**** **Veterinary Technician & CVT**

**Phased Training Guide**

**Employee Name: Hire Date:**

**Mentor:**

**Purpose**

The purpose of this program is to introduce the new hire to the practice and bring them into the hospital’s philosophy of care and service. Through this program, the new medical team member will become familiar with the day-to-day operations, management, and standards of care within our hospital

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

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

Probable Duration: One Day

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill/Knowledge** | **Trainer** | **Description** | **Date Training PROFICIENT** | **Trainer’s Initials** |
| Parking |  | Show employee parking area. |  |  |
| Personal Storage |  | Provide employee with personal storage space. Discuss protection of personal property at work |  |  |
| Hospital Orientation & Tour |  | Orientation - Provide a detailed hospital tour which points out emergency exits, eye wash station, employee restrooms and employee break room.  Identify the exam rooms, kennel, surgery/treatment area, pharmacy, radiology, etc. and what each area is used for. |  |  |
| Introduc­tions |  | Introduce employee to doctors and other healthcare team members. Identify trainee’s immediate supervisor. |  |  |
| Required Forms |  | **Complete Required Forms**   * W-2 form * I-9 form * Verify Social Security card & driver’s license as required by I-9 * Complete Paycom new hire checklist * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   *(Note: All forms are to be kept in confidential personnel file, under lock and key. All current I-9 forms should be kept in a separate file under lock and key).* |  |  |
| **Skill/Knowledge** | **Trainer** | **Description** | **Date Training PROFICIENT** | **Trainer’s Initials** |
| Certification |  | Trainee present PM with copy of CVT credentials – if applicable |  |  |
| Notebook |  | Give new team member an empty notebook for training notes. |  |  |
| Job Description |  | * Present employee with relevant job description. * Review general expectations for the position, as well as protocol for annual review. * Present employee with a blank performance evaluation form * Review the hospital’s management structure (i.e. hierarchy of authority) * Review the duties to be completed daily |  |  |
| Hospital Procedures Manual |  | Present employee with hospital procedures manual. Make sure the At-Will Employment acknowledgement and acknowledgement that manual has been reviewed and read forms are signed by the employee and placed in their personnel file. |  |  |
| Benefits |  | Review benefits and effective dates. |  |  |
| Phased Training Program |  | Present employee with a copy of the phased training program. Explain protocol *(trainee to sign off on each phase, trainee to ask if has questions)*. |  |  |
| Time clock & Employee Schedules |  | * Review Paycom. Demonstrate operation of time clock. Explain procedure for clocking in/out. * Discuss timelines and attendance expectations * Show employee the proper protocol for submitting a request for days off in Paycom and how work schedules are presented and posted. |  |  |
| OSHA Training |  | Conduct OSHA training. Explain OSHA standards, MSDS sheets, etc. Inform team member what they are to do if an OSHA officer shows up and ask for a tour of the practice. Make sure they know the practice OSHA safety officer’s/coordinator’s name. OSHA training is conducted annually |  |  |
| Uniforms |  | Present team member with uniform policy. Review hospital dress standards. |  |  |
| Observe Position |  | Trainee to observe (senior) medical team member. |  |  |
| Safety Quiz |  | Satisfactory completion of safety quiz. |  |  |
| Conclusion of  Phase I |  | Review of Phase I of training program. Trainee is asked if he/she has any questions or needs further training on any part of Phase I. Trainee signs off on Phase I. |  |  |

**Phase I of Training Complete**

My signature below signifies that I have completed Phase I of the Phased Training Program and that I fully understand all concepts covered and I am comfortable in my knowledge and ability to perform the procedures introduced in Phase I of this program.

