Certificate in Advanced Veterinary Practice

C-SAS.6 Small Animal Surgery

Orthopaedic Surgery A

Module Outline

Module Leader:

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Lecturer in Small Animal Surgery (Orthopaedics)
ENROLMENT GUIDANCE

This module is one of a range of C modules covering Small Animal Surgery, and is the first of two modules covering Orthopaedic Surgery. The aim of the module is to enable the candidate to extend and consolidate clinical knowledge and skills gained at undergraduate level, and to develop an in-depth understanding of the application of that knowledge in a practice environment in relation to Orthopaedic Surgery in the areas as outlined below.

Candidates must fulfil the following criteria:

a) The candidate should have completed module B-SAP.1.

b) If the candidate is only enrolling for the C surgery modules with RVC, it is highly recommended that candidates complete the assessment task relevant to surgical principles in module B-SAP.1. This will be reviewed by the assessors prior to assessment of any C module work. If the candidate has completed the B-SAP.1 module at another institution, their surgery report may be submitted for feedback.

c) Candidates are strongly recommended to take the ‘core’ Surgery module – Small Animal Surgical Practice (C-SAS.1) – before attempting this module. Whilst this module may be taken as a free-standing module, it assumes a sound understanding of the principles covered within C-SAS.1.

d) It is the responsibility of the candidate to ensure that they have access to sufficient surgical cases to produce adequate material for the module.

e) It is the responsibility of the candidate to be aware of the limitations of their facilities to carry out surgical techniques that might be taught in the course of this module.

Coverage of this module may be integrated with others, particularly other B and C modules. All candidates will normally have completed A-FAVP.1 Foundations in Advanced Veterinary Practice module and at least one of the practice B modules, before undertaking a C module, although candidates can choose to work through modules in a different order if they wish. In whichever order modules are tackled, compliance with best practice for all the topics covered by module A-FAVP.1 will be expected whenever these are appropriate in C modules. For example, awareness of, and compliance with, all relevant legislation, welfare and ethical principles will be required throughout.

This module is one of a range of C modules covering Small Animal Surgery; the aim of the module is to enable the candidate to extend and consolidate clinical knowledge and skills gained at undergraduate level, and to develop an in-depth understanding of the application of that knowledge in a practice environment.

Candidates are advised to plan a structured programme of continuing professional development to help them achieve their objectives. Involvement in ‘learning sets’ and networks of other candidates working towards the same or similar modules is encouraged; this could be initiated by the candidates themselves via RVC Learn.
The RCVS considers that candidates will need advisers/mentors to support them through the programme. Candidates are free to choose their own advisers/mentors and the RCVS guidelines strongly advise candidates to seek advice from their mentor regarding ‘seeing practice’ with specialist surgeons.

For a designated Certificate in Advanced Veterinary Practice (General Small Animal Surgery) candidates must complete this module, the C-SAS.1 Core module, a third surgery module, a fourth 10 credit module of your choice and an RCVS synoptic assessment.
LEARNING OUTCOMES

At the end of the module, candidates should be able to:

- Thoroughly understand the anatomical, physiological, immunological and pathological processes involved in surgical disease, including the relationships between surgery and the overall health status of the patient. Understand the pathophysiological responses to trauma including surgical trauma
- Show thorough familiarity with the clinical presentation of the common surgical conditions affecting dogs, cats and small mammals
- Understand and promote concepts of best practice in relation to asepsis, preparation of theatre, personnel and patient for surgery. Understand strategies available for managing intra-operative contamination
- Understand and promote best practice in post surgical nursing, including all aspects of recovery, nutrition and post operative rehabilitation
- Understand and communicate rational choice and use of antibiotic therapy in relation to surgical cases
- Identify surgical equipment and know how to package, sterilise and maintain surgical instrumentation and equipment
- Review and constructively criticise current literature on surgical principles, theatre practice and post surgical nursing, to enable them to determine its relevance to their current practice
- Utilise their understanding of Evidence Based Medicine and Decision Analysis to develop practical diagnostic and treatment protocols for their patients
- Use available resources and communicate with owners in such a way as to achieve optimum results in their practice circumstances in relation to surgical cases
- Review the outcomes of at least part of their clinical work, using the process of clinical audit to improve performance
- Recognise when a case is truly unusual, and become familiar with the information resources available to enable them to deal with such cases
- Recognise when a case is beyond their personal or practice capabilities, and provide an effective channel of referral
- Understand and recognise the moral responsibility for advising owners when they are inexperienced with a particular type of surgery
- Appreciate the importance of adequate facilities and skill necessary for advanced surgery
LEARNING TOPICS

