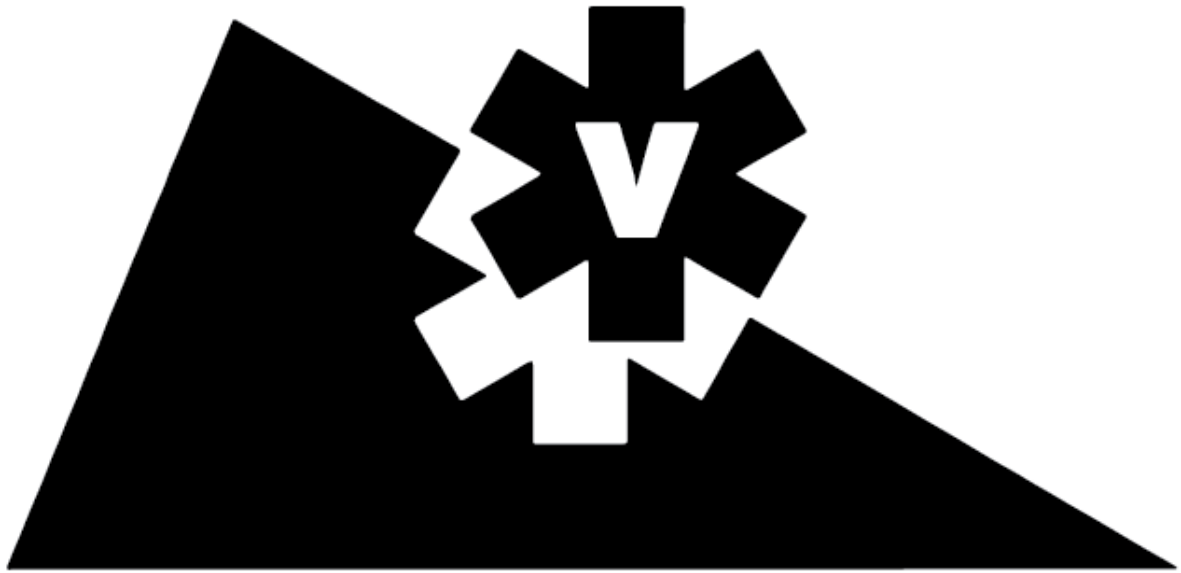


**Academy of Veterinary
Emergency
And Critical Care
Technicians and Nurses**



AVECCTN-VTS
Academy Veterinary Emergency Critical Care Technicians and Nurses

**General Information and Instructions
For the 2021 Application—PART B**

General Information

The Academy of Veterinary Emergency and Critical Care Technicians and Nurses (AVECCTN) would like to thank you for your interest in becoming a Veterinary Technician Specialist in Emergency and Critical Care – VTS (ECC). AVECCTN's goal in certifying veterinary technician specialists is to assure the veterinary profession and the public that AVECCTN certified technicians possess the knowledge and experience needed to work effectively in a well-equipped and staffed emergency or critical care facility. The requirements for eligibility for the examination are defined in the AVECCTN constitution and bylaws (available at: AVECCTN.org). Although AVECCTN requirements are rigorous, they are not designed to be obstacles to prevent candidates from becoming certified. The requirements are intended to assure the public and the profession, that technicians certified by AVECCTN are truly qualified.

For the purpose of eligibility requirements, the definition of emergency and critical care as established by the Veterinary Emergency and Critical Care Society will be used and reads as follows:

- **Emergency Care** – action taken in response to an emergency. The term implies emergency action directed toward the assessment, treatment, and stabilization of a patient with an urgent medical problem.
- **Critical Care** – the care taken or required in a response to a crisis. In medicine, the treatment of a patient with a life-threatening or potentially life-threatening illness or injury whose condition is likely to change on a moment-to-moment or hour-to-hour basis. Such patients require intense and often constant monitoring, reassessment, and treatment.

The AVECCTN Credentials Committee will use these definitions to determine:

1. If your work experience was in the field of emergency and critical care.
2. If the cases in the case log and case reports are emergency and critical care cases.
3. If your continuing education is related to emergency and critical care medicine.

