

# NPL Section and Skill Guidance

This is an updated and current version of the NPL section guidance, which now reflects the current RCVS day one skills for veterinary nurses. This NPL continues to link each section to the relevant RCVS day one competencies for veterinary nurses and to the relevant areas of the Code of Professional Conduct for Veterinary Nurses.

The NPL still includes the professional behaviour evaluations, which address the expected professional behaviours and attitudes of a veterinary nurse. Clinical supervisors and peers continue to be asked to rate the student on 10 professional behaviours and attitudes.

The basic functionalities and majority of the day one skills remain the same. Please note there are skill additions and some skills have been removed. There has been some re wording to some guidance notes, which has meant some subtle changes.

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Your clinical supervisor will draw on their own clinical knowledge and skills, along with knowledge of the practice to plan skill requirements with you. Planning will be key to success as you need to be clear on what you are expected to do to achieve competence.

The university will not be requesting prescriptive detail for skills– as previously stated, this needs to be managed effectively by the clinical coach.

Clinical supervisors and students should also consider the OSCEs when logging experience for skills. For example, within laboratory diagnostics, most PCV OSCEs in circulation currently require the student to use a Hawksley reader. Many practices have moved away from Hawksley readers but still have one on the premises. When planning for logging experiences for this skill, it would be beneficial for the student to use the Hawksley reader as well as the practices usual method to help them prepare for their OSCEs.

In quality assuring the NPL, QAVs will be looking to ensure that what could be seen as the ‘basic considerations’ have been covered appropriately to ensure that on ‘day one’ of qualification the student would be able to practise safely in the clinical environment. For example, in handling and restraint, the student should have been deemed competent in handling a range of different temperaments across different species, not just friendly patients.

Student reflection is NOT optional and should be included for all experiences. Detailed reflection is very important for some of the more complex skills, and this has been noted within the guide.

**Guidance on the following pages has been developed to assist students and clinical supervisors in understanding the types of experiences that COULD comprise a ‘range’ for each skill. Please note that this logging guidance is not an exhaustive list of examples and is NOT there to act as a prescriptive list of what we are expecting. Consider it ‘food for thought’ for clinical coaches and students to help them determine what experiences will be logged for skills.**

Students should also be referring to the [RCVS Code of Professional Conduct](#) as some skills make specific reference to this.

Clinical supervisors are encouraged to complete the RCVS clinical supervisor course which can be found on the RCVS online academy.

## Section 1 – Legislation affecting practice

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### **Skill 1 - Comply with Health and safety requirements and local risk factors.**

*(Comply with legislative requirements).*

Students should be inducted into Health and Safety on their 1st day at the practice. Students could log experiences of identifying risks in specific areas of the practice (this could be multi logged to skill 4), but should also include individual skill, building and equipment risks.

Students must be able to demonstrate their compliance with various relevant legislation and guidance. For example, this may include demonstrating a skill with due consideration for health and safety, such as mopping the floors and putting a wet floor sign out or taking an X-Ray whilst wearing the appropriate personal protective equipment (PPE). Students should be referencing the legislation or risk assessments.

Students should be familiar with and relate logged experiences to legislative requirements such as COSHH, Health and Safety at work acts, manual handling, ionising radiation, fire safety, electrical safety, waste disposal regs etc, and log experiences showing compliance to these requirements.

*'19635 dog urinated on floor - mopped & I put the wet floor sign out in compliance with the Health and Safety at work act 1974'.*

### **Skill 2 - Follow Standard Operating Procedures (SOPs) and manufacturer guidelines when using equipment and materials.**

Students should be directed to the Health and Safety folders and to the location of specific SOPs and manufacturer's guidelines in practice.

Students could log experiences of following practice SOPs when using equipment and carrying out structured skills.

*'19635 dog urinated on floor. I followed the manufacturers guidelines when making up the disinfectant solution'.*

*'24672 bitch spay kit -I followed the practice SOP for using the autoclave'.*

### **Skill 3 - Take appropriate action and report injury involving self or others.**

Students should be familiar with the location of the accident book and first aid box, and the method for dealing with and reporting incidents.

Students should be mindful of confidentiality when logging experiences on the NPL for this skill.

*'26573 I correctly filled in the accident book when I was scratched by a cat'.*

### **Skill 4 - Critically evaluate a risk assessment for one area of the practice and suggest appropriate action where necessary.**

Please note you can either critically evaluate a risk assessment that you complete, or critically evaluate an existing risk assessment.

This skill is asking for a risk assessment of ONE AREA of the practice, and not a risk assessment of a specific skill/procedure. Example areas would be:

- Kennels
- Operating theatre
- Laboratory
- Consulting room
- Waiting room
- Prep room
- Isolation
- Reception
- Diagnostic suite (x-ray room)

*'I correctly completed a risk assessment of the operating theatre'.*

*'I critically evaluated the practice risk assessment for kennels, and identified the new kennel door mechanism hadn't been included'.*

*'I critically evaluated the practice risk assessment for reception. There was nothing additional that I noted'.*

## Section 2 – Communication

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For this section students should directly refer to [The RCVS Guide to Professional Conduct](#).

### **Skill 1 - Communicate effectively using a variety of different methods.**

*(Communicate with clients, work colleagues, other veterinary professionals, and the public, considering diverse needs and requirements. Communication models should be considered).*

Before starting this skill, students are advised read the RCVS Code of Professional Conduct for Veterinary Nurses, supporting guidance, section 5, communication between professional colleagues. Students may then wish to make reference to this when logging experiences to demonstrate understanding and application of the code.

Appendix 8 of this handbook also contains guidance on communication models.

**Models of communication** are [conceptual models](#) used to explain the human [communication process](#). The first major model for communication came in 1948 by [Claude Elwood Shannon](#). Following the [basic concept](#), communication is the process of sending and receiving [messages](#) or transferring [information](#) from one part (sender) to another (receiver).

In a simple model, often referred to as the *transmission model* or *standard view of communication*, [information](#) or content (e.g. a message in [natural language](#)) is sent in some form (as [spoken language](#)) from an emitter / sender / [encoder](#) to a destination / receiver / decoder. This common conception of communication views communication as a means of sending and receiving information. The strengths of this model are simplicity, generality, and quantifiability.

There are many communication models:

- The constructionist model
- Transactional model

- Linear model
- Interactive / convergence model
- Interactional model
- Berlo's Sender-Message-Channel-Receiver

When claiming competence it would be beneficial for the student to reflect on their communication experiences and identify which models they may or may not have utilised. Remember the NPL is a practical tool; however during the competence claim students can successfully show the link between their practical capabilities and the knowledge that they have learnt, understood and implemented.

Students should consider the mode of communication e.g., telephone, face to face, scan, email, text and also the types of clients they communicate with, emotional clients, angry clients, payment disputes, clients hard of hearing, any language barriers.

*'14766 I spoke clearly and slowly to an elderly man face to face who was hard of hearing'.*

*'26578 I followed the practice SOP when dealing with an angry client who refused to pay'.*

**Reflective comments for this skill are very important.**

## **Skill 2 - Create accurate and legible written communications / documentation according to practice policy.**

*(Records to include patient records and reports, laboratory reports, admission and consent forms, client home care plans and instructions).*

Students will need to be familiar with the different types of records and documentation produced in practice and follow relevant practice protocols.

Students should refer to the guidance notes and include a variety of communication experiences. Students should be able to legibly hand write.

*'27890 I completed the client / patient records and hospital sheet for a CKCS admitted for gastroenteritis'.*

## **Skill 3 - Access and store client and practice records according to practice policy and data protection laws.**

Students will need to demonstrate competence in the veterinary practice's computer system and any hard copy documentation. Client confidentiality must always be considered and reference to the student's knowledge, understanding and embedding of the supporting guidance should be made.

Before starting this skill, students are advised read the RCVS Code of Professional Conduct for Veterinary Nurses, supporting guidance, section 14, client confidentiality. Students may then wish to make reference to this when logging experiences to demonstrate understanding and application of the code.

Students should log a variety of experiences. These could include:

- Access client files on the computer system for a range of purposes
- Access practice records for stock purposes
- Storing equipment service records
- Storing consent forms, hospital records, care plans etc

- Refer to new GDPR

*'I am very familiar with the GDPR regs and follow these daily. I correctly filed the consent form for 34768 which I know must be stored for 5 years'.*

#### **Skill 4 - Admit patients.**

*(Obtain written and verbal informed consent. Respond appropriately to the economic status of clients to include insurance and referrals, develop care plans as appropriate).*

Before starting this skill, students are advised to read the following areas of the RCVS Code of Professional Conduct for Veterinary Nurses, supporting guidance,

- Section 1, referrals and second opinions
- Section 9, practice information, fees and animal insurance
- Section 11, communication and consent

Students may want to make reference to the above when logging experiences to demonstrate understanding and application of the code.

Students' experiences should include a variety of admissions showing the different requirements of different species and different procedures. These could include.

- Patient assessment via normal routine discussions with the client
- Pre-anaesthesia nutritional requirements for rabbits, cats and dogs
- It might be recommended that outdoor cats are kept inside the client's home the night before surgery to avoid unknown food intake, and to avoid cancelled appointments for wandering cats.
- The date of the last season needs to be clarified for bitch spays.
- The location of tumour removals is identified at the time of admission.
- Individual practice SOPs for admission should be followed.

Students' experiences should include both **VERBAL** and **WRITTEN** consent.

Students should be gaining sufficient information during the admission process to enable effective completion of care plans.

Progression in capability should be evident through experiences.

*'26576 3YO Lab for bitch spay – informed and written consent, confirmed date of last season'.*

*'3456 followed SOP for gaining verbal consent during op, when asking client if they wanted a 2nd lump removed'.*

**Reflective comments are very important for this skill.**

#### **Skill 5 - Conduct effective nursing consultations.**

*(History taking and appropriate examination, identifying patients for referral to a veterinary surgeon or veterinary nurse, application of treatments, programmes of preventative medicine)*

Before starting this skill, students are advised to read the following areas of the RCVS Code of Professional Conduct for Veterinary Nurses, supporting guidance and embed this within their logged practical experiences. Reflective comments should refer to the supporting guidance which relates to schedule 3.

- Section 8, delegation to veterinary nurses

Students should refer to the above when logging experiences to demonstrate understanding and application of the code.

A variety of effective and appropriate nurse consultations should be experienced. These may include:

- Post-operative wound checks and stitches out
- Administration of medicines prescribed by the Veterinary Surgeon
- Application of flea / worm treatments prescribed by the Veterinary Surgeon
- Weight clinics
- Geriatric clinics
- Puppy clinics
- Referral to a vet, e.g. following wound check

*'23456 post-op wound check following spay, sore, red and inflamed, referred to vet'.*

**Reflective comments are important for this skill.**

### **Skill 6 - Implant a microchip.**

*(This skill may be completed as part of a nursing consultation).*

The student should demonstrate competence in successfully inserting a microchip into numerous patients. This includes checking the patient for previous microchip implantation first, ensuring that all data logged on the microchip form is correct and that the bar code on the implant packaging and form are the same. It is important that students refer to health and safety requirements where applicable.

*'240714 successfully implanted microchip in lab puppy during a nurse consult'.*

**Reflective comments are important for this skill.**

### **Skill 7 - Provide discharge information and guidance to clients.**

*(Discuss home care plans with clients, including advising clients on safe and correct routes of administration and potential side effects. Demonstrate to clients safe techniques for administering medication. Advise clients on the storage and disposal of medication. Wound care advice. Bandage advice. Advise clients on out of hours services)*

Students will need to demonstrate competency when discharging patients and providing guidance and support to owners. They must ensure that the owner understands what home care requirements their animal needs and their role in this to promote effective recuperation.

