Evolving Rubrics to Include Equitable Grading and Collaborative Teaching

By:

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Introduction

 Creation and implementation of a grading rubrics for our Principles of Anesthesia and Surgery lab course.

- History/Evolution of the Rubric
- Challenges
- Future Directives

Background

 PAS is a lab only course where students demonstrate knowledge/skills learned from previous courses (IVT, VNT)

- Lab Structure
 - 4 surgeries per lab
 - 8 students working in pairs
 - 1 RVT instructor per student pair
 - 1 DVM to oversee and perform surgery

Rubric Structure

 The rubric is structured with categories which incorporate each clinical surgery and anesthesia skill from the preoperative exam to equipment set up, patient care and professionalism.

 Students receive a score between 0-3 in every category. Scored in increments of 0.5

History/Rubric Framework Rubric Categories

- Revised 2019, Spring 2021, Spring 2023
- Initial categories:
 - Restraint
 - Physical exam
 - Medication Administration
 - IV Catheter
 - Intubation
 - Anesthesia machine check
 - Anesthesia machine use
 - Preparedness and punctuality*
 - Workstation/Chores*
 - Overall professionalism
 - Animal Welfare and Patient Care
 - Drug Knowledge*

*These categories were later removed for equitable grading

Student Name:

Date: Group:

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Skill	Fatal Flaw (automatic 0 pts)	Unacceptable (0 pts)	Satisfactory (1 pt)	Good (2 pts)	Excellent (3 pts)	Average Score
Restraint	Performs, or has intent to perform, one or more fatal flaws.	Fails to provide adequate restraint; places others and/or self at risk due to poor technique; causes unnecessary fear or pain for patient	Provides adequate restraint with intervention/instruction at TWO or more points while restraining; could improve technique to reduce animal stress	Provides appropriate restraint with intervention/instruction at ONE point while restraining; practices low stress technique when possible	Provides appropriate restraint without instruction/intervention; practices low stress technique when possible	
Physical Exam	Performs, or has intent to perform, one or more fatal flaws.	Inaccurately assesses vitals (TPR, MM, CRT) or THREE of the following conditions were NOT met: - Performs PE within time limit (15 mins) - All abnormalities detected - All steps of PE completed - All steps of PE in correct order	Accurately assesses vitals (TPR, MM, CRT) but TWO of the following conditions were NOT met: - Performs PE within time limit (15 mins) - All abnormalities detected - All steps of PE completed - All steps of PE in correct order	Accurately assesses vitals (TPR, MM, CRT) and performs PE within time limit (15 mins), but ONE of the following conditions was NOT met: - All abnormalities detected - All steps of PE completed - All steps of PE in correct order	Accurately assesses vitals (TPR, MM, CRT) and performs PE within time limit (15 mins), and ALL the following conditions were met: - All abnormalities detected - All steps of PE completed - All steps of PE in correct order	
Medication Knowledge	Performs, or has intent to perform, one or more fatal flaws.	Unable to articulate THREE points of pertinent medication information including class, use, adverse effects, reversal, and/or controlled status for medication when asked. Able to complete task within time limits (15 mins)	Unable to articulate TWO points of pertinent medication information including class, use, adverse effects, reversal, and/or controlled status for medication when asked. Able to complete task within time limits (15 mins)	Unable to articulate ONE point of pertinent medication information including class, use, adverse effects, reversal, and/or controlled status for medication when asked. Able to complete task within time limits (15 mins)	Able to articulate all pertinent medication information including class, use, adverse effects, reversal, and/or controlled status for medication when asked. Able to complete task within time limits (15 mins)	
Medication Administration (includes preanesthetic and induction agents, pre/post-op meds/supplements)	Performs, or has intent to perform, one or more fatal flaws.	Student performance meets one of the following criteria: - Makes TWO or more errors in the calculation, preparation, and/or administration of medication. - Makes TWO or more errors in medical records/logs and/or fails to complete in real time. - Requires prompting and/or intervention at more than TWO steps. - Excessive time to complete task.	Student performance meets one of the following criteria: - Makes ONE error in the calculation, preparation, and/or administration of medication Completes appropriate medical records/logs in real time with ONE error Requires prompting and/or intervention at TWO steps Unable to complete task within reasonable time frame.	Calculates, prepares, and administers medication correctly and completes appropriate medical records/logs in real time but requires prompting and/or intervention at ONE step. Able to complete task within reasonable time frame.	Calculates, prepares, and administers medication appropriately. Completes appropriate medical records/logs without error. Does not require prompting and/or intervention. Able to complete task within reasonable time frame.	

Skill	N/A	Unacceptable (0 pts)	Satisfactory (1 pt)	Good (2 pts)	Excellent (3 pts)	Score
Anesthesia Machine Check	Performs, or has intent to perform, one or more fatal flaws.	Makes THREE or more errors in identifying and verbalizing correct order of flow, machine components, checking machine correctly, performing leak test correctly, or in demonstrating appropriate understanding of equipment. Unable to accomplish task in time limit (15 mins)	Makes TWO errors in identifying and verbalizing correct order of flow, machine components, checking machine correctly, performing leak test correctly, or in demonstrating appropriate understanding of equipment; able to accomplish task in time limit (15 mins)	Makes ONE error in identifying and verbalizing correct order of flow, machine components, checking machine correctly, performing leak test correctly, or in demonstrating appropriate understanding of equipment; able to accomplish task in time limit (15 mins)	Makes no errors in identifying and verbalizing correct order of flow, machine components, checking machine correctly, performing leak test correctly, or in demonstrating appropriate understanding of equipment; able to accomplish task in time limit (15 mins)	
IV Catheterization	Performs, or has intent to perform, one or more fatal flaws.	More than TWO of the following criteria are not met due to lack of preparedness or knowledge of the skill: Obtains and prepares all necessary supplies Requires no instruction/intervention at a single point during the procedure Sufficient technique in placing, securing, and/or maintaining IV catheter Appropriate asepsis used Requires 1 attempt Performed within time limit (15 mins)	TWO of the following criteria are not met: Obtains and prepares all necessary supplies Requires no instruction/intervention at a single point during the procedure Sufficient technique in placing, securing, and/or maintaining IV catheter Appropriate asepsis used Requires 1 attempt Performed within time limit (15 mins)	ONE of the following criteria is not met: - Obtains and prepares all necessary supplies - Requires no instruction/intervention at a single point during the procedure - Sufficient technique in placing, securing, and/or maintaining IV catheter - Appropriate asepsis used - Requires 1 attempt - Performed within time limit (15 mins)	All the following criteria are met: Obtains and prepares all necessary supplies Requires no instruction/intervention at a single point during the procedure Sufficient technique in placing, securing, and/or maintaining IV catheter Appropriate asepsis used Requires 1 attempt Performed within time limit (15 mins)	
ET Intubation	Performs, or has intent to perform, one or more fatal flaws.	More than TWO of the following criteria are NOT met due to lack of preparedness or knowledge of the skill: Obtains and prepares all necessary supplies Appropriately utilizes equipment Requires no instruction/intervention at a single point during the procedure Places and secures tube correctly without instruction Requires 1 attempt Performed within time limit (5 mins from induction to securing the tube)	TWO of the following criteria are NOT met: - Obtains and prepares all necessary supplies - Appropriately utilizes equipment - Requires no instruction/intervention at a single point during the procedure - Places and secures tube correctly without instruction - Requires 1 attempt - Performed within time limit (5 mins from induction to securing the tube)	ONE of the following criteria is NOT met: - Obtains and prepares all necessary supplies - Appropriately utilizes equipment - Requires no instruction/intervention at a single point during the procedure - Places and secures tube correctly without instruction - Requires 1 attempt - Performed within time limit (5 mins from induction to securing the tube)	All the following criteria are met: Obtains and prepares all necessary supplies Appropriately utilizes equipment Requires no instruction/intervention at a single point during the procedure Places and secures tube correctly without instruction Requires 1 attempt Performed within time limit (5 mins from induction to securing the tube)	