Employee (Trainee) Date

**Phase II**

Probable Duration: One Week

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill/Knowledge** | **Trainer** | **Description** | **Date Training PROFICIENT** | **Trainer’s Initials** |
| Basic Animal Handling |  | Learn basic animal handling principles. Before signing off, trainee must demonstrate proper animal handling with at least two patients. Focus areas include:   * Low stress handling * Reading pet body language * Handling anxious/aggressive pets * Safety bite avoidance |  |  |
| Phones |  | Show proper way to: (everyone is a back up)   * Answer phone * Learn basic phone operations * Take messages * Place callers on hold * Route messages to team members |  |  |
| EVET TRAINING |  | <http://evetpracticedoc.blob.core.windows.net/videos/20170713_NewEmployeeTraining.mp4>  <http://evetpracticedoc.blob.core.windows.net/videos/20170801_Invoicing.mp4>   * Create self as client into system * Practice with own account to learn how to navigate * Can demonstrate simple navigation to trainer |  |  |
| Scheduling |  | Trainee can demonstrate:   * Basic appointment scheduling procedures. * Scheduling guidelines and special circumstances (heartworm season, etc.) * Schedule requirements by appointment type * Knows when to ask for records from previous vet |  |  |
| Scanning and Linking |  | Demonstrate the ability to link incoming medical files or faxes and information into Evet   * Documents-records received |  |  |
| Greeting Clients |  | Explain the proper way clients and their pets are to be greeted and treated when they come to the practice.  **Remember the WOW!** |  |  |
| Customer Svc handbook |  | Can explain the part the technician plays in the client experience |  |  |
| Wait time |  | Demonstrate how to handle situations where there is an extended delay |  |  |
| Admissions |  | Demonstrates understanding of check in protocol for:   * Exams * Tech appointments * Surgical intakes |  |  |
| Controlling Odors |  | Explain procedure for controlling odors. |  |  |
| Housekeeping |  | Demonstrates daily cleanliness upkeep, restocking |  |  |
| **Skill/Knowledge** | **Trainer** | **Description** | **Date Training PROFICIENT** | **Trainer’s Initials** |
| Demonstrates appropriate attitude around clients |  | The client experience is our number one job, so a positive, supportive, kind, patient demeanor is essential to this role. Does this trainee demonstrate this sensitivity towards our clientele consistently? |  |  |
| Printing tasks |  | Demonstrate how to create appointment sheets  Demonstrate how to print vaccine records  Demonstrate how to print e/c forms  Demonstrate how to print admission/anesthesia forms |  |  |
| Task Log |  | Demonstrate how to use the task log  Is new hire a regular contributor to the tasks? |  |  |
| Fax, Copier |  | Demonstrate the use of necessary office equipment.  Demonstrates understanding of trouble shooting this equipment, supplies reorder process etc. |  |  |
| Vaccination Due Dates |  | Explain how to check vaccination due dates, confirm accuracy based on records. Update properly if needed. |  |  |
| Assist with Surgical Prep |  | Able to properly prepare surgical packs  Able to thoroughly disinfect surgical suite  Able to shave pet for surgery of ultrasound |  |  |
| IV catheter |  | Able to properly administer IV catheter  Able to properly set up fluid pumps  Able to properly remove catheter |  |  |
| Post op care |  | Able to adequately monitor patients post operatively and extubate |  |  |
| Conclusion of  Phase II |  | Review of Phase II of training program. Trainee is asked if he or she has any questions or needs further training on any part of Phase II. Trainee signs off on Phase II. |  |  |

**Trainee Comments - Phase II**

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

**Phase II of Training Complete**

My signature below signifies that I have completed Phase II of the Phased Training Program and that I fully understand all concepts covered and I am comfortable in my knowledge and ability to perform the procedures introduced in Phase II of this program.

Employee (Trainee) Date

**Phase III**

Probable Duration: One Week

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill/Knowledge** | **Trainer** | **Description** | **Date Training PROFICIENT** | **Trainer’s Initials** |
| Surgical Team |  | Learn about our surgical and dentistry services. Be able to check in surgical patients, educate clients about our surgical department and advanced dentistry. Learn how to create treatment plans. |  |  |
| Doctor Appointments |  | Shadow each of the doctors to witness their style with clients. Take note of doctor preferences. |  |  |
| Entering Charges |  | Demonstrate the correct procedure for entering charges into the computer. Before signing off, trainee must demonstrate the ability to correctly enter charges. |  |  |
| Payments from Clients |  | Explain the process of accepting payment from clients   * Credit cards * Cash * Check * Care Credit   Trainee can demonstrate our accounts receivable expectation; and do so respectfully. |  |  |
| Contagious Protocols |  | Demonstrate the procedures followed for a contagious pet coming into our practice. |  |  |
| Vaccine Protocol |  | Demonstrate a working knowledge of vaccine protocol. |  |  |
| Appointment  Scheduling |  | Demonstrate all basic appointment scheduling. |  |  |
| Surgery  Appointment Scheduling |  | Demonstrates the ability to schedule surgery appointments accurately if asked to do so |  |  |
| Hospital Organization |  | Explain the organization of the hospital and workflow. |  |  |
| Collect laboratory specimen |  | Receive samples from reception   * Discussion with client if necessary * Present clients with medications and routine instructions |  |  |
| Assign Bloodwork (Outside Lab) |  | Demonstrate the proper way to assign bloodwork to an outside laboratory. The trainee must demonstrate the ability to handle this task properly. |  |  |
| Assign Bloodwork (In-house) |  | Demonstrate the proper way to process bloodwork within the practice. Before signing off, trainee must demonstrate the ability to handle this task properly. |  |  |
| **Skill/Knowledge** | **Trainer** | **Description** | **Date Training PROFICIENT** | **Trainer’s Initials** |
| Inhouse labs |  | Demonstrates ability to analyze fecal, urine samples done inhouse |  |  |
| Outside Labs |  | Explain the procedure for calling outside laboratories and submitting samples. |  |  |
| Communicate with Clients |  | Learn hospital guidelines for communicating with clients in different types of situations such as general queries, scheduling appointments, routine and non-routine medical questions, patient emergencies, prescription refills |  |  |
| Medical Recalls |  | Demonstrate the procedure to follow when recalling clients. Before signing off, trainee must demonstrate the ability to handle this task properly. |  |  |
| Cleaning Exam Rooms |  | Explain how to properly clean and disinfect an examination room. |  |  |
| End of Life Appointments |  | Explain how end of life appointments are scheduled and how the technician should prepare for these types of appointments. |  |  |
| Marketing |  | Discuss marketing to clients   * Discuss how to promote the practices products, programs and services. * Explain the use of passive marketing * Ensure that employee gains a technical knowledge of products sold * Able to explain our CCP plans |  |  |
| Conclusion of  Phase III |  | Review of Phase III of training program. Trainee is asked if he or she has any questions or needs further training on any part of Phase III. Trainee signs off on Phase III. |  |  |

