1. **Overview**

This Oncology residency program has been designed to provide in-depth training in medical oncology and related basic and applied sciences. The program has been developed to provide residents with a comprehensive knowledge of oncologic conditions affecting animals. Our program strives to prepare residents for active careers in academia or specialty practice, and the caseload provides an excellent and broad experience over the duration of the residency. The residency will fulfill the training requirements and partially fulfill the requirements for certification by the American College of Veterinary Internal Medicine (Oncology).

The primary mentors of the training program are faculty of the Department of Veterinary Clinical Sciences (VCS).

Clinical facilities of the Hixson-Lied Small Animal Hospital and Dr. W. Eugene and Linda Lloyd Veterinary Medical Center (LVMC) will be the primary training location for the Iowa State University (ISU) portion of the residency.

2. **Objectives**

2.1 To provide advanced training in clinical problem solving and diagnostic and therapeutic techniques in the specialty field.

2.1.1 To become familiar with diseases afflicting veterinary patients and to be able to logically correlate all clinical data in order to formulate and execute correct treatment plans.

2.1.2 To provide a firm understanding of the underlying pathophysiological basis of disease.

2.1.3 To master the art and science of complete patient care, assess outcomes and to appreciate the economic and emotional factors involved in the health care of animals.

2.1.4 To develop the art of interpersonal communications for proper colleague and client relationships.

2.2 To provide didactic and tutorial teaching training and experience.

2.3 To satisfy the requirements for specialty college examination.
2.4 To provide experience in scientific and clinical case presentation through the seminar and house officer rounds program.

2.5 To provide experience in the preparation and submission of scientific articles for publication and/or presentation.

3. **Prerequisites**

3.1 Candidates must have a DVM or an equivalent degree.

3.2 Candidates must have satisfactorily completed at least a one year rotating internship or its equivalent post graduate veterinary experience.

3.3 Candidates must have successfully completed the National Board examination or its equivalent in the certifying country; must be approved to practice veterinary medicine in the United States.

3.4 Candidates must be/become licensed to practice veterinary medicine in the state of Iowa prior to employment

3.5 Candidates must have the goal of specialty board certification.

3.6 Candidates must have a satisfactory moral and ethical standing.

4. **Faculty Advisor**

4.1 The resident will be assigned to a faculty advisor (mentor) in the first month of the program. This may be the same or a different person than the Program Director.

4.2 Responsibilities of the advisor/mentor include:

4.2.1 The advisor will directly oversee the resident’s training and act as a liaison with other faculty members in the College of Veterinary Medicine.

4.2.2 Direction and coordination of the clinical program.

4.2.3 Advice toward research, publications, and preparation for specialty board application.

4.2.4 Approval of requests by faculty for the resident to participate in teaching, research or other activities.

4.2.5 Advising on preparation and reviewing presentation performance of seminars and case rounds.
4.2.6 Professional guidance.

5. **House Officer Presentations & Rounds Programs**

The LVMC offers House Officers several educational opportunities to enrich their training programs and obtain teaching experience. Some of these opportunities are in collaboration with other departments within the College. The menu of rounds and seminars is tailored to assist House Officers in literature review and board preparation and to expose them to a broad range of clinical and academic experiences. The weekly LVMC Seminar/Case Presentation Program requires attendance and participation by all House Officers while participation in other rounds is program dependent.

5.1 The **LVMC House Officer Seminar/Case Presentations Program** is designed to provide House Officers the opportunity to receive and present interesting, unusual, or difficult clinical material utilizing a problem oriented approach to professional colleagues and to develop manuscripts for publication.

5.1.1 All House Officers will participate and give presentations on a rotating basis. These presentations are scheduled by the Resident responsible for coordinating these presentations.

5.1.1.1 All presentation topics are to be approved by the House Officer’s advisor **1 month** prior to the scheduled presentation.

5.1.1.2 All presentations are to be reviewed by the advisor or appropriate topic mentor **1 week** prior to the presentation to allow the House Officer time to make the recommended modifications.

5.1.2 House Officer attendance is required at all sessions. Attendance will be taken at the beginning of each session.

5.1.2.1 Notify the Chair of the House Officer Committee when an absence is anticipated (due to vacation or out-rotations and when due to illness).

5.1.2.2 Excused absences include the following: illness, annual leave, attendance or participation in a continuing education program, presentation of a lecture, scheduled out-rotation or special service requirement per request of the advisor. All other absences are unexcused unless deemed excusable by the House Officer Advisor.

5.1.3 House Officers will be required to present an additional seminar if they have more than one unexcused absence during a program year.
5.1.4 **LVMC House Officer Case Presentations** are designed to provide House Officers the opportunity to receive and present interesting, unusual, or difficult clinical case material utilizing a problem oriented approach to professional colleagues and to develop manuscripts for publication.

5.1.4.1 All House Officers will deliver a minimum of **one case** presentation each year of their program.

5.1.4.2 Case selection should be approved by the House Officer’s advisor or mentor well in advance of the presentation.

5.1.4.3 Case presentations should utilize the problem oriented approach, have good follow-up, include a discussion of the pertinent current literature and take approximately 15 minutes to present with an additional 5 minutes for discussion.

5.1.4.4 Members of the audience will complete evaluation forms giving comments on the quality of the presentation with suggestions for improvement. *(See appendix F)*

5.1.5 **LVMC House Officer Seminars** are designed to provide House Officers with the opportunity to research and present scientific information and then discuss the topic with professional colleagues.

5.1.5.1 A minimum of **one seminar** will be prepared and given by each House Officer in each year of their program. Some programs require two seminar presentations each year *(see section 8 for specific program requirements)*.

5.1.5.2 Topic selection should be focused and approved by the House Officer’s advisor at least one month in advance of the scheduled presentation date and prior to performing an in-depth literature search.

5.1.5.2.1 Topics might include a literature search in preparation for writing a research grant.

5.1.5.2.2 The presentation may be the results of a research project.

5.1.5.2.3 The topic might be an area of interest or one which will improve your expertise and understanding.

5.1.5.3 Seminar presentations of approximately 40 minutes are expected with an additional 10 minutes available for discussion.
5. Members of the audience will complete evaluation forms giving comments on the quality of the presentation with suggestions for improvement. *(See appendix G)*

