

Residency in Equine Internal Medicine: 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 Equine Internal Medicine residency program.

Program Director: Dr. Jamie Kopper (jkopper@iastate.edu; 515-291-9084)

Faculty Diplomates serving as supervisors and potential advisers of the program:

- Melissa Esser DVM DACVIM (LAIM)
- Jared Janke DVM DACVIM (LAIM)
- Jamie Kopper DVM PhD DACVIM (LAIM), DACVECC (LA)
- Brett Sponseller, DVM, PhD, DACVIM (LAIM)
- David Wong, DVM, MS, DACVIM (LAIM), DACVECC (LA)
- Vengai Mavangira DVM PhD DACVIM (LAIM) – Food and Fiber

Specialty College: American College of Veterinary Internal Medicine

- Residents must follow requirements for candidate registration, certification, and examination of the ACVIM as outlined online (www.acvim.org).
- By the end of the first year of residency, ACVIM requires completion of online learning objectives or webinar series on the following topics:
 - Understanding the credentialing process
 - Selecting and writing a case report as part of the ACVIM requirements
- Early in the second year of residency, the resident should submit forms and fees (see www.acvim.org for cost and deadlines) and prepare to take the ACVIM general exam in the spring of the second year.
- At the end of the 2nd year, the resident should submit the credentials packet to ACVIM for approval to take the specialty exam during the 3rd year. The resident should subsequently submit forms and fees (see www.acvim.org for costs and deadlines) and prepare to take the ACVIM certifying examination in January of the 3rd year (assuming all requirements of the ACVIM have been met).
- ACVIM requires 2 clinical writing assessments (transitioning to CWAs) to be accepted over the course of the residency program as part of the credentialing process. CWAs will be reviewed by the ISU ACVIM-LA CWA Committee (see supporting documents) and can be submitted to ACVIM on a rolling basis. See “CWAs” for more information on ISU’s program specifics with this ACVIM Requirement.

Clinical program requirements

Year 1	Year 2	Year 3
36 weeks Large Animal Medicine (LAM)	36 weeks LAM	36 weeks LAM
Required Rot: 1 Week Radiology, or Clinical Pathology	Required Rot: 1 Week Radiology, or Clinical Pathology	Required Rot: 1 Week Radiology/ Ultrasound or Clinical Pathology
13 weeks Research, Study, Case Report(s)	13 weeks Research, Case Report(s), Board Preparation	13 weeks Research, Case Report(s), Board Preparation
2 weeks vacation	2 weeks vacation	2 weeks vacation

- The 36 weeks of clinical training includes emergency duty on a rotational basis. The resident is required to take emergency call in rotation with other house officers throughout the 3-year residency. The clinical schedule will be prepared by the program director. Special circumstances such as vacation or leave should be relayed to the program director as soon as possible.
- ACVIM requires that the Clinical Pathology rotation and either Radiology training be completed by the end of the 2nd year of training.

Seminar/Rounds requirements

Rounds type	Frequency	Day/Time	Commitment
HO Seminar/Case Presentation	Weekly	Thursdays @ 8am	Required
Equine Medicine Journal Club	Weekly	Friday @ 8am	Required
Morbidity & Mortality Rounds	Monthly	2 nd Tuesday @ 8am	Required
ECG Rounds	Monthly	4 th Weds @ 8am	Optional
SAIM Book Club	Weekly	Fridays @ 9am	Optional
ECC Rounds	Weekly	Wednesdays @ 3pm	Optional

Scholarship and teaching requirements

- During the first year of residency, the resident will be offered research projects by faculty. The resident should ideally have a project chosen by January 1 of their first year, with a hard deadline of the end of the first year of their residency training program.
- In the third year, the resident is strongly encouraged to finish work on the research project and submit for publication.
- The resident is required to give at least 1 hour of didactic instruction in courses offered to veterinary students during the second and third year of residency.
- Journal club – it is expected that journal club will be conducted in a routine manner that is beneficial to your residency training.

