

Rotating Internship in Small Animal Medicine & Surgery: Program Specifics

Please see “House Officer Programs: General Information” for basic information common to all internship and residency programs. The following information highlights specific program requirements of the Small Animal Rotating Internship program.

Program Director: Dr. Rebecca Walton (rwalton@iastate.edu; 515-294-1500)
 Faculty Diplomates serving as direct supervisors of the program:

- Rebecca Walton, DVM, DACVECC
- April Blong, DVM, DACVECC

Clinical program requirements

Internship Year (54 weeks)	
<i>**The hospital reserves the right to reduce the number of ECC weeks by two and substitute in two additional weeks of elective time.</i>	
26 weeks Emergency & Critical Care	
18 weeks Required Rotations: 8 wks medicine <ul style="list-style-type: none"> • 6 weeks internal medicine required • 2 wks can be taken as oncology, cardiology or internal medicine 6 wks surgery <ul style="list-style-type: none"> • At least 2 wks each ST surgery & orthopedic surgery 2 wks radiology 2 wks anesthesiology	9 weeks Elective Rotations*: Any required rotation <u>or</u> Dermatology Ophthalmology Oncology Pain management Rehabilitation Cardiology Dentistry Primary Care/Exotics Special out-rotation (see procedures for requesting external elective rotations below)
1 week orientation	*Vacation to be used in place of 2 elective weeks

- **Intern schedule**
 - The intern schedule will be distributed during orientation along with the information for the person responsible for intern scheduling.
 - The schedule should be reviewed and any changes/corrections must be requested by July 31.
 - No rotation or shift changes/switches will be allowed without express approval by the intern scheduler.
- **Unplanned absences**

- In the event of an unplanned absence (illness, bereavement, etc.) the intern should contact the senior clinician for that rotation as soon as possible, with at least 24 hours notice for any absence apart from illness.
- The clinician may request written confirmation of the absence from an appropriate source (i.e. doctor's note) for any absence greater than two shifts in duration.
- **Requirements for external elective rotations**
 - You must present your proposal to your adviser a minimum of 8 weeks prior to the scheduled elective for preliminary approval.
 - Final approval is necessary from the Internship Program Director.
 - Requests must include the institution, the name of the supervising specialist, a description of experience/justification for the out rotation, and a written statement from the supervising specialist agreeing to the mentoring role and listing the expectations for the intern.
 - The intern must have primary case responsibility during the out-rotation (observation only is not acceptable for credit) and have a minimum of 40 hours of clinic time per week.
 - The intern is responsible for any cost associated with any applicable licensure, liability insurance, travel, and housing and is encouraged to obtain all of this information prior to scheduling the out-rotation.
 - Approval for the activity will be considered after consultation with the Intern's faculty advisor, the supervising specialist, and review by Internship Program Advisor.
 - Within two weeks of returning, the intern must submit a case log (including their role/involvement with each case), written evaluation of the experience, and the supervising specialist must submit a written evaluation of the intern.
 - Failure to provide any of the above documentation may result in the time NOT counting towards the necessary 52 weeks of training that are required to complete the internship

Seminar/Rounds requirements

Rounds type	Frequency	Day/Time	Commitment
HO Seminar/Case Presentation	Weekly	Thursdays @ 8am	Required
Intern Education Rounds	Weekly	Mondays @ 8am	Required
ECC Service Resident Rounds	Weekly	Wednesdays @ 3pm	Encouraged
Radiology-Pathology (RadPath) Rounds	Monthly	4 th Tuesday @ 8am	Encouraged
Morbidity & Mortality Rounds	Monthly	2 nd Tuesday @ 8am	Encouraged
ECG Rounds	Monthly	4 th Weds @ 8am	Encouraged
Journal Club/Textbook Review (assigned service)	Weekly		Encouraged
SAIM Book Club	Weekly	Fridays @ 9am	Optional
Student Grand Rounds	Weekly	Fridays @ 8am	Optional

- Attendance and participation in rounds is required as indicated unless the intern is participating in active emergency duty that day (including ICU/ECC swing shift). The faculty will make every effort to assist the intern such that they can attend rounds.
- Rounds and seminars are part of intern educational enrichment. Other seminar rounds for the college will be attended as scheduling permits.

Additional Intern Guidelines and Responsibilities

- **Internship Learning Objectives:** The specific objectives of the Internship Program are to provide the intern with the following opportunities:
 - To acquire advanced training in the diagnosis and treatment of disease in small animal medicine, surgery, and emergency medicine.
 - To acquire advanced training in the acquisition of radiographic images and the accurate interpretation of these images and those obtained by imaging faculty and staff with ultrasound, CT and MRI.
 - To develop teaching skills, including small group interactive teaching techniques (student case rounds) and developing high quality didactic (lecture) formats with educational technology.
 - To prepare for a residency training program, for post-graduate study, or for entry into a high quality small animal veterinary practice.
- **Intern Responsibilities:** Intern responsibilities include patient care (as directed by clinicians), rotating night and weekend duty, participation in clinical teaching of Junior and Senior students, and participation in rounds and seminars where indicated.
 - **Case Responsibilities:** The Intern will be assigned to receive cases at the discretion of the faculty member in charge on each service. The Intern will be the “clinician of record” on all assigned cases and will assume the responsibilities of the attending veterinarian. Interns are expected to consult with the faculty clinician whenever questions arise and provide timely communication with the referring veterinarian and pet owner. The faculty clinician will be available to give feedback on the Intern’s diagnostic and treatment plan for the patient as well as teaching and communication skills. If the Intern fails to communicate effectively with the faculty clinician in charge or perform their duties then disciplinary action will be taken and a timeline for correction instituted.
 - **Intern-Student Interactions:** Interns will assist and supervise patient care delivered by students. It is very important to communicate clearly and precisely with students about tests to be performed, paperwork that needs to be filled out by the student, doses and frequencies of medication, all ICU orders, and items that should or should not be discussed by the student with the client. In many cases, it is appropriate to write your instructions clearly in the medical record or have the students write down your orders on a notepad and repeat them to avoid mistakes. **The client/patient information is privileged** and should **never** be discussed outside of the VMC (for example, in a local restaurant).
 - **Intern-Referring Veterinarian Interactions:** The Intern will communicate with referring practitioners by telephone and discharge letter in a timely and appropriate manner and document these communications in the medical record.
 - **Emergency Case Management:** Interns provide scheduled primary clinical emergency services during the day, at night, and on weekends and holidays. Interns on other rotations within the hospital are also responsible for being available when on-call for the Emergency Service.
 - The Intern will have primary case responsibility for all incoming Emergency cases (unless specifically directed otherwise by the supervising emergency clinician) as well as all in-patients that have not yet transferred off the Emergency service. Interns are expected to see Exotic Animal Emergencies in addition to other small animal emergencies.
 - All cases will transfer off the Emergency Service to the appropriate receiving service whenever a major procedure is performed (i.e. endoscopy, surgery, etc.) or no later than 8 AM the following day.