5.2 Seminar/Rounds Schedule and participation requirement:

<table>
<thead>
<tr>
<th>Type:</th>
<th>Frequency:</th>
<th>Commitment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LVMC HO Seminar/Case Presentation</td>
<td>weekly (Thursday 8 a.m.)</td>
<td>required</td>
</tr>
<tr>
<td>Service Resident Rounds</td>
<td>per service</td>
<td>required</td>
</tr>
<tr>
<td>Service Rounds w/students</td>
<td>per program</td>
<td>required</td>
</tr>
<tr>
<td>Radiology-Pathology Rounds</td>
<td>monthly (Tuesday 8 a.m.)</td>
<td>required</td>
</tr>
<tr>
<td>Morbidity/Mortality Rounds</td>
<td>monthly (Tuesday 8 a.m.)</td>
<td>required</td>
</tr>
<tr>
<td>ECG Rounds</td>
<td>monthly</td>
<td>required</td>
</tr>
<tr>
<td>Student Grand Rounds</td>
<td>weekly (Friday 8 a.m.)</td>
<td>optional*</td>
</tr>
<tr>
<td>Journal Club (SAIM)</td>
<td>weekly</td>
<td>required</td>
</tr>
<tr>
<td>Journal Club (Oncology)</td>
<td>weekly</td>
<td>required</td>
</tr>
<tr>
<td>Textbook Review Session (SAIM)</td>
<td>weekly</td>
<td>required</td>
</tr>
<tr>
<td>Textbook Review Session (Oncology)</td>
<td>weekly</td>
<td>required</td>
</tr>
<tr>
<td>Anatomic Pathology Rounds</td>
<td>weekly</td>
<td>optional</td>
</tr>
</tbody>
</table>

*Required when student is presenting a case in which resident was Primary Clinician.*

6. **Teaching Program**

6.1 Throughout the program residents will be viewed as role models by both interns and professional students. They should always present themselves in a professional manner.

6.2 The resident will participate in clinical instruction and evaluation of veterinary students assigned to clinics.

6.3 The resident will participate in preclinical didactic lecture and laboratory instruction as assigned by his/her advisor.

7. **Board Certification**

7.1 An important credential in veterinary medicine is board certification in a specialty area. One of the objectives of the program is to prepare the resident for certification by the American College of Veterinary Internal Medicine (Oncology).

7.2 In order to qualify for examination, the resident should refer to the published requirements of the college.

7.3 It is solely the responsibility of the resident to submit any material and fees required by the specialty college for registration, credentials application, or board
8. **Clinical Program**

Below is a description of the 52 weeks per year of training.

**Medical Oncology**

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oncology (32)</td>
<td>Oncology (32)</td>
<td>Oncology (32)</td>
</tr>
<tr>
<td>Research (9)</td>
<td>Research/Board Prep (9)</td>
<td>Research/Board Prep (11)</td>
</tr>
<tr>
<td><strong>Required Rot:</strong></td>
<td><strong>Required Rot:</strong></td>
<td><strong>Required Rot:</strong></td>
</tr>
<tr>
<td>Radiation Oncology (2)</td>
<td>Radiation Oncology (2)</td>
<td>Radiation Oncology (4)</td>
</tr>
<tr>
<td>SAIM (4)</td>
<td>SAIM (2)</td>
<td>Radiology (2)</td>
</tr>
<tr>
<td>Cardiology (2)</td>
<td>Neurology (2)</td>
<td>Clin Path (1)</td>
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<tr>
<td>Clin Path (1)</td>
<td>Radiology (2)</td>
<td></td>
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<tr>
<td>Vacation (2)</td>
<td>Vacation (2)</td>
<td>Vacation (2)</td>
</tr>
</tbody>
</table>

8.1 **Year I Resident's Program**

8.1.1 Weeks of training described in table above.

8.1.2 The residents will participate in the instruction of clinical students and interns. Participation in CVM student laboratories will be assigned.

8.1.3 The resident will participate in house officer rounds, ward rounds, journal club, special topic conferences, seminars, and other scheduled conferences of the LVMC. He/She will attend other scheduled seminars in the CVM as time permits.

8.1.4 The resident will present 1 seminar and 1 case presentation (to faculty and house officers) on topics of interest to the resident during LVMC House Officer Seminar/Case Presentation sessions.

8.1.5 The resident may attend a major professional meeting at some point during the program with the advice and approval of his/her faculty advisor and the house officer committee. Expenses will be paid by the resident. The meeting must be scheduled during a non-clinical block.
8.1.6 The resident is encouraged to attend and participate in continuing education meetings sponsored by the CVM or by local and regional veterinary organizations.


8.1.8 The resident is encouraged to prepare a research proposal; review it with his/her faculty mentor, and submit it for funding consideration.

8.1.9 The resident may, with the approval of the resident's advisor and the faculty, participate in clinically relevant graduate courses. Course work must not interfere with the clinical and instructional responsibilities of the resident.

8.1.10 Residents are required to submit an annual report of their progress for evaluation by the ACVIM Residency Training and Credentials Committee (RTCC), consisting of a record of completed weeks with each requirement signed off on by the appropriate supervising Diplomate. A standardized spreadsheet will be provided for this purpose by the RTCC.

8.2 **Year II Resident's Program**

8.2.1 Weeks of training described in table above.

8.2.2 The resident will submit one paper in the field of oncology suitable for publication in a refereed scientific journal to their advisor and the House Officer Chair by June 1. Topic considerations should be discussed with his/her mentor prior to working on the manuscript.

8.2.3 The resident will present 1 seminar and 1 case presentation (to faculty and house officers) on topics of interest to the resident during LVMC House Officer Seminar/Case Presentation sessions.

8.2.4 The resident should make applications for sitting ACVIM General Examination.

8.2.5 The resident will begin or continue the research project if funding has been obtained.

8.2.6 The resident is required to give at least 1 hour of didactic instruction in courses offered to veterinary students.
Residents are required to submit an annual report of their progress for evaluation by the RTCC, consisting of a record of completed weeks with each requirement signed off on by the appropriate supervising Diplomate. A standardized spreadsheet will be provided for this purpose by the RTCC.

8.3 **Year III Resident's Program**

8.3.1 Weeks of training described in table above.

8.3.2 The resident will submit one paper suitable for publication to their mentor and the House Officer Chair by June 1.

8.3.3 The resident will submit for presentation one abstract (oral preferred) at a national or international specialty meeting (i.e., ACVIM Forum, Veterinary Cancer Society Conference, etc).

8.3.4 The resident will present **1 seminar** and **1 case presentation** (to faculty and house officers) on topics of interest to the resident during LVMC House Officer Seminar/Case Presentation sessions.

8.3.5 The resident should make applications for sitting ACVIM Oncology Specialty Examination.

8.3.6 The resident is required to give at least 1 hour of didactic instruction in courses offered to veterinary students.

8.3.7 Residents are required to submit an annual report of their progress for evaluation by the RTCC, consisting of a record of completed weeks with each requirement signed off on by the appropriate supervising Diplomate. A standardized spreadsheet will be provided for this purpose by the RTCC.

8.4 **Year IV Resident's Program**

8.5 **External Rotations**

8.5.1 **Required:** External rotations (away from ISU) may be necessary if the number of qualified diplomates, caseload or equipment are insufficient to provide required training or training in another specialty area is needed.

8.5.2 **Elective:** The purpose of an elective block is to allow resident/intern the opportunity to learn skills and obtain knowledge in clinical areas of special interest. In coordination with the program director and advisor, the
resident/intern may select a clinical block within the ISU CVM or at another medical facility. The resident/intern should seek rotations at other facilities only if this opportunity does not exist at the ISU CVM.