Your application will be submitted electronically via four online forms. The online forms are found by clicking the “Application Information” link on the right side of the AVECCTN.org homepage.

You will need to fill in one form for Part B:

[2021 AVECCTN Application Part B](#)

The form allows Save and Resume. Click Save at the bottom of each page, and a

popup will appear showing you the link to resume your entries, and asking if you would like it emailed to you. **Please have this link sent to your email.** In the email will be a blue RESUME button which contains your link. **KEEP this email safe!** If you lose your link, contact us immediately at applications@AVECCTN.org. We can send you a different entry link to continue your application, however, keep in mind this is not as easy to use as your resume link. *EACH time you save your application, you will receive the same link, no need to email yourself every time.*

Please review each section of the application in its entirety, prior to submitting.

The form requires you to fill in the necessary information, as well as upload documents in support of your application. See the next section to understand what needs to be uploaded

Part B: Final Application is Due October 31, 2020 at 2359 EST. You may only submit this file if you Pre-Application was accepted. The application is turned off at this time and any applications timestamped after the due date and time will be considered incomplete.

The application fee will not be refunded if applicant does not pass the Pre-application phase or is not approved to take the examination. Eligibility rulings are made by the Board of Directors based on recommendation of the Credentials Approval Committee.

**Applicants will be notified of the decision on Part B a minimum of 6 months prior to the 2021 AVECCTN Examination (Date TBD).
Applicants will have the ability to appeal a decline decision.**

PART B APPLICATION INSTRUCTIONS

Reminder: Part B can only be **submitted** if you successfully pass Part A. We do expect however that those that are working on Part A will be logging cases throughout the application period from November 1-October 31 of your application year.

Individual Application Number. This number is generated after you hit save for the first time on Part A. It will appear on Page one, right under your name field on your Part A Application. Record this number and insert it into your Part B application. The number is also sent in your submission confirmation.

Case Logs

A case record log is to be maintained from November 1 – October 31 in the year immediately preceding the submission of the application. Only cases seen during this period qualify. The cases shall reflect the management of the emergent or critically ill patient and competence in advanced nursing skills. The log should include the following: date, patient identification (name or number), species, age, sex, weight, diagnosis, length of care, final outcome, and summary of nursing care techniques and procedures performed by the applicant on the patient. If the animal's weight, age, or sex is unknown enter 'not known' in the case log. Preferably, the case log entries should appear in chronological order, however because of the nature of online forms, you cannot edit the order of your logs after entry. You will NOT lose points for this in the application approval process.

Do not use Trade Names in your case logs, generic names only. Use of trade names will result in the log not being accepted.

If there is a case that spans November 1 (arrives before this date), but care continues into the new year, the case may be used, however the calendar will not allow you enter their actual entry date. Use November 1, and under length of care, put the actual number of days.

HINT We highly recommend that you do a rough draft of your case logs and only fill in the online form closer to the end of the year, once you have finalized which cases you wish to use. Many choose to use an excel spreadsheet with columns corresponding to the headings, then copy and paste their data in once they have finalized the cases they wish to use. Be sure to use spell checker prior to copying the data onto the form.**

Case logs may be deleted once entered and the case log numbers will adjust.

✖ Case Log 1

Date Admitted

12/4/2019



Date Discharged/Care Ended

12/6/2019



Days of Care

3.00

Case Identifier

123456

Patient Number (preferred), or Patient Name

Age

4 years

note weeks, months, years

Sex

Male



Species (can type in species if not in list)

Dog

Weight (kg)

12.00

Diagnosis

Hemorrhagic Gastroenteritis (HGE)

Nursing Procedures I performed:

Initial triage, full TPR, placed IVC, obtained VBG, CBC, Biochemical Profile, PCV/TS, PT/PTT, ECG, Oscillometric BP, SpO2. Provided oxygen flowby, 20 ml/kg bolus PLA over 15 minutes, hydromorphone 0.05mg/kg IV, ampicillin 22mg/kg IV, enrofloxacin 10 mg/kg IV diluted and slow. Once stabilized, placed on 2 x maint PLA, fentanyl CRI at 2-6 mcg/kg/hr, pain score q 1 hr, monitored TS and administered FFP x 200 mls. TPR,BP q 4 hr, ECG continuous.