- The intern may assist in the primary management of cases that remain on the Critical Care service as the emergency case load permits. Clear communication with the Criticalist should be maintained to ensure that the roles of patient care and owner communication are well defined.
 - The intern should always contact their Emergency or Critical Care in-house faculty or on-call prior to consulting with another service or calling in another clinician after hours.
 - **Finally, some case management guidelines include the following:**
 - Always contact the Emergency or Critical Care faculty/on-call prior to performing a procedure you have not done before unless it is eminently necessary to prevent death or serious harm.
 - Always contact the Emergency or Critical Care faculty/on-call for assistance/advice on post cardiac-arrest care.
 - Always contact the Emergency or Critical Care faculty/on-call anytime you do not feel comfortable with a case or how it is being managed.
 - Always contact the Emergency or Critical Care faculty/on-call if you are unable to stabilize a case within two hours of arrival or you feel that the patient requires vasopressor therapy for stabilization.
- **Intern evaluations**
 - In addition to quarterly formal evaluations with their adviser (as required of all House Officers), interns will receive and provide feedback for each individual 2-week rotation.
 - The intern will receive feedback from every rotation they complete; electronic evaluation results will be forwarded to intern, adviser, and intern program director on a monthly basis.
 - The Intern is expected to fill out the electronic form to evaluate each rotation they complete within 1 week of the end of that rotation. Feedback will be anonymously forwarded to the appropriate services on a periodic basis and reviewed by the House Officer committee. Failure to complete more than 1 evaluation form may result in disciplinary action.
- **Teaching responsibilities**
 - Other than seminars and rounds and supervision of clinical students, interns are not to be involved in any other teaching missions in the hospital without approval from the Internship Committee.
- **Internship certificate requirements**
 - A certificate of successful Internship Completion will be awarded at the end of a 12-month internship period when the Internship Certificate Requirements are met and the Internship Completion form has been signed by the Program Director and the Internship Committee Members.
 - The Intern must demonstrate competency in medical and surgical skills appropriate for Internship level of training documented by overall satisfactory evaluations by all faculty evaluators. Remediation is not possible.
 - The Intern will attend all of the scheduled service and Hospital rounds as outlined in the document above.
 - The Intern will present one 15-minute Case Presentation at the LVMC House Officer Seminar Series. Topics are selected 3 months in advance, approved by the Faculty advisor, and scheduled by the resident in charge of this activity. This is to be completed by May 31. Additionally, the intern must present at least one time at M&M rounds and Medicine Topic rounds.
 - The Intern will either develop 4 teaching cases with Power Point Slides suitable for small group interaction, and/or the Intern will prepare a manuscript suitable for

publication (first author) in a refereed journal. Papers considered appropriate are review articles, case reports, and original research. The cases and/or the manuscript will be reviewed by the faculty advisor and approved by the Internship Committee. Completion of these tasks is required by June 15. If you are considering a residency and/or a future in academic medicine, it is strongly recommended that you develop 4 teaching cases **and** write a manuscript for publication in a refereed journal.

- The Intern must complete an exit interview and written evaluation of the Internship Program by the end of June.
 - The Intern must complete and submit the final checklist to the Program.
 - The Intern must complete all clinical rotations, scheduled emergency duty, medical records, referral letters and client/referring veterinarian case communications.
 - Completion of a formal review with the Internship Committee will occur at 11 months of the 12-month program prior to receiving the certificate. Formal review will consist of a written evaluation by the Program Director and an interview meeting with the Director, Intern, and Faculty Advisor. An informal review consisting of a meeting with the Director, Intern, and Faculty Advisor will be performed after 3 and 6 months of the Internship Program. A review can be requested by the intern at any time.
- **Time Table for Internship Training Program Guide for Interns**

Month	Program Requirement
June/July	Faculty advisor assigned Orientation to the Hospital and Program
August	Elective rotations selected
September	First teaching cases or manuscript initiated 3 month Informal Review
October	Career goal for next year defined
November	
December	6 month progress review
January	Two teaching cases completed and/or manuscript outline, literature search, and case identified where applicable
February	
March	
April	
May	11 month progress review Intern seminar completed
June	Exit interview with the committee Written exit program evaluation due 4 teaching cases and/or manuscript complete Final checklist completed Submission of Completion Checklist
June 30	Program Completion