Royal College of Veterinary Surgeons

**PATIENT BASED ASSESSMENT CASE SUBMISSION DOCUMENT (EQUINE)**

**Case report 1**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student name** | | | Enter text. | | | | |
| **RCVS Enrolment No** | | | Enter text. | | **Qualification registration number** | | Enter text. |
| **Awarding Organisation name** | | | Enter text. | | | | |
| **Patient Interaction Date(s)** | | | **Start date** | Date | | **End date** | Date |
| **Patient reference** | | | Enter text. | | | | |
| **Species** | | | Enter text. | | | | |
| **Breed** | | | Enter text. | | | | |
| **Age** | | | Enter text. | | | | |
| **Weight** | | | Enter text. | | | | |
| **Sex** | | | Enter text. | | | | |
| **Day One Skill reference** | **Details of nursing interventions / procedures undertaken by the student**,  Briefly outline the procedure(s) that you undertook.  You should aim to keep within a 300 word limit. It is acceptable to exceed this slightly where a number of procedures were performed on the patient. | | | | | | |
| Enter text. | | Enter text. | | | | | |

**Case report 2**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student name** | | | Enter text. | | | | |
| **RCVS Enrolment No** | | | Enter text. | | **Qualification registration number** | | Enter text. |
| **Awarding Organisation name** | | | Enter text. | | | | |
| **Patient Interaction Date(s)** | | | **Start date** | Date | | **End date** | Date |
| **Patient reference** | | | Enter text. | | | | |
| **Species** | | | Enter text. | | | | |
| **Breed** | | | Enter text. | | | | |
| **Age** | | | Enter text. | | | | |
| **Weight** | | | Enter text. | | | | |
| **Sex** | | | Enter text. | | | | |
| **Day One Skill reference** | **Details of nursing interventions / procedures undertaken by the student**,  Briefly outline the procedure(s) that you undertook.  You should aim to keep within a 300 word limit. It is acceptable to exceed this slightly where a number of procedures were performed on the patient. | | | | | | |
| Enter text. | | Enter text. | | | | | |

**Case report 3**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student name** | | | Enter text. | | | | |
| **RCVS Enrolment No** | | | Enter text. | | **Qualification registration number** | | Enter text. |
| **Awarding Organisation name** | | | Enter text. | | | | |
| **Patient Interaction Date(s)** | | | **Start date** | Date | | **End date** | Date |
| **Patient reference** | | | Enter text. | | | | |
| **Species** | | | Enter text. | | | | |
| **Breed** | | | Enter text. | | | | |
| **Age** | | | Enter text. | | | | |
| **Weight** | | | Enter text. | | | | |
| **Sex** | | | Enter text. | | | | |
| **Day One Skill reference** | **Details of nursing interventions / procedures undertaken by the student**,  Briefly outline the procedure(s) that you undertook.  You should aim to keep within a 300 word limit. It is acceptable to exceed this slightly where a number of procedures were performed on the patient. | | | | | | |
| Enter text. | | Enter text. | | | | | |

**Case report 4**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student name** | | | Enter text. | | | | |
| **RCVS Enrolment No** | | | Enter text. | | **Qualification registration number** | | Enter text. |
| **Awarding Organisation name** | | | Enter text. | | | | |
| **Patient Interaction Date(s)** | | | **Start date** | Date | | **End date** | Date |
| **Patient reference** | | | Enter text. | | | | |
| **Species** | | | Enter text. | | | | |
| **Breed** | | | Enter text. | | | | |
| **Age** | | | Enter text. | | | | |
| **Weight** | | | Enter text. | | | | |
| **Sex** | | | Enter text. | | | | |
| **Day One Skill reference** | **Details of nursing interventions / procedures undertaken by the student**,  Briefly outline the procedure(s) that you undertook.  You should aim to keep within a 300 word limit. It is acceptable to exceed this slightly where a number of procedures were performed on the patient. | | | | | | |
| Enter text. | | Enter text. | | | | | |

