Small Animal Internship
Program Information
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DSACS Fax Numbers……………………………………………………………………231-0431
Faculty Roster

PROFESSORS
Gregory B. Daniel, DVM, MS, DACVR: Radiology, Department Head
Karen D. Inzana, DVM, PhD, DACVIM: Neurology
Martha L. Larson, DVM, MS, DACVR: Radiology
Michael S. Leib, DVM, MS, DACVIM: Internal Medicine
W. Edward Monroe, DVM, MS, DACVIM: Internal Medicine
David L. Panciera, DVM, MS, DACVIM: Internal Medicine
J. Phillip Pickett, DVM, DACVO: Ophthalmology

ASSOCIATE PROFESSORS
Jonathan A. Abbott, DVM, DACVIM: Cardiology
Michele Borgarelli, DVM, PhD, ECVIM: Cardiology
Robert S. Gilley, DVM, MA, PhD, DACVS: Surgery
P. Natalia Henao-Guerrero, DVM, MS, DACVA: Anesthesiology
David C. Grant, DVM, MS, DACVIM: Internal Medicine
Ian P. Herring, DVM, MS, DACVO: Ophthalmology
Otto I. Lanz, DVM, DACVS: Surgery
John H. Rossmeisl, DVM, MS, DACVIM: Internal Medicine & Neurology

ASSISTANT PROFESSORS
Andreas Bachelez, DVM, DECVS: Surgery, DACVS: Surgery
Sabrina Barry, DVM, DACVS: Surgery
Lara E. Bartl, DVM, DABVP: Canine/Feline
Marian E. Benitez, DVM, DACVS: Surgery
Rachael E. Carpenter, DVM, Anesthesiology
Erin S. Champagne, DVM, DACVO: Ophthalmology
Kemba Clapp, DVM, DACVR: Radiology
Nikolaos Dervisis, DVM, PhD, DACVIM: Oncology
Mark D. Freeman, DVM, DABVP: Canine/Feline
Shawna Klahn, DVM, DACVIM: Oncology
Sunshine Lahmers, DVM, PhD, DACVIM: Cardiology
Michael T. Nappier, DVM, DABVP: Canine/Feline
Theresa E. Pancotto, DVM, MS, DACVIM: Neurology
Noah D. Pavlisko, DVM, Anesthesia
Lori Rios, DVM, PhD, DACVIM: Internal Medicine
Jeffrey D. Ruth, DVM, DABVP: Canine/Feline, DACVR: Radiology
Joao Henrique Neves Soares, MV, MSc, DSc, DACVA: Anesthesiology

Updated 5/2015
# Departmental Roster - Section

<table>
<thead>
<tr>
<th>Section</th>
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<td>Radiology</td>
<td>Kemba Clapp</td>
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<td>Gregory Daniel</td>
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<td><strong>Martha Larson</strong></td>
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<td>David Panciera</td>
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<td>Lori Rios – Roanoke Satellite Clinic</td>
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<td>Greg Troy</td>
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<td>Nikolaos Dervisis</td>
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<td><strong>Phillip Pickett</strong></td>
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<td>Mark Freeman</td>
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<td>Neurology</td>
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<td>Robert Gilley</td>
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<td><strong>Otto Lanz</strong></td>
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Updated 4/2015
Current and New House Officers

Current House Officers
Dr. Vincent Ziglioli – 3rd Year Medicine Resident
Dr. Wendy Morre’ – 2nd Year Medicine Resident
Dr. Susan Carr – 1st Year Medicine Resident
Dr. Dominique Sawyere – 3rd Year Surgery Resident
Dr. Noelle Muro – 2nd Year Surgery Resident
Dr. Jenna Giangarra – 1st Year Surgery Resident
Dr. Julie Disney – 2nd Year Ophthalmology Resident
Dr. Jamie King – 2nd Year Neurology Resident
Dr. Jessica Stahle – 4th Year Radiology Resident
Dr. M.C. Seward – 2nd Year Radiology Resident
Dr. Michael Aherne – 2nd Year Cardiology Resident
Dr. Erin Fagan – 2nd Year Oncology Resident
Dr. Allan Williamson – 2nd Year Anesthesiology Resident
Dr. Virginia Corrigan – 3rd Year ABVP Resident
Dr. Eric Tempel – 1st Year ABVP Resident

New Interns
Dr. Morgan Bertison, Kansas State University
Dr. Cheslymar Garcia, Ross & Michigan State University
Dr. Kyle Maddox, North Carolina State University
Dr. Victor Stora, Louisiana State University
Dr. Dottie Williams, University of Tennessee
I. Introduction

II. Objectives

III. Prerequisites

IV. Clinical Program

V. Emergency Duty

VI. Teaching Program

VII. Seminar Program

VIII. Manuscript

IX. Leave/Benefits

X. Evaluation
XI. Appendices

A1  Small Animal Surgery Rotation Protocol (page 12)

A2  SA Internal Medicine Rotation Protocol (page 15)

A3  Community Practice (page 16)

A4  Specialty Medicine (page 18)

A5  Emergency Duty Supplement (page 25)
I. **Introduction**

The Internship is designed to provide one year of post-DVM training in small animal medicine and surgery. The training program utilizes faculty of the Department of Small Animal Clinical Sciences and other departments as instructors. Clinical facilities of the Veterinary Teaching Hospital (VTH) are the primary training location, although off-site training may be utilized.

II. **Objectives**

1. To provide the opportunity for experience in advanced diagnostic and therapeutic techniques in small animal medicine and surgery.
2. To provide training and experience in clinical instruction.
3. To prepare the intern for residency and graduate study or clinical practice.
4. To provide experience in seminar presentation and offer experience in manuscript preparation.
5. To provide a means of diversifying the profession.