The areas to be covered should include the following:

1. Bone biology
   - Understanding of biology of normal and diseased bone and fracture healing processes
   - Understanding of basic biomechanics of bone and fracture repair

2. Fracture management
   Candidates should be familiar with the commonly performed surgical approaches to the humerus, radius and ulna, femur, tibia and pelvis
   - Pre-operative assessment of trauma patient and recognition and treatment of associated injuries including provision of analgesia
   - Pre-operative fracture planning
   - Surgical anatomy
   - Understanding of AO/ASIF principles
   - Biological osteosynthesis and principles of this approach to fracture repair
   - Thorough knowledge of fracture stabilisation techniques to include the uses and limitations of:
     - Casts and splints
     - Bone plating (compression, neutralisation, buttress), plate rod combinations and locking plates
     - Pin and cerclage wire
     - External skeletal fixation (advantages and disadvantages of different systems available)
     - Circular skeletal fixators and Ilizarov principles
     - Interlocking nails
   - Management of fractures of fore- and hindlimbs, skull, spine and pelvis (A list of fractures that the candidate should be capable of performing is detailed separately. Candidates should be familiar with the principles of management of the technically more demanding fractures where practical experience is not expected.)
   - Special considerations applicable to articular and open fractures (Candidates should be familiar with the management options for articular fractures, complications of these injuries and how these complications can be managed. Candidates should be familiar with the classification of open fractures).
   - Classification and treatment of fractures involving growth plates in immature animals, and the potential complications of growth plate injuries and their management
   - Post-operative management to include the role of physiotherapy and an understanding of the more commonly used techniques used by physiotherapists to manage orthopaedic disorders
3. Complications of fracture management
   - Fracture disease - understanding the pathological processes involved and how to treat it
   - The management of quadriceps contracture
   - Understanding the pathogenesis and treatment of delayed, mal- and non-union
   - The classification of non-unions
   - Management of osteomyelitis

4. Pathogenesis and management of angular limb deformities
   Candidates should be familiar with the aetiology and treatment options for angular limb deformities of the forelimb (carpal valgus/varus) and hindlimb (genu valgum)

5. Metabolic bone disease
   Aetiology, pathogenesis and treatment of:
   - Craniomandibular osteopathy
   - Metaphyseal osteopathy
   - Hypertrophic osteopathy
   - Nutritional bone disorders
   - Panosteitis
   (A detailed understanding of the pathology of these diseases is not expected.)

6. Bone tumours
   Biology, diagnosis and treatment options for osteosarcoma, and other malignant bone tumours and their treatment

7. Surgical Procedures
   Whilst certain procedures are undeniably within the remit of the Certificate level surgical modules, for example simple fracture repair, others such as joint arthroscopy or total hip replacement are equally clearly outside the scope at this level. However, many procedures lie in a grey area between the obvious extremes and furthermore it is not unreasonable to expect candidates following the surgical route to have knowledge of even the most complex procedures. Otherwise, proper case selection and appropriate referral cannot take place. Furthermore, to restrict Certificate level surgeons to a limited number of specified procedures would risk producing Certificate holders who would be little more than surgical technicians with a limited repertoire.

