Community Based Veterinary Teaching Program

Clinical Educator Handbook

LINCOLN MEMORIAL UNIVERSITY
COLLEGE OF VETERINARY MEDICINE
Academic Year 2017 - 2018
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Welcome!

“College is a place where a professor’s lecture notes go straight to the students’ lecture notes, without passing through the brains of either.” — Mark Twain

As our students go out into our clinical year, we hope that you, our clinical affiliates, instill in them a never ending desire of exploration and personal growth. As we embrace veterinary medical education in the 21st Century, shaping the future of our profession, we are grateful for your dedication to our fourth-year students and for your participation in the LMU-CVM Community Based Veterinary Teaching Program. With your help we plan to enrich both your brains and those of our students, proving the great Mr. Twain wrong.

A recent survey from our sister Medical School showed that seventy-six percent of LMU-DCOM preceptors said that “being a preceptor helped stimulate their passion for practicing medicine.” I am confident that we will see the same take place in the LMU-CVM program.

You, your teams and facilities will serve to engage, inspire and prepare our graduates to best meet the needs of a changing society. We appreciate your participation and thank you for serving and for your role in shaping our students’ future practice behaviors.

The Office of Clinical Relations and Outreach is here to provide support and assistance throughout clinical rotations. Please let us know if there is anything we can do to make your teaching role easier.

We look forward to learning together!

John Weale DVM
Associate Dean of Clinical Relations and Outreach

LMU-CVM Clinical Courses Educators Handbook, 2017-2018
<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Phone</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Dean Clinical Relations &amp; Outreach</td>
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<td>865-585-2037</td>
<td><a href="mailto:John.Weale@LMUnet.edu">John.Weale@LMUnet.edu</a></td>
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<td>865-585-0897</td>
<td><a href="mailto:Robert.Lester@LMUnet.edu">Robert.Lester@LMUnet.edu</a></td>
</tr>
<tr>
<td>Coordinator of Clinical Relations</td>
<td>Julie Iliff</td>
<td>423-869-6009</td>
<td><a href="mailto:Julie.Iliff@LMUnet.edu">Julie.Iliff@LMUnet.edu</a></td>
</tr>
</tbody>
</table>

Dr. John Weale  Dr. Bob Lester
LMU-CVM Clinical Year Student Oversight

Clinical Relations & Outreach Team
- Assistant Dean
- Clinical Course Director
- Trained Clinical Site Preceptor & Staff
- Administrative Support
- Hub Leader

LMU-CVM Faculty @ DVTC, UK-VDL & YWAC

DVTC - DeBusk Veterinary Teaching Center on the LMU-CVM Campus - Ewing VA
UK-VDL - University of Kentucky-Veterinary Diagnostic Laboratory - Lexington KY
YWAC - Young-Williams Animal Center - Knoxville TN
<table>
<thead>
<tr>
<th>Course Number</th>
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<th>E-mail</th>
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<tbody>
<tr>
<td>CVM 770</td>
<td>Small Animal General Practice</td>
<td>John Weale DVM</td>
<td>865-585-2037</td>
<td><a href="mailto:john.weale@LMUnet.edu">john.weale@LMUnet.edu</a></td>
</tr>
<tr>
<td>CVM 771</td>
<td>Specialty Practice</td>
<td>John Weale DVM</td>
<td>865-585-2037</td>
<td><a href="mailto:john.weale@LMUnet.edu">john.weale@LMUnet.edu</a></td>
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<tr>
<td>CVM 772</td>
<td>Small Animal Primary Care</td>
<td>Bob Lester DVM</td>
<td>865-585-0897</td>
<td><a href="mailto:robert.lester@LMUnet.edu">robert.lester@LMUnet.edu</a></td>
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<td>CVM 774</td>
<td>DVTC Rotation</td>
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<td>Mixed Animal – Large Animal – Equine Practice</td>
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<tr>
<td>CVM 776</td>
<td>Elective Rotation</td>
<td>John Weale DVM</td>
<td>865-585-2037</td>
<td><a href="mailto:john.weale@LMUnet.edu">john.weale@LMUnet.edu</a></td>
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<tr>
<td>CVM 790</td>
<td>Self-Directed Study</td>
<td>Student</td>
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The Veterinarian’s Oath

**Being admitted to the profession of veterinary medicine, I solemnly swear to use my scientific knowledge and skills for the benefit of society through the protection of animal health and welfare, the prevention and relief of animal suffering, the conservation of animal resources, the promotion of public health, and the advancement of medical knowledge.**

**I will practice my profession conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics.**

**I accept as a lifelong obligation the continual improvement of my professional knowledge and competence.**

LMU-CVM Mission

To prepare veterinarians who are committed to the premise that the cornerstone of meaningful existence is service to attain optimal health for people, animals, and our environment. The mission of the LMU-CVCM is achieved by:

Graduating Doctors of Veterinary Medicine;

Providing a values-based learning community as the context for teaching, research and service;

Serving the health and wellness needs of people, animals, and the environment within both the Appalachian region and beyond with an emphasis on the One Health approach;

Focusing on comprehensive veterinary health care in companion animal, equine health, production animal health, and public health/comparative biomedical sciences;

Investing in quality undergraduate and graduate academic programs supported by superior faculty and technology;

Embracing compassionate veterinary care that values diversity, public service, and leadership as an enduring commitment to professionalism and the highest ethical standards.

LMU-CVM Commitment

**Value**

We are committed to providing the best value in U.S. private veterinary education.

**Education**

We commit to teaching commonly seen conditions uncommonly well.

**Service**

We are committed to providing service to the communities of Appalachia and beyond.
## Clinical Year Academic Calendar 2017 – 2018


<table>
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<th>Event</th>
<th>Dates/Details</th>
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<td><strong>DVM 2018 Clinical year rotation begins</strong></td>
<td>May 8, 2017</td>
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<td><strong>Deadline for registration of final schedule for clinical year rotations</strong></td>
<td>November, 2016</td>
</tr>
<tr>
<td><strong>Required on-campus week</strong></td>
<td>4/30/18 to 5/4/18</td>
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<tr>
<td><strong>NAVLE Deadlines</strong></td>
<td>Nov-Dec Test&lt;br&gt; - <strong>FIRM DEADLINE: August 1</strong>&lt;br&gt; April Test&lt;br&gt; - <strong>FIRM DEADLINE: February 1</strong></td>
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<tr>
<td><strong>State Board Exams</strong></td>
<td>Student must investigate requirements &amp; deadlines</td>
</tr>
<tr>
<td><strong>VIRMP - Veterinary Internship &amp; Residency Matching Program - Application Information</strong></td>
<td>October to December match&lt;br&gt; Visit <a href="http://www.virmp.org">www.virmp.org</a> for specific information and dates</td>
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<tr>
<td><strong>Graduation Ceremony</strong></td>
<td>May 19, 2018</td>
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### University Observed Holidays

The LMU-CVM academic calendar, including observed holidays, **does not apply** to students on clinical rotations.

- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas
- Presidents Day
- New Year’s
Academic Calendar – Clinical Year Rotations

2017-2018

http://vetmed.lmunet.edu/2017-2018-clinical-rotations-calendar-year/

<table>
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<td>5/8/2017</td>
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<td>2017-6</td>
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<td>6/5/2017</td>
<td>7/2/2017</td>
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<td>7/3/2017</td>
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<td>2017-8</td>
<td>4</td>
<td>7/31/2017</td>
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<td>2017-9</td>
<td>5</td>
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<td>2018-4</td>
<td>12</td>
<td>4/2/2018</td>
<td>4/29/2018</td>
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LMU-CVM students in the clinical year are not governed by the LMU calendar. This means that holidays are not necessarily scheduled off. Students must confirm with the clinical affiliate their required attendance at a site. Students may be required to attend the clinical affiliate site on a holiday.

The LMU-CVM academic calendar does not apply to students on clinical rotations. Each clinical training site sets its own schedule. Night calls, weekend coverage and holiday assignments are at the discretion of the training site. Time commitments will vary by clinical course but will typically require 35 to 40 hours/week of contact time and 10 – 20 hours/week of self-directed study time.

Students in the LMU-CVM clinical year are required to be at the clinical affiliate the first day of the rotation when orientation is provided.

All students are required to attend the Assessment week at the end of the clinical year on the LMU-CVM campus.
Community Based Veterinary Teaching Program

Clinical Educator Handbook

SECTION I:

Clinical Education Guidelines
Overview – Clinical Rotations

Clinical rotations are supervised clinical experiences designed to further knowledge in specific areas of veterinary medicine. During clinical rotations students will begin integrating their pre-clinical veterinary training to bring all of their veterinary education together. This active, experiential learning model creates a natural extension of the pre-clinical education into their clinical education and ultimately into professional practice.

The clinical course rotations are divided into core and elective rotations. All clinical year students will take clinical course rotations in the core rotation subject areas. Through elective rotations students will be able to further explore learning experiences consistent with their career objectives. Ultimately, the goal of the clinical rotations is to partner with the supervising veterinarian, site team and student, to optimally prepare a competent, confident and compassionate problem solver; prepared to bring entry level skills to the greatest profession on earth.

LMU-CVM entrusts its dedicated clinical site practitioner supervisors to be an LMU-CVM partner in training students for excellence in veterinary practice. The clinical site supervisor will implement the curriculum in a manner that balances the learning needs of the students and the educational resources available to the site. To enhance learning, clinical site supervisors are encouraged to use a variety of teaching techniques, including observation, monitored participation, video and audio recordings, on-line resources, readings, individual discussions, and presentations by students, faculty, and others. Specific curricular expectations, in the form of a course syllabus, are provided to each student and each clinical site supervisor and are used as guidelines for student clinical year training.

Non-clinical experiences (e.g. hospital committees, business reviews, performance development, community participation, etc.) are important for students to help them understand and appreciate the full spectrum of activities expected of a graduate veterinarian.

Prior to participation in the LMU-CVM clinical year program, practitioners should take a few minutes to re-familiarize themselves with their states veterinary practice act and complete the LMU-CVM supervised educator training. Most states allow students to participate in patient care under the direct supervision of a licensed veterinarian.
Students will be clearly identified by means of a name badge noting their student status and year of graduation. A certificate will be provided to each clinical site to display that acknowledges your institutions participation as a LMU-CVM Community Based Clinical Education Program collaborative partner.

Clinical year students will, where deemed appropriate by the supervising veterinarian, be given the opportunity to record history, perform physical examinations on multiple species, list rule outs, and propose a diagnostic and treatment plan. In many cases, the student will observe and assist the clinician; and at other times he/she may perform major aspects of diagnostic and therapeutic procedures, under the direct supervision and approval of the attending clinician with the well-being of the patient always the first priority. Students are expected to assume primary case responsibility as assigned by the supervising clinical site clinician.

The clinician is responsible for all clinical decisions including communication with the client/referring veterinarian unless the student is asked to do so. Students should not discuss the diagnosis, prognosis, treatment or fees, before the clinician has talked with the client.

Serving as a clinical education mentor serves not only to contribute to the future of our profession through sharing of wisdom and experience, but often stimulates a renewed passion for both the participating clinician as well as the clinical site team.

**Pre-Clinical Education / Curriculum**

In order to have a full appreciation of the student preparation prior to the clinical year, the reader may wish to refer to *Section II Curriculum* found elsewhere in this document at this time. Student preparation consists of hands-on experiential education along with didactic coursework found in most traditional veterinary colleges. Students gain first-hand experience in each and every semester of the 6 semester pre-clinical experience in the Clinical & Professional Skills Courses. All students are evaluated on their clinical skill attainment and must perform to an expected level or higher in order to move on in the LMU-CVM program. Other areas stressed in the Clinical & Professional Skills courses are communications, leadership, financial acumen, teamwork and professionalism.

**Clinical Education**

**Clinical Teaching**

Teaching is one of the most important, rewarding, and difficult jobs there is in society. When you teach veterinary students the quality of your teaching has a direct impact on the lives of thousands of future patients and clients. How well you teach may well help determine how good a veterinarian they become. Experiential instruction is much different from didactic instruction, and the university does not expect you to be intimately familiar with instructional theories or methods. You will teach by sharing your knowledge base, instilling enthusiasm for the profession, and exhibiting patience toward your students.
By virtue of the fact that you were selected to host students in the LMU-CVM clinical year community based education program you have already demonstrated that you are a progressive and successful member of the veterinary profession, and a subject matter expert in your chosen area of practice. However, you may not be familiar with tools and skills necessary to be a good teacher. LMU-CVM and the Clinical Relations and Outreach team are committed to supporting you in one more step in your lifelong learning process to refine and hone your teaching skill set to an appropriate level.

As a clinical course affiliate practitioner you have already or will soon be completing the LMU-CVM educator training work and will benefit from ongoing LMU-CVM continuing education towards keeping you up to date and always learning.

Being a good doctor involves so much more than simply knowing the technical/medical facts. Professional skills like leadership, communication, collaboration, confidence and flexibility contribute so much more to career and life success. As a clinical course site practitioner partner you have the unique opportunity to role model both technical and professional competence with future colleagues. Additionally, you may be surprised at how much you learn from the students you teach!

In order to be an effective clinical courses teacher, you must be able to create an atmosphere which allows the student learning opportunities, and build and integrate the current knowledge of the student. Developing an honest and trusting relationship with students is vital in helping them gain the most from their experiences. The following are effective means of building strong and positive relationships with your students.

- Communication
- Effective teaching
- Effective role-modeling
- Motivation
- Balancing teaching with other duties

**Communication** - is perhaps the most important aspect in the student/teacher relationship, not unlike in the doctor/client relationship. Clear, open, and honest communication avoids misunderstandings and establishes the trust required for learning to take place. Teachers have many opportunities to demonstrate effective communication and interpersonal skills through daily interactions with clients, colleagues, staff and students. Students will absorb and learn a great deal from these interactions.

**Teaching** – not all veterinarians are natural teachers. Effective teaching takes time and effort and a genuine interest in student learning. It is ultimately up to the student to take responsibility for their own learning, but you can provide effective, creative learning activities
that encourage further learning and enthusiasm for the profession. Teachers should strive to impart their knowledge in a way that guides the student towards effective decision-making based on sound judgment and a strong knowledge base, while fostering independent critical thinking and autonomy.

You may find it easy to assume that your students are aware of how and why you arrive at particular decisions. This can be an easy assumption because many students are silent learners. They refrain from asking for explanations or help in understanding because they lack confidence or are afraid of appearing incompetent. An effective teacher should help build the knowledge base of the student and the student’s confidence in his or her own abilities. Actively engaging the student to learn the relevant and most critical aspects of your rotation will help the student develop critical thinking skills necessary for practice while also increasing confidence in their ability to solve problems. One way of actively engaging the student is to conduct a de-briefing session either at the end of a visit or just prior to review the previous session’s activities. These discussions should allow the student an opportunity to reflect and think about how their knowledge learned in the classroom is applied in practice. Another means to actively engage the student might be to have the student look up the answer to their own questions, rather than providing the answers. This creates active learners who will not require that everything be “spoon-fed” to them. It also fosters independent learning and is a good way to familiarize students with information retrieval.

Effective teaching takes time, effort and practice to find what works and what doesn’t for your particular site. The key is to actively engage your students, have an organized plan for their activities, and challenge them in the learning process. But effective teaching does not end with information you share or the student looks up. Effective teaching also comes from your ability to demonstrate the attributes of a good and ethical veterinarian on a daily basis. To be an effective teacher, you must also be an effective role-model. The Clinical Relations and Outreach team are available to help you become a more effective at teaching and communicating with students.

**Role-modeling** - the behavior and attitudes you exhibit on a daily basis will often times make more of a lasting impression than any knowledge you may impart directly to your students. Serving as an effective role-model is integral to developing a positive relationship with your students and fostering their growth and development. Role-modeling is exhibiting in behavior and demeanor those characteristics which make for an excellent practitioner. Not only should you exhibit professionalism in all interactions and apply high moral and ethical standards to all activities, but also practice with a sense of duty, respect, and responsibility toward the profession. These are the qualities which you should strive to instill in your students. Lastly, none of these qualities are effective without genuine enthusiasm for what you do. Your choice to teach students shows that you possess these qualities.

You might also emphasize the need for veterinarians to constantly develop and improve their knowledge base. Life-long learning is a necessary part of being a competent professional particularly with the fast pace of change in veterinary health care. In addition to having the
knowledge base to fulfill the duty to provide optimal patient care, students also need to know
the importance of compassion and respect when treating patients and working with clients.
When you treat patients, clients, and other members of the healthcare team with respect and
kindness, this demonstrates to the student your commitment to being an excellent practitioner.
If you go out of your way to overcome a cultural barrier, it demonstrates to your students that
you value your patient/client enough to want to achieve understanding or communicate with
him or her appropriately. Treating others with kindness and respect may also allow the student
to see how that treatment can have an impact on the patient and clients well-being and health
outcomes.

Finally, an effective role-model demonstrates responsibility to the profession. An excellent
practitioner gives back to the profession and wants to improve it. You are already modeling this
by serving as a teacher, but going above and beyond to show real commitment to student
learning is what will stand out most to your students. Being organized from the very beginning
of the rotation with a structured orientation is important for students to see that you take them
seriously and have respect for them. Allowing students to learn on their own when appropriate
or sharing your own past experiences to help them alleviate any anxiety also demonstrates real
commitment to their growth and development. Responsibility to the profession might also be
participating in professional organizations and encouraging your students to participate.
Professional organizations allow veterinarians to keep up-to-date on the latest developments
and assist with life-long learning. Encouraging your students to get involved in organizations
can help impress upon them the importance of these organizations. Other ways to demonstrate
professional responsibility might be serving on professional and civic committees, or
volunteering. These all indicate to your students that you care about what you do and are
dedicated to furthering your community and profession. Students need to know that you
yourself are willing to practice those characteristics you are trying to instill in them.

True learning occurs when the student has an effective teacher and role model, along with
motivation for independent learning.