**Case report 5**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student name** | | | Enter text. | | | | |
| **RCVS Enrolment No** | | | Enter text. | | **Qualification registration number** | | Enter text. |
| **Awarding Organisation name** | | | Enter text. | | | | |
| **Patient Interaction Date(s)** | | | **Start date** | Date | | **End date** | Date |
| **Patient reference** | | | Enter text. | | | | |
| **Species** | | | Enter text. | | | | |
| **Breed** | | | Enter text. | | | | |
| **Age** | | | Enter text. | | | | |
| **Weight** | | | Enter text. | | | | |
| **Sex** | | | Enter text. | | | | |
| **Day One Skill reference** | **Details of nursing interventions / procedures undertaken by the student**,  Briefly outline the procedure(s) that you undertook.  You should aim to keep within a 300 word limit. It is acceptable to exceed this slightly where a number of procedures were performed on the patient. | | | | | | |
| Enter text. | | Enter text. | | | | | |

**Case report 6**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student name** | | | Enter text. | | | | |
| **RCVS Enrolment No** | | | Enter text. | | **Qualification registration number** | | Enter text. |
| **Awarding Organisation name** | | | Enter text. | | | | |
| **Patient Interaction Date(s)** | | | **Start date** | Date | | **End date** | Date |
| **Patient reference** | | | Enter text. | | | | |
| **Species** | | | Enter text. | | | | |
| **Breed** | | | Enter text. | | | | |
| **Age** | | | Enter text. | | | | |
| **Weight** | | | Enter text. | | | | |
| **Sex** | | | Enter text. | | | | |
| **Day One Skill reference** | **Details of nursing interventions / procedures undertaken by the student**,  Briefly outline the procedure(s) that you undertook.  You should aim to keep within a 300 word limit. It is acceptable to exceed this slightly where a number of procedures were performed on the patient. | | | | | | |
| Enter text. | | Enter text. | | | | | |

**Case report 7**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student name** | | | Enter text. | | | | |
| **RCVS Enrolment No** | | | Enter text. | | **Qualification registration number** | | Enter text. |
| **Awarding Organisation name** | | | Enter text. | | | | |
| **Patient Interaction Date(s)** | | | **Start date** | Date | | **End date** | Date |
| **Patient reference** | | | Enter text. | | | | |
| **Species** | | | Enter text. | | | | |
| **Breed** | | | Enter text. | | | | |
| **Age** | | | Enter text. | | | | |
| **Weight** | | | Enter text. | | | | |
| **Sex** | | | Enter text. | | | | |
| **Day One Skill reference** | **Details of nursing interventions / procedures undertaken by the student**,  Briefly outline the procedure(s) that you undertook.  You should aim to keep within a 300 word limit. It is acceptable to exceed this slightly where a number of procedures were performed on the patient. | | | | | | |
| Enter text. | | Enter text. | | | | | |

**Case report 8**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student name** | | | Enter text. | | | | |
| **RCVS Enrolment No** | | | Enter text. | | **Qualification registration number** | | Enter text. |
| **Awarding Organisation name** | | | Enter text. | | | | |
| **Patient Interaction Date(s)** | | | **Start date** | Date | | **End date** | Date |
| **Patient reference** | | | Enter text. | | | | |
| **Species** | | | Enter text. | | | | |
| **Breed** | | | Enter text. | | | | |
| **Age** | | | Enter text. | | | | |
| **Weight** | | | Enter text. | | | | |
| **Sex** | | | Enter text. | | | | |
| **Day One Skill reference** | **Details of nursing interventions / procedures undertaken by the student**,  Briefly outline the procedure(s) that you undertook.  You should aim to keep within a 300 word limit. It is acceptable to exceed this slightly where a number of procedures were performed on the patient. | | | | | | |
| Enter text. | | Enter text. | | | | | |

|  |  |
| --- | --- |
| Please list your supporting supplementary evidence here (please use the required convention for naming the files) | |
| C1supp | Enter text. |
| C2supp | Enter text. |
| C3supp | Enter text. |
| C4supp | Enter text. |
| C5supp | Enter text. |
| C6supp | Enter text. |
| C7supp | Enter text. |
| C8supp | Enter text. |

By submitting these case reports I am confirming that it is a true account of the procedures and my involvement therein.