Maximum 450 characters... will not let you go over! NOTE: this is approximately 4.5 lines, a red bar will appear below the box if you exceed the characters.

Outcome

Discharged

Is this case one of your 4 case reports?

Yes No

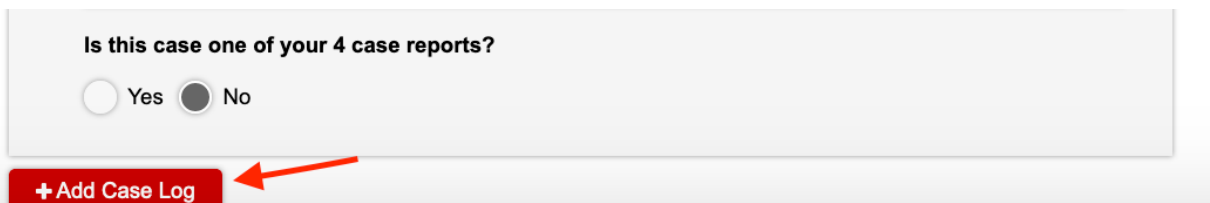
Example of a Case Log entry

List individual nursing skills YOU performed; do not use unspecific phrases such as “critical care nursing”, “intense monitoring” or “pain management”. Provide a key if abbreviations are used. A section has been provided for your abbreviation list.

Abbreviations Used in Case Logs

BG Blood Glucose
CBC Complete Blood Count
PCV/TS Packed Cell Volume, Total Solids
PT/PTT Prothrombin Time/Partial Thromboplastin Time
IVC Intravenous Catheter (peripheral)
ECG Electrocardiogram
BP blood pressure
IBP invasive blood pressure
CRI constant rate infusion
IV intravenous
rt right
TPR Temperature, Pulse, Respiration
VBG Venous blood gas
PLA Plasmalyte A balanced crystalloid solution

Candidates must submit 50 cases that meet the AVECCTN definition of emergency and/or critical care. However, if only 50 cases are submitted, a single unacceptable case could result in your application being rejected. Therefore, it is **strongly suggested** that additional cases (up to a total of 75) be submitted. The Case Log form will expand to allow you to submit **up to a maximum of 75 cases**, by clicking **“+ Add Case Log”**. The case logs will be used to confirm your advanced competency in veterinary emergency and critical care through clinical experience.



Is this case one of your 4 case reports?

Yes No

+ Add Case Log

A red arrow points from the text below to the "+ Add Case Log" button.

Insert additional case logs by clicking “+Add Case Log”, up to a maximum of 75 (min of 50)

Case Logs are Assessed on:

1. Log must fit in the definition of Emergency and/or Critical Care as outlined above. Choose patient's that are unstable emergencies, for example, a stable limb fracture with no trauma would not be accepted, however a limb fracture with trauma history, shock, pain, etc. would be accepted. Ensure your log is clear on the difference! Pick your best cases.
2. Ensure that you are using a myriad of skills, preferably advanced skills from the skills list in each of your cases. Your cases must reflect your advanced skills over and above those of an average technician or nurse. You want to be a VTS, show us what makes you more advanced! If all you really did was sedate a patient for radiographs, how does that differ from a general practice technician.
3. Use of trade names, spelling errors, misuse of capitals (for example generic names capitalized), grammatical errors, will all result in the case log failing. This is a professional application, please treat it as such!
4. Failure to fill in the form correctly: no weight, species, missing outcome, filling in dates incorrectly (note the Length of care, if it says a negative number, or a huge number, you have likely filled it in wrong!), or missing any information, will result in failure of that log.

CASE Reports

Please read the following before uploading.

HINTWe strongly recommend you set up the document in Word correctly prior to writing to prevent inadvertent formatting issues.**

Case reports must be the original work of the applicant, and you will attest to this in your waiver that you sign for this application. While we understand and expect that you will be utilizing references to explain physiology, pharmacology, pathophysiology etc., direct copying (plagiarism) of references (books, conference proceedings, papers or websites) will not be accepted and **will be a reason for declining your application**. Numerous anti-plagiarism checkers are available and utilized by AVECCTN. All references must be paraphrased into your own words, even when providing the reference. If text is used verbatim (not recommended), it must be properly referenced and appear in quotes. See below for reference style. **We will allow an additional page for references ONLY (PAGE 6)**. Here is a handy article on avoiding plagiarism: <http://en.writecheck.com/ways-to-avoid-plagiarism/>.