8.5.2.1 Protocol:

8.5.2.1.1 A minimum of four to six months prior to the scheduled elective present your proposal to your advisor for preliminary approval.

8.5.2.1.2 Contact the desired elective site and determine the feasibility of your rotation, including start and end dates. Present them with preliminary objectives and determine if they are able to fulfill these objectives.

8.5.2.1.3 Determine if professional insurance will be required by the elective site and procure appropriate insurance.

8.5.2.1.4 Write formal objectives for your elective and present them to your advisor to request approval from the program faculty.

8.5.2.1.5 Present the approved objectives to your elective mentor. Obtain a letter from the mentor of your elective rotation stating they or their institution can meet the objectives you have set forth and they will be willing to formally evaluate your performance.

8.5.2.1.6 Present the letter of acceptance from your elective mentor to the program faculty & director for final approval.

8.5.2.1.7 Perform admirably in your elective rotation. Arrange for the completed elective evaluation form (*Appendix I*) to be sent to your program director/advisor from the elective mentor. The evaluation should include comments regarding the fulfillment of the agreed upon objectives.

8. 6 Emergency duty

All House Officers will participate in emergency duty with other residents, interns and faculty. Emergency duty commits the House Officer to evening, weekend and holiday duty on a rotating basis. While such activities will be closely supervised early in the program, the House Officer is expected to develop
appropriate skills in emergency patient care which will require less supervision as the program progresses.

No resident or specialty intern will be scheduled for more than 80% of their time for primary emergency duty. Their emergency duty will be limited to their area of specialty training. All emergency duty assignments will be backed up by a faculty member in the specialty area.

9. **Scholarly Activities**

The Lloyd Veterinary Medical Center requires its residents to participate in scholarly activity such as literature reviews, and basic, applied or clinical research. To that end the resident is encouraged to:

9.1 Design a research project to address a specific question or problem in the discipline.

9.2 Write a research grant proposal that may be used to seek funding for the project.

   9.2.1 The anticipated timeline for completion of the proposal should be December of the 1st year.

   9.2.2 Proposals are to be submitted for funding.

9.3 Conduct the research according to the experimental design.

   9.3.1 Research is to be conducted during off-clinic time unless research is a clinical trial which can be conducted while on clinics.

   9.3.2 Completion is expected during the residency.

9.4 Analyze and report the results of the project

   9.4.1 Research is to be presented to the VCS faculty and House Officers during seminar.

9.5 Publication of these results in a refereed journal is expected.

   9.5.1 A manuscript suitable for publication is to be completed prior to the conclusion of the residency.

10. **Facilities and Equipment**

10.1 The College of Veterinary Medicine, Lloyd Veterinary Medical Center (LVMC) is a fully accredited hospital (AAHA, AALAC) with full AVMA accreditation. The facility encompasses the Iowa State Veterinary Diagnostic Laboratory, an
accredited (AAVLD) full service laboratory providing clinical pathology, histopathology, immunohistochemistry, immunology, microbiology, virology and toxicology support. The LVMC contains full service small and large animal medicine and surgery facilities.

10.2 **Library and other Literature Resources**
The Veterinary Medical Library, housed within the College of Veterinary Medicine building, contains both human and veterinary textbooks as well as bound serial publications. Parks library on main campus is easily accessible via daily transport of holdings between libraries upon request. An extensive collection of online journal subscriptions is available to the House Officers free of charge via the Interlibrary Loan/Document Delivery service. Computer-based retrieval systems MEDLINE, CAB and AGRICOLA abstracts are available electronically. A wide selection of current journals is available in the library and online.

10.2.1 Each resident is required to be familiar with pertinent articles in the current literature. Reasonable expenses for photocopying are defrayed by the Hospital.

11. **Evaluation and Reappointment**

11.1 A written critique will be provided at least every 6 months by the advisor or section. The critique will cover:

11.1.1 Professional ability; to include theoretical knowledge and application of that knowledge, clinical skills, tutorial skills, and scholarly activity.

11.1.2 Hospital services; to include communication skills, patient care, medical record quality, emergency duty quality, and adherence to LVMC protocol.

11.1.3 Personal characteristics; to include responsibility, initiative, interaction with faculty, staff and students, department and leadership.

11.2 The resident will meet with his or her advisor to discuss their progress. A summary of the discussion will be signed by both advisor and House Officer.

11.2.1 In the case of an unsatisfactory performance the advisor and program director will develop an action plan to guide improved performance. The action plan must include the following elements:

11.2.1.1 A list of action items to be accomplished that are detailed, clear, and aligned with a timeline

11.2.1.2 A specific date for follow-up evaluation
11.2.1.3 A description of consequences if the action items are not completed by the designated timeline.

11.3 In March of each year, the House Officer Committee will review the year's critiques. Following that review, the committee will make a recommendation to the Director of Hospital Operations of the Lloyd Veterinary Medical Center to:

11.3.1 Continue the appointment for another year with or without probation

11.3.2 Award a certificate upon satisfactory completion of the program.

11.3.3 Not to reappoint the resident, with a minimum of 30 days’ notice of termination. At the discretion of the House Officer Committee and in consultation with the resident’s service, guidelines can be formulated that if met, may allow the resident to be re-instated at the end of the specified period.

11.3.3.1 House officers that are evaluated as unsatisfactory and are currently working under an action plan are not eligible for a pay increase (usually July 1st). Once the house officer has made significant progress and the action plan marked as successfully completed, they could be eligible for a pay increase (usually January 1st).

11.4 The resident will be asked each year to make an assessment of their program with suggestions for improvement. The evaluation form will be handed out in May or June and must be returned before completion of that year in July.

12. **House Officer Committee**

The committee is comprised of a representative of each house officer program, the VCS Head (ex officio), and the Director of the LVMC (ex officio). It will be responsible for:

12.1 The selection of House Officers from the application pool (with the advice of the faculty of the sponsoring discipline)

12.2 Annual review of the House Officer's progress (in the ninth month of each year)

12.3 Annual recommendation for reappointment of the House Officer or program completion.

12.4 Program approval, renewal, oversight and establishment of policy
13. **Employment and Benefits**

13.1 Iowa State University House Officers are classified as D base employees as either an intern or resident and as such are governed by the House Officers Handbook.

13.2 Iowa State University offers a competitive salary and a comprehensive benefit package to house officers. Full benefits are offered, including medical, dental, and retirement contributions.

13.2.1 All University employees are covered under ISU’s general liability protection. This would provide malpractice protection for veterinary services provided during the normal course of professional practice for the ISU veterinary teaching hospital. If you desire additional malpractice insurance and/or license defense insurance, you should obtain this from a private provider.

13.3 The annual salary for residents is approximately $29,000.00; incremental annual raises may be awarded in the second and third year. *The salary (not a stipend) is published in the Directory of Internships and Residencies as published by the American Association of Veterinary Clinicians (www.virmp.org).* Salary is payable in monthly increments. Retirement contributions, social security, federal and state taxes are withheld from each paycheck.