**Day One Skill tracking matrix**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** | Enter text. | **Student Number** | Enter text. |

Please note each row must have at least one case associated with it except where the guidance requires more than one case.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day One Skill**  Section 1 - Legislation affecting practice | | **Case 1** | **Case 2** | **Case 3** | **Case 4** | **Case 5** | **Case 6** | **Case 7** | | **Case 8** |
| 1.1 | Comply with Health and Safety requirements and local risk factors when carrying out the clinical skill/nursing |  |  |  |  |  |  |  | |  |
| 1.2 | Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials |  |  |  |  |  |  |  | |  |
| 1.4 | Use risk assessments for one area of the practice and instigate appropriate action |  |  |  |  |  |  |  | |  |
| Section 2 - Communication | | **Case 1** | **Case 2** | **Case 3** | **Case 4** | **Case 5** | **Case 6** | **Case 7** | | **Case 8** |
| 2.1 | Communicate effectively with colleagues and the public using a variety of different methods |  |  |  |  |  |  |  | |  |
| 2.2 | Create accurate and legible written communications according to practice policy |  |  |  |  |  |  |  | |  |
| Section 3 - Handling and restraint | | **Case 1** | **Case 2** | **Case 3** | **Case 4** | **Case 5** | **Case 6** | **Case 7** | | **Case 8** |
| 3.3 | Select and wear appropriate personal protective equipment when handling and restraining patients |  |  |  |  |  |  |  | |  |
| 3.6 | Use appropriate restraint methods suitable for the patient and situation with due consideration for animal welfare |  |  |  |  |  |  |  | |  |
| Section 4 - Nursing care | | **Case 1** | **Case 2** | **Case 3** | **Case 4** | **Case 5** | **Case 6** | **Case 7** | | **Case 8** |
| 4.1 | Use an appropriate model of care to deliver the nursing process and create/use care plans for a range of disorders and diseases |  |  |  |  |  |  |  | |  |
| 4.2 | Carry out a nursing assessment ascertaining information about the patient’s normal routine |  |  |  |  |  |  |  | |  |
| 4.3 | Perform a clinical examination and record findings |  |  |  |  |  |  |  | |  |
| 4.4 | Provide husbandry to animals within a veterinary setting; accommodation, nutrition and excretions  Two different cases for example managing feeding, oral hydration, urination and faecal excretions |  |  |  |  |  |  |  | |  |
| 4.6 | Assess, monitor, manage and report the status of wounds |  |  |  |  |  |  |  | |  |
| 4.7 | Apply dressings appropriate to type of wound |  |  |  |  |  |  |  | |  |
| 4.8 | Apply bandages appropriate to species and condition |  |  |  |  |  |  |  | |  |
| 4.9 | Administer medicines prescribed by the veterinary surgeon in accordance with instructions from the manufacturer  Minimum of two different routes |  |  |  |  |  |  |  | |  |
| 4.10 | Monitor for adverse medication reactions and alert veterinary surgeon |  |  |  |  |  |  |  | |  |
| 4.11 | Provide fluid therapy to in-patients  Minimum of two cases |  |  |  |  |  |  |  | |  |
| Section 5 - Laboratory techniques | | **Case 1** | **Case 2** | **Case 3** | **Case 4** | **Case 5** | **Case 6** | **Case 7** | | **Case 8** |
| 5.1 | Discuss with the veterinary surgeon and prepare for an appropriate sampling strategy |  |  |  |  |  |  |  | |  |
| 5.2 | Take appropriate samples  Minimum of two cases for sample collection and analysis |  |  |  |  |  |  |  | |  |
| 5.3  5.5 | Carry out haematological analysis  Carry out skin and hair analysis |  |  |  |  |  |  |  | |  |
| 5.6 | Use a microscope |  |  |  |  |  |  |  | |  |
| 5.7 | Prepare samples for external analysis |  |  |  |  |  |  |  | |  |
| 5.8 | Record laboratory test results and communicate accurately to the appropriate clinician |  |  |  |  |  |  |  | |  |
| Section 6 - Diagnostic imaging | | **Case 1** | **Case 2** | **Case 3** | **Case 4** | **Case 5** | **Case 6** | **Case 7** | | **Case 8** |
| 6.1 | Prepare and use radiography equipment to produce a diagnostic image |  |  |  |  |  |  |  | |  |
| 6.2 | Use appropriate personal protective equipment (PPE) and radiation monitoring equipment in accordance with practice local rules |  |  |  |  |  |  |  | |  |
| 6.3 | Position a patient to obtain a diagnostic image of the area of interest  Minimum of three different views |  |  |  |  |  |  |  | |  |
| 6.5 | Record the results of images according to practice procedure (Appraise the quality of the image) |  |  |  |  |  |  |  | |  |
| Section 8 - Infection control | | **Case 1** | **Case 2** | **Case 3** | **Case 4** | **Case 5** | **Case 6** | **Case 7** | | **Case 8** |
| 8.2 | Implement an appropriate infection control strategy according to practice protocol |  |  |  |  |  |  |  | |  |
| 8.3 | Dispose of hazardous and non-hazardous waste safely and correctly according to current legislation |  |  |  |  |  |  |  | |  |
| 8.4 | Ensure appropriate hygiene skills are followed before and after handling animals and equipment |  |  |  |  |  |  |  | |  |
| 8.5 | Carry out effective barrier nursing |  |  |  |  |  |  |  | |  |
| Section 9 - Theatre practice | | **Case 1** | **Case 2** | **Case 3** | **Case 4** | **Case 5** | **Case 6** | **Case 7** | | **Case 8** |
| 9.1 | Check, clean and identify common surgical instruments  Minimum of two case detailing selection of instruments |  |  |  |  |  |  |  | |  |
| 9.2 | Prepare, package and monitor the sterilisation of instruments and materials |  |  |  |  |  |  |  |  | |
| 9.7 | Prepare hands and arms using appropriate method |  |  |  |  |  |  |  |  | |
| 9.8  9.9 | Prepare for surgical assistance wearing appropriate attire (gown and gloves in an aseptic manner to assist with sterile procedures)  Minimum of one case involving donning surgical attire |  |  |  |  |  |  |  |  | |
| 9.10 | Maintain sterility of self and others during procedures |  |  |  |  |  |  |  |  | |
| Section 10 - Anaesthesia | | **Case 1** | **Case 2** | **Case 3** | **Case 4** | **Case 5** | **Case 6** | **Case 7** | **Case 8** | |
| 10.1 | Prepare for anaesthesia by checking the anaesthetic machine, selecting the anaesthetic breathing system and ET tubes, manage pollution control.  Minimum of two cases |  |  |  |  |  |  |  |  | |
| 10.2 | Prepare patients for anaesthesia |  |  |  |  |  |  |  |  | |
| 10.3 | Assist VS with induction of anaesthesia |  |  |  |  |  |  |  |  | |