VERY IMPORTANT!! Applications may be declined if case reports are not formatted correctly.

1. **Margins:** set your Word margins to the following: **Top/Bottom and Sides 0.5" (1.27 cm)**
2. **Paper Size:** Please use standard Letter Size (US: 8.5x11", International: 216 by 279mm). **Note for International, this is not A4 paper size! (A4 is likely your default and will need to be changed).**
3. **Justification: Right Margin must be justified** (Left Margin only is justified by default). See Examples:

Example Justified Text:	Example UNJustified Text:
<p style="text-align: center;">EXCERPT FROM THE CRYSTAL GOBLET, BY BEATRICE WARDE</p> <p>Printing demands a humility of mind, for the lack of which many of the fine arts are even now floundering in self-conscious and maudlin experiments. There is nothing simple or dull in achieving the transparent page. Vulgar ostentation is twice as easy as discipline. When you realise that ugly typography never effaces itself, you will be able to capture beauty as the wise men capture happiness by aiming at something else. The 'stunt typographer' learns the fickleness of rich men who hate to read. Not for them are long breaths held over serif and kern, they will not appreciate your splitting of hair-spaces. Nobody (save the other craftsmen) will appreciate half your skill. But you may spend endless years of happy experiment in devising that crystalline goblet</p>	<p style="text-align: center;">EXCERPT FROM THE CRYSTAL GOBLET, BY BEATRICE WARDE</p> <p>Printing demands a humility of mind, for the lack of which many of the fine arts are even now floundering in self-conscious and maudlin experiments. There is nothing simple or dull in achieving the transparent page. Vulgar ostentation is twice as easy as discipline. When you realise that ugly typography never effaces itself, you will be able to capture beauty as the wise men capture happiness by aiming at something else. The 'stunt typographer' learns the fickleness of rich men who hate to read. Not for them are long breaths held over serif and kern, they will not appreciate your splitting of hair-spaces. Nobody (save the other craftsmen) will appreciate half your skill. But you may spend endless years of happy experiment in devising that crystalline goblet which is worthy to hold the vintage of the human mind.</p>

4. **ALL** body text and headings must be in "Times New Roman" Font size 10pt. This is a standard font in MS Word.
5. **HEADINGS** must be Times New Roman, 10pt **Bold** type, **CAPITALIZED** (for example **SIGNALMENT**,

INTRODUCTION, INTERVENTIONS, etc)

6. Case Report Header must appear on every page and must follow this format.

Times New Roman, 10pt, BOLD, CAPITALIZED

Use the MS Word Header/Footer option under “Insert” to set your header. The page number can be autoformatted as well within the header feature. The header should be right justified as illustrated below:

APPLICANT Number__ -CASE REPORT (1-4), CASE LOG # (1-75), PAGE Number____

EXAMPLE:

15-2, CASE LOG # 54, PAGE 1

Do not write out “APPLICANT” or “CASE REPORT” and note there is no “# sign” for the case report or page, only for the case log number.

Your applicant number is your number from PART A.

7. Do not use Trade Names, all drugs must be generic (this applies to case logs as well). Example ~~Lasix~~ furosemide.

8. All reports must be typed, **double-spaced**, **and not exceed 5 pages in length** (exception: 1 additional reference page).

9. Save file as a PDF with the following file name:

YOUR Applicant Number-(Case Report #)1-4.pdf

For example, **62-1.pdf, 62-2.pdf, 62-3.pdf, 62-4.pdf**. Do not include patient name or other identifiers in the file name

9. **REFERENCES**. Under this heading, you may add references used. The references should also have been cited within the document using a superscript ^{1, 2, 3,} etc. References should follow the format below and be preceded by the citation number of first appearance.