Case Management

- Residents are expected to take an active role in the management of the cases that they are responsible for, in conjunction with the diplomat(s) on service, when they are on the equine medicine service.
- All cases should be evaluated, including a physical examination and overview of the medical record PRIOR to 8am rounds. The resident should NOT solely rely on the student's examination, the paper medical record or a verbal transfer of information from the overnight care team as their morning assessment. The resident is expected to have formulated a plan for their patient(s) that they can then discuss with the senior attending faculty. Residents should be prepared to explain or justify their treatment decisions based on the literature and treatment practices.
- As residents progress through the training program there will be a natural progression in independency, however any notable changes in patient progression, mistakes or other concerns regarding the patient should be discussed with senior faculty immediately.

Teaching

- Residents are expected to take a strong role in teaching of the students – this includes hard skills (i.e., nasogastric intubation, intravenous catheter placement, physical examination) as well as “soft skills” (i.e., team communication, client communication, rounds presentations).
- Residents should develop at least (1) prepared rounds topic per year that they can use either in morning medicine rounds or during quiet times to help with student education. This should be done with the mentorship of their residency mentor.

Client Communication

- Residents are expected to take a strong role in client communication which will increase as their residency progresses. The following should be done with every case:
 - All communications should be logged in CVIS in a timely manner.
 - Clients should be provided a GOOD FAITH estimate for their horse's hospitalization or outpatient appointment, informed that the hospital requires a 50% deposit of the UPPER end of the estimate at the time of hospitalization and that it will be required to be PAID IN FULL at the time of discharge. Subsequently, it is the resident's responsibility to keep clients updated on their financial charges and increase the estimate (and deposit) as needed.
 - Please inform the client of their health care team, including the senior clinician that you are working with so that all clients understand that the care of their horse is being overseen by a board-certified internist.
 - If there are any client communication concerns this should be brought up to the senior clinician promptly so that we can develop a plan going forward.
 - Residents are discouraged from providing clients with their personal cell phone numbers so that they are not always available to clients for informal communication.
- A plan for rDVM communication should be made with the senior clinician to determine who is responsible for ensuring that this is also completed.

Evaluations

- First year residents will receive quarterly evaluations as per ISU House Officer Committee guidelines. This is a time for both the resident to receive feedback from the clinicians in the equine hospital as well as share concerns that they may have. Additionally, it is a time to assess their overall progress in the residency training program. Any significant concerns will be brought to the resident immediately. Likewise, residents should share any concerns that they have as well promptly.

- Thereafter, residents will receive at least biannual formal reviews unless the mentor and mentee believe that more frequent reviews are warranted.

House Officer Schedule

- The resident will primarily be on clinical duty within the LVMC Equine Hospital, however, rotations within the Food Animal Hospital will be required to provide the resident with a broad training experience and prepare them for board certification. Rotations with other ACVIM-related services and specialty services within the Iowa State Teaching Hospital will be highly encouraged. These rotations will be scheduled in coordination with the faculty on these services to prevent an overabundance of residents on the clinic floor.
- A clinical schedule will be made by the program director to ensure that the residents meet all of their requirements as well as support them in meeting their personal goals. The residents are permitted to “trade” weeks with the approval of the clinical faculty, however it is expected that except for notable circumstances, there will always be an equine ACVIM LAIM resident on the equine medicine service.
- Currently, the on-call schedule is managed by the house officers. It is the residents responsibility to make the individual in charge of creating this schedule aware of any scheduling conflicts and find another resident to trade nights with as needed.

External rotations

- The Resident is required by the ACVIM to perform 40 hours of radiology and 40 hours of Clinical Pathology either within Iowa State University or scheduled at other institutions.
- It may be possible for the resident to attend other residency training programs for 1-2 weeks at different approved institutions if specific training (i.e. Equine Cardiology, Neonatology, etc.) is desired by the resident; however, this is not required of the program.