



School of
Veterinary Medicine

SYLLABUS: Small Animal Emergency Clinical Rotation VMED 5463

CONTACT INFORMATION:

Coordinator

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COURSE MATERIALS:

Moodle

Please view additional course materials via login to Moodle using your myLSU account information:
<http://itsweb.lsu.edu/Moodle/>

Recommended Text(s):

Signe J. Plunkett: Emergency Procedures for the Small Animal Veterinarian, 3rd ed., Saunders Elsevier, 2013.

Richard Nelson, C. Guillermo Couto: Small Animal Internal Medicine, 4th edition, Mosby Elsevier, 2009.

Deborah Silverstein, Kate Hopper: Small Animal Critical Care Medicine, 1st ed., Saunders Elsevier, 2009.

Etienne Cote: Clinical Veterinary Advisor: Dogs and Cats, 2nd ed., Elsevier, 2011.

Larry Tilly, Francis Smith: Blackwell's 5-Minute Veterinary Consult --Canine & Feline: 5th ed., Wiley-Blackwell, 2011.

COURSE DESCRIPTION:

Students on this rotation are assigned to the Veterinary Teaching Hospital Emergency Service which operates on nights, weekends, and holidays. The Emergency Service provides a setting for learning about triage, urgent care, and common emergencies in small animal practice (including referral and non-referral complaints). Students are directly supervised by interns, residents, technicians and faculty.

COURSE OBJECTIVES:

List course/clerkship learning objectives:	Key Words:
<i>After this rotation, you should be able to....</i>	
1. Triage emergency cases properly at intake.	Triage
2. Obtain, record, and relay a prioritized patient history in a succinct and properly detailed manner.	History
3. Relay serious and suddenly changing information to clients in a clear, professional, & compassionate manner.	Communication
4. Perform and record physical examination and succinctly relay a prioritized list of findings.	Physical exam
5. Select and implement an appropriate fluid therapy plan for both routine dehydration and hypovolemic shock cases. (Choose an appropriate fluid and calculate fluid volumes and rates to be delivered.)	Fluid therapy, dehydration, shock, hypovolemia
6. Calculate drug doses based on body weight in mg amounts and ml volumes to be administered.	Drug calculations
7. Technically perform and analyze the Quick Assessment Tests (PCV, Total protein, glucose, lactate).	Monitoring
8. Develop an appropriate patient-specific diagnostic plan for both urgent and non-emergent cases.	Emergency
9. Develop an appropriate patient-specific 24 hour treatment and monitoring plan for in-patient care.	Critical care
10. Develop appropriate patient-specific treatment and monitoring plans for out-patient urgent care.	Primary Care

TEACHING PHILOSOPHY:

Bring your walk-around medical knowledge to work with you. Exercise that knowledge by using it in conversation with peers and pet owners. Commit to expanding that knowledge through independent study and direct conversations with mentors. Finally, make that knowledge the context of your decisions.

Embrace the technical and routine aspects of working in the veterinary teaching hospital. Through repetition (performing venipuncture, animal restraint, administering medications, writing SOAPs, discharge summaries, etc), you convert basic experiences into a form of muscle memory.

COURSE POLICIES:

Equipment:

Practical and professional attire is required: either clean scrubs or professional dress with a clean white lab coat and a name tag. Students should be prepared with basic supplies for examination, including stethoscope, watch/timer, thermometer, bandage scissors, pen light, reflex hammer, and a small note pad or notebook.

Orientation & Scheduling:

All students should attend the orientation meeting on the first day of the block at 4 pm in room 1700. A shift schedule will be provided via email near the time of orientation. Emergency students will be assigned to clinic duty that correspond to the following times:

Evening (4:30 pm – 12:30 am) = 8 hrs	Day / Weekend / Holiday (8 am – 5 pm) = 9 hrs	Overnight (11:45 pm – 8:45 am) = 9 hrs
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Shifts may routinely extend up to 10 hours depending upon case load and patient care needs. Monitoring of student hours is completed via use of the VTH time-clock. Instructions will be provided during orientation.

All scheduled shifts require students to be physically present in the hospital to participate in patient care and client communication. This rotation operates 365 days a year, including all holidays. Students are scheduled a minimum of one day off per week.