   A wide range of procedures is therefore listed below, and these have been classified to indicate the level of competence which candidates would be expected to have acquired on completion of the orthopaedic surgical modules. A similar list is provided for the soft tissue surgery modules.
A. These are procedures in which the candidate should be fully competent. The candidates should be able to execute the procedure to a standard comparable with any other surgeon and be able to demonstrate complete understanding of indications, limitations, alternative techniques, complications, prognosis, etc.

B. These are more challenging procedures which, by the time the candidate sits and passes the surgical modules, they will be expected to perform competently. Such procedures will be those requiring a more confident, experienced surgeon and a more detailed knowledge and understanding of surgical science in general and the specific details and background of the technique and the underlying disease processes. As before, the candidate must be able to demonstrate a complete understanding of indications, limitations, alternative technique, complications, prognosis, etc.

C. These are complex and advanced techniques which are usually performed by surgeons with significant postgraduate surgical experience and training. Certificate level candidates will not be expected to demonstrate experience or competence in these techniques. However, candidates will be expected to demonstrate an understanding of indications, limitations, alternative techniques, complications and prognosis, sufficient to advise clients and select appropriate cases for referral.

8. Orthopaedic Procedures

Fractures:

**Humerus**
- Simple diaphyseal – A
- Comminuted diaphyseal – B/C
- Severely comminuted diaphyseal – B/C
- Lateral condylar – B
- T/Y # of condyles – C

**Antebrachium**
- Simple diaphyseal – A
- Comminuted diaphyseal – B
- Severely comminuted diaphyseal – B

**Carpus**
- Radial carpal – B
- Accessory carpal – B/C
- Metacarpals/phalanges – A/B
  (Racing dogs, etc) – B/C

**Femur**
- Simple diaphyseal – A
Comminuted diaphyseal – B
Severely comminuted diaphyseal – B/C
Capital physeal separation – B
Distal physeal fracture – A/B

**Tibia**
- Tibial crest avulsion – A
- Simple diaphyseal – A
- Comminuted diaphyseal – B
- Severely comminuted diaphyseal – B
- Distal (malleolar) fracture – B

**Tarsals**
- Central tarsal – B/C
- Multiple tarsal – B/C

**Metatarsal**
- A/B
  (Racing dogs – B/C)

**Spinal Fractures**
- B/C

**Pelvis**
- B/C

**General**
- Open fractures – B/C
- Articular fractures – B/C
- Angular limb deformities – C

**Joint Surgery**
- Shoulder arthroscopy for OCD – B
- Biceps tendon surgery – B
- Shoulder arthroscopy – C
- Elbow arthroscopy for coronoid process disease – B
- Elbow arthroscopy – C
- Anconeal process surgery – B
- Ulnar osteotomy – B
- Open reduction of traumatic luxation – B
- Shoulder arthrodesis – C
- Elbow arthrodesis – C
- Carp al arthrodesis – B
- Hip excision arthroplasty – B
Total hip arthroplasty — C
Triple pelvic osteotomy — C
Inter trochanteric osteotomy — B/C
Femoral neck lengthening osteotomy — C
Open reduction/fixation of hip luxation — B

Patellar luxation surgery — B
Conventional cranial cruciate surgery — B
Tibial plateau levelling procedures — C
Tarsal shear injury — B
Traumatic hock luxation — B

Arthrotomy for OCD of hock — B
Tibiotarsal arthrodesis — B
Achilles tendon repair — B
Interosseal arthrodesis — B
Tarsometatarsal arthrodesis — B

Spinal Surgery
Atlantoaxial stabilisation/fusion — C
Ventral disc fenestration — B
Ventral slot decompression — B/C
Distraction fusion for CCSM — C
Conventional fracture management — C
Thoracolumbar disc fenestration and decompressive T/L hemilaminectomy — B/C
T/L fracture management — C
Dorsal lumbosacral laminectomy — B/C
Lumbosacral distraction fusion — C
Lumbar or L/S fracture management — C
ASSESSMENT

- A case diary of 20 fracture specific surgical cases relating to the subject matter covered under Small Animal Orthopaedic Surgery A should be submitted. These cases can be taken from the 100 consecutive surgical cases submitted as part of the Small Animal Surgery (Core) module.