Skill	N/A	Unacceptable (0 pts)	Satisfactory (1 pt)	Good (2 pts)	Excellent (3 pts)	Score
Anesthesia Machine Use	Performs, or has intent to perform, one or more fatal flaws.	Unable to attach/detach patient safely - OR - More than TWO of the following criteria are NOT met: - Makes no errors in operation of the machine - Able to verbalize and/or demonstrate appropriate use and knowledge of inhalant anesthetics - Able to verbalize and/or demonstrate appropriate use and knowledge of oxygen gas - Does not require intervention and/or prompting at a single step	Able to attach/detach patient safely - AND - TWO of the following criteria are NOT met: - Makes no errors in operation of the machine - Able to verbalize and/or demonstrate appropriate use and knowledge of inhalant anesthetics - Able to verbalize and/or demonstrate appropriate use and knowledge of oxygen gas - Does not require intervention and/or prompting at a single step	Able to attach/detach patient safely - AND - ONE of the following criteria are NOT met: - Makes no errors in operation of the machine - Able to verbalize and/or demonstrate appropriate use and knowledge of inhalant anesthetics - Able to verbalize and/or demonstrate appropriate use and knowledge of oxygen gas - Does not require intervention and/or prompting at a single step	Able to attach/detach patient safely - AND - ALL the following criteria are met: - Makes no errors in operation of the machine - Able to verbalize and/or demonstrate appropriate use and knowledge of inhalant anesthetics - Able to verbalize and/or demonstrate appropriate use and knowledge of oxygen gas - Does not require intervention and/or prompting at a single step	
Anesthesia Monitoring	Performs, or has intent to perform, one or more fatal flaws.	Fails to assess patient appropriately before initiating inhalant anesthesia and/or chooses inappropriate inhalant anesthetic level based on patient statusOR-Does not acknowledge and verbalize abnormal values within 3 minutes -OR-More than two of the following criteria are NOT met: - Makes no errors in determining/initiating/verbalizing rationale for appropriate inhalant percentage - Correctly connects all pieces of monitoring equipment - Requires no instruction/intervention at a single point during the procedure - Demonstrates the ability to interpret all readings/vitals - Able to manually check vitals for accuracy - Good knowledge of normal values for dogs and cats under anesthesia.	Assesses patient status appropriately and begins appropriate inhalant anesthesia -AND- TWO of the following criteria are NOT met: - Makes no errors in determining/initiating/verbalizing rationale for appropriate inhalant percentage - Correctly connects all pieces of monitoring equipment - Requires no instruction/intervention at a single point during the procedure - Demonstrates the ability to interpret all readings/vitals - Able to manually check vitals for accuracy - Good knowledge of normal values for dogs and cats under anesthesia Acknowledges and verbalizes abnormal values without prompting in < 1 minutes	Assesses patient status appropriately and begins appropriate inhalant anesthesia -AND-ONE of the following criteria are NOT met: - Makes no errors in determining/initiating/verbalizing rationale for appropriate inhalant percentage - Correctly connects all pieces of monitoring equipment - Requires no instruction/intervention at a single point during the procedure - Demonstrates the ability to interpret all readings/vitals - Able to manually check vitals for accuracy - Good knowledge of normal values for dogs and cats under anesthesia Acknowledges and verbalizes abnormal values without prompting in < 1 minutes	Assesses patient status appropriately and begins appropriate inhalant anesthesia -AND-ALL the following criteria are met: - Makes no errors in determining/initiating/verbal izing rationale for appropriate inhalant percentage - Correctly connects all pieces of monitoring equipment - Requires no instruction/intervention at a single point during the procedure - Demonstrates the ability to interpret all readings/vitals - Able to manually check vitals for accuracy - Good knowledge of normal values for dogs and cats under anesthesia Acknowledges and verbalizes abnormal values without prompting in < 1 minutes	

Skill	N/A	Unacceptable (0 pts)	Satisfactory (1 pt)	Good (2 pts)	Excellent (3 pts)	Score
Surgical Nursing	Performs, or has intent to perform, one or more fatal flaws.	Inadequate aseptic/sterile technique throughout procedures and/or requires excessive instruction; fails to prepare surgical site appropriately; passes materials/opens packs inappropriately; unable to properly identify instruments; contamination of sterile field due to inappropriate technique, carelessness, or lack of understanding	Adequate aseptic/sterile technique with minimal instruction; prepares surgical site appropriately with guidance; passes materials/opens packs appropriately with instruction; able to properly identify most instruments. No contamination of sterile field	Good aseptic/sterile technique without instruction; prepares surgical site appropriately; passes materials/opens packs appropriately with minimal instruction; able to properly identify instruments. No contamination of sterile field	Excellent aseptic/sterile technique without instruction; prepares surgical site appropriately and efficiently; passes materials/opens packs appropriately without instruction; able to properly identify instruments. No contamination of sterile field	
Animal Welfare and Patient Care (includes daily patient care, pre- and post-op for surgery day)		Unacceptable level of concern for patient comfort and care however one of the following occurred: - Fails to provide THREE of the basic patient needs such as bathing, enrichment, and socialization or requires excessive prompting to fulfill basic needs. - Requires excessive prompting to monitor patient after pre-meds or fails to monitor patient after pre-meds or fails to monitor patient after returning to recovery cage post-op, excessive prompting to offer food when appropriate during recovery, or fails to monitor or offer food to patient - Requires excessive prompting during pre- and post-op patient assessments or fails to perform a patient assessment - Incorrectly assesses patient pain score and vitals - Fear Free methods significantly underutilized	Basic level of concern for patient comfort and care however one of the following occurred: - Fails to provide TWO of the basic patient needs such as bathing, enrichment, and socialization or requires moderate prompting to fulfill basic needs. - Requires moderate prompting to monitor patient after premeds. - Requires moderate prompting to monitor patient after returning to recovery cage post-op or prompting to offer food when appropriate during recovery - Requires moderate prompting during pre- and post-op patient assessments - Correctly assesses patient pain score and vitals with moderate guidance - Fear Free methods utilized some of the time	Acceptable level of concern for patient comfort and care however ONE of the following occurred: - provides all but one basic patient needs such as bathing, enrichment, and socialization or requires prompting to fulfill a basic need Requires minimal prompting to monitor patient after premeds Requires minimal prompting to monitor patient after returning to recovery cage post-op or prompting to offer food when appropriate during recovery - Requires minimal prompting during pre- and post-op patient assessments - Correctly assesses patient pain score and vitals with minimal guidance - Fear Free methods utilized most of the time	Exceptional level of concern for patient comfort and care including: - provides extra attention to patient needs beyond minimal requirements of bathing, enrichment, socialization, etc. without prompting - Does not require prompting to monitor patient after pre-meds. - Does not require prompting to monitor patient after returning to recovery cage post-op and to offer food when appropriate during recovery - Does not require prompting during pre- and post-op patient assessments - Correctly assesses patient pain score and vitals without guidance - Fear Free methods utilized whenever possible	