Journal citations

1. Powell LL, Rozanski EA, Tidwell AS, Rush JE. A retrospective analysis of pulmonary contusions secondary to motor vehicular accidents in 143 dogs: 1994-1997. J Vet Emerg Crit Care 1999;9(3):127-136.

Book Chapter:

2. Rooney DK. Clinical Nutrition. In: Reed SM, Bayly WM, editors. Equine Internal Medicine. 2nd ed. Philadelphia: WB Saunders Co; 1998, pp. 216-229.

Book

3. Ettinger SJ. Textbook of Veterinary Internal Medicine. 2nd ed. Philadelphia: WB Saunders Co; 1983, pp. 55-57.

Conference Proceeding

4. Dowers K, Bright JM. Anti-aggregatory effects of GP IIa/IIIb antagonist on feline platelet function. In: Proceedings of the American College of Veterinary Internal Medicine; 2000: Chicago, USA. pp. 712.

Note: the journal citation information above has been used from the “Instructions for Authors” for the Journal of Veterinary Emergency and Critical Care:
[http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1476-4431/homepage/ForAuthors.html](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1476-4431/homepage/ForAuthors.html)

Website

5. Copy and paste the website link. ie: <http://en.writecheck.com/ways-to-avoid-plagiarism/>

We understand that these instructions seem tedious, however following instructions is very important for several reasons:

- a) Attention to Detail: a very important quality in an ECC Technician/Nurse
- b) Ability to follow instructions: also a very important quality!
- c) By following the **exact guidelines** we ensure that all candidates have the exact same amount of space in which to demonstrate their knowledge and care of the case. Using a smaller font, or wider margins can effectively give the applicant an additional half page or more, and will not be accepted.

HINT when saving your final files use caution to save them in a separate location from any working documents. For example, make a folder called “FINAL APPLICATION FILES”, and save only final copies of each file in this area. Often candidates send incomplete files, or files with “track changes” markup on the document. This could result in your application being rejected. Please ensure that all documents saved in your final application folder, are indeed the copies you wish to send!!**

If you are using the “track changes” feature in Microsoft Word if you have someone review your documents, please ensure that you “accept/reject all changes” in the document before you save as a PDF. Review your document following reformat to PDF, to ensure all of the formatting elements remained. Please do not submit a pdf that

has the track changes visible.

Case reports must be the original work of the applicant. Case reports must demonstrate expertise in the nursing management of a **variety** of veterinary patients requiring emergency and critical care.


Select cases that will demonstrate your expertise in emergency and critical care nursing. Be sure that information such as the patient's name, identification number, and date the case was seen is included in the report. The case report should describe, in detail, how the patient was diagnosed and treated, and specifically demonstrate how you used your knowledge and experience to assist the veterinarian in diagnosing and treating the patient. It is important that the information in your case report can be clearly understood. Present each case in a logical manner, check spelling, use generic drug names, and define any abbreviations that are not commonly used, e.g. positive end-expiratory pressure (PEEP). It is important to show that you participated in the diagnosis, treatment, and nursing of the patient and were not just an observer. It is also important to demonstrate your depth and comprehension of knowledge about the case that you have chosen. Consider some of the following ways of demonstrating your knowledge and experience:

- Show how *your* observations, physical examination, and history-taking assisted the veterinarian with the diagnosis. *"I" statements are allowed but not required.*
HINTIf you choose NOT to use "I" statements, the committee MUST be able to easily determine your role in the case... this can be challenging if "I" statements are not used.**
- Explain why an observation was important or why you asked a certain question while taking the history.
- Describe the procedures you assisted with or performed. Explain why the procedure was indicated, possible contraindications, and nursing care requirements.
- Describe how you assisted the veterinarian in treating the patient.
- Explain how you helped determine whether the patient's treatment was being effective.
- Explain how your observations and monitoring helped the veterinarian modify the patient's treatment.
- Explain your role in planning the patient's care.
- **Show your understanding of the problem being treated. Explanations of pathophysiology help to demonstrate your knowledge base.**

File Uploads: Each upload has its own box to assist you in keeping things in order, and ensuring all necessary files are received. Please make sure your name or applicant number is included in every file name! Follow the instructions on the screen to upload.


Note, you may have difficulty doing this part on a mobile device, and will likely want to access your application on a computer.

