Employee (Trainee) Name Hire Date

***Purpose****: The purpose of this program is to introduce the Veterinary Technician to the practice and bring them into the hospital’s philosophy of care and service. Through this program, the new Technician will become familiar with the day-to-day operations, management, and standards of care within our hospital.*

*The first column of the table below is the Skill/Knowledge and the Trainer that is assigned to the task for training the employee. The second column are the tasks that need to be trained and the third column is where the trainer initials that the training is complete and the date of completion.*

*Although a probable duration is stated for each phase of training, these are meant only as a guide and neither the trainer nor the trainee should sign off on a phase until they feel that they fully understand and are comfortable performing all the job tasks listed.*

**Phase I - Welcome to Our Practice!**

Probable Duration: One Day (Due Date \_\_\_\_\_\_\_\_)

|  |  |  |
| --- | --- | --- |
| **New Employee Orientation Checklist** | The Employee has completed and signed the New Employee Orientation Checklist. | Initials/Date |
| **OSHA Training** Trainer: | Conduct OSHA training. Explain OSHA standards, MSDS sheets, etc. * Give employee handout regarding safety
* Complete OSHA test.
* Inform team member what they are to do if an OSHA officer shows up and ask for a tour of the practice.
* Make sure they know the practice OSHA safety officer’s/coordinator’s name.
 | Initials/Date |
| **Observe**Trainer: | Trainee to observe (senior) Veterinary Technician. (At least for 1 hour) | Initials/Date |
| **Basic Animal Handling**Trainer: | Learn basic animal handling principles. Before signing off, trainee must demonstrate proper animal handling with at least two patients.  | Initials/Date |
| **Cleanliness**Trainer: | Explain hospital’s standards of cleanliness. Discuss danger in using bleach and that bleach should NEVER be mixed with ammonia. | Initials/Date |
| **Conclusion of Phase 1** | Review of Phase I of training program. Trainee is asked if he/she has any questions or needs further training on any part of Phase I.  | Initials/Date |

**Phase I of Training Complete**

*My signature below signifies that I have completed Phase I of the Veterinary Technician Phased Training Program and that I fully understand all concepts covered and I am comfortable in my knowledge and ability to perform the procedures introduced in Phase I of this program. Supervisor signature below signifies that employee has successfully completed Phase I and has answered all pertinent questions.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Employee (Trainee)* |  | *Date* |
|  |  |  |
| *Supervisor* |  | *Date* |

**Phase II**

Phase II Duration: One Week - Two Weeks (Due Date \_\_\_\_\_\_\_\_)

|  |  |  |
| --- | --- | --- |
| **Reference Materials**Trainer: | Present trainee with veterinary educational materials to review.* Present Trainee with the Common Medical Terminology Abbreviation handout.
* Vaccination protocol
* Other client education materials
* Other \_\_\_\_\_\_\_\_\_\_