III. **Prerequisites**

Candidates must have a DVM or equivalent degree.

IV. **Clinical Program**

The intern program follows the 4th Year of the professional curriculum which is arranged in clerkships.

All interns will rotate through community practice (at least 12 weeks), small animal internal medicine (at least 9 weeks), small animal surgery (at least 9 weeks), and emergency service (at least 9 weeks). Three weeks are spent in anesthesiology and at least six weeks split between cardiology, dermatology and neurology. Three weeks are allocated for elective rotation. The elective rotation is 3 weeks in length. Elective rotations may include Ophthalmology, Necropsy, Oncology, Specialty Medicine (Neurology, Cardiology) Dermatology, Community Practice, Small Animal Internal Medicine, or Small Animal Surgery. If the elective is other than an additional Medicine or Surgery rotation, an elective plan must first be developed with the appropriate instructor/ supervisor and be approved by the Intern Advisor/Committee.
Interns are involved in the diagnosis, treatment, and care of hospital cases under faculty supervision.

Interns participate in the tutorial instruction of 4th Year veterinary students.

Interns participate in clinician ward rounds and other scheduled conferences of the small animal sections. Other seminars will be attended as scheduling permits.

Protocols:
- Small Animal Surgery: Appendix A_1
- Small Animal Medicine: Appendix A_2
- Community Practice: Appendix A_3
- Specialty Medicine: Appendix A_4

V. **Emergency Duty**

The Veterinary Teaching Hospital operates year round. Interns will share emergency duty rotation with other interns and residents. The rotation will commit interns to a share of evening, weekend, and holiday duty on a scheduled basis.

Protocols:
- Emergency Duty Supplement
- Intern Case Transfers

VI. **Teaching Program**

Throughout the program, interns will be viewed as role models by professional students. Interns will participate in clinical instruction and in evaluation of 4th year veterinary students assigned to Small Animal Medicine and Surgery.

VII. **Seminar Program**

The Seminar Program provides the intern the opportunity to formally exchange scientific information with professional colleagues. Each intern is required to present 2 seminars. Seminars are presented to faculty, residents, and interns. Seminar expectations are described in a separate document titled Resident/Intern Seminar Program.
VIII. **Manuscript**

Each intern is encouraged to submit a manuscript for publication to a refereed journal. The manuscript will not be a requirement for completion of the program, but completion of a manuscript is considered to be of value and is thus encouraged. The manuscript must first receive internal review by the Intern Advisor or mentor.

IX. **Leave/Benefits**

Interns may attend one major regional or national veterinary meeting during the year at the intern's own expense. Scheduling must be approved by the Intern Advisor and the Section Chief of the appropriate Section. Appropriate forms are available from the Departmental Administrative Assistant, and travel requires approval by the Department Head.

Interns are expected to take vacation during times other than official University holidays and other than the last two weeks of overlap with new, incoming interns. Two weeks (10 working days) are allotted to each intern per year. Interns must schedule leave with approval of the Intern Director and the Section Chief/Service Faculty member for their scheduled rotation. Appropriate leave forms are to be obtained from the Administrative Assistant for the Department.

Malpractice and liability insurance are provided by the University as part of a state system of self-insurance. Health and disability insurance are the responsibility of the individual and are strongly recommended.

X. **Evaluation**

Review of the intern’s progress is based on clerkship evaluations. See evaluation process. These evaluations are the responsibility of the DSACS Intern Committee with input from clinicians on duty with the intern for that period of time.

Evaluations will be given to and discussed with the intern with copies retained by the Intern Advisor and the Department Head. A final cumulative evaluation will be available for reference purposes if requested. An internship certificate is awarded to interns who satisfactorily complete the year and who have met seminar requirements.

In the last month of the program, interns are asked to meet with the Intern Committee as a group for an Exit Interview to provide evaluation of their program.
APPENDIX A

SMALL ANIMAL SURGERY INTERN DUTIES

1. Interns rotate through approximately 12 weeks of small animal surgery. Participation on the Orthopedic or Soft Tissue surgery service during any given block will be assigned (with the exception of elective blocks requested by the intern, in which Orthopedic or Soft Tissue surgery can be requested). When practical, assignments will be equally divided between Orthopedic and Soft Tissue Services.

2. Interns are under direct supervision of the attending faculty clinician or chief resident with assistance from other service residents. The intern is directly responsible to the service surgeon regarding decisions on clinical cases.

3. During regular receiving hours, the intern accompanies the service surgeon in receiving referral cases. Interns may be assigned to receive cases by appointment at the discretion of the attending clinician. Depending on the nature of the case, the intern may continue as the clinician of record under direct supervision of the service surgeon or transfer responsibility to service surgeons at their discretion. Interns are responsible for receiving all a) "walk-in" surgical patients arriving without an appointment during regular working hours and b) non-referral emergencies which are scheduled between 8:00 a.m. and 4:30 p.m. The intern may be directed to receive a referral emergency by the attending clinician. On Fridays, the intern may be directed to receive such emergencies regardless of which surgery service is assigned to receive the case (e.g. an intern rotating with the Orthopedic service may be directed to see an emergency that is scheduled to be received by the Soft Tissue service, and visa versa) at the discretion of the service surgeons.

4. Interns may be assigned selected referral cases with varying degrees of case responsibility as determined by the attending surgeon. Interns will not accept routine referral cases or cases transferred from medicine faculty/residents/interns during regular hours without prior approval of the attending surgery clinician.