**Motivation** - the outcome of effective teaching and role modeling is that you are able to infuse
your students with a passion for the profession, appreciation for learning, compassion for
patients and clients, respect for colleagues and an overall sense of motivation to continue
learning and growing. Being an enthusiastic, motivated teacher helps to foster motivation in
learners. Having a genuine joy for what you do and for teaching can have an enormous impact
on how students react to both you and the rotation. You will find, however, as you teach
students for any significant amount of time, some students are more enthusiastic and
motivated than others, no matter how enthusiastic you are. Students with high levels of
motivation will have often already made the transition to adult learning with a sense of internal
motivation, not for external reward. However, not all students will have made this transition,
and their motivation levels may be significantly lower. Other students may have a lack of
confidence in their abilities or they may have low expectations of themselves, which also result
in lower levels of motivation. Even with effective teaching and positive role modeling on your
part, these students will require extra attention to improve their motivation. Three factors
which can positively influence students’ motivation are making them feel valued, establishing and maintaining trust and communications, and encouraging reflection with participation.

Students want to feel valued while they are at your site. They want to feel that you serve as a clinical teacher because you have something relevant and interesting to offer, and that you have a genuine concern for their education. Being sensitive to who they are and where they are in their development can help them to feel valued. By assessing your students’ knowledge base and skill level at the beginning of the site visit, you can identify weaknesses and then find ways to turn them into strengths. This tells the student that you care enough to find out the areas that need improvement. Taking a little extra time and effort to guide them shows that you care about them as individuals and that you want to see them progress.

The importance of communication has already been discussed, but it should be noted that honest and timely communication impacts student motivation. This does not mean providing your student with constant, positive reinforcement as a means to motivate them. Communication can positively affect motivation when you clearly delineate expectations, including deadlines for assignments or tasks, and when you provide constructive feedback on how the student is doing. It is suggested that you meet with students regularly at an assigned time and day to check in and discuss how the rotation is perceived by the students. By designing challenging yet achievable and realistic goals to be met during the rotation, you set high expectations for your students. When you have high expectations for your students, they are motivated to meet those expectations and to do well. Communication also involves the effort to provide meaningful and constructive feedback on how they are progressing with the rotation. It could mean praising them for doing something right, or providing encouragement even when something is done incorrectly.

Along with active participation, students should be encouraged to reflect on what they did, what they need to do next time, and how their actions impact patient care. Reflection requires the student to think differently about a given situation, to examine it from all aspects and perhaps different points of view. Reflection can be encouraged by incorporating it into teaching. Asking questions such as “Was there anything else we could have done for this patient? Why or why not?” or “What lies ahead for this patient if this treatment plan does or does not work?” or “Could we have better educated the client on needed care. Do you know why?” Asking thought-provoking questions will help guide the student to begin thinking in broader terms. Equally important, reflection can foster a student’s interest in possible career choices such as residencies, research, practice ownership, etc.

Students believe that you have something relevant and interesting to offer. They are eager to learn from you. Effectively communicating with them, encouraging them to consciously reflect on cases or issues, and placing value on teaching them are just as important as imparting medical information to them. It is building not only on knowledge and skill, but also confidence. Building confidence is a careful balance of being able to teach them outright at times and letting them learn on their own. Confident learners are motivated learners. If they are
motivated, they take equal responsibility for their own learning and make your job as a teacher a little easier.

**Balancing duties** - Balancing clinical course teaching duties with your own job responsibilities can be very difficult, particularly if you are a new teacher. You will find that you will often be pressed for time to convey to your student the appropriate medical knowledge base and necessary skills during a brief rotation. A busy practice setting, a hospital in need of more staff, or the need to attend to your clients and patients may all create *time constraints* which do not allow for spending quality time with your student. You want to be able to spend quality time with your students, but patient care and safety must remain primary concerns. How do you construct a relevant, interesting site visit experience which teaches your students to problem-solve, motivates them to want to learn more, and hopefully begins to mold them into excellent practitioners, all while maintaining your regular job duties? The effort will come from carefully structuring the rotation well before students arrive. You will likely have to do this on your own time, but it will be well worth the effort later. A few quick teaching tips follow.
Clinical Educator Quick Guide

Clinical Affiliate Site Personnel

- Orient the student to the facility and to the team. **Very Important.**
- Facilitate student involvement in daily activities.
- Recognize that the student needs an environment of support, feedback and inquiry.

Clinical Educator

- Seek regular feedback from the student on progress and developments
- Be available for questions, problem identification and resolution
- Meet regularly with student(s) for clinical discussions and deliver feedback on observable behaviors
- Participate in identification of learning needs of the student
- Set goals with the student in collaboration with the faculty and curriculum
- Act as a role model
- Maintain mature and effective working relationships with other health care team members
- Demonstrate leadership skills in problem solving, decision making, priority setting, delegation of responsibility and in being accountable
- Recognize that veterinary leadership role elements may be new to the student (i.e. delegation)
- Facilitate the student's professional socialization into the new role and with a new staff
- Provide the student with feedback on his/her progress, based on observation of clinical performance, assessment of achievement of clinical/professional competencies and client/patient care documentation
- Plan learning experiences and assignments to help the student meet weekly professional and clinical goals
- Consult with the clinical faculty liaison as necessary
- Participate in educational activities to promote continued learning and professional growth
- Participate in ongoing evaluation of the program
Teaching Tips
A stellar clinical experience begins with a good orientation to the facility, site or practice and introduction to the practice philosophy. The importance of a good orientation cannot be overemphasized! (For more information on the characteristics of a good orientation see Orientation Program found on page 61).

One-Minute Preceptor - [http://www.oucom.ohiou.edu/fd/monographs/microskills.htm](http://www.oucom.ohiou.edu/fd/monographs/microskills.htm)

- Get a commitment
  - “What do you think is going on?”
  - Provide assessment of learner’s knowledge/skill
  - Teach interpretation of data
- Probe for supporting evidence
  - “What led you to this conclusion?”
  - Reveals learner’s thought process and identifies knowledge gaps
- Teach general rules
  - “When you see this, always consider ...”
  - Offer “pearls” which can be easily remembered
- Reinforce what was done well
  - Offer positive reinforcement
  - “You did a nice job with ...”
- Correct errors
  - “Next time, try or consider ...” or “What do you think could have been done differently in order to have a different outcome/perception?”
  - Comment on omissions and misunderstandings to correct errors in judgment or action

Irby, D (2010, February 15) The one minute preceptor: 5 microskills for one-on-one teaching. MAHEC Office of Regional Primary Care Education. Asheville, NC

A brief (2 minute) video describing the ([http://www.youtube.com/watch?v=P0XgABFzcgE](http://www.youtube.com/watch?v=P0XgABFzcgE)) “One Minute Preceptor” strategy demonstrates this 5 step technique.

Constructive Feedback
1. Identify it as feedback (e.g. “I’d like to offer some feedback, is this OK? . . . )
2. Identify the educational purpose
3. Find someplace private
4. Focus on an observed behavior (“I saw ...,” “I noticed ...”)
5. Speak in the first person
6. Encourage self-assessment (“How do you think you did?,” “Do you wish you could have done something different? If so what?”
7. Utilize the positive-negative-positive (feedback sandwich) approach
8. Be specific and timely
9. Keep it simple and slow
10. Negotiate an action plan (reading assignments for knowledge gaps)
11. Plan for follow-up feedback

Aim to provide feedback on a routine basis. **The more often you provide feedback, the easier it becomes.** ([http://www.youtube.com/watch?v=tYuwxwEwOPU](http://www.youtube.com/watch?v=tYuwxwEwOPU))

**Introducing Learners to Clients**
One of the most important aspects of training is to expose students to as many different clients, patients, and clinical conditions as possible. More than anyone, students depend on you to help them see clients/patients.

The more positive you are with clients, the more positive the experience will be for both the client and student. We suggest staff using standard introductions with each of your clients, such as the following:

- “Dr. _____________ has a doctor in training, name of student, working with him/her as part of his/her team today. S/he has asked the student to see you first, and will join you shortly afterwards.”
- “Dr. _____________ has requested the student doctor, name of student, meet with you first and then he/she will join you.”

**Two-minute Technique for Observing Learner**

> “There is only one thing more painful than learning from experience and that is not learning from experience.” Archibald McLeish

Observation is a powerful technique to understand what a student knows and what he/she could do to improve. Finding time to observe a student may seem difficult, but just two minutes of observation can yield sufficient information to provide constructive feedback.

1. Explain the **purpose** of the observation to the student
2. Tell the **student** how the observation will take place
3. Let **client** know that a brief observation may take place (student explains)
4. Conduct observation at the beginning or in the middle of a student’s time with the client for two minutes without interruption.
5. Try to leave the room without disrupting the student/client encounter
6. Quickly jot notes about what you observed
7. Provide specific feedback to the student as close to the observed encounter as possible
8. Set an **agenda** with follow up with the student for future learning

**Five-step Method for Teaching Clinical Skills**

1. Provide an **overview** of the skill and how it is used in patient care
2. **Demonstrate** exactly how the skill is performed **without** commentary
3. **Repeat** the procedure, but **describe** each step
4. Have the **student** “talk through the skill” by detailing each step
5. **Observe and provide feedback** to the student as he/she performs the skill
**Primed Student for Patient/Client Encounter**

“It is not enough to do your best; you must know what to do, and then do your best.” W. Edwards Deming

Briefly preparing students for client/patient encounters (whether with you or on their own) helps them to focus on relevant information and specific skills for each experience. Students can then set and achieve one or two specific learning goals with each patient. Following are a few suggestions for priming a student for patient encounters:

1. Have the student review the patient’s record and reason for the visit beforehand.
2. Provide a brief overview of the patient/clients medical and social background (if you know it).
3. Tell the student what you would like him/her to focus on (patient issues, specific examination).
4. If the student is seeing the patient, set time limits for him/her to conduct these activities.
5. Ensure that the student is comfortable performing the activities and offer to work with him/her on tasks that he/she is not yet familiar with.

**Case-Based Learning**

In clinical practice one of the easiest activities to initiate is the case study. Each patient presented to the practice can be a case study and potential learning activity for students. From communication with the client, to patient physical examination, clinical diagnosis, treatment plan, and follow-up, each case presents a rich learning environment for students. Three main steps occur during case-based learning with clinical patients.

1. Student identification of information, beyond current knowledge, which is needed to resolve patient problems.
2. Student identification and acquisition of information necessary for immediate care of the patient.
3. Student identification of secondary information needs which are tangential to the main case issues. These secondary learning issues are recorded and addressed when time allows during the rotation (between patients or after hours) with on-site clinical staff or LMU-CVM faculty.

**Rounds**

Whether occurring in a one-on-one or group situation, medical rounds can facilitate learning for students. Rounds utilize the Socratic Method of teaching – helping students learn through the asking of questions. Whether in the front of the stall or in the exam room, asking students questions about individual characteristics of a case help identify gaps in current knowledge and formulate new ideas in regards to patient problems. Similarly, having students present a case to doctors and staff promotes professional communication as well as serving as a venue for clinical questioning.

**Establish a Learning Contract**

- Establish an informal learning agreement with your students at the beginning of each clinical rotation (i.e. learning contract – see appendix). The student is responsible, with input from you and your staff, for putting together a learning agreement at the beginning of the rotation.
- Review charts carefully, in advance when possible
- Use teachable moments, especially when working together (i.e. why is the patient on __________ medication?)
- Limit interruptions of case presentations
- Make exam table/stall side teaching explicit and concise
- Focus on physical exams and interpersonal skills
- Utilize case-based learning in which the student presents a patient case after independently gathering data. It includes: role modeling, questioning, expert consulting, mini-lecturing, encouraging self-directed leaning and assigning directed independent learning.

**Miller’s Pyramid**

Miller’s Pyramid of Assessment provides a framework for assessing clinical competence in medical education and can assist clinical teachers in matching learning outcomes (clinical competence) with expectations of what the learner should be able to do at any stage.

**MILLER’S PRISM OF CLINICAL COMPETENCE (aka Miller’s Pyramid)**

*it is only in the "does" triangle that the doctor truly performs*

Students have progressively moved through the first 4 stages of Miller’s Pyramid (Know, Knows How, Shows and Does) of clinical competence during their first six semesters at LMU-CVM. Students should come prepared to your clinical site with a solid introduction and reinforcement and in some cases mastery of core entry level clinical, professional and One Health competencies. During the clinical
rotations they should integrate all that they have learned to date and begin to move towards mastery in the “Does” portion of their educational experience.

**RIME Scheme for Student Evaluation**


**The RIME schema methodology will be used in the evaluation of student in the LMU-CVM program.**

The reporter, interpreter, manager, educator (RIME) framework, developed by Louis Pangaro, MD, offers a descriptive evaluation that provides a systematic set of global terms used to assess the progression of students’ clinical skills competence. This scheme may be referred to on a daily basis.

This scheme lines up nicely with Miller’s Pyramid of Assessment, discussed above.

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**Reporter**

The student accurately gathers and communicates the clinical facts about his or her patients. A Reporter is able to develop systematic history and physical skills and discusses them with confidence and organization. At this stage, the student asks such questions as, “What is the B/P?” and “What does the extremity look like?” Reporters can answer the “what” questions about the case. In addition, at this level we see mastery of obtaining history, performing physical examinations, and knowing what to look for in a particular clinical situation. A good bedside manner is seen and a clear demonstration of the “veterinary client-patient-provider” relationship is developing. The student performs consistently on a daily basis and is able to identify new patient problems and distinguish normal from abnormal conditions.

**Interpreter**

At this level, the student creates an organized list of problems and a differential diagnosis of at least three items. Understanding and integration of laboratory data and diagnostic test results are demonstrated. The student develops confidence and emotionally converts from observer to participant. An Interpreter answers the “why” questions: “My assessment of this patient is sepsis and here is why . . . .”
Manager
The Manager demonstrates an enhanced command of medical knowledge and exhibits the needed confidence and ability to make decisions on patient management. The Manager-level student proficiently tailors individualized patient plans and demonstrates sound interpersonal and procedural skills. Students at this level show increasing confidence, skill, organization, and maturity.

Educator
This student functions beyond the basics. She must be able to read deeply and share new learning with others. The student can derive relevant clinical questions and find the best evidence to answer the question and analyze and apply the information to her patients. There is a level of maturity and the confidence needed to lead and educate the other members of the health care team.

A video overview of this evaluation scheme can be seen at: https://vimeo.com/76308600

Quick Reference Chart of RIME Framework for Student Progress - Evaluation

RIME Schema

<table>
<thead>
<tr>
<th>Reporter</th>
<th>Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Developing proficient history taking</td>
<td>• In addition to Reporter &amp; Interpreter:</td>
</tr>
<tr>
<td>• Developing proficiency examination</td>
<td>• Consistently selects appropriate diagnostic tests</td>
</tr>
<tr>
<td>• Good problem identification</td>
<td>• Consistently proposes reasonable options</td>
</tr>
<tr>
<td>• Normal versus abnormal</td>
<td>• Finds common ground with patient &amp; client (customizes therapy)</td>
</tr>
<tr>
<td>• Good interpersonal skills</td>
<td>• Expected level</td>
</tr>
<tr>
<td>• Able to communicate clinical findings</td>
<td>– day 1 veterinary graduate</td>
</tr>
<tr>
<td>• Expected level</td>
<td>Educator</td>
</tr>
<tr>
<td>– beginning 3rd to 4th year student</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpreter</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In addition to Reporter characteristics:</td>
<td>• Demonstrates consistent level of knowledge of current medical evidence</td>
</tr>
<tr>
<td>• ID an analyzes patient problems</td>
<td>• Is able to critically apply knowledge to specific patients &amp; clients</td>
</tr>
<tr>
<td>• Able to create differential diagnosis list</td>
<td>• Demonstrates leaderships</td>
</tr>
<tr>
<td>• Prioritize problems</td>
<td>• Identifies own knowledge gaps</td>
</tr>
<tr>
<td>• Suggest potential follow-up tests</td>
<td>• Plans continuing education</td>
</tr>
<tr>
<td>• Expected level</td>
<td>• Teaches students, peers, faculty</td>
</tr>
<tr>
<td>– beginning 4th year student</td>
<td>• Expected level</td>
</tr>
<tr>
<td></td>
<td>– The ideal graduate</td>
</tr>
</tbody>
</table>
Expected Student Professional Behaviors

Students shall possess the following professional qualities attributable to university graduates and educated citizens, including:

- Ability to utilize the principles of scientific inquiry; to think analytically, clearly, and critically, while solving problems and making decisions during daily practice, and while conducting practice-related research.
- Ability to systematically find, analyze, evaluate, and apply information, and make informed, defensible decisions.
- Demonstration of the effective use of written, verbal, and non-verbal communications with diverse audiences and for varied purposes.
- Demonstration of the concepts and principles of, and a commitment to lifelong learning as a means of fulfilling and advancing your practice and professional role in society.
- Eventual assumption to leadership positions in the overall welfare of the community.
General Learning Objectives for Clinical Courses

See clinical Course syllabi for learning objectives for each rotation. http://vetmed.lmunet.edu/clinical-sites/clinical-year-curriculum-structure/

1. Professional Communication:

- Communicate effectively with clients, colleagues, veterinary staff, referring veterinarians, stakeholders and others to plan, execute, and evaluate treatment and ensure compliance using ancillary aids if necessary.
- Understand the needs and preferences of different clients.
- Discuss with the client a range of options for treatment and be aware of financial implications of recommendations.
- Explain the process of euthanasia and the implications/acceptance of other invasive procedures and provide compassionate care and grief management appropriate to the situation.
- Be able to communicate with other team members - particularly technicians, as well as other staff within the practice (treatment directives as an example).
- Communicate and respond to information available to the public (internet/ pamphlets).
- Ability to communicate recent medical advances with clients.

2. Complete Medical Records:

- Maintain records (examination and progress reports, surgical reports, anesthesia records, treatment and diagnostic plans, drug logs, herd consultation reports, etc.) in accordance with minimum standards. Emphasize the importance of why we keep medical records (consequences of a poor health record).
- Recognize the confidentiality of records and demonstrates care to protect the client’s rights with respect to privacy.

3. Animal Welfare and Occupational Health and Safety:

- Actively contribute to, and promote the safety and protection of health and welfare of clients, coworkers, and self, and ensure human safety in animal handling, equipment use and biosafety.
- Actively contribute to, and promote the welfare and wellness of the patient/herd through education (of client and general public), communication, and animal husbandry.
- Use appropriate restraint required to allow performance of physical examination, diagnostic testing and treatment including physical restraint and chemical restraint.
4. **Life Long Learning:**

- Critically evaluate the scientific literature to be able to select diagnostic and treatment options for their patients.
- Practice evidence-based medicine whenever possible.
- Able to search or review medical records and scientific resources to retrieve information relative to patient management or case review.
- Show a desire to learn new technology and systems.
- Engage in self-study to improve understanding of cases and management systems to enhance the practice experience. Present this information in rounds.
- Recognize the importance of conducting clinical research.

