

Iowa State University

Department of Veterinary Clinical Sciences Anesthesia and Pain Management Residency Program

1. Overview:

This Anesthesia & Pain Management Residency Program has been designed to provide in-depth training in comparative anesthesia and related basic and applied sciences. The program has been developed to provide residents with a comprehensive knowledge of anesthesia and pain management in 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 Anesthesia and Analgesia.

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 (Large Animal) 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.
- 2.6 To provide experience in designing and conducting a clinical research project.

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) who has Diplomate status in their specialty field within 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 examinations
 - 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 VCS Department 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 VCS Seminar/Rounds Program requires attendance and participation by all House Officers while participation in other rounds is program dependent.

5.1 The **VCS 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 Chief Resident.

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 Leader 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 **VCS 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 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 20 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 15.6*)

5.1.5 **VCS 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.

5.1.5.2 Topic selection should be focused and approved by the House Officer's advisor well 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.

5.1.5.4 Members of the audience will complete evaluation forms giving comments on the quality of the presentation with suggestions for improvement. (*See appendix 15.7*)

5.2 Seminar/Rounds Schedule and participation requirement:

| <u>Type:</u> | <u>Frequency:</u> | <u>Commitment:</u> |
|--------------------------------|----------------------------|---------------------------------------|
| VCS Seminar/Case Presentation | weekly (Thursday 8 a.m.) | required |
| Service Resident Rounds | per service | required |
| Service Rounds w/students | per program | required |
| Radiology-Pathology Rounds | monthly (Tuesday 8 a.m.) | suggested* |
| Evidence based medicine Rounds | monthly (Tuesday 8 a.m.) | suggested* |
| Morbidity/Mortality Rounds | bimonthly (Tuesday 8 a.m.) | suggested |
| Student Grand Rounds | weekly (Friday 8 a.m.) | optional |
| Journal Club | weekly | Anesthesia required ECC suggested* |
| Textbook Review Session | weekly | required |
| Anatomic Pathology Rounds. | weekly | optional |

*these academic activities are highly suggested for ACVAA residents to attend while on other rotations, off clinic rotations or when on clinics as time allows.

6.0 **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.

7.0 **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 Anesthesia and Analgesia.
- 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 applications or board examinations. <http://www.acvaa.org>.

8.0 Clinical Program

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

| Year 1 | Year 2 | Year 3 |
|--|---|--|
| 40 weeks Anesthesia/Pain Management – 20 weeks SA/20 weeks LA | 38 weeks Anesthesia/Pain Management – 19 weeks SA, 19 weeks LA | 38 weeks Anesthesia/Pain Management – 19 weeks SA, 19 weeks LA |
| 6 weeks Research | 6 weeks Research | 2 weeks research/or other rotations |
| 4 weeks Other Rotations (ICU, Internal medicine, critical care, human anesthesia, SAS, Neuro, cardiology, zoo, exotics, FA/EQ etc.) | 4 weeks Other Rotations (ICU, Internal medicine, critical care, human anesthesia, SAS, Neuro, cardiology, zoo, exotics, FA/EQ etc.) 2 weeks Elective | 8 weeks study time for ACVAA written exam *if candidate does not qualify to sit for examination, this time will be spent as Chief Resident 2 weeks Elective |
| 2 wks vacation | 2 wks vacation | 2 wks vacation |

8.1 Year I Resident's Program

- 8.1.1** *Weeks of training described in detail (see above)*
- 8.1.2** The resident 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 VMC. He/She will attend other scheduled seminars in the CVM as time permits.
- 8.1.4** The resident will present **one seminar** and **one case report** (to faculty and house officers) on topics of interest to the resident during VCS Seminar/Rounds 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.

8.1.7 The resident must register with the specialty college and follow their requirements. <http://www.acvaa.org/>

8.1.7.1 ACVAA Residency Program: Logs should be submitted to the Program Leader every 6 months, to the ACVAA Executive Secretary annually (at the end of the 1st and 2nd 12 month period of the residency) for review by the Residency Training Committee and with other credentials materials in Application to sit the Certifying Exam. For those Residents applying to sit the Certifying Exam during the 3rd year of their residency, a final log must be submitted to the ACVAA Executive Secretary upon completion of the training program and before they are allowed to complete the certifying exam process.