5. Cases received and hospitalized while on emergency duty will a) be transferred to the appropriate medicine service by 8:00 a.m. on the next regular work day, b) be reassigned to the appropriate service surgeon, or c) be retained by the intern as primary clinician of record under direct supervision of the intern’s service surgeon. The intern's service surgeon should be consulted to designate the appropriate assignment.

1 Updated April 2015
6. Interns may communicate with referring veterinarians only as directed by the service surgeon or as appropriate during emergency duty. Interns will not accept consultation calls between 8 a.m. - 5 p.m., Mon. - Fri. except as directed by the service surgeon. All communications are to be documented in the medical record, indicating time, date, and subject of conversation. Appropriate clinicians should be consulted for advice as needed.

7. Elective surgeries are scheduled with Community Practice.

8. The intern is responsible for reviewing all radiographs, laboratory data, ECGs, and cytology performed on all service cases by 8:00 a.m. of the following day. The intern will conduct daily physical examinations on each service case independent of the students' or residents' evaluation and discuss findings with the attending clinician/resident prior to or during morning rounds. The intern will perform daily records review of the students' problem-oriented medical records with written comments and suggestions where appropriate, initialing the daily SOAP to indicate its review. The intern is responsible for the timely routing of the medical record for patient discharge, including the discharge summary. The attending clinician must approve the record and discharge summary prior to patient dismissal.

9. The intern will attend surgery service case rounds with the students every weekday morning (Mon – Fri) from 7:45 – 8:00 am.

10. The intern will attend Faculty/Resident/Intern case rounds on Monday mornings at 8:00 am, unless there are specific intern program requirements (such as intern rounds) that conflict, or unless there is prior approval by the service surgeon. The intern may be directed or may request to present a case in Faculty/Resident/Intern case rounds.

11. The intern will attend Resident journal club rounds on Friday mornings at 8:00 am, unless there are intern program requirements (such as intern rounds) that conflict, or unless there is prior approval by the service surgeon. The intern may be directed or may request to present a journal article in journal club.

12. The intern will attend student topic rounds (generally led by faculty and residents) on Tuesday, Wednesday, and Thursday mornings at 8:00 am. The intern may be directed or may request to lead the discussion of a topic during student topic rounds.

13. The intern will assist in supervising and evaluating clerkship students.
14. If the resident on a service (orthopedic or soft tissue) is called in after hours for emergency surgery, the intern on the same service (orthopedics or soft tissue) is expected to be present to assist in case management, unless that intern is serving primary emergency duty or unless an exception is allowed by the service surgeon.

15. The intern will be given a performance evaluation (see Appendix B) by the service surgeon and resident at the completion of each 3-week rotation. The intern will not be evaluated by clerkship students while on surgery rotations.

16. The intern's interest, enthusiasm, and surgical competence dictate, to a large degree, the level of responsibility assigned by the service surgeon. Interns interested in pursuing residency training in small animal surgery should make this known to each faculty surgeon as soon as possible so that objective letters of reference can be written to support the intern's application in the best possible way.
APPENDIX A2

SMALL ANIMAL INTERNAL MEDICINE INTERN DUTIES

See SA Clerkship Information 2015 document that is saved on your memory stick.
APPENDIX A3
COMMUNITY PRACTICE INTERN DUTIES

1. Receive and manage primary medical and routine surgical cases at the discretion of the senior faculty member. Cases will be used in an educational manner for senior students.

2. The number and types of cases handled by the intern will depend on individual skills and ability of the intern.

3. The intern is responsible for all client communication of their cases, to include risks of diagnostic and therapeutic procedures, costs of procedures and follow-up test results, but may delegate this responsibility to the senior student as deemed appropriate. The intern must maintain documentation in the medical record of all communication to clients for audit by the senior clinician or Section Chief. Interns will read and approve discharge instructions prepared by the senior students.

4. Daily review of students’ problem-oriented medical records with written comments and suggestions is required. Critique of the student’s history, physical examination, initial problem list, broad categories of rule-outs, and diagnostic and therapeutic plans will be performed before examining the case. The intern must maintain documentation in the medical record of all communication to clients for audit by the senior clinician or Section Chief. Interns will read and approve discharge instructions prepared by the senior students.

5. Primary management of hospital cases are under the direct guidance of senior clinicians. Interns should consult with senior clinicians about case management plans, prior to implementation. Routine diagnostic procedures should be performed by senior students. In the event that there is significant risk to the patient or the senior student has been unable to perform the procedure, the intern may perform the procedure. These procedures will be supervised by senior clinicians, as deemed appropriate for individual interns.

6. The intern will be responsible for seeing local urgent and emergency care cases along with the other Community Practice residents and faculty during normal receiving hours.


2 Updated April 2015
8. Regular attendance is required at all student and intern/resident rounds, journal clubs, and case conferences as developed and approved by the Department.

9. Appropriate clinic attire will be worn when the intern is assigned to the Community Practice.
APPENDIX A

SMALL ANIMAL SPECIALTY MEDICINE INTERN DUTIES

The small animal specialty service consists of two subspecialties, Cardiology and Neurology. Small Animal Interns will rotate through these specialties during two 3-week blocks. Interns may elect an elective rotation through one or more of the subspecialties during an elective clerkship.

Interns will receive cases in all specialties to which they are assigned. The number and types of cases will be at the discretion of the senior clinician and will depend on the skills and ability of the individual intern.

The intern will handle the majority of client communication on their cases. Daily review of students’ problem-oriented medical records with written comments and suggestions is required for all hospitalized patients.