5. **Good Business Practices:**

- Demonstrate an understanding of the business issues related to practice type, including client care, veterinary compensation, utilizing support staff, inventory management, relationships with industry, and service delivery.

6. **Professional Ethics:**

- Work with clients, staff, patients and colleagues with professional courtesy and in accordance with privacy legislation.
- Represents the veterinary profession with integrity.
- Demonstrates ability to work in a team.
- Adheres to regulatory guidelines of professional veterinary associations.
- Implementation and understanding of the AVMA ethical standards.

7. **Therapeutics and Health Care Planning:**

- Shows ability in proper drug selection, prescription and administration routes for treatment of common diseases and conditions for individuals and herds.
- Is able to formulate and implement a preventative health program for a variety of animal species of different ages and backgrounds, and is able to provide rationale for choices.
- Understands appropriate pharmaceutical storage and handling for the commonly used drugs and control drugs in practice.
- Knows how to find and apply drug withdrawal times when necessary.
- Advise clients in drug administration, handling and safety (potentials for drug abuse).
8. **Anesthesia and Pain Management:**

- Administers sedation, local and general anesthesia to allow safe conduct of necessary procedures.
- Utilizes available pharmaceuticals to achieve appropriate analgesia in a variety of species and situations.

9. **Surgical Ability:**

- Is able to perform surgical and dental procedures commonly encountered in primary care practice utilizing sterile technique, appropriate tissue handling skill, and post-surgical care.

10. **Activity/Outcome-Based Nutrition:**

- Demonstrates ability to calculate food and water requirements for a variety of species, ages, disease states and production expectations.
- Understand the interaction between nutrition and health affecting productivity and animal welfare.
- Makes dietary recommendations based on client and animal needs.

11. **Common Disease Knowledge:**

- Demonstrates knowledge of common infectious, non-infectious (e.g. endocrine, musculoskeletal, dermatological, neoplastic, etc.) and zoonotic diseases.
- Demonstrates the ability to diagnose, treat and control common health problems including infectious, non-infectious and zoonotic diseases in companion animal species (includes a knowledge of reportable diseases and the appropriate steps to involve the health authorities, and appropriate diagnostics).
- Demonstrates biosafety and biosecurity practices in limiting disease transmission between individuals and herds.
- Recognizes regulatory issues related to public and animal health.

12. **Evidence-Based Problem-solving:**

- Can take individual or herd history, perform a physical exam noting all abnormalities, formulate a problem list noting significance of issues and owner needs.
- Can create a diagnostic plan and perform diagnostic tests in an orderly step-wise fashion. Integrates diagnostic findings and response to therapy with historical and clinical findings in order to confirm the diagnosis and revise the diagnostic plan.
- Can recognize personal and practice limitations in providing health care and coordinate referral.
Roles and Responsibilities

CLINICAL SITE MENTOR – Supervisor – Preceptor

- Serve as mentor/coach/role model
- Has completed initial required LMU-CVM clinical site training
- Introduces student into the practice
- Informs practice team the role of the student
- Provides student feedback and assessment including weekly and/or mid-clinical course evaluations, as well as end of clinical course evaluation
- Validates student case logs, case reports, check lists, and assignments
- Supervises clinical experience
- Prepares daily schedule and activity in consultation with course director
- Challenges student knowledge
- Provides timely feedback both positive and negative
- Provides study space and protected study time as needed
- Is familiar with LMU-CVM curriculum, learning objectives, student outcomes, and COE accreditation standards
- Knows and understands current course syllabus
- Works to continuously improve student learning experience

CLINICAL COURSE DIRECTOR - LMU-CVM Faculty Member

- Designer/author/owner of course syllabus and learning objectives
- Course instructor of record
- Creates course syllabus and submits to curriculum committee for approval
- Utilizes distance tools as part of evaluation and testing such as on-line exams and virtual rounds
- Provides oversight of course content delivery and student requirements – insures adequacy of case load and case diversity
- Sets course expectations with students
- Maintains regular e-mail communication with student
- Reviews student case logs in E*Value including presenting complaints, differential diagnoses, SOAPS (medicine) and medical records (surgery), learning issues and patient interactions, clinical skills charting
- Informs students of ancillary resources – resources, books, websites …
- Assigns final grade
Participates in fourth year on-campus OSCE (Objective Structured Clinical Exams - high stakes student evaluations) and summative assessments taken from case logs and learning objectives

Responds to feedback regarding course issues

Assures clinical site supervisors receive current syllabus

Communicates with other course directors, Associate Dean for Clinical Relations and Outreach regularly to assess and improve the student learning experience

Communicates immediately unsatisfactory progress of students to Associate Dean for Clinical Relations and Outreach

Participates in and co-delivers clinical site training

Provides timely feedback to clinical site supervisors regarding student evaluation of sites

Visits core clinical site facilities regularly

Provides input to Associate Dean for Clinical Relations and Outreach regarding clinical sites

Works to continuously improve student learning experience

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**CLINICAL COURSE STAFF**

*(OFFICE OF CLINICAL RELATIONS AND OUTREACH)*

Provide administrative support

Assist in logistical and operational processes including honoraria payment

Coordinates schedules with students and clinical sites

Collects required assessments from students, clinical site supervisors, and course directors

Ensures that all assessment requirements are completed by students, sites, and course directors for timely grading and review by Office of Academic Support and Assessment

Works to continuously improve student learning experience

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**CLINICAL HUB LEADER - LMU-CVM Faculty Member**

Recruits, evaluates, inspects and maintains close partnership with clinical sites

Participates in and co-delivers training of clinical sites and conducts on-site training

Conducts routine visits to all hub sites

Serves as role model/coach/mentor to students and clinical sites

Challenges student knowledge

Provides assessment input to clinical site supervisors

Provides timely feedback both positive and negative to students and sites

Is familiar with LMU-CVM curriculum and COE standards
• Insures quality of learning experience for both student and clinical site
• Establishes new affiliate agreements and oversees affiliate relationships
• Key liaison between clinical site supervisors to establish collegial support and best practices amongst LMU-CVM clinical sites
• Works closely with course directors to insure course content delivery
• Works to continuously improve student learning experience

FACULTY - CLINICAL RELATIONS & OUTREACH

• Coordinates, administers, and leads clinical courses
• Coordinates, trains, and leads hub site leaders
• Recruits and selects sites
• Visits sites routinely with hub leaders
• Participates in clinical site training
• Maintains clinical course handbook and clinical site training manual
• Ensures timely and continuous feedback between sites, students and course directors.
• Establishes new clinical affiliates
• Manages Dean’s Clinical Site Advisory Board
• Provides overall leadership for Community Based Veterinary Teaching Program
• Provide academic oversight for clinical courses
• Is familiar with LMU-CVM curriculum and COE standards
• Reviews course syllabus
• Reviews clinical site adjunct training and hub leader training
• Reviews and improves clinical courses handbook
• Coordinates and trains course directors in academic issues
• Convenes meeting with course directors regularly
• Convenes meetings with course directors and hub site leaders regularly
• Ensures timely and continuous feedback between hub leaders and course directors
• Determines appropriate response to areas of improvement for clinical site faculty and staff
• Counsels students regarding academic issues
• Responds to clinical sites concerns from students/faculty/administration
• Responds to student/faculty/administration concerns from clinical sites
• Adjudicates disputes arising over grades, site selection, curriculum ...
• Assures that all COE standards are met
• Conducts needs assessment with the Dean and the Executive Council making continuous adjustments and improvements
• Insures timely and continuous feedback between all parties
• The Associate Dean of Clinical Relations and Outreach communicates issues regarding student academics progress to the Office of Academic Affairs
• Works to continuously improve student learning experience

**STUDENT**

• Students “own” their education and learning experience – are proactive, engaged, ask questions, and actively participate
• Maintains professional appearance and conduct at all times while on rotation at the clinical site and away from the clinical site throughout the clinical year
• Communicates with clinical affiliate supervisor about personal performance on an ongoing basis
• Maintains regular communication with the Office of Clinical Relations and Outreach
• Complete required assignments, case logs, case reports, evaluations and other duties as assigned
• Provide appropriate feedback for continuous improvement of clinical courses learning experience
• Responsible to assure timely completion and return of the evaluation of the student from the clinical affiliate
• Adheres to the LMU-CVM Honor Code and LMU-CVM Student Handbook throughout the entire clinical year
• Maintains confidentiality of patient and practice records
• Works with LMU-CVM to continuously improve the student learning experience
The Office of Clinical Relations and Outreach is dedicated to providing students and clinical affiliates with the highest quality of clinical education services. Regular office hours are 8 am to 4:30 pm Eastern Time, excluding days when the LMU campus is closed. Emergency — non-regular office hour contact may be made using the contact information found on page Error! Bookmark not defined. for the Clinical Relations and Outreach team.

A current list of LMU-CVM clinical affiliates can be found on the LMU-CVM website at http://vetmed.lmunet.edu/clinicalyear/clinical-affiliates/

The Office utilizes E*Value Healthcare Education software to schedule LMU-CVM clinical courses, record student evaluations, and manage clinical experiences of students. E*Value employs an optimized scheduling algorithm to best insure the statistically most satisfying student placements. The scheduling selection considers four variables:

(i) curricular requirements,
(ii) adjunct/site availability and capacity,
(iii) student preference, and
(iv) custom rules that may include such items as geographic distance to home address.

Course scheduling is done with the advice of the assigned student faculty advisor, select faculty (Career Advisors) and the Office of Clinical Relations and Outreach.

Clinical Site Honoraria - Clinical Site Payment

LMU-CVM values the contributions made by our clinical affiliates teaching core clinical rotations and select clinical affiliates. The practical clinical experience provided by our partners is an integral part of the veterinary medical student’s education. Ultimately, you are key in educating the next generation of veterinarians. As a sign of appreciation, LMU-CVM will make payments, to the veterinary supervisor or the clinical site on file, for each student who completes a clinical rotation and has all evaluations completed by the clinical affiliate. Honoraria payments are made to clinical affiliates that deliver core course rotations, are recognized specialists, or provide a unique veterinary clinical experience. In order to receive payments, the supervisor at the clinical site must:

- Have a valid signed clinical affiliation agreement on-file with LMU-CVM
- Provide the student with the clinical experience in a clinical setting, allowing practical experience with patients;
- Perform a week one formative review, evaluation and discussion;
- Provide ongoing (daily & weekly) non-formal feedback to the students;
- Perform an end of rotation summative review with discussion and complete the student evaluation. Note: payment cannot be made until student evaluations have been received by LMU-CVM;
- Complete a W-9 form, indicating to whom the payment should be made (Clinical Site or clinical site supervisor).

**Clinical Site Student Orientation and Expectations**

**Orientation**

When students first arrive to a clinical rotation, it is important that they receive a thorough orientation. An orientation session should be scheduled for the first day of the rotation. Involvement of your staff and office manager is suggested. The setting of expectations on day one of the rotation is important in creating an environment conducive to a successful learning experience for all.

The orientation session should include introductions to the team, a tour of the facility, a safety review, isolation protocols, medical records systems, and other policies and procedures. Students need to be made aware of rotation scheduling, hours of work, days off, break/lunch policies, and the institution's vision and culture.

Students should be advised regarding how much client interaction is expected and allowed. Similarly, students should be advised on the level of patient interaction and case management responsibilities expected. If contributing to patient records is a part of case management duties, explicit expectations and limitations must be communicated.

A complete understanding of the course syllabi by both student and affiliate supervisor will ensure that course objectives and learning outcomes are achieved. Course syllabi have been developed which list explicit learning objectives that students are expected to achieve during the rotation. Discussion of these learning objectives should be a part of orientation.

Please be sure to identify areas where students may go to study or spend off-time during the day. Clearly outline rules regarding access to and use of computers, cell phones and internet services. An orientation checklist is provided for your use.

Students should be made aware of the location of any safety equipment within the rotation site. This includes alarm pulls, fire extinguishers, first aid kits, safety showers, eye wash stations, and exits from the building. Students will report any and all safety, physical and emotional concerns to the Clinical Course Director or Associate Dean for Clinical Relations.
Clinical Affiliate Student Orientation Checklist

For a printable copy visit link: http://vetmed.lmunet.edu/lfmu-cvm-clinical-year-forms-important-information/

STUDENT

Student Name: ____________________________
Email Address: ____________________________ Cellular: ____________________________

CLINIC

Clinic: ____________________________
Phone: ____________________________ Supervisor Name: ____________________________
Email Address: ____________________________ Cellular: ____________________________

ROTATION DATES: ____________________________

<table>
<thead>
<tr>
<th>Orientation checklist</th>
<th>Preceptor initials</th>
<th>Student initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Supervisor and Clinic Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explanation of staff roles and hierarchy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of office etiquette (answering phone, taking messages, making appointments)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of general safety rules – radiation safety, isolation, first aid</td>
<td></td>
<td></td>
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<tr>
<td>Expectations regarding start times</td>
<td></td>
<td></td>
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<tr>
<td>Discussion of appropriate dress standards</td>
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<td></td>
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<tr>
<td>Discussion and agreement on hours to be worked</td>
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<td></td>
</tr>
<tr>
<td>Discussion on internet access during and after business hours</td>
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<tr>
<td>Discussion regarding students role in client interactions</td>
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<tr>
<td>Discussion and agreement of Duty Roster</td>
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</tr>
<tr>
<td>Exchange of contact information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tour of facility including safety items (eyewash, fire extinguishers, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of written material/expectations, where provided.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussion &amp; Understanding of Hospital Policies concerning Cell Phone Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Contract</td>
<td></td>
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</tr>
</tbody>
</table>

(Signature of Immediate Supervisor) ____________________________ (Date) ____________________________

I, ____________________________, (print name) have reviewed and completed the above orientation process and understand my role and as a fourth-year student of the LMU-CVM

(Signature of Student) ____________________________ (Date) ____________________________

Students are responsible to upload this ASAP to their student portfolio - sending a jpeg photo is acceptable.

LMU-CVM Clinical Courses Educator Handbook 2017-2018
SECTION II: LMU-CVM Curriculum
<table>
<thead>
<tr>
<th>YEAR 1</th>
<th>1ST Semester Courses</th>
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<th>YEAR 1</th>
<th>2ND Semester Courses</th>
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<td>Immunology and Cellular Biopathology</td>
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<td><strong>TOTAL:</strong></td>
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<td>CVM 731</td>
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<td>CVM 743</td>
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<td>CVM 734</td>
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<td>CVM 751</td>
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<td>CVM 761</td>
<td>Avian &amp; Exotic Animal Medicine</td>
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<td>CVM 752</td>
<td>Food Animal Production, Medicine, &amp; Surgery I</td>
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<td>Food Animal Production, Medicine, &amp; Surgery II</td>
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<td>CVM 753</td>
<td>Equine Medicine &amp; Surgery I</td>
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<td>CVM 754</td>
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<td></td>
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<td></td>
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<td></td>
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<th>8th Semester Courses</th>
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<td>CVM 7XX</td>
<td>Clinical Courses [CC]</td>
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<td><strong>TOTAL:</strong></td>
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<td></td>
<td><strong>TOTAL:</strong></td>
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### CURRICULUM DIGEST SUMMARY, DVM PROGRAM

<table>
<thead>
<tr>
<th>Year</th>
<th>Credits</th>
<th>Instruction</th>
<th>Exam Weeks</th>
<th>Other</th>
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<td>30 weeks</td>
<td>4 weeks</td>
<td>1 wk orientation</td>
</tr>
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<td>YEAR 2</td>
<td>39.5</td>
<td>30 weeks</td>
<td>4 weeks</td>
<td></td>
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<tr>
<td>YEAR 3</td>
<td>41</td>
<td>30 weeks</td>
<td>4 weeks</td>
<td>1 wk orientation to clinical sites</td>
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<tr>
<td>YEAR 4</td>
<td>45</td>
<td>45 weeks</td>
<td>NA</td>
<td>Graduation</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>164.5</strong></td>
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</table>

LMU-CVM Clinical Courses Educator Handbook 2017-2018
Hybrid Community Based Clinical Education Program

For the most up-to-date course descriptions visit:


Catalog Course Descriptions – Clinical Courses

**SUMMARY** – 52 week year

- 45 weeks of evaluated clinical year experiences
- 4 weeks of non-credit self-directed study that some may describe as “Vacation”
- 3 weeks off for NAVLE test taking and self-directed study

**CORE COURSES** – 37 weeks - 33 weeks of evaluated experience & 4 weeks not evaluated

- 8 rotations – 4 weeks each - 32 weeks
- 1 year end assessment rotation – 1 week
- 1 block of non-credit self-directed study that some may describe as “Vacation” – 4 weeks

**ELECTIVE COURSES** – 12 weeks of evaluated experience

---

**CORE COURSES** – 37 weeks

- **CVM 770 Small Animal General Practice** (4 weeks)
- **CVM 770 Small Animal General Practice** or LA, EQ or mixed primary care (*) (4 weeks)
- **CVM 771 Specialty Practice and/or Emergency Critical Care – Small Animal** (4 weeks)
- **CVM 771 Specialty Practice and/or Emergency Critical Care – Small Animal** or LA, EQ, or Mixed Animal (*) (4 weeks)
- **CVM 772 Small Animal Primary Care/Shelter Medicine, Surgery & Dentistry** (4 weeks)
- **CVM 773 Diagnostic Pathology** (4 weeks)
- **CVM 774 Equine/Large Animal Appalachia Clinical** (4 weeks)
- **CVM 775 Mixed Animal Practice** (4 weeks)
- **CVM 780 Clinical Year Assessment** (1 week)
- **CVM 790 Self Directed Study** (4 weeks)

(*) Students may substitute, with approval of student’s faculty advisor and the Office of Clinical Relations and Outreach, a Large Animal (LA), Equine (EQ) or mixed animal experience for a SA General Practice or SA Specialty Rotation

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**CORE COURSE Descriptions**

- **CVM 770 Small Animal General Practice (4 credits)** – each rotation 4 weeks
  Supervised clinical instruction small animal (canine, feline, pocket pets) medicine and surgery in selected high quality private general practices. Students see a wide variety of cases and are active participants in their diagnostic and therapeutic management, to include documentation of findings and care in problem-oriented medical records and performance of clinical procedures.

