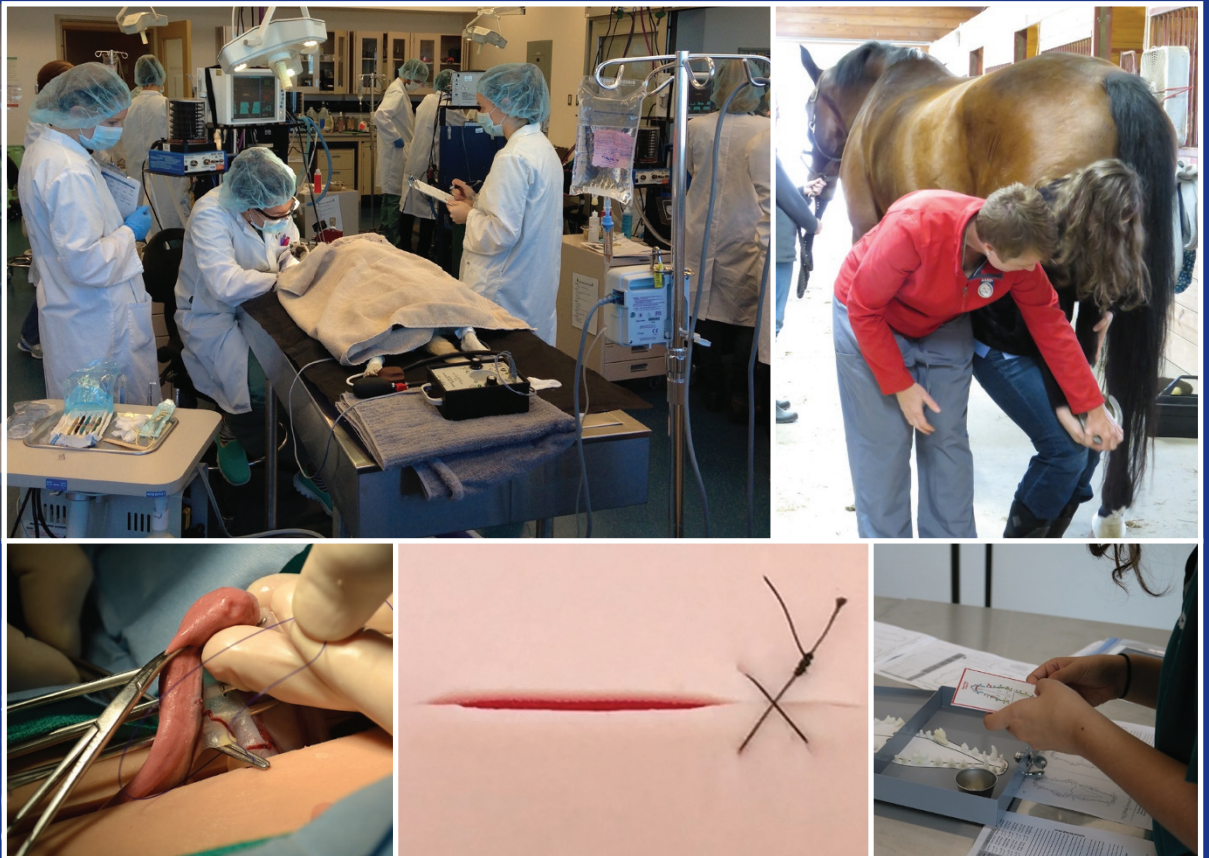


Veterinary Clinical Skills

Edited by

Emma K. Read | Matt R. Read | Sarah Baillie



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Contents

- Acknowledgments** *viii*
List of Contributors *ix*
Preface *xii*
About the Companion Website *xiii*
- 1 What Is a Clinical Skill?** *1*
Emma K. Read and Sarah Baillie
- 2 Clinical Skills Curricula: How Are They Determined, Designed, and Implemented?** *7*
Jennifer Hodgson, Elrien Scheepers, and Sarah Baillie
- 3 How Are Clinical Skills Taught?** *25*
Sarah Baillie, Matt R. Read, and Emma K. Read
- 4 How Are Clinical Skills Practiced?** *45*
Emma K. Read and Robin Farrell
- 5 How Do I Know if I am Learning What I Need to?** *62*
Sheena Warman and Emma K. Read
- 6 How Do I Prepare for Assessment and How Do I Know I Am Being Assessed Fairly?** *82*
Kate Cobb and Sarah Cripps
- 7 How Can I Best Learn in a Simulated Environment?** *98*
Julie A. Hunt, Stacy L. Anderson, and Jennifer T. Johnson
- 8 How Do I Make Use of Peer Teaching?** *113*
Lucy Squire and Marc Dilly
- 9 What Other Skills Are Vital to Successful Clinical Practice?** *127*
Elizabeth Armitage-Chan and Susan M. Matthew

Appendix 1: OSCEs (Objective Structured Clinical Examinations) 142

Making a Cheese and Pickle Sandwich 144
Sarah Baillie, Rachel Harris, and Emma K. Read

Asepsis – Gowning and Closed Gloving 146
Tatiana Motta and Emma K. Read

Asepsis – Draping 151
Tatiana Motta

Bovine Anatomy and Surgical Landmarks - Part One 156
Jennifer Schleining

Bovine Anatomy and Surgical Landmarks - Part Two 157
Jennifer Schleining

Canine Physical Exam 158
Steven Horvath and Missy Matusicky

Surgical Towel Placement Rubric 163
Abi Taylor

Pedicle Ligature (two-handed tie) Rubric 164
Abi Taylor

Equine Handling & Restraint 165
Teresa Burns and Emma K. Read

Intramuscular Injection in a Canine Model 170
Julie Williamson

Anesthetic Maching Set-Up and Leak Testing 172
Matt R. Read and Carolina Ricco Pereira

Appendix 2: Recipes for Making Clinical Skills Models 175

Canine Castration Model 176
Lindsey Ramirez, Megan Preston, and Julie Hunt

Dental Scaling Model 181
Rachel Harris, Andrew Gardiner, and Rachel Lumbis

Endotracheal Intubation Model 186
Maire O'Reilly

Equine Abdominocentesis Model 190
Catherine May, Catherine Werners, Keshia John, Sarah Baillie, and Emma K. Read

Canine Leg with Cephalic Vein Model 194
Lissann Wolfe

Silicone Skin Suturing Model 198
Marc Dilly

SimSpay Model 201
Rikke Langebæk

Surgical Prep Model 208
Jean-Yin Tan and Alfredo E. Romero

Tea Towel Suturing Model 213
Alison Catterall

Index 217

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Preface