All procedures performed on patients must be approved by the senior clinician. Routine diagnostic procedures should be performed by senior students. Interns may perform procedures after the student has failed or if the procedure carries significant risk to the patient. All procedures considered a significant risk must be supervised by senior clinicians.

The intern should be present by 7:30 a.m. to review their cases and to receive cases transferred to their service from other services in the hospital.

The intern will maintain communication with the referring veterinarian for cases under their care. This will consist of a phone call within 48 hours of admission, a phone call on the day of discharge (if case is hospitalized for more than 2 days), written discharge instructions and a referral letter completed within 3 days of discharge. In addition, the intern is responsible for ensuring that appropriate follow-up information (diagnostic tests, histopathology reports, etc.) is relayed to both the referring veterinarian and client in a timely manner. All communication with both the client and referring veterinarian should be documented in the medical record.

Attendance is required for all specialty medicine rounds. In addition, the intern is encouraged to continue participation in internal medicine intern/resident rounds, journal clubs, and case conferences developed by the internal medicine section.

Appropriate clinic attire will be worn at all times the intern is on duty for specialty medicine. The cardiology and neurology services routinely perform surgical procedures, so interns assigned to these services should have surgical scrubs available.

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3 Updated April 2015
RESIDENT/INTERN SEMINAR PROGRAM

Department of Small Animal Clinical Sciences

Participation:

Residents and Interns in the Department of Small Animal Clinical Sciences will participate in the Departmental Resident/Intern Seminar Program. Participation will include both attendance and seminar presentation. Attendance will be limited to Faculty, Residents, Graduate Students, and Interns.

Objectives:

The Seminar Program is designed to provide experience for Residents and Interns in speaking to a peer audience. This will include experience in developing and presenting appropriate material in a logical, understandable, and interesting manner. By becoming more accomplished speakers, experience gained should prove beneficial in future endeavors.

Schedule:

Programs will be set so that all residents and interns present their seminars in a morning program held 6 times during the year.

Interns and first year residents will present 2 seminars. Second year residents will present one seminar.

Interns are expected to have a faculty member, intern committee member or their intern advisor review their presentation at least 1 week prior to the scheduled seminar.

Format:

Seminars will be 15 minutes in length followed by 5 minutes available for questions and answers.

Topics: Interns

Interns' topics can include an expanded case report with literature review, a topic review, or a small research project if possible.
Residents

Preferable topics for Residents include the following:

1. As a sequence to a prospective research project:
   a. Definition of a potential research project: This could include presentation of a topic or problem with research potential, review of literature, and presentation of research project design.
   
   b. Presentation of preliminary data from a research project.
   
   c. Presentation of final data from a research project.

   Each category may be used only once for the same topic, but more than once for different topics, and at least one of the final 2 categories must be used before completion of the residency program.

2. Any other research data from a prospective or retrospective research project.

3. A case report and/or literature review if of substantial informative and publication value.

Topics must be approved by advisors but Interns and Residents are encouraged to work with any number of faculty in developing topics and presentations.

Evaluation:

Seminars will be evaluated as a means of providing constructive feedback to speakers. Seminar Evaluation forms will be available for those in attendance to utilize in evaluation of each presentation. Evaluation forms will be returned to the speaker's advisor to organize, collate and present to the speaker. Thus Interns and Residents will receive direct evaluation of their seminars from their advisors with input from those in attendance. Comments are expected to be complimentary or constructively critical as appropriate and should be used constructively in preparation of future seminars.

An example of the Seminar Evaluation form is attached.

Revision: June 2015
INTERN/RESIDENT SEMINAR EVALUATION

Intern/Resident:__________________________________________________________

Date:____________________________________________________________________

Seminar Title:____________________________________________________________

PLEASE RETURN EVALUATION TO SPEAKER’S ADVISOR: ______________________

Please circle or comment on the following categories.

I. CONTENT

A. SUBJECT

1. Introduction: Did the speaker introduce the subject adequately, provide perspective, and give you reason for listening?

   Excellent    Good    Fair    Poor

2. Did the speaker have an appropriate understanding of the subject and was the information accurate?

   Excellent    Good    Fair    Poor

B. ORGANIZATION

1. Was there a logical arrangement to the presentation?

   Excellent    Good    Fair    Poor

2. Were conclusions or an accurate summary of the material presented?

   Excellent    Good    Fair    Poor

   Comments:________________________________________________________________

   ________________________________________________________________________

3. Was the topic presented in the allotted time? Yes No

II. PRESENTATION

1. Did the speaker look at and talk to the audience?

   Excellent    Good    Fair    Poor

   (Over)
2. Did the speaker avoid distracting movements? Yes No
   Comments:

3. Did the speaker show enthusiasm for the topic?
   Excellent Good Fair Poor

4. Did the speaker emphasize major points by change in voice or some other technique?
   Excellent Good Fair Poor

5. Did the speaker present loudly enough and enunciate well?
   Excellent Good Fair Poor

6. Was the seminar presented at an acceptable rate?
   Too fast Good Too slowly

7. Was correct English used?
   Excellent Good Fair Poor

8. Did the speaker use effective visual aids?
   Excellent Good Fair Poor
   Comments:

III. CONCLUSIONS

   A. Were you able to understand the material and follow the presentation?
      Excellent Good Fair Poor

   B. Did the speaker maintain your interest?
      Excellent Good Fair Poor

   C. Overall Evaluation
      Excellent Good Fair Poor

   D. This seminar could best be improved by:

Revised 4/13
**Evaluation Process for Interns**

During the final week of each clerkship rotation, faculty member(s) in charge of the clerkship will be provided with an intern evaluation form. Ms. Duncan will send the evaluation form out via email and request they be completed within one week. Ms. Duncan will send out a reminder if faculty members do not complete an intern evaluation for the particular clerkship.