Case Report #1 (File name in format Applicant Number-Case Report Number.pdf, ie 62-1))

 or drag files here.


PDF file only, Max Size 5MB

Case Report #2 (File name in format Applicant Number-Case Report Number.pdf, ie 62-1))

 or drag files here.


PDF file only, Max Size 5MB

Case Report #3 (File name in format Applicant Number-Case Report Number.pdf, ie 62-1))

 or drag files here.

PDF file only, Max Size 5MB

Case Report #4 (File name in format Applicant Number-Case Report Number.pdf, ie 62-1))

 or drag files here.

PDF file only, Max Size 5MB

Waiver, Release and Indemnity Agreement'

The applicant must carefully read and agree to the agreement.

Digitally sign this form using the instruction provided. You can use your finger or stylus on a mobile device or computer trackpad. For a mobile device, click the pencil icon to “lock” the box from moving while you capture your signature.

WAIVER, RELEASE, AND INDEMNITY AGREEMENT

I hereby submit my credentials to the Academy of Veterinary Emergency and Critical Care Technicians for consideration for examination in accordance with its rules and enclose the required application fee. I agree that prior to or subsequent to my examination; the Board may investigate my standing as a technician, including my reputation for complying with the standards of ethics of the profession. I understand and agree that the application fee shall be nonrefundable.

I agree to abide by the decisions of the Board of Regents and thereby voluntarily release, discharge, waive and relinquish any and all actions or causes of actions against the Academy of Veterinary Emergency and Critical Care Technicians and each and all of its members, directors, officers, examiners and assigns from and against any liability whatsoever in respect of any decisions or acts that they may make in connection with this application, the examination, the grades on such examinations and / or the granting or issuance, or failure thereof, of any certificate, except as specifically provided by the Constitution and Bylaws of the organization. I agree to exempt and relieve, defend and indemnify, and hold harmless the Academy of Veterinary Emergency and Critical Care Technicians, and each and all of its members, regents, officers, examiners and assigns against any and all claims, demands and / or proceedings, including court costs and attorney's fees, brought by or prosecuted by my benefit, extended to all claims of every kind and nature whatsoever whether known or unknown at this time. I further agree that any certificate, which may be granted and issued to me, shall be and remain the property of the Academy of Veterinary Emergency and Critical Care Technicians.

I certify that all work submitted represents my original work, except where I have acknowledged the ideas, words, or material of other authors.

I certify that all information provided by me on the application is true and correct. I acknowledge that I have read, understand and agree to abide by the above three paragraphs.

Signature

Date Signed



Hint: a stylus on trackpad or mobile phone works well!

Applicant Name

Final Submission

Once the application is signed and complete, including all uploads, it is ready for submission.

Fill in the final checklist:

Final Checklist

Was your Pre-Application Accepted?

Yes No

Congratulations! You are eligible to submit this form! See checklist below:

Did you remember:

- Have you proof-read your application?
- Checked for spelling and grammar?
- Did you submit AT LEAST 50 case logs?
- Did you follow ALL the guidelines for formatting your case reports??
- Did you upload 4 case reports?

Once this is complete and you are ready to submit, please follow the instructions to submit. Note the deadline. The application will not allow you to submit late! Once submitted NO CHANGES are permitted!

Be sure to be sure of your submission before hitting submit, but don't overthink too much. If it is received after 11:59pm EST it will not be accepted. Do not leave it to the last few seconds to submit. You may say to yourself "that would never happen to me", however, every year, it happens to someone ☹️. The timestamp is NOT the time you hit submit, but rather the time it reaches the server. A slow connection can mean your application is not accepted.

Congratulations! This is the final page of your application. If you are sure you are ready to submit, click **Submit**. You will receive a pdf with all of your responses by email.

Remember, the deadline is October 31, 2020 at 11:59pm EST (EASTERN STANDARD TIME, UTC -5). You must have clicked SUBMIT before this deadline, or the application will no longer be accessible, and your work will be lost!!

Back

Submit

Save

Sit back, relax, and wait for your results. See next page for a few details on the post-submission review process.

Review of Your Application

Applicants often wonder why our review process takes so much time, so here is a snapshot of what happens after your application is submitted.