**Trainee Comments – Phase III**

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

**Phase III of Training Complete**

My signature below signifies that I have completed Phase III of the Phased Training Program and that I fully understand all concepts covered and I am comfortable in my knowledge and ability to perform the procedures introduced in Phase III of this program.

Employee (Trainee) Date

**Phase IV**

Probable Duration: One Week

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill/Knowledge** | **Trainer** | **Description** | **Date Training PROFICIENT** | **Trainer’s Initials** |
| Opening |  | Demonstrate the procedure for opening the hospital.  Get ready for the day based on roles and responsibilities |  |  |
| Price Quotes |  | Explain how and when to quote prices.  Know how to prepare treatment plan |  |  |
| Euthanasia |  | Learn our euthanasia protocols, including contacting the owner when ashes are received. |  |  |
| Handling Client Complains |  | Learn how to handle difficult client situations. |  |  |
| Treatment Tech |  | Learn all services provided by treatment tech   * Nail trim * a/g expression * blood draws * vaccine boosters * suture removal * Lab sample processing * Bandage changes   Sign off when successfully able to deliver services |  |  |
| Handling Prescription Requests |  | Learn the prescription protocol and how to enter a prescription   * Controlled * Non-controlled * Online * Prescription authorizations |  |  |
| Controlled Substances |  | Demonstrate the correct procedure used when dispensing controlled substances   * Correctly logs use EVERY TIME |  |  |
| Handling Emergencies |  | Learn how to handle phone and in-clinic emergencies. |  |  |
| CPR certification |  | Does trainee have a current CPR certification? Are we able to send them or will inhouse training happen? |  |  |
| Phlebotomy |  | Able to achieve blood draws from:   * Front leg * Back leg * jugular |  |  |
| Anesthesia training |  | Logging anesthesia records during procedures |  |  |
| Anesthesia Monitoring |  | Key standards for safe anesthesia. Does trainee demonstrate comfort with standards of care while animals are under anesthesia?   * Heartrate * Blood pressure * Knows when to alert doctor |  |  |
| Recognizing an Emergency |  | Phone Triage: can explain how to triage calls to direct for appropriate care |  |  |
| **Skill/Knowledge** | **Trainer** | **Description** | **Date Training PROFICIENT** | **Trainer’s Initials** |
| After Hours ER Fee |  | Explain the after hour’s emergency fees. |  |  |
| Crash Cart |  | Is trainee familiar with the crash cart; knows locations of items that may be needed by doctor |  |  |
| Radiology |  | Able to achieve satisfactory images utilizing the equipment properly |  |  |
| Radiology Safety |  | Completed radiology safety training |  |  |
| General Safety |  | Successfully completed standard safety quiz |  |  |
| Heartworm Testing & Prevention |  | Explain the practice's philosophy and established protocol for heartworm testing and prevention. |  |  |
| Flea Prevention 101 |  | Explain basic flea prevention protocol. |  |  |
| When In Doubt |  | Assure the employee that whenever he or she is in doubt or needs help, they are expected to seek assistance and guidance.  QUESTIONS |  |  |
| Conclusion of  Phase IV |  | Review of Phase IV of training program. Trainee is asked if he or she has any questions or needs further training on any part of Phase IV. Trainee signs off on Phase IV. |  |  |

**Trainee Comments - Phase IV**

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

**Phase IV of Training Complete**

My signature below signifies that I have completed Phase IV of the Phased Training Program and that I fully understand all concepts covered and I am comfortable in my knowledge and ability to perform the procedures introduced in Phase IV of this program.

Employee (Trainee) Date