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Skill	N/A	Unacceptable (0 pts)	Satisfactory (1 pt)	Good (2 pts)	Excellent (3 pts)	Score
Overall Professionalism		Does not display appropriate professionalism; is unenthusiastic about learning & participation; demonstrates gaps in professional behavior; fails to contribute and/or fails to adequately clean and restock station for future use; demonstrates poor attitude and effort when completing chores and other assigned tasks	Demonstrates acceptable levels of maturity & dependability; generally interacts respectfully with others or has minor areas for improvement in professional behavior; adequately cleans and restocks station for future use with the exception of one item; demonstrates adequate attitude and effort when completing chores and other assigned tasks	Demonstrates good level of maturity and dependability, completes necessary tasks without prompting, interacts respectfully with clinician, staff, classmates & clients; appears eager to learn & participate; adequately cleans and restocks station for future use; demonstrates good attitude and effort when completing chores and other assigned tasks	Demonstrates high level of maturity and dependability, completes necessary tasks without prompting, interacts respectfully with clinician, staff, classmates & clients; appears eager to learn & participate; adequately cleans and restocks station for future use; demonstrates excellent attitude and effort when completing chores and other assigned tasks	
Anesthesia Records		Makes THREE or more errors in medical records/logs: findings are incomplete, inaccurate, and/or not recorded in real time; prompting required at THREE points	Makes TWO errors in medical records/logs: findings are incomplete, inaccurate, and/or not recorded in real time; prompting required at TWO points	Makes ONE error in medical records/logs: findings are incomplete, inaccurate, and/or not recorded in real time; prompting required at ONE point	Makes no errors in medical records/logs. Finding are accurate, complete and recorded in real time; no prompting required	
Overall Score						
Instructor Name:					l	
Comments:	. .					
Please initial and date after review		Student:	Date:	Instructor:	Date:	

History/Student Perspective

- Worksheet and Essential Skills book utilized in place of rubric initially
- Cons
 - Less measurable, specific feedback
 - Grade based on worksheet, if not completed entirely,
 50% deduction
 - Unable to track progress/improvement over time
- Pros
 - Less stress in terms of grading
 - Focused more on skill completion

History/Instructor Perspective

Pre-Rubric

- Basis of grade exclusively tied to essential skills book
- (Hands-on skills attempts)
- Opportunities range from multiple attempts to single sign-off

Essential Skills Grade



STUDENT SKILLS DOCUMENTATION NOTEBOOK

UCBA VETERINARY
TECHNOLOGY PROGRAM

History/Instructor Perspective

Pros and Cons to Pre-Rubric

Pros-

- Easier to grade with a single 0-3-5 quantitative score
- Not as time consuming (no qualitative feedback)

Cons-

- Performance based solely on hands-on skills
- Did not include soft skills such as professionalism or animal welfare
- Subjective and open to bias
- No feedback discussion –room for growth
- No student reflection

Essential Skills Grade

Grading Scale:

points: Technique was not performed in allotted time or allotted number of attempts.

3 points: Technique was performed but improper technique was used, or more than 1 attempt was needed, or an excessive amount of time was used.

5 points: Technique was performed the first time using correct technique and in a reasonable amount of time.

NOTE: Scores of 1, 2, or 4 *may* be given at instructor's discretion.

Student Responsibilities for the Skills Documentation Notebook:

 Be proactive about informing instructors of tasks you need to perform

Rubric Evolution

 From its inception, the rubric has evolved to clarify language for both student expectations and ease of equitable, unbiased grading among all instructors.

Rubric Evolution

- Removal of categories:
 - These categories are still required however they are not graded on the rubric:
 - Preparedness/punctuality
 - Drug Knowledge
 - Workstation/chores
- Excel Deduction Sheet
- Check List for PE and Machine Check

	Surgery Grading additions and subtr	actions
Restraint		
	Used FF techniques	add 0.5 to 1
	loses control of head	depends on severity could be FF
	guidance with ETT restraint	-1
	guidance with venipuncture restraint	neg 1 (Depends on the amt of guidance)
	Inappropriate restraint for IM inj	-1
PE		
	BCS/hydration prompted by sheet	-1
	inaccurate HR/RR	Start at 0 then try to increase
	Heart or lungs listen only on 1 side	-0.5
	forgot feel pulses	-1
	prompt to palpate testicles not just state male	-1
	does not verbalize if LNs palpable or not	-1
Med Administra tion		
	Slight rounding issue per error (doesn't round to syringe size)	-0.5
	stabilize leg for IM injection	-1
	does not verbalize landmarks for IM	-1
	Does not verbalize bottle info	-1
	Does not remove air bubbles	-1
	does not label syringe	-1

Machine Check		
	Ideally use bag size for P	-0.5
	Tubes backward either NRB or RB	FF
	Turned O2 Tank off at end prior to sx so machine not ready for sx	FF
	prompt Decompress machine at end of prep lab	-0.5
	NOTE: Checking NRB tubes visually for cracks/leaks IS ALLOWED at 2 places either w/ RB tubes or in order when connecting NRB	
	left adaptor on when weigh charcoal	-1
	said 1/2 purple not 1/3-1/2 purple	-0.5
IV Catheter		
	Didn't tab tape	-1
	guidance with clip or scrub	-1
	did not stabilize stylet when advancing cath	-1
	did not flush after 1st piece of tape	-1
	Prompt to pre flush	-1
	cap not ready to use	-1
ETT		
	Tie too short	-0.5
	Tube too small	neg 0.5 to neg 1
	prompt to lube eyes	-1
	unable to hold laryngoscope and tongue	-1
	prompt to check cuffs/patency	-1
	gathered incorrect size tubes	-1
	did not measure length	NEG 1, could be FF

Anesthesia Machine Use		
	Improper d/c and/or connect (No O2 running)	FF
	disconnect without inhalant off	-1
	Incorrect O2 flow rate	-1
	prompt to turn down to O2 flow maint	-1
	flip p with machine still attached	FF
	connects RB or NRB tubes incorrectly	FF
	guidance with preO2 (flow rate, duration, supplies, etc)	-1
	guidance with masking P down if needed	sub 0.5 to -1
Anesthesia Monitoring		
	Does not check P when sees abnormal vitals	-1
	does not recognize abnormal vitals	neg 1, poss FF
	does not know how to connect equipment	-1
	prompt to check depth prior to change inhalant %	-1
	inaccurate depth assessment	-1
	prompt hand on heart	-1
Surgical Nursing		
	Contaminates the sterile field	-1
	improper scrubbing technique	-1
	does not know shaving landmarks	-1
	needs guidance how to open packs	-1
	prompt to wear PPE prior to scrub	-1

Animal Welfare		
	no towel in recovery cage	-1
	no heating supplies prepared	-1
	forgets supplical in pediatrics	-1
	prompted to feed at recovery	-1
	towel or nonslick mat not used during PE/techniques	-1
	no towel between heat pack and patient	-1
	forgets to FF supplies	-1
Professiona lism		
	lack of communication	-1
	not prepared to perform BB skills	-1
	excessive prompting	-1
	did not print/bring rubric or lab ws	-1
	does not have supplies	-1
	improper attire	Failure - Excused from lab
Medical Records		
11001111	does not record BP type	-1
	does not record in real time	-1
	does not record on controlled log	-1
	guidance to fill in anesth log	-1
	no AM/PM noted on time	-1

Surgery Grading Comment Sheet

Student:	Rotation:
Physical Exam: HEAD: EYES NOSE EARS MOUTH: MM/CRT TEETH +/-AGE SM LN PS LN +/- THYROID +/- SALIVARY GLANDS THORAX: AX LN HEART: LISTEN 2 SIDES HR PALPATE PULSE LUNGS: LISTEN 4 QUADRANTS RR ABDOMEN: PALPATE UMBILICAL HERNIAS INGUINAL HERNIAS INGUINAL HERNIAS POP LN REAR: PERIANAL REGION GENDER/2 TESTICLES PALPATED? POP LN MISC: LIMBS TEMP BCS TURGOR SKIN/COAT	OPEN MOUTH
Pre-Op (premed, restraint, supplies, IV cath, Induction/Intubation)	

Peri-Op/OR (patient prep, monitoring)
Post-Op (monitoring, recovery, patient care)
Anasthasia Maakina
Anesthesia Machine
Oxygen Tanks: Full First 1800-2200 psi In Use 2 nd >300 psi
Flowmeter: 2 L/min 0.2 L/min Vaporizer: 34 Full (Logged if refilled)
Flutter Valves: Visual check Tap Reservoir Bag: Visual check Connected
RB Tubes: Visual check Connected Correctly
CO2 Crystals: 12 hours Purple 1/3 to ½ Crumble Checked Log

Introducing the Rubric

- Students are initially introduced to the rubric during the IVT prerequisite course.
 - Instructors demo a surgery lab using models
 - Each student is required to observe, take notes, and "Grade" an instructor using the rubric.
 - Students must provide reasoning for each score given.
 - Graded rubrics are submitted as laboratory participation grade.
- Purpose: Requires the students to interact with the rubric in a less stressful way. This allows students to learn the rubric and what it entails.