Our original vision for this book was to try to collate the content of many years of conversations that we have had with colleagues and students about Clinical Skills teaching and learning into a single, useful resource. Many of those discussions centered around what is known about how to teach and learn better – in essence, where to spend one’s precious time, effort, and resources in order to see the best returns. To this end, we wanted to create a book that would appeal to both instructors and students and provide a broad overview of what is already known about teaching and learning Clinical Skills for those starting out so they had a good base from which to take the leap.

We have been fortunate to help institute modern clinical skills training programs into our own institutions at a time when they were just beginning to be implemented across veterinary medicine. In the early days, we learned by trial and error by adapting “hard knocks” lessons we had learned in private practice to our academic learning environments. As programs evolved, so did the research that proves that there is value in learning how to use best teaching practices to inform Clinical Skills instruction. However, even though so much has been published, clinical skills instructors are a generous group and much of the sharing of information still tends to be open source or available by simply asking a colleague. Websites, conferences, and Zoom calls all serve as a means for sharing what we have learned, making sure that someone else does not have to reinvent the wheel.

The basis for this book is that, despite all of the sharing of ideas and best practices that has occurred to date (or maybe as a result of it!), it can still be challenging for instructors and students to review what has been documented about teaching and learning Clinical Skills in one concise place. New instructors often feel overwhelmed with all there is to know about teaching and assessment and, although many teachers may not be new to veterinary medicine or to teaching Clinical Skills, it is the evidence-based teaching of others that is novel and challenging. Students tackling clinical skills training are often overwhelmed with where to begin and how best to practice the huge volume of skills and procedures that a veterinarian needs to be able to perform following graduation. Although handbooks have been published that list skills and explain “how to” perform a variety of procedures, a concise reference that summarizes all that is known about teaching, learning, and assessing clinical skills all in one place has still been missing.