- **CVM 771 Specialty Practice – Emergency Critical Care (4 credits)** – each rotation 4 weeks
  Supervised clinical instruction in specialty practice (canine, feline, lab animal, exotic, zoological, equine and large animal) medicine and surgery in selected high quality specialty practices. Instruction will take place in practices with board certified internists, radiologists, surgeons, anesthesiologists, or
other specialists, and/or access to those specialists. Students see a wide variety of cases and are active participants in their diagnostic and therapeutic management, to include documentation of findings and care in problem-oriented medical records and performance of clinical procedures. Students are exposed to a wide variety of cases with instructive pathophysiological learning opportunities.

In emergency critical care rotations, supervised clinical instruction in academic and practical aspects of small animal emergency medicine and critical care in high quality practices with board certified veterinary specialists and/or access to those specialists will occur. Students are active participants in diagnostic and therapeutic management of a wide variety of cases with instructive pathophysiological learning issues requiring timely medical and/or surgical management in veterinary emergency and critical care situations.

**CVM 772  Small Animal Primary Care/Shelter Medicine, Surgery & Dentistry (4 credits) – 4 weeks**
Supervised clinical instruction in the medical and surgical areas of a busy community shelter practice. Students perform medical, dental and surgical treatments for the benefit of animals owned by the shelter. LMU-CVM faculty work with the shelter medical and surgical teams in the supervision of students. Students perform physical examinations on dogs and cats, and discuss their findings with LMU-CVM faculty, shelter veterinarians and staff. Students are intimately involved in providing medical, surgical and preventive care to shelter animals. Students are involved in the preparation and performance of elective surgeries (such as ovariohysterectomy, orchietectomy, and dentistry) on dogs and cats under the supervision of LMU-CVM faculty, shelter veterinarians and staff.

Students take part in discussions and/or demonstrations in regard to animal behavior problems and potential solutions. Students participate in medicine and surgery rounds. Students make formal rounds presentation to other students and staff during the course and prepare a presentation relevant to the shelter experience with the approval of the course director for presentation at rotation end.

The course is composed of hands on medical and surgical care of shelter-owned animals, lectures, self-study, case write ups and presentations and team based exercises.

**CVM 773  Diagnostic Medicine including Pathology (4 credits) – 4 weeks**
Supervised clinical instruction in clinical and anatomic pathology at a veterinary diagnostic laboratory. Students are active participants in diagnostic examination of specimens from animal patients and gain experience in necropsy of a variety of animal species under the supervision of veterinary pathologists. Interpretation of gross pathology, clinical pathology, toxicology, microbiology, serology, and parasitology findings.

**CVM 774 DVTC Clinical Rotation (4 credits) – 4 weeks**
Supervised clinical instruction at the LMU-CVM DeBusk Veterinary Teaching Center (DVTC) and surrounding area. The DVTC is located on LMU’s 700 acre complex in Ewing, VA. Students participate in routine individual animal health care as well as population/herd activities that are part of the livestock production cycle in beef cattle, sheep, pigs and other species. Review of basic large animal clinical skills will occur as well as introduction and development of advanced equine and large animal clinical skills. The DVTC anchors clinical year students community ambulatory services, herd health, applied theriogenology, and serves as a center of rural veterinary practice entrepreneurship.

**CVM 775 Mixed Animal Practice (4 credits) – 4 weeks**
Supervised clinical course with mixed animal practice veterinarians (canine, feline, beef, dairy, equine, small ruminants, swine) working in ambulatory and/or clinic-based practice. Students see a wide variety of cases and are active participants in their diagnostic and therapeutic management, to include documentation of findings and care in problem-oriented medical records and performance of clinical procedures.

**CVM 780 Clinical Year Assessment (1 credit) – 4 weeks**

[Description]

**CVM 790 Self Directed Study (no credit) - 4 weeks**

---

**ELECTIVE COURSES – 12 weeks**

Students may retake CORE rotations as an ELECTIVE.

**CVM 776 Elective Courses (4 weeks)**
**CVM 777 NAVLE Preparation (4 weeks)**
**CVM 778 Externship Rotation (2 weeks)**

**CVM 776 Elective Courses (4 credits) – 4 weeks**
Supervised clinical instruction in high quality specialized learning experiences available at institutions and practices in North America and around the world, to include specialty practices (such as medicine, surgery, cardiology, dermatology, neurology, oncology, ophthalmology), species-specific practices, other accredited Colleges of Veterinary Medicine, zoos, and other CVM-approved public and private biomedical institutions. Information on sites available for student’s selection is available online at [http://vetmed.lmunet.edu/clinical-sites/](http://vetmed.lmunet.edu/clinical-sites/). Elective clinical courses for each student must be approved individually and in total by the Clinical Relations and Outreach faculty.

**CVM 777 NAVLE Preparation (4 credits) – 4 weeks**
A minimum of (80) hours of review in preparation of the NAVLE® exam. Course will occur in the fall prior to the November-December NAVLE® exam window on the LMU-CVM campus.

**CVM 778 Externship Rotations (2 credits) – 2 weeks**
Supervised clinical instruction in high quality learning experiences available at institutions and practices in North America and around the world, to include specialty practices (such as medicine, surgery, cardiology, dermatology, neurology, oncology, ophthalmology), species-specific practices, other accredited Colleges of Veterinary Medicine, zoos, and other CVM-approved public and private biomedical institutions that are two weeks in length. Externship rotations must be proposed by students and accepted as an externship rotation prior to the student attending the externship. Externships must be approved individually and in total by the Clinical Relations and Outreach faculty. A maximum of 2 externship rotations may be taken by an individual student.
SECTION III: Student Assessment
Student Assessment and Evaluation

On-site training of the supervising veterinarian, staff and other participating veterinarians will occur. An overview of assessment and evaluation may be found in the appendix.

Evaluation of Students

Evaluation of clinical course students is done in part by the clinical site mentor-supervisor using the evaluation forms available on-line using E*Value software (examples provided in the appendix). Clinical site supervisors, with input from other clinical staff, assess professionalism including attendance and punctuality; motivation, enthusiasm and perseverance; acceptance of responsibility; initiative (self-starter); ability to relate to clients, staff and peers; and ethical and professional conduct. Clinical site supervisors also evaluate interpersonal skills including oral communication/presentation skills; written communication skills; and demonstration of compassion. Lastly clinical sites assess clinical skills including- gathering appropriate history; accuracy of physical exam; quality of record keeping; animal handling skills; technical ability; analytical skills, interpretation of findings and diagnostic procedures; and quality of patient care. LMU-CVM faculty Clinical Course Directors assess students through on-line submissions, on-line exams, video rounds, procedure logs, case logs and write ups, SOAP assessments, and medical record reviews. Clinical Course Directors confirm knowledge of basic sciences; knowledge of material pertinent to clinical course; application of knowledge; formulation of appropriate differential diagnoses; and formulation of appropriate therapeutic plans. Students maintain case and procedure logs through on-line software to demonstrate quantity of student’s case load, evaluate practice case load, prepare test questions from case log content, and for reporting comparative data to AAVMC and the AVMA COE.

Clinical Course Evaluations of Students – Weeks 1 and 4

Clinical Courses include frequent, frank feedback for students on an ongoing basis. To supplement and formalize this process, Clinical site mentors and students are to meet at the end of week one of the clinical course. Students and mentors provide mid-course evaluations which ensure the opportunity to discuss student progress. Mid-course evaluations in which significant academic, technical or professional deficiencies are identified are immediately elevated to the Associate Dean of Clinical Relations and Outreach for remedy.

During the students last week of attendance at the site, a more extensive evaluation will be performed and submitted electronically by the veterinary supervisor using the RIME method as described elsewhere in this document. This evaluation should be shared with the student prior to them leaving the clinical affiliate.

Evaluation of Clinical Site Affiliates by Students

LMU-CVM is committed to providing students with superior learning experiences at its clinical affiliates. As such, student feedback is critical to continuously improving and building upon the quality of the experience at each affiliate. Evaluations of clinical affiliate sites are required from all student participants. Both positive and negative comments are welcome. For feedback to be effective students are asked for constructive comments and to be as specific as possible. Students are asked to avoid
responses that might be interpreted as disparaging of any individual person. Evaluations will be collected on-line and reviewed by CVM faculty and shared with clinical sites, as requested.

**Student Assessment & Grades**

Student assessment and evaluation take place throughout the veterinary medical school curriculum and serve several important roles.

- Provide feedback to students on how they can improve and where they need to focus their learning efforts.
- Document the knowledge and skills of students for the purpose of ensuring that required competencies are achieved.
- Provide feedback to the institution and faculty on how and where they can improve instruction and curriculum.

Assessment takes place through both formal and informal processes.

**Formal:** Standardized processes administered across the curriculum that measure student learning and progress. Examples include end-of-rotation evaluation forms.

**Informal:** Ongoing exchange of information and feedback (dialogue) between students and instructors. Examples include case discussions and the informal weekly and daily feedback sessions.

Clinical site mentors need to support both formal and informal assessment processes to ensure student success. End-of-course evaluations should be completed in a timely manner to help the student, faculty, and the College evaluate how well students are doing.

Clinical site mentors do not “grade” students. Final grades are assigned by the LMU-CVM faculty Clinical Course Director, however, clinical affiliate supervisor evaluations are weighted significantly in the grade assigned. Please see the course syllabi found at [http://vetmed.lmunet.edu/clinical-year-courses/](http://vetmed.lmunet.edu/clinical-year-courses/) for more information on grades.

Informal feedback should take place throughout the entire rotation. Clinical site affiliate mentors should question their students to assess knowledge and skills as well as discover their learning interests. Feedback on performance should be provided on a daily basis. It is important to establish a dialogue with students about expected performance behaviors and provide continuous feedback on opportunities for improvement.

Students also need to receive more comprehensive feedback, even if brief and oral, at the end of the first week and/or at the midpoint that focuses on areas of relative strength and weakness and includes suggestions for improvement. This is especially important if there are any concerns or significant weaknesses so the student has a chance to utilize the feedback to improve their performance. **If the clinical site supervisor has significant reservations about an individual student academically or in other areas, the clinical site supervisor is asked to contact the Associate Dean for Clinical Relations and Outreach as soon as possible.**
Finally, in person/face-to-face evaluations should be done near the end of the rotation and should address the student’s overall performance. The formal written evaluation should never contain any surprises for students, especially if their performance is other than satisfactory.

**Providing Constructive Feedback to Students**

Feedback is based on an assessment of the learner’s knowledge, attitude, and skills observed during the rotation. Feedback should be constructive, consisting of a combination of positive and negative comments with a description of how to improve next time.

**Key points:**
- Feedback should be ongoing and frequent
- Ask permission to give feedback
- Give the feedback as soon as possible after a critical incident – both positive and improvement related feedback
- Use notes to help you recall points you wish to make
- Use the “feedback sandwich” (positive – negative – positive)
- Describe the observed behavior
- Be as specific as possible
- End the feedback with detailed instructions for improvement
- Follow up with positive feedback and praise the learner when improvement occurs

**Feedback sandwich example**

“Clients/patients seem to like you. Yet, some clients seem to be frustrated when you don’t give them enough time to answer your questions. Be patient. Wait several seconds, check to see if they have anything they would like to add and then move on.”

*More feedback examples (Adapted from Des Moines University Faculty Development Office – Clinical Teaching Skills for Preceptors)*

<table>
<thead>
<tr>
<th>Steps</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Listen to the learner’s perspective</td>
<td>The learners start first! Learners need to be encouraged to reflect on what they did well, what needs improving, and how they will make these improvements.</td>
</tr>
<tr>
<td>2</td>
<td>Share your perspective</td>
<td>Share what learners did right and what needs improving.</td>
</tr>
<tr>
<td>3</td>
<td>Always develop a plan for next time</td>
<td>While providing guidance, ask the learner to come up with strategies for improving their performance.</td>
</tr>
</tbody>
</table>
Instructions for Completing Student Evaluations in E*Value

LMU-CVM uses E*Value Healthcare Education Solutions to manage clinical rotations. E*Value is a database management system that incorporates case logging, evaluations, scheduling and student folio preparation and construction to demonstrate student learning.

Clinical sites may use E*Value to view their rotation schedules, complete evaluations, review course syllabi and confirm procedures in which students have participated. Log on to E*Value at [https://www.e-value.net](https://www.e-value.net). If any questions or difficulties are encountered contact the Office of Clinical Relations and Outreach – Phone: 423-869-6009.

Please provide LMU-CVM with a personal email for each veterinarian that will be responsible for evaluating students. Also, if available, please provide an email for a responsible staff person at your facility that may be contacted regarding completing evaluations. As evaluations are submitted electronically, it is necessary that LMU-CVM have the correct email addresses on file.

Only one evaluation for each student completing a rotation at a facility should be completed and submitted as their 4 week evaluation. In order to get feedback on student performance from multiple veterinarians and staff it is recommended that an evaluation be printed, shared amongst those evaluating the student, and the supervising veterinarian collate the various evaluations into one final evaluation. This collated, summary evaluation should then be submitted to Office of Clinical Relations and Outreach. An email from E*Value/LMU will be sent to the supervisor of record. The evaluation can be completed by clicking on the evaluation link in the email. Once completed, be sure to SUBMIT the evaluation. This should be done in a timely manner.

Benefits of on-line evaluations:

- Evaluations are received immediately with no concerns about lost faxes, missing pages, and/or illegible hand writing.
- An e-mail reminder is received with a direct link to the evaluation.
- Clinical sites have access to evaluations completed on past students.

Completing your student’s evaluation in E*Value:

1. A few days before a rotation ends, the clinical site supervisor of record will receive an e-mail notice with a link to evaluations of students by preceptors. Simply click the link to access the evaluation or click on the [www.e-value.net](http://www.e-value.net) link. If you have forgotten your login or password, please contact Office of Clinical Relations and Outreach.
2. Instructions to complete evaluations may be found in the appendix.
3. The RIME scheme outlined elsewhere will be followed to assess students.

Student Attendance and Workload

Attendance - students must be present at the time specified by the clinical site mentor in charge of the clinical courses. Students are required to attend all assigned, scheduled courses and elective clinical courses. Schedules cannot be changed without approval of the Clinical Relations and Outreach office.
Students must attend all assigned courses and course-related activities including lectures, conferences, clinics, call responsibilities, etc. On time arrival at the clinical site, beginning with the first day of the clinical course is imperative.

**Workload** - Clinical course schedules are determined by the clinical rotation site and may require weekends, evenings, holidays and overnight shifts. Allowances will be made for travel time to new rotations. Time commitments will vary by clinical course but will typically require 35 - 40 hours/week of contact time and 10 – 20 hours/week of self-directed study time. The LMU academic calendar is not applicable to veterinary students during their clinical course work.
## Clinical Courses Core Competencies
### and Methods of Direct Assessment - Clinical Year

<table>
<thead>
<tr>
<th>Core Competency</th>
<th>Student Outcome</th>
<th>Direct Student Assessment Methods</th>
<th>Clinical Course Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9 Required Clinical Core Competencies</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1. Comprehensive patient diagnosis (problem solving skills), appropriate use of clinical laboratory testing, and record management | Demonstrate the ability to accurately perform comprehensive and appropriately focused histories, physical examinations and appropriate diagnostic testing with an appreciation of patient signalment, behavior, and presenting complaint. | 1. Case log entry & validation  
2. Weekly &/or mid-course evaluation  
3. Procedural skills observations & evaluation  
4. On-line exams  
5. On campus objective structured clinical exams  
6. End of course evaluation | This clinical core competency will be assessed in all clinical courses, but special focus will be given in the following clinical courses:  
CVM 770 SA General Practice  
CVM 772 SA Primary Care  
CVM 775 Mixed Practice |
| 2. Comprehensive treatment planning including patient referral when indicated     | Demonstrate the ability to appraise, prioritize and synthesize biomedical concepts and clinical findings to formulate appropriate diagnoses, treatments and management plans for specific clinical presentations. | 1. Case log entry & validation  
2. Weekly &/or mid-course evaluation  
3. Procedural skills observations & evaluation  
4. On-line exams  
5. On campus objective structured clinical exams  
6. End of course evaluation | This clinical core competency will be assessed in all clinical courses, but special focus will be given in the following clinical courses:  
CVM 771 Specialty Practice  
CVM 773 Diagnostic Medicine including Pathology |
| 3. Anesthesia and pain management, patient welfare                              | Demonstrate the ability to deliver anesthesia and analgesia to patients of multiple species for procedures common to general practice.                  | 1. Case log entry & validation  
2. Weekly &/or mid-course evaluation  
3. Procedural skills observations & evaluation  
4. On-line exams  
5. On campus objective structured clinical exams  
6. End of course evaluation | This clinical core competency will be assessed in all clinical courses, but special focus will be given in the following clinical courses:  
CVM 772 SA Primary Care  
CVM 775 Mixed Practice |
| 4. Basic surgery skills, experience, and case management                         | Demonstrate the ability to perform surgery and deliver surgical patient care to patients of multiple species for procedures common to general practice.     | 1. Case log entry & validation  
2. Weekly &/or mid-course evaluation  
3. Procedural skills observations & evaluation  
4. On-line exams  
5. On campus objective structured clinical exams  
6. End of course evaluation | This clinical core competency will be assessed in all clinical courses, but special focus will be given in the following clinical courses:  
CVM 772 SA Primary Care  
CVM 774 DVTC Rotation |
| 5. Basic medicine skills, experience, and case management                        | Demonstrate the ability to provide health-care services to diagnose and treat disease states and client education aimed at preventing disease and maintaining animal health. | 1. Case log entry & validation  
2. Weekly &/or mid-course evaluation  
3. Procedural skills observations & evaluation  
4. On-line exams  
5. On campus objective structured clinical exams  
6. End of course evaluation | This clinical core competency will be assessed in all clinical courses, but special focus will be given in the following clinical courses:  
CVM 770 SA General Practice  
CVM 775 Mixed Practice |
### 6. Emergency and intensive care case management

Demonstrate the ability to perform emergency and critical care assessments and procedures common to general practice.