Benchmark System

 The benchmark system raises performance and expectation levels with each rotation, fostering a focus of student goal setting and an action plan for the next rotation.

Rubric Benchmarks by Rotation

- Varies depending on class size
 - (6 students verses 30 students)
- Full-time Cohort
 - Typically, 5 PAS rotations and 2 dental procedures
- Part-time Cohort
 - ~7 PAS rotations and 1-2 dental procedures
 - PAS II extends entire spring semester for PT

Benchmarks

- Rubric Scoring Rotation #1 (PAS I)
- We expect you to achieve average scores of "1" or "Satisfactory" for skills performed this rotation. Your score will be weighted accordingly. Scores are capped at 100%.
 - You may use a couple note cards (no binders, textbooks, large items) as resources for supplies, normal values for PE, monitoring values, normal inhalant anesthetic ranges, anesthetic depth assessment, and surgical flow.
 - No resources permitted for anesthesia machine check.
- Rubric Scoring Rotation #2 (PAS I)
- We expect you to achieve average scores of "1.5" or "Satisfactory" to "Good" for skills performed this rotation. Your score will be weighted accordingly. Scores are capped at 100%.
 - No resources are allowed this rotation. Students are expected to know normal values, ranges, surgery flow, etc.

Benchmarks

- Rubric Scoring Rotation #3 (PAS I)
- We expect you to achieve average scores of "2" or "Good" for skills performed this rotation. Your score will be weighted accordingly. Scores are capped at 100%.
 - No resources allowed.

- Rubric Scoring Rotation #4 and #5 (PAS II)
- Each student is expected to achieve average scores of "2.5" or "Good" to
 "Excellent" for skills performed this rotation. Scores will be weighted accordingly.
 Scores are capped at 100%.
 - No resources allowed.

Skill	Fatal Flaw (automatic 0 pts)	Unacceptable (0 pts)	Satisfactory (1 pt)	Good (2 pts)	Excellent (3 pts)	Average Score
Restraint	Performs, or has intent to perform, one or more fatal flaws.	Fails to provide adequate restraint; places others and/or self at risk due to poor technique; causes unnecessary fear or pain for patient Be sur to main multiple fold	Provides adequate restraint with intervention/instruction at TWO or more points while restraining; could improve technique to reduce animal stress Control OF Policy at the Control OF Policy at th	with intervention/instruction at ONE point while restraining; practices low stress technique when possible	Provides appropriate restraint without instruction/intervention; practices low stress technique when possible	0
Physical Exam	Performs, or has intent to perform, one or more fatal flaws.	Inaccurately assesses vitals (TPR, MM, CRT) or THREE of the following conditions were NOT met: - Performs PE within time limit (15 mins) - All abnormalities detected - All steps of PE completed - All steps of PE in correct order	Accurately assesses vitals (TPR, MM, CRT) but TWO of the following conditions were NOT met: - Performs PE within time limit (15 mins) - All abnormalities detected - All steps of PE completed - All steps of PE in correct order Review all Steps of - HR, L Nodes, pulses	Accurately assesses vitals (TPR, MM, CRT) and performs PE within time limit (15 mins), but ONE of the following conditions was NOT met: - All abnormalities detected - All steps of PE completed - All steps of PE in correct order PE esticles/ Efficiency OVER	Accurately assesses vitals (TPR, MM, CRT) and performs PE within time limit (15 mins), and ALL the following conditions were met: - All abnormalities detected - All steps of PE completed - All steps of PE in correct order	0
Medication Administration (includes reanesthetic and nduction agents, pre/post-op eds/supplements)	Performs, or has intent to perform, one or more fatal flaws.	Student performance meets one of the following criteria: - Makes TWO or more errors in the calculation, preparation, and/or administration of medication Makes TWO or more errors in medical records/logs and/or fails to complete in real time Requires prompting and/or intervention at more than TWO steps Excessive time to complete ask.	Student performance meets one of the following criteria: - Makes ONE error in the calculation, preparation, and/or administration of medication. - Completes appropriate medical records/logs in real time with ONE error. - Requires prompting and/or intervention at TWO steps. - Unable to complete task within reasonable time frame.	Calculates, prepares, and administers medication correctly and completes appropriate medical records/logs in real time but requires prompting and/or intervention at ONE step. Able to complete task within reasonable time frame.	complete task within reasonable time frame.	ng

Skill	N/A	Unacceptable (0 pts)	Satisfactory (1 pt)			
	Performs, or has intent to perform, one or more fatal	Makes THREE or more errors in identifying and verbalizing correct order of flow machine	Makes TWO errors in identifying and verbalizing correct order of flow, machine	Good (2 pts) Makes ONE error in identifying and verbalizing	Excellent (3 pts) Makes no errors in identifying and verbalizing	Score
Anesthesia Machine Check	flaws.	And Comment	components, checking machine correctly, performing leak test correctly, or in demonstrating appropriate understanding of equipment; able to accomplish task in time limit (15 mins)	correct order of flow, machine components, checking machine correctly, performing leak test correctly, or in demonstrating appropriate understanding of equipment; able to accomplish task in time limit (15 mins)	correct order of flow, machine components, checking machine correctly, performing leak test correctly, or in demonstrating appropriate understanding of equipment; able to accomplish task in time limit (15 mins)	0
IV Catheterization	Performs, or has intent to perform, one or more fatal flaws.	More than TWO of the following criteria are not met due to lack of preparedness or knowledge of the skill: - Obtains and prepares all necessary supplies - Requires no instruction/intervention at a single point during the procedure - Sufficient technique in placing, securing, and/or maintaining IV catheter - Appropriate asepsis used - Requires 1 attempt - Performed within time limit (15 mins)	TWO of the following criteria are not met: - Obtains and prepares all necessary supplies - Requires no instruction/intervention at a single point during the procedure - Sufficient technique in placing, securing, and/or maintaining IV catheter - Appropriate asepsis used - Requires 1 attempt - Performed within time limit (15 mins)	ONE of the following criteria is not met: - Obtains and prepares all necessary supplies - Requires no instruction/intervention at a single point during the procedure - Sufficient technique in placing, securing, and/or maintaining IV catheter - Appropriate asepsis used - Requires 1 attempt - Performed within time limit (15 mins)	All the following criteria are met: - Obtains and prepares all necessary supplies - Requires no instruction/intervention at a single point during the procedure - Sufficient technique in placing, securing, and/or maintaining IV eatheter - Appropriate asepsis used - Requires 1 attempt - Performed within time limit (15 mins)	
ET Intubation	Performs, or has intent to perform, one or more fatal flaws.	More than TWO of the following criteria are NOT met due to lack of preparedness or knowledge of the skill: - Obtains and prepares all necessary supplies - Appropriately utilizes equipment - Requires no instruction/intervention at a single point during the procedure - Places and secures tube correctly without instruction - Requires 1 attempt - Performed within time limit (5 mins from induction to securing the tube)	TWO of the following criteria are NOT met: - Obtains and prepares all necessary supplies - Appropriately utilizes equipment - Requires no instruction/intervention at a single point during the procedure - Places and secures tube correctly without instruction - Requires 1 attempt - Performed within time limit (5 mins from induction to securing the tube)	ONE of the following criteria is NOT met: - Obtains and prepares all necessary supplies - Appropriately utilizes equipment - Requires no instruction/intervention at a single point during the procedure - Places and secures tube correctly without instruction - Requires 1 attempt - Performed within time limi (5 mins from induction to securing the tube)	limit (5 mins from indi	at a ee ction ee action