- A 1,500 word synopsis to accompany the case diary will enable candidates to review the improvement in their practice while accumulating these cases. This might include what has changed in their approach to a case, any new procedures or investigations that are now considered, any additional reading which was helpful, and/or any unexpected features of a case which will influence decision making in the future.

- Candidate to then select up to 5 cases they wish to expand on, with a paragraph per case stating their reason for each choice. Each case must have complete case history and follow up, including, where applicable, laboratory results and pre- and postoperative imaging. Fractures must be followed up with radiographic evidence of bony union or to the point of identification of failure of fracture fixation. The assessor will select 2 cases to be written up by the candidate. The candidate must be primary surgeon for all 5 cases.

- Two cases to be written up in detail up to 2,000 words in length with appropriate illustrations. The discussion in these two case reports will critically appraise the case management and demonstrate the candidate’s ability to apply the learning outcomes to the management of cases in their practice. The discussion should be very specific to the surgical case. It should be based around discussing what went well and what went badly with the surgery. The discussion should also critically review the wider literature relating to the surgery case. In some cases this may involve discussing alternative treatment/management options based on the current literature. Proper and appropriate referencing is expected. A useful guideline is that the discussion should comprise approximately half of the word limit (i.e. 1,000 words).

- One case report can be submitted for review prior to being marked. This is only permitted once per candidate per discipline.

- A one hour examination to consist of 10 short answer questions relating to the subject matter covered under Small Animal Orthopaedic Surgery A.
### ANNUAL ASSESSMENT TIMETABLE

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1(^{st}) September</td>
<td>Please inform the CertAVP office if you are intending on submitting work in October</td>
</tr>
<tr>
<td>1(^{st}) October</td>
<td>Case diaries and synopsis to be submitted and accompanying this should be a separate document with the choices of 5 cases the candidate wishes to expand on. <em>(If a candidate has failed a case diary but passed the synopsis (or vice versa), both should be re-submitted together.)</em></td>
</tr>
<tr>
<td>1(^{st}) November</td>
<td>Candidates will be notified of their case diary and synopsis results. If successful, candidates will be notified of which 2 cases are to be written as case reports</td>
</tr>
<tr>
<td>15(^{th}) January</td>
<td>Candidates are given the opportunity to have one case report per discipline reviewed prior to marking (therefore only one for all Surgery modules). Please submit your report by this date if you haven’t already had a review.</td>
</tr>
<tr>
<td>15(^{th}) February</td>
<td>Case report feedback returned to the candidate</td>
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<tr>
<td>1(^{st}) April</td>
<td>Two case reports to be submitted</td>
</tr>
<tr>
<td>1(^{st}) July</td>
<td>Candidates will be notified of their case report results</td>
</tr>
<tr>
<td>September</td>
<td>Written examination to be held (date to be confirmed)</td>
</tr>
<tr>
<td>October</td>
<td>Candidates will be notified of their exam result and module pass</td>
</tr>
</tbody>
</table>
LEARNING SUPPORT ACTIVITIES

Learning support is provided to aid self-directed learning and to provide easy access to published articles. You will be given a username and password which will allow you to log on to 4 different systems:

1. **RVC Learn (http://learn.rvc.ac.uk/)**
   - Sample reports for each surgery module
   - Practice exam questions
   - A very helpful webinar to guide you through the assessment requirements
   - Interesting articles to read
   - Access to presentations from the CertAVP Survival Tips day
   - Discussion boards between other candidates enrolled on the module and with surgery tutors
   - Guidelines for mentors
   - Access to SCOUT, RVC’s solution for the discovery and delivery of resources including books, ebooks, journal articles and digital objects, all in one single search. Log in to SCOUT using your RVC username and password to save items on your eshelf. If you are able to use the library in person, you can borrow a book for one week with photo ID. IT and Library support is available for this facility (email library@rvc.ac.uk or helpdesk@rvc.ac.uk).