**VN-PBA Case report submission form**

To be completed by a senior member of the practice team. Please use instructions in Annex B of the VN PBA Student Handbook

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name | | Enter text. | | | | | | | |
| Student Number | | Enter text. | | | | | | | |
| MRCVS/RVN Name | | Enter text. | | | | | | | |
| RCVS Number | | Enter text. | | | | | | | |
| Case report number | | Level of entrustability (please tick) | | | | | | | |
| 1 Legislation affecting practice | | 0 | 1 | | 2 | 3 | | 4 | 5 |
| 2 Communication | | 0 | 1 | | 2 | 3 | | 4 | 5 |
| 3 Handling and restraint | | 0 | 1 | | 2 | 3 | | 4 | 5 |
| 4 Nursing care | | 0 | 1 | | 2 | 3 | | 4 | 5 |
| 5 Laboratory techniques | | 0 | 1 | | 2 | 3 | | 4 | 5 |
| 6 Diagnostic imaging | | 0 | 1 | | 2 | 3 | | 4 | 5 |
| 7 Dispensing | | 0 | 1 | | 2 | 3 | | 4 | 5 |
| 8 Infection control | | 0 | 1 | | 2 | 3 | | 4 | 5 |
| 9 Theatre practice | | 0 | 1 | | 2 | 3 | | 4 | 5 |
| 10 Anaesthesia | | 0 | 1 | | 2 | 3 | | 4 | 5 |
| Declaration  I have read the case reports presented by the student. I can confirm that I have checked that the cases are genuine, and the student was actively involved in the clinical procedure or nursing intervention they describe. I have ensured that the information provided meets the practice GDPR policy. | | | | | | | | | |
| Signature | Enter electronic signature. | | | Date | | | Date | | |

Please save this document in PDF format and submit to the student’s Centre by email along with the supplementary evidence. Student must not submit this document themselves.