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 medicine faculty, participate in clinically relevant graduate courses. Course work must not interfere with the clinical and instructional responsibilities of the resident.

8.2 Year II Resident's Program

8.2.1 Number of weeks of type of training detailed above.

8.2.2 The resident will submit one paper suitable for publication **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 **one seminar** and **one case report** (to faculty and house officers) on topics of interest to the resident during VCS Seminar/Rounds sessions.

8.2.4 The resident should make applications for sitting examinations **if applicable**.

8.2.5 ACVAA Residency Program: Logs should be submitted to the Program Leader every 6 months, to the ACVAA Executive Secretary annually (at the end of the 1st and 2nd 12 month period of the residency) for review by the Residency Training Committee and with other credentials materials in Application to sit the Certifying Exam. For those Residents applying to sit the Certifying Exam during the 3rd year of their residency, a final log must be submitted to the ACVAA Executive Secretary upon completion of the training program and before they are allowed to complete the certifying exam process.

- 8.2.6 The resident will begin or continue the research project if funding has been obtained.
- 8.2.7 The resident is required to give at least 1 hour of didactic instruction in courses offered to veterinary students.

8.3 Year 3

- 8.3.1 Number of weeks of type of training detailed 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 present **one seminar** and **one case report** (to faculty and house officers) on topics of interest to the resident during VCS Seminar/Rounds sessions.
- 8.3.4 **The resident should make applications for sitting examinations if applicable.**
- 8.3.5 ACVAA Residency Program: Logs should be submitted to the Program Leader every 6 months, to the ACVAA Executive Secretary annually (at the end of the 1st and 2nd 12 month period of the residency) for review by the Residency Training Committee and with other credentials materials in Application to sit the Certifying Exam. For those Residents applying to sit the Certifying Exam during the 3rd year of their residency, a final log must be submitted to the ACVAA Executive Secretary upon completion of the training program and before they are allowed to complete the certifying exam process.
- 8.3.6 The resident is required to give at least 1 hour of didactic instruction in courses offered to veterinary students.

8.4 Year 4 NA

8.5 Outside Rotations – From ACVAA Residency Program requirements: Participation in other specialty programs within the institution – In addition to the weeks of clinical anesthesia, the program should allow the Resident to work with and learn from specialty-trained individuals in areas such as internal medicine, pain management, critical care medicine, human anesthesia, cardiology, diagnostic imaging and laboratory, zoological and exotic animal clinical services. **The ACVAA does not REQUIRE other rotations but suggests that the ACVAA residency program allow/encourage the resident to work with other specialties. We have scheduled 4 weeks in the first and second years of the program and 2 weeks in the third year to allow the resident to work in other specialty areas.**

9 Research Project

The Department of Veterinary Clinical Sciences 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.
 - 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 residents 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 Teaching Hospital (VTH) 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 VTH 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 resident 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 VMC protocol.
- 11.1.3 Personal characteristics; to include responsibility, initiative, interaction with faculty, staff and students, deportment 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 resident.
 - 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 specified date for follow-up evaluation.
 - 11.2.1.3 A description of consequences if the action items are not completed by the designated timeline.
 - 11.2.2 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).
- 11.3 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 Head of the Department of Veterinary Clinical Sciences 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.
- 11.4 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 VMC (ex officio). It will be responsible for:

- 12.1 The selection of residents from the application pool (with the advice of the faculty of the sponsoring discipline).
- 12.2 Annual review of the resident's progress (in the ninth month of each year).
- 12.3 Annual recommendation for reappointment of the resident or program completion.
- 12.4 Program approval, renewal, oversight and establishment of policy.

13 Employment and Benefits

- 13.1 Iowa State University residents and interns are classified as adjunct, non-tenure eligible faculty and as such are governed by the faculty handbook (www.provost.iastate.edu/faculty/handbook/current)
- 13.2 Iowa State University offers a competitive salary and a comprehensive benefit package to house officers. Full faculty benefits are provided, including medical, dental, and professional liability (limited). House officers are encouraged to investigate personal professional liability insurance coverage. (<http://www.hrs.iastate.edu/hrs/files/Faculty-Benefit-Summary-2011.pdf>)
- 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 and interns are considered full-time adjunct faculty 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.
 - 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 Chair of the Department of Veterinary Clinical Sciences or the Hospital Director.
 - 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 5-drawer filing cabinet are also provided for each resident. 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 interns and residents 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 department chair and the college dean prior to any consulting activities.