13.4 As employees of the University, residents are considered full-time D-base employees and earn 16.0 hours per month of vacation/annual leave (192 hours or 24 days/year) and 12.0 hours per month of sick leave in accordance to ISU’s benefits policy.

13.4.1 Annual leave may only be taken/granted for the amount of time accrued.

13.4.2 Annual leave is to be taken when the house officer is not scheduled on clinic or emergency duty. Vacation requests must be made at least 2 weeks in advance of the desired vacation time.

13.4.3 After approval by the House Officer’s advisor, requests must be made on the standard University Leave Form reviewed by the Program Director/Coordinator and signed by the program’s Section Leader and the Director of Hospital Operations of the Lloyd Veterinary Medical Center. *(see Appendix E)*

13.4.4 Accrued vacation time must be used during the term of the appointment or it will be forfeited upon termination. Vacation must not be used during the final three weeks of the term of the appointment.

13.5 A cell phone, desk, chair, place for book storage, and filing cabinet are also provided for each House Officer. A computer system is provided with word
processing, spread sheet and presentation programs along with unlimited internet access and e-mail.

13.6 The Veterinary Medical Center operates year round. The resident will share with other House Officers an emergency duty rotation. The rotation will commit the resident to a share of evening, weekend and holiday duty on a scheduled basis.

13.7 Consultation Policy (Outside Employment):
Concurrent employment of the resident at a site other than Iowa State University, College of Veterinary Medicine during their program is allowed provided the activity is approved by the House Officer's advisor and the program director and a CVM Consultation Request Approval Form is completed and approved by the Director of Hospital Operations and the college dean prior to any consulting activities. (see Appendix D)

13.8 Reappointment to the second, third and fourth year of the residency program is contingent upon satisfactory completion of the previous year's requirements.

14. Applications

14.1 Candidates may apply for the Residency by completing:

14.1.1 A standard residency online application (V.I.R.M.P. application).

14.1.2 A statement of objectives for the residency and subsequent career goals.

14.1.3 A transcript of his/her academic record.

14.1.4 Three letters of reference from individuals currently familiar with the applicant's professional status.

14.1.5 A curriculum vitae.

14.2 Selection is based on:

14.2.1 The above documents.

14.2.2 Interviews may be required.

14.3 For more information about this program, please contact Dr. Chad Johannes, Iowa State University, College of Veterinary Medicine, Department of Veterinary Clinical Sciences, 1809 South Riverside Drive, Ames, Iowa 50011-3619. (Telephone 515-294-4900; email: cmj15@iastate.edu).

14.4 Iowa State University does not discriminate on the basis of race, color, age, religion, national origin, sexual orientation, gender identity, sex, marital status, disability or
status as a U.S. veteran. Inquiries can be directed to the Director of Equal Opportunity and Diversity, 3680 Beardshear Hall, (515) 294-7612.

15. **Appendices**

A. Faculty in support of the Program

B. Code of Conduct & Collegiality

C. Communication Trees

D. Consultation Request

E. House Officer Leave Request (in LVMC office)

F. House Officer Case Presentation Evaluation Form

G. LVMC House Officer Seminar Evaluation Form

H. House Officer Evaluation Form

I. House Officer External Rotation Evaluation Form

J. Service Expectations

K. Other Forms
Appendix A. **Faculty in Support of the Program**

**Anesthesiology**
Michael Curtis, DVM, PhD, Diplomate ACVAA  
Bonnie H. Kraus, DVM, Diplomate ACVS, Diplomate ACVAA  
Dean H. Riedesel, DVM, PhD, Diplomate ACVAA  
Stefano Di Concetto, DVM, MS, Diplomate ACVAA

**Cardiology**
Jessica Ward, DVM, Diplomate ACVIM (Cardiology)  
Wendy A. Ware, DVM, MS, Diplomate ACVIM (Cardiology)

**Dermatology**
Darren Berger, DVM, Diplomate ACVD  
James O. Noxon, DVM, Diplomate ACVIM (Internal Medicine)

**Dentistry**
Brenda Mulherin, DVM, Diplomate AVDC

**Diagnostic Imaging**
Kristina G. Miles, DVM, MS, Diplomate ACVR  
Elizabeth A. Riedesel DVM, Diplomate ACVR

**Emergency and Critical Care Medicine**
April Blong DVM, Diplomate ACVECC  
Julie Riha, DVM  
Rebecca Walton, DVM, Diplomate ACVECC

**Food Animal Medicine & Surgery**
**Hospital-based:**
Amanda Kreuder, DVM, PhD, Diplomate ACVIM-LAIM  
Jennifer Schleining, DVM, MS, Diplomate ACVS-LA  
Joseph Smith, DVM, MPS, Diplomate ACVIM-LAIM  
Paul Plummer, DVM, PhD, Diplomate ACVIM-LAIM, Diplomate, ECSRHM

**Field-based:**
Patrick Gorden, DVM, ABVP (Dairy)  
Troy Brick, DVM, MS (Beef, Dairy, Small Ruminant, Swine)  
Kelly Still-Brooks, DVM, MPH, Diplomate ACVPM (Small Ruminant Production)  
Paul Plummer, DVM, PhD, ACVIM (LAIM) (Small Ruminant, Camelid, Cervid)  
Terry Engelken, DVM, MS (Beef Production)  
Grant Dewell, DVM, MS, PhD (Beef Production)  
Locke Karriker, DVM, MS, Diplomate ACVPM (Swine Program)

**Internal Medicine-LA**
Brett Sponseller, DVM, PhD, Diplomate ACVIM-LA  
David Wong, DVM, MS, Diplomate ACVIM-LA, ACVECC  
Katarzyna Dembek, DVM, MS, PhD, Diplomate ACVIM-LA

**Internal Medicine-SA**
Albert E. Jergens, DVM, PhD, Diplomate ACVIM (Internal Medicine)  
Chad Johannes, DVM, Diplomate ACVIM (Internal Medicine and Oncology)  
Dana LeVine, DVM, PhD, Diplomate ACVIM (Internal Medicine)  
Karin Allenspach, DrMedVet, FVH, PhD, Diplomate ECVIM (Internal Medicine)  
Jean-Sebastien Palerme, DVM, MSc, Diplomate ACVIM (Internal Medicine)
Laura Van Vertloo, DVM, MS, Diplomate ACVIM (Internal Medicine)

**Neurology**
Rodney Bagley, DVM, Diplomate ACVIM (Neurology), Department Chair (practice limited to consultation)

**Oncology**
Chad Johannes, DVM, Diplomate ACVIM (Internal Medicine and Oncology)
Margaret Musser, DVM, Diplomate ACVIM (Oncology)
Leslie E. Fox, DVM, MS, Diplomate ACVIM (Internal Medicine)
Shawna Greene, DVM, MS, Diplomate ACVIM (Oncology) – Affiliate Faculty