Students are allowed to make shift schedule switches as long as they clearly mark the changes on the master calendar posted in the ICU and update the Course Coordinator (Dr. Ryan). However, if a switch is made, and one student fails to show up for the shift, it is the original student's responsibility.

Attendance / Lateness Policy:

Absences must be pre-approved by Dr. Ryan. Special schedule requests should be made two weeks prior to the start of the rotation. Unexcused absences and tardiness will result in an incomplete grade and students will be required to repeat the rotation. Students may be required to make up any time missed during a rotation, no matter the cause. Missed days that are made up will not count towards the total allowable excused absences. Please see the Phase II attendance requirements below.

Natural Disasters (Hurricanes, etc.)

Hurricane Season officially runs from June 1st - Nov. 30th. The projected path of tropical storms/hurricanes are mapped by the National Hurricane Center: <http://www.nhc.noaa.gov/?atlc>. Please stay aware of impending storm systems. Staff and students of the VTH are "essential personnel" during disasters affecting our community. The clinic schedule and student responsibilities may change during such events. Students may be required to participate in VTH emergency response efforts depending upon need and safety. **Please check in with Dr. Ryan daily beginning 72 hours prior to any storm landfall projected for Louisiana.** If you are asked to report for duty during an emergency, your personal safety is the number one priority. Use common sense in your commute and alert Dr. Ryan and the Small Animal ICU (225-578-9503) if you are unable to arrive safely.

Preparedness begins at home. Please view the section on hurricane preparedness on moodle and make sure you and your household is prepared (also visit: <http://www.getagameplan.org/>).

Home Football Games:

Travel to the VTH during football season can be an adventure. Here is some general advice for negotiating the obstacles.

1. Be sure to have your SVM identification badge with you.
2. Approach the SVM via River Road along the levee (rather than Highland Rd).
3. There should be staff, student, and client parking reserved in front of the building for those needing access to the hospital.
4. If there is no parking, contact the campus police officer on duty (225-578-9811) to permit access to the equine clinic parking and parking behind the Dean's office (behind the gate).

GRADING/EVALUATION:

Short Exams:

Two short exams (20 questions / 40 points each) are administered during the rotation via written, oral, or digital format. Questions may include multiple choice, true/false, short answer, essay, matching, and/or a practical format with questions derived from a picture/clinical narrative. Attempts to copy or reproduce examinations/quizzes/questions for others' use is a violation of academic honor. Each exam may be re-taken at the discretion of the course coordinator.

Exam questions will cover medical math (dose calculations, etc.), fluid therapy (fluid choices, rate calculations, etc), CPR (RECOVER guidelines: <http://www.acvecc-recover.org/>), and essential medical knowledge (see course content below).

Discharge / Death Summary (1 submitted; 1 selected at random):

A type written case summary suitable for the medical record must be submitted to Dr. Ryan (via email) by the end of the rotation. An additional discharge / death summary will be selected by Dr. Ryan at random for grading. Discharge / Death summaries are legal parts of the medical record and must be detailed yet concise; triage your words & choose what is important. These summaries will be graded on the following criteria:

- **History:** This should be a summary, not an exhaustive narrative. (usually one paragraph or 5 – 8 sentences)
- **Physical Exam:** Provide important details in a logical format without duplicating the physical exam form.
- **Medical Problem List:** Make this a numerical / prioritized list without duplicating the history form.
- **Differential Diagnoses or Working / Tentative Diagnosis:** Usually 1 – 5 sentences, may be bullet points.
- **Diagnostics:** Outline those diagnostics performed and succinctly summarize results. Politely list test which were considered but declined or postponed for practical reasons.
- **Treatments:** List all medications. Include generic drug name, formulation (tablet size, etc.), quantity dispensed, instructions to owner.
- **Monitoring Plan:** When should patient recheck & what should be checked, include instructions to owner for follow up and monitoring.
- **Case Outcome (if deceased):** List cause of death and whether a necropsy was requested.
- **Diction, Spelling, Grammar, Punctuation:** Word choice must be appropriate for both DVM and pet owner readers.
- **Brevity / Summation:** Ability to relay information clearly and succinctly in an organized and systematic fashion.

Technician Evaluation:

Students are evaluated regarding technical skills and participation in patient care. See Technician Assessment Card at end of syllabus.

Intern Evaluation:

Students are evaluated weekly case management, client communication, medical record keeping, and active participation in patient discussions/planning/work up and time management. See Intern Assessment Card at end of syllabus.