SAN	N/A	Unacceptable (8 pis)	Satisfactory (I pt)	Good (2 pts)	Exerticat (5 pa)	Sore
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ones.	NIA	Unacceptable (0 pts)	Satisfactory (1 pt)	Cred (Lond	Excellent (2 grac	Som
Swegford Nucskeg	Porforms, or fair intend to perform, one or more fetal flavor.	Intelegente corpocidande technique forcagione procedures analos requiras excessive munerton, fais to propose suggest die opproprietely, passes materials open packs improprietely process materials open packs improprietely almost processive, configuration of standards, overlagaration of standards, overlagaration of standards, overlagaration, or local of maderials significant and maderials significant and maderials significant and maderials significant and maderials significant maderials significant maderi	Adaptive supplemental technique with command instruction, proportion magnet size appropriately with genderor, private materials appropriately with spiritual and proportion for the proportion of sortion field. (and Job Options for Complemental Supplemental Suppleme	Good supportunities tradinique without instructions, programs regulant side appropriately; protess traditionly with symmetric instruction, able to pro-perly information, able to pro-perly information of marile field. 645 molify instruments for contamination of marile field.	Encellent supplichasele technique without increase without increase, property surgical tile appropriately and officiality, person membraticopies pacits appropriately without membration; alle to properly stendily customents. No exclusionally customents find the property stendily customents.	0.5
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	Unacceptable (8 pts)	Satisfactory (1 pt)	Good (2 960)	Lanca I	1
	Door not display assessment professional core is	Democrativities are optable lauries		Examinated pay	Source
Overall Professionation	Oree function to stock terring to purise period, demonstrates property perfection and the function and or the Chemistration of the con- control to function control to the function defect what a completing choice and other uniqued tasks Lace of Community Chemistra Research	generally entertain respectively. Soft others or her entered were for improvement in professional behavior, allegancies should be form and correction that forms for forms and correction for forms of one seem, demonstrates adoption of one seem, demonstrates adoption or padde and offert when completing, chorus and other anxiety to be the form and other anxiety to be the form and other anxiety to the forms and the form and the forms are the forms and the forms and the forms and the forms are the forms ar	entiates and departments of the completes encertainty testes ordered primary testes ordered primary testes ordered primary ordered primary ordered primary delivers ordered and reduced to the complete ordered primary ordere	Demographic legit form of militaris and dependability, completes necessary make or those amountainty, exempletes necessary make or those amountainty of classics, electronic adopts to least de product pates, allowing make places and necessary design to the amountainty of the factors and necessary	0.5
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Overall Scarc	review red res	è%.	No the last	Region	
Instructor Name:					1
				25/ 11	
Comments:				23.1.	
ease initial and to after review					

- 11 categories graded
- Rotation 1: benchmark = "1"
 - The expectation is the student can achieve an average of "1" in each category
 - 11 Categories x 1 benchmark = 11 points possible
- This student received 2.5 points out of 11 points possible = 22.7%

1000	Fatal Flaw				oup: Q.8	7 17
Skill	(automatic 0 pts)	Unacceptable (0 pts)	Satisfactory (1 pt)	Good (2 pts)	Excellent (3 pts)	Average Score
Routrains	Performs, or has intent to perform, one or more first flaves	Posts to provide adequate restraint; places others and/or self at risk due to pose lecturage, capita intercovery fear or pain for parame.	Provides adequate restricts with intervention testance on at TWO or more points while meaning exist represe when specific represe doors - Frampt far Hold Door - Stignst instructors		Provider appropriate science without linearity without linear recitions, practice linear two stress, because when perceive perceives provide perceives and control of the perceive linear linea	1.5
Physical Exam	Performs, or has retent to perform, one or more fatal Saves	Searconnecty assesses vistals (TPS; MAA, CRT) or TERRIES of the following conditions users MOT mee - Performs ID section time leads (15 sales) - All absormations delected - All steps of PE in corner coder	Accurately inscesses with a CFR, MM, CRET has TWO of the federwing conditions were NOT one. - Performs PE within time time (15 mins) - All abcommittees detected a All stops of PE completed. - All stops of PE accurate corder.	Accumicly moreous visits (TPR, MPA, CRT) and performs PE visits from latest (15 mm), but ONE of the following conditions one NOT met All almorrealities denoted - All steps of PE completed - All steps of PE in correct order	Against seemes viole (TPR MM CRT) and performs PL order time best (15 wind) and ALL the following conditions were not. All absorbations does not All sops of PL orangined All sign of PL orangined All sign of PL orangined CRCAMANA CRCAMANA - CRC	3
Medication Administration (includes preasurable tie and induction agents, presport up medicapplements)	Performs, at has intend to perform, one or more fatal flows	Stellest performance more one of the collowing criteria. Makes TWO or more errors in the calculation, proportion, and/or administration of medication. Makes TWO or more errors in medical records logs and/or tack to complete in real time. Requires prompting and/or interested in the later than the later and la	Student posternance meets one of the federating enteres. - Makes ONE come to the calculation, preparation, and/or administration of medication. - Completes appropriate medical records/up in real tases with ONE cross. - Requires prompting and/or interestation at TMO steps. - Unable to complete trial within the somethic time. Some	Colonians, prepares, and where their medication operacity and completes appropriate medication received to the heat received large processes as that time heat received large processes as the contraction at CNR step white processes to the colonial received to the final received to the final account of the final colonial received to the final colonial colonial colonial colonial colonial colonial colonial colonial colonial colonials.	bubble 3; Same	1.5

Sldll	N/A	Unacceptable (8 pts)	Satisfactory (1 pt)	Good (2 pts)	Excellent (3 pts)	Score
Anesthesia Machine Check	Performs, or has intent to perform, one or more fatal flaws.	Makes THREE or more errors in identifying and verbalizing correct order of flow, machine components, checking machine correctly, performing leak test correctly, or in demonstrating appropriate understanding of equipment. Unable to accomplish took in time limit (15 mins)	Makes TWO errors in identifying and verbelizing correct order of flow, machine components, checking machine correctly, performing lenk test correctly, or in demonstrating appropriate understanding of equipment; able to accomplish trak in time limit (15 mins)	identifying and verbalizing	Makes no errors in clerallying and verbalizing correct order of flow, enschine consponents, checking machine correctly, performing leak test correctly, or in demonstrating appropriate understanding of equipment, able to accomplish task in time limit (15 mins)	3
IV Catheterization	Performs, or has intent to perform, one or more fatal flaws.	More than TWO of the following criteria are not met due to lack of preparedness or knowledge of the skill: Obtains and prepares all necessary supplies. Requires no instruction/intervention at a single point during the procedure. Sufficient technique in placing, securing, and/or maintaining IV eatherer. Appropriate assessis used. Requires I attempt. Performed within time limit. (15 mins)	TWO of the following criteria are not met: - Obtains and prepares all necessary supplies - Requires no instruction/intervention at a single point during the procedure - Sufficient technique in placing, securing, and/or maintaining IV catheter - Appropriate asepsis used - Requires 1 attempt - Performed within time limit (15 mins) All 5 wpplices 4 dead.	ONE of the following criteria is not met Octatins and prepares all necessary supplies Recyaires no instruction/intervention at a single point during the procedure Sufficient technique in placing, securing, and/or maintaining IV catheter Appropriate asepsis used Requires I attempt Performed within time limit (15 mins) and Inspect With Second Att	limit (15 minus)	2.0
ET Intubation	Performs, or has intent to perform, one or more fatal flaws	More than TWO of the following criteria are NOT met dae to lack of preparedness or knowledge of the skill - Obtains and prepares all necessary supplies - Appropriately utilizes equipment - Requires no instruction/intervention at a single point during the procedure - Places and secures tube correctly without instruction - Requires 1 attempt - Performed within time limit (5 mens from induction to securing the tube)	TWO of the following criteria are NOT nost: - Obtains and propares all necessary supplies: - Appropriately utilizes equipment: - Requires no instruction/intervention at a single point during the procedure: - Places and secures tube correctly without instruction: - Requires 1 attempt: - Performed within time lams (5 mans from induction to securing the tube)	is NOT met: Obtains and prepares all necessary supplies: Appropriately utilizes equipment. Requires no instruction/intervention at a single point during the procedure. Places and secures tube correctly without instruction.	met: - Obtains and propares a necessary supplies - Appropriately utilizes equipment - Requires no instruction/intervention single point during the procedure - Places and secures to correctly without inst - Requires 1 attempt - Performed within to	a at a ///

