

Equine Veterinary Technician Training record: Assessment of competency Practice copy

Equine Veterinary Technician Training Record

Equine Veterinary technician's name :

Insured Practice :

Type of employment
(circle as appropriate)

:

Permanent

Casual/ Seasonal

Date first employed by Insured
Practice :

Qualifications and/ or experience :

Technician's signature :

Supervising veterinarian's name :

Date :

INSTRUCTIONS:

- Each full time and regularly employed part time Equine veterinary technician insured under your VPIS policy is expected to be trained to perform their tasks to the standard of a reasonable veterinarian
- Evidence of training is expected to be recorded, reviewed and/ or updated **at least annually**
- This template sets out the expected standard of training records
- Sections should be completed by the relevant supervising veterinarian/s; however, delivery of training can be delegated
- In the event of a claim, failure to submit completed and up to date annual technician training records will result in an increased excess of at least \$15,000 + GST.

Each section of training must be signed off by the supervising veterinarian once they are satisfied that the technician is capable of performing the procedure to the standard expected of a veterinarian.

Notes:

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Technician name		Date	
Supervising veterinarian's name		Supervising veterinarian's signature	

BASIC TASKS

Procedure	Date of training (DD/MM/YY)	Trainer's name/ role	Description of training	Competency Assessment
Drug injection – IM or SQ				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
Bandage change				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
Vaccination				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
Oral medication and drenching				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
Sample collection – blood				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
Clinical examination and vital sign monitoring				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
Dispense a prescription				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
Complete medical record				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
Sample processing – blood and faeces				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
Additional Procedure/s	Date of training (DD/MM/YY)	Trainer's name/ role	Description of training	Competency Assessment
				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>

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Technician name		Date	
Supervising veterinarian's name		Supervising veterinarian's signature	

COMPLEX TASKS

Procedure	Date of training (DD/MM/YY)	Trainer's name/ role	Description of training	Competency Assessment
Drug injection – IV				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
IV fluid set up, administration and catheter placement				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
Gas and IV Anesthetic monitoring				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
Set up CRI sedation				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
Microchipping				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
Artificial insemination - fresh				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
Surgical assisting				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
Suture removal				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
Passage of NG tube				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
Additional Procedure/s	Date of training (DD/MM/YY)	Trainer's name/ role	Description of training	Competency Assessment
				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>
				<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Date <input type="text"/></div>