- 1. Case log entry & validation
- 2. Weekly &/or mid-course evaluation
- 3. Procedural skills observations & evaluation
- 4. On-line exams
- 5. On campus objective structured clinical exams
- 6. End of course evaluation

This clinical core competency will be assessed in all clinical courses, but special focus will be given in the following clinical courses: CVM 771 Specialty Practice CVM 774 DVTC Rotation

### 7. Health promotion, disease prevention/biosecurity, zoonosis, and food safety

Demonstrate broad knowledge and understanding of disease prevalence, prevention, zoonotic diseases, food safety and risk factors.

- 1. Case log entry & validation
- 2. Weekly &/or mid-course evaluation
- 3. Procedural skills observations & evaluation
- 4. On-line exams
- 5. On campus objective structured clinical exams
- 6. End of course evaluation

This clinical core competency will be assessed in all clinical courses, but special focus will be given in the following clinical courses: CVM 770 SA Primary Care CVM 770 SA General Practice CVM 774 DVTC Rotation

### 8. Client communication and ethical conduct

- Demonstrate the ability to effectively communicate with clients about health issues and quality of life concerns regarding their animal.
- Demonstrate the appropriate veterinary/client/patient relationship in professional and non-professional situations.
- Demonstrate the ability to effectively communicate orally and in writing with clients and other health-care professionals using language appropriate to their developmental, educational and/or emotional status.
- Demonstrate compassionate behavior and good listening skills in controlled environments and actual clinical situations.

- 1. Weekly &/or mid-course evaluation
- 2. Procedural skills observations & evaluation
- 3. On campus objective structured clinical exams
- 4. End of course evaluation

This clinical core competency will be assessed in all clinical courses, but special focus will be given in the following clinical courses: CVM 770 SA General Practice CVM 776 Electives CVM 778 Externship Rotations

### 9. Strong appreciation for the role of research in furthering the practice of veterinary medicine

Demonstrate the ability to effectively integrate research questions and findings into patient diagnostic and therapeutic techniques and into client education communication.

- 1. Weekly &/or mid-course evaluation
- 2. Procedural skills observations & evaluation
- 3. On campus objective structured clinical exams
- 4. Online exams
- 5. End of course evaluation

This clinical core competency will be assessed in all clinical courses, but special focus will be given in the following clinical courses: CVM 776 Electives CVM 773 Diagnostic Medicine including Pathology
### One Health Clinical Competency

<table>
<thead>
<tr>
<th>Competency</th>
<th>Description</th>
<th>Assessments</th>
<th>Course Focus</th>
</tr>
</thead>
</table>
| 10. **One health knowledge that integrates animal, human and environmental health** | Demonstrate the ability to use veterinary and one health concepts and principles to assess, diagnose and treat animal species as they interact with humans and the environment. | 1. Case log entry & validation  
2. On campus objective structured clinical exams  
3. Online exams  
4. End of course evaluation | CVM 774 DVTC Rotation  
CVM 772 SA Primary Care |

### Professional Clinical Core Competencies

<table>
<thead>
<tr>
<th>Competency</th>
<th>Description</th>
<th>Assessments</th>
<th>Course Focus</th>
</tr>
</thead>
</table>
| 11. **Collaboration** | - Demonstrate an understanding of the importance that a veterinary professional can make to other professions when collaboration occurs.  
- Demonstrate an appreciation of and ability to effectively work with different health care providers, state and federal agencies, public health stakeholders in preventing zoonotic disease.  
- Demonstrate understanding regarding the role and responsibilities of paraprofessionals in caring for patients. | 1. Case log entry & validation  
2. Online multiple choice exams  
3. End of course evaluation  
4. Procedural skills observations & evaluation | This clinical core competency will be assessed in all clinical courses, but special focus will be given in the following clinical courses:  
CVM 773 Diagnostic Medicine including Pathology  
CVM 772 SA Primary Care |
| 12. **Management (self, team, system)** | - Demonstrate an understanding of effectively and efficiently leading and working within a veterinary health care team.  
- Demonstrate an understanding of work-life balance as a professional student and later as a professional graduate.  
- Demonstrate an understanding of the veterinary health care team concept and the role of the veterinarian as head of the medical team. | 1. Weekly &/or mid-course evaluation  
2. On-line multiple choice exams  
3. End of course evaluation  
4. Self-Evaluation pre & post exam  
5. Case Study Write-Ups | This clinical core competency will be assessed in all clinical courses, but special focus will be given in the following clinical courses:  
CVM 771 Specialty Practice  
CVM 770 SA General Practice |
| 13. **Leadership and lifelong learning** | - Demonstrate a commitment to the habits of lifelong learning.  
- Demonstrate an understanding of legal issues related to veterinary medicine.  
- Demonstrate the ability to apply the ethical principles governing veterinary medicine.  
- Demonstrate an understanding of public regulatory veterinary medicine. | 1. Weekly &/or mid-course evaluation  
2. On-line multiple choice exams  
3. End of course evaluation  
4. Case Study Write-Ups | This clinical core competency will be assessed in all clinical courses, but special focus will be given in the following clinical courses:  
CVM 771 Specialty Practice  
CVM 772 SA Primary Care |
<table>
<thead>
<tr>
<th></th>
<th>Diversity and multicultural awareness</th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 14. | - Demonstrate knowledge of and respect for differences in clients and colleagues’ gender, race, culture, age, socio-economic status, sexual orientation, and physical or mental abilities.  
- Demonstrate the ability to apply the impact culture and socioeconomics has on veterinary care.  
- Demonstrate recognition, and appropriately addresses biases of various cultures. | 1. Weekly &/or mid-course evaluation  
2. On-line exams  
3. End of course evaluation  
4. Self-Evaluation pre & post exam  
5. Case Study Write-Ups | This clinical core competency will be assessed in all clinical courses, but special focus will be given in the following clinical courses:  
CVM 774 DVTC Rotation  
CVM 776 Clinical Electives |
| 15. | Adapt to changing environments |   |   |
|   | - Demonstrate an ability to appropriately respond and assist in natural disasters.  
- Demonstrate a quick ability and readiness to respond to changing environments due to weather, stress, conflict, expertise, etc. | 1. Weekly &/or mid-course evaluation  
2. On-line exams  
3. End of course evaluation  
4. Self-Evaluation pre & post exam | This clinical core competency will be assessed in all clinical courses, but special focus will be given in the following clinical courses:  
CVM 771 Specialty Practice  
CVM 776 Clinical Electives  
CVM 775 Mixed Practice |
Adjunct Qualifications

Adjunct Appointment

The LMU-CVM depends on the committed participation of community-based veterinarians, other advanced clinicians, and industry professionals. These individuals act to provide outstanding and comprehensive training to our students, advance LMU-CVM research endeavors, and promote excellence in client/patient care. By providing these individuals with a faculty adjunct appointment, LMU-CVM recognizes the important contribution that they make to the academic mission of the school.

In recognition of the support provided to the CVM by community based providers or other professionals who hold doctoral degrees or the highest appropriate professional degree, faculty appointments (along with reappointments) in the adjunct line are put forward by the relevant LMU-CVM member for approval by the Dean. In granting adjunct faculty appointments, the main factor to be considered will be the individual’s commitment to the CVM academic mission. Such commitment requires documented direct contact with veterinary students. In some cases, community-based health professionals not holding doctoral degrees (hospitals directors, veterinary technicians, etc.) may be eligible for adjunct appointment if they make a substantial contribution to the CVM mission.

Reappointments will be considered every three years and will be based on a recommendation by the Veterinary Hub Leader, Clinical Course Director or other appropriate LMU faculty member, for individuals that demonstrate commitment to excellence in teaching and service to the missions of LMU-CVM. For more information contact the Office of Clinical Relations and Outreach.

Criteria Considered Demonstrating Excellence and Commitment to the LMU-CVM Teaching and Research Mission

(Not an all-inclusive list)

1. A commitment to provide high quality instruction or service to the CVM with a minimum of 320 student contact hours per year. Example: The individual hosts two students for a four week clinical rotation in which each student spends 160 hours.
2. Recognition by peers and students for excellence in teaching and training as made evident by student assessment.
3. Recognition that the faculty member serves as a role model, advisor, mentor to multiple students.
4. Participation in various LMU-CVM educational committees, such as being involved in student admission interviews.
5. Participation in the development and implementation of new courses, electives or curricular content or important teaching materials.
6. Leadership or major participation in design of courses, and/or participation in such courses.
7. Leadership or major participation in local, regional, or national educational meetings and regular invitations to serve as an outside speaker.
8. Participation in faculty development activities.
9. Demonstration of an ongoing commitment to improving teaching skills (attend teaching workshops, faculty development workshops).
10. Ongoing and documented involvement in a formal research project with the CVM.
11. Recognition by peers as a substantive participant in research.
12. Participation in the development of a peer-reviewed manuscript.
13. Documented contributions to institutional or program reviews or grant writing activities.

LMU-CVM Adjunct Faculty Appointment Procedures

New Appointments

- All interest forms, applications and inquiries should be addressed to the LMU-CVM Office of Clinical Relations and Outreach.
- Veterinarians who request to participate in teaching LMU-CVM students on a regular basis for required rotations are eligible for clinical adjunct faculty appointment. Veterinarians who only commit to precept one-time for a specified student or elective will not move forward in the appointment process.
- The Office of Clinical Relations and Outreach will ensure verification of applicant’s license.
- The Office of Clinical Relations and Outreach will verify nomination for adjunct faculty appointment with nominating LMU-CVM faculty member.
- The Office of Clinical Relations and Outreach will obtain final approval signature from the Dean.
- The Office of Clinical Relations and Outreach will send a letter of appointment, certificate and library access brochure to the newly appointed clinical adjunct faculty.
- Three (3) year appointments begin from the date of Dean signature through June 30 of the 3rd year.

Re-appointment process

- The Office of Clinical Relations and Outreach will verify appointee activities (lectures or hosting students) during the three-year appointment cycle. Veterinarian eligibility for re-appointment requires active participation as a lecturer or preceptor with consistently acceptable evaluations from students.
- The Office of Clinical Relations and Outreach will verify license and provide the eligible re-appointees to the Dean. Files will include activity information and evaluation reports from the three-year appointment cycle.
- The Office of Clinical Relations and Outreach will mail a letter of re-appointment and new certificate starting the new three (3) year cycle.
Inactive Adjunct Faculty Appointments

- If a clinical adjunct faculty member has **NOT** lectured or had at least 2 students during the three (3) year appointment cycle, he/she is automatically noted as “Inactive” and the status will be modified in LMU-CVM records.
- Veterinarians can reapply for appointment by submitting a new application and faculty nomination.
Application for Appointment or Reappointment to Adjunct Faculty of LMU-CVM

Note: All items must be completed by applicant and reviewed by nominating LMU-CVM faculty member before submission to the LMU-CVM Dean. Provide additional documentation as needed on separate sheets (including Curriculum Vitae where appropriate).

Appointment is for three (3) academic years ending on June 30, 20__.

Name of proposed adjunct faculty member: ________________________________

Current Title: ____________________ Professional Degree: ____________________

License in good standing in the following state(s): ____________________________

Previous faculty titles at LMU-CVM or other academic institutions:

<table>
<thead>
<tr>
<th>Dates</th>
<th>Institutions</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Proposed or ongoing contributions to teaching CVM veterinary students:

<table>
<thead>
<tr>
<th>Dates</th>
<th>Course Taught</th>
<th>Frequency (contact hours)</th>
<th>Number of students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Documented roles and contributions other educational and/or research mission of CVM:

<table>
<thead>
<tr>
<th>Dates</th>
<th>Activity</th>
<th>Location</th>
<th>Hours (or % effort)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Signature of LMU-CVM faculty member: I believe that this individual meets the criteria for appointment to the faculty rank of adjunct instructor.

Appointment put forward by LMU-CVM faculty member name: ____________________________

Signature: ____________________________ Date: ____________________________
Preparing the next generation of veterinarians

1. More Effective Recruitment and Retention of Quality Veterinary Medical Staff
   - The image of the clinical site in the eyes of veterinarians, staff and clients is enhanced by the commitment to education. This image improves recruitment and retention, and leads to an enhanced ability to attract new associates.
   - Teaching sites may recommend local students to the LMU-CVM and Veterinary Technology programs, thus taking a part in training “home town” veterinary health care providers more likely to remain and serve their community.

2. Potential Clinical Adjunct Faculty Appointment and Faculty Development
   - Appointment of qualifying clinical site teachers to adjunct faculty status at LMU-CVM.
   - Access to LMU-CVM veterinary medical library and the most current medical literature.
   - Faculty development workshops.
   - Opportunities to present on campus.
   - Participation in clinical site training program.

3. Ongoing Continuing Education programs
   - Opportunity to acquire exclusive CE programs.
   - Access to latest veterinary medical education through videoconferencing and web based lectures.
   - Student involvement in hospital didactics (e.g. case presentations, rounds, journal clubs).

4. Veterinary Medical Research Opportunities
   - Access to LMU-CVM resources for research activities.
   - Student’s participation in research out of both personal interest and to fulfill academic requirements.

5. Attention to Client and Patient Care
   - Clients and patients appreciate the personal attention provided by student veterinarians.
   - Labs and other diagnostic results can be monitored by students and reported to attending veterinarian.
   - Students can assist with medical records, including SOAP notes, and discharge instructions.

6. Opportunities for Hospital Growth
   - The LMU Community Based Veterinary Teaching Program designation may allow for community promotion of this prestigious status. To showcase your practice as one of a small and exclusive group qualified to teach the next generation of veterinarians.
Why Should I Teach?
Doctors choose to teach for many reasons. Most veterinarians gain personal satisfaction from teaching the next generation how to become good doctors. Advantages of teaching and participating as an LMU-CVM Clinical Affiliate include:

- Access to computerized information, medical library resources, and LMU faculty.
- Opportunities for lifelong learning.
- Opportunity to recruit veterinary and veterinary technician students into your hospital.
- Recognition for you and your hospital as veterinary medical educators.
- Payment by LMU-CVM in recognition of your teaching contribution.
- Intellectual stimulation that comes from sharing with and learning from students.
- Opportunity for your team to share, learn and grow.
- Renew or further your passion for the veterinary profession.
- Potential for LMU-CVM Adjunct Clinical Faculty appointment.
**Orientation Program**

Orientation for students is extremely important. Setting expectations for students, staff and supervising veterinarians is crucial. All students should receive a day one orientation program at the clinical affiliate. The contents of which should include topics shown below. The Office of Clinical Relations and Outreach is happy to help organize the information for efficient student delivery.

A learning contract should be composed by the student and shared with the supervising veterinarian at the end of day one (See next page). Once the learning contract is signed, it should be shared with the LMU-CVM faculty Clinical Course Director via E*Value by the student.

---

**Items to include during Students orientation – Day 1**

<table>
<thead>
<tr>
<th>Practice Overview &amp; Tour</th>
<th>Practice Overview &amp; Tour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point out safety features</td>
<td>Set clear expectations (Doctors, Students, Staff)</td>
</tr>
<tr>
<td></td>
<td>Student Learning Agreement/Contract – completed and agreed to by affiliate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Introductions</th>
<th>Introductions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review rotation objectives - syllabus</td>
</tr>
<tr>
<td></td>
<td>Student Learning Agreement/Contract</td>
</tr>
<tr>
<td></td>
<td>Syllabus provided by student</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demographics of practice</th>
<th>Demographics of practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe clientele &amp; patient types</td>
<td>Leadership style</td>
</tr>
<tr>
<td></td>
<td>(situational, permission levels for students)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community characteristics</th>
<th>Community characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feedback</td>
<td>Feedback</td>
</tr>
<tr>
<td></td>
<td>(schedule time to meet &amp; discuss, process)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice culture</th>
<th>Practice culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessments</td>
<td>Assessments</td>
</tr>
<tr>
<td></td>
<td>Share formal evaluations with student – student to arrange with supervisor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduling, routines, protocols</th>
<th>Scheduling, routines, protocols</th>
</tr>
</thead>
<tbody>
<tr>
<td>When to arrive, where to park, what if ill, Etc.</td>
<td>Reflections &amp; challenges of practice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact information</th>
<th>Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact info of person or persons to contact if an issue (e.g. illness)</td>
<td>Legal restrictions – the Veterinary Practice Act</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication expectations</th>
<th>Communication expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Mobile phone, texting) – Wireless and wired internet access</td>
<td>Work Space</td>
</tr>
<tr>
<td>timing of student questions</td>
<td>(desk, locker, fridge, breaks, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Computer system – practice management system</th>
<th>Computer system – practice management system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Practices - Protocols</td>
<td>Best Practices - Protocols</td>
</tr>
</tbody>
</table>
LEARNING CONTRACT – to be discussed, agreed to and completed day 1 of the rotation

This is the Student’s responsibility to complete obtain a signature and submit to LMU-CVM.

For a printable copy visit link: http://vetmed.lmunet.edu/lmu-cvm-clinical-year-forms-important-information/.

Student Learning Agreement

Prior to the student’s first day on the rotation, the student should look at the course syllabus and description of the clinical affiliate site. After the orientation at the site, the student is asked to complete this agreement with the student supervisor at the site on Day 1 of the rotation. A short 3 to 5 sentence in each of the areas below: goals, discussion and opportunities. This agreement should then be uploaded at the end of Day 1 of the rotation as a document or photo into the student’s E*Value MyFolio in the appropriate sub-folder and a copy shared with the rotation supervisor.

Student name: ____________________________ Rotation: CVM ___
Rotation Site: ____________________________

Student’s overall career goals/objectives:

Overview of orientation discussion - student’s goals for this rotation - what is realistic (expectations of rotation)
1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

Options/opportunities in the workplace for student
1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

Action Plan - activities w/ approximate dates for completion
1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

Signed: ____________________________ (Supervisor) Date: __________

Signed: ____________________________ (Student) Date: __________
SECTION VI: AVMA-COE Requirements
The American Veterinary Medical Association Council on Education (COE) is the organization that evaluates veterinary programs and grants accreditation upon a program meeting and/or exceeding the standards of accreditation.