Skill	N/A	Unacceptable (0 pts)	Satisfactory (1 pt)	Good (2 pts)	Excellent (3 pts)	icore
Ancethesia Machine Use	Performs, or has intent to perform, one or more fatal flaws.	Unable to attach/detach patient safely - OR - More than TWO of the following exiteria are NOT met. - Makes no errors in operation of the machine - Able to verbelize and/or demonstrate appropriate use and knowledge of inhalant anesthetics. - Able to verbelize and/or demonstrate appropriate use and knowledge of oxygen gas and/or require intervention and/or prompting at a single step.	Able to attach/detach patient safely - AND - TWO of the following criteria are NOT met - Makes no croos in operation of the machine - Able to verbalize and/or demonstrate appropriate use and knowledge of inhalant anorthetics - Able to verbalize and/or demonstrate appropriate use and knowledge of oxygen gas - Does not require intervention and/or prompting at a single step	AND THE PARTY OF T	Able to attach/detach panient safely - AND - ALL the following criteria are mer: • Makes no errors in operation of the machine - Able to verbalize and/or demonstrate appropriate use and knowledge of inhalms amenthetics - Able to verbalize and/or ckmonstrate appropriate use and knowledge of oxygen gas - Does not require micryvention and/or	2.0
and of or	erform, one more fatal	Requires no instruction/intervention at a single point during the procedure Demonstrates the ability to interpret all readings/vitals Able to manually check vitals	Assesses patient status appropriately and begins appropriately and begins appropriate inhalant anosthesia -AND-TWO of the following criteria are NOT met. - Makes no errors in determining/initiating/verbalizing rationale for appropriate inhalant percentage. - Correctly connects all pieces of monitoring equipment. - Requires no instruction/intervention at a single point during the procedure. - Demonstrates the ability to interpret all readings/vitals. - Able to manually check vitals for accuracy. - Good knowledge of normal values for dogs and cats under anosthesia. - Acknowledges and verbalizes abnormal values without prompting in < 1 minutes. - Prompt to Start B. - Instruction On deships of the property of the property.	Assesses patient status appropriate inhalant anesthesia -AND-ONE of the following criteria are NOT met: - Makes no errors in determining/nerbalizing rationale for appropriate inhalant percentage. - Cornectly connects all pieces of momitoring equipment. - Requires no instruction/intervention at a single point charing the procedure. - Demonstrates the ability to interpret all readings/vitals. - Able to manually check vitals for accuracy. - Good knowledge of normal values for dogs and cets under anesthesia. - Acknowledges and verbalize abnormal values without	interpret all readings/vitals - Abde to manually check vitals for accuracy - Good knowledge of norr values for dogs and eats under anesthesia.	I.C

Skill	N/A	Unacceptable (0 pts)	Satisfactory (1 pt)	Good (2 pts)	Excellent (3 pts)	Score
Surgical Nursing	Performs, or has intent to perform, one or more fatal flaws.	Inadequate aseptic/sterile technique throughout procedures and/or requires excessive instruction; fails to prepare surgical site appropriately; passes materials/opens packs inappropriately; unable to properly identify instruments; contamination of sterile field due to inappropriate technique, carelessness, or lack of understanding	Adequate aseptic/sterile technique with minimal instruction; prepares surgical site appropriately with guidance; passes materials/opens packs appropriately with instruction; able to properly identify most instruments. No contamination of sterile field	Good aseptic/sterile technique without instruction; prepares surgical site appropriately; passes materials/opens packs appropriately with minimal instruction; able to properly identify instruments. No contamination of sterile field Lastructor on Druce pack and other 9501 - 250 handling instruments.	Excellent aseptic/sterile technique without instruction; prepares surgical site appropriately and efficiently; passes materials/opens packs appropriately without instruction; able to properly identify instruments. No contamination of sterile field of the property identify instruments.	20
		Unacceptable level of concern for patient comfort and care however one of the following occurred: - Fails to provide THREE of the basic patient needs such as bathing, enrichment, and socialization or requires excessive prompting to fulfill	patient comfort and care however one of the following occurred: - Fails to provide TWO of the basic patient needs such as bathing, enrichment, and socialization or requires	Acceptable level of concern for patient comfort and care however ONE of the following occurred: - provides all but one basic patient needs such as bathing, enrichment, and socialization or requires prompting to fulfil	Exceptional level of concer for patient comfort and car finduling provides extra attention patient needs beyond minimal requirements of bathing, enrichment, socialization, etc. without	
Otton P Sonn		basic needs Requires excessive prompting to monitor patient after pre-meds or fails to	moderate prompting to fulfill basic needs Requires moderate prompting to monitor patient after pre- meds.	a basic need. - Requires minimal prompting to monitor patient after premeds. - Requires minimal prompting	prompting to monitor pat after pre-meds.	ient
Animal Welfare and Patient Care (includes daily patient care, pre- and post-op for surgery day)		monitor patient after pre-meds Requires excessive prompting to monitor patient after returning to recovery cage post-op, excessive prompting to offer food when appropriate during recovery, or fails to monitor or offer food to patient - Requires excessive prompting during pre- and post-op patient assessments or fails to perform a patient assessment - Incorrectly assesses patient pain score and vitals - Fear Free methods	- Requires moderate prompting to monitor patient after returning to recovery cage post-op or prompting to offer food when appropriate during recovery - Requires moderate prompting during pre- and post-op patient assessments - Correctly assesses patient pain score and vitals with moderate guidance - Fear Free methods utilized some of the time	to monitor patient after returning to recovery cage post-op or prompting to offer food when appropriate during recovery - Requires minimal prompting during pre- and post-op patie	prompting to monitor pa after returning to recover cage post-op and to offe food when appropriate during recovery - Does not require prompting during pre- post-op patient assesss - Correctly assesses pa pain score and vitals w guidance Fear Free methods u	and deents tient without