Faculty members will complete the intern evaluation form and give/forward the form to Ms. Angela Duncan by Friday the week following the clerkship. Ms. Duncan will copy and distribute the evaluation form to the specified intern and to the Chair of the DSACS Intern Committee.

If problems/concerns are identified on the clerkship evaluation that require immediate action, the DSACS Intern Committee/DSACS Department Head/VTH Hospital Director will address the issue with the specific intern.

The emergency intern will be evaluated by the following method: A request for comments will be sent via email to the ICU technicians, and DSACS faculty/Residents that were assigned to the clerkship block. The evaluation will ask if there were issues/concerns/comments or kudos for the performance of the emergency intern during their assigned emergency block.

Comments or concerns on any intern may be sent to Dr. Theresa Pancotto (tepdvm@vt.edu) via email (or in a written format) to be added to an intern’s evaluation at any time.

A formative evaluation of the intern will be conducted at 3 and 6 months after the start of their program by the DSACS Intern Committee. These formative evaluations are open for review to the DSACS Faculty.

The formative evaluation will be in a written format and in a face-to-face meeting between the Intern Committee and the intern. The 6 month evaluation will also include the intern’s mentor/advisor, who will have been identified at the 3 month evaluation and assigned by the DSACS Intern Committee.

A written exit interview and a final summative evaluation will be administered by the DSACS Intern Committee.
## Intern Clerkship Evaluation

**Directions:** Highlight the characteristics that describe the individual being evaluated, even if characteristics are in different categories. Highlight a **final performance evaluation** at end of form.

<table>
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<th>Block #</th>
<th>Clerkship:</th>
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<td>Evaluator:</td>
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<tr>
<th>Below Expectations</th>
<th>Expected Performance</th>
<th>Exceeds Expectations</th>
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<tr>
<td><strong>Knowledge</strong></td>
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<td>Limited knowledge base in most subject areas but is unsatisfactory in others. Intern is not able to find current information about cases without assistance.</td>
<td>Displays satisfactory knowledge base in all areas. Has some appropriate knowledge of current veterinary literature. Intern is able to find current information about cases with some assistance.</td>
<td>Displays superior knowledge on own cases, as well as cases of others. Intern is able to locate relevant information about cases without assistance. Well versed on current veterinary literature.</td>
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<td><strong>Technical Skills</strong></td>
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<td>PE skills do not consistently identify major or minor clinical abnormalities. Is unable to perform some technical tasks with direction from the small animal technician or faculty. Often does not read about procedures in advance. Some patients are stressed by procedures. Sometimes not well organized. Uses sedation when it is not appropriate.</td>
<td>PE skills consistently identifies most significant clinical abnormalities. Adequately performs most technical tasks with direction of the small animal technician or faculty. Minimal stress is caused to the patient. Is well organized. Is well prepared for the procedure. Appropriately utilizes sedation when necessary.</td>
<td>PE skills consistently identifies all significant and insignificant clinical abnormalities. Performs all technical tasks with dexterity. Is knowledgeable of the procedure. Is organized and the required materials are available prior to beginning the task.</td>
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<td><strong>Responsibility</strong></td>
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<td>Is occasionally late for morning transfers. Late arrival in mornings that do not allow sufficient time to speak with student/faculty about case management activities. Intern does not consistently read student records in a timely fashion. Poorly conducts and/or does not participate in student rounds. Does not tailor rounds/discussion to the individual case or call on individual student to answer questions.</td>
<td>Is on time for morning transfers. Allows just enough time for review of case management activities with student/faculty. Intern reads student records and makes appropriate comments and corrections. Conducts when requested and participates during most student/or afternoon rounds. Rounds/discussions are tailored to case.</td>
<td>Arrives early for all morning transfers. Intern is always prepared to discuss case management prior to faculty arrival in the morning. Intern reads student records and makes appropriate comments daily. Participation in an organized instructional manner with case and rounds.</td>
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<td><strong>Attitude</strong></td>
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<td>Occasionally appears disinterested in clerkship activities. Acts in an unprofessional manner or interacts inappropriately with students, staff and faculty. Intern does not show appropriate initiative towards program responsibilities. Is argumentative.</td>
<td>Performs clerkship duties without prompting. Interacts with others in a tactful, courteous, and professional manner. Intern shows a lack of initiative towards program responsibilities. Is not argumentative about responsibilities of clerkship.</td>
<td>Performs clerkship duties promptly and enthusiastically. Volunteers to help in additional areas. Displays a courteous and professional manner that is commended by other faculty, staff, and clients. Is not argumentative about clerkship duties.</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral letters and medical records are frequently late, and letters have incorrect terminology, poor grammar and/or misspellings, or are incomplete. Referral letters are confusing and do not reflect discussion with faculty and require significant change. Fails to maintain contact with RDVM or client. Contact with RDVM and client is often not documented in medical record. Intern is unable to concisely communicate case histories and physical findings to facilitate efficient daily workloads. Fails to keep staff/faculty aware of daily activities.</td>
<td>Referral letters and medical records are usually completed on time. Referral letters use proper terminology, good grammar and spelling, are accurate and usually require little change by faculty. RDVM and client contact is usually timely, courteous, helpful and documented in the medical record. Intern is able to concisely communicate case histories and physical findings to facilitate efficient daily workloads. Usually keeps staff/faculty aware of daily activities.</td>
<td>Referral letters, medical records and communication documentation is always well prepared and on time. Referral letters are accurate, have impeccable grammar and spelling and rarely require change by faculty. RDVM contact is exceptional with frequent positive comments. Intern is able to communicate case histories and physical findings in a highly efficient manner. Keeps staff/faculty well advised about daily activities.</td>
</tr>
</tbody>
</table>