**COE Accreditation Policies and Procedures**

*Accreditation Policies and Procedures of the AVMA Council on Education (COE), March 2014*

[https://www.avma.org/ProfessionalDevelopment/Education/Accreditation/Colleges/Pages/coe-pp.aspx](https://www.avma.org/ProfessionalDevelopment/Education/Accreditation/Colleges/Pages/coe-pp.aspx)

**Requirements of an Accredited College of Veterinary Medicine**

*7.3. Standard 3, Physical Facilities and Equipment*

All aspects of the physical facilities must provide an appropriate learning environment. Classrooms, teaching laboratories, teaching hospitals, which may include but are not limited to ambulatory/field services vehicles, seminar rooms, and other teaching spaces shall be clean, maintained in good repair, and adequate in number, size, and equipment for the instructional purposes intended and the number of students enrolled.

Administrative and faculty offices, and research laboratories must be sufficient for the needs of the faculty and staff.

An accredited college must maintain an on-campus veterinary teaching hospital(s), or have formal affiliation with one or more off-campus veterinary hospitals used for teaching. Appropriate diagnostic and therapeutic service components, including but not limited to pharmacy, diagnostic imaging, diagnostic support services, isolation facilities, intensive/critical care, ambulatory/field service vehicles, and necropsy facilities must be provided to support the teaching hospital(s) or facilities with operational policies and procedures posted in appropriate places.

Facilities for the housing of animals used for teaching and research shall be sufficient in number, properly constructed, and maintained in a manner consistent with accepted animal welfare standards. Adequate teaching, laboratory, research, and clinical equipment must be available for examination, diagnosis, and treatment of all animals used by the college. Safety of personnel and animals must be assured.

**COE Accreditation Policies and Procedures: Off-campus**

*8. Off-campus and Distributive Sites*

8.2. COE Guidelines for Implementation of a Distributive Veterinary Clinical Education Model

1. The clinical sites selected by a college to serve in a distributive clinical educational model should receive appropriate financial remuneration per student from the college in order to help ensure that students receive on-site supervised clinical instruction, with formal written contract of expectations.
2. The college must prepare and distribute appropriate materials for clinical site educators that detail objectives of the program, expectations of the site coordinators, clinical site educator training materials, instructions concerning the format the college wants used to evaluate student performance and provide feedback to students on progress/deficiencies associated with site experience.

3. Additionally the college must provide to the students, and clinical site educators alike, the expectations of the college for student safety and security while the student is on site.

4. Distributed clinical sites must be selected on the basis of specific criteria and identified for instruction in precise disciplines (defined by the college) such as, but not limited to: Food Animal/Equine/Small Animal Medicine; Food Animal/Equine/Small Animal Surgery or Food Animal or Equine or Small Animal Medicine and Surgery; Dermatology, Imaging (radiology, etc.), Neurology, Cardiology, Critical Care Emergency Medicine, etc.

5. For distributed clinical sites the college must take steps to ensure that the educational objectives and anticipated outcomes are thoroughly promulgated and understood by students and clinical site coordinators alike.

6. The college must designate to the COE what clinical sites are considered as primary instructional sites as defined by Standard 9 (c) and these will be considered by COE as core instructional sites. These sites must be in compliance with AVMA-COE Standards.

7. The college must document/assess that students and educators clearly understand how evaluation and grading practices will be conducted at each clinical site including clinical competencies.

8. Veterinarians must be licensed and technicians should be certified, licensed, or registered as appropriate to that jurisdiction.

9. The college must document that students are fully informed concerning their ability to report any and all safety, physical, and emotional concerns to the college.

10. The college must put in place a system to regularly monitor/supervise the instructional activities at each clinical site and report this system with any subsequent changes and outcomes to the COE.

11. Each clinical site educator must abide by a process devised by the college to provide a written evaluation of the performance of each student.

12. Students must provide the college with an evaluation of each site (after the respective rotation) including an evaluation of teaching at the site and the student’s opportunity to perform hands-on procedures at the site. The college must summarize this information for the COE.

13. The COE may inspect clinical sites at any time students are present; these inspections, including travel and per diem costs, will be at the expense of the college.

14. The college must put in place a system to measure and document clinical competencies outcomes at clinical sites as specified by the COE (see Section 12.11.2) to assess clinical sites.
Clinical Site Facility Inspection Form

Adapted from AVMA-COE Appendix F -- Distributive Model - Off-site inspection Guidelines

For a printable copy visit: Appendix F -- Distributive Model - Off-site inspection Guidelines

<table>
<thead>
<tr>
<th>Site:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewer:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason for inspection</td>
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</tbody>
</table>

**Safety Measures:**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. First aid kit present and clearly labeled</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>2. Evacuation plan posted</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>3. Fire suppression system (sprinklers, extinguisher, etc.)</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>4. Smoke detection system</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>5. Eye wash station if required by MSDS</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>6. Exit signage adequate</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>7. Policies and procedures present</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

Comments:

**Radiation Safety:**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Radiation warning signs posted</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>9. Adequate personal protective equipment (aprons, gloves, etc.)</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>10. Leaded eye wear</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>11. Dosimeter monitoring program</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>12. Procedure monitoring log</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

Comments:

**Chemical Safety:**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>13. Expired drugs in pharmacy</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>14. Limited access to controlled drugs</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>15. Controlled drugs logged</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>16. MSDS binder or on-line access to MSDS</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>17. Anesthesia scavenger system in place</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>18. Anesthesia leak checks performed</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>If chemotherapy provided – personal protective equipment available, clear chemical labeling</td>
<td>Y</td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
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</table>

**Isolation:**

<table>
<thead>
<tr>
<th></th>
<th>Separate isolation area</th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Posted isolation protocols</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Personal Protective Equipment available</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
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**Miscellaneous Safety:**

<table>
<thead>
<tr>
<th></th>
<th>Food in treatment area</th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Separate refrigerator for employee food</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Compressed gas cylinders secured</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>If laser available – personal protective equipment available, warning signs posted</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Approved medical waste and sharps containers in use</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>If ambulatory vehicles – maintained and appear safe</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Employee postings displayed</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>If livestock chutes – appropriate warnings displayed</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Surgical Facilities:**

<table>
<thead>
<tr>
<th></th>
<th>Preparation room/area</th>
<th>Adequate</th>
<th>Inadequate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Surgery room</td>
<td>Adequate</td>
<td>Inadequate</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Recovery</td>
<td>Adequate</td>
<td>Inadequate</td>
<td>N/A</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Medical Facilities:**

<table>
<thead>
<tr>
<th></th>
<th>Exam room</th>
<th>Adequate</th>
<th>Inadequate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Treatment area</td>
<td>Adequate</td>
<td>Inadequate</td>
<td>N/A</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Diagnostic Imaging:

<table>
<thead>
<tr>
<th></th>
<th>Adequate</th>
<th>Inadequate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>36. Radiology</td>
<td>Adequate</td>
<td>Inadequate</td>
<td>N/A</td>
</tr>
<tr>
<td>37. Ultrasound</td>
<td>Adequate</td>
<td>Inadequate</td>
<td>N/A</td>
</tr>
<tr>
<td>38. CT</td>
<td>Adequate</td>
<td>Inadequate</td>
<td>N/A</td>
</tr>
<tr>
<td>39. MRI</td>
<td>Adequate</td>
<td>Inadequate</td>
<td>N/A</td>
</tr>
<tr>
<td>40. Other</td>
<td>Adequate</td>
<td>Inadequate</td>
<td>N/A</td>
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</tbody>
</table>

Comments:

### Diagnostic Laboratory:

<table>
<thead>
<tr>
<th></th>
<th>Adequate</th>
<th>Inadequate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>41. In house</td>
<td>Adequate</td>
<td>Inadequate</td>
<td>N/A</td>
</tr>
<tr>
<td>42. Reference – provide name</td>
<td>Adequate</td>
<td>Inadequate</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Comments:

### Facility Structure:

<table>
<thead>
<tr>
<th></th>
<th>Adequate</th>
<th>Inadequate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>43. Patient housing</td>
<td>Adequate</td>
<td>Inadequate</td>
<td>N/A</td>
</tr>
<tr>
<td>1. Intensive or critical care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45. Necropsy facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46. Student study area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47. Client area</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

### Reference Resources:

<table>
<thead>
<tr>
<th></th>
<th>Adequate</th>
<th>Inadequate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>48. Internet access</td>
<td>Adequate</td>
<td>Inadequate</td>
<td>N/A</td>
</tr>
<tr>
<td>49. Textbooks and Journals</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

### Medical Records:

<table>
<thead>
<tr>
<th></th>
<th>Adequate</th>
<th>Inadequate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>50. Electronic - name of EMR provider:</td>
<td>Adequate</td>
<td>Inadequate</td>
<td>N/A</td>
</tr>
<tr>
<td>51. Paper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52. Records are retrievable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Comments: __________________________________________

Comments: __________________________________________

Comments: __________________________________________

Comments: __________________________________________

Signature of Evaluator: ________________________________  Date: _______
OFF-SITE CLINICAL FACILITIES Inspection Form

Site: _______________________________________________________________________

Fourth year site

Names of clinical personnel:

__________________________________ Position: ______________________________

__________________________________ Position: ______________________________

__________________________________ Position: ______________________________

Relationship of practicum rotation coordinator and site (practice or facility)?

____________________________________________________________________________

COE Standard 3 – Physical Facilities & Equipment

21.3.3a Adequacy of Safety Measures:

Posted protocols/warning signs:

1) isolation facilities YES_____ NO_____ NA _____

2) radiology/radioactivity YES_____ NO_____ NA _____

3) first aid/evacuation/other emergencies YES_____ NO_____ NA _____

4) hydraulic chutes YES_____ NO_____ NA _____

Describe safety measures at this facility. Who is responsible for safety inspections?

Any unsafe conditions? Note specific area and deficiency:

Safety of facilities for housing animals (fencing, corrals, caging, runs, etc.)?

Safety equipment is in place for radiographic procedures? NA

1) Lead barriers YES NO NA

2) Aprons YES NO NA

3) Gloves YES NO NA

4) Eyewear YES NO NA   (Required by some states)

5) Dosimetry Badges YES NO NA
21.3.3b – h: Adequacy of instructional environment and equipment

Waiting rooms/client areas NA OK Concerns
Examination rooms NA OK Concerns
Treatment areas NA OK Concerns
Laboratory – clinical pathology/diagnostics NA OK Concerns
Kennels/Animal Housing NA OK Concerns
Surgery and anesthesia NA OK Concerns
Gas cylinders secured NA OK Concerns
Intensive/critical care NA OK Concerns
Necropsy NA OK Concerns
Pharmacy NA OK Concerns

  Controlled substances:
  Access? In clinic and ambulatory?
  Records?
  Expired/out-dated drugs?

  Comment:
  Safety of chemo drugs? Hood?, personal safety gear?, waste?

Offices/Student break area NA OK Concerns
Computers and internet access OK Concerns
Overall building infrastructure OK Concerns
Other OK Concerns
Isolation NA OK Concerns

21.3.4 Students instructed in use of facility? (orientation)

  How?
  When?
  By whom?
COE Standards 4, 6, 9 and 11 – Clinical Resources, Students, Curriculum & Outcome Assessments

21.4.4 Monitoring and supervision

Fourth year sites – questions for preceptors

- How were you trained/ oriented to the responsibilities of being a distant veterinary teaching facility coordinator, and by whom? Discuss your responsibilities for student evaluations.

- With whom do you communicate in regard to students and goals and expectations for students rotating through your clinic/ facility? How often?

- Discuss your responsibilities regarding clinical competencies of students. How are these used to improve student learning at your facility?

- How often, during a rotation, does someone from the school/college come to visit your clinic?  
  o Who usually makes these visits?
  o What do they do while they’re here, i.e., nature of the visit?
  o follow-up?
  o do you keep record of these visits and/or correspondences?

- Who is responsible for day-to-day supervision and monitoring of students in your practice?

- Who is responsible for completing the on-line evaluations of students in your practice? (21.6.4)  
  o Does this person also discuss this evaluation or otherwise give feedback to the students?
  o Please describe nature and frequency of evaluation and feedback.

- Do you use the feedback forms /internet programs that are available from the school/ college?

- Do you feel that the assessment system provided allows you to assess the students in an adequate manner? YES NO

- How often does someone from the school/college inspect or examine your practice/ facilities and update information related to their criterion and requirements for your participation as a CORE fourth year site?

- Describe the types of rounds you have with the students? How often do these occur?
21.4.5: Student involvement and responsibilities

- When students are rotating through this practice/site, how are they involved in healthcare management?
- Do they:
  - meet with clients? YES NO NA
  - discuss costs/billing with clients? YES NO NA
  - admit patients? YES NO NA
  - discharge patients? YES NO NA
  - take medical history? YES NO NA
  - examine patients? YES NO NA
  - make entries in medical records? YES NO NA
  - participate in diagnoses? YES NO NA
  - take cytology sample? YES NO NA
  - treat patients? YES NO NA
  - participate in surgeries? YES NO NA
    - if yes, describe nature of participation
  - administer and/or monitor anesthesia? YES NO NA
  - participate in emergency treatments? YES NO NA
  - participate in critical care? YES NO NA
  - participate in imaging YES NO NA
    - radiography? YES NO NA
    - positioning/taking radiographs? YES NO NA
    - interpretation? YES NO NA
    - ultrasound? YES NO NA
    - imaging process? YES NO NA
    - interpretation? YES NO NA
    - other? YES NO NA
  - conduct necropsy examinations? YES NO NA
    - other? YES NO NA
  - How did the students learn about the facility? Describe how arrangement for transportation and housing were made at the DVTH?
  - How do the students evaluate the site and their experiences there?
  - How are students instructed in bio-safety at the sites?

NOTE TO COE SITE VISIT MEMBER: If possible verify these with students on site. If not then do so during student interview session including their thoughts regarding pros and cons of site.
21.4.7: Medical records

- What type of medical records do you maintain? electronic paper both
- Do students have access to the records? YES NO NA
- Are records “readily retrievable?” YES NO NA
- (Team should, if possible, examine a few representative records to validate what has been stated)
- Other comments regarding records?

---

COE Standards 5 – INFORMATION RESOURCES

21.5.1, 21.5.3 INFORMATION RESOURCES

- To what type of learning and information resources do students have access at your practice?
  - Textbooks YES NO
  - Journals
    - Hardcopy YES NO
    - Electronic YES NO
  - Electronic data bases YES NO
  - Other internet resources YES NO
  - Other?
    - Describe
  - Other:

Date: AVMA-COE Site team members:
LMU-CVM Community Based Veterinary Teaching Program

Core Clinical Site Selection Criteria

- No current veterinary board sanctions against practicing supervising clinicians
- Meets all safety standards for imaging, DEA, fire, OSHA, SDS, etc.
- Hosts minimum of two students per rotation (preferred). Agrees to host students a minimum of four times a year. Exceptions may be made in some cases
- On-site subject matter experts in the area of specialty of the site; these may be specialty college diplomates, or American Board of Veterinary Practitioners diplomates, or individuals recognized as expert by peers in the discipline of interest
- Adequate caseload for a rich and varied clinical education experience - confirmed by student logging of procedures using E*Value.
- Presence of reference resources (may be provided by LMU-CVM)
- Physical facilities in compliance with Essential (Standard) 3. Physical Facilities and Equipment of the Council on Education of the AVMA (see below)
- A clinical pathology laboratory on site or accessible
- Diagnostic instrumentation and nursing care for in-patients available in accordance with accepted standard of care
- Necropsies capabilities available or accessible
- Comprehensive and retrievable medical records to support teaching, research and service programs of the College
- Provision for student interaction and discussion in the work-up of patients, including physical diagnosis, diagnostic problem-oriented decision making and case management decisions.
- Presence of an environment that promotes life-long learning
- Presence of an environment that allows supervision and monitoring of the student’s educational experience by the LMU-CVM and feedback on student assessment
- Presence of a conference room, office or area for small-group learning sessions on-site
- Wireless internet access available
- Completed initial clinical site training program and agreed to ongoing training
- Signed affiliate agreement between site and LMU setting forth expectation for both parties and allowing for student learning experience
LMU-CVM Community Based Veterinary Teaching Program

Elective Clinical Site Selection Criteria

- No current veterinary board sanctions against practicing clinicians
- Meets all safety standards for imaging, DEA, fire, OSHA, SDS...
- On-site subject matter experts in the area of specialty of the site; these may be specialty college diplomates, or American Board of Veterinary Practitioners diplomates, or individuals recognized as expert by peers in the discipline of interest
- Adequate caseload for a rich and varied clinical education experience
- Presence of reference resources (may be provided by LMU-CVM)
- Physical facilities in compliance with *Essential (Standard) 3. Physical Facilities and Equipment* of the Council on Education of the AVMA (see below)
- A clinical pathology laboratory on site or accessible
- Diagnostic instrumentation and nursing care for in-patients available in accordance with accepted standard of care
- Necropsies capabilities available or accessible
- Comprehensive and retrievable medical records to support teaching, research and service programs of the College
- Provision for student interaction and discussion in the work-up of patients, including physical diagnosis, diagnostic problem-oriented decision making and case management decisions.
- Presence of an environment that promotes life-long learning
- Presence of an environment that allows supervision and monitoring of the student’s educational experience by the CVM and feedback on student assessment
- Wireless internet available
- Presence of a conference room, office or area for small-group learning sessions on-site or nearby
Clinical Affiliate Assessment of Student – Week 1

End of week 1 clinical rotation assessment of student by preceptor

CLINICAL YEAR EVALUATION OF STUDENT
WEEK 1

Please discuss the student with the appropriate individuals at your facility in order to evaluate each student as thoroughly as possible. This evaluation should be shared with the student. Anything on this evaluation should not come as a surprise to the student. Any areas of concern should be addressed with the student.

Proficiency rating: The following categories are used to evaluate student performance at the end of the clinical rotation.

1. **Not Observed** - Not Applicable - Cannot evaluate.
2. **Reported - Lacks Competency** – Very Problematic. An area of grave concern. Performance is consistently poor for a fourth year veterinary student in this part of the clinical year.
3. **Interpreter - Developing Entry Level Graduate Veterinarian Competency** – Performance needs improvement. Student performance shows that the student has not yet gained personal command of the skill that is needed for a fourth year veterinary student in this part of the clinical year.
4. **Manager - Attainment of Entry Level Graduate Veterinarian Competency** - Performance of skill meets those of a new graduate veterinarian. Performance is good, solid and done most of the time as normally expected.
5. **Educator - Exceeds Entry Level Graduate Veterinarian Competency** – Performance of skill exceeds expectations, is consistently excellent and above average.