1. Each application is downloaded, including all files that have been provided.
2. The case logs are presented to committee members for review. The logs have your name removed prior to the review.
3. Logs are graded based on the definition of emergency and critical care above, on their variety, appearance of advanced skills, and attention to detail.
4. Case reports are downloaded, randomized, and randomly assigned to all committee members so that each of your reports is reviewed three times. So, for each applicant, that is 12 case reports to read and grade! (75 applicants = 900 case reports read by the committee)!!!
5. All case reports are de-identified prior to sending to the committee. If any member recognizes the author of an individual report, they notify the chair and are assigned a different report.
6. Case reports are scored initially on:
 - a. Adherence to the formatting guidelines (Headers, Headings, Margins, Font/Size, Length)
 - b. Proper use of **generic** names, providing doses, route of administration
 - c. Applicant's role in the case is clearly identified, and the reviewer easily understands procedures/task performed by the applicant
 - d. Applicant works within boundaries as a veterinary technician/nurse; does not diagnose, appears to work well with the veterinarian
 - e. Applicant expands on abbreviations on first instance (Abbreviation list only applies to case logs).
7. Then the case reports are graded (Outstanding to Very Poor) on the following criteria (See Rubric below). The committee is provided with examples of case reports:
 - a. The applicant has an understanding of the disease process and physiology
 - b. The applicant has an understanding of the treatment(s)
 - c. The applicant has an understanding of the diagnostics
 - d. The applicant demonstrates involvement in patient nursing care, and an understanding of the importance of this care
 - e. The applicant demonstrates a variety of skills and procedures (including those on the AVECCTN Skills list) and an understanding of the purpose and use of the skills, in the management of the case
8. Once the committee has completed their review, the scores are tabulated, reviewed for anomalies and accuracy, and determined to have passed or failed.
9. A report and recommendations are compiled and submitted to the AVECCTN Board of Directors (BOD)
10. The BOD reviews the recommendations for acceptance
11. Results are compiled and sent to the applicants.

The Rubric for Case Report Evaluation

Assessment of AVECCT Case Reports

CRITERION	Outstanding	Good	Average	Basic	Very Poor
Understanding of disease process and pathophysiology	Demonstrates excellent knowledge of the disease process and pathophysiology of the disease(s)	Demonstrates good understanding of the disease process and pathophysiology of the disease(s)	Demonstrate average knowledge of the disease process and pathophysiology of the disease(s)	Demonstrates basic knowledge of the disease process and pathophysiology of the disease(s)	Does not demonstrate evidence of any knowledge of the disease process and pathophysiology of the disease(s)
Understanding of treatment(s)	Demonstrates excellent understanding of treatment(s) and why they were initiated or discontinued.	Demonstrates good understanding of treatment(s) and why they were initiated or discontinued.	Demonstrates average understanding of treatment(s) and why they were initiated or discontinued.	Demonstrates basic understanding of treatment(s) and why they were initiated or discontinued.	Lacks evidence of any understanding of treatment(s) and why they were initiated or discontinued.
Diagnostics	Demonstrates excellent understanding of diagnostics, why they were done, and the significance of the results	Demonstrates good understanding of diagnostics, why they were done, and the significance of the results	Demonstrates average understanding of diagnostics, why they were done, and the significance of the results	Demonstrates basic understanding of diagnostics, why they were done, and the significance of the results	Lacks evidence of any understanding of diagnostics, why they were done, and the significance of the results
Nursing	Demonstrates involvement in patient care including an excellent understanding of the importance of this care	Demonstrates involvement in patient care including a good understanding of the importance of this care	Demonstrates involvement in patient care including a average understanding of the importance of this care	Demonstrates involvement in patient care including a basic understanding of the importance of this care	Does not demonstrate involvement in patient care.
Procedures (including those in the skills list)	Demonstrates involvement in procedures including an excellent understanding of why it was performed	Demonstrates involvement in procedures including a good understanding of why it was performed	Demonstrates involvement in procedures including a average understanding of why it was performed	Demonstrates involvement in procedures including a basic understanding of why it was performed	Does not demonstrate involvement in procedures