Review:* Above presented materials with trainee
* Other \_\_\_\_\_\_\_\_\_\_\_
 | Initials/Date |
| **Computer Knowledge**Trainer: | Demonstrate how to log on and off the computer properly.* Review company policy regarding computer use and password maintenance/usage.
 | Initials/Date |
| **Veterinary Knowledge**Trainer: | Medical Records and Patient Visit Forms* Explain how our medical records are organized and show how to read patient visit forms. Show how to look up information in the computer.
 | Initials/Date |
| **Greeting Clients**Trainer: | * Explain the proper way clients and their pets are to be greeted and treated when they come to the practice.
 | Initials/Date |
| **Outpatient appointments**Trainer: | * Review procedure for out-patient appointments
 | Initials/Date |
| **Patient History**Trainer: | * Discuss procedures for obtaining and recording patient history
 | Initials/Date |
| **Veterinary Procedures**Trainer: | Obtaining Weights and Temperatures* Review the use of the scale, taking temperatures, and where this information should be noted
 | Initials/Date |
| **Safety**Trainer: | Safety in the Exam Room and Laboratory Area* Review the hospital’s safety guidelines for drawing blood, handling instruments, etc.
 | Initials/Date |
| **Exam Room/Vaccines**Trainer: | Discuss vaccine protocol* Provide vaccination schedules for dogs and cats; review how to discuss them with clients
* Review protocol for proper vaccines for each animal and when to use them (DHPP, DHLPP, etc.)
 | Initials/Date |
| **Exam Room/Client Education**Trainer: | * Learn the flea products the practice uses, the flea lifecycle, and be able to recommend a total flea control program
* Learn what handouts are available and be prepared to use them appropriately with clients
 | Initials/Date |
| **End of Life Appointments**Trainer: | * Explain how end of life appointments are scheduled and how greeter should anticipate and prepare for these types of appointments.
 | Initials/Date |
| **Exam Room/Discharge**Trainer: | * Learn the procedure for discharges
 | Initials/Date |
| **Physical Plant Maintenance**Trainer: | * Review cleaning protocol for exam rooms, lab and treatment areas. Learn maintenance protocol for hospital equipment.
 | Initials/Date |
| **Controlling Odors**Trainer: | * Explain procedure for controlling odors.
 | Initials/Date |
| **Noise Pollution**Trainer: | * Explain procedure for minimizing noise pollution. (e.g. barking dogs are escorted to a private area or an exam room). Explain proper use of ear plugs.
 | Initials/Date |
| **Check-in Boarders**Trainer: | * Explain procedures for checking-in a boarding patient. Before signing off, trainee must demonstrate by checking-in at least two boarders.
 | Initials/Date |
| **Pharmacy**Trainer: | Preparing Prescription Medications * Show how to properly dispense and label drugs and medications.
* Print out prescription labels and apply charges to clients’ invoices. (All prescription drugs and medications are to be labeled.)
* Document the controlled drug log and
* Observe proper drug security measures.
 | Initials/Date |
| **Appointments**Trainer: | * Review proper procedure for technician appointments.
 | Initials/Date |
| **Surgery drop-off and check-ins**Trainer: | * Review proper procedure for technician appointments.
 | Initials/Date |
| **Surgery** Trainer: | * Review the locations of surgical instruments and supplies
 | Initials/Date |
| **Anesthesia machines**Trainer: | * Explain how anesthesia machines work
 | Initials/Date |
| **Anesthesia**Trainer: | * Demonstrate proper procedures for patient anesthetization and proper monitoring during procedures
* Demonstrate ability to calculate / administer anesthetic drugs and intubate patients
 | Initials/Date |
| **Surgery Support Equipment**Trainer: | Discuss and demonstrate the procedures to assure that monitoring and support equipment are in good working condition* Anesthetic machines
* Cardiac monitors
* Scopes
* Breathing apparatus
 | Initials/Date |
| **Dental**Trainer: | * Demonstrate how to clean and polish teeth with cavitron and prophy angle, and know how to scale teeth by hand.
* Demonstrate how to take before and after dental pictures.
 | Initials/Date |
| **Assist during procedures**Trainer: | Demonstrate and discuss veterinary technician’s assistance in the following procedures:* Diagnostic
* Medical
* Surgical
 | Initials/Date |
| **Restrain**Trainer: | Show how to safely restrain patients* Discuss precautions
* Demonstrate positions.
 | Initials/Date |
| **Medical Procedures**Trainer: | * Anal Glands - Review how to express anal glands with gloved hand
* Enemas – Explain how to administer various enemas
* Ears – Review how to clean and medicate ears
 | Initials/Date |
| **IV Catheters**Trainer: | * Review placement of IV catheters
* Demonstrate ability to calculate rate of IV fluid administration
 | Initials/Date |
| **Equipment Cleaning**Trainer: | * Demonstrate proper methods of cleaning, maintaining and sterilizing instruments, equipment and materials
 | Initials/Date |
| **Inventory**Trainer: | Discuss inventory:* Maintenance of appropriate supplies
* Reorder and applicable inventory management/control systems
 | Initials/Date |
| **Marketing**Trainer: | Discuss marketing to clients* Discuss how to promote the practices products, programs and services.
* Explain the use of passive marketing
* Ensure that employee gains a technical knowledge of products sold
 | Initials/Date |
| **Conclusion of Phase II** | * Review of Phase II of training program. Trainee is asked if he or she has any questions or needs further training on any part of Phase II. Trainee signs off on Phase II.
 | Initials/Date |

**Trainee Comments - Phase II**

*Use this area for any comments you have concerning this phase of your training. This will help us to improve our training systems and ensure that adequate training is provided to you. Your comments will be read by the management of the practice and kept in your confidential employee file.*

**Phase II of Training Complete**

*My signature below signifies that I have completed Phase II of the Veterinary Technician Phased Training Program and that I fully understand all concepts covered and I am comfortable in my knowledge and ability to perform the procedures introduced in Phase II of this program. Supervisor signature below signifies that employee has successfully completed Phase II and has answered all pertinent questions.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Employee (Trainee)* |  | *Date* |
|  |  |  |
| *Supervisor* |  | *Date* |

**Phase III**

Probable Duration: One Week (Due Date \_\_\_\_\_\_\_\_)

|  |  |  |
| --- | --- | --- |
| **Laboratory Procedures**Trainer: | Review various laboratory procedures:* Set up and read fecal floats and direct smears
* Obtain, stain and read ear smears
* Urinalysis (macro & micro exam)
* FeLV/FIV snap test and Parvo test
* Heartworm test
 | Initials/Date |
| **Bloodwork**Trainer: | * Demonstrate procedures for running different blood in-house tests.
* Demonstrate how to operate various analyzers and take the proper samples and preparation for each one
 | Initials/Date |
| **Laboratory Procedures**Trainer: | * Explain how to process laboratory samples for send-out testing
* Review of the various reference labs and how to send the proper sample to the appropriate lab
* Review expectations for entering charges of send out lab work
* Review how to enter and charge (ie, mark up) for a lab test that is not listed in the computer
 | Initials/Date |
| **Preventive Healthcare**Trainer: | Review with veterinary technician the healthcare recommendations to answer client questions and provide education:* Vaccines
* Flea and heartworm
* Dental
* Senior wellness
* Spay and Neuter
 | Initials/Date |
| **Radiology** Trainer: | Radiology Orientation* Employee is to read and sign off on radiology hospital manual
* Issue radiation badge
* Demonstration of radiology equipment and proper use