Overall Grade Calculation:

<i>Short Exam # 1</i>	<i>40 points</i>
<i>Short Exam # 2</i>	<i>40 points</i>
<i>Submitted Case Summary</i>	<i>24 points</i>
<i>Selected Case Summary</i>	<i>24 points</i>
<i>Intern Evaluation week 1</i>	<i>24 points</i>
<i>Intern Evaluation week 2</i>	<i>24 points</i>
<i>Technician Evaluation</i>	<i>24 points</i>
Total	200 points

Grades will be rounded to the nearest percentage point and are based on the standard LSU-SVM percentages:

A	92-100%	184 – 200 points
B	83-91%	166 – 183 points
C	74-82%	148 – 165 points
D	65-73%	130 – 147 points

ASSIGNMENTS/RESPONSIBILITIES:

Client Communication:

Students are responsible for taking telephone calls from the public to answer medical questions and obtain relevant pre-admission historical information. For hospitalized cases, students are part of the communication team providing clinical updates and updated information related to cost of care and other practical matters.

Patient Care:

Students are responsible for performing and documenting the medical history and physical examination findings, and relaying that information to other team members and the medical record.

Students are responsible for assisting in case management under the supervision of the attending veterinarian and technical staff. This includes providing animal restraint for procedures, performing and assisting with technical procedures and diagnostic sample collection, requesting and organizing diagnostic procedures and medical treatments. Principles of triage should be applied in the context of providing optimal patient care and an expedited work flow.

Medical Record Keeping:

Students are responsible for performing and documenting the medical history and physical examination findings, and relaying that information to other team members and the medical record.

Students are responsible for writing ICU treatment orders to be approved, amended and signed by the on-duty veterinarian.

Students are responsible for medical record documentation, including writing case summaries for patient discharge or transfer. The medical record of all deceased animals should include a final summary.

All such summaries must be less than 2 pages long when printed.

Continuity of Care

At the end of each shift, emergency students must complete all transfer paper work and make sure the ICU orders and medical records are complete. Instructions and examples for these forms are located on Moodle.

- **TUESDAY – FRIDAY:** 8am treatments on cases admitted by the after-hours emergency service will be completed by the non-receiving internal medicine students. Physical exams, SOAPs and client communication, and new orders will be the responsibility of the medicine / surgery teams taking the case in the AM.
- **SATURDAY – SUNDAY:** Students from Companion Animal Medicine are assigned on weekends and holiday mornings to accept transfer of cases admitted the previous night. This will require connecting with the intern or resident on weekend / holiday duty and coordinating the physical exams, SOAPs, client communication, and new orders for the remainder of the weekend (including Monday AM).
- **MONDAY:** For cases admitted on Sunday by the ER rotation students

ER students finishing a 2 week block come in before they make it to their next rotation and help with 8 am ICU treatments as their last obligation to the ER service. Essentially, all ER rotation students come in as a team and help with 8 am treatments on **M**ondays of Week 1 and Week 3.

On the **M**ondays of blocks 2 & 4, Non-Receiving CAM students come in and greet those transfers before 8 am rounds and complete their treatments prior to rounds.

Week 1: **M T W R F S S**

Mid-block

Week 3: **M T W R F S S**

Week 2: **M T W R F S S**

Week 4: **M T W R F S S**

CAM and CAS students are assigned to the Emergency Clinic on an as-needed basis and will be responsible for ongoing treatment and management of the cases they see through the remainder of the weekend (including Monday AM). CAM and CAS students have a backup person assigned for each shift. This person may be called to help with patient care if the case load is high. Everyone must work as a team to make sure patient care is smooth.

COURSE CONTENT AND OUTLINE:

This rotation will consist primarily of emergency clinic shifts in which you will admit and treat emergency cases presented to the small animal emergency service under the supervision of attending veterinarians. Essential medical knowledge exams are based upon common medical and surgical problems encountered routinely during the rotation include:

Vomiting / diarrhea / anorexia (dietary indiscretion, HGE, pancreatitis)	Canine Parvo Virus	Respiratory distress
Seizures/shaking	Ingestion of toxic substances (medications, plants, poisons, etc)	Heatstroke
Trauma (hit by car, head trauma, etc)	Broken bones / acute lameness	Dog fights / lacerations
Snake bite envenomation	Allergic reactions (bee stings, etc)	Behavioral things like anxiety
Intervertebral disc disease	GDV	Urethral obstruction
Dystocia	Euthanasia	Injured / orphaned stray animals

The emergency clinic creates ample opportunity for self-study and technical training. During 'slow times' in the clinic, students should assist the ICU staff with patient care and create opportunities for learning technical skills.