- 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.

14.1.5A 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. Bonnie L. Hay Kraus, DVM, DACVS, DACVAA, Iowa State University, College of Veterinary Medicine, Department of Veterinary Clinical Sciences, 1600 South 16th Street, Ames, Iowa 50011-1250. (Telephone 515-294-4900; email: bhkraus@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

15.1 Faculty in support of the Program

15.2 Code of Conduct & Collegiality

15.3 Communication Tree

15.4 Consultation Request

15.5 House Officer Leave Request (in VCS office)

15.6 House Officer Rounds Evaluation Form

15.7 VCS Seminar Evaluation Form

15.8 House Officer Evaluation Form

15.9 Other forms

15. 1 Faculty in Support of the Residency Programs: Anesthesiology

Approved July 31, 2014

Updated 2015 CSH

Stefano Di Concetto, DVM, Diplomate ACVAA
Dean H. Riedesel, DVM, PhD, Diplomate ACVA
Bonnie H. Kraus, DVM, Diplomate ACVS, Diplomate ACVAA
Jennifer Bornkamp, DVM

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)
Diana Miller, DVM

Diagnostic Imaging

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

Emergency and Critical Care Medicine

Michael Curtis, DVM, PhD, Diplomate ACVA
Lisa Olsen, DVM, Diplomate ACVECC

Internal Medicine

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)
Jean-Sebastien Palerme, DVM, Diplomate ACVIM (Internal Medicine)
Brett Sponseller, DVM, PhD, Diplomate ACVIM-LA
Laura Van Vertloo, DVM, Diplomate ACVIM (Internal Medicine)
David Wong, DVM, MS, Diplomate ACVIM-LA, ACVECC

Neurology

Rodney Bagley, DVM, Diplomate ACVIM (Neurology), Department Chair (practice limited to consultation)
Nicholas Jeffery, BVSc PhD, Diplomate ECVN, ECVS, FRCVS (spinal surgery)

Oncology

Leslie E. Fox, DVM, MS, Diplomate ACVIM (Internal Medicine)

Ophthalmology

Gil Ben-Shlomo, DVM, PhD, Diplomate ACVO
Rachel Allbaugh, DVM, MS, Diplomate ACVO

Primary Care

Bianca Zaffarano, DVM
Brenda Mulherin, DVM, Diplomate AVDC
June Olds, DVM
Bryce Kibbel, DVM
Joyce Carnevale, DVM

Surgery -SAS

Karl Kraus, DVM, Diplomate ACVS
Mary Sarah Bergh, DVM, MS, Diplomate ACVS-SA, Diplomate ACV Sports Medicine
Cheryl Hedlund, DVM, MS, Diplomate ACVS
William D. Hoefle, DVM, MS, Diplomate ACVS
Louisa Ho, DVM

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James P. Toombs, DVM, MS, Diplomate ACVS

Surgery – Equine

Scott McClure, DVM, PhD, Diplomate ACVS

Larry Booth, DVM, MS, Diplomate ACVS

Stephanie Caston, DVM, Diplomate ACVS-LA

Kevin Kersh, DVM, Diplomate ACVS-LA

Theriogenology

Swanand Sathe, BVSc. MVSc. MS Diplomate ACT

Tyler Dohlman DVM MS Diplomate ACT

Patrick Phillips DVM Diplomate ACT

Nyomi Galow-Kersch, DVM

15.2 **Code of professional conduct**

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.