## Overall Evaluation

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Expected Performance</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comments</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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24
Intern Self Evaluation – 3 & 6 Months

Knowledge:

Technical Skills:

Patient Care:

Responsibility:

Attitude:

Communication:

Strengths/Weakness:

Additional Comments for Improvement of Internship Program:

Intern’s Signature ________________________________  Date: _______________

Evaluator’s Signature _____________________________  Date: _______________
SMALL ANIMAL PRIMARY EMERGENCY DUTY

Supplement

I. Introduction

A. Terms

Primary: Primary emergency duty is front line duty. The primary emergency veterinarian is the individual on duty in the hospital and will be responsible for primary emergency patient care. Interns and first year small animal medicine, surgery and neurology residents will share this responsibility. The person on primary duty will be required to stay in the hospital during the overnight shift.

Secondary: Secondary emergency duty is backup, or discipline specific duty. This duty will be shared by residents, faculty and/or staff in each discipline.

Tertiary: Tertiary emergency duty is designed to back up the clinician on secondary duty. An example would be a faculty member backing up a resident on secondary duty.

B. Responsibilities

After hours primary emergency duty begins at 4:30 pm during regular workdays and continues until 8:00 am the following morning. On Friday night, the shift begins at 4:30 PM and continues to 8:00 am Saturday morning. Saturday and Sunday daytime shifts begins at 7:30 AM – 4:30 pm. The 4:30 PM to 7:30 AM shift is the emergency intern. Holiday shifts are from 7:30 am until 4:30pm. The new emergency intern will begin at 4:30 pm on Sunday night before the start of a new block. The Friday night/Saturday night/Sunday daytime and holiday shifts are assigned to the interns not on emergency rotation and to 1st year residents. Second and third year residents and faculty members are responsible for secondary/tertiary backup in the specialty disciplines in support of the primary emergency clinician.

1. The primary emergency duty veterinarian will receive all after hours emergencies referred by a veterinarian as long as the owner has the ability to pay for the emergency service. It is not necessary to get approval from the secondary or tertiary emergency duty backup to receive these after hours’ referrals.
2. The primary emergency veterinarian will receive any emergency if the owner lives within a 35 mile radius of the veterinary teaching hospital and the owner has the ability to pay for the emergency service. If the owner is outside the 35 mile radius, it is suggested that they contact their primary care veterinarian. If that veterinarian is not available and the owner has the ability to pay for the emergency services, they will be seen.

3. Any patient that is referred from a veterinarian must be seen by the secondary or tertiary emergency duty clinician before the animal is released. If the animal appears stable, these cases should be hospitalized overnight and reviewed by the senior clinician the next morning. If the animal is not stable, the appropriate backup should be notified.

4. The intern’s management of the cases during the afterhours period should include the performance of only the diagnostic procedures (imaging & clinical pathology) necessary for emergency treatment and stabilization of the patient. It is not the goal of the emergency service to perform a full evaluation in a patient that is stable. These cases will be more fully evaluated during regular business hours after transfer to the appropriate service. The secondary backup will be available to discuss cases when diagnostics are completed in stable cases or after a more rudimentary assessment when the patient is in more critical condition.

5. All patients seen after regular hours must be charged the $125 dollar emergency fee in addition to other charges that might occur. The owners must be able to pay the emergency fee and provide a deposit based on the estimate for an animal to be admitted to the hospital. The estimate should be based on care expected through the end of the case, not just overnight.

A primary duty emergency student will be assigned every night. Students are expected to check in with the emergency intern at 4:30 pm and to be present in the VTH until 9 pm. The primary emergency duty student should be prepared to be called back if needed before 12:00 midnight. In addition to the primary emergency duty student, the student on call for radiology will serve as an auxiliary emergency student. This student is not required to stay in the hospital but may be called at any time if needed. After 12:00 midnight, the auxiliary emergency student should be called first if needed to assist with additional cases. The emergency clinician is to utilize the ICU technician as much as possible after 9:00 pm. However, if caseload exceeds the capacity of the emergency clinician and ICU technician, the appropriate student should be called back. The primary emergency veterinarian can, and when appropriate should, see emergency cases without the assistance of students. Emergency service is just that, emergency.
6. Students who receive emergency cases that will be transferred the next morning will not be required to write detailed SOAP on those patients. The emergency student will be required to write SOAPS only on cases that remain with them over 24 hours (e.g. weekend/holidays). It will be the **responsibility of the intern** to write detailed transfer instructions for cases (see transfer form) received overnight and weekends. Once the animals have been transferred, the intern on emergency rotation is free to go home until their next emergency shift. Students receiving transferred cases will be responsible for all subsequent medical records.

7. Specialty backup (secondary emergency duty) may be provided by residents but is assigned at the discretion of each section, according to supplements describing each residency program. If a resident is assigned responsibility of specialty backup (secondary emergency duty), they must still be supported by the senior clinician or chief resident on that service. The senior clinician or chief resident is therefore ultimately responsible for activities of the resident acting as specialty backup.

II. **Assignment of Emergency Duty**

A. The primary emergency schedule is made by the Intern Committee. Secondary and tertiary backup duty are assigned by the various specialty services.