Students should discharge a variety of patients. This may include:

- Different species with different post-operative requirements
- Different procedures, where different considerations need to be discussed
- Discharge experiences that include a range of medications (tablets, liquids, spot-on, capsules etc.), with different potential side effects and different storage requirements (light sensitive, refrigeration etc.).
- Experiences that include patients with different wounds
- Experiences that include patients with bandages



- Confirmation that clients have been advised on out of hours services.

*'3678 discharged diabetic dog, demonstrated inj technique, advised fridge storage for insulin and to return used syringes for disposal'.*

**Reflective comments are very important for this skill.**

### **Skill 8 - Complete appropriate documentation for referral and diagnostic services.**

*(To include laboratory samples, clinical histories and hereditary tests for example elbow and hip scoring, genetic testing, and blood tests)*

Students will need to be familiar with and demonstrate competence in the completion of a range of referral and diagnostic forms/processes. They will need to be aware of practice protocols relating to obtaining and forwarding patient histories to ensure GDPR and client confidentiality is always considered. This directly links to the relevant supporting guidance and students will need to refer to this within their reflective comments.

Before starting this skill, students are advised to read the following areas of the RCVS Code of Professional Conduct for Veterinary Nurses, supporting guidance,

- Section 13, clinical and client records

Students should refer to the above when logging experiences to demonstrate understanding and application of the code.

Students should note that this skill links to section 5 (Laboratory skill 8)

Experiences may include DNA testing, BVA paperwork, obtaining / forwarding histories, laboratory sample paperwork'.

*'3698 correctly completed BVA paperwork for hip score'.*

### **Skill 9 - Review and discuss evidence-based nursing.**

*(Identify an area of practice for discussion with members of the veterinary team, appraise literature, consider cases in accordance with reviewed literature and discuss and disseminate findings with practice team).*

This skill requires students to review and reflect upon current practices and evaluate whether the practice's current procedures and processes need to be reviewed. Students will be required to read related literature and be able to discuss their findings with other members of the veterinary team.

In veterinary practice there are often many different methodologies to reach an end goal. It is important that students work to, and understand 'best practice' but also that there may be several different 'best practice' approaches. Occasionally some compromise approaches may be necessary if practices are limited by space, size, facilities or resources. Veterinary nurse students can use the OSCE task methodologies as a benchmark but should without doubt understand why other techniques and approaches may be used in your practice.

Students should understand and implement the practice SOPs, but should also be appraising literature and working with veterinary colleagues in researching new and evolving techniques. Veterinary practice is ever changing and diverse, with a great emphasis on veterinary nurses now carrying out their own research. The Veterinary Nurse publication is a great example of this.

Evidence-based practice is a developing concept in veterinary nursing and is considered fundamental to improving veterinary nurses' approach to patient care.

*'I researched post-operative body temperatures, found consistently low; practice now use baby socks on all surgical patients'.*

*'I attended two lunch and learns on parasites and made a waiting room display as a result of info obtained and info researched'.*

*'Researched post op nutrition and discussed my findings at the monthly nurses meeting'.*

## **Skill 10 - Identify and collaborate on quality improvement within the practise setting.**

*(Review definition of quality improvement and guidance provided by RCVS knowledge, discuss unexpected medical or surgical complications with the veterinary team; examples of which may include serious complaints, accident, or anaesthetic death. Consider circumstances. Ensure effective protocols are in place and discuss proposed improvements with the veterinary team.)*

Before starting this skill, students are advised to read the following areas of the RCVS Code of Professional Conduct for Veterinary Nurses, supporting guidance,

- Section 5, communication between professional colleagues
- Section 17, veterinary teams and leaders

Students should refer to the above when logging experiences to demonstrate understanding and application of the code.

When discussing what experiences you are expecting your student to log for this skill, consider the following:

- Involvement with clinical / practice audits
- Self-reflection on own performance where improvements / adjustments need to be made for the future
- Attendance at staff meetings, which may involve discussion and analysis of any complaints
- CPD attendance and discussion around potential implementation of new techniques / improvements

This skill incorporates and promotes reflective practice. Students should successfully review their involvement in difficult cases or where the patient outcome was not as expected.

Students should be aware of the practice protocol for investigating complaints, complications and other situations that may require quality improvement within the practice.

*'I attended the practice clinical governance meeting. I know I must now make sure I write on the client records if a client refuses a buster collar for any patient with a wound'.*

*'I carried out a clinical audit on the completion of GA charts and gave my findings at the team meeting'.*

*'23651 Followed the practice SOP when client complained about the size of the clip mark following spay'.*

**Reflective comments are very important for this skill.**

## **Skill 11 - Demonstrate compliance with practice protocols in regard to the health and wellbeing of personnel.**

*(Discussion of health and wellbeing concerns which may be experienced by any member of the veterinary team, and the protocols in place to prevent and mitigate them. These should include reference to mental and emotional health concerns, as well as those relating to physical safety and health).*

Before starting this skill, students are advised to read the following areas of the RCVS Code of Professional Conduct for Veterinary Nurses, supporting guidance,

- Section 15, Health protocol

Students will be expected to demonstrate competence regarding health and wellbeing concerns, including recognition of signs that someone may be experiencing mental health issues. The students will need to be aware of the support available to staff and what the protocols are regarding reporting any concerns.

Mental health and wellbeing incorporate many different situations and signs can be different from person to person. Whilst the student is not expected to know and understand all aspects of health and wellbeing, they should be able to recognise warning signs and be able to follow appropriate protocols.

*'I created a PPT on health and wellbeing and delivered at practice meeting – so all know the protocols for reporting concerns and know support available'.*

*'I created a positivity tree on the noticeboard, where all staff said one nice thing about each other'*

*'I offered to stay late, as I knew that CH had worked late the last 3 nights and was tired'.*

**Reflective comments are very important for this skill.**

## **Skill 12 - Communicate effectively expressing appropriate empathy and sympathy.**

*(Prepare the owner for loss, support the owner through the euthanasia process, provide follow-up support for a bereaved owner, maintain, and adapt professional approach to the circumstances)*

Before starting this skill, students are advised to read the following areas of the RCVS Code of Professional Conduct for Veterinary Nurses, supporting guidance,

- Section 8, euthanasia of animals

Students should refer to the above when logging experiences to demonstrate understanding and application of the code.

The student will need to ensure they approach each situation in a professional manner and try to ensure that their emotions do not interfere with that of the patient or owners.

When discussing what experiences you are expecting your student to log for this skill, consider the following:

- Discussing the euthanasia process with clients
- Discussing burial / cremation options with a client
- Offering client a quiet area to wait

- Offering words of sympathy, tissues and a listening ear
- Make appropriate arrangements (following practice SOPs) for emotional clients to pay for euthanasia
- Assisting the veterinary surgeon with euthanasia of a patient
- Sending out practice sympathy cards
- Contact clients when ashes are received back at the practice
- Returning ashes back to clients

*'3933 wrote sympathy care for client and sent in the post'.*

*'1254 discussed cremation options with client, spoke slowly and quietly and took to consult room for privacy'.*

**Reflective comments are very important for this skill.**

## **Sections 3 – Handling and Restraint**

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### **Skill 1 - Evaluate behavioural and environmental factors when approaching and handling animals.**

*(Recognition of and minimising fear and distress, utilising approaches which reduce stress).*

Students will need to log evidence for a range of species when completing this skill. They will need to be aware of behavioural and environmental factors for different species and breeds and be able to make suitable changes to their handling and approach to minimise fear and distress for the individual patient.

When considering what experiences to log for this skill, consider the following:

- Students should be familiar with canine and feline communication (body language and facial expressions), and experiences should reflect this.
- Students should consider different breeds.
- Students should log any exotic experience they have.
- Experiences of recognising fear and distress and how these were minimised for each individual, should be logged.
- Health and safety – closing of doors and windows
- Use of restraint aids where appropriate

*'3567 cat hiding at back of kennel with ears back, gave a hide and switched on feliway'*

*'3456 Yorkie barking in kennel, put a towel over the front to reduce visual stimuli'*

*'5467 placed rabbit (prey species) in a quiet area away from predators and placed towel over the front of the cage to darken.*

**Reflective comments are very important for this skill.**

### **Skill 2 - Select and use appropriate personal and patient protective equipment.**

Experiences should include a variety of PPE and may include:

- Gloves
- Long sleeves
- Gauntlets

- Muzzles
- Towels
- Barrier nursing PPE if restraining isolated patients.

It is important that students are familiar with a range of Personal Protective Equipment (PPE) for the use of handling and restraint of a variety of patients and where applicable, different species. This equipment will need to be for both their protection and that of the patient.

It is important that students are shown the different types of patient protective equipment available in practice and how this is to be used safely and effectively.

It is important that students are ultimately confident in their own ability to recognise signs of fear and aggression and which equipment they will need.

*'3568 wore long sleeves when restraining fractious cat for jugular blood sample'.*

**Reflective comments are very important for this skill.**

### **Skill 3 - Demonstrate techniques for approaching and catching animals.**

*(With due regard to patient needs and behaviours).*

Students will need to log evidence for a range of species when completing this skill. They will need to be aware of the behavioural, medical, and surgical needs of the patient, and be able to make suitable changes to their handling and approach to ensure patient welfare.

Student experiences should aim to include a good variety that reflects the patients and cases typically seen at the practice. Consider the following:

- Cats (a variety of temperaments and conditions) from kennels, top-opening carriers, and front opening carriers.
- Dogs (a variety of different breeds, sizes, and temperaments) from small shoreline style kennels to large walk-in kennels.
- Some exotic experiences should be logged where possible, e.g., birds, and rabbits, hamsters etc. as the approach to catching different species will alter.
- Use of aids where required, e.g., dog catcher, towel etc.
- Students need to be aware of the behavioural, medical, and surgical needs of each patient, and be able to make suitable changes to their handling and approach to ensure patient welfare. E.g., approaching a cat with a # leg, being mindful of pain and sensitivity in the affected limb.

*'8458 caught a nervy greyhound on a slip lead from kennel, approached slowly, but confidently'.*

*'2346 caught cat with # leg, mindful of # and pain, and holding affected limb away from my body but with support'.*

**Reflective comments are very important for this skill.**

### **Skill 4 - Lead and move animals using the most appropriate equipment for the species and approved manual handling and lifting procedures.**

Students will need to be aware of any relevant legislation relating to the handling and lifting of patients to ensure safety is maintained throughout. It is important for students to be aware of the different equipment available to them in practice, where this is stored and how it can be used. The

safety and welfare of the patient needs to be considered when moving them around different areas of the practice.

Student experiences should aim to include a good variety that reflects the patients and cases typically seen at the practice. Consider the following:

- Use of cat boxes
- Use of collars and leads.
- Use of aids in moving paraplegic / recumbent patients
- Some exotic experiences should be logged where possible, e.g., moving birds, and rabbits, hamsters etc. as the approach to catching different species will alter.
- Following any relevant practice SOPs, e.g., double leads for large dogs.
- Students will need to be aware of any relevant legislation relating to the handling and lifting of patients.
- Use of aids, stretchers, and other people when necessary
- Techniques used in transporting / moving patients on IVFT, with bandages and closed-circuit urinary catheter systems etc.
- Demonstration of correct lifting techniques
- Students could also include experiences of dealing with international transport of small animals (pet travel scheme)

*'2145 placed cat in secure cat carrier to transport into prep room'.*

*'4789 complied with manual handling regs 1992, when lifting and moving a 35kg GSD on a stretcher, which I did with another person'.*

*'3538 transported 40kg GSD on a lead on IVFT, slowly and mindful of line, switched off 1st'.*

**Reflective comments are very important for this skill.**

### **Skill 5 - Use appropriate restraint methods suitable for the patient and situation with due consideration for animal welfare.**

*(Maintain patient's emotional homeostasis and wellbeing. Recognise signs of distress and act accordingly to minimise this. Restrain for clinical examination, sample collection, administration of medicines and restrain patient for the introduction of an appropriate airway management device)*

Student experiences should aim to cover the guidance above and include a good variety that reflects the patients and cases typically seen at the practice. Consider the following:

- Different species to include rabbits / small furries.
- Different breeds / sizes of dog
- Different temperaments of dogs, e.g., temperamental, aggressive, bouncy etc.
- Restraint of canine patients that might involve the use of different muzzles.
- Restraint of canine patients that might require a 2nd helper.
- Restraint of different temperaments of cats
- Restraint of cats that might involve a crush cage, towel or assistance device.
- Painful patients
- Restraint of patients with differing needs, e.g., # leg, following surgery
- Restraint for the full range of conditions as referred to above
- Restraint of distressed patients, showing methods to minimise distress where possible – possible links to skill 1.

Some exotic experiences should be logged where possible, e.g., the restraint of birds, and rabbits, hamsters etc. Restraint will alter according to species.

*'5610 restrained very wriggly lab puppy for examination of ears.*

*'5678 restrained snappy geriatric JRT for pre-med, placed a muzzle, handled with consideration of # femur''.*

**Reflective comments are important for this skill.**

## **Section 4 – Nursing Care**

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### **Skill 1 - Interpret and use individualised care plans to deliver the nursing process for a range of disorders and diseases.**

*(Interpret nursing care plans and carry out appropriate nursing interventions).*

Consider cross referencing to Section 2.

It is important that the student understands the differences between a hospitalisation sheet and a care plan. Inherently a hospital sheet is used as a method of recording key observations and findings but is not generally used to plan / justify the care needed / given.

Appendix 9 contains guidance for clinical coaches about care plans, including examples of commonly used care plans such as Roper, Logan and Tierney, Orem's and Ability models.

Students will have covered care plans as part of their university course and should be looking at implementing a care plan for a range of patient disorders and diseases.

Students must be able to demonstrate their awareness of the values of providing a holistic approach to nursing, ensuring competence in being able to interpret, evaluate, implement, and review nursing care plans for individual patients.

Discussion with the student to determine a potential list of cases (based on those typically seen at the practice) is recommended and may include the following:

- Gastrointestinal disorders
- Respiratory disorders
- Endocrine disorders, e.g. diabetic stabilisation cases
- Urinary disorders, e.g. FLUTD
- Spinal injuries/recumbent patients
- Post-operative recoveries

Also consider species here. Whilst there is no prescribed range of species, the range should aim to reflect those typically seen at the practice, so at the very least, canine, and feline patients.

*'3469 completed hybrid ability model for 8YO diabetic Bichon Frise'.*

*'8522 14yr DSH, following discussion with VS and client identified ascites and anorexia due to liver failure. Nursing requirements of fluid intake, nutrition, and grooming'.*

**Reflective comments are very important for this skill.**

## **Skill 2 - Critically evaluate a care bundle.**

*(This may be evidenced through research and a clinical discussion).*

A care bundle refers to a group of medical, surgical, and nursing interventions that when combined, can significantly improve patient outcomes. Students should be able to objectively evaluate and critique a range of interventions required for any given patient. The use of evidence-based research is expected, and if appropriate, a clinical discussion regarding a range of interventions can be carried out.

When planning how to complete this skill, critical evaluation should consider the following:

- Different conditions
- Different interventions (Surgical, medical, and nursing related)
- Different species
- Holistic approaches
- Evidence base research
- Medical and welfare needs of each patient.

*'8542 3yr DSH # femur, holistic approach - pin, pain relief, pain score, mobility, nutrition, wound care'.*

*'6789 clinical discussion on care bundle for dog with abdo mass'*

*'5885 reviewed literature in VNJ on physio for 12yr recumbent GSD'.*

*4852 critically evaluated different interventions for anorexic cat'.*

**Reflective comments are important for this skill.**

## **Skill 3 - Carry out a nursing assessment ascertaining information about the patient's normal routine.**

*(Food and fluid intake, urination and defecation, behaviour (Response to pain, strangers, commands etc.), mobility, sleep, and rest)*

Consider cross referencing to Section 2.

All students should be able to effectively demonstrate how to carry out a comprehensive nursing assessment taking into consideration, all aspects of patient care. This could include taking a full clinical history from the owner or veterinary professional during handover.

Students should aim to include a variety of species and cases that typically reflect those seen in the practice. It might be that such assessment forms part of the practice's admission procedures.

Such an assessment sheet does form part of the Ability care plan, see appendix 9.

*'8542 full patient assessment at time of admit for dental, owner confirmed dog wary of strangers and will eat on command of 'now' 7YO Rottweiler.*

*'3790 full patient assessment at time of admit for 1YO rabbit spay, confirmed recent food intake / type, rabbit lives outside'.*

*'8910 nurse blocked cat, considered diet, litter preference and reducing stress by offering a hide'.*

**Reflective comments are important for this skill.**



## **Skill 4 - Perform a clinical examination and record findings.**

*(To include temperature, pulse, respiration, weight, capillary refill time, mucous membranes, and non-invasive blood pressure)*

When planning how to complete this skill, consider the following:

- The types of situations when clinical examination will take place, e.g., morning hospital rounds, as part of a nursing consultation, emergency situations, preoperative, perioperative, and postoperative assessment.
- That the student can not only perform the clinical examination, but can identify normal from abnormal parameters and take appropriate action, (normal readings will differ between species so consider that an appropriate range of species is also covered)

The student should be able to demonstrate competence in carrying out a full clinical exam and recording findings in all relevant locations such as clinical records and hospital sheets.

It might be beneficial for candidates to firstly carry out clinical examination on anaesthetised patients, and show progression onto conscious patients, and finally more challenging patients.

*'3321 identified pale MM on RTA cat'.*

*'3567 took TPR on conscious, wriggly lab, all parameters normal.*

*'7890 identified slow CRT following surgery, altered the vet'.*

**Reflective comments are important for this skill.**

## **Skill 5 - Provide husbandry to patients, considering accommodation, nutrition, and excretions.**

*(Consider age, species, condition, demeanour, and enrichment. Calculate food requirements based on disease and life stage / lifestyle. Manage assisted feeding to include hand feeding, oral hydration and managing and maintaining assisted feeding tubes)*

Global Nutrition Guidelines

The Global Nutrition Committee (GNC) began life in 2010 with the initial skill of developing global nutrition guidelines, which were first published in 2011. The goal of these Guidelines is to help the veterinary healthcare team and pet owners ensure that dogs and cats are on an optimal nutrition plan tailored to the needs of the individual dog or cat.

There are nutrition tools and [downloadable guidelines on the WSAVA website](#).

Students should include a variety of experiences which fully cover the guidance notes. It might be necessary to utilise a set skill to cover managing and maintaining assisted feeding tubes.

Consider the following in helping to determine the types of experiences you are going to log to evidence this skill:

- A range of species
- Experiences including patients with a range of nutritional requirements, e.g. life stages / life style and disease (young patients, geriatric patients and a range of clinical condition / disease)

- Experiences showing assisted feeding; specifically hand feeding and oral re hydration (hand feeding in-appetent patients, rabbits and hand rearing puppies / kittens)
- Relevant RER and BER nutritional calculations
- Managing and maintaining assisted feeding tubes. If there is an absence of 'real' cases, the student could use a set skill of syringing food down a feeding tube, to appreciate difficulties and consistency of food. Experiences should also be recorded confirming familiarity and competence in line with the pre-prescribed OSCE checklist criteria for tube feeding, via simulation and discussion.
- Monitor and record excretions
- Manage accommodation for a variety of species
- Experiences showing the assessment of demeanour and provision of enrichment, e.g. mental stimulation

*'3469 calculated 'RC renal' food intake for newly diagnosed hospitalised 10YO renal cat'*

*'5432 gave comfy padded bedding to 10yr old recumbent greyhound'.*

*'86542 hand fed smelly pilchards to anorexic 6yr old, isolated cat with cat flu'.*

**Reflective comments are important for this skill.**

### **Skill 6 - Maintain patient's hygiene according to their needs.**

*(Consider cross referencing to section 2)*

The student should demonstrate competence in ascertaining a patients' hygiene requirements and implementing appropriate steps to ensure patient welfare in this area.

When planning how to complete this skill, consider the following:

- Species
- Age
- Different types of hygiene (cleaning and bathing, grooming, barrier creams)
- Different parts of the body (eyes, ears, orifices, faces)
- De-matts
- Flystrike

*'1458 groomed, shaved and applied barrier cream to over-weight adult DLH, who had difficulty grooming'.*

*'1234 regularly cleaned eyes of cat with conjunctivitis, and brushed as unable to groom and cat liked it'.*

*'2546 showered and dried 7week old puppy who had diarrhoea, as constantly dirty'.*

**Reflective comments are important for this skill.**

### **Skill 7 - Assess, monitor, manage and report the status of wounds to the appropriate member of the veterinary team.**

Students must be able to demonstrate their ability to assess, monitor and manage various types of wounds, including primary and secondary intention healing. They must also be able to convey any concerns or progress with other members of the veterinary team.

Students should aim to include a variety of experiences that reflect those cases typically seen in the practice. These may include:

- Surgical wounds on hospitalised patients
- Surgical wounds prior to stitches / staples out
- Infected wounds
- Minor wounds
- More complex wounds, e.g. skin grafts, dependent on practice case load

*'9863 identified that the oozing cat spay wound was just superficial, did get the RVN to double check'.*

*'4568 3-day post-op lump removal check, wound looked good, arranged for S/O next week'*

*'4561 post op wound looked infected and wasn't healing, referred to the vet'.*

*'5678 nurse consult - cut pad on SBT, quite big + still bleeding, referred to Vet – admitted for suture'.*

### **Skill 8 - Apply dressings appropriate to the type of wound.**

*(Consider evidence-based techniques and materials)*

Students must be able to demonstrate their ability to assess the wound and successfully identify an appropriate dressing. They should be able to correctly apply the dressing to the wound in an aseptic manner, taking into consideration any assistance they may require with patient restraint and welfare.

Students should be familiar with the different wound dressings used at the practice, and log experiences covering the range available.

Some of the bandaging OSCE tasks may involve wounds. Students should be familiar with a range of different types which might involve photograph identification to support the actual cases seen at the practice.

*'2486 Applied a small alevin dressing on infected wound, careful to maintain sterility of wound dressing'.*

### **Skill 9 - Apply bandages appropriate to species and condition.**

Students should be able to effectively demonstrate the application of bandages on different parts of the body and should cover a range of different species. It may be appropriate to utilise OSCE tasks for this skill where a variety of cases are not naturally occurring.

*'1234 applied a small hind limb bandage following toe amputation – bandage included the hock, good tension'.*

*'Applied an ear bandage to staff dog (JRT) who was more than happy to comply, materials correctly prepared in advance, tension good'.*

**Reflective comments are important for this skill.**

### **Skill 10 - Administer medicines prescribed by the veterinary surgeon in accordance with instructions from the manufacturer.**

*(To include; oral, topical, subcutaneous, intramuscular and intravenous)*

Students should include a variety of experiences fully covering the above notes. A variety of oral medications should be experienced and could include tablets, liquids and capsules. Students should ensure that some experiences include direct oral medication and not the sole placement of medicines in food.

Experiences should include a variety of species, with cats and dogs for each route as an absolute minimum. The inclusion of some exotic species would be ideal and is actively encouraged.

When referring to I/M injections students should record the correct muscle.

OSCEs commonly include administration of medication, across a variety of routes.

It would be beneficial to discuss with students commonly used drugs within the practice and direct them to the manufacturer's guidelines for each.

*'2458 S/C synulox anaesthetised CKCS, calculated, drew up, double checked and administered – shook bottle as per manufacturers guidance before drawing up'.*

*'2458 adult cat, S/C caninsulin, drew up, double checked and administered'.*

*'3456 IM Quad pre-med, fractious cat – drew up and administered'.*

**Reflective comments are important for this skill.**

### **Skill 11 - Monitor for side effects and adverse medication reactions and alert the veterinary surgeon.**

Students must be able to demonstrate their awareness of common side effects of drugs administered and effective monitoring techniques to ensure patient welfare. They must also effectively demonstrate their ability to follow practice protocols for alerting the veterinary surgeon should any adverse reactions be noted.

Please note that monitoring for a reaction, does not mean that a reaction has to have occurred.

Students should also log knowledge on how to access current drug formulae.

*'3456 2yr old Labrador monitored for any kind of adverse reactions during blood transfusion, including vomiting, collapse and shock'.*

*'4567 monitored closely following pre-med to monitor for desired effect, very sleepy so told the vet'.*

*'5678 advised owner of potential adverse reactions, and likely reactions / side effects to prednisolone tablets, inc polydipsia, polyuria and polyphagia'.*

*'5789 referred to NOAH online for common side effects to prescribed milbemax wormer'.*

### **Skill 12 - Provide fluid therapy to in-patients.**

*(Select appropriate fluids according to veterinary surgeons' instructions. Select and prepare administration equipment. Place intravenous catheters into appropriate veins. Intravenous catheter management. Calculate amount and rate of fluid to administer. Observe and monitor patients receiving fluid therapy, reporting any concerns to an appropriate member of the veterinary team.)*

Students should include a variety of experiences that encompass the above notes and reflect the typical case load of patients seen in practice that receive fluid therapy. These could include:

- Provision of fluid therapy to cats and dogs (exotics if applicable)
- Experiences of using different types of fluids; colloids / range of crystalloids (if applicable)
- Experiences of aseptically setting up administration equipment
- Placement of IV catheters in cats, dogs (exotics if applicable) – consider different breeds in dogs (long and short legged).
- Placement of IV catheters in anaesthetised / sedated patients, showing progression onto conscious and more challenging patients.
- Placement of catheters in patients with a variety of clinical conditions
- Managing IV catheters, with experiences showing a variety of catheter requirements, e.g. re bandaging, blocking, flushing, re-placement etc.
- Calculating fluid requirements in line with practice SOPs, but also with consideration of the examined OSCE task methodology.
- Calculations should include maintenance, mls/hour, mls/min, drops per min, seconds per drop.
- Students should be familiar with regular giving sets and burettes.
- In addition to real cases, students can also be given scenario fluid calculations, which can be recorded and uploaded into the communications tab.

*'6543 set up Hartmans fluids in line with OSCE methodology'.*

*'6543 calculated daily maintenance – drops per minute for 20kg Labrador receiving sodium chloride'.*

*'5892 unsuccessful attempt to place cannula in Frenchie, passed to RVN after 2 attempts)*

*'6578 successfully placed cannula into cephalic vein of 8kg collapsed Dachshund'.*

**Reflective comments are important for this skill.**

### **Skill 13 - Identify, assess, and evaluate pain and alert the veterinary surgeon.**

*(Score and evaluate pain using a validated system, intensity of pain and associated anxiety and behaviour)*

The ability to experience pain is universally shared by all mammals, including companion animals, and as Veterinary Nurses there is a moral and ethical duty to mitigate this suffering to the best of our ability. This begins by evaluating for pain at every patient contact.

To complete this skill, students are required to evaluate pain using a validated system. Guidance on pain and pain scoring systems can be found in appendix 10.

When logging experience, students should be aiming to state the pain scoring system used, their evaluation of the patient's pain and the action taken. An appropriate variety of species that reflects the cases typically seen by the practice should be included in demonstrating competence.

Students must also effectively demonstrate their ability to follow practice protocols for alerting the veterinary surgeon should any concerns regarding a patient's pain assessment be raised.

*'3456 used the Glasgow pain scale post-op for geriatric 40kg GSD following ex-lap, identified 12/24 and alerted the vet'.*

**Reflective comments are important for this skill.**

## **Skill 14 - Perform basic physical therapy techniques to aid mobilisation.**

*(To include passive movement and active exercise)*

Nurses are increasingly involved in developing and implementing the growing areas of physiotherapy and hydrotherapy, as its use for post-operative and post-injury rehabilitation continues to grow.

Physical therapy encompasses manual therapies (stretches, massage, joint mobilisations), exercise, hydrotherapy, thermal modalities (heat and cold) electrotherapeutic modalities (ultrasound, laser, TENS, neuromuscular electrical nerve stimulation (NMES) and respiratory techniques.

Students should be aiming to log a variety of experiences, which will vary dependent upon the case load and the equipment available at the practice.

Effleurage, petrissage and active range of motion should all be experienced, as a minimum.

*'5678 Performed passive physio, prior to active exercise (via short walks) for 7YO over-weight Labrador following mammary strip'.*

**Reflective comments are important for this skill.**

## **Skill 15 - Administer first aid for a range of situations within the limits of law and the expertise of the student.**

*(First aid is defined as care that can be carried out by a layperson).*

Students must be aware of the limitations of providing first aid to patients and understand the legalities involved and when it is appropriate for the veterinary surgeon to intervene.

Veterinary emergencies comprise a wide range of clinical problems, ranging from those that are imminently life threatening to minor injuries and ailments.

Triage is the process of rapidly classifying patients on the basis of their clinical priority, allowing identification of those patients that need urgent lifesaving help and ensuring that this occurs immediately and before patients with less severe problems are dealt with.

One of the veterinary nurse's major roles is to perform triage so that the veterinary surgeon can focus on the patients that need them the most. The process of triage involves assessing information from the patient's history and initial clinical examination, and in particular assessment of their major body systems.

Students may therefore log experiences where assessment has taken place, even if the outcome is not life threatening, e.g. assessment of a haemorrhaging wound post-operatively and concluding that it is minor capillary ooze and application of a light dressing is sufficient.

Other experiences (outside of the very obvious first aid scenarios) you may not have thought to consider include:

- Increased monitoring of an anaesthetised patient, where recovery from anaesthesia is not routine
- Increased monitoring of brachycephalic breeds
- Increased monitoring of the airway following dentistry
- Assessment of patients with fractures
- Injured Wild animals brought into reception.

This skill considers 1st aid when the Vet is not immediately present.

*'4567 identified post-op ex-lap wound bleeding, checked with RVN, was just superficial, and placed primapore dressing'.*

*'3456 observed post-op recovery from multiple extractions in 10YO poodle, lowered head and removed excess saliva'.*

*'4588 put pressure on bleeding wound with sterile swabs, whilst waiting for the vet who was making their way from consults'.*

**Reflective comments are important for this skill.**

### **Skill 16 - Assist with a range of emergency care techniques within the limits of the student's expertise.**

Emergency care is defined as care delegated by the veterinary surgeon in an emergency scenario.

The key word here is ASSIST. The student is not expected to be carrying out the emergency care technique alone.

This skill considers 1st aid as delegated by the Vet.

Other experiences (outside of the obvious first aid scenarios) you may not have thought to consider include:

- Revival of caesarean puppies / kittens
- Use of O2 tents
- Assisting the Vet with any emergency, medical, surgical, animals brought in off the street

Students will need to demonstrate their ability to assist with the care and nursing of patients presented as an emergency within practice. Students will need to be aware of the limitations of being delegated schedule 3 skills and work within their professional capacity.

*'3890 assisted the vet with a GDV, assisted with stomach tubing and IVFT'.*

*'2356 revived and gave O2 to caesarean puppies before placing into the incubator'.*

**Reflective comments are important for this skill.**

## **Section 5 – Laboratory Techniques**

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Please note that most of the skills in this section are examined via OSCE.

### **Skill 1 - Discuss with the veterinary surgeon and prepare for an appropriate sampling strategy.**

*(Strategy to include: PPE, clipping and preparing sample site, preparation of patient and equipment, calibration of equipment. Strategies prepared for blood, urine, faeces, skin / hair and tissue biopsies)*

Students should discuss and prepare for a variety of sampling strategies with the veterinary surgeon. Appropriate PPE must be worn; a variety of different PPE should be shown through the range of experiences.

A variety of experiences for clipping and preparing sample sites should be logged. These could include:

- Clipping and preparation of venepuncture sites
- Clipping and preparation of tissue biopsy sites
- Clipping cystocentesis sites ready for the veterinary surgeon

(Please ensure that the correct technique for using clippers is carried out, as this directly relates to the OSCE)

Students should be familiar with the use of different sample tubes and make reference by name and not colour. This is also true when selecting the most appropriate needle sizes.

A variety of experiences showing patient preparation should be logged. These could include:

- Checking the nutritional status of the patient for tests with specific requirements
- Checking the patients temperament
- Medication status (as some medications may interfere with some tests)

Experiences showing the calibration of equipment e.g. refractometer should be logged. Students may also include quality control and quality assurance procedures on in house laboratory analysers.

Please note that calibration of a refractometer is essential in ensuring accurate results and forms part of an OSCE task.

A good variety of equipment should be prepared in line with the range of sample techniques and sites stipulated in the skill requirements.

*'3443 prepared EDTA tube, needle, syringe, swab, spirit swab, clippers in line with OSCE task for haematology sample for cat'*

## **Skill 2 - Safely and effectively take appropriate samples.**

*(Samples to include: blood, urine, faeces, skin, hair pluck and bacterial swabs)*

Students should include a variety of experiences ensuring coverage of the skill requirements above. Consider the following:

- Blood samples from cats and dogs (a variety of veins could be used if this falls in line with practice SOPs and may include venepuncture on rabbits)
- Urine sample via 'free catch'
- Urine sample via placement of a urinary catheter (usually male dog)
- Urine sample via the collection bag on an indwelling closed circuit system – please note this skill refers directly to an OSCE task and candidates should be familiar with the pre-prescribed OSCE checklist criteria.
- Skin scrapes
- Hair plucks
- Adhesive tape impressions
- Hair brushings
- Impression smears
- Swab samples (ear swabs and wound swabs) – please note there are ear and wound swab OSCE tasks and candidates should be familiar with the pre-prescribed OSCE checklist criteria.



- Faecal swabs
- Faecal samples collected directly from the rectum
- Passed faecal samples collected off the ground.
- Selection of the correct equipment (blood tubes, swab type, needle sizes etc)

*'3456 took B/S from jugular vein of overweight, friendly, geriatric Labrador, prepared EDTA tube for haematology'.*

*'4567 prepared equipment for and took jugular blood sample off aggressive Sharpei'.*

**Reflective comments are important for this skill.**

### **Skill 3 - Carry out Haematological analysis.**

*(To include biochemistry, haematology, packed cell volume (PCV), total solids (protein) and smear)*

Students should be logging experiences in line with the above guidance.

Please note that students should be familiar with the OSCE tasks for PCV and blood smears and should also log experiences in line with the examined methodologies where possible. Please note that most current OSCEs include PCV testing with a Hawksley reader.

Total solids are measured by refractometer and actually measures refractive index versus total protein. It is used as an estimate for total protein (which are the constituents of plasma that have the most effect on the refractive index).

Students will need to be aware of the SOPs in place for the tests within this skill and any manufacturer's guidelines that need to be followed.

*'4567 used biochemistry and haematology in house IDEXX Machines'*

*'5678 made 4 blood smears, 1st 3 were not diagnostic but last 1 was good'*

**Reflective comments are important for this skill.**

### **Skill 4 - Carry out urinalysis.**

*(To include urine reagent strips, specific gravity, and sediment analysis)*

Please note that these skills are examined via the OSCEs, and students should be familiar with the correct methodologies.

Students will need to be aware of the SOPs in place for these tests and any manufacturer's guidelines that need to be followed and how to record and report results appropriately.

*'5678 calibrated refractometer, correctly read S/G'.*

*'5678 sediment analysis and successful ID of struvite crystals – noted vernier scale and told the vet'.*

*'4321 correctly read urine dipstick, ensuring to read the results at the correct times – results recorded.'*

**Reflective comments are important for this skill.**

## **Skill 5 - Carry out faecal analysis.**

*(May include gross visual analysis, microscopic analysis, quantitative examination; Baermann technique, commercial test kits)*

Gross visual analysis of faeces could include:

- Consistency
- Odour
- Colour
- Mucus
- Parasites

Microscopic analysis may be used to detect parasites, impaired digestion and bacterial / yeast infections. A direct smear can be made by spreading a small amount of fresh faeces onto a microscope slide.

Quantitative examination - the modified McMaster technique is generally used to detect eggs and the Baermann technique for larvae. Guidelines for both techniques can be found on page 528 of the BSAVA textbook of veterinary nursing 5th edition.

A range of commercial test kits for faecal analysis are available, including giardia, cryptosporidium, and parvovirus.

Gross visual analysis and quantitative examination should be easily achieved, and students are expected to detail the evidence for these. The student will need to be aware of the SOPs in place for these tests and any manufacturer's guidelines that need to be followed and how to record and report results appropriately.

Students should be familiar with an appropriate Stool Scale, for example the Bristol Stool Scale. Students should be able to utilise this approach when carrying out the evaluation of a sample.

*'5678 identified haemorrhagic diarrhoea from parvo puppy and correctly carried out a parvo snap test'.*

**Reflective comments are important for this skill.**

## **Skill 6 - Carry out skin and hair analysis.**

*(May include hair pluck, skin scrapes, tape strips and coat brushings)*

The testing of skin and hair is invaluable in the identification of ectoparasites and conditions such as ringworm. Students should carry out a variety of experiences ensuring they cover the minimal requirements noted above.

The student will need to be aware of the SOPs in place for these tests and how to record and report results appropriately.

*'6789 skin scrape on friendly Westie – good technique and diagnostic, identified Demodex under the microscope'.*

## **Skill 7 - Use a microscope to examine laboratory samples.**

*(To include low magnification, high magnification and oil immersion. Record Vernier scale readings)*

The student will need to be aware of the SOPs in place for the safe use and storage of the microscope and any related equipment.

Microscopes will vary from practice to practice but typically:

- X 4 magnification is used as a scanning objective (this shortest objective is useful for gaining an overview of the slide)
- X 10 is considered low magnification
- X 40 is considered high magnification
- X100 is oil immersion.

Students should ensure that experiences logged confirm the magnification used and what was identified using each objective. It is likely that the same sample will be examined under a variety of different objectives.

Students should include a variety of experiences accurately recording Vernier scale readings.

Several OSCE tasks involve the use of a microscope so students should be encouraged to work with these and be in the habit of recording vernier scales.

*'4567 used x100 oil immersion to look at blood smear, managed to identify a variety of WBCs'.*

**Reflective comments are important for this skill.**

### **Skill 8 - Prepare samples for external analysis.**

*(To include accurate completion of documentation, correct packaging and labelling, correct preservation and storage in line with current legislation)*

The student will need to be aware of the SOPs in place for safe packaging and storage of a variety of samples prior to dispatch. It is important that students are aware of the legislation relating to the sending of samples.

When deciding what experiences should be logged for this skill, consider all the external laboratories that the practice work with on a regular basis and as a minimum, aim to ensure that experiences are logged for each of these so that the student will be able to demonstrate competence in using the documentation associated with each.

Also consider the typical range of samples that the practice sends to external laboratories, and how these may differ in preparation, (e.g. refrigeration, centrifugation) preservation and packaging.

These are likely to include samples such as:

- Blood samples
- Smears / microscope slides
- Urine samples Biopsies
- Fluid samples
- Faecal samples
- Swabs

The student should include a range of techniques for preservation and storage.

These could include:

- Different anticoagulants
- Chemicals, e.g., Boric acid, Formalin

- Airtight containers
- Stains
- Transport mediums for swabs
- Refrigeration
- Room temperature

*'2987 prepared an ear swab for IDDEX, packaged, filled form and left for courier'.*

*'1234 wore gloves and prepared formalin pot for histology – selected correct test on the lab form and correctly packaged'.*

### **Skill 9 - Record laboratory test results and communicate accurately to the appropriate member of the veterinary team.**

This skill links to Section 2 (communication) skill 7.

The student will need to be aware of, and able to execute the completion of appropriate records as well as dissemination of results within the veterinary team.

Students should include a range of experiences that reflect the practices typical case load for different types of laboratory results. This may include:

- Recording a variety of internal laboratory test results
- Recording a variety of external laboratory test results
- Communicating to the appropriate team member verbally, or by other recognised practice methods, e.g., writing, or internal e-mail.

*'2987 recorded blood sample results onto patients file, and left a note on the vet's email, with the results.'*

*'5678 verbally told the vet that I had found struvite crystals and left a written record of the vernier scale'.*

## **Section 6 – Diagnostic Imaging**

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Please note that most of the skills in this section are examined via OSCE.

This section can usually be completed holistically, and we would recommend demonstrating skill 1 – 5 on the same occasion.

Students should be mindful of the diagnostic imaging OSCEs and log experiences in line with simulation, experiencing and understanding the pre-prescribed OSCE checklist criteria. Whilst experiences on real patients are without doubt hugely beneficial, positioning aids in the OSCE tasks are specific and directly relate to the 'view', whereas on real patients positioning aids will often alter dependent upon body mass, size and shape.

**Reflective comments are important for this section.**

## **Skill 1 - Prepare and use radiography equipment to produce a diagnostic image.**

Students should be familiar with and able to demonstrate how to set up radiography equipment. They should be familiar with all the necessary steps involved, such as ensuring the warning light has been turned on to indicate the room is in use.

The type of equipment used will vary from practice to practice and be dependent on the type of radiography machine in use. Clinical Supervisors and students should plan for experiences to be logged that reflect the practices typical radiography case load. You may wish to consider the following.

- Preparation of the x-ray machine to include the warning lights/signs
- Protocols for the use of dose meters
- Use of PPE
- Preparation of equipment such as cassettes
- Use and justification of positioning aids (troughs, sandbags, foam wedges, ties)
- Methods of identification – Left/right markers, patient ID.
- It is good practice for students to be involved with BVA Hip / elbow positioning and requirements – a simulation might be required, dependent upon on case load.

*'2986 cat DSH, wore dose meter + lead apron, prepared machine inc warning light, sandbags, ties, L marker and cassette for lateral thorax'.*

*'1258 turned on machine, warning light and computer. Correctly input patient details and requirements for x-ray'.*

## **Skill 2 - Use appropriate personal protective equipment (PPE) and radiation monitoring equipment in accordance with practice local rules.**

Students should be able to demonstrate their knowledge and understanding of relevant radiation regulations and the requirements of adhering to local rules. It is important that students read and sign these local rules to confirm their acknowledgement. PPE, including dosimeter badges, should be considered and correct use demonstrated.

Student experiences should reflect the protocols of each practice, and will likely include:

- Use of dose meters
- Care and use of PPE such as lead aprons, gloves, sleeves, thyroid protectors, eye protection (if used)
- Use of lead screens/viewing windows
- Compliance to local rules

*'2986 wore dose meter + lead apron, stood outside room for lateral thorax'.*

*'Read and signed local rules'.*

## **Skill 3 - Position a patient to obtain a diagnostic image of the area of interest.**

*(A variety of species and positions would be expected)*

When deciding a suitable range of radiographic views that should be logged for this skill, a good starting place can be to look at the practices radiography records book as all radiographs taken should be logged here. You can then determine a range of 'common' views as a starting point, and

then perhaps move onto a 'wish list' of less common views to be involved with should the situation arise. This may include the use of contrast media.

It is also worth considering the OSCEs here as students can be examined on a range of radiographic views including:

- Thorax (lateral, DV, VD)
- Abdomen (lateral)
- Limbs (lateral and cranial-caudal or caudal-cranial views)
- Spine and pelvis
- Joints (shoulder, stifle, elbow, hips)

Students should be encouraged to use the OSCEs wherever possible and can simulate experiences to support the naturally occurring more common positions / views.

Students should comment on the diagnostic quality and collimated landmarks, in relation to positioning.

*'2986 positioned 25kg Springer for lateral thorax view – diagnostic and well collimated'.*

#### **Skill 4 - Process images according to practice procedure**

Follow practice protocols to complete this skill until the student feels consistently competent with their performance.

*'2986 correctly processed the lateral thorax image digitally following the practice SOP and manufacturer's instructions'.*

#### **Skill 5 - Record exposures and results of images according to practice procedure.**

*(Appraise the quality of the image)*

Students should be aware of where the x-ray exposure log is kept within the radiography suite and how this is to be effectively completed after each exposure. Students should log any comments regarding the quality of images produced and if any issues arose.

This skill will already have been commenced at university as students will have had tutorials and subsequent experience in appraising radiographs. Students will have had the opportunity to appraise and log experience in relation to:

- Anatomical landmarks
- Contrast and density
- Artefacts
- Positioning (including centring and collimation)
- Labelling
- Processing faults

This experience should be continued in practice in line with practice protocols and the type of radiography machine/processors in use.

*'2986 recorded exposure in practice book, and ensured successful transfer digitally to clients records – image diagnostic, slightly under exposed'*

*'5467 correctly recorded patient details, view, settings, personnel involved, and image quality'.*

## **Skill 6 - Prepare and support animals during ultrasound investigation.**

*(To include setting up equipment)*

Students will need to demonstrate competence in preparing a variety of patients for a range of ultrasound procedures. This will need to include, preparing any equipment and positioning aids required, clipping any fur from the area, restraining the patient effectively and assisting the veterinary surgeon with any other requests throughout the procedure.

Students should be familiar with the ultrasound equipment available in practice so that they can safely and effectively prepare this for use following the relevant SOP.

Students will need to know the location of all resources and positioning aids that may be required for the procedure and be familiar with common types of ultrasound procedures and where a patient may need to be clipped.

It is important to ensure that the student has a good understanding of anatomical landmarks so that they can clip the patient effectively. Students must all be confident with patient restraint and appreciate when they may need assistance with larger breeds.

The student experiences logged should reflect the use of ultrasound within the practice and the practice protocols for preparation of this. This may include:

- Procedures for setting up the ultrasound machine including probe selection.
- Setting up the room appropriately, e.g., bedding, dimmed lighting, away from noise.
- Ensuring all equipment required is present, e.g., restraint aids, bedding, coupling gel, clippers.
- Patient preparation – clipping of various sites.
- The support of conscious patients during ultrasound
- The support of anaesthetised patients during ultrasound
- Ability to follow SOPs in the set-up for ultrasound.

*'3456 positioned and restrained 50kg Mastiff for conscious pregnancy ultrasound'*

*'1258 input patient details into machine, prepped room and equipment (blankets, coupling gel and clippers), clipped patient, manual restraint by me'.*

## **Section 7 – Dispensing**

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Please note that many of the skills in this section are examined via an OSCE.

**Reflective comments are important for this section.**

### **Skill 1 - Ensure safe handling and management of pharmaceuticals in accordance with legislation and manufacturers guidelines.**

*(Store, handle and dispose of medicines in line with legislative guidelines and specific requirements found in the Summary of Product Characteristics (SPC) and with reference to their drug category. To include controlled drugs and hormone-based medicines which require special handling and disposal)*

Students must be able to demonstrate their compliance with various relevant legislation and guidance. Evidence of handling and dispensing a variety of medications from different drug categories is expected, referencing any specific legislative requirements.

The NOAH data sheet compendium should be available in all practices. This will likely be an online version due to the discontinuation of the paper-based book. Students should be familiar with the online platform and the tablet-based app.

NOAH contains a mixture of SPCs and data sheets. Full SPCs for all authorised veterinary medicines are made available by the Veterinary Medicines Directorate (VMD), and these can be accessed online.

The Summary of Product Characteristics (SPC) is a specific document required before any medicinal product or biocidal product is authorised for marketing. This summary is the definitive description of the product both in terms of its properties, chemical, hazardous properties, pharmacological and pharmaceutical etc., and the clinical use for which it can be used. The SPC is not intended to give general advice about treatment of a condition, but it does state how the product is to be used for a specific treatment. It forms the basis of information that veterinary nurses can use to inform them on how to use the specific product safely and effectively.

Organisation is key when planning how to complete this skill. Looking at the skill requirements, it is a good idea to break these down and discuss the different types of experiences, you would expect to see a student logging to reflect how the practice works to manage its pharmaceuticals.

Consider:

- A range of drug categories – looking at the most commonly used medications in the practice may help here
- Storage – on the shelf, refrigeration, light sensitive, dangerous drugs cabinet
- Handling – use of PPE
- Disposal – method of disposal depending on the type of drug
- Differences in the management of controlled drugs
- Relevant legislation
- Manufacturers guidelines

Students should be aware of the different drug categories and have a good understanding of the legislative requirements to practically demonstrate the safe handling, storage and dispensing of medications.

*'Unpacked drug order, stock rotation in dispensary, put vaccines in the fridge, methadone in CD cupboard'.*

*'2345 checked SPC for prednisolone POM-V and wore gloves to count out the required amount to be dispensed'.*

## **Skill 2 - Interpret prescriptions and prepare medicines for dispensing.**

*(Calculate drug dosages and confirm with an appropriately qualified member of the team. Package and label in accordance with legal requirements)*

Students must be able to demonstrate their ability to interpret a dispensing label and correctly dispense the required medication safely and effectively ensuring they adhere to any legislative requirements. Drug calculations would be expected to be logged. Additional practice calculation sheets can be utilised and uploaded to the communications tab.

Students should be able to calculate drug dosages, even if this is something that is routinely carried out by the veterinary surgeon in practice. Students should not just be interpreting prescriptions and



counting out the already calculated amount of tablets; although some initial experiences of prescription interpretation should be logged.

Students should log a variety of experiences, starting with basic calculations, e.g. wormers and flea treatments. They could then progress onto more complex calculations, where medication needs to be administered over multiple daily doses, with options of different mg preparations to select from.

Students should be familiar with the legal dispensing requirements and should be able to correctly hand write a label, should the practice printer fail.

Logging of experiences could include:

- Interpreting different prescriptions
- Preparing different medicine formulations for dispensing
- Different package options; child proof containers, manufacturer prepared envelopes, fluted glass bottles, plain glass bottles etc.
- A variety of calculations, for medicines spanning the legal categories

*'4567 calculated daily dose of prednisolone and split into 2 doses – checked answer with the vet.'*

*'4567 counted out + dispensed prednisolone into child-proof bottle, labelled and wore gloves.'*

*'I know the legal requirements of labelling and have handwritten a label as evidence.'*

### **Skill 3 - Maintain appropriate records.**

*(To include medicine records, controlled drugs (CDs), withdrawal periods and hospital charts)*

Students must be able to demonstrate competency with maintaining medicine records in practice including a variety of methods such as patient records, hospital charts, disposal of medication records and wholesaler records. This list is not exhaustive, and students should ensure that they are familiar with and adhering to specific protocols for the practice.

Regulation of Controlled drugs within veterinary practice is enforced by the Home Office, the Veterinary Medicines Directorate (VMD) and the Royal College of Veterinary Surgeons (RCVS).

Controlled drugs are regulated by the Misuse of Drugs Regulations (2001) and are a division of human POM medicines. They are divided into five schedules; these determine the requirements for their requisition, storage, record-keeping, prescribing, supply and disposal.

There are a number of requirements for keeping records. These apply to records of all prescription drugs, records for drugs used in food-producing animals and records of controlled drugs.

Controlled drugs register – records must be kept for all schedule 2 drugs with a separate part of the register for each drug. As of 30 November 2015, ketamine has been classified as a Schedule 2 Controlled Drug.

The Government website below contains a [comprehensive list of all scheduled veterinary medicines](#).

Students must be aware of the legislative requirements of controlled drugs and should be able to effectively complete the register when required.

It is important that the student does not have direct access to the controlled drugs cupboard and that they are aware of the designated person/s within practice who has access to these drugs.

*'4587 recorded dose of methadone in the DD book with all details, including amount given, waste and calculated the new running total'.*

*'Went through the delivery note and unpacked order, ticking each item off'.*

*'4567 wrote 0.5ml synulox administered S/C on hospital chart'.*

## **Section 8: Infection Control**

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### **Skill 1 - Recognise clinical signs of common zoonotic diseases and undertake strategies to prevent the spread and infection.**

Students must be able to demonstrate competence in recognising common symptoms of zoonotic diseases within patients and implementing suitable precautions and control measures to reduce risks to human and animal health.

Students should be provided with the practice protocol for zoonotic diseases and isolation. Discussions on more commonly encountered zoonotic diseases should be had with the student to ascertain underpinning knowledge and awareness in this area.

NPL experiences should include a range of recognition of clinical signs of zoonotic diseases, and the strategies undertaken to prevent spread and infection. Experiences should also include how this was communicated to the rest of the practice team.

These could include:

- Campylobacter spp.
- Salmonella spp.
- Escherichia coli
- Cryptosporidiosis
- Leptospirosis
- Pasturellosis
- Ringworm
- Toxocariasis
- Toxoplasmosis
- Giardia

Students can include experiences for cases that might have a suspected zoonotic disease, and are nursed as such, even if they are later diagnosed with a non-zoonotic disease.

*'6548 barrier nursed 5yo Pug with diarrhoea of unknown origin, as potential for giardia, which is zoonotic'.*

*'6548 noticed cat had suspicious skin lesions which could be a sign of ringworm. Informed the Vet and placed in isolation'.*

*'5678 wore gloves when handling bearded dragon as I am aware that reptiles can carry salmonella in their intestines and shed bacteria in their faeces'.*

**Reflective comments are important for this section.**

## **Skill 2 - Formulate and implement an appropriate infection control strategy according to practice protocol.**

*(Constitute appropriate cleaning and disinfectant solutions. Prepare, clean and maintain patient accommodation that maximises the welfare of hospitalised patients to include isolation accommodation. Prepare, clean and maintain examination rooms, preparation area and operating theatre; to include periodic deep clean and after infected cases.)*

Students must be able to demonstrate their awareness of effective infection control strategies including recognising when to alter dilution rates of products required for cleaning and disinfection. Students should be able to correctly prepare and clean patient accommodation and all areas of the practice following practice SOPs and ensuring periodic deep cleans are conducted at suitable intervals. Patient welfare should always be considered.

A range of measures must be taken in order to contain the potential spread of infection between animals and to humans, and to reduce the risk of disease occurring.

Students should log a variety of experiences ensuring that all of the above skill requirements are met. Students should consider the variety of infection control strategies for different areas of the practice, e.g. between a general ward and isolation.

Students should consider the different cleaning and disinfectant solutions used in practice, for different activities and the different dilution rates that might apply. These could include:

- The cleaning of equipment
- The cleaning of instruments
- The cleaning of floors
- The cleaning of hands
- The cleaning of ET tubes
- The cleaning of kennels whilst patients are housed, terminal disinfection when the patient is discharged and the cleaning of isolation kennels
- The cleaning of rest rooms
- The cleaning of the laboratory
- Preparation, cleaning and maintenance of examination / consultation rooms
- Preparation, cleaning and maintenance of the Preparation area
- Preparation, cleaning and maintenance of the operating theatre, damp dusting, deep cleaning and after an infected case

Students should prepare, clean and maintain a variety of accommodation and isolation facilities that maximise the welfare of hospitalised patients. These could include:

- Large walk-in kennels
- Small shoreline kennels
- Accommodation used by exotic species
- Isolation facilities

Students should consider patients with different conditions which will dictate a range of kennel preparations and ultimately clarify that patient welfare has been maximised. Different species could also be considered. Strategies for barrier nursing and reverse barrier nursing could be considered here.

*'Made up safe 4 disinfectant to 1:100 and fully cleaned the laboratory area'.*

### **Skill 3 - Dispose of hazardous and non-hazardous waste safely and correctly according to current legislation.**

*(To include recycling and correct disposal of medications)*

Students must be able to demonstrate their compliance with relevant legislation and be able to differentiate between hazardous and non-hazardous waste. Practice protocols regarding recycling and disposal of medications should be included within the evidence logged.

Students should log a variety of experiences showing a range of hazardous and non-hazardous disposals into different receptacles, following current legislation. This skill will likely focus on the variety (quality) of experiences rather than quantity.

*'2468 disposed of needle into sharps, syringe into pharmaceutical waste bin and swabs into clinical waste. Uncontaminated wrappers went into domestic waste.'*

*'1258 placed tumour into anatomical waste container in the freezer' 'placed empty cardboard syringe boxes in the recycling Bin'.*

*'Disposed of out-of-date synulox bottle in the pharmaceutical waste bin'.*

### **Skill 4 - Ensure appropriate hygiene skills are followed before and after handling animals and equipment.**

*(Comply with the World Health Organisation hand washing method. Use and dispose of PPE)*

Students should be able to effectively demonstrate the WHO hand washing method and should ensure that they can effectively cover all steps for the appropriate length of time. Students should be able to recognise when to implement the use of PPE and how to safely dispose of it after use. A range of PPE should be logged covering a variety of situations where it has been utilised.

Students should include a good variety of experiences showing different methods of hygiene. These should also include:

- Personal presentation (appropriate uniform, hair tied back, no nail varnish etc.)
- Use of gloves and any other appropriate PPE
- Disposal of gloves and any other PPE
- WHO hand hygiene hand washing technique; please note that this is an OSCE task and candidates should be familiar with the correct methodology. It is likely that multiple NPL experiences will show progression with carrying out this technique.

*'2378 hair tied back, no nail polish and wore gloves whilst cleaning kennel'.*

*'2378, 5678, 9876 WHO hand hygiene in-between restraining patients for pre-med. 6-steps over min 20 seconds + drying time'*

**Reflective comments are important for showing progression with WHO hand hygiene.**

### **Skill 5 - Carry out effective barrier nursing.**

*(Taking into account accommodation, PPE, equipment and patient condition to include reverse barrier nursing)*

If there is any doubt as to whether an animal has a transmissible disease, they should be isolated immediately, assumed to be infectious and treated as such. Students can log experiences; even if the patient is later deemed not to have a transmissible disease.

Students should follow the practices isolation protocols and codes of practice.

Experiences should address the skill requirements in full. Students must be able to demonstrate their awareness of effective infection control strategies for barrier nursing including the use of appropriate accommodation, PPE and equipment. Students should be able to evidence their understanding of immunocompromised or vulnerable patients and implement reverse barrier nursing.

