetic record	Breaks sterile technique during anesthesia in surgery
Attentive to patient during monitoring and not overly reliant on monitoring equipment	Medical record documentation incomplete or incorrect
Able to interpret what's occurring when monitoring equipment reads and abnormal value	Unable to intubate patient successfully

## Appendix D: Surgery / Anesthesia Record Feedback Tool

**1 = Novice;** doesn't meet expectations; demonstrates positive evidence <10% of the time

**2 = Advanced Beginner;** minimally meets expectations; demonstrates positive evidence 10-49% of the time

**3 = Competent;** meets expectations of 3<sup>rd</sup> year student; demonstrates positive evidence 50-70% of the time

**4 = Proficient;** exceeds expectations of 3<sup>rd</sup> year student; demonstrates positive evidence 70-90% of the time

- Rating of 1 (novice) on the feedback tool = <65 % (0 / 5) = F
- Rating of 2 (advanced beginner) on the feedback tool = 3.5 / 5
- Rating of 3 (competent) on the feedback tool = 4 / 5
- Rating of 4 (proficient) on the feedback tool = 5 / 5

**For Self-Assessment: My medical records are ...**

**For Others to Assess: When writing medical records, the student demonstrates the following:**

POSITIVE EVIDENCE	NEGATIVE EVIDENCE
Factually correct; Accurate	Missing facts
Complete	Data not recorded accurately
Legible	Illegible
Without typographical errors	Typographical errors
Inclusive of appropriate terminology for anatomy	Anatomic terminology errors
Inclusive of appropriate terminology for instruments	Incorrect instrumentation documented
Inclusive of appropriate terminology for procedures	Incorrect documentation of procedures performed
Time recorded accurately	Time incorrectly recorded or not recorded
Drugs and calculations recorded accurately	Drugs and calculations not recorded correctly
Inclusive of complications or problems that occurred	Complications or problems not recorded

## Appendix E: Patient Care / Client Communication Feedback Tool

### Patient Care & Client Communications Skills Feedback Tool

**1 = Novice**; doesn't meet expectations; demonstrates positive evidence <30% of the time

**2 = Advanced Beginner**; minimally meets expectations; demonstrates positive evidence 30-69% of the time

**3 = Competent**; meets expectations of 3<sup>rd</sup> year student; demonstrates positive evidence 70-90% of the time

**4 = Proficient**; exceeds expectations of 3<sup>rd</sup> year student; demonstrates positive evidence more than 90% of the time

**Rating of 1 or 2 = F, Rating of 3 = 8/10, Rating of 4 = 10/10**

**For Self-Assessment: When performing patient care & client communications, I ...**

**For Others to Assess: When performing patient care & client communications, the student demonstrates the following:**

POSITIVE EVIDENCE	NEGATIVE EVIDENCE
Patient cared for appropriately (fed, walked, cleaned)	Patient not fed, walked, cleaned appropriately
Patient always prepared for surgery appropriately (food removed, etc.)	Patient not prepared for surgery / anesthesia appropriately
Patient preoperative physical examination performed thoroughly and accurately by at least surgeon and anesthetist	Important physical examination finding not identified
Accurate pertinent historical and diagnostic information obtained preoperatively	Important history or diagnostic information not obtained from shelter medicine student or foster care person
Appropriate operative and postoperative care management plan made and approved or discussed with attending veterinarian	Operative and postoperative plans not made or made inappropriately
Appropriate consideration by primary surgeon of operative and postoperative medications necessary (apart from those administered by anesthetist)	Patient medication not administered
Appropriate consideration by primary surgeon and anesthetist for patient pain management	Patient surgical site not assessed or assessed incorrectly postoperatively
Appropriate consideration by primary surgeon and anesthetist for patient warming / special positioning needs during surgery	Patient not prepared for discharge
Detailed, understandable communications with foster / primary care contact person regarding operative plan and postoperative care (verbal and written)	

## Appendix F: Surgical Skill Confidence

For which items do you have confidence in your skills?

	Confident	Unconfident
Dog spay		
IV catheter placement		
Surgical Anatomy		
DAISIE model		
Dog neuter		
Cat spay		
Cat neuter		
Anesthesia/pain mgt.		