2. **RVC Intranet (https://intranet.rvc.ac.uk)**

   Access to all information available to all RVC students and employees, for example, news, events, policies, committees, services, Library, IT helpdesk, etc.

3. **Athens (http://www.openathens.net/)**

   Athens is an access management system which controls access to many electronic information sources. When you log in to an Athens protected resource it checks to see if you are a member of an institution that has paid to use that resource, and if your username and password are correct it lets you through.

4. **Webmail (https://webmail.rvc.ac.uk)**

   You are given an RVC email address, which you can choose to use for your CertAVP communication. You will also receive general RVC emails to this account.
CASE DIARY GUIDELINES

- Each piece of work you submit must be anonymous; please contact the CertAVP office for your candidate number. Please save and name your case diary, synopsis and case selection documents like this:
  - C-SAS.6 Candidate xx – Case diary.xls
  - C-SAS.6 Candidate xx – Synopsis.doc
  - C-SAS.6 Candidate xx – Case selection.doc

- The case diary should preferably be written in Excel, and the synopsis and case selection should be in Word. The email address you send the work from does not need to remain anonymous.

- Include a variety of surgeries and no more than 10% of cases should be listed as second surgeon. To maintain this variety, please stop including surgeries after 25% of the same type has been reached (e.g. no more than 25% TPLO surgeries for the treatment of cruciate disease). This equates to 5 surgeries in C-SAS.6 and C-SAS.7 modules.

- No more than 10% (2 cases) should list you as the assistant (second) surgeon. In cases where you are the primary surgeon but someone else is listed as an assistant surgeon please clarify in the synopsis who they are (e.g. nurse, colleague, mentor) and whether they are simply assisting with retraction and passing of instruments or to what extent they were involved in performing the surgery.

- Cases can be collected from up to 12 months prior to the date of enrolment on the CertAVP programme.

- Make sure you only include cases that relate to the syllabus content for the module (fractures), which VARY for each module.

- Do not include implant removal such as External Skeletal Fixators (ESF) or pin removal.

- Brief description is necessary for orthopaedic cases including implants used – it is not enough just to say “bone plate” or “cruciate surgery”. For example, state: spiral tibial fracture with minimal displacement; stabilised with 9-hole 3.5mm DCP and two lag screws.

- Do not include the following in any C module (including C-SAS.6) case diaries:
  - Routine neutering procedures
  - Routine dew claw removal
  - Routine uncomplicated/small umbilical hernias corrected at the same time as neutering
  - Chest drains
  - Skin biopsies
- Lance abscess
- Critical care procedures e.g. O-tube placement
- Simple wedge biopsies from masses
- Suturing of small or simple skin wounds
- Simple implant removal e.g. K-wire removal
- ESF removal
- Non surgical cases (i.e. septic arthritis managed medically)