OTHER RESOURCES:

Animal Poison Control

- ASPCA Poison Control: (888) 426-4435 <http://www.asPCA.org/pet-care/animal-poison-control>
- Pet Poison Help Line: (800) 213-6680 <http://www.petpoisonhelpline.com/>
iPhone App: <http://www.petpoisonhelpline.com/2012/04/new-iphone-application-and-mobile-enabled-website/>

Free Fluid Therapy Smartphone App: <http://www.abbottanimalhealth.com/veterinary-professionals/products/fluid-therapy.html>

TARGET (Veterinary Antimicrobial Reference Guide): <http://naccvp.com/?p=172>

SAFETY:

This rotation requires students to be present at unusual hours. The SVM security team and campus police are available to assist you with safety concerns (examples include disorderly clients, suspicious persons, etc). Please report suspicious people (in the building or in the surrounding area) to the SVM officer. If you cannot reach the officer at the desk, you may call campus police to relay information or seek assistance. In addition, please alert your team (e.g. house officers, ICU nurses, fellow students, and reception staff) to any potential problem.

Parking tickets are not issued after 4 pm. Students on the overnight shift are encouraged to park in a safe and well-lit location close to the building. **Please exit the building with a co-worker or colleague ('buddy system'). The SVM officer will monitor your exit if requested.**

- Campus Police:** 225-578-3231 (please program this number into your cell phone)
- SVM Security Desk:** 225-578-9811 (or 89-811 from inside the building)
- Please register for the **LSU emergency text messaging system** by visiting:
http://www.lsu.edu/ur/lsu_safety/TextMessaging/item13049.html
- LSU SHIELD** is a FREE App for iOS and Android phones. More information is available here:
https://sites01.lsu.edu/wp/lsupd/?page_id=18607

POSTINGS ON INTERNET/ SOCIAL NETWORKING SITES:

Posting, releasing, or otherwise disclosing photos, identifiable case descriptions, images, or records related to the educational, clinical, or research activities of the LSU - School of Veterinary Medicine, outside of the LSU - School of Veterinary Medicine via social networking sites (e.g. MySpace, Facebook, Twitter, etc.) or via other than standard professional means of query and/or dissemination of educational, clinical, or research information is prohibited.

This policy applies to all students, faculty, staff, clients, and visitors of the LSU - School of Veterinary Medicine and to all activities of the LSU - School of Veterinary Medicine, on or off campus, related to veterinary clinical services and teaching and research labs. Pictures of animals (whether owned by University or client), and client information are strictly forbidden from being published or posted on social networking sites such as "Facebook", "Twitter", and "Myspace"; and non-educational blogs, message boards, or internet websites; without the prior approval from an appropriate Supervisor, Department Head, Director of the LSU - School of Veterinary Medicine Veterinary Teaching Hospital, or the Director of the Louisiana Animal Disease Diagnostic Laboratory. This policy is to promote the safety and privacy of students, faculty, staff, clients, and visitors. Failure to comply with this policy could result in damage to persons or property,

may be a violation of legal, professional, and/or ethical obligations, and may result in disciplinary action by the LSU - School of Veterinary Medicine, up to and including dismissal.

PHOTOGRAPHS AND VIDEO OF PATIENTS:

Photographs and video may be taken of patients for educational purposes (e.g., for use in abstracts, articles, and presentations). Any photographs and video for use by the media may not be taken without the express consent of the patient's owner. Verbal consent by the animal's owner is an acceptable means of gaining permission to photograph/video the patient. If a member of the media is present in the hospital and wishes to take background footage of clinicians and students working with animal, no close-up shots are permitted such that the animal would be identified by its owner. All media requests must be directed to the LSU – School of Veterinary Medicine Public Relations Coordinator.

ATTENDANCE REQUIREMENT

All students in the Phase II curriculum may be allowed a maximum of six (6) excused absences (this may be days or portions thereof, depending on the desires of the block mentor and course coordinator) which require no form of remediation. Additional days, for the days of the examination only, will be allowed to take the North American Licensing Examination. Examples of excused absences that may be allowed are: job interviews, state board examinations, family emergencies, illness, and attendance of professional meetings.