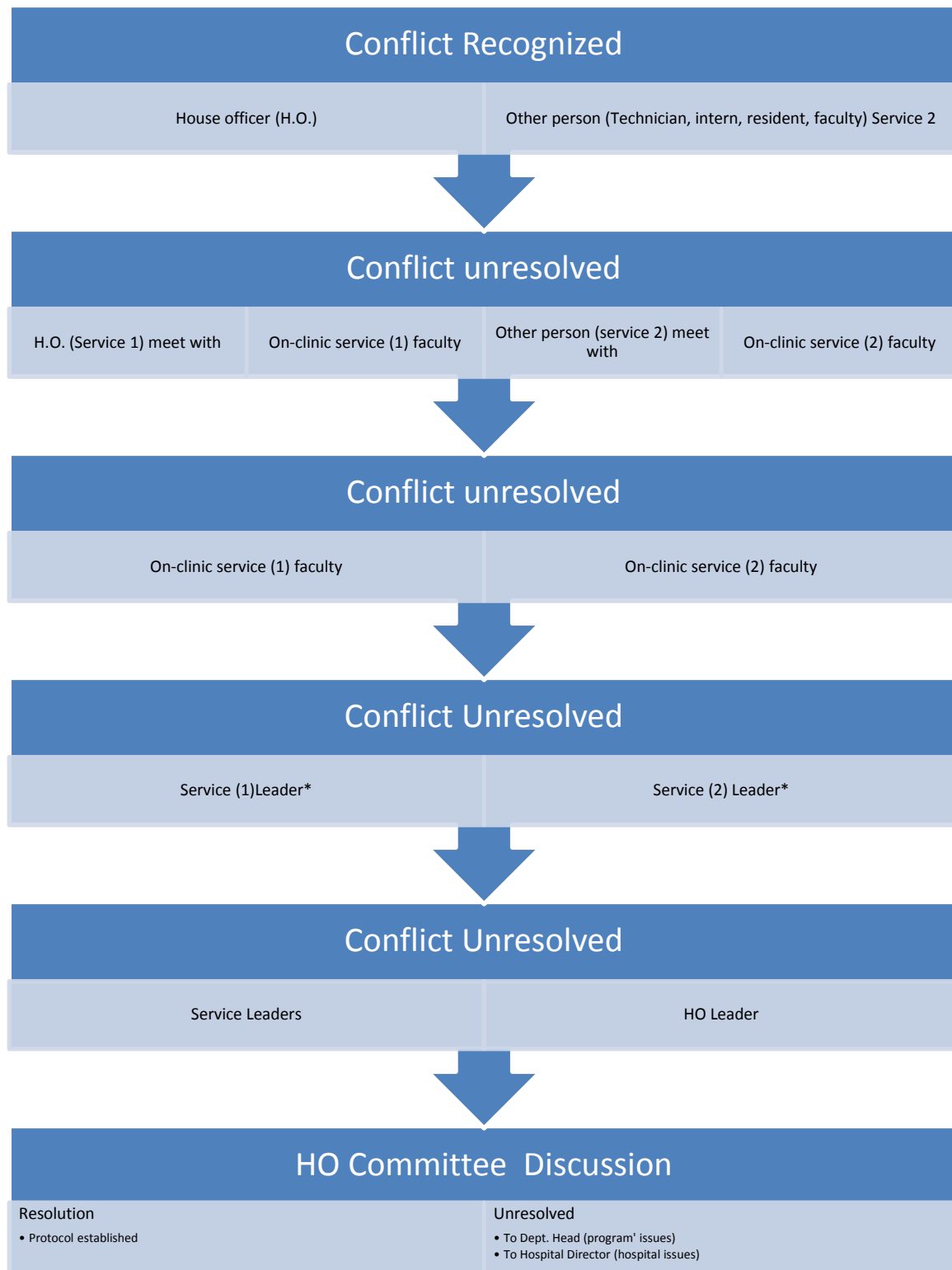
1. Each clinician (faculty, residents, and interns) has numerous interactions with veterinary students and should realize that they are role models for these students. Professional attire and language, and appropriate interactions with referring veterinarians are expected at all times. All clinicians 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.

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.