**Ophthalmology**
Rachel Allbaugh, DVM, MS, Diplomate ACVO
Gil Ben-Shlomo, DVM, PhD, Diplomate ACVO
Lionel Sebbag, DVM

**Primary Care**
Bryce Kibbel, DVM
Jennifer Scaccianoce, DVM
Bianca Zaffarano, DVM

**Surgery -SAS**
Cheryl Hedlund, DVM, MS, Diplomate ACVS
Karl Kraus, DVM, MS, Diplomate ACVS
Mary Sarah Bergh, DVM, MS, Diplomate ACVS-SA, Diplomate ACV Sports Medicine
Louisa Ho Eckart, DVM, Hons MS, Diplomate ACVS-SA
William D. Hoefle, DVM, MS, Diplomate ACVS
Eric Zellner, DVM, Diplomate ACVS-SA

**Surgery – Equine**
Stephanie Caston, DVM, Diplomate ACVS-LA
Kevin Kersh, DVM, Diplomate ACVS-LA
Larry Booth, DVM, MS, Diplomate ACVS
Alex Gillen, VetMB, MRCVS, MA, Diplomate ACVS-LA
Tamara Swor, DVM, Diplomate ACVS-LA, Diplomate ACVECC-LA (Surgical Educator)
Dane Tatarniuk, DVM, MS, Diplomate ACVS-LA

**Surgery – Food Animal**
Jennifer Schleining, DVM, MS, Diplomate ACVS-LA

**Theriogenology**
Swanand Sathe, BVSc. MVSc. MS Diplomate ACT
Tyler Dohlman DVM, MS, Diplomate ACT
Nyomi Galow-Kersh, DVM

**Others:**
Frank Cerfoli, DVM (Clinical Skills)
Anges Bourgeois-Mochel (Clinical Trials)
Joyce Carnevale, DVM, MS, Diplomate ABVP (Shelter Medicine)
June Olds, DVM (Adjunct, Zoo)
Appendix B. Code of Conduct and Collegiality

A code of conduct is meant to help guide professionals in proper interaction with other professionals. No document can be all inclusive or specific. This list is meant to direct a professional veterinarian, or veterinary student, toward proper conduct and interactions within the hospital and college.

1. Each clinician (faculty, residents, and interns) has numerous interactions with veterinary students and should realize that they are role models for these students. Professional attire and language, and appropriate interactions with referring veterinarians are expected at all times. All clinicians must take care to never use denigrating or insulting language when referring to other veterinarians including referring veterinarians, or to students.

2. Clinicians should refer to each other and other veterinarians as “Doctor” while in the hospital and should instruct students to do the same.

3. All clinicians should strive for the best care for all patients in our hospital. It is inevitable that there will be differences of opinion as to what that best care entails. There is also the possibility that a clinician, for whatever reason, is not caring for a patient to a standard appropriate for this hospital. If a clinician feels that a patient is not cared for appropriately or to a certain standard, then that clinician should discuss their concerns with the attending clinician in a collegial manner (in private venue, not in front of colleagues or students).

4. It is appropriate to collegially discuss the care of cases in case rounds and in the presence of the attending clinician on the case. It is inappropriate to question the care of a patient by another clinician in the presence of clients, students, house officers, referring veterinarians, or attending clinicians outside of case rounds or without the presence of the attending clinician. This is a severe breach of medical ethics and may warrant corrective measures.

5. Students and clinicians come from diverse backgrounds and cultures. It is inappropriate to discuss another professional’s personal life while conducting hospital business.

6. College of Veterinary Medicine Collegiality Policy:

All CVM employees have a responsibility to maintain a positive workplace that is free of discrimination and harassment. Collegial interactions with all co-workers in the CVM are required. Faculty and staff are expected to model safe and fiscally responsible behavior for students, and are expected to be in compliance with established policies of the CVM and Iowa State University (including the ISU Code of Computer Ethics and Acceptable Use, biosafety regulations, OSPA, purchasing, etc.). All faculty and staff are expected to participate in the annual performance evaluation process.
Appendix C. **Communication Trees**

Personnel interactions:

- **Conflict Recognized**
  - House officer (H.O.)
  - Other person (Technician, intern, resident, faculty) Service 2

- **Conflict unresolved**
  - H.O. (Service 1) meet with
  - On-clinic service (1) faculty
  - Other person (service 2) meet with
  - On-clinic service (2) faculty

- **Conflict unresolved**
  - On-clinic service (1) faculty
  - On-clinic service (2) faculty

- **Conflict Unresolved**
  - Service (1) Leader*
  - Service (2) Leader*

- **Conflict Unresolved**
  - Service Leaders
  - HO Chair

- **HO Committee Discussion**
  - Resolution
    - Protocol established
  - Unresolved
    - To Director Hospital Operations (HO & hospital issues)

*Advisors are apprised when deemed appropriate.
Client Complaint via evaluation of service or other means to Hospital Director or other Administrators:

**Problem Reported**
- Director Hospital Operations to notify House officer’s service faculty mentor & advisor

**Problem Investigated**
- Service faculty mentor meets with House Officer
- Service faculty mentor discusses with advisor

**Problem Discussed**
- Faculty Advisor meets with House Officer to discuss
- Advisor offers suggestions how to avoid similar problems in the future

**Advisor Reports**
- Episode to HO Program Director
- Outcome to Director of Hospital Operations

**Unresolved Problem**
- HO Program Director or Director of Hospital Operations report to HO Committee Chair

**HO Committee Chair**
- No Further action or
- Committee Discussion
  - HO Committee Discussion

**Resolution**
- Protocol established
- Corrective action taken
- Continuation in program discussed

**Resolution Reported or Unresolved**
- To Dept. Head (faculty issues)
- To Director of Hospital Operations (HO & hospital issues)
Appendix D. Consulting Request

Consulting Request Approval Form

Date of Request: ____________________________

Name: _____________________________________

Proposed Date for Consulting Activities: ____________

Who are you consulting for? _______________________

Where will you be consulting? ________________

What is the purpose of the consulting activity? ____________________________

Reminder: All full-time faculty and P&S staff are required to disclose potential conflicts of interest annually, or whenever their situation changes, whether they think they have a conflict of interest or not. Using the Access Plus system, faculty and P&S staff should go to the Employee tab and click on "COI Disclosure" and fill in the Conflict of Interest Disclosure Form. If you have any questions, please review the COI policy at http://www.provost.iastate.edu/COI/

APPROVAL:
Department Chair: ____________________________

Director of Hospital Operations: _________________

College Dean: ________________________________

Please Note: Must be approved by the Department Chair, Director of Hospital Operations (when applicable) and Dean prior to consulting activity.
Appendix E. House Officer Leave Request (in LVMC office)

Guidelines for Scheduling Leave:
The procedure for requesting vacation is as follows:
1. Determine the times/days for your absence.
2. Confirm the time and dates with your program director and advisor.
3. Fill out an Absence Request card (sample enclosed) two weeks in advance of your planned vacation day(s).
4. Have the card signed by your program director.
5. Give the card to the person in charge in the Hospital Director’s Office
6. Inform the reception desk of your absence and the dates.
7. Place a red card in your message slot at the front desk indicating you are not in the clinic.