We hope that this book helps point newbies of all types in the right direction while also serving as a go-to reference for experienced teachers. The enthusiasm and dedication to clinical skills training is as evident now as it was when it started over 10 years ago and we are immensely grateful to all of the authors who participated in this project and shared their expertise and experiences so openly. Together, we look forward to further innovations that will make even more confident and competent day-one graduates who will be better prepared to treat the animals in their care.

About the Companion Website

This book is accompanied by a companion website:

www.wiley.com/go/read/veterinary



There you will find valuable material designed to enhance your learning, including:

- Appendices 1 and 2 from the book as downloadable PDF

1

What Is a Clinical Skill?

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Historically in veterinary medicine, degree programs have been based upon the Flexner model described in medical education, with two basic blocks: two to three years of preclinical training and one to two years of clinical training (Flexner, 1910). Approximately 10–15 years ago, a trend developed in veterinary education to include more hands-on training during veterinary programs, often beginning in the start of the first year, with an emphasis on teaching day-one skills necessary for success in practice (Hubbell et al., 2008; Doucet and Vrins, 2009; Welsh et al., 2009; Smeak et al., 2012; Dilly et al., 2017 RCVS, 2020;). The idea of moving clinical training earlier in the program and further emphasizing integration of knowledge and other skills into the clinical workplace led to current veterinary programs being more like two inverse wedges rather than two blocks placed one on top of the other as separate units of the same program (Figure 1.1).

Formal veterinary clinical skills training programs, which emphasized the use of models and simulators and constructed dedicated clinical skills centers for teaching, began in the early to mid-2000s as a way to accommodate this need for earlier training (Baillie et al., 2005; Scalese and Issenberg, 2005; Pirkelbauer et al., 2008; Read and Hecker, 2013; Dilly et al., 2017). Reports of

objective structured clinical examinations (OSCEs) that are used to assess learners' hands-on skills, and descriptions of best practices for implementing skills curricula, began to follow (Smeak, 2007; Rhind et al., 2008; May and Head, 2010; Hecker et al., 2010; Read and Hecker, 2013; Dilly et al., 2017).

Concurrently, over the last 10 years, there has been a recognition of the need to incorporate more professional skills training (NAVMEC, 2011; Cake et al., 2016). Today's employers are not only searching for confidence and technical competence in new graduates but good communication abilities as well (Perrin, 2019). Rather than simply being competent in one's hands-on skills alone, effective integration of professional communication and technical skills performance is crucial for successful practice (NAVMEC, 2011; Rhind et al., 2011). Other "marketable skills" described in a recent report of the characteristics most often sought by employers posting job advertisements in the United Kingdom included enthusiasm, special interest, communication, all-rounder, client care, team player, autonomous, caring, ambitious, and high clinical standards (Perrin, 2019). These "skills" are important to employers and are key to minimizing dissonance and dissatisfaction for the graduates as well (May, 2015; Perrin, 2019).

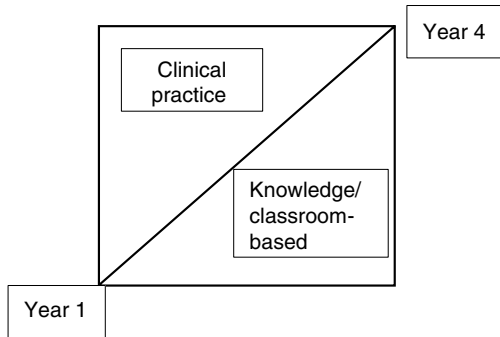


Figure 1.1 Flexner model (with separation between preclinical and clinical blocks) versus the more recent curricular models that are more like inverse wedges introducing clinical content earlier into the start of the curriculum.