15.3 **Communication/ Conflict Pathway to Resolution:**

15.3.1 Personnel interactions

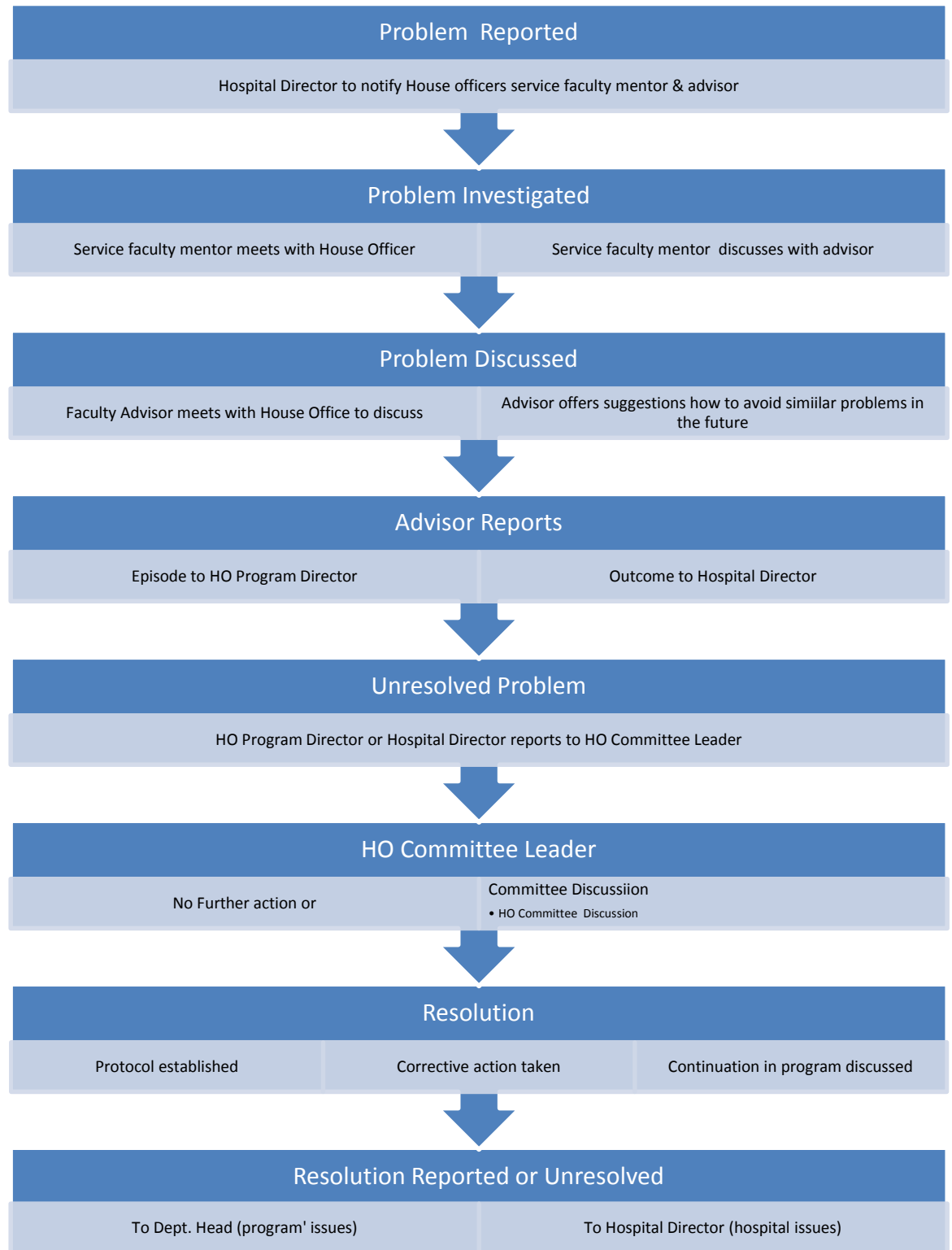


*Advisors are apprised when deemed appropriate.

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15.3.2 Client Complaint via evaluation of service or other means to Hospital Director or other Administrators:





College of Veterinary Medicine
Iowa State University

CONSULTING REQUEST APPROVAL FORM

This form must be approved by the Department Chair/Unit Director and Dean prior to consulting activity.