The procedure for requesting an approved external rotation is similar:
1. Approved external rotations are considered authorized leave.
2. Notify advisor and program director well in advance of your intent to participate in an out-rotation. (See section 8.5)
3. Organize the rotation with an approved program and mentor at the external rotation location with the assistance of your advisor &/or program director.
4. Obtain final approval of the program director at least four weeks in advance of the rotation.
Appendix F. **House Officer Case Presentation Evaluation Form**

<table>
<thead>
<tr>
<th>Description</th>
<th>Evaluation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>E = excellent G = good N = needs improvement</td>
<td></td>
</tr>
<tr>
<td>Topic:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Case Selection**

<table>
<thead>
<tr>
<th>Complexity of case</th>
<th>Evaluation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate case follow-up</td>
<td>Evaluation</td>
<td>Comments</td>
</tr>
</tbody>
</table>

**Content**

| Format of presentation (complete, logical, appropriate length) | Evaluation | Comments |
| Use of problem-oriented approach (data or evidence to support important points) | Evaluation | Comments |
| Knowledge of subject (well researched, accurate, comfortable, question response) | Evaluation | Comments |
| Discussion (relevance, good references, accurate) | Evaluation | Comments |

**Conclusions**

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Comments</th>
</tr>
</thead>
</table>

**Delivery**

| Clarity of speech (mumbles, clear, pronunciation, vocalized pauses [uh, um, well, so, etc.]) | Evaluation | Comments |
| Rate of delivery (too fast, too slow) | Evaluation | Comments |
| Eye contact (consistent, entire audience, notes) | Evaluation | Comments |
| Body language/enthusiasm (nervous, relaxed, self-confidence) | Evaluation | Comments |

**Effectiveness of presentation**

| Use of visual aids (spelling, wordiness, colors, clarity, appropriate images, organized) | Evaluation | Comments |
| Professionalism (attire, appropriate humor, self-confident) | Evaluation | Comments |

**Questions handled appropriately**

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Comments</th>
</tr>
</thead>
</table>

**Additional Comments:**

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Evaluator: ______________________________________________________________
Appendix G. **LVMC House Officer Seminar Evaluation Form**

LVMC House Officer Seminar Evaluation

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Points</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Definition of Subject: introduction, importance, clinical significance</td>
<td>0-5 pts</td>
<td>________</td>
</tr>
<tr>
<td>2. Organization:</td>
<td>0-15 pts</td>
<td>________</td>
</tr>
<tr>
<td>3. Quality of material, scientific depth</td>
<td>0-15 pts</td>
<td>________</td>
</tr>
<tr>
<td>4. Presence: Speaking ability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Clarity</td>
<td>0-10 pts</td>
<td>________</td>
</tr>
<tr>
<td>b. Rate of delivery</td>
<td>0-10 pts</td>
<td>________</td>
</tr>
<tr>
<td>c. Enthusiasm, expressiveness, mannerisms</td>
<td>0-10 pts</td>
<td>________</td>
</tr>
<tr>
<td>5. Visual aids: slides &amp; text, images, graphs</td>
<td>0-10 pts</td>
<td>________</td>
</tr>
<tr>
<td>6. Appropriate summary?</td>
<td>0-5 pts</td>
<td>________</td>
</tr>
<tr>
<td>7. Presentation consistent with audience level?</td>
<td>0-10 pts</td>
<td>________</td>
</tr>
<tr>
<td>8. Questions/discussion handled appropriately?</td>
<td>0-10 pts</td>
<td>________</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix H. **House Officer Evaluation Form:**

**Iowa State University Oncology Resident Evaluation**

**Resident’s Name:**  Click here to enter text.  
**Year of Residency:**  Choose an item.

**Evaluator’s Name:**  Click here to enter text.  
**Date:**  Click here to enter a date.

**Resident's Mentor:**  Click here to enter text.  
**Evaluation period:**  Choose an item.

Each SAIM resident is evaluated based on the eight competencies listed below. These core competencies are based in part on the recommendations established by the Accreditation Council for Graduate Medical Education (ACGME) as the criteria for evaluating the development of medical residents during their post professional education clinical training program.

Each resident evaluation is made based on level of proficiency for the year of residency. Each competency is evaluated on a scale of 1–5. A mark of 2 indicates that performance in the area needs improvement. A mark of 4 indicates good performance in the area. For any competencies that require attention or are rated ≤ 2, specific comments and recommendations are essential.

### Resident Overall Competence in SAIM

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Unsatisfactory** | **Satisfactory**

**Additional comments:** Click here to enter text.

**Evaluator signature:**  ________________________________  
**Date:**  Click here to enter a date.
1) **Patient Care & Clinical Application of Knowledge**: Provides patient care that is compassionate, appropriate, and effective.

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior and comprehensive medical histories, physical exams, review of other data, and procedural skills.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Incomplete, inaccurate historical examinations, physical exams, and review of other data (including referring veterinarian records).</td>
<td>☐ Obtains a detailed and accurate history and physical exam and reviews referring veterinarian records.</td>
<td>☐ Superior and comprehensive medical histories, physical exams, review of other data, and procedural skills.</td>
</tr>
<tr>
<td>☐ Fails to completely analyze clinical data and apply new information when available</td>
<td>☐ Forms clear diagnostic, treatment and client education plans.</td>
<td>☐ Always makes diagnostic and therapeutic decisions based on available evidence, sound judgment, client preferences and patient condition.</td>
</tr>
<tr>
<td>☐ Fails to consider client preferences when making medical decisions.</td>
<td>☐ Usually considers client preferences when making medical decisions.</td>
<td>☐ Always reviews treatment sheets and uses edits as teachable moments.</td>
</tr>
<tr>
<td>☐ Fails to follow patient closely and provide competent, compassionate care.</td>
<td>☐ Follows patient closely and provides competent, compassionate care.</td>
<td>☐ Always reviews treatment sheets and uses edits as teachable moments.</td>
</tr>
<tr>
<td>☐ Inconsistently reviews treatment orders and/or signs ICU treatment sheets in a timely fashion</td>
<td>☐ Treatment sheets are usually reviewed and signed in a timely fashion.</td>
<td>☐ Always reviews treatment sheets and uses edits as teachable moments.</td>
</tr>
</tbody>
</table>

**Performance that warrants praise:**
Click here to enter text.

**Performance that needs attention:**
Click here to enter text.

☐ Insufficient contact to judge
2) **Medical Knowledge**: Demonstrates a solid knowledge base about the pathophysiology of both common and uncommon internal medicine diseases.

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Exceptional Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Limited knowledge of basic and clinical sciences.</td>
<td>☐ Understands basic science and literature of the specialty. Keeps up to date with current literature.</td>
<td>☐ Exceptional knowledge of basic and clinical sciences.</td>
</tr>
<tr>
<td>☐ Does not understand the complex relations and mechanisms of disease.</td>
<td>☐ Basic understanding of the complex relationships and mechanisms of disease.</td>
<td>☐ Comprehensive understanding of the complex relationships and mechanisms of disease.</td>
</tr>
<tr>
<td>☐ Fails to identify learning issues</td>
<td>☐ Demonstrates growth of knowledge – identifies and adequately addresses learning issues; critically evaluates new reported information and includes as develops plans</td>
<td>☐ Identifies and utilizes appropriate resources in their knowledge base development.</td>
</tr>
<tr>
<td>☐ Fails to quickly gain new knowledge when gaps are identified.</td>
<td>☐ Usually able to apply the problem-oriented approach to cases and efficiently works up difficult cases.</td>
<td>☐ Able to apply the problem-oriented approach and efficiently works up difficult cases.</td>
</tr>
<tr>
<td>☐ Unable to apply the problem-oriented approach to cases and efficiently works up difficult cases.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Performance that warrants praise:**
Click here to enter text.

**Performance that needs attention:**
Click here to enter text.

☐ **Insufficient contact to judge**
3) **Professional Development:** Committed to improvement through self-assessment, organizational skills, time-management and incorporating constructive feedback.

<table>
<thead>
<tr>
<th>Unsatisfactory:</th>
<th>Satisfactory:</th>
<th>Superior:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Lacks insight or initiative.</td>
<td>☐ Appreciative of constructive feedback and actively works toward improvement.</td>
<td>☐ Proactively seeks feedback to improve performance.</td>
</tr>
<tr>
<td>☐ Does not utilize mentors for professional growth.</td>
<td>☐ Actively works on further developing areas of weakness and learn from own mistakes.</td>
<td>☐ Effectively incorporates new knowledge and information for patient care.</td>
</tr>
<tr>
<td>☐ Resists or ignores feedback.</td>
<td>☐ Utilizes evidence from scientific studies to optimize patient care.</td>
<td>☐ Consistently organizes ACVIM &amp; VCS requirements (Journal Club, Resident Reviews, Seminars, Annual Progress Report…)</td>
</tr>
<tr>
<td>☐ Fails to incorporate new knowledge and information to enhance patient care or pursue self-improvement.</td>
<td>☐ Needs occasional reminders to organize ACVIM &amp; VCS requirements (Journal Club, Resident Reviews, Seminars, Annual Progress Report…)</td>
<td>☐ Displays exceptional leadership ability.</td>
</tr>
<tr>
<td>☐ Fails to organize ACVIM &amp; VCS requirements (Journal Club, Resident Reviews, Seminars, Annual Progress Report…)</td>
<td>☐ Usually seeks opportunities for leadership within resident group and within the veterinary team</td>
<td></td>
</tr>
<tr>
<td>☐ Consistently resists opportunities of leadership within resident group and within the veterinary team</td>
<td></td>
<td>☐ Effectively incorporates new knowledge and information for patient care.</td>
</tr>
</tbody>
</table>

**Performance that warrants praise:**
Click here to enter text.

**Performance that needs attention:**
Click here to enter text.

☐ Insufficient contact to judge
4) **Interpersonal and communication skills:** Demonstrates effective interpersonal and communication skills with clients, referring veterinarians, students, house officers, staff, and faculty.

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superb</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Does not establish even minimally effective relationships with patients, owners and rDVMs, colleagues, and students.</td>
<td>☐ Communicates the diagnostic and therapeutic plan clearly with other clinicians and supervising faculty as well as rDVM and owners. Provides a clear hand-off of medical information.</td>
<td>☐ Establishes highly effective relationships with owners and rDVMs.</td>
</tr>
<tr>
<td>☐ Does not demonstrate ability to build relationships or to be an effective team member through listening, narrative, or nonverbal skills.</td>
<td>☐ Effectively communicates with faculty/students/other house officers/technicians/receptionists/staff supporting a team effort.</td>
<td>☐ Demonstrates excellent relationship building through listening, narrative, and nonverbal skills.</td>
</tr>
<tr>
<td>☐ Fails to complete medical records in a timely manner following patient discharge.</td>
<td>☐ Completes medical records in a timely manner following patient discharge.</td>
<td>☐ Excellent communication with faculty/students/other house officers/technicians/receptionists/staff supporting a team effort.</td>
</tr>
<tr>
<td>☐ Poor or late follow up with owners and rDVM on pending results and plans for patients.</td>
<td>☐ Usually follows up with owners and rDVM on pending results and plans for patients.</td>
<td>☐ Consistent follow up with owners and rDVM.</td>
</tr>
<tr>
<td>☐ Does not provide education or advice to owner or colleagues.</td>
<td>☐ Interacts collegially with colleagues within and outside the PUVTH and actively participates in consultations.</td>
<td>☐ Displays superb collegiality with colleagues within and outside the PUVTH at all times.</td>
</tr>
<tr>
<td>☐ Does not demonstrate collegiality within PUVTH</td>
<td>☐ Always “interpersonally” engaged.</td>
<td>☐ Always “interpersonally” engaged.</td>
</tr>
</tbody>
</table>

**Performance that warrants praise:**
Click here to enter text.

**Performance that needs attention:**
Click here to enter text.

☐ Insufficient contact to judge
5) **Professionalism:** Maintains a professional demeanor on the clinic floor, and demonstrates a commitment to ethical principles at all times.

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Lacks respect, compassion, integrity, honesty.</td>
<td>☐ Usually demonstrates respect, compassion, integrity, honesty.</td>
<td>☐ Always demonstrates respect, compassion, integrity, honesty.</td>
</tr>
<tr>
<td>☐ Fails to acknowledge errors.</td>
<td>☐ Usually considers needs of patient, owners, and veterinary team.</td>
<td>☐ Willingly acknowledges errors and views them as teaching/learning opportunities.</td>
</tr>
<tr>
<td>☐ Does not consider needs of patient, owners, and veterinary team.</td>
<td>☐ Demonstrates willingness to work hard, has sound judgment, and maturity.</td>
<td>☐ Always considers needs of patient, owners, and veterinary team.</td>
</tr>
<tr>
<td>☐ Does not display responsible behavior (i.e. not willing to work hard, habitually late for clinics or rounds, tries to hide errors, exhibits poor judgement).</td>
<td>☐ Demonstrates professionalism and maintains professional image when dealing with difficult situations (i.e. cases, personalities, etc.).</td>
<td>☐ Role model for responsible behavior.</td>
</tr>
<tr>
<td>☐ Avoids responsibilities outside of clinical duties (ex. scheduling)</td>
<td>☐ Respectful to colleagues and arrives on time for house officer and student rounds, and seminars.</td>
<td>☐ Eager to take on responsibilities outside of clinical duties</td>
</tr>
<tr>
<td>☐ Unaware of climate within the hospital and rarely addresses concerns or informs faculty when appropriate</td>
<td>☐ Volunteers for responsibilities outside of clinical duties</td>
<td>☐ Sensitive to climate within the hospital and either addresses concerns or informs faculty when appropriate</td>
</tr>
<tr>
<td></td>
<td>☐ Aware of climate within the hospital and usually addresses concerns or informs faculty when appropriate</td>
<td></td>
</tr>
</tbody>
</table>
6) **Learning**: Participates actively in medicine journal club, house officer rounds, and other applicable learning opportunities provided by the residency. Attends daily rounds consistently and is on time.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory</td>
<td>Satisfactory</td>
<td>Superior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Lacks interest and willingness to participate in learning opportunities.</td>
<td>☐ Arrives to rounds, book club, journal club or classes on time, is prepared, and participates in round discussions.</td>
<td>☐ Demonstrates eagerness to participate in learning opportunities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Consistently arrives late or unprepared for rounds, book club, journal club, classes.</td>
<td>☐ Attends journal club and Book Club regularly and willingly presents at each</td>
<td>☐ Always arrives on time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Does not regularly attend journal club or present at Journal Club, Book Club</td>
<td>☐ Oral presentation style is well prepared, organized, logical, and accurate.</td>
<td>☐ Proactively prepares materials for and attends book club and other board study opportunities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Frequently cancels scheduled didactic presentations due to lack of preparation.</td>
<td></td>
<td>☐ Organization and presentation style are exemplary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Oral presentation are not well prepared, disorganized, illogical, and/or inaccurate.</td>
<td></td>
<td>☐ Committed to continual learning and inspires others to do the same.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Performance that warrants praise:**