The Royal College of Veterinary Surgeons (RCVS) Day One Competences and the American Association of Veterinary Medical Colleges' (AAVMC) North American Veterinary Medical Education Consortium (NAVMEC) report are both recognized as early frameworks that defined competencies across a number of areas that lead to graduate success (NAVMEC, 2011; RCVS, 2020;). More recently, there have been other developments toward employability of new graduates and improved teaching of professional skills. The VetSet2Go project represents an international collaboration of educators (<https://www.vetset2go.edu.au>), who surveyed employers, clients, new graduates, and other stakeholders before combining this information with what was already published in the literature. The resulting white paper and framework have been used to guide development of resources, as well as tools for educators and learners (Cate et al., 2016; Hughes et al., 2018). This framework highlights professional identity formation, skills needed for practice career longevity, and development of resilience. More recently, outcomes-based frameworks have been described (Bok et al., 2011; Molgaard et al., 2019; Matthew et al., 2020). The AAVMC's competency-based veterinary education (CBVE) framework is currently being considered and implemented across multiple international veterinary schools simultaneously, which brings exciting opportu-

nities for conducting comparative analysis of students and graduates across schools. Having a shared framework of competencies, entrustable professional activities, milestones, and terminology is critical for training educators, comparing learners, and generalizing results across programs (Molgaard et al., 2018a; Molgaard et al., 2018b; Salisbury et al., 2019). With schools historically only focusing on their own programs, this opportunity has not existed in veterinary medicine to date.

In the strictest sense, veterinary clinical skills are psychomotor tasks that can be assessed in a simulated environment (satisfying “shows how” on Miller’s pyramid of clinical competence) or within the actual clinical workplace (satisfying “does” on Miller’s pyramid of clinical competence, see Figure 5.1) (Miller, 1990). Obvious examples might include donning and doffing a surgical gown, suturing skin, performing venipuncture, safely restraining a patient, or performing a complete physical examination. But what about interpreting herd records, observing animal behavior, or designing an isolation facility? Recently, authors have argued that the pinnacle of Miller’s pyramid of clinical competence is not just related to technical skill competence as Miller originally described but is actually “is trusted” (to perform on one’s own) (ten Cate et al., 2020) or “is” (to incorporate the development of professional identity) (Crues et al., 2016).

During curriculum development or program revision to incorporate further clinical skills training, there can be heated debate among educators and practitioners about what skills are the most necessary to teach, or even about what constitutes a “clinical skill.” Before the more recent rise of competency-based education, some educators and practitioners used Delphi-like processes and developed lists of skills to be taught in veterinary programs such as Day 1 Skills, first published in 2002 (RCVS, 2020). These practitioners tended to focus on what they believed was important for their own daily practice and based the skills list on what might be needed for their particular geographical

location. Practitioners also focused on what they wished to be taught to students who were soon to become their employees and colleagues. Educators tended to focus more on their own areas of specialty and what they believed new graduates should be able to perform based on past teaching experience.

The more recently described competency-based approaches to education have tried to focus more on “outputs,” rather than only on “inputs” for determining what should be taught in the curriculum. The majority of veterinary graduates today will enter private small animal, first-opinion practice, and it has been suggested that educators focus on asking practitioners working in that environment what skills the graduate will need (Bain and Salois, 2019). It should be noted that a broad range of practices must be consulted because there are differences in equipment and personnel available from practice to practice. Surveys of practicing veterinarians engaged in performing authentic veterinary tasks in general practice have also proven critical to determining the frequency, importance, and perceived difficulty for performance of these skills (Hubbell et al., 2008; Doucet and Vrins, 2009; Smeak et al., 2012; Luby et al., 2013; Kreisler et al., 2019). Not being limited in licensure at present, veterinary graduates ultimately require a broad range of skills for commonly seen conditions and diseases of all the major domestic species, and they require different skills than a specialist working in a tertiary referral environment (May, 2015). It is critically important that information be gathered across all types of practice, and published surveys exist in the literature for skills in surgery, equine practice, bovine practice, and small animal practice (Hubbell et al., 2008; Doucet and Vrins, 2009; Smeak et al., 2012; Luby et al., 2013; Kreisler et al., 2019). These resources are very useful and essential to consult when considering what to incorporate into an educational program.