Name _____

Date of this Request _____

Proposed Date of 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: www.provost.iastate.edu/COI/

APPROVALS

Department Chair/Unit Director

College Dean

15.5 Leave authorization forms are available in the VCS office.

| VCS/VMC ABSENCE/OVERTIME REQUEST | | |
|---|--|--|
| NAME _____ | | DATE _____ |
| Beginning Date of Leave _____ | | Last Date of Leave _____ |
| NUMBER OF HOURS ABSENT _____ | | |
| <input type="checkbox"/> Vacation Leave | <input type="checkbox"/> Sick Leave | <input type="checkbox"/> FMLA |
| <input type="checkbox"/> Converted Vacation | <input type="checkbox"/> Emergency Leave | <input type="checkbox"/> Leave w/o pay |
| <input type="checkbox"/> Comp Time Leave | <input type="checkbox"/> Funeral Leave | |
| <input type="checkbox"/> Authorized Travel | <input type="checkbox"/> Other _____ | |
| EMERGENCY PHONE NUMBER _____ | | |
| ----- | | |
| OVERTIME | | |
| <input type="checkbox"/> Comp Earned (Med Rec Required) | | <input type="checkbox"/> Comp Pay Out (Med Rec Required) |
| TOTAL COMPENSATORY HOURS WORKED _____ | | |
| Employee's Signature: _____ | | |
| APPROVED: Supervisor _____ | | Date _____ |
| Chair/Director _____ | | Date _____ |

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 **out-rotation** is similar:

1. Approved out-rotations are considered authorized leave.
2. Notify advisor and program director well in advance of your intent to participate in an out-rotation.
3. Organize the rotation with an approved program and mentor at the out-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.

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15.6 VCS House Officer Rounds

Case Presentation Evaluation Form

House Officer: _____

Date: _____ Topic: _____

Evaluation

Comments

E = excellent

G = good

N = needs improvement

Case Selection

Complexity of case

Appropriate case follow-up

Content

Format of presentation (complete, logical,
appropriate length)

Use of problem-oriented approach

(data or evidence to support important points)

Knowledge of subject (well researched,
accurate, comfortable, question response)

Discussion (relevance, good references, accurate)

Conclusions

Delivery

Clarity of speech (mumbles, clear,
pronunciation, vocalized pauses [uh, um,
well, so, etc.])

Rate of delivery (too fast, too slow)

Eye contact (consistent, entire audience, notes)

Body language/enthusiasm (nervous, relaxed,
self-confidence)

Effectiveness of presentation

Use of visual aids (spelling, wordiness, colors,
clarity, appropriate images, organized)

Professionalism (attire, appropriate humor,
self-confident)

Questions handled appropriately

Additional Comments:

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Evaluator: _____

15.7 Seminar evaluation:

VCS Seminar Evaluation

Presenter: _____ Date: _____

Audience: _____

Title/Topic: _____

| Evaluation Criteria: | <u>Points</u> | <u>Evaluation</u> |
|---|----------------------|--------------------------|
| 1. Definition of Subject: introduction, importance, clinical significance | 0-5 pts | _____ |
| 2. Organization: | 0-15 pts | _____ |
| 3. Quality of material, scientific depth | 0-15 pts | _____ |
| 4. Presence: Speaking ability | | |
| a. Clarity | 0-10 pts | _____ |
| b. Rate of delivery | 0-10 pts | _____ |
| c. Enthusiasm, expressiveness, mannerisms | 0-10 pts | _____ |
| 5. Visual aids: slides & text, images, graphs | 0-10 pts | _____ |
| 6. Appropriate summary? | 0-5 pts | _____ |
| 7. Presentation consistent with audience level? | 0-10 pts | _____ |
| 8. Questions/discussion handled appropriately? | 0-10 pts | _____ |
| | Total | _____ |

Comments: _____

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Evaluator: _____

15.8 House Officer Evaluation Form:

Comparative Anesthesia & Pain Management Resident Evaluation Form

From ACVAA Residency Training Standards (2014) Evaluation:

a. Resident - Training programs should have clearly defined procedures for regular evaluation of Resident's knowledge, skills and professional performance, including development of professional attitudes and ethics consistent with contemporary veterinary medical practice and societal expectations. These evaluations must be made and results communicated in a personal conference with the Resident at least annually, but preferably on a semi-annual basis. Provision for periodic written and/or oral examinations of the Resident's knowledge-based progress is also a highly desirable component of this process. Residents should be advanced to higher responsibility only after evidