High Value Veterinary Technician Initiative: 2-yr vs. 4-yr Education Project Report
James W. Lloyd, DVM, PhD | Animal Health Economics, LLC | February 5, 2020

Background

Presentations at the 2018 Banfield Pet Healthcare Industry Summit spotlighted the disturbing fact that veterinary practices, by some estimates, on average use only about 30% of the skills and competencies for which credentialed veterinary technicians have been educated. Technicians attain these capabilities by virtue of education and training at AVMA CVTEA-accredited schools, and their achievements are verified by the Veterinary Technician National Exam (VTNE) administered by the American Association of Veterinary State Boards (AAVSB). The High Value Veterinary Technician Initiative is designed to (1) bring attention to the critical issues of underutilization and shortages of credentialed veterinary technicians in the United States, and (2) develop specific programs to address these challenges and transform the way veterinary technicians (nurses) are utilized in veterinary practice. In broad terms, the goal is to improve access to care, patient outcomes, client satisfaction, and the overall career satisfaction, wellness, and productivity of the veterinary medical team.

Animal owners, veterinarians, veterinary technicians, and all other stakeholders suffer when healthcare services are not delivered by high-performing teams, where all team members are not empowered to perform at the top of their professional training and expertise. Veterinarians are unable to perform at the full range, breadth, and depth of their education if they are performing tasks or services credentialed veterinary technicians are fully capable of performing, as enabled by their own education and training. And lack of full professional engagement limits career advancement, career satisfaction, and compensation for veterinary technicians, resulting in significant retention issues because these highly valuable team members commonly leave their profession early as a consequence.

Contributing to the complexity of this frustrating dilemma is the fact that two distinct options exist for veterinary technician education programs: 2-yr (associate degree) and 4-yr (bachelor's degree). As defined in the AVMA Model Veterinary Practice Act, the two different training programs even have distinct terms of reference. In this context, graduates of 2-yr programs are to be called veterinary technicians, while 4-yr program graduates are veterinary technologists. However, these different terms of reference are neither well understood nor commonly utilized.

Not surprisingly, the added value of a 4-yr educational program in veterinary technology (nursing) is not broadly recognized in today's market. In fact, the AVMA-CVTEA accreditation process for 4-yr programs is virtually identical to that of the 2-yr programs, except for a range

of suggestions related to content that might be included in the additional two years. For this reason, the Veterinary Innovation Council (VIC) designed a project whose objective was to develop a widely accepted set of standard recommendations for the additional skills, knowledge, and competencies that might be considered core for 4-yr programs.

Methods

Overall Design. To achieve the desired objective, a three-step process was employed.
Step 1: Define/affirm core expectations for 2-yr programs
- Start with review of required (vs. recommended) tasks from *AVMA CVTEA Accreditation Policies and Procedures: Appendix I – Veterinary Technology Student Essential and Recommended Skills List.*
- Based on both the CVTEA Skills List and several additional tasks that might be performed by veterinary technicians, conduct a preliminary survey of selected thought leaders in veterinary technology to develop an initial recommended range of responsibilities for 2-yr program graduates.

Step 2: Create initial DRAFT recommendations for additional core expectations for 4-yr programs
- Start with review of recommended (vs required) tasks from *AVMA CVTEA Accreditation Policies and Procedures: Appendix I – Veterinary Technology Student Essential and Recommended Skills List.*
- Based on both the CVTEA Skills List and several additional tasks that might be performed by veterinary technicians, conduct a preliminary survey of selected thought leaders in veterinary technology to develop an initial recommended range of responsibilities for 4-yr program graduates.
- Consider general education requirements for BS degree.
- Include a leadership/management dimension.

Step 3: Assure that recommendations are robust and that a successful broad-base of buy-in/shared ownership is achieved.
- Through focus group discussions and individual interviews, obtain input and recommendations from key stakeholders and stakeholder groups in veterinary medicine, to include: VIC, AVTE, NAVTA, AVMA (especially CVTEA staff), Banfield/Mars, AABP, AAEP (and/or AAEVT), VMGs, and perhaps others.
  - Review initial DRAFTs created in Steps 1 and 2, both AVMA CVTEA Skills List *and* results of preliminary survey.
  - Consider AVMA CVTEA Accreditation Policies and Procedures – Bachelor of Science in Veterinary Technology Degree (Appendix D) suggestions.
  - Explore other potentially relevant published documents.

- Modify preliminary DRAFT based on key stakeholder input and circulate final DRAFT to obtain support for a final report.

Survey. The survey portions of Steps 1 and 2 were conducted concurrently. The exercise was led by:
- Heather Prendergast, RVT, CVPM, SPHR;
- Kenichiro Yagi, MS, RVT, VTS (ECC, SAIM); and
- Bianca Zenor, DVM, MS.

A questionnaire was created asking respondents to give their opinion on whether each of 239 specific tasks should be performed by a team member with a DVM/VMD degree, 4-yr degree, 2-yr degree, or no degree (veterinary assistant). To obtain a broad base of input, a task force of thought leaders was created with representation from AVMA-CVTEA staff, NAVTA, AVTE, industry, specialty practice, corporate practice, academia, and the not-for-profit sector. Five members of the task force had obtained DVM degrees, six had obtained a bachelor's degree in veterinary technology, and four had obtained an associate degree in veterinary technology. All but one respondent had 15 or more years of experience in the field, and one stated 11-15 years of experience. In total, the task force included 15 members.

Results

Survey. Based on the 15 completed surveys, the 239 tasks were grouped as follows:
- DVM – at least one respondent indicated that the task should be performed by a veterinarian.
- Four-year – at least two respondents indicated that the task should be performed by someone with a 4-yr degree.
- No degree – at least three respondents indicated that the task didn't require training as a veterinary technician (i.e. that it could be performed by a veterinary assistant).
- Two-year – all remaining tasks not included in any of the above groups.

Full listing of tasks in each category can be found in the Attachment.

Focus Group Discussions and Interviews. A wide array of input was attained through the focus group discussions, interviews, and review of related published documents. For the most part, the survey results were used as a starting point for the discussions. Groups, individuals, and references engaged in this process represented the following organizations:

- AVTE Board
- AVMA-CVTEA staff
- NAVTA (Board and membership)
- AAVMC member institution veterinary technology program directors

- Mars Veterinary Health – Veterinary Technician Cross Unit Group
- AAEVT
- AABP
- VMGs
- AAVSB (documents)
- VIC

At the outset, it was noted that the survey was clearly focused almost exclusively on psychomotor clinical skills. It was suggested that expanded expectations in this realm for the 4-yr degree programs should primarily focus on a greater number of repetitions for the core skills required (vs. recommended) by AVMA-CVTEA in the 2-yr programs to provide greater confidence and professional maturity (i.e. day-one readiness) for 4-yr graduates. In addition, it was suggested that more of the recommended (vs required) tasks from the AVMA-CVTEA list might reasonably be included in 4-yr programs than in 2-yr programs for greater depth of proficiency. In fact, it was generally agreed that a method to recognize advanced training and competency in specific clinical skill areas is already well established through the various NAVTA-recognized Veterinary Technician Specialties and their Veterinary Technician Specialist (VTS) certifications that exist. In that context, it was agreed that the added value in 4-yr educational programs for veterinary technicians should primarily emanate from the expansion of certain dimensions of general education (to meet BS degree requirements) along with communication, critical thinking, leadership, management, and perhaps business to position these graduates as well-trained to assume team leadership roles in the workplace.

Other key points included:

- Importantly, discussants strongly agreed that development of standardized recommendations for 4-yr programs should clearly avoid diminishing the value of 2-yr programs in any way, and focus strongly on differentiation in anticipated employment responsibilities and possible career pathways.
- Development of standardized recommendations for 4-yr programs should *not be construed in any way* as an initiative whose purpose is to eliminate 2-yr programs. Without question, graduates of 2-yr programs will continue their invaluable and unique contributions to veterinary medicine into the future.
- Although differentiation will be crucial, it will also be vital to emphasize the synergism and complementarity between 2-yr and 4-yr graduates to avoid fractionation within the broadly-defined veterinary nursing profession.
- To be sustainable in the long run, however, graduates of 4-year programs *must* bring added value to a practice/employer beyond that of 2-year graduates. Further, it is crucial that this added value to the practice clearly emanates directly from added value

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that accrues to animal owners, the consumers of services provided by the practice. Program descriptions for 4-yr degrees should be clear about this added value, and how the added training will lead to a *distinct range of responsibilities* and a *distinct set of daily activities*.

- It was emphasized that development of standard recommendations for 4-yr programs should not seek to replace VTS training, but to serve as a potentially valuable complement.
- The option for structured tracking should be incorporated into 4-year programs. In fact, in some cases this could be considered as a possible initial step/jump start toward specialization if appropriately coordinated with the NAVTA-recognized VTS academies.
- Length of program notwithstanding, the potential added value of training veterinary technicians within a college of veterinary medicine was emphasized.
- Both a new accreditation process and a new certifying exam were suggested.
    - A new accreditation process would establish the validity and credibility of individual 4-yr educational programs. Most logically, the process would build on the current 2-yr accreditation, but would include specific requirements for the additional two years.
    - A new national certifying exam would provide a valuable credential for 4-yr graduates.
- Consideration should be given for a variety of possible pathways to the 4-yr certification.
    - The most obvious pathway would be through an accredited 4-yr educational program (accredited through the new process).
    - Options should also include the opportunity for 2-yr graduates to pursue the 4-yr credential as part of professional advancement.
        - This approach could provide an accelerated career development pathway for 2-yr graduates currently employed.
        - Through improved job satisfaction, including higher compensation, retention should be improved.
    - Holders of other related 4-yr degrees (e.g. animal science, zoology, business, etc.) should have an option to obtain the necessary clinical skills to provide a viable pathway to 4-yr certification. They likely already possess many of the non-clinical competencies to be suggested for the 4-yr programs (and to be certified by examination), but need to add the clinical skills piece.

Several important points were highlighted from an accreditation perspective:

- It was affirmed that several of the skills included in the preliminary survey are not contained in the CVTEA Skills List.

- As a point of clarification, discussants noted that CVTEA accredits programs, not degrees.
- Approximately half of the existing 4-yr programs are accredited as 2-yr programs with an additional two years of education. Thorough and systematic review of these programs might provide valuable insights on options to consider for standard 4-yr program recommendations.
- Finally, it was noted that most 2-yr associate degree programs in veterinary technology already contain 71 to 73 credit hours, so the degree of the flexibility that might be expected when increasing to a 4-yr program could be a bit limited.

Recommendations

In summary, there is a general consensus that the added value of the 4-yr degree should come from three key areas:

1. Completion of a 4-yr program should provide increased confidence in the core clinical skills required of all 2-yr program graduates.
   - This confidence should be attained through an increased number of repetitions of core skills prior to graduation.
   - Suggestions for specific areas of emphasis included
     - Wellness exams
     - Basic diagnostic procedures,
     - Patient safety, and
     - Quality medicine.
2. Marked expansion in the non-clinical knowledge, skills, and competencies that should enable graduates to be successful as team leaders upon graduation, including:
   - General education as required to obtain a bachelor's degree
   - Communication, specifically to include competencies with
     - Writing
     - Difficult conversations
     - Communication in stressful situations
     - Professional/business communication
     - Treatment plan communication
   - Critical thinking skills, with emphasis on
     - The science behind the clinical and nursing skills – to provide the "why" in addition to the "how"
     - Coordinated care
   - Leadership, specifically
     - Team concepts of healthcare delivery, with focus on
       - Optimal technician (nurse) utilization

- Coordinated care and systems thinking
- Effective teamwork
- Leading teams
    - Ethics
    - Staff development and mentoring
    - Self-care and wellbeing, for the entire team
- Managing risk in practice to protect patients, employees and the public. Areas addressed would include,
    - Awareness of laws and regulations (practice act, OSHA, drugs),
    - Standard of care,
    - Medical records/informed consents, and
    - Rabies, dog bites, etc.
- Fundamentals of practice management

3. Focused expansion of the core clinical skill set, with competency in specific tasks in this expanded core attained through tracking in one of the following potential focus areas:
    - One of the NAVTA-recognized veterinary technician specialties
        - Emergency and critical care
        - Dentistry
        - Internal medicine
        - Anesthesia and analgesia
        - Laboratory animals
        - Behavior
        - Clinical pathology
        - Clinical practice
        - Dermatology
        - Equine nursing
        - Physical rehabilitation
        - Nutrition
        - Ophthalmology
        - Surgery
        - Zoological medicine
        - Diagnostic imaging
    - Practice management
    - Leadership development
    - Food animal medicine/surgery
    - Corporate veterinary medicine
    - Some other area of major emphasis

Next Steps

Based on the above recommendations, the following actions are suggested for next steps:

1. Establish a new credential to validate the new standards for 4-yr programs.
   - Work with AAVSB to explore credential by examination, and
   - Work with AVMA-CVTEA to explore options through accreditation.
2. Work to develop 4-yr programs to meet the new standards.
   - Actively engage with existing 4-yr programs, where appropriate, and
   - Where interest exists, work to create new 4-yr programs.
   In both cases, innovative educational models should be considered, and active engagement with DVM training programs should be sought whenever feasible.
3. Work toward adoption of the new career pathways. This should include integration into and/or modification of existing healthcare delivery systems and development of new compensation structures.
   - Focus on veterinarians to develop:
     - ✓ A widespread awareness of the value inherent in effective team-based healthcare delivery systems.
     - ✓ A robust understanding of the vital importance of formal training and credentials for veterinary technicians. In effect, this will lead to the end of the notion that on-the-job-training can be as effective as formal training and credentials.
   - Support efforts to standardize existing certification/licensing processes globally.

ATTACHMENT

PRELIMINARY SURVEY RESULTS

AVMA CVTEA required psychomotor tasks are denoted by an asterisk (*). However, it should be noted that many of the tasks listed are required by the CVTEA to be included the knowledge-based portion of the curriculum.

Tasks to be performed by a veterinarian

Tasks that were indicated by anyone to be veterinarian tasks are listed here. Highlighted in red are those that had four or more of the 15 responding as a veterinarian task.

- Euthanasia (2 of 15)
- Drain removal (1 of 15)
- Holter Monitor (1 of 15)
- Domestic Health Certificate (8 of 15)
- International Health Certificate (8 of 15)
- Writing/Entering Prescriptions (7 of 15)
- Controlled drug dispensing (2 of 15)
- Client Education on:
  - Kidney Disease
  - Diabetes
  - Hyperthyroidism
  - Hypothyroidism
  - Cushing's Disease
  - Idiopathic Cystitis
  - Addison's Disease
  - Common Infectious Diseases (1 of 15)
- Client Education on Exotic Husbandry (1 of 15)
- Fine needle aspiration (2 of 15)
- Fine needle aspirate cytology reading (1 of 15)
- Corneal stain (fluorescein staining*) (1 of 15)
- Tonometry* (1 of 15)
- Ultrasound (1 of 15)
- Referral submissions (1 of 15)
- Performing Thoracocentesis (5 of 15)
- Performing Abdominocentesis (5 of 15)
- Applying Splints* (2 of 15)
- Applying Casts (4 of 15)
- Regional Analgesia Administration (2 of 15)
- Changes to anesthetics during anesthesia (1 of 15)
- Transtracheal wash (3 of 15)
- Endoscopy driving (4 of 15)
- Urinary catheter placement – female canine (1 of 15)
- Urinary catheter placement – male feline (2 of 15)
- Urinary catheter placement – female feline (3 of 15)
- Post-operative patient discharge* (1 of 15)
- Surgical ventilator setup and operation (1 of 15)
- Dental Health Consulting (1 of 15)
- Anesthetic planning (3 of 15)
- Analgesic planning (3 of 15)
- Dental Extractions (8 of 15)
- Hospitalization estimate presenting (1 of 15)
- Treatment planning (5 of 15)
- Create nutritional plan (2 of 15)
- Nasoesophageal tube placement (3 of 15)
- Antivenin administration (5 of 15)
- IV lipid emulsion (3 of 15)
- Drain maintenance (1 of 15)
- Regional analgesic blocks (3 of 15)
- Arterial sampling (2 of 15)
- Arterial catheterization (3 of 15)
- Central venous catheter placement (1 of 15)
- CPR Leading (3 of 15)

- Intraosseous catheterization (5 of 15)
- AFAST/TFAST (5 of 15)

Tasks to be performed by individuals with a four-year degree
The following is a list of tasks that at least two respondents felt required a 4yr education to perform adequately.

