

Bridging the Classroom and the Clinic

Creating practice-ready veterinary technicians through meaningful hands-on learning

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Contents

01

The Gap

Understanding the distance between classroom knowledge and clinical performance.

03

Designing the Bridge

Practical strategies to close the gap through simulation and scenarios.

02

How Learning Sticks

The science behind retention, competence, and skill under pressure.

04

Working Together

Building intentional partnerships between educators and employers.



Learning Objectives

Identify

The factors that create the classroom-to-clinic gap in your own program.

Apply

Active learning strategies that strengthen hands-on clinical skill.

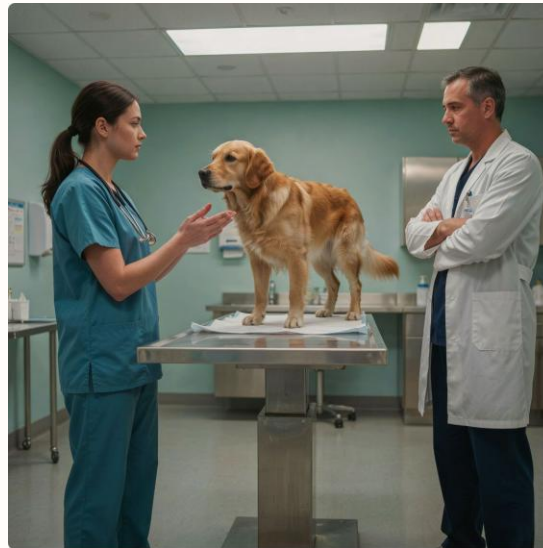
Develop

Practical approaches that prepare students for the realities of practice.

The Student Who Knew Everything



Excels Academically



Hesitates Clinically

"Graduates know the information. Employers need them to perform with confidence." — the conversation we keep having

Acing every exam. Freezes on the floor. The distance between those two sentences is what this session is about — and every program in this room has a version of this student.

Share Out

Where do you see and hear about gaps?



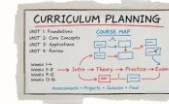
In the classroom



From employers &
clinics



From students
themselves



In your own program

Where Employers See Gaps

Confidence

Hesitating on skills they have already performed correctly in the lab.

Prioritization

Deciding which of four patients needs them in the next ten minutes.

Time Management

Working accurately, but at a pace a full appointment book cannot absorb.

Workflow

Seeing the whole hospital day rather than the single task in front of them.

Communication

Talking to a client and a doctor while their hands are already busy.

Decision Making

Knowing what to do next when the case stops following the checklist.

Three Learning Environments

1

Classroom

Safe · Structured · Instructor-led

2

Skills Lab

Controlled · Repetitive · Guided

3

Clinic

Unpredictable · Fast-paced · Independent

⚠ Nothing in the first two environments prepares a student for a schedule that is already thirty minutes behind.

SHARE OUT

What is Knowledge vs. Competence?



Knowledge

Can describe it. Can pass the test.



Competence

Can do it when it counts.

Knowledge vs. Competence

Knowing

The student can describe restraint technique for a large, anxious dog and can pass a written assessment on it.

Doing

Restraining an anxious Labrador while talking the owner through it, assisting the doctor, staying Fear Free — and the schedule is behind.

Competence is knowledge under load. It only comes from repetition.

What Makes Learning Stick



Hear

A concept explained once, in the room, with the case in front of them.



See

A demonstration at real speed, on a real patient.



Discuss

Talking the case through with peers who chose differently.



Practice

Doing it themselves, more than once, until the hands are quiet.



Teach

Explaining it to a first-year student and finding the holes.



Reflect

Saying what they would do differently before the memory cools.

VARK in Veterinary Education



Visual

Demonstrations, diagrams, and recorded procedures.



Auditory

Case discussion, verbal coaching, and rounds.



Reading & Writing

SOPs, worksheets, checklists, and medical records.



Kinesthetic

Practice, simulation, and live patients.



02 — HOW LEARNING STICKS

A Different Kind of Learner

What They Grew Up With

Tablets, video, AI tutors, interactive lessons — and feedback that arrives the moment they act.

What We Often Give Them

A lecture, a lab three weeks later, and a grade at the end of the term.

Education has to evolve alongside them rather than wait them out.

Clinical Thinking Over Procedure

Instead of Asking

"What are the steps?"

Clinical judgment develops through scenarios, not through recitation. Shifting the question shifts the entire orientation of learning — from memorization to reasoning.

Ask

"What would you do next?"

Clinical Decision Making

These are **practiced skills, not personality traits**. Put them on the syllabus.

Prioritizing Patients

Deciding who needs attention first in a busy hospital environment.