Integration of clinical skills in the curriculum requires consideration of when to present the material and whether to integrate it with other

competencies. It is not enough for learners to learn the technical performance alone because without the knowledge of when to use the skill, when not to use the skill and how to modify the performance of the skill when needed, then the learner performs as a trained technician (Michels et al., 2012). The development of a veterinary professional requires that the learner has declarative or background knowledge, procedural knowledge about how to perform the skill, and can also apply diagnostic reasoning and clinical decision-making. In effect, developing a clinical skills program means achieving a comprehensive consensus on all of these aspects and not simply generating a list of skills (Michels et al., 2012).

Initially, the emphasis of outcomes-based education in the health professions was on the post-graduate learner, but more recently there has been a shift to incorporate undergraduate training as well (Ferguson et al., 2017). The competency-based educational approach supports the continual documented improvement of learner performance from novice to proficient and emphasizes training in the clinical workplace (Dreyfus, 2004). Assessment is becoming increasingly focused on a programmatic approach that includes multiple direct observations of student performance that are then integrated to provide a complete picture of learner competence (Bok et al., 2018; Norcini et al., 2018; van Melle et al., 2019).

The development of entrustable professional activities (EPAs) is ushering in a new era for skills training where students are ultimately encouraged to bring individual skills and competencies together in a comprehensive authentic workplace procedural performance (ten Cate, 2005). EPAs are activities that are performed in the workplace and offer a chance for observation and assessment. Assessors have a chance to observe “in the moment” and comment on the learner’s ability to perform tasks required in practice. The repetitious completion of such activities in the clinical veterinary teaching environment allows the trainee to grow and learn from the formative feedback provided to them. The AAVMC’s CBVE

working group recently defined nine different domains and 32 competencies in a framework, which represents consensus across a number of veterinary programs (Molgaard et al., 2018a; Molgaard et al., 2018b). The group then described eight EPAs that can be used for assessing and documenting learner development during the clinical years of the training program. Clinical skills training is now evaluated across programs through the use of OSCEs to assess introductory individual skills and short procedures in the years prior to clinical rotations, and EPAs and workplace-based assessments that evaluate more complex procedures or activities where multiple competencies need to be performed simultaneously in the clinical environment (Petersa et al., 2017; ten Cate et al., 2018; Molgaard et al., 2018b).

Programmatic assessment has recently been validated in veterinary medicine and shows that a change in performance is not simply due to variability between raters but is due to variance in learners' growth (Bok et al., 2018). This is important because we can now demonstrate learner change over time and predict the rate at which mastery will occur (Pusic et al., 2015). Limitations of accreditation (e.g. American Veterinary Medical Association's Council on Education mandating the maintenance of a four-year program) and reduced financial support (e.g. in the United States, many colleges have poor public support and rely heavily on tuition dollars) may mean that true time-independent advancement may prove challenging for veterinary programs.

In summary, veterinarians used to talk about "see one, do one, teach one," but today this is no longer considered a valid approach to teaching and learning skills (Michels et al., 2012). Clinical skills teaching, learning, and assessment have evolved. There is a growing body of evidence regarding learning theories, teaching and assessment principles, and learner development that can be used to the advantage of learner, teacher, and other stakeholders. An abundance of research and scholarship has changed the way that educators teach and the way programs are designed. This book is intended to focus on teaching, learning, and assessment of clinical skills in the modern veterinary curriculum and is a resource guide for students, as well as their instructors. This book is written for both veterinary and veterinary nursing students and includes chapters regarding development of skills curriculum (Chapter 2), how skills are best taught and learned (Chapter 3), and how skills are best practiced prior to assessment (Chapter 4). Also included are chapters on how learners know if they are learning what they need to (Chapter 5), how learners know they are being assessed fairly (Chapter 6), how learners can best learn in a simulated environment (Chapter 7), how to make use of peer teachers (Chapter 8), and what other skills are vital to a successful practice career (Chapter 9). The appendices include examples of OSCE assessments and recipes for simple models that instructors and learners can use and make.

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2

Clinical Skills Curricula: How Are They Determined, Designed, and Implemented?