- Drain removal (2 of 15)
- Advice calls (2 of 15)
- Changes to anesthetics during anesthesia (2 of 15)
- Euthanasia (2 of 15)
- Controlled drug dispensing (2 of 15)
- Regional analgesia administration (2 of 15)
- Urinary Catheter placement - male feline (2 of 15)
- Create nutritional plan (Develop & communicate hospital nutrition protocols*) (2 of 15)
- Urinary Catheter placement - female feline (2 of 15)
- IV lipid emulsion administration (2 of 15)
- Regional analgesic blocks (2 of 15)
- CPR Leading (2 of 15)
- ECG tracing* (3 of 15)
- Nasogastric Tube placement (3 of 15)
- Fine needle aspirate cytology reading (not diagnosis) (3 of 15)
- Surgical ventilator setup and operation (3 of 15)
- Fine needle aspiration (3 of 15)
- Nasoesophageal Tube placement (3 of 15)
- Train new team members (5 of 15)
- Chemotherapy setup (4 of 15)
- Domestic Health Certificate (2 of 15)
- International Health Certificate (2 of 15)
- Central venous catheter placement (4 of 15)
- Arterial catheterization (4 of 15)
- Transtracheal wash (4 of 15)
- Endoscopy driving (4 of 15)
- Arterial sampling (5 of 15)
- Holter monitor setup (6 of 15)
- Ultrasound exams (6 of 15)
- Extractions (3 of 15)
- Chemotherapy administration (7 of 15)
- Intraosseous catheterization (6 of 15)
- Performing abdominocentesis (7 of 15)
- AFAST/TFAST (Rapid cavity assessment via ultrasound) (7 of 15)
- Performing thoracocentesis (9 of 15)

Tasks for which no degree is required (veterinary assistant)
The following is a list of tasks that at least three respondents indicated didn't require training as a veterinary technician (i.e. could be performed by a veterinary assistant).

- Routine General Stocking (13 of 15)
- Taking voicemail messages (12 of 15)
- Cleaning kennels (12 of 15)
- Reception (11 of 15)
- Food preparation (11 of 15)
- Scheduling Appointments (10 of 15)
- Instrument cleaning (10 of 15)
- Cleaning of surgical instruments* (9 of 15)
- Surgery room breakdown (cleaning) (9 of 15)
- Routine Cleaning/Disinfection (8 of 15)

- Preparation of Instrument cleaning solutions (8 of 15)
- Walking inpatients (8 of 15)
- Patient feeding (8 of 15)
- Transport in/out of practice (7 of 15)
- Disinfecting/Cleaning of Ultrasound Machines (7 of 15)
- Disinfecting/Cleaning of Radiograph Machines (7 of 15)
- Inventory management* (7 of 15)
- Disinfecting/Maintenance of Monitoring Equipment* (7 of 15)
- Animal Restraint (dog, cat, horse, cow, bird, rabbit, mouse or rat)* (6 of 15)
- Obtain Weight* (6 of 15)
- Nail Trims* (6 of 15)
- Obtaining urine sample – free catch (dog, cat)* (6 of 15)
- Setup for IV catheter placement (6 of 15)
- Oral medication administration* (4 of 15)
- Topical medication administration* (4 of 15)
- Fecal sample collection* (4 of 15)
- Fecal float preparation* (4 of 15)
- IV fluid setup (4 of 15)
- Setup for urinary catheter placement (4 of 15)
- Hospitalization estimate – presenting (3 of 15)
- Team scheduling (6 of 15)
- Obtain Temp* (3 of 15)
- Setup for in-room procedures (3 of 15)
- Auricular medication administration* (3 of 15)
- Fecal smear preparation* (3 of 15)
- PCV/TP* (3 of 15)
- Explaining Admissions/Consent Form (3 of 15)
- Surgery room setup* (3 of 15)
- Endoscopy setup (3 of 15)
- Endoscopy cleaning (3 of 15)
- Admissions/Consent Form for Dentistry (3 of 15)
- Dentistry instrument care (3 of 15)

Tasks to be performed by individuals with a two-year degree

- Outpatient client callbacks (updates, basic test results)
- Triage
- ECG tracing*
- Obtaining urine sample – catheterization (male dog*)
- Blood typing
- Crossmatching*
- Constant rate infusion calculations and setup
- Thoracostomy tube maintenance
- Tracheostomy tube maintenance
- Determine Pain Score
- ID chip placement
- BP measurement* – Oscillometric
- Antivenin administration
- Regional analgesic blocks
- Euthanasia
- Controlled drug dispensing
- Client Education on Behavior
- Physical Exam*
- Vaccinations
- BP measurement* – Doppler
- Pulse oximeter reading*
- Double checking of dispensed dose
- Controlled drug administration
- Client Education on Nutrition
- Client Education on Pet Foods
- Client Education on Surgical procedures
- Client Education on Anesthesia
- Client Education on Pain Management
- Client Education on Complicated Medications (Insulin, Chemotherapeutics, etc.)