Logging reverse barrier nursing experiences for a variety of vulnerable patients and experiences for patients with a variety of contagious diseases / transmission routes would show a good range.

*'6548 barrier nursed 5yo Pug in isolation with diarrhoea (full PPE, gloves, apron, shoe covers), as potential for giardia'.*

*'4567 reverse barrier nursed unvaccinated kitten with # femur'.*

**Reflective comments are important for this skill.**

## **Section 9: Theatre Practice**

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Many of the skills in this section directly relate to OSCEs.

### **Skill 1 - Maintain common surgical instruments.**

*(Identify, check, and clean common surgical instruments, identify and report damage to equipment and instruments)*

Students need to demonstrate the ability to identify and select a range of surgical instruments commonly used in practice. It is important to ensure that students can recognise signs of wear and tear and they should be familiar with the process for reporting any damage or issues with instruments and equipment used.

Students should log a good variety of experiences that reflect the practice's work in this area. They may include:

- Checking a variety of instruments for damage (blunting scissors, faulty hinges etc.)
- Report damage to equipment and instruments following the correct protocols.
- Clean surgical instruments (by hand, ultrasonic instrument cleaner)
- Clean ET tubes
- Identify surgical instruments; instrument catalogues and brochures can be used to supplement the practices own instruments and show the variety of instruments within a specific range. For example, the practice might have one type of needle holder, and the student could do with familiarising themselves with a range of needle holders.

Please note that candidates are expected to identify a variety of surgical instruments as part of OSCE tasks.

*'24315 Cleaned all surgical instrument following a bitch spay, checked for damage and bluntness of scissors and correctly identified all by name'.*

**Reflective comments are important for this skill.**

## **Skill 2 - Prepare, package and monitor the sterilisation of instruments and materials.**

It is important to ensure that students are aware of different packaging techniques and where applicable the relevant Standard Operating Procedure (SOP) is followed. Students will need to gain experience with a range of materials for sterilisation including drapes and gowns.

Students should include a good variety of experiences. These could include:

- Preparation and package of a range of instrument sets
- Preparation and package a range of single instruments, including sharp instruments. Students should note how sharp tips are protected in practice.
- Label all packages correctly.
- Monitor the sterilisation of instruments and materials (package checks, sterilisation date checks, TST strip checks, autoclave checks etc.)

*‘Packaged general instrument set in a drape and placed a TST strip in the middle’ ‘Packaged iris scissors, used a tip protector and ensured handles would come out packet 1st. Label: pack date, name, and my initials’.*

*‘Unpacked autoclave and checked all packs were dry and sterility indicators on packets had changed colour’.*

## **Skill 3 - Prepare the theatre for use based on patient, equipment, and procedure.**

The student will need to be aware of common surgical procedures and the requirements they entail. It is important that students have a thorough induction to the equipment used in theatre and how to safely prepare this for use.

The design and layout of the operating theatre will rarely be within the control of the veterinary nurse. It is important however, to have some knowledge of ideal requirements and desirable features in order to appreciate differing standards and to try to make the best of existing facilities.

Students should log a variety of experiences in line with their practice’s standard operating procedure for preparing theatre. These could include the preparation of different types of equipment for a range of procedures:

- Troughs, ties
- Light sources
- Monitoring equipment
- Heat sources
- Fluid stands
- Table positioning
- Specialist equipment for orthopaedics etc.
- Incubator for caesareans
- Any other equipment required for individual procedures.

Whilst this skill doesn’t specifically dictate a range of species, a species range would be advantageous.

*'4356 prepared trough, ties, socks, multi-parameter and drip stand for bitch spay. I checked the multi parameter was working and altered the height of the drip stand'.*

**Reflective comments are important for this skill.**

#### **Skill 4 - Position patients appropriately on the operating table in accordance with the planned procedure, considering the patient's condition.**

Students will need to have an appreciation and understanding of the requirements for different surgeries and how to best position their patients to ensure accessibility throughout the procedure.

Students should log a variety of planned procedures which will encompass a range of positions.

Consider:

- Orthopaedic procedures
- Elective surgery positions
- Spinal surgery
- Oral surgery
- Ocular surgery

Whilst this skill doesn't specifically dictate a range of species, a species range would be advantageous.

*'4356 positioned the GSD in dorsal recumbency in a trough for her bitch spay, relocated the light for the Vet'.*

**Reflective comments are important for this skill.**

#### **Skill 5 - Prepare the surgical site appropriately for the procedure in accordance with practice protocol.**

Students will need to be aware of all current methods used for surgical preparation of a site and the importance of effectively carrying out each technique correctly. Students will need to be aware of how to correctly prepare and use clippers for the purpose of a surgical procedure and the margins required for common surgeries. The practice protocol will need to be followed as this may differ from practice to practice.

Students should include a good variety of experiences, preparing different surgical sites for different procedures. Whilst this skill doesn't specifically dictate a range of species, a species range including a rabbit or small furry would be advantageous if practice case load allows.

Preparing different surgical sites and different areas of the body would be beneficial.

- Orthopaedic procedure
- Ocular area
- Oral surgery
- Surgery on a limb
- Abdominal Surgery

*'4356 I correctly clipped the area (vet pleased with margins) and correctly prepared the surgical site initial and final for the bitch spay following SOP'.*

**Reflective comments are important for this skill.**

## **Skill 6 - Assist as circulating nurse.**

*(Open and pass sterile materials direct to scrubbed personnel. Prepare ancillary and powered equipment. Complete surgical safety checklists)*

Students must be able to demonstrate competency when assisting as a circulating nurse, undertaking all required roles and responsibilities. Students will need to be aware of theatre etiquette as well as be able to safely prepare any equipment required by the surgeon.

A circulating nurse is NOT scrubbed-up with the surgical team.

A variety of experiences carrying out 'circulating nurse' duties should be experienced. These could include:

- Helping to prepare theatre
- Tying the surgical team into gowns
- Helping to position the patient on the table
- Preparation of the surgical site
- Connecting the apparatus (diathermy, suction, airlines etc.)
- Opening and 'passing' a range of sterile materials directly to a scrubbed operator
- Counting swabs, sutures etc. with the scrubbed nurse
- Being in theatre at all times when surgery is in progress
- Assisting the anaesthetist
- Preparing post-operative dressings
- Helping to move the patient to recovery
- Helping to clear theatre at the end of surgery

Ancillary and powered equipment could include:

- Drill
- Infusion pump
- Operating light
- ECG
- Pulse Oximeter
- Monitoring devices
- Heat sources

Surgical safety checks should be undertaken and logged.

*'4226 I passed additional swabs in a sterile manner to the vet during the Ex-lap'.*

**Reflective comments are important for this skill.**

## **Skill 7 - Prepare hands and arms using an appropriate method.**

*(To include pre-surgical scrub prior to donning gown and gloves).*

Students should be able to effectively demonstrate the preparation of the hands and arms for theatre, using an appropriate method and following practice protocols. Students will need to be aware of different methods and the time each technique should be carried out.

Pre-operative scrubbing up is a systematic washing and scrubbing of the hands and arms, which is performed by all members of the surgical team before each operation. As it is not possible to



sterilise the skin, the aims of the scrubbing-up routine is to destroy as many microorganisms on the surface of the arms and hands as possible, prior to donning a sterile surgical gown and gloves.

*'2222 I appropriately scrubbed in to assist the vet (sterillium) with the splenectomy. I made sure to time my scrub, so I did it for the correct amount of time'.*

### **Skill 8 - Prepare for surgical assistance by wearing appropriate attire in accordance with practice protocol.**

*(To include donning of gown and gloves, using open and closed gloving method in an aseptic manner).*

It is important that students can demonstrate competency for both open and closed gloving methods and have an understanding and appreciation of when each technique should be implemented. Different types of gowns should be evidenced where possible and students should be aware of the different methods of donning these.

Students should log sufficient experiences showing resulting ability to prepare for the provision of surgical assistance correctly and aseptically, by donning a gown and gloves using the closed gloving method and by open gloving. Students should note that this skill directly relates to OSCE tasks.

*'2222 I appropriately and aseptically scrubbed in to assist the vet (sterillium) with the splenectomy. I successfully closed gloved / gowned'.*

*'2348 I correctly and aseptically open gloved prior to placing the correct instruments on the trolley for the vet'.*

### **Skill 9 - Assist with sterile procedures.**

*(Maintain sterility of self and others during procedures)*

Students must be able to demonstrate competency when assisting with sterile procedures, considering everyone's roles and responsibilities. Students will need to be aware of theatre etiquette and maintaining the sterility of themselves and others.

*'3541 I successfully and aseptically took the additional artery forceps from the circulating nurse and moved around the theatre back-to-back with theatre staff'.*

### **Skill 10 - Assist with draping patients maintaining sterility according to practice protocol.**

Students will need to be aware of the different types of drapes available in practice and when it is appropriate to utilise them. When using more than one drape, students will need to be aware of the correct order for placing them and securing them using the appropriate instrument. Any SOPs in place will need to be learnt and adhered to.

*'3541 I successfully draped the patient for a bitch spay. I placed 4 drapes in the correct order (good access to site) and secured with cross action towel clips. I maintained sterility'.*

### **Skill 11 - Monitor and record materials during surgery.**

Students will need to be able to account for all materials used during a surgical procedure and how to maintain appropriate records on the anaesthetic monitoring chart.

They will need to ensure that when a kit is opened that the number of swabs and instruments within the kit is verified and then at the end of the procedure, the same number is accounted for.

Students should log experiences covering:

- Instruments
- Needles
- Swabs
- Suture material packets

*'3541 cystotomy I tracked / counted all instruments, needles and especially swabs (as additional swabs had been added) to make sure all were accounted for + noted on GA chart'.*

## **Skill 12 - Handle and pass instruments and equipment aseptically during surgery**

Students should include experiences showing the correct handling and passing of different surgical instruments aseptically during surgery. This skill will likely involve quality of experiences (variety of equipment / procedures) rather than quantity. Students will need to be aware of and log theatre etiquette ensuring asepsis is maintained at all times.

*'3541 I aseptically passed the vet a pair of Olsen-hegar needle holders as vet dropped the 1st pair on the floor, passed handle 1st'.*

## **Section 10: Anaesthesia**

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Please note that most of the skills in this section are examined via OSCEs.

### **Skill 1 - Assess the patient and identify the patient's anaesthetic risks.**

*(To include ASA guidelines, behaviour, and temperament. Clinical assessment and discussion with an appropriate member of the veterinary team)*

Students need to demonstrate their ability to successfully assess a patient prior to anaesthesia. This includes being able to categorise the patient into one of the five American Society of Anaesthesiology (ASA) guideline categories by evaluating behavioural and clinical symptoms alongside relevant clinical history.

The pre-anaesthetic patient evaluation identifies individual risk factors and underlying physiological challenges that provide information to aid in the development of an anaesthetic plan. Factors to be evaluated should usually include the following:

- **History:** Identify risk factors, including responses to previous anaesthetic events, known medical conditions, and previous adverse drug responses. Identify all prescribed and over-the-counter medications (including aspirin) and supplements to avoid adverse drug interactions.
- **Physical examination:** A thorough physical examination may reveal risk factors, such as heart murmur and / or arrhythmia or abnormal lung sounds.
- **Age:** Advanced age can increase anaesthetic risk because of changes in cardiovascular and respiratory function. Disease processes occur more commonly in aged patients. Very young patients can be at increased risk from hypoglycaemia, hypothermia, and decreased drug metabolism.