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Box 2.1 Key Messages

- The same principles of general curricular design should be adhered to when designing or evaluating a clinical skills curriculum
- A six-step model developed by David Kern provides fundamental, yet flexible, principles of curricular design
- Student, societal, professional, and accreditation needs should be considered
- A backward design process, with initial attention to the desired outcomes, will focus curricular design
- A prioritized Day-One Competencies list and identified core Entrustable Professional Activities will further drive the design process
- Learning objectives for clinical skills must be as specific and measurable as possible
- A variety of educational methods may be used to teach clinical skills, which are not restricted to clinical skills laboratories or clinical settings
- Implementation of a clinical curriculum will depend on available resources, buy-in from stakeholders, and a properly planned management and roll-out plan
- Evaluation of the implemented clinical curriculum must be done early and repeated as needed

Introduction

The goal of veterinary curricula is to educate students to be optimally prepared to enter the veterinary profession with entry-level medical knowledge and appropriate mastery of an array of clinical skills (Read and Hecker, 2013; Dilly et al., 2017; Thomson et al., 2019; Duijn et al., 2020). Not only will the qualified veterinary

professional be expected to display knowledge and mastery of skills, but he or she will also have to function as part of the veterinary team, working with veterinary nursing professionals where both the veterinarian and veterinary nurse (or “vet tech”) have input into patient care and treatment (Kinnison et al., 2011). Good veterinary interprofessional practice may have benefits for the practice, the individual team members, the client, and

the patient (Kinnison et al., 2014). It can, and should, be argued that this relationship between members of the professional team should be nurtured and developed from an early stage, ideally at the level of educating students. While published studies in interprofessional education interventions are sparse, it must be acknowledged that at teaching institutions where the two groups of students are educated together, opportunities for integrated curriculum design are ample and should be fostered. Even if these opportunities do not exist because of physical separation of teaching facilities, it must be kept in mind that there are many more similarities in designing clinical skills curriculum for veterinary and veterinary nursing/veterinary technology students, than there are differences. This chapter will discuss processes in the design of clinical curricula that are similar for veterinary and veterinary nursing (or veterinary technology, as called in Australia and United States) students.

The veterinary degree, perhaps more than any of the other health science degrees, poses a challenge to curricular design due to the breadth of material that must be covered, expectations of the level of competence at graduation, and the variety of career options available to veterinarians. By recognizing the close correlation between the veterinary knowledge and clinical skills also expected of newly qualified veterinary nursing professionals, it follows that near-similar challenges are posed to the design of curricula for veterinary nurses.

Despite its importance, it is easy to slip into a pattern of ad hoc curricular development with little attention to desired outcomes (Schneiderhan et al., 2018). Therefore, contemporary veterinary curricula must refocus on the fundamental knowledge, skills and behaviors required of graduates and utilize modern methods grounded in educational theory to best achieve these (Hodgson and Ilkiw, 2017).

In the broadest sense, a curriculum is defined as the totality of student experiences that occur in the educational process (Wiles, 2009), but any planned educational experience is also considered to be an example of a curriculum (Kern et al., 2016) with

this latter definition being applicable for a section of a veterinary curriculum focused on clinical skills development. Although a clinical skills curriculum would not be the totality of veterinary training, the same principles of curricular design should be adhered to when developing, or evaluating, a clinical skills curriculum for veterinarians and veterinary nurses.

There are several fundamental tenets when approaching curricular design that have been well articulated by Kern (2016): “First, educational programs have aims or goals, whether or not they are clearly articulated. Second, medical educators have a professional and ethical obligation to meet the needs of their learners, patients and society. Third, medical educators should be held accountable for the outcomes of their interventions. And fourth, a logical, systematic approach to curricular development will help achieve these ends.”

To help achieve the last of these principles, Kern developed a six-step model for curricular development in medical education (Kern et al., 2016) (see Figure 2.1). This model will be used as a framework for this chapter as all the steps are equally relevant to a veterinary clinical skills curriculum, for both veterinary and veterinary nursing students, with some modifications for the different educational contexts. Further, these principles of curricular design are fundamental, yet flexible enough to yield different types of curricula in different hands, depending on the local environment and the available resources in which the clinical skills curriculum is developed.

Steps in Clinical Skills Curricular Design

Step 1: Needs Assessment and Statement

The prompts for the development or review of a clinical skills curriculum can be multifactorial including both extrinsic (e.g. accreditation) and intrinsic (e.g. student performance evaluations) factors. A needs assessment will help answer