Student Example – Rotation 8

Skill	N/A	Unacceptable (0 pts)	Satisfactory (1 pt)	Good (2 pts)	Excellent (3 pts)	Score
Overall Professionalism		Does not display appropriate professionalism, is unersthesiastic about learning & participation, demonstrates gaps in professional behavior, fails to contribute and/or fails to adequately clean and restock station for future use, demonstrates poor attitude and effort when completing chones and other assigned tasks	Demonstrates acceptable levels of maturity & dependability; generally interacts respectfully with others or has minor areas for improvement in professional behavior, adequately cleans and restocks station for future use with the exception of one item; demonstrates adequate attitude and effort when completing chores and other assigned lasks	Demonstrates good level of maturity and dependability, completes necessary tasks without prompting, interacts respectfully with clinician, staff, classmates & clionis, appears caget to learn & participate, adequately cleans and restocks station for future use, demonstrates good attitude and effort when completing choices and other assigned tasks.	Demonstrates high level of maturity and dependability, completes necessary tasks without prompting, interacts respectfully with clinician, staff, classmates & clients, appears enger to learn & participate, adequately cleans and restocks station for future use, demonstrates excellent attitude and effort when completing chores an other assigned tasks. Makes no errors in medical	
Anesthesia Records		Makes THREE or more errors in medical records/logs: findings are incomplete, inaccurate, and/or not recorded in real time, prompting required at THREE points	Makes TWO errors in medical records/logs: findings are incomplete, inaccurate, and/or not recorded in real time, prompting required at TWO points	records/logs: findings are incomplete, nucceinite, and/or not recorded in real time; prompting required at ONE point.	records/logs. Finding are accurate, complete and recorded in seal time; no prompting required	denestick 2.0
				- Remember to Re	cond Anes Home.	
Overall Score						
Instructor Name:			MARKET .			
					23 /27.	5
					20/21.	
Comments:				842		

Student Example – Rotation 8

- 11 categories graded
- Rotation 8: Benchmark = "2.5"
 - The expectation is the student can achieve an average of "2.5" in each category
 - 11 Categories x 2.5 benchmark= 27.5 points possible
- This student received 23 points out of 27.5 possible = 83.6%

Comparison

Rotation 1

• 2.5 points out of 11 points possible = 22.7%

Rotation 8

23 points out of 27.5 possible = 83.6%

Rotation 1 score with Rotation 8 benchmark:

• 2.5 points out of 27.5 points possible= 9%

Rotation 8 score with Rotation 1 benchmark:

• 23 points out of 11 points possible = 209.1%

Note: All rubric scores are capped at 100%

Capstone

What is capstone?

- You are expected to successfully demonstrate the cumulation of skills and techniques obtained throughout PAS I and PAS II. Failure to successfully demonstrate required knowledge and skills may result in failure of the surgery and/or the course.
 - A passing grade of 77% or greater on your capstone surgery at a benchmark of 2.5 and without performing, or intending to perform, a fatal flaw is required to successfully pass the course.
- When is capstone?
 - Historically, the final surgery rotation prior to externship. Changed to the final two rotations per student feedback.
- What is the purpose of capstone?
 - To guarantee students are graduating with an appropriate level of knowledge and skill to provide safe and efficient care of animals.
- What if student unsuccessful on capstone rotation?
 - Failure of PAS II Course
 - Passing course is contingent upon specific task
 - Occasionally student permitted a repeat of the surgical rotation

Phasing out Capstone

- Last year capstone performed?
 - o 2023

- Why was Capstone changed?
 - Student feedback

Now, students have two attempts to meet the capstone requirements.

Student Feedback about Old Capstone

"Regarding my capstone surgery, the stress and anxiety was not like any previous rotation so I think that took a big toll on my overall performance. I was doing so many little things poorly that I had done effortlessly time and time again. At the end of the rotation, I was proud of how I did, I just know I could and have done better."

"I was a ball of anxiety for the last week at the idea of performing one small mistake and then BOOM failed class and not graduating with my classmates this May. I was so caught up in my head about it, I forgot to fill out my drug log for a controlled substance until after our patient was recovering. I felt like a bone-head moron for making such a stupid, rookie mistake, but I know exactly why I made it. My head was racing in 10 different directions and I hadn't fully focused yet. I think once we pre-meded our patient and came back from lunch I was able to get my head together and keep focused on one task at a time until got into a good groove. While I don't think this rotation was my worst performance in surgery of the year, I am not happy with myself to be finishing on a stupid mistake instead ofa high note.

Assuming I've passed this course and this is in fact my last surgery rotation. Fingers crossed!"

"I loved this course. I wish there was some way to make capstone not seem so scary but I think that's just how it is because that's how school has trained us to be with grades. It was helpful always having a positive and encouraging instructor and who was always honest and kept things real with us."

"I will admit, I was stressed and anxious that I wouldn't pass"

"Looking back, I think the word "capstone" should be removed when presenting this rotation to students if possible. While 77% or higher can still be emphasized and formal documentation may still be required. The word capstone itself created an unnecessary amount of stress for most students. I also believe this contributed to an overall reduction in our performance. Though, while saying this, I am very aware of how understanding and considerate the instructors are in regard to struggling with anxiety."

The Data

- Capstone pass rates:
 - 2023 − 84.6%
 - 2024 − 97%
 - 2025 **-** 100%
 - Note: These do not include students who withdrew from the program prior to the capstone surgery labs.
- But... We can't make everyone happy... 😞

Student Feedback with New Capstone

"I liked having 2 opportunities to meet the 2.5 benchmark. Knowing that I had another chance after not passing the first time was a nice cushion of support."

"I want to greatly thank you for all the love and support you have shown to me and all my classmates. I know personally you have aided me the most with my anxiety especially on surgery days. I greatly appreciate all the small things you did to help relieve stress and anxiety on surgery days. It helped take my mind off the anxiety at the beginning and throughout the day. The whole experience was great and I am thankful for being given an opportunity to learn and make mistakes in a safe space."

"Capstone was SO stressful and I am pretty bummed with how my grade decreased this rotation, but such is life. I'm grateful that I passed and I'll leave it at that and try to give myself some grace."

"I just wanted to say it honestly has been the worst experience of my life. It has been the most stressful time. It has completely brought down my confidence and I have never felt like this in my life. Unfortunately this whole capstone experience was horrible and I never want to go through it again. But on a positive note, at least I passed and thats all I am going to say."

Student Feedback about New Capstone from a student who experienced both formats:

"As a person who as experienced a formal capstone and a newer style, I have to say I prefer the new style of just having to meet the capstone standard on one of the surgeries in spring semester. I think it removes some (not all) of the stress while keeping the standard, as I do believe that is a fair standard to have since it aligns with the minimum grade for the courses and it is a fair expectation that students can preform at a certain level without potentially fatal mistakes.

Some of the things that made it more stressful and unnecessarily hard to reach this standard, like blue books and preparedness categories have since been removed or incorporated in ways that feel more appropriate for what they are. I completely agree, students need to have some accountability for their signs offs but it should it be something they may stress over finding a way to incorporate in surgery day for their rubric if they have none left? Then the category only benefits those who procrastinated, as it is easier for them to find things to do (all this to say I like how it's a part of the worksheet now, and it lists things needed OR things to practice). Preparedness and punctuality can easily be lumped into professionalism as it is unprofessional to be underprepared to do the basics of your job or to not show up on time, so I appreciate how that is also not a category. I am personally neutral on drug knowledge being removed, I think it could go either way."

Student Engagement Process

- Students become an active part of their rubric through a four-step process: Introduction, self-evaluation, implementation, and reflection.
 - Rubric introduced in Intro to Veterinary Techniques course where students have an opportunity to 'grade' instructors based on the rubric and then themselves
 - As students move through fall and spring semesters, each rotation includes a self-reflection on rubric performance

Post-Rotation Debrief

 The course utilizes open communication with students throughout the semester to outline transparency of expectations.

 Additionally, optional recitation-like debriefs occur periodically throughout the semester for students to ask questions and practice skills.

Feedback Session

 The one-on-one feedback session between the instructor and the student happens at the end of each lab. A discussion of what went well and what needs improvement as well as action steps for next rotation are discussed.

Student Feedback about Discussions Please describe the most valuable aspect(s) of the course:

"The most valuable aspect was getting the experience in surgery and applying it in every rotation. I also liked that we got pushed to improve each time."

"Having the instructor go over your rubric/performance after each surgery rotation."

"The feedback from instructors was very valuable."

"Getting different feedback after each surgical rotation from the diverse instructors."