- Breed: Few breed-specific anaesthesia issues are documented. Brachycephalic dogs and cats are more prone to upper airway obstruction. Greyhounds have longer sleep times after receiving some anaesthetics such as propofol and thiopental. Some breeds of dogs (e.g., Cavalier King Charles spaniel) and cats (e.g., Maine coon) may be predisposed to cardiac disease as they age.
- Temperament: An aggressive or fractious temperament may pose a danger to staff and can limit the pre-anaesthetic evaluation or make examination impossible. The selection of an alternative pre-anaesthetic drug or drug combination may be required for the aggressive or overly fearful animal due to the need for higher-than-usual drug doses. Conversely, a quiet or depressed animal may benefit from lower doses for sedation or anaesthesia.
- Type of procedure: Evaluate the procedure's level of invasiveness, anticipated pain, risk of haemorrhage, and / or predisposition to hypothermia. Some procedures may limit physical access to the patient for monitoring.
- Experience and qualifications of personnel: Previous training in local and regional anaesthesia techniques will facilitate their perioperative use. Also, a more experienced surgeon may be faster and cause less tissue trauma to a patient than a less experienced one.

Risk factors and individual patients' needs provide a framework for developing individualised patient plans and may indicate the need for additional diagnostic testing or stabilization before anaesthesia.

Categorisation of patients using the American Society of Anaesthesiologists (ASA) Physical Status Classification System provides a framework for evaluation. Patients with a higher ASA status are at greater risk for anaesthetic complications and require additional precautions to better ensure a positive outcome.

#### **Class I**

- Minimal Risk
- Normal healthy animal, no underlying disease

#### **Class II**

- Slight risk, minor disease present
- Animal with slight to mild systemic disturbance, animal able to compensate
- Neonate or geriatric animals, obese

#### **Class III**

- Moderate risk, obvious disease present
- Animal with moderate systemic disease or disturbances, mild clinical signs
- Anemia, moderate dehydration, fever, low-grade heart murmur or cardiac disease

#### **Class IV**

- High risk, significantly compromised by disease
- Animals with pre-existing systemic disease or disturbances or a severe nature
- Severe dehydration, shock, uremia, or toxemia, high fever, uncompensated heart disease, uncompensated diabetes, pulmonary disease, emaciation

#### **Class V**

- Extreme risk, moribund
- Surgery often performed in desperation on animal with life threatening systemic disease
- Advance cases of heart, kidney, liver or endocrine disease, profound shock, severe trauma, pulmonary embolus, terminal malignancy.

**"E" denotes emergency.**

Students should also log the undertaking of a clinical assessment and discussion with an appropriate member of the veterinary team.

*'5678 carried out full ASA risk on friendly, healthy 2YO bitch spay, category 1'.*

*'6789 carried out a clinical assessment on cat spay and discussed with the case Vet'. '4327 ASA risk 3, I recorded on record, I checked with the vet – vet agreed and advised IVFT'.*

## **Skill 2 - Prepare equipment for anaesthesia.**

*(Check and prepare the anaesthetic machine in accordance with practice protocol. Select, prepare, and check an appropriate breathing system / circuit and pollution control system in accordance with practice protocol. Select and prepare monitoring equipment according to the patient's condition. Prepare materials and equipment required for induction of anaesthesia to include pharmaceutical agents (according to veterinary surgeon direction) and appropriate airway management device)*

Although there appear to be a lot of separate requirements, all are integral to preparing a patient and will generally be evidenced with each patient.

**Please note that checking / preparing an anaesthetic machine for use is an OSCE task.**

Students should log a variety of experiences, including the range of different breathing systems / circuits used by the practice. It may be that additional experience of other circuits is logged at university.

**The correct selection and assembly of breathing systems, including the most appropriate ET tube is an OSCE task.**

Although there is no specific species requirement, the inclusion of an exotic species would offer additional variety. If practice case load sees regular anaesthesia of exotics, the student should be logging experience in this area as it reflects the practice's case load.

Students should log the preparation of a variety of monitoring equipment. This could include:

- Oesophageal stethoscope
- Pulse Oximetry
- Blood pressure measurements
- ECG
- Central venous pressure
- Capnography
- Blood gas analysis
- Glucometers
- Multi parameter meters

Students should log experiences showing the preparation of a variety of materials, equipment and pharmaceuticals for the induction of anaesthesia.

*'5678 bitch spay, prepared GA machine (followed SOP checked and leak tested), selected and prepared Circle circuit, ET tube, laryngoscope, oesophageal stethoscope, induction agent (propofol)'*

### **Skill 3 - Prepare patients for anaesthesia according to practice protocol.**

*(Administer prescribed pre-medicants and assess the patient's response. Introduce airway management device (check position and secure airway management device)*

Prior to starting this skill, it is important that students are aware of which anaesthetic protocol to apply for each patient, ensuring the most effective induction process. It is important students understand the reflexes to assess when inducing anaesthesia, to ensure the patient is sufficiently anaesthetised for introduction of the ET tube. Students must understand the importance of selecting a range of ET tubes and how to assess which one is most suitable for the patient. Due to the risk of laryngeal spasm in cats, additional support and instruction may be required when students first attempt intubation in cats.

Students will need to be able to demonstrate their ability to prepare a range of patients undergoing a variety of procedures. The student must be aware of induction methods and be able to give a specified amount of the induction agent under the veterinary surgeon's direction until the veterinary surgeon is satisfied with the level of anaesthesia. This will allow safe access for the placement of the endotracheal tube.

Students should include a good variety of experiences, preparing a range of patients for anaesthesia. This could include:

- Patients undergoing different procedures
- Patients with different anaesthetic risks
- Patients with different anaesthetic challenges
- Patients undergoing emergency surgery

Students should log a variety of experiences of administering different pre-medicants, and assessing patient's responses. Experiences should ideally include a variety of patient responses.

Students should include a variety of experiences placing airway management devices. This could include:

- Placement of ET tubes in different breeds of dog (checking position and securing in place)
- Placement of ET tubes in cats (checking position and securing in place)
- Placement of supraglottic airway device (V-Gel tubes in rabbits) - (checking position and securing in place)

*'3765 4 YO Cocker Sp dog castrate, administered pre-med (acp/Vetergesic) and monitored for desired effect ASA 2'.*

### **Skill 4 - Maintain and monitor the patient during the anaesthetic process.**

Refer to and consider supporting guidance.

18. Delegation to Veterinary Nurses.

(Measure temperature, heart rate, central and peripheral pulse, respiratory rate and blood pressure. Evaluate depth of anaesthesia. Monitor equipment (systems, circuits and tube, gases and volatile agents, patient monitors). Interpret and report observations to the directing veterinary surgeon

(inconsistencies, patient monitors). Calculate the fresh gas flow and administer inhalation anaesthesia under veterinary direction (change the depth or level of inhalation anaesthesia under veterinary direction). Disconnect patients from anaesthetic equipment and materials.

The scope of this skill is vast, and students will need to ensure that they cover all aspects within the evidence logged, ensuring it is clear when a particular guidance note or requirement has been met. It is important that students log evidence to show practical competence in monitoring patient vital signs as well as detailing Fresh Gas Flow (FGF) calculations within the comments or uploading them to the communications tab.

Before starting this skill, students are advised to read the following areas of the RCVS Code of Professional Conduct for Veterinary Nurses, supporting guidance,

- Section 18, delegation to veterinary nurses

Students should refer to the above when logging experiences to demonstrate understanding and application of the code and how this is embedded within the practical evidence logged.

Students should log a good variety of experiences, monitoring a variety of patients during the anaesthetic process ensuring they cover the guidance above. Experiences logged should reflect the practice case load with regards to species and the practices anaesthetic protocols.

Students should log experiences measuring temperature, heart rate, central and peripheral pulses and respiratory rate. Students should show evaluation of these parameters and ideally include experiences showing a variety of ranges (including normal and abnormal findings).

Students should show experiences evaluating the depth of anaesthesia in patients. These could include:

Commonly used cranial reflexes

- Palpebral reflex
- Eye position
- Pupillary diameter
- Jaw tone
- Pedal reflex

Other cranial reflexes can be used to indicate depth of anaesthesia; however they tend to be seen at either inadequate or excessive depth of anaesthesia, thus limiting their routine use:

- Corneal reflex
- Tongue curl
- Lacrimation
- Salivation

Students should log experiences showing the reporting of observations to the veterinary surgeon and what was done as a result of these findings, e.g. altering the level of gaseous anaesthesia.

Students should log a variety of experiences calculating, administering and changing inhalation anaesthesia under the direction of the veterinary surgeon.

Students should log a variety of circuits demonstrating correctly calculated FGF for each patient. Additional FGF calculations, especially for circuits not routinely used at the practice can be recorded and added to the communications tab.

Students are expected to calculate fresh gas flow rates as part of an OSCE task.

*'3765 4 YO Cocker Sp (dog cast), calculated, administered iso and fresh gas flow under vet direction, TPR, depth of GA (palpebral, jaw tone, eye position) all recorded on GA chart'.*

### **Skill 5 - Complete anaesthetic monitoring records**

Students will need to demonstrate their ability to follow practice protocol when completing anaesthetic monitoring records for patients. They should be able to competently observe and record all patient readings so that they are legible and clear for others to read and evaluate.

Anaesthetic records are not only important at the time of the anaesthetic but also afterwards. They can be vital for management of subsequent anaesthetics in the same patient and provide a source of information for both the veterinary surgeon and veterinary nurse to reflect upon in order to improve future case management (not only for that patient, but for others).

Students should follow the practices SOPs for monitoring anaesthetics. Anaesthetic monitoring charts should be completed in full and can be uploaded to the communications tab.

*'3765 4 YO Cocker Sp (dog cast), all parameters recorded on GA chart – smooth GA and recovery, normal parameters'.*

### **Skill 6 - Supervise and assess patient recovery from anaesthesia and communicate concerns to an appropriate member of the veterinary team.**

*(Position patients for recovery. Remove airway management device at the appropriate stage of recovery. Maintain accurate recovery records. Communicate post-operative and / or anaesthetic recovery progress to an appropriate member of the veterinary team)*

Students will need to demonstrate their ability to support a patient during the recovery period following an anaesthetic. They will need to have confidence in being able to report any concerns identified to the veterinary surgeon. Students will also need to be able to effectively record all observations on the relevant hospital record.

Students should log a good variety of experiences, supervising a range of recoveries from anaesthesia including coverage of the guidance notes. Experiences should reflect the practices case load (including range of species).

Experiences could include:

- A variety of species
- Monitoring for post-operative complications (such as haemorrhage)
- Regular monitoring of vital parameters
- Monitoring for pain

Consider any different requirements for:

- CNS disease
- Paediatric and geriatric patients
- Obese patients
- Patients with cardiovascular disease
- Patients with renal disease
- Patients with liver disease
- Patients undergoing a caesarean

- Patients with raised intracranial pressure
- Patients with diabetes Mellitus
- After intraocular surgery
- After thoracotomy
- After orthopaedic surgery
- Brachycephalic dogs and cats

Considerations for the recovery of exotic species can differ and if case load permits the logging of some exotic species will show an increased range and variety of experiences.

Experiences must include removal of the airway management device at the appropriate time, therefore logging both cats and dogs as a minimum.

Experiences should show that recovery records have been appropriately maintained, kept and filed, following practice SOPs.

Students should log a variety of experiences showing communication with the appropriate member of the veterinary team with regards to postoperative and or anaesthetic recovery progress.

*'3765 4 YO Cocker Sp (dog cast), supervised recovery (V smooth), removed ET tube when swallow reflex returned'.*

*'3366 10 YO Yorkie (dental) lateral, kept head low during recovery due to possible fluid in mouth, removed ET tube when swallow reflex returned'.*