

POLICY

ANIMAL NUMBERS IN CVM STUDENT CONDUCTED SURGERY LABS (Dogs and Cats)

The College of Veterinary Medicine has assessed the responsibilities of students in anesthesia/surgery laboratory teams and the appropriate number of students per animal in each team when dogs and cats are utilized as the surgery subjects. To maximize the educational experience while minimizing numbers of animals used, the college considers 3 students the optimal size of the student anesthesia/surgery group.

The responsibilities and composition of the teams are as follows:

The team is responsible for the preoperative analysis (physical examination, PCV, etc.) of the patient and anesthetic recovery of its surgical animal(s). Members of the team are responsible for viewing the appropriate videotapes and reading before the laboratory exercise appropriate notes and texts regarding the procedure to be performed. All members should be able to present a signalment and synopsis of the case and before the procedure begins.

1. The team should work together to induce the animal, do the initial prep, transfer the animal to the surgery room, and position it on the table. Once the animal is on the table, the surgeon leaves to scrub while the assistant opens packs and performs the final prep. Team members are:
 - A. **Surgeon** – The surgeon is responsible for the operative procedure and all associated pertinent anatomy and physiology. He/she makes primary decisions for the group. The surgeon must be able to communicate to the anesthetist any abnormal surgical findings, as they may precipitate a change in the anesthetic protocol. The surgeon is responsible for typing a complete surgical report following the surgery. This report should be delivered to the Examination Service within 24 hours. If the surgeon comes to lab without preparing, or is otherwise incapable of performing the surgery, he/she will be excused and the assistant surgeon will perform the procedure with adequate assistance of others.
 - B. **Anesthetist** – The anesthetist is responsible for completion of a physical examination before sedation and for recording temperature, pulse, respiration and before induction of anesthesia. Responsibilities include monitoring heart rate, respiratory rate, mucous membrane color, and capillary refill time during anesthesia, maintenance of anesthesia, and post-anesthetic monitoring of patient (including temperature, pulse, respiration, capillary refill time and mucous membrane color every 15 minutes) from time of induction until the patient achieves sternal recumbency. The anesthetist may assume other responsibilities, but he/she should not compromise the safety of the animal. He/she directs work in the prep room.
 - C. **Assistant Surgeon** – The assistant surgeon is responsible for assisting the surgeon and anesthetist in any manner required. During the surgical procedure itself, the assistant follows the instructions of the surgeon explicitly. The assistant generally

completes the final prep of the patient and opens surgical packs while the surgeon is scrubbing.

2. The team members should rotate during successive laboratories and share equally the positions of surgeon, anesthetist, and assistant surgeon.

The addition of one or more persons to the team of 3 would restrict movement around the patient and within operating alcove, would have no specific tasks to perform, would obtain little “hands on” experience, and would compromise the goals of the course regarding division of responsibility among surgeon, assistant surgeon, and anesthetist and allowing each student to function in each role.