Radiology TechniquesDiscuss and demonstrate radiograph taking techniques* Proper handling of patients for radiographs
* Proper positioning of patients
* Explanation of anatomy and views

—V/D, LAT, A/P, etc. Abdomen, cranial, lumbar, etc* Show how to process radiographs; review different positioning techniques
* Explain how to properly measure for radiographs
* Radiograph log
 | Initials/Date |
| **Radiology Developing/Filing**Trainer: | Demonstrate * Proper use of the developer
* Preparation of cassettes and film
* Preparation of folders

Discuss radiology processing* Folders
* Film and cassettes

Show how to file radiographs* Explanation of filing system
* Location of files, films and relevant supplies
 | Initials/Date |
| **Medical Procedures**Trainer: | Trainer to review basic procedures such as: * bandage/splint application,
* giving injections (all types),
* IV fluids, sterilizing instruments,
* suture removal, etc.

Make a list of hospital procedures to ensure that trainee has been educated in all standard procedures. (Duration and intensity of training will depend on trainee’s current level of education and expertise.)  | Initials/Date |
| **Entering Charges**Trainer: | * Demonstrate procedure for entering charges
 | Initials/Date |
| **Disposal of contaminated items**Trainer: | Show proper disposal of contaminated items* Sharps containers
* Hazardous liquids and solids
* Properly dispose of euthanized/deceased animals
 | Initials/Date |
| **Controlled Substances**Trainer: | * Demonstrate how to dispense and log controlled substances
 | Initials/Date |
| **Exam Room Protocols**Trainer: | Practice Exam Room Protocol* Trainee to handle all exam room visits with a senior tech’s direct supervision. (At least two days)
 | Initials/Date |
| **Conclusion of Phase III** | * Review of Phase III of training program. Trainee is asked if he or she has any questions or needs further training on any part of Phase III. Trainee signs off on Phase III.
 | Initials/Date |

**Trainee Comments - Phase III**

*Use this area for any comments you have concerning this phase of your training. This will help us to improve our training systems and ensure that adequate training is provided to you. Your comments will be read by the management of the practice and kept in your confidential employee file.*

**Phase III of Training Complete**

*My signature below signifies that I have completed Phase III of the Veterinary Technician Phased Training Program and that I fully understand all concepts covered and I am comfortable in my knowledge and ability to perform the procedures introduced in Phase III of this program. Supervisor signature below signifies that employee has successfully completed Phase III and has answered all pertinent questions.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Employee (Trainee)* |  | *Date* |
|  |  |  |
| *Supervisor* |  | *Date* |

**Phase IV:**

Phase IV Duration: One - Two Weeks (Due Date \_\_\_\_\_\_\_\_)

|  |  |  |
| --- | --- | --- |
| **Surgical Procedures**Trainer: | Assisting During Surgical Procedures* Learn procedures for assisting during surgery.
* Work with a surgical technician with increasing responsibility (at least two days).
 | Initials/Date |
| **Hospitalized Patient Care**Trainer: | Daily Hospital Rounds* Work with the hospital attendant on daily rounds of hospitalized patients.
* Treat surgical patients from the previous day.
* Follow through on treatments requested by the doctor.
* Document the medical record, in-hospital tracking sheet and treatment board
 | Initials/Date |
| **Assisting Veterinarians/Emergencies**Trainer: | Emergencies* Learn procedures for setting up crash carts and assisting the veterinarian during emergencies.
* Work with a surgical technician and/or senior technician (at least two days).
 | Initials/Date |
| **Conclusion of Phase IV**Trainer: | * Review of Phase IV of training program. Trainee is asked if he or she has any questions or needs further training on any part of Phase II. Trainee signs off on Phase IV.
 | Initials/Date |

**Trainee Comments - Phase IV**

*Use this area for any comments you have concerning this phase of your training. This will help us to improve our training systems and ensure that adequate training is provided to you. Your comments will be read by the management of the practice and kept in your confidential employee file.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phase IV of Training Complete**

*My signature below signifies that I have completed Phase IV of the Technician Phased Training Program. I believe that I fully understand the concepts covered and I am comfortable in my knowledge and ability to perform the procedures introduced in Phase IV. Supervisor signature below signifies that employee has successfully completed Phase IV and has answered all pertinent questions.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Employee (Trainee)* |  | *Date* |
|  |  |  |
| *Supervisor* |  | *Date* |