"Rubric discussions are by far the most valuable aspect of this course."

Reflection Assignment

 Students are then asked to reflect again through a written assignment on performance versus expectations, what skills they felt most and least prepared to perform, followed by a plan to prepare and study.

Self-Reflection Examples

"Overall, when I look back on where I was Rotation 1 to where I am now [Rotation 5], I feel so surprised and proud of myself. I am definitely not perfect at all my skills, but I have grown so much in knowledge, confidence, and skillset. I feel very grateful for this class because of it."

"PAS has been difficult, pushing me to my limits, pushing to squeeze the best out of me. But I have learned so much and have watched myself improve and do things I never thought I'd be doing."

"I feel like I've come so far from the small skill set I walked in with in May. My instructors have pushed the best out of me and I couldn't be more thankful for my experiences in PAS, being trusted with these little lives and learning from each and every one of my patients."

"I am very proud how comfortable I have become during surgeries because they used to be scary and stressful. Because the rotation benchmarks were the main focus of stress, I feel like the surgery routine itself was becoming more familiar and I began to understand what to expect. I'm sure if grading was not a factor during our rotations, I would feel less stressed and more confident, but I see how much growth I've endured regardless."

"I got in my head so much during this last rotation, I kept doubting myself and being really hard on myself. However, when it was over, I was so proud of sticking through the surgery and getting all of this surgery stuff out the way. It's always very nerve racking for me, so I'm proud of myself for getting through it."

Equity, Collaboration, and Reflection

- Implementing this rubric has brought to light the importance of equity, collaboration and reflection, and continued growth practices for the students.
- Instructors meet after lab to discuss grading questions/concerns
- Use of excel tracking sheet for common grading questions to ensure equity

Instructor Collaboration

 Intentional collaboration is needed by all five instructors of the course to ensure a non-biased grading process.



Challenges

Training new staff/faculty

Grading is time consuming

Ensuring equitable grading – different feedback from different instructors

Student stress

Student Feedback about different grading

I feel that the grading was not always as balanced as the intention was set to be. There were a lot of scenarios in which grading varied from instructor to instructor as well as with different partners. I think there is room for discussion on how to more fairly and individually grade students while still upholding a standard expectation that is equal amongst all students.

This course needs help in the sense of grading!!! Their is no consistence when it comes to this course. There are times when I got the same instructor for both surgeries and other students did not.

I felt that some instructors graded differently than others.

I would say just to see if it is possible to make rubric grading more consistent throughout the surgeries.

Instructors would sometimes instruct me to do different things. Like, with one instructor I am told what way something should be done. Then I will do it how I was told I with a different instructor and they say what I did is wrong.

Grading during PAS was frustrating. I understand and appreciate that the instructors discuss their observations to make sure students are graded equally fairly, but I think that it was not fair in several circumstances.

Overcoming Challenges

- Implemented additional training and oversight for newer faculty/staff
- Addition of grading checklists and deductions excel sheet
- Lots of communication between instructors.
 Instructors meet to discuss grades together.
- Lead on course must review all rubrics to ensure equitability.

Continue with Rubric Based on Student Feedback

 This class has really taught me SO much within the last year. I truly think that I am a changed person after coming out of PAS I & II, than I was before going through them. I am and forever will be grateful for having so many supportive instructors throughout my time in this program. As you all have been a BIG help as to why I have succeeded thus far and will continue to succeed after I graduate (+ credit to myself as well.) And honestly, as scary as it was going into my first rotation, I truly understand why doing these were so important now. Not only were they great (and important) learning opportunities, but they, at least for me, gave me valuable experience that I will carry with me when I am out in the field doing what I'm passionate about. So thank you. Thank you so much for all of your guidance and help you've given me these past few months.

Adaptations / Dentistry Lab

- Introduced dentistry rubric for continuity of expectations
- Dentistry categories replaced surgical nursing: Steps to a dental cleaning And Instrument ID
- Quickly became abbreviated due to # of students
 - 2 versus 4 with one instructor

Dental Rubric Scoring Sheet

SCORE IS OUT OF A POSSIBLE **50** POINTS OF ATTEMPTED TECHNIQUES

Skill	0 Unacceptable	3 Good	5 Excellent	
Attendance/Preparedness and Professionalism	or Fatal Flaw			
Physical Exam and/or restraint				
Medication Administration (Calculations, drawing up and administering medications accurately)				
Machine Check (abbreviated; following				

Adaptations/Dental Rubric

- Not as many opportunities for skills (larger student groups)
- Same skills as surgical rubric except
- -Replace surgical prep with Steps to a cleaning and oral exam and Instrument ID and use

Dental Rubric Scoring Sheet

SCORE IS OUT OF A POSSIBLE 50 POINTS OF ATTEMPTED TECHNIQUES

Skill	0 Unacceptabl e or Fatal Flaw	3 Good	5 Excellent	SCORE
Attendance/Preparedness and Professionalism			On time, prepared, had all supplies and a great attitude.	5
Physical Exam and/or restraint			Great burrito that provided low stress control	5
Medication Administration (Calculations, drawing up and administering medications accurately)		Good job on calculations. Just minor rounding on NSAID. Assembled fluids and set pump		3
Machine Check (abbreviated; following flow) and/or use		Good job following the flow with a prompt to increase flow during pressure check to 2 L/min		4
IV catheter				NA
Intubation and induction				NA

Adaptations/Dental Rubric

- Feedback given asynchronously
- Patient anesthesia and time of the lab 2+ hours for the procedure
- The students have access to the rubric ahead of time
- They receive the feedback and then do a reflection
- Benchmark for dentistry portion set at 1 while other skills are sliding scale 1-2

Total Score	Out of a	Possible	50/50	
Animal Welfare and Patient Care			Very good conscientious care of patient from Fear free to recovery	5
Dental Steps to cleaning and oral exam		Great job. One step missed- root		3
Instrument knowledge and use			Great job. Knew all instruments	5
Patient monitoring, vitals, and anesthesia record			This patient was dynamic. Great job verbalizing low HR, having hand on the heart, and intervention with verifying a manual as well. You did a great job with the log.	5

Feline Dental Rotation-Spring

Dental Lab Reflection At



This assignment is due the Sunday after your scheduled dental lab...

Follow the prompts: For questions 2-3 to get full credit, you must write 3 sentences minimum for each (no more than a small paragraph for each question.

- 1. Before this offsite, have you had any prior experience with high volume spay/neuter? If so what?
- 2. What was your first impression, what did you learn, what seemed hard or challenging? What was most impressive?
- 3. This was your first time doing a dental on a feline patient as a student. What were the challenges, what did you like, and what did you find the most rewarding?

Any other (optional) comments and/or ways to make this lab experience better?

Before this offsite, I have had experience with UCAN Spay and Neuter Clinic. I had interviewed with them for a job and I was able to help them prepare for several surgeries during my interview. My first impression of OAR was that it was quite small, but it made the building feel more safe. During the dental, I learned how important communication is when monitoring. The most challenging part of the dental was placing the catheter. The most rewarding part of the dental was successfully knowing the steps of the dental without looking at the chart. The most challenging part of doing this dental would have to be cleaning the small teeth. Even though our patient couldn't find a sweet spot while under anesthesia, I liked the challenge of trying to keep her at a surgical plane. The most rewarding part was getting to wake her up and seeing her eat.

Future Directives

- We value student feedback and are always trying to improve. At this time, we:
 - Plan to continue to utilize the rubric with a sliding benchmark grading system
 - Plan to add additional grading checklists IVC, ETT, etc
 - Discussion of evaluating each instructor for understanding our protocols and grading

Conclusion

 Although, it requires additional time, effort, and training, implementing surgery grading rubrics can transform your teaching practices and empower your students to become proficient and compassionate veterinary professionals.