Click here to enter text.

**Performance that needs attention:**

Click here to enter text.

☐ Insufficient contact to judge
7) **Clinical Research and Publication Productivity**: Demonstrates initiative to identify, participate in, and complete a clinical research project for publication under the supervision of a faculty mentor.

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Lacks enthusiasm and initiative to identify a research project of interest.</td>
<td>☐ Initiates or assists in the design and/or implementation of a research proposal.</td>
<td>☐ Demonstrates proficiency in research methods.</td>
</tr>
<tr>
<td>☐ Fails to write a project proposal and/or associated animal care and use committee protocols.</td>
<td>☐ Reviews relevant literature and actively participates in grant writing.</td>
<td>☐ Demonstrates commitment to ethical principles of research.</td>
</tr>
<tr>
<td>☐ Fails to initiate moving identified project forward and/or resists active participation in patient recruitment, data collection or analysis.</td>
<td>☐ Active participation in study recruitment, data collection, organization, and analysis.</td>
<td>☐ Active participation in the writing of animal care and use protocol.</td>
</tr>
<tr>
<td>☐ Lack of research productivity – misses identified deadlines, meeting dates, etc.</td>
<td>☐ Demonstrates research productivity.</td>
<td>☐ Successful completion of the various steps of the research project including work on publication and/or presentation.</td>
</tr>
</tbody>
</table>

**Performance that warrants praise:**
Click here to enter text.

**Performance that needs attention:**
Click here to enter text.

☐ **Insufficient contact to judge**
8) **Didactic and Clinical Teaching:** Participates actively, shows effort and growth in teaching, to include teaching in case rounds and topics rounds, CE to practicing veterinarians, and other applicable teaching opportunities provided in the residency.

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fails to initiate leading or actively participate in case and topic round discussions.</td>
<td>☐ Actively assists in leading case and topic round discussions.</td>
<td>☐ Regularly initiates discussions.</td>
</tr>
<tr>
<td>☐ Does not initiate student rounds</td>
<td>☐ Effective presentation style with up-to-date material that is well-organized and presented in sufficient depth.</td>
<td>☐ Organization and always demonstrates presentation skills.</td>
</tr>
<tr>
<td>☐ No interest in developing teaching or presentation skills.</td>
<td>☐ Interested and enthusiastic about lecture topics and demonstrates a comprehensive knowledge of subject presented.</td>
<td>☐ Committed to continued learning and improving teaching skills.</td>
</tr>
<tr>
<td>☐ Presentation skills need improvements</td>
<td>☐ Utilizes handouts or other learning aids to enhance lecture content.</td>
<td>☐ Consistently eager to participate in teaching opportunities; effectively engages student participation.</td>
</tr>
<tr>
<td>☐ Lacks enthusiasm and initiative for participating in teaching or lecturing.</td>
<td>☐ Adequately supervises students including patient care and owner communication</td>
<td>☐ Excellent supervision and owner communication</td>
</tr>
<tr>
<td>☐ Does not read student records in a timely manner or supervise students in owner communication or patient care</td>
<td>☐ Usually critiques and assesses medical records</td>
<td>☐ Consistently critiques and assesses medical records</td>
</tr>
<tr>
<td>☐ Does not create a positive learning environment</td>
<td>☐ Usually creates a positive learning environment</td>
<td>☐ Consistently creates a positive learning environment</td>
</tr>
</tbody>
</table>

**Performance that warrants praise:**
Click here to enter text.

**Performance that needs attention:**
Click here to enter text.

☐ **Insufficient contact to judge:**

9) **Case Log/Procedures Log Review**

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
</table>
Appendix I. **House Officer External Rotation Evaluation Form:**

Lloyd Veterinary Medical Center  
House Officer Evaluation for External Rotations  
(away from ISU)

<table>
<thead>
<tr>
<th>House Officer:</th>
<th>Rotation Location:</th>
<th>Dates:</th>
</tr>
</thead>
</table>

**ISU Faculty Advisor/Program Director:**

<table>
<thead>
<tr>
<th>Professional Ability</th>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>Not Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theoretical knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application of knowledge</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Technical skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Professional Development**

| Awareness of current literature |           |      |              |                   |                |               |
| Ability to make independent decisions |         |      |              |                   |                |               |
| Attendance at seminars/rounds |           |      |              |                   |                |               |
| Participations in seminar/rounds |         |      |              |                   |                |               |
| Contribution to student education |       |      |              |                   |                |               |

**Personal Characteristics**

| Quality of faculty/supervisor interaction |           |      |              |                   |                |               |
| Quality of intern/resident interaction |           |      |              |                   |                |               |
| Quality of student interaction |           |      |              |                   |                |               |
| Quality of staff interaction |           |      |              |                   |                |               |
| Independence and initiative |           |      |              |                   |                |               |
| Maturity |           |      |              |                   |                |               |
| Motivation |           |      |              |                   |                |               |
| Attitude and enthusiasm |           |      |              |                   |                |               |
| Leadership qualities |           |      |              |                   |                |               |

**Hospital/Clinical Service**

| Completion of duties |           |      |              |                   |                |               |
| Quality of work |           |      |              |                   |                |               |
| Acceptance of service responsibilities |         |      |              |                   |                |               |
| Work towards service objectives |       |      |              |                   |                |               |
| Record keeping |  |  |  |
| Communication with RDVMs |  |  |  |
| Communication with clients |  |  |  |
| Overall Performance |  |  |  |

Appendix J. **Service Expectations:**

Please review these at [https://vetzone.cvm.iastate.edu/policies-and-documents/](https://vetzone.cvm.iastate.edu/policies-and-documents/)

Appendix K. **Other Forms:**