Prior to completing this evaluation, please verify that the evaluation is for the correct student.

(Question 1 of 4 - Mandatory)

<table>
<thead>
<tr>
<th>KNOWLEDGE</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
<th>Not Observed or Not Applicable</th>
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<tbody>
<tr>
<td>Knowledge Base</td>
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<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
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### Application of Knowledge

(Question 2 of 4 - Mandatory)

<table>
<thead>
<tr>
<th>CLINICAL SKILLS</th>
<th>Reporter Lacks</th>
<th>Interpreter Developing</th>
<th>Manager Attaining</th>
<th>Educator Exceeds</th>
<th>Not Observed or Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Skills</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Problem Solving Skills</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
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</tr>
</tbody>
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(Question 3 of 4 - Mandatory)

<table>
<thead>
<tr>
<th>INTERPERSONAL SKILLS AND PROFESSIONALISM</th>
<th>Reporter Lacks</th>
<th>Interpreter Developing</th>
<th>Manager Attaining</th>
<th>Educator Exceeds</th>
<th>Not Observed or Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Conduct</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Comments:** Please elaborate on all "Lacks Competency (Reporter)" and "Developing Competency (Interpreter)" noted above. (Use additional pages if necessary and notify LMU-CVM Course Director). Feel free to commend student in areas that they excel.  
(Question 4 of 4)

Please share & discuss this evaluation with the student.

In any area that the student is evaluated at the “Reporter” or “Interpreter” level, please discuss areas for improvement with the student and have the student submit a plan for improvement to LMU-CVM.

Please refer to this document and use it as a guideline to deliver feedback to students on a regular and on-going basis.
Clinical Affiliate Assessment of Student - Week 4

Clinical Year – Evaluation of Student – Week 4

For a printable copy visit link: http://vetmed.lmunet.edu/lmu-cvm-clinical-year-forms-important-information/

| Subject: |
| Evaluator: |
| Site: |
| Period: |
| Dates of Course: |
| Course: Evaluation Form Setup and Review |
| Form: Clinical Year - Evaluation of Student - Week 4 |

Proficiency rating: The following categories are used to evaluate student performance at the end of the clinical rotation.

0. Not Observed - Not Applicable - Cannot evaluate.
1. Lacks Competency - Reporter - Very Problematic. An area of grave concern. Performance is consistently poor for a fourth year veterinary student in this part of the clinical year.
2. Developing Entry Level Graduate Veterinarian Competency - Interpreter - Performance needs improvement. Student performance shows that the student has not yet gained personal command of the skill that is needed for a fourth year veterinary student in this part of the clinical year.
3. Attainment of Entry Level Graduate Veterinarian Competency - Manager - Performance of skill meets those of a new graduate veterinarian. Performance is good, solid and done most of the time as normally expected.
4. Exceeds Entry Level Graduate Veterinarian Competency - Educator - Performance of skill exceeds expectations, is consistently excellent and above average.

Students are evaluated in the following areas:

- KNOWLEDGE
- CLINICAL SKILLS
- INTERPERSONAL SKILLS and PROFESSIONALISM

KNOWLEDGE Comments (Question 1 of 16 - Mandatory)

Student knows how and willingness to show how - Please provide comments concerning the student's overall subject knowledge. Be sure to note areas of strength and areas of weakness. Please be as specific as possible.
**Proficiency rating:** The following categories are used to evaluate student performance at the end of the clinical rotation.

0. **Not Observed** - Not Applicable - Cannot evaluate.
1. **Reporter** - Lacks Competency — Very Problematic. An area of grave concern. Performance is consistently poor for a fourth year veterinary student in this part of the clinical year.
2. **Interpreter** - Developing Entry Level Graduate Veterinarian Competency — Performance needs improvement. Student performance shows that the student has not yet gained personal command of the skill that is needed for a fourth year veterinary student in this part of the clinical year.
3. **Manager** - Attainment of Entry Level Graduate Veterinarian Competency - Performance of skill meets those of a new graduate veterinarian. Performance is good, solid and done most of the time as normally expected.
4. **Educator** - Exceeds Entry Level Graduate Veterinarian Competency — Performance of skill exceeds expectations, is consistently excellent and above average.

**Skill Category**
- Category 1 (1): LMU-CVM deems these items to be very important skills or skills that will not be evaluated as often as Category 2 skills.
- Category 2 (2): skills that students will have multiple evaluations over many rotations.

**Skill Category evaluation**

**PLEASE BE AWARE**
Depending on the timeframe of the clinical year that a student is evaluated, evaluating a student as a Reporter (1) or Interpreter (2) may result in the student needing to retake this rotation and/or an academic warning.

(Question 2 of 16 - Mandatory)

<table>
<thead>
<tr>
<th>KNOWLEDGE - Student knows how and willingness to show how</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
<th>Not Observed or Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhibits core knowledge of basic sciences (Category 2)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Exhibits basic knowledge of clinical material pertinent to rotation (e.g. pathophysiology, etiology, epidemiology, immune response, etc.) (Category 2)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Is able to interpret &amp; apply knowledge to clinical case management (Category 2)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Is able to create relevant differential diagnoses (Category 2)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Is able to formulate appropriate therapeutic plans (Category 2)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Understands when referral may be appropriate (Category 2)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
</tbody>
</table>
Is able to locate, gather and utilize new information to supplement case management (Category 2) | 1.0 | 2.0 | 3.0 | 4.0 | 0

**END OF KNOWLEDGE PORTION OF EVALUATION**

**CLINICAL SKILLS Comments:** (Question 3 of 16 - Mandatory)

Student applies the know-how in the clinical setting - Please provide comments concerning the student's overall clinical skills preparation and mastery. Be sure to note areas of strength and areas of weakness. Please be as specific as possible.

**Proficiency rating:** The following categories are used to evaluate student performance at the end of the clinical rotation.

0. Not Observed - Not Applicable - Cannot evaluate.
1. Reporter - Lacks Competency - Very Problematic. An area of grave concern. Performance is consistently poor for a fourth year veterinary student in this part of the clinical year.
2. Interpreter - Developing Entry Level Graduate Veterinarian Competency - Performance needs improvement. Student performance shows that the student has not yet gained personal command of the skill that is needed for a fourth year veterinary student in this part of the clinical year.
3. Manager - Attainment of Entry Level Graduate Veterinarian Competency - Performance of skill meets those of a new graduate veterinarian. Performance is good, solid and done most of the time as normally expected.
4. Educator - Exceeds Entry Level Graduate Veterinarian Competency - Performance of skill exceeds expectations, is consistently excellent and above average.

**Skill Category**
- Category 1 (1): LMU-CVM deems these items to be very important skills or skills that will not be evaluated as often as Category 2 skills.
- Category 2 (2): skills that students will have multiple evaluations over many rotations.

**Skill Category evaluation**

**PLEASE BE AWARE**

Depending on the timeframe of the clinical year that a student is evaluated, evaluating a student as a Reporter (1) or Interpreter (2) may result in the student needing to retake this rotation and/or an academic warning.

(Question 4 of 16 - Mandatory)
<table>
<thead>
<tr>
<th><strong>CLINICAL SKILLS - Student applies the know-how in the clinical setting</strong></th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
<th>Not Observed or Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is able to gather appropriate history (Category 2)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Is able to perform a thorough, technically accurate physical exam (Category 2)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Is able to accurately record information in a systematic and organized fashion (SOAP notes, record keeping) (Category 2)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Displays suitable animal handling skills (Category 2)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Demonstrates adequate technical ability (non-surgical) (Category 2)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Problem solving - Demonstrates good analytical skills, interpretation of findings and able to suggest diagnostic procedures (Category 2)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Demonstrates the ability to critically appraise resources pertinent to case management and treatment planning (Category 2)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Offers adequate quality of patient care (Category 2)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Patient Care - Addresses analgesia/pain management (Category 2)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Surgical Skills &amp; acumen (Category 2)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Non-surgical / Medical Skills (Category 2)</strong></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Emergency &amp; Intensive Care Case Management (Category 1)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>EMERGENCY - Familiar with disaster management principles, terminology, disaster preparedness, risk assessment and hazard identification (Category 1)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>PREVENTIVE CARE - Is well versed in preventive care techniques &amp; guidelines (e.g. vaccinations, testing) (Category 2)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>HERD HEALTH MANAGEMENT - Has knowledge and understands agricultural practices and productivity requirements in making recommendations of treatment, housing, nutrition (Category 1)</td>
<td>1.0</td>
<td>2.0</td>
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<tr>
<td>Course</td>
<td>Category</td>
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<tr>
<td><strong>BIOSECURITY - SAFETY AWARENESS</strong></td>
<td></td>
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<tr>
<td>- appropriate hand washing &amp; instrument care, personal protective equipment use and is able to identify the biohazard level of the patients and follow hospital protocols</td>
<td></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
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<tr>
<td><strong>HEALTH PROMOTION</strong></td>
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<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
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<tr>
<td>- Well versed in Zoonotic diseases and prevention</td>
<td></td>
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<tr>
<td><strong>FOOD SAFETY &amp; SECURITY</strong></td>
<td></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
</tr>
<tr>
<td>- Well versed in food safety &amp; security</td>
<td></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
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<tr>
<td>(Category 1)</td>
<td></td>
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<tr>
<td>- Well versed in withdraw times and appropriate drug and antimicrobial use</td>
<td></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
</tr>
<tr>
<td>(Category 1)</td>
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</tr>
<tr>
<td><strong>ANESTHESIA - Knowledge Base &amp; Treatment Planning</strong></td>
<td></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
</tr>
<tr>
<td>(Category 2)</td>
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</tr>
<tr>
<td><strong>ANESTHESIA - Shows adequate Pre-Anesthetic Evaluation/Problem Solving</strong></td>
<td></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
</tr>
<tr>
<td>(Category 2)</td>
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</tr>
<tr>
<td><strong>ANESTHESIA - Shows adequate Anesthesia/Analgesic Planning</strong></td>
<td></td>
<td>1.0</td>
<td>2.0</td>
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<td>4.0</td>
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<tr>
<td>(Category 2)</td>
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<td></td>
</tr>
<tr>
<td><strong>ANESTHESIA - Shows adequate Anesthetic Case Preparation</strong></td>
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<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
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<tr>
<td>(Category 2)</td>
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<tr>
<td><strong>ANESTHESIA - Shows adequate Anesthetic Management</strong></td>
<td></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
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<tr>
<td>(Category 2)</td>
<td></td>
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</tr>
<tr>
<td><strong>ANESTHESIA - Knows control substance/drug laws &amp; regulations</strong></td>
<td></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
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<tr>
<td>(Category 1)</td>
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<tr>
<td><strong>DIAGNOSTIC IMAGING - Able to acquire diagnostic quality diagnostic images/radiographs</strong></td>
<td></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
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<tr>
<td>(Category 1)</td>
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</tr>
<tr>
<td><strong>DIAGNOSTIC IMAGING - Able to assess quality &amp; interpret diagnostic images</strong></td>
<td></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
</tr>
<tr>
<td>(Category 1)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>NECROPSY - Necropsy skills &amp; Acumen</strong></td>
<td></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
</tr>
<tr>
<td>- able to describe &amp; perform a necropsy</td>
<td></td>
<td></td>
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<tr>
<td>(Category 1)</td>
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</tr>
<tr>
<td><strong>NECROPSY - Able to discuss gross necropsy results and suggest further testing</strong></td>
<td></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
</tr>
<tr>
<td>(Category 1)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>ANIMAL WELFARE - Is well versed in animal welfare considerations</strong></td>
<td></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
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<tr>
<td>(Category 1)</td>
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</tbody>
</table>
END OF CLINICAL SKILLS PORTION OF EVALUATION

INTERPERSONAL SKILLS - INTERPERSONAL SKILLS AND PROFESSIONALISM Comments:  (Question 5 of 16 - Mandatory)

Please provide comments concerning the student’s overall interpersonal skills. Be sure to note areas of strength and areas of weakness. Please be as specific as possible.

Proficiency rating: The following categories are used to evaluate student performance at the end of the clinical rotation.

0. Not Observed - Not Applicable - Cannot evaluate.
1. Reporter - Lacks Competency – Very Problematic. An area of grave concern. Performance is consistently poor for a fourth year veterinary student in this part of the clinical year.
2. Interpreter - Developing Entry Level Graduate Veterinarian Competency – Performance needs improvement. Student performance shows that the student has not yet gained personal command of the skill that is needed for a fourth year veterinary student in this part of the clinical year.
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4. Educator - Exceeds Entry Level Graduate Veterinarian Competency – Performance of skill exceeds expectations, is consistently excellent and above average.

Skill Category
• Category 1 (1): LMU-CVM deems these items to be very important skills or skills that will not be evaluated as often as Category 2 skills.
• Category 2 (2): skills that students will have multiple evaluations over many rotations.

Skill Category evaluation

PLEASE BE AWARE

Depending on the timeframe of the clinical year that a student is evaluated, evaluating a student as a Reporter (1) or Interpreter (2) may result in the student needing to retake this rotation and/or an academic warning.

(Question 6 of 16 - Mandatory)

<table>
<thead>
<tr>
<th>INTERPERSONAL SKILLS - INTERPERSONAL SKILLS AND PROFESSIONALISM</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
<th>Not Observed or Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates effective verbal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>communication skills with clients</strong> <em>(Category 1)</em></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
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</tr>
<tr>
<td>Demonstrates effective verbal communication skills with veterinarians and staff <em>(Category 1)</em></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Demonstrates effective written communication skills with clients, veterinarians &amp; staff <em>(Category 1)</em></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Is able to present written information in an accurate, logical and organized manner <em>(Category 1)</em></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Demonstrates compassion <em>(Category 1)</em></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Is accepting of instruction and constructive feedback <em>(Category 1)</em></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Demonstrates teamwork skills <em>(Category 1)</em></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Respects and demonstrates empathy with clients of various backgrounds in regards to educational level, gender, race, culture, age, socioeconomic status and physical &amp; mental abilities. Is able to communicate well with various groups of people. <em>(Category 1)</em></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
</tbody>
</table>

**PROFESSIONALISM - INTERPERSONAL SKILLS AND PROFESSIONALISM Comments:** *(Question 7 of 16 - Mandatory)*

Please provide comments concerning the student’s overall professional skills. Be sure to note areas of strength and areas of weakness. Please be as specific as possible.

**PROFESSIONALISM - INTERPERSONAL SKILLS AND PROFESSIONALISM** *(Question 8 of 16 - Mandatory)*

<table>
<thead>
<tr>
<th></th>
<th>Reporter Lacks</th>
<th>Interpreter Developing</th>
<th>Manager Attaining</th>
<th>Educator Exceeds</th>
<th>Not Observed or Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is reliable, responsible and punctual - follows through <em>(Category 1)</em></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Professional dress and appearance <em>(Category 1)</em></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Displays motivation to learn (initiative), with enthusiasm and perseverance as demonstrated in oral &amp; written communications - displays life-long learning characteristics - a &quot;can-do&quot; spirit, commitment &amp; dedication  (Category 1)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Is able to relate to clients, staff and peers  (Category 1)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Is honest, trustworthy and exhibits appropriate ethical and professional conduct - takes responsibility for own action  (Category 1)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
<tr>
<td>Adapts to changing schedules/environments - demonstrates an ability to respond to and assist in emergencies, natural disasters, weather, stress, conflict, euthanasia and other stressful situations  (Category 1)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>0</td>
</tr>
</tbody>
</table>

END OF INTERPERSONAL SKILLS AND PROFESSIONALISM PORTION OF EVALUATION

GLOBAL ASSESSMENT Comments:  *(Question 9 of 16 - Mandatory )*  
Please provide comments concerning your overall impression of the student. Be sure to note areas of strength and areas of weakness. Please be as specific as possible.

GLOBAL ASSESSMENT  *(Question 10 of 16 - Mandatory )*  

<table>
<thead>
<tr>
<th>OVERALL ASSESSMENT</th>
<th>Reporter Lacks</th>
<th>Interpreter Developing</th>
<th>Manager Attaining</th>
<th>Educator Exceeds</th>
<th>Not Observed or Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>In review of the above, at this time of the student's fourth year studies I believe that overall this student is evaluated as a:</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
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</tr>
</tbody>
</table>

*(Question 11 of 16 - Mandatory )*
WOULD YOU HIRE THIS STUDENT?

If you had a need and an opening, would you consider hiring this student as a graduate veterinarian?

Yes No Not sure

If you answered No or Not sure, why would you not consider hiring this student?

(Question 12 of 16)

(Question 13 of 16 - Mandatory)

DID YOU PROVIDE REGULAR FEEDBACK TO STUDENT?

Did you provide the student with weekly feedback during the rotation?

Yes No

Did you share this evaluation with the student and spend some time going over it together?

(Question 14 of 16 - Mandatory)

DO YOU RECOMMEND ADDITIONS TO THIS FORM?

Are there any other questions that you would like to see added to this evaluation document?

Yes No

If yes, what questions do you recommend be added to this evaluation?

(Question 15 of 16)

Comments - What can LMU-CVM do to improve this program? Any thoughts or ideas are welcomed.

(Question 16 of 16)

Thank you for partnering with LMU-CVM on the education of the next generation of veterinarians.
Student Assessment of Clinical Experience – Affiliate & Staff

For a printable copy visit link: http://vetmed.lmunet.edu/lmu-cvm-clinical-year-forms-important-information/

End of rotation - 4 week clinical rotation assessment of the Clinical Rotation BY STUDENT

Subject: [blank]
Evaluator: [blank]
Site: [blank]
Period: [blank]
Dates of Course: [blank]
Course: CVM 770 - Small Animal General Practice
Form: Clinical Year - Evaluation of Clinical Experience

This Clinical Affiliate will be evaluated in the following areas:

- OVERALL EVALUATION
- SITE
- STAFF

(Question 1 of 7 - Mandatory)

OVERALL EVALUATION OF THE CLINICAL EXPERIENCE

Valid Responses: Not Applicable or Unable to Assess / Strongly Disagree (1) / Disagree (2) / Neutral (3) / Agree (4) / Strongly Agree (5)

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Not Applicable / Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
<td>0</td>
</tr>
</tbody>
</table>

The overall education experience in this clinical rotation met or exceeded my expectations.