Managing Time

Delegating to the team and working against a real schedule.

Communicating

Escalating to the doctor and communicating up and across the team.

Critical Thinking

Thinking clearly when the case turns and the checklist no longer applies.

Preparing Students for Practice: A Shared Responsibility

Key Takeaways

What educators can influence

- How concepts are introduced shapes clinical reasoning.
- Build confidence through hands-on practice and reflection.
- Teach students to communicate clearly and ask for help.
- Reinforce patient prioritization and decision-making—not just technical skills.

What employers should expect

- New graduates will continue learning after graduation.
- Confidence develops through mentorship and experience.
- An adjustment period is a normal part of transitioning into practice.
- Structured onboarding and realistic expectations improve retention and success.

Scenarios Over Single Skills

Instead of

Practice placing one catheter, then move to the next station.

Try

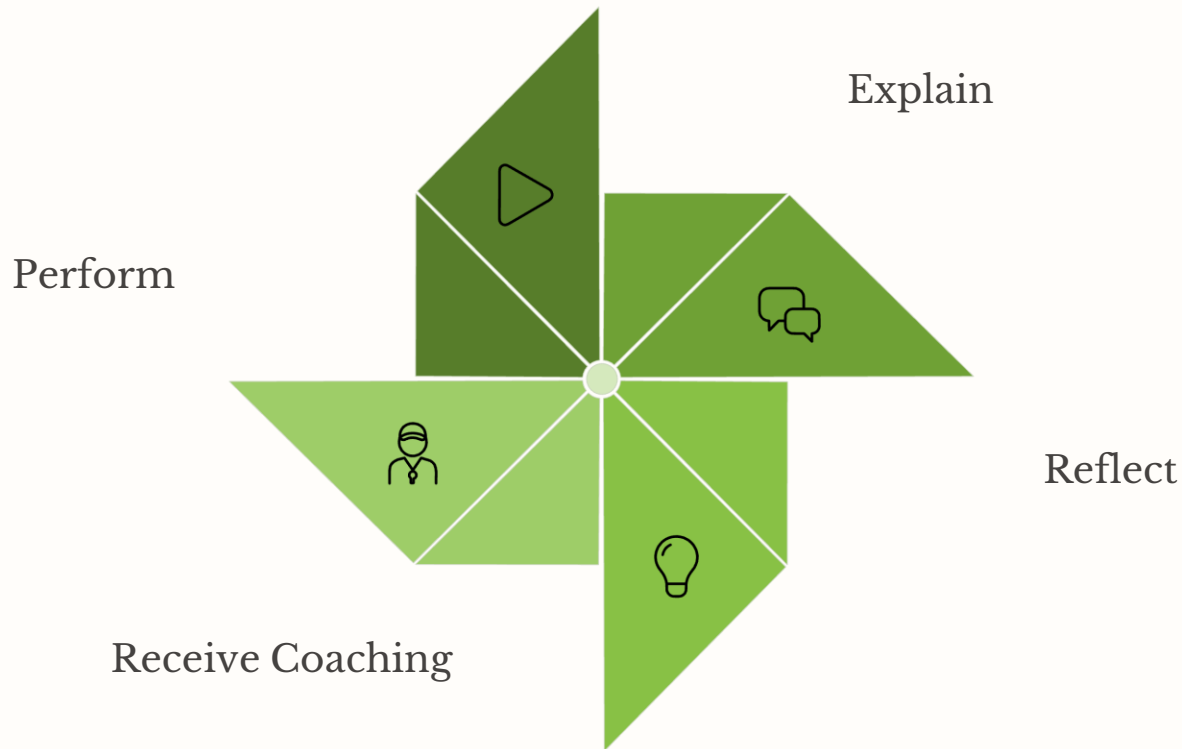
One hospitalized patient: restraint, catheter, blood collection, medications, a client update, and the medical record.

One scenario. Many competencies.



In the Class- Rotations That Build Skill

Students should not only observe. The rotation cycle must be active and deliberate.



Each step builds on the last. Repetition through this cycle is what converts observation into genuine clinical competence.

Coaching Over Evaluation

Evaluation Asks

"Did they complete the task?"

Record the **degree of independence**, not the fact of completion.

Coaching Asks

- How much guidance did they need?
- Could they explain why?
- Did they communicate well?
- How confident were they?

Soft Skills as Clinical Skills



Client Communication



Teamwork



Conflict Resolution



Emotional Intelligence



Adaptability



Professionalism

Technical ability alone is not enough — these are practiced and coached like any other clinical skill.

AI as a Supplement

Case Simulations

Interactive decision trees and clinical chatbots for triage practice.