B. Interns will be assigned to an emergency block that will be 3 weeks in duration. The intern will report for duty at 4:30 pm. The intern’s duties will be finished once the patients have been transferred the following morning (between 7:30 and 8:00 am). Each intern will be assigned 3 emergency clerkship rotations during the year. The intern assigned to the emergency rotation will work Monday-Thursday from 4:30 PM – 7:30 am and Saturday and Sunday from 4:30 PM to 7:30 AM. Friday night/Saturday and Sunday Daytime shifts will be from 7:30 AM to 4:30 PM and will be assigned to other interns or 1st year residents not on primary emergency duty. Every attempt will be made to equally distribute the emergency duties over the 6 holidays (2 at Thanksgiving, 1 at Christmas, 1 at New Years, 1 for Memorial Day, and 1 for July 4).

C. Interns assigned to Internal Medicine/Surgery/Community Practice or Specialty Services may be assigned to **cover daytime duties** when the University has authorized closings such as for snow, ice, etc. The Intern Director or their Designate (Member of Intern Committee) will make this assignment and inform the intern, faculty member(s) to whom the intern is currently assigned, and the VTH Receptionist and Communication Staff.
SCHEDULE CHANGE TO EMERGENCY SCHEDULE

1. All changes to the emergency schedule must be approved by the Intern Advisor or her designee, at least 7 days prior to the requested change, unless there are urgent personal situations that require an immediate change (illness, death in family, accidents, etc).

2. The request for the change should be made via email by one of the parties requesting the change to the Intern Advisor (tepdm@vt.edu) or her designee.

3. The Intern Advisor will notify both parties whether the change is approved or denied.

4. Changes may be made between intern and interns, or residents and residents. No changes may be made between interns/residents.

5. Once approved, the following personnel of the VTH will be notified by the party that requested the change to the Intern Advisor or her designee by email.

   a. VTH Reception Desk – as soon as possible as to the change (Samantha Suroski, Stephanie Lyle).

   b. Communication Personnel - as soon as possible as to the change (Terri Tawny).

   c. DSACS - Angela Duncan, send an email to alduncan@vt.edu of the change.

6. The person assigned originally on the MASTER SCHEDULE WILL BE HELD RESPONSIBLE FOR ANY PROBLEMS THAT MAY ARISE FROM THE CHANGE!!

7. If for any reason you become ill and are unable to attend to an emergency, please call the Intern Advisor or her designee, and your appropriate back-up personnel to assist with coverage of the emergency shift until a suitable substitute can be identified.

5/2015
Interns should discuss all cases by 7:30 am with either the back-up faculty member and/or clinician on service receiving the transfer. If after reviewing the case with supervising clinicians it is determined that euthanasia or immediate discharge is the most appropriate choice, the intern should call the client and discuss these options. If the client decides to pick the animal up the same day without further diagnostics or treatment, the intern should prepare the discharge instructions instead of a transfer summary. The intern will discharge the case if the client can arrive during their assigned work schedule that morning. Otherwise, the case will be transferred.

A summary of all procedures performed at the VTH should be included in the discharge summary. If the animal will be transferred to the care of another veterinarian rather than continue care at the VTH, the discharge summary and a copy of blood work or other diagnostic reports should be faxed to the regular veterinarian ASAP.

All cases that need to remain in the hospital after 8:00am will be transferred. The service receiving the transfer should be determined by the most severe injury or illness for which the patient presented. In cases where there it is not clear which service is most appropriate, the senior clinicians providing backup duty for the intern will make the decision. Community Practice will only be responsible for stray animals or animals that are established patients of Community Practice provided they are healthy or have relatively minor injuries or illness.

Stray animals with minor or no injury should be transferred to Community Practice until they can be claimed or picked up by animal control. Stray animals with severe injuries should either be euthanized or transferred to the service most appropriate to manage those injuries. All stray animals that are euthanized because of their injuries should have a complete necropsy performed to document injuries.

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4 Updated April 2015
Emergency Cases Student SOAPS and Intern Transfer Summary Procedures

Patient admitted Sunday through Thursday Night
Patients that are hospitalized

Patients admitted Friday Night, or anytime on Saturday that are hospitalized

Transfer Summary prepared by intern but no student SOAPS required as all cases are transferred to another service at 7:30 am the next morning.

Student will prepare SOAPs each for Saturday and Sunday mornings but the Emergency Intern writes a Transfer Summary for the Monday morning transfer at 7:30 am which will serve as the SOAP.
Emergency Transfer Summary Information (On VISION)

<table>
<thead>
<tr>
<th>Client Name:</th>
<th>RDVM Information:</th>
<th>Patient Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Numbers:</td>
<td>Name:</td>
<td>Phone #:</td>
</tr>
<tr>
<td>Home:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work:</td>
<td></td>
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</tr>
</tbody>
</table>

PRESENTING COMPLAINT(S):

HISTORY:

PHYSICAL EXAMINATION: Temp: F  Pulse: XX  bpm  Resp: XX/min  Weight: kgs  BCS:

DIAGNOSTICS/PROCEDURES:

ASSESSMENT:

WORKING DIAGNOSIS AT TIME OF TRANSFER:

PLANS:

Treatments Since Admission: (If admitted to VTH all treatments on ICU patients should be on the ICU treatment sheet for the admission – no need to repeat. If admitted and treated in wards then all treatments should be listed)

CLIENT COMMUNICATION:

ESTIMATE OF CHARGES:

Emergency Clinician’s Signature:______________________  Time/Date:____________________
Emergency Intern’s Role in After-Hours Case Management in the ICU

After-hours case management decisions regarding cases hospitalized in the ICU will be made by the attending clinician. ICU technicians will contact the attending clinician based on the specific call-parameters on the ICU treatment sheet.