I would recommend this clinical experience at this location to other students.

The description found of this clinical rotation at this facility found on E*Value was an accurate description of the experience.

If looking for a position upon graduation in the field of study that the rotation covers, I would consider working as a member of the organization.

Overall Clinical Experience: Comment and give specific examples for any instance above concerning your overall clinical experience where you evaluated at a 1, 2 or 3 level (Strongly Disagree, Disagree, Neutral). (Question 2 of 7)

(Question 3 of 7 - Mandatory)

CLINICAL SITE

This part of the evaluation is for the clinical site. You will complete an evaluation on the clinical site staff elsewhere in this evaluation. You will complete an evaluation on the clinical site supervisor on a separate evaluation.

Valid Responses: Not Applicable or Unable to Assess / Strongly Disagree (1) / Disagree (2) / Neutral (3) / Agree (4) / Strongly Agree (5)

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Not Applicable / Unable to Assess</th>
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</thead>
<tbody>
<tr>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
<td>0</td>
</tr>
</tbody>
</table>

The Clinical Site provide an orientation at the beginning of the rotation.

The orientation provided me with a good background to start the rotation.

My role and responsibilities were well defined in the orientation and throughout the rotation.
The learning contract, completed on the first day of the rotation, was honored as best as possible during this rotation.

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<thead>
<tr>
<th></th>
<th>1.0</th>
<th>2.0</th>
<th>3.0</th>
<th>4.0</th>
<th>5.0</th>
<th>0</th>
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</table>

The facility was clean and well maintained.

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<tr>
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<th>1.0</th>
<th>2.0</th>
<th>3.0</th>
<th>4.0</th>
<th>5.0</th>
<th>0</th>
</tr>
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</table>

The facility maintained adequate safety. I felt safe.

<table>
<thead>
<tr>
<th></th>
<th>1.0</th>
<th>2.0</th>
<th>3.0</th>
<th>4.0</th>
<th>5.0</th>
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</tr>
</thead>
</table>

The facility was professional and provided an excellent example of veterinary ethics.

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<tr>
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<th>3.0</th>
<th>4.0</th>
<th>5.0</th>
<th>0</th>
</tr>
</thead>
</table>

Clinical Site: Comment and give specific examples for any instance above concerning clinical site where you evaluated at a 1, 2, or 3 level (Strongly Disagree, Disagree, Neutral). (Question 4 of 7)

(Question 5 of 7 - Mandatory)

**CLINICAL SITE STAFF EVALUATION**

This part of the evaluation is for the clinical site staff. You will complete an evaluation on the clinical site supervisor on a separate evaluation form.

Valid Responses: Not Applicable or Unable to Assess / Strongly Disagree (1) / Disagree (2) / Neutral (3) / Agree (4) / Strongly Agree (5).

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Not Applicable/Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical site staff (those besides the clinical site supervisor) demonstrated knowledge and competence in her/his discipline.</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
<td>0</td>
</tr>
<tr>
<td>The clinical site staff (those besides the clinical site supervisor) provided well supervised guidance while allowing me to maintain responsibility for patient care on selected cases.</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
<td>0</td>
</tr>
<tr>
<td>The clinical site staff (those besides the clinical site supervisor) provided me with adequate opportunity to develop my own technical skills.</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
<td>0</td>
</tr>
<tr>
<td>The clinical site staff (those besides the clinical site supervisor) provided me with adequate opportunity to develop my communication skills.</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
<td>0</td>
</tr>
<tr>
<td>The clinical site staff (those besides the clinical site supervisor) provided me feedback in a timely, specific and constructive manner to allow improvement throughout the rotation.</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
<td>0</td>
</tr>
<tr>
<td>The clinical site staff (those besides the clinical site supervisor) treated me in a professional and respectful manner.</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
<td>0</td>
</tr>
<tr>
<td>The clinical site staff (those besides the clinical site supervisor) were available and approachable when I requested assistance.</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
<td>0</td>
</tr>
<tr>
<td>The clinical site staff (those besides the clinical site supervisor) treated me well as a team member and welcomed colleague.</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
<td>0</td>
</tr>
</tbody>
</table>

Clinical Site Staff: Comment and give specific example for any instance above concerning clinical site staff where you evaluated at a 1, 2 or 3 level (Strongly Disagree, Disagree, Neutral). (Question 6 of 7)

Any other comments about this clinical experience or ideas on how to improve the experience? (Question 7 of 7)
### Student Assessment of Clinical Supervisor

Clinical Year – Evaluation BY STUDENT of CY Supervisor – Week 4

For a printable copy visit link: [http://vetmed.lmunet.edu/lu-cvm-clinical-year-forms-important-information/](http://vetmed.lmunet.edu/lu-cvm-clinical-year-forms-important-information/)

---

| Subject: |  
| Evaluator: |  
| Site: |  
| Period: |  
| Dates of Course: |  
| Course: ClinvR-CVM 770: Small Animal General Practice - Elective |  
| Form: Clinical Year - Evaluation of Clinical Site Supervisor |  

(Question 1 of 2 - Mandatory)

#### CLINICAL SITE SUPERVISOR EVALUATION

<table>
<thead>
<tr>
<th>Valid Responses: Not Applicable or Not Able to Assess / Strongly Disagree (1) / Disagree (2) / Neutral (3) / Agree (4) / Strongly Agree (5)</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Not Applicable / Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical site supervisor demonstrated knowledge and competence in her/his discipline.</td>
<td>1.0</td>
<td>2.0</td>
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<td>5.0</td>
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<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
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<td>5.0</td>
<td>0</td>
</tr>
<tr>
<td>The clinical site supervisor provided me feedback in a timely, specific and constructive manner to allow improvement throughout the rotation.</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
<td>0</td>
</tr>
<tr>
<td>The clinical site supervisor treated me in a professional and respectful manner.</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
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<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
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</tr>
</tbody>
</table>

Comment and give specific examples for any instance above concerning the **clinical site supervisor** where you evaluated at a 1, 2 or 3 level (Strongly Disagree, Disagree, Neutral). (Question 2 of 2)
Student Rights – FERPA

The Family Educational Rights and Privacy Act of 1974 (FERPA), also known as the Buckley Amendment, affords students certain rights with respect to their educational records. These rights are established upon receipt of the student’s first deposit and include grade-related material. Both personal and educational information regarding a LMU-CVM student on rotation is privileged. Disclosure of any student information to individuals other than LMU-CVM faculty or administration is a violation of FERPA regulations. End of rotation evaluations of student performance submitted by the Clinical Site fall under the protection of FERPA and cannot be transmitted to another individual without the student’s written consent.

Many students include clinic/institution names in their CV after completion of a clinical rotation. As such, a Clinical Affiliate Supervisors or staff member of a Clinical Site may be contacted by potential employers in reference to the student’s rotation experience. While the Clinical Site is encouraged to give information in an honest and professional manner as they would for any current or former employee, providing copies of student evaluation forms is in violation of FERPA. Do not provide student evaluations to anyone outside of LMU-CVM Office of Clinical Relations and Outreach.

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students." Do not provide copies of student evaluations to parents. Do not discuss student performance with parents or others not with the LMU-CVM Office of Clinical Relations and Outreach.

Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records.

Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

It is important that all staff and doctors be aware of FERPA requirements. The following information concerning students should not be shared with anyone:

- Social security number
- Citizenship
- Gender
- Ethnicity
- Religious preference
- Grades – this includes copies of the evaluation of the student
- GPA
- Daily schedule
Student Liability Coverage
Each student in the LMU-CVM Clinical Year Program is covered with a liability policy in the amount of $2 million per occurrence and $4 million aggregate. This is paid for by LMU. A copy of Certificate of Liability may be found at link: http://vetmed.lmunet.edu/lmu-cvm-clinical-year-forms-important-information/

Sexual Harassment Policy

The LMU-CVM will not tolerate sexual harassment of any kind. For purposes of this policy sexual harassment means unwelcome sexual advances, requests for sexual favors, and other verbal, visual, or physical conduct of a sexual nature, or creation of a hostile environment made by someone from or in the educational setting. Details can be found in the LMU-CVM Student Handbook available at: http://vetmed.lmunet.edu/current-students/
**Additional Resources for Clinical Teaching**


*The Effective Preceptor*, MAHEC Office of Regional Primary Care Education


Student Report of Accident / Injury

For a printable copy visit link: [http://vetmed.lmunet.edu/lmu-cvm-clinical-year-forms-important-information/](http://vetmed.lmunet.edu/lmu-cvm-clinical-year-forms-important-information/)

**Notice:** Student injuries regardless of the extent are to be reported within 24 hours of occurrence.

As a student in the clinical program at Lincoln Memorial University-College of Veterinary Medicine, you are required to maintain a health insurance policy for the duration of your education. If you are injured on rotation or during programmed school hours and require medical attention; provide the treating facility with your insurance information. Your primary insurance is to be billed first; the University’s Student Accident Insurance is billed secondary for non-covered services.

Contact Office of Clinical Relations and Outreach for further information.

Student’s Name: ___________________________ Date of Injury: _________ Time: AM ___ PM ___

Nature of injury: _______________________________________________________________________

College /Department: _______________________ Grade/Year: ________ On Rotation: YES ___ NO ___

Student’s contact No. Home: ______________ Mobile: ______________ Other: ________________

Name of Insurance Company: ______________ Policy No. ________________________________

Location of accident/ injury: ____________________________ On Campus: YES ___ NO ___

Was 911 Called: YES ___ NO ___

Who witnessed the accident/injury: ___________________ Position/Title: _______________________

Name of attending Supervisor/Instructor: ________________________________

Were you performing a procedure: YES ___ NO ___ Type: _________________________________

Was protective equipment used (if applicable): YES ___ NO ___ Type: _________________________

Was aid/treatment given: YES ___ NO ___ Type: ________________________________

Name of Treating Facility: ________________________________
DETAILS OF THE INCIDENT / ACCIDENT:

Student’s Signature: __________________________ Date: __________________________

Clinical Relations and Outreach Signature: __________________________ Date: __________________________
Student Leave of Absence Request Form

For a printable copy visit link: http://vetmed.lmunet.edu/luv-cvm-clinical-year-forms-important-information/
Send to Julie Ilif at Julie_Iliff@LMUnet.edu or FAX ATTENTION CLINICAL RELATIONS & OUTREACH 423-869-6393

Student Name: ______________________________ Class Year: ______________________________

Student ID: ______________________________ Date: ________________________________

Leave Type (Personal/Medical): ______________________________

Requested Start Date: _________________________ End Date: ______________________________

Total Number of Days Missed: _______________ Number of hours missed: ________________

Hours needed to be made up: ______________

Reason for Absence:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Clinical Courses/Activities Missed: ______________________________

Course Make-up Plan (Attach separate sheet if necessary):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Clinical Site Supervisor Signature: ______________________________ Date: ________________

Clinical Relations and Outreach Signature: ______________________________ Date: ________________
Clinical Site Radiation Safety Protocol

All users must follow these procedures when using x-ray equipment:

1. The student should know and become familiar with the Radiation Quality Control Officer or similar designee for each clinical site. Discuss this during orientation.
2. All students must wear their LMU-CVM supplied dosimeter when conducting radiographic examination.
3. All students in the area of a radiation producing device/x-ray machine must wear lead apron, gloves and thyroid protector, and eyewear (as available and as the laws corresponding to the geographic area of practice require) or be outside the room, when using exposing radiographs. Dental radiograph exposure requires a minimum of 6 feet clearance from the radiation source.
4. Collimator must be in place.
5. Pregnancy: It is recommended that women that are pregnant should not participate in radiation producing procedures. Refer to the LMU-CVM Student Handbook on LMU-CVM policies regarding pregnancy.
6. Equipment must be annually inspected or as required by the governing legal body for the facility site and pass the Radiation Safety Board or similar regulatory group requirements.
7. Radiation Safety Certificate must be displayed.
8. Documented Radiation Quality Assurance Program must be in place.
9. Record all radiographs taken in a log.
Clinical Educator Quick Guide

Clinical Affiliate Site Personnel

- Orient the student to the facility and to the team.
- Facilitate student involvement in daily activities.
- Recognize that the student needs an environment of support, feedback and inquiry.

Clinical Educator

- Seek regular feedback from the student on progress and developments
- Be available for questions, problem identification and resolution
- Meet regularly with student(s) for clinical discussions and deliver feedback on observable behaviors
- Participate in identification of learning needs of the student
- Set goals with the student in collaboration with the faculty and curriculum
- Act as a role model
- Maintain mature and effective working relationships with other health care team members
- Demonstrate leadership skills in problem solving, decision making, priority setting, delegation of responsibility and in being accountable
- Recognize that veterinary leadership role elements may be new to the student (i.e. delegation)
- Facilitate the student's professional socialization into the new role and with a new staff
- Provide the student with feedback on his/her progress, based on observation of clinical performance, assessment of achievement of clinical/professional competencies and client/patient care documentation
- Plan learning experiences and assignments to help the student meet weekly professional and clinical goals
- Consult with the clinical faculty liaison as necessary
- Participate in educational activities to promote continued learning and professional growth
- Participate in ongoing evaluation of the program
### The Phases of Clinical Education

<table>
<thead>
<tr>
<th>Stage</th>
<th>Behaviors</th>
<th>How to Help</th>
</tr>
</thead>
</table>
| **The Honeymoon** | perceives everything as being wonderful  
|                | fascinated by the newness of the experience  
|                | focused on mastery of skills, routines and integration with the staff | harness the student’s enthusiasm for skills and routines  
|                |                                                                         | be realistic but don’t stifle the enthusiasm  
|                |                                                                         | introduce the student to the staff, be inclusive                                             |
| **The Shock/Crisis** | sets in when needs and goals are not met  
|               | experiences outrage  
|                | rejects school and work values  
|                | preoccupied with the past  
|                | globally negative         | be a good listener  
|                |                                                                         | have the student record his/her suggestions for improvement  
|                |                                                                         | provide opportunities to vent  
|                |                                                                         | assist the student to see more of the situation and view it more objectively |
| **The Recovery**    | sense of humor returns  
|               | tension lessens  
|                | discrimination between effective and ineffective behaviors | assist student to see positives  
|                |                                                                         | talk about ways to improve the work environment  
|                |                                                                         | verify and support critical thinking efforts                                                 |
| **The Resolution**  | conflicts in values resolve in either constructive or destructive ways (crisis doesn’t last forever)  
|                | could see rejection of role/nursing or burnout, or new ways to cope positively | assist the student with constructive problem solving  
|                |                                                                         | help the student with new, more helpful coping mechanisms  
|                |                                                                         | acknowledge and manage conflicts that persist                                                |

### Establishing the Relationship

Establishing trust is one of the most crucial steps in the educator-student relationship and provides the foundation upon which the learning experience will develop. The student frequently experiences anxiety in this new learning situation and can benefit from structure provided by the preceptor in the form of carefully scheduled meetings and conferences. The preceptor’s availability at the beginning of the student’s placement is crucial in planning the student’s experience.

### The Working Phase

The implementation of an educational plan is the main focus of the working phase. Reviewing the student’s experience, discussing patients, exploring feeling regarding the experience and identifying the meeting of learning objectives are all appropriate areas that can be discussed. Feedback from the preceptor on a regular basis assists the student in maximizing his/her strengths and systematically addressing problems that may interfere with the achievement of the professional role.
During this phase, the educator serves as role model, resource person and consultant to the student. By demonstrating his/her own skills as an expert clinician, the clinical educator assists the student in role development, application of theory and science, problem solving and decision making. An effective strategy is to encourage the student to observe and analyze the clinician’s role as s/he works with patients and clients and interacts with colleagues and staff members. Mutually sharing observations and discussing strategies for practice enables the student to enrich his/her own understanding of how the role is operationalized and how problems are solved.

Evaluation is an ongoing process to assess how the learner is achieving his/her goals. At least daily verbal feedback is helpful. Students, through their clinical logs and competency check lists, should track their own progress and accomplishments. Formal, written evaluation procedures should be logged into E*Value.

Some Tips from Expert Preceptors

- Remember how you felt when you started a new job and how incompetent you felt. If you can remember how overwhelmed you felt, then you can understand the student.
- Make the student feel welcome by introducing him/her to other staff members.
- Listen to what the students need or want to learn, and don’t present only what you want to teach. One teaches more by what one does than by what one says.
- Take time in the beginning to explain explicitly what will be expected. This decreases anxiety and helps both parties know what to expect of the other. Be sure you are accurate in what is expected...
- Remember that every individual is unique and that you must tailor the learning to the individual.
- Get to know the student’s strengths and weaknesses as soon as possible, and then help find experiences to address the weaknesses and capitalize on the strengths.
- Learn from your student: they usually bring a wealth of information with them.
- Be patient and understanding.
- Give the student some independence; don’t do too much for them.
- Don’t rush the teaching.
- Communicate!
- Be open and honest.
- Encourage the student to either ask for advice or consult with any member of the staff if unsure of his/her assessment of a patient.
- Let people make mistakes - as long as it doesn’t jeopardize patient safety. This is an excellent way for learning to have an impact.
- Encourage questions, and make sure the student understands that no question is stupid.
- Make sure to take 10-15 minutes at the end of the shift to review what was learned, answer questions and set goals for the next time.
- Go step by step: students cannot be taught short cuts - they first need to learn things the established way. On the other hand, if there is a safe short cut, share it!
- Build on previously learned knowledge.
• Create a non-threatening environment that is friendly because learning can be stressful.
• Give feedback along the way - find the positives and share them; don’t wait to ‘drop a bomb’ till the end of the experience.
• Keep a brief outline of what was covered each day - better still, have the student do it!
• Set clear goals with time for feedback in both directions.
• Be open and available after the training time has ended.
• Have fun! Laughter can be most helpful sometimes.
• Remember that everyone has a contribution to make.
• Never hesitate to call the LMU Office of Clinical Relations and Outreach for assistance.

Orientation – Delivering Feedback – Student Assessment & Evaluation
Powerpoint

For a viewable Powerpoint presentation visit link: http://vetmed.imunet.edu/lmu-cvm-clinical-year-forms-important-information/.