The block mentor shall have the final authority on granting an excused absence. Resolution of a dispute over excused absences shall be the duty of the Associate Dean for Student Affairs. Block mentors will be encouraged to allow any necessary excused absence, however insufficient student numbers on a block may preclude the approval of an excused absence. A maximum of two excused absences will be allowed per four week block and one excused absence per two week block. If a student exceeds the number of excused absences allowed per block then remediation may be required to pass the block (such as additional assignments or making up time lost).

If a student misses more than 2 days in any block's grading period, then remediation may be required. These missed days include boards and excused absences (i.e. travel to and from boards and the boards). All excused absences greater than the six days allowed may require remediation. A written notification to the Associate Dean for Student Affairs for approval will be required at least four weeks in advance in anticipation of any anticipated excused absence over 6, or as soon as possible after an unanticipated excused absence. The Course Coordinators will forward a copy of any excused absence to the VCS office for tabulation. A written confirmation of the absence may be required. A written excuse may be required. If a written excuse cannot be obtained, then the absence will be considered unexcused. Any unexcused absence will require remediation and/or possible failure of the block.

LSU SCHOOL OF VETERINARY MEDICINE ACADEMIC MISCONDUCT POLICY:

The LSU Code of Student Conduct applies to the School of Veterinary Medicine within the Code is the Academic Misconduct Policy, which outlines the School of Veterinary Medicine expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the LSU Code of Student Conduct Policy and for living up to their pledge **not** to violate the Code.

- I. It shall be a violation of this Code for a student to cheat.
- II. It shall be a violation of this Code for a student to knowingly circumvent any course requirement.
- III. It shall be a violation of this Code for a student to steal.
- IV. It shall be a violation of this Code for a student to purposely impair another student's educational opportunity.
- V. It shall be a violation to act in a manner which is detrimental to the moral and ethical standards of the veterinary medical profession.
- VI. It shall be a violation for a student to knowingly deceive another student, faculty member, or professional associate with the intent to gain advantage, academic or otherwise, for said student or for any other student.
- VII. It shall be a violation for any student to fail to report any infraction of the LSU Code of Student Conduct Policy to an appropriate representative.

The LSU Code of Student Conduct can be found at: <http://saa.lsu.edu/code-student-conduct>

GENERAL STATEMENT ON ACADEMIC INTEGRITY:

Louisiana State University adopted the Commitment to Community in 1995 to set forth guidelines for student behavior both inside and outside of the classroom. The Commitment to Community charges students to maintain high standards of academic and personal integrity. All students are expected to read and be familiar with the LSU Code of Student Conduct and Commitment to Community, found online at www.lsu.edu/saa. It is your responsibility as a student at LSU to know and understand the academic standards for our community.

Students who are suspected of violating the Code of Conduct will be referred to the office of Student Advocacy & Accountability. For undergraduate students, a first academic violation could result in a zero grade on the assignment or failing the class and disciplinary probation until graduation. For a second academic violation, the result could be suspension from LSU. For graduate students, suspension is the appropriate outcome for the first offense.

AMERICANS WITH DISABILITIES ACT:

Louisiana State University is committed to providing reasonable accommodations for all persons with disabilities. The syllabus is available in alternate formats upon request.

Students with disabilities: If you are seeking classroom accommodations under the Americans with Disabilities Act, you are required to register with Disability Services (DS). DS is located in 115 Johnston Hall. Phone is 225/578-5919. **To receive academic accommodations for this class, please obtain the proper DS forms and meet with me at the beginning of the course.** The Office of Student and Academic Affairs can help you if you have questions as well.

<http://disability.lsu.edu/students>

SEXUAL HARASSMENT POLICY

The University reaffirms and emphasizes its commitment to provide an educational and work environment free from sexual harassment and to provide a means to remedy sexual harassment that employees may have experienced. (PS-73 Sexual Harassment and PS-95 Sexual Harassment of Students)

The intent of this policy is to express the University's commitment and responsibility to protect its students from sexual harassment and from retaliation for participating in a sexual harassment complaint. It is not intended to infringe upon constitutionally guaranteed rights nor upon academic freedom. In considering allegations of sexual harassment, the University must be concerned with the rights of both the complainant and the accused.