Situations may arise when the emergency intern is called on to assist in case management at the discretion of the attending clinician. Such situations include:

- Cardiopulmonary arrest. Unless the patient is listed as “Do Not Resuscitate”, the emergency intern should institute emergency interventions as needed (e.g. intubation, manual ventilation, closed chest compressions, IV access) while the attending clinician is contacted.
- The attending clinician may ask the emergency intern to assess a patient and relay findings over the phone in order to assist the attending clinician in making treatment decisions.
- The attending clinician of record may ask the emergency intern to obtain medications from the Cubex; however, every effort will be made by the attending clinician to obtain all anticipated medications from the pharmacy during regular business hours.
- The ICU technicians may ask the emergency intern to assist in determining whether the attending clinician should be contacted in the event that concerns arise which are not covered by the call parameters.
- The ICU technicians may ask the emergency intern to assist ICU technicians and students in replacing bandages and urinary catheters, if required for case management, should this be necessary after hours.

The emergency intern will NOT be responsible for performing emergency diagnostic testing, such as cytology or for making patient treatment decisions beyond those listed explicitly on the ICU treatment sheet. The only exception would be in an immediately life-threatening situation while the attending clinician of record is being contacted.

5 Approved DSACS May 2013
Online transfer board details:

- All the transfers have to be written on the white board outside of ICU AND online.
- Clinicians on the cases are responsible for putting their own cases on the white board but the overnight intern is responsible for putting the cases online no later than 5am Monday-Friday morning (the cases taken in Friday night-Sunday are put online on Sunday night/Monday am). The earliest that cases can be put online is 12:01pm the day before (i.e. all cases are deleted at 12pm each day. So cases over the weekend are put online no earlier than 12:01pm on Sunday and no later than 5am Monday morning).
- The link is on the intranet page, left side under Veterinary Teaching Hospital tab.
- The doctors are the only people who have the power to put patients in and edit/delete the patients.

When the new interns/residents come in, Blaire Allen is the person who can put them in the system.

May 2015
Consultations

- Consultations from other services/sections will be initiated by the attending clinician. (Intern, resident or faculty). Prior to submitting consultation request, the intern/resident will obtain approval from their supervising faculty.
- Consultation forms will be completed by the student or attending clinicians, with all current pertinent information in the medical record.
- The Service requesting the consult should contact either the technician in the area or the faculty member. The consultation form should be given to the specific technician on the service or placed into the appropriate consultation slot. Cardiology – Heart Station, Neurology – outside the Electrodiagnostic Room
- It shall be noted on the consultation form, when or if the animal is going home or being discharged (this information will be helpful for out-patient cases)
- If the out-patient consultation cannot be accomplished before the animal is discharged because of scheduling, the consulting clinician (either directly or indirectly by the technician(s) will notify the attending clinician.
- The priority of performing consultations will be as follows: Emergencies, Outpatients, Routine.
- Outpatients and routine consultations will be completed within 24 hours.
- Emergency consultations will require the attending clinician to directly contact the faculty member, stating that an emergency consultation is necessary. (Note: urgent consultation should not include cases whereby the only reason is the owner is picking the dog up at a specific time).
- It should be noted that in some instances, consultations will be unable to be conducted within a time frame that is suitable for the owner.
- The fee for consultation will be $40. This fee is waived if a case is transferred to the consulting service for diagnosis or treatment.
Leave Request

Name: _________________________    Date: _____________________

Request for Annual Leave __________   or   Sick Leave __________

Departure Date: ___________________________ Time: _____________

Return Date: _____________________________  Time: _____________

Telephone Number Where You Can Be Reached (In an Emergency)
_________________________________________________

Signatures (Only Department Head signature required for Faculty):

Clinic Duty Faculty Member: ______________________________

Section Chief/Program Advisor: ___________________________

Department Head: ___________________________________
Goals

- Encourage and reward faculty, staff and house officers for providing services to clients and referring veterinarians in the VTH.
- Enhance faculty engagement in the financial aspects of the VTH.

Sources of Income from the Incentive Plan

- Money for house officers will come from emergency fees charged for afterhours cases at $50/case.
- Since the incentive plan is tied to procedural charges, it will be to the advantage for each section within the hospital (medicine, surgery, radiology, anesthesia and clinical pathology) to make sure that all procedural charges are appropriated and have been added to the patient’s bill.

$50 represents approximately 40% of the typical Emergency Fee ($125).

- The house officers see the majority of after-hours cases with the faculty serving as backup.
- All cases seen outside normal business hours should be assessed an emergency fee of $125 (SACS).
- 9% of this emergency fee will go into the Intern incentive plan.
- Currently 90% of afterhours cases are charged this emergency fee by small animal.
- The distribution of the emergency fee will be divided equally among the house officers (LACS and SACS).

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6 Revised 6/2013
Responsibility of the Intern Mentor

- Provide time to meet with the Intern at least every six weeks during the internship program.
- Provide informal/formal advice to the intern as well as constructive criticism and impromptu feedback on service and teaching activities.
- Provide a formal written evaluation of the intern’s performance at 9 months of the program.
- Provide suggestions on how improvements should/could be made to enhance the intern’s educational experience.
- Provide advice and guidance to the intern about potential graduate and residency programs.
- Approve the intern’s Departmental Seminar Topics and review slide presentation, prior to presentation.
- Provide suggestions/comments/and review of intern’s departmental seminar presentations evaluations provided.
- Encourage participation of intern in scholarly activities, such as scientific inquiry and publication.

Aug 2014