Virtual Coaching

Personalized feedback at scale between rotations.

Documentation Practice

Medical record documentation practice in a low-stakes environment.

 Technology should supplement clinical experience — never replace it.



04 — WORKING TOGETHER

Partnering with Local Practices

Ask clinics what needs retraining, what they wish students knew on day one, and where new hires need the most coaching. Then ask properly — through **focus groups, short surveys, an advisory board, and interviews** with the people doing the training.

Activity: Build the Ideal Graduate

1 Choose Five Skills

Select the five skills every graduate should have on day one.

2 Compare Skills

Share your list with other tables and note the differences.

3 What Surprised You

And whether we teach those five skills on purpose.

Activity: Bridge Mapping

1

Name It

Students struggle with _____. Why do they struggle with it?

2

Teach It

What classroom or laboratory activity would improve it this?

3

Reinforce It

How could a clinical site reinforce the same skill during rotation?

A One-Year Action Plan

01

Survey Your Employers

Find out where new graduates need the most support.

03

Invite a Practice Manager In

Bring the employer perspective directly into the classroom.

02

Rebuild One Lab Exercise

Redesign it around scenarios and clinical judgment.

04

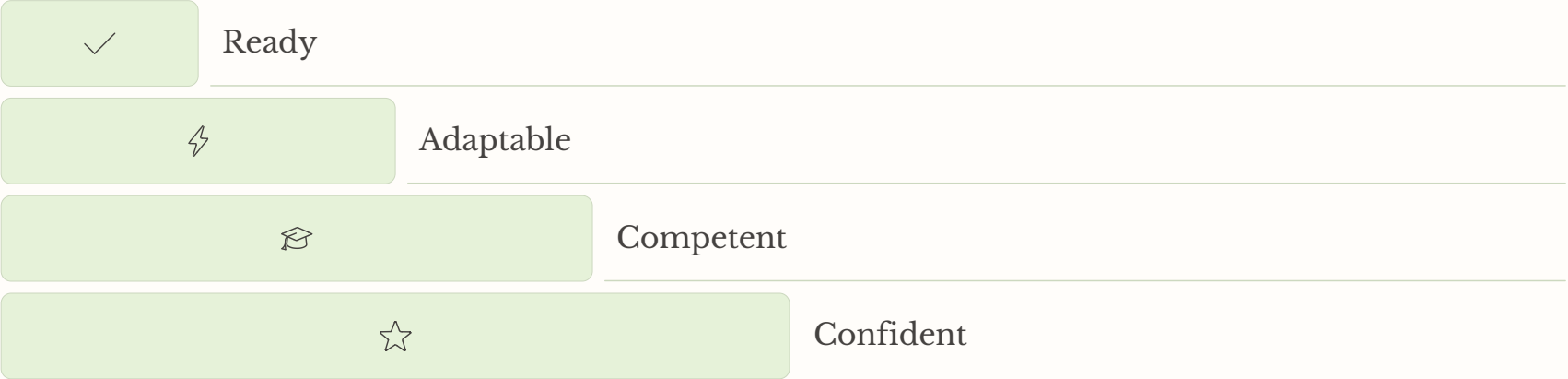
Add One Simulation

Build reflection into every rotation and measure what changed.



Small improvements, carried for a full year, create lasting change.

Practice-Ready Graduates



Bonus: Hands-On Ideas

Lab Challenges

- Escape room labs
- Surgical olympics
- Technician olympics
- Triage relay

Communication Practice

- Communication role play
- Mock client phone calls
- Fear Free challenges

Team Competitions

- Hospital scavenger hunt
- Medical record challenge
- Case-based team competitions

Bonus: Final Takeaways

Think, Not Memorize

Education should prepare students to reason through a case, not recite the steps of one.

Reinforce, Not Restart

Practices should reinforce confidence in what students already know, not teach it from scratch.

Partner on Purpose

The strongest programs build intentional, ongoing partnerships between educators and employers.

Designing the Bridge in Review



Clinical Thinking

SCENARIOS OVER RECITATION

Prioritize complex scenario problem-solving over simple rote knowledge.



Simulation

SAFE MISTAKES BEFORE PATIENTS

Provide a secure environment for learning from errors before real patient care.



Coaching

DEGREE OF INDEPENDENCE

Focus coaching on fostering learner autonomy and progressive responsibility, not just checklist completion.



Soft Skills

AS PRACTICED CLINICAL SKILLS

Develop communication, teamwork, and adaptability as core and measurable clinical competencies.

Each pillar reinforces the others. Together they create a curriculum that prepares students not just to pass assessments, but to perform with confidence on day one.

Thank You

Questions, and the stories behind them

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