- You may use well-known abbreviations as long as these are explained in an appendix.
<table>
<thead>
<tr>
<th>Number</th>
<th>Date</th>
<th>Case number</th>
<th>Species, breed, age, sex</th>
<th>Diagnosis</th>
<th>Surgical procedure</th>
<th>Post-op care and outcome</th>
<th>Primary or assistant</th>
<th>Complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2/09/02</td>
<td>00001</td>
<td>Domestic short hair (DSH) 10y10m Male (M) Neutered (N)</td>
<td>Non healing wound in axilla, 5cm diameter</td>
<td>Complete surgical excision of wound bed and primary closure</td>
<td>Buster collar to prevent licking, kennel rest for 1 week.</td>
<td>Primary</td>
<td>Breakdown of distal third of wound. Debrided and lavaged under general anaesthetic (GA) and left open to heal by second intention. Broad spectrum oral antibiotics prescribed for 7 days.</td>
</tr>
<tr>
<td>2</td>
<td>2/09/02</td>
<td>00002</td>
<td>Crossbreed dog, 10yrs, Female (F) entire (E)</td>
<td>4 x 4cm mammary carcinoma in gland 3 on left side</td>
<td>Complete surgical excision with 1cm lateral margins and to the depth of subcutaneous tissue.</td>
<td>Buster collar to prevent licking, strict rest until suture removal. Good outcome (no recurrence at 6 months).</td>
<td>Primary</td>
<td>Serosanguinous wound discharge post-op. Resolved with Primapore dressing and 5 day course of broadspectrum oral antibiotics</td>
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<tr>
<td>No.</td>
<td>Date</td>
<td>ID</td>
<td>Breed</td>
<td>Age</td>
<td>Location</td>
<td>Lesion Description</td>
<td>Treatment</td>
<td>Comment</td>
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<tr>
<td>3</td>
<td>2/09/02</td>
<td>00003</td>
<td>Hamiltonstovare 3y4m, ME</td>
<td></td>
<td>4 x 4cm</td>
<td>Fibrosarcoma on fascia of lateral right thigh</td>
<td>Complete surgical excision performed with 3cm lateral margins and depth that included the underlying fascia and a 0.5cm section of the musculature on the crus. Primary closure, no reconstruction necessary.</td>
<td>Buster collar to prevent licking, primapore dressing placed for first 3 days, good outcome</td>
</tr>
<tr>
<td>4</td>
<td>3/09/02</td>
<td>00004</td>
<td>Cavalier King Charles Spaniel 11m, MN</td>
<td></td>
<td>Medial Patella luxation, Grade II</td>
<td>Wedge sulcoplasty, lateral tibial transposition secured with 1.6mm K-wire, lateral imbrication, medial joint capsule release</td>
<td>2 weeks rest then increasing amounts of lead exercise. Good outcome</td>
<td>None</td>
</tr>
<tr>
<td>5</td>
<td>3/09/02</td>
<td>00005</td>
<td>Crossbred 3y10m, FE</td>
<td></td>
<td>Cranial cruciate ligament rupture</td>
<td>Extra-capsular stabilisation using two strands of 100lb nylon between fabella and tibia secured with metal crimps. No meniscal damage.</td>
<td>Short lead walks 6 weeks. Referral to veterinary physiotherapist. Good outcome</td>
<td>None</td>
</tr>
</tbody>
</table>
CASE REPORT GUIDELINES

Each case report you submit must be anonymous; use the candidate number given to you for your case diaries. Please save and name your case reports like this:

C-SAS.6 Candidate xx – Case report 1.doc
C-SAS.6 Candidate xx – Case report 2.doc

The case reports should be in Word and the email address you send the work from does not need to remain anonymous. The content of reports must also be anonymous, e.g. removing practice details from discharge notes.

Please ensure that the beginning of your case report includes:

1. your candidate number
2. module name
3. title
4. word count (excluding the above, tables, photo titles and references)

Each case report is to be written up in detail up to 2,000 words in length with appropriate illustrations. It is encouraged that the candidates include radiographic views of the fractures in their reports, as this would improve the quality of the reports. Photographic illustrations of procedures must be clear, unambiguous and labelled to enable orientation for the reviewer. All tables, figures, photographs and radiographs must be accompanied by a figure legend, which is referred to in the main text in brackets, e.g. (Figure 1). For radiographs lateral views of any part should be orientated with the cranial or rostral part to the viewer’s left. Ventrodorsal and dorsoventral images should be viewed with the left side on the viewer’s right. Images of the distal limbs should have the proximal portion at the top of the image. Lateral and medial should be consistent throughout the report. For ultrasound images cranial should be to the left with ventral surface at the top of the image. Please ensure digital images are submitted in a compressed format so that they can be easily transferred via email.

The case report should be written in the third person in a style suitable for publication in a Journal (for example Journal of Small Animal Practice). You are expected to demonstrate a high standard of literacy and please ensure that any spelling and grammatical errors have been corrected.