All proven cases of sexual harassment shall result in appropriate disciplinary action. The severity of the disciplinary action shall be consistent with the seriousness of the act of sexual harassment. Additionally, under appropriate circumstances, the University may take action to protect its students from sexual harassment by individuals who are not students of the University. If the alleged harasser is a student, the Dean of Students Office must be notified of the complaint.

Student Advocacy & Accountability, Office of the Dean of Students, LSU Student Life & Enrollment, 340 LSU Student Union, Baton Rouge, LA 70803, Phone: (225) 578-4307 Fax: (225) 578-5637 dossaa@lsu.edu

SYLLABUS CHANGE POLICY:

Except for changes that substantially affect implementation of the evaluation (grading) statement, this syllabus is a guide for the course and is subject to change with advanced notice.

Copy Statement

Some of the materials in this course are possibly copyrighted. They are intended for use only by students registered and enrolled in this course and only for instructional activities associated with and for the duration of the course. They may not be retained in another medium or disseminated further. They are provided in compliance with the provisions of the Teach Act (Section 110(1) of the Copyright Act) <http://www.copyright.gov/docs/regstat031301.html>.

“Taking in information is only distantly related to real learning. It would be nonsensical to say, ‘I just read a great book about bicycle riding – I’ve now learned that.’ ... Through learning we become able to do something we were never able to do before... we re-perceive the world and our relationship to it.”
--- Peter Senge

SVM INSTITUTIONAL LEARNING GOALS/OBJECTIVES:

AVMA - COE Competency	VMED 5351 Course Objective	Assessment Method	Teaching Method
Competency One: Comprehensive patient diagnosis (problem solving skills), appropriate use of clinical laboratory testing, and record management			
1.1 History/Physical Examination	2,4		
1.2 Patient Assessment/Clinical Thinking Skills	1		
1.4 Diagnostic Skills/Clinical Laboratory Assessment	7		
1.5 Participation in Patient Discussions	3		
1.6 Medical Records	2		
Competency Two: Comprehensive treatment planning including patient referral when indicated			
2.1 Treatment planning	8,9,10		
Competency Five: Basic medicine skills, experience and case management			
5.1 Basic medical skills/ Case Management	5,6,7		
Competency Six: Emergency and intensive care case management			
6.1 Emergency Care Management	8,9,10		
6.2 Intensive Care Management	8,9,10		
Competency Eight: Client communications and ethical conduct			
8.1 Client Communication/Client Education/Discharge Summary	3		
8.2 Working with Health Care Team	2		

Small Animal Emergency Clinical Rotation (VMED 5463)

INTERN ASSESSMENT CARD

CIRCLE ONE: WEEK 1 WEEK 2

INTERN NAME(S): _____

1. Below expectation

2. Acceptable performance

3. Expected performance

4. Exemplary performance

Competency Six: <i>Emergency and intensive care case management</i>	Assessment Points			
6.1 Emergency Care Management	1	2	3	4
Note:				
6.2 Intensive Care Management	1	2	3	4
Note:				
Competency Eight: <i>Client communications and ethical conduct</i>				
8.1 Client Communication / Client Education / Discharge Summary	1	2	3	4
Note:				
8.2 Working with Health Care Team	1	2	3	4
Note:				
8.3 Ethical Conduct	1	2	3	4
Note:				
8.5 Reliability / Thoroughness / Punctuality / Appearance	1	2	3	4
Note:				
TOTAL POINTS:				

SMALL ANIMAL EMERGENCY CLINICAL ROTATION (VMED 5463)

TECHNICIAN ASSESSMENT CARD

DATE: _____ TECHNICIAN INITIALS: _____

1. Below expectation 2. Acceptable performance 3. Expected performance 4. Exemplary performance

BASIC TECHNICAL SKILLS	Assessment Points
Perform physical restraint for exam / procedures	1 2 3 4
Note:	
Perform / Interpret the Quick Assessment Tests (PCV, Total protein, glucose, lactate).	1 2 3 4
Note:	
Participates in patient care / nursing care (caution, compassion, cleanliness, enthusiasm)	1 2 3 4
Note:	
MONITORING / TREATMENT	
Perform / Interpret a lead II electrocardiogram (ECG)	1 2 3 4
Note:	
Prepare / Assist / Perform sterile cephalic/saphenous venipuncture /catheterization	1 2 3 4
Note:	
Prepare / Assist / Perform medical procedures (thoracocentesis, abdominocentesis, urinary catheterization, non-invasive blood pressure, etc.)	1 2 3 4
Note:	
TOTAL POINTS	

6.1 Emergency Care Management

Exemplary Performance: Consistently and readily identifies and acts upon emergency situations. Exhibits a solid understanding of disease pathophysiology. Excels in triaging and stabilizing cases in an appropriate, efficient manner. Independently performs procedures and skills in a calm, collective, competent, timely manner. Reliably and logically formulates appropriate differentials and therapeutic plans for patients with no assistance needed.