- Explaining euthanasia process
- Demonstration of insulin administration
- Demonstration of subcutaneous fluid administration*
- Ear cytology* reading (not diagnosis)
- Skin scrape* reading (not diagnosis)
- Fine needle aspirate cytology preparation
- Obtaining urine sample – cystocentesis*
- Obtaining blood sample – small mammals/exotics (rabbit, rat or mouse)*
- Manual leukocyte differential*
- Reticulocyte Count
- Manual platelet count (estimate*)
- Coagulation time*
- Slide agglutination test*
- Obtain Radiographs (Use of machine) (dog, cat, horse)*
- IV catheter placement*
- Fluid rate calculation*
- Fluid additives
- ECG monitoring
- Induction of sedation
- Induction of general anesthesia (administer anesthetic-related drugs*)
- General anesthesia administration
- Endotracheal intubation* – small mammals
- Surgical assisting*
- Neonate resuscitation (C-section)
- Transfusion administration and monitoring
- Dental Prophylaxis*
- Charting
- Log outgoing fluid loss
- Bladder palpation*
- Bladder expression*
- Nebulization
- Physical Rehab
- Tube feeding – orogastric*
- Tube feeding – feeding tube
- Nasal oxygen tube placement
- Transfusion administration and monitoring
- Chemotherapy catheter placement
- Central venous pressure measurement
- CPR Participation*
- Client Education on Intermediate Medications (Antibiotics, Pain meds, etc.)
- Capnometry*
- Assisting thoracocentesis
- Assisting abdominocentesis
- Apply bandages*
- Determine BCS
- Determine MCS
- Subcutaneous Fluid Administration*
- Identifying of external parasites*
- Anal gland expression*
- Subcutaneous medication administration*
- Intramuscular medication administration*
- Suture removal*
- Staple removal
- Calculate drug dosage* (any drug)
- Writing/entering prescriptions
- Client Education on Vaccinology
- Client Education on Spaying/Neutering
- Client Education on Dentistry
- Client Education on Kidney Disease
- Client Education on Diabetes
- Client Education on Hyperthyroidism
- Client Education on Hypothyroidism
- Client Education on Cushing's Disease
- Client Education on Common Infectious Diseases
- Urinalysis* – cytology reading (not diagnosis)
- Fecal float reading* (not diagnosis)
- Obtaining blood sample – cat
- Schirmer Tear Test*
- Corneal Stain (fluorescein stain*)
- Tonometry*

- Preparation of medication (calculation, reconstitution, draw)
- BP monitoring*
- Pulse oximetry monitoring*
- Apply casts
- Surgery estimate – preparation
- Surgical Client Callbacks (post-anesthetic updates, at-home check)
- Endotracheal intubation – dog (dog or cat)*
- Endotracheal intubation – cat
- Urinary Catheter placement - male canine*
- Patient assessment
- Treatment planning
- Catheter placement*
- IV catheter monitoring and troubleshooting
- IV catheter replacement
- Isolation care
- Induction and monitoring of emesis
- Drain maintenance
- Ear cytology preparation*
- Fecal smear reading* (not diagnosis)
- Obtaining blood sample* – dog
- Surgical preparation of patient*
- Patient monitoring during anesthesia*
- Dental Radiographs*
- Urinary catheter/collection set maintenance
- Pain assessment
- History taking*
- Obtain Pulse*
- Ear cleaning*
- Basic wound care (hotspots, foot soaks, clip/clean)
- Client Education on Parasites and prevention
- CBC - automated *
- Serum chemistry*
- Serum ketone
- Serum lactate
- IV monitor setup and operation
- Surgery estimate – presenting
- Post-operative recovery monitoring*
- Dentistry Patient discharge
- Hospitalization estimate – preparation
- Hospitalized patient discharge
- Enema*
- Patient Rooming
- Inpatient Client Callbacks (patient updates, at-home checks)
- Client Education on Idiopathic Cystitis
- Client Education on Addison's Disease
- Dental health consulting
- Post-operative Patient discharge
- Referral submissions
- Filling prescriptions
- Client Education on Basic Medications
- Skin scrape preparation*
- Urinalysis – cytology preparation*
- Fungal culture preparation*
- Team scheduling
- Obtain HR*
- Obtain RR*
- Obtain Temp*
- Demonstration of oral medication administration*
- Animal Restraint, Positioning for Diagnostic Imaging (dog, cat, horse)*
- Explaining Admissions/Consent Form
- Endoscopy setup
- Endoscopy cleaning