The following frame work should be used as a guide to the structure of the case report:

- Identification of patient
- History
- Clinical signs
- Problem list and differential diagnoses
• Investigation
• Diagnosis
• Treatment (including postoperative care/instructions)
• Follow up
• Result
• Discussion
• References

References:
• These should be properly cited in the text, in accordance with the style in the Journal of Small Animal Practice (JSAP). Avoided listing references that were not cited in the text or vice versa.
• We recommend using Harvard referencing as described by the Anglia-Ruskin University (http://libweb.anglia.ac.uk/referencing/harvard.htm).
• You will find it very helpful to use a program such as Endnote® or Reference manager® to organise your references.

Appendices:
• You may include appendices but please note that the examiners are not obliged to read them (so please don’t include essential case information).
• Images may be included here or in the main body of text. Include any images that you think are relevant as these generally enhance your report and enable examiners to assess your interpretation. Normal ultrasound images need not be included unless you would like to do so but clear abnormal images should be included if possible.
• Laboratory reports may be included here but all abnormalities need to be written in the text and reference ranges must be included. It is acceptable to scan printed reports rather than re-type them if you prefer, but any case details or details of your name or practice must be blanked out.

The word limit is 2,000 words per case report. Tables, figure legends, appendices and reference list are NOT included in the word count. The report title and titles within the report ARE included. Candidates should not put important information, such as the physical examination, in to a table to avoid the word count; only numerical data should appear within a table (such as laboratory results). In the interests of fairness to all candidates the word count is adhered to strictly and reports that exceed it will be returned unmarked.

All written work submitted to the Royal Veterinary College is passed through plagiarism detection software. Work submitted for this module should not have been submitted for any other courses at RVC or other institutions.
MENTORS

Candidates who study for the CertAVP surgery C modules with the Royal Veterinary College are advised to find a mentor who can guide them. Finding a mentor and maintaining appropriate and regular contact are the responsibility of the candidate, and mentors operate on a goodwill basis only. Mentors are usually either holders of the RCVS CertSAS or RCVS CertAVP qualifications or holders of American, European or RCVS Diploma qualifications. Ideally mentors will have some experience of teaching and examining at either undergraduate or post-graduate level. Members of the RVC Small Animal Surgery department cannot act as mentors as they are involved in setting and marking the assessed work. We recommend that an individual mentor does not take on more than 5 CertAVP candidates if possible.

We consider that the role of a mentor should/may include:

- Becoming familiar with the module outlines that are supplied to candidates.
- Encouraging candidates to undertake continuing professional development and to ‘see practice’ at a relevant centre/s appropriate to their strengths and weaknesses.
- Encourage candidates to join relevant societies and associations and attend meetings where appropriate.
- Guide candidates on the level and amount of reading that they should be doing during their period of study. There is a reading list for each C-SAS module which can be used as a framework.
- Encourage candidates to plan their time carefully for logging cases, writing case reports and essays, reading and exam preparation. A reminder of good examination technique may also be useful for some candidates.
- Encourage candidates to get support from other CertAVP candidates either through the RVC learning support discussion forums or by other means.

What is the mentor’s role regarding submitted work?

We consider that a mentor can give general advice on preparation of a case diary and selection of cases for writing up into full length reports. Unlike the previous RCVS CertSAS we do not recommend that mentors read any of the case reports in detail and/or give detailed written advice. However, one read through of one case report and some general feedback (ideally verbally) is acceptable.

Please notify the CertAVP office when you have a mentor as there is a Mentor Guidance document that is provided to them.
SUGGESTED READING

The following list is given as a guide as to where to start and for this reason cannot be considered ‘complete’. We also don’t expect candidates to read texts from cover to cover or to use all of the texts listed, however we do recommend you make use of the most recent edition of textbooks where available. We apologise if candidates feel a particular favourite is missing - feel free to use the Learn discussion board to pass on additional suggestions to other candidates.

- BSAVA manuals of surgery
- Manual of Small Animal Orthopaedics and Fracture management: Brinker, Piermattei and Flo
- Compendium of Continuing Education
- Journal of Small Animal Practice
- Veterinary Surgery