Expected Performance: Regularly and readily identifies emergency situations. Has an appropriate understanding of disease pathophysiology. Accurately triages and stabilizes cases in an appropriate, efficient manner. Performs procedures and skills in a calm, collective, competent, timely manner with minimal assistance from others. Usually formulates an appropriate differential list and a therapeutic plan for patients with some guidance and coaching from clinicians.

Acceptable Performance: Capable of identifying emergency situations, but occasionally needs some prompting from others. Acceptable, basic understanding of the pathophysiology of disease processes but struggles to answer more in-depth questions. Occasionally fails to identify appropriate triage and stabilization requirements for a patient in an efficient manner. Capable of performing procedures and skills effectively but may require some assistance from others. Satisfactorily formulates an appropriate differential list and therapeutic plan for patients with occasional inaccuracies and prompting needed.

Below Expectation: Unable to effectively recognize an emergency situation and lacks a sense of urgency. Poor to complete lack of understanding of disease pathophysiology. Requires significant help to triage and stabilize a patient. Lacks the ability to perform the procedures and skills needed in an emergency situation. Consistently fails to formulate an appropriate differential list and therapeutic plan for patients. If allowed to perform autonomously, patient welfare would be a significant concern.

6.2 Intensive Care Management

Exemplary Performance: Superior patient assessment skills. Thoroughly evaluates the changing needs and status of a critical patient including subtleties. Proactively makes appropriate recommendations regarding additional diagnostic testing and treatment strategies. Consistently recognizes the severity of illness and needs of each patient. Always identifies potential complications and develops an appropriate plan to address each. Completes all required care in a timely, efficient manner without provocation.

Expected Performance: Correctly identifies and able to accurately assess patient needs. Frequently recognizes the severity of illness and minor changes in the status and needs of a patient and often makes appropriate recommendations with minimal prompting required. Identifies the most common potential complications and able to formulate an appropriate plan to address each. Completes all required care with minimal provocation.

Acceptable Performance: Identification and assessment of patient needs are occasionally inaccurate or requires assistance. Acceptable ability to recognize the severity of illness and major changes in the status or needs of a patient. Can formulate appropriate recommendation with prompting and assistance. Satisfactory knowledge of potential complications but requires some guidance when formulating an appropriate plan. Completes all required care, but sometimes needs prompting.

Below Expectation: Unable to identify and assess the needs and status of a patient. Does not notice changes in the status of a patient. Cannot choose an appropriate test or therapy without significant help from others. Oblivious to the severity of illness or declining status of the patient. Ability to recognize potential complications or formulate a plan is poor. Consistently does not complete required care.

8.1 Client Communication/ Client Education/Discharge Summary

Exemplary Performance: Communicates and articulates exceptionally well, orally and in writing. Follow-up on cases is exceptional, and always appropriately documented. Puts great effort into clearly communicating and documenting discharge information. Consistently writes in a constructive and professional manner, adapts writing depending on the target audience. Is able to capture subtle nuances and differences for individual cases. Discharge instructions require very few if any modifications.

Expected Performance: Communicates and articulates well, orally and in writing. Follow-up on cases is good, and is appropriately documented. Puts appropriate effort into clearly communicating and documenting discharge information. Consistently writes in a constructive and professional manner, adapts writing depending on the target audience with minimal prompting. Is able to capture and understand most differences for individual cases. Discharge instructions require few modifications.

Acceptable Performance: Fair in oral and written communication. Follow-up on cases is fair, and most often documented. Puts an average amount of effort into communicating and documenting discharge information. With prompting, writes in a constructive and professional manner, and with prompting can adapt writing depending on the target audience. Is sometimes confused in ability to capture and understand subtle differences for individual cases. Discharge instructions require modifications.

Below Expectation: Difficulties in orally and written communication. Follow-up on cases is poor and seldom documented. Puts little effort into communicating and documenting discharge information. Neither writes in a professional manner nor adapts writing to the

target audience. Is often confused in understanding subtle differences for individual cases even after explanation. Discharge instructions require extensive modifications and client communication only occurs with prompting.

8.2 Working with Health Care Team

Exemplary Performance: Demonstrates excellent teamwork skills and works cooperatively with faculty staff and other students. Conveys an exceptional "can-do" spirit, a sense of optimism, ownership, commitment and dedication. Is always willing and quick to volunteer to help with any task even when not specifically involved.

Expected Performance: Demonstrates good teamwork skills and works cooperatively with faculty staff and other students. Conveys a good "can-do" spirit, a sense of optimism, ownership, commitment and dedication. Will volunteer to help with any task even when not specifically involved.

Acceptable Performance: Demonstrates adequate teamwork skills and works cooperatively with faculty staff and other students. Conveys an appropriate "can-do" spirit, a sense of optimism, ownership, commitment and dedication. Will help with a task when asked.

Below Expectation: Consistently demonstrates poor teamwork skills and does not work cooperatively with faculty, staff or other students. Demonstrates a consistent sense of pessimism and/ or lack of ownership, commitment and dedication. Is not available to help with a task or cannot be located to be asked to help.

8.3 Ethical Conduct

Exemplary Performance: Is always honest, fair, courteous, considerate, and compassionate. Is always respectful and transparent in dealing with others, displays knowledge and respect of the rules, laws and standards in place. Does not discuss prior case management or case outcome in a derogatory manner. Protects the personal privacy of clients and patients. Recognizes impairment in self or in others and acts quickly to report or rectify the problem.

Expected Performance: Is honest, fair, courteous, considerate, and compassionate. Is respectful and transparent in dealing with others, displays knowledge and respect of the rules, laws and standards in place and seldom needs to be reminded. Does not discuss prior case management or case outcome in a derogatory manner. Protects the personal privacy of clients and patients. Recognizes impairment in self or in others and acts appropriately to report or rectify the problem.

Acceptable Performance: Strives to be honest, fair, courteous, considerate, and compassionate. Is respectful and transparent in dealing with others, displays knowledge and respect of the rules, laws and standards in place but needs to be reminded periodically of the appropriate conduct. Does not discuss prior case management case outcome in a derogatory manner. Protects the personal privacy of clients and patients. Recognizes impairment in self or in others and acts appropriately to report or rectify the problem.

Below Expectation: Is not honest, fair, courteous, considerate, and compassionate. Often has to be reminded to be respectful and transparent in dealing with others and displays little knowledge and respect of the rules, laws and standards in place. Discusses prior case management and or case outcome in a derogatory manner. Does not protect the personal privacy of clients and patients. Disregards situations of impairment in self or in others and does not attempt to report or rectify the problem.

8.5 Attitude/Reliability/Thoroughness/Punctuality/Appearance

Exemplary Performance: Outstanding work ethic. Willingly takes ownership of actions and responsibility for the consequences. Is highly motivated and exceeds commitment made to others. Behavior, and interpersonal skills are consistently outstanding. Always dresses professionally. Is always on time and meets deadlines. Overtly demonstrates maturity, honesty, and respect in interactions with peers, staff and faculty. Is a role model.

Expected Performance: Enthusiastically performs responsibilities without prompting. Takes ownership of actions and responsibility for the consequences. Follows through with commitment made to others. Behavior, interactions and dress are always appropriate. Good interpersonal skills. Is on time and meets deadlines. Consistently mature, honest and respectful.

Acceptable Performance: Generally has a positive attitude. Takes ownership of actions and responsibility for the consequences but sometimes needing prompting. Only occasionally fails to follow through with commitment made to others. Performs clinical duties without significant redirection or prompting. Is seldom late and seldom misses deadlines. Demonstrates tact, appropriate interpersonal behavior and language. Usually dressed appropriately.

Below Expectation: Often demonstrates a lack of interest. Frequently commits to things without follow through, causing trust to be questioned. Frequently exhibits unprofessional behavior or uses inappropriate language. Is usually late and misses deadlines. Interpersonal skills need improvement. Dress is often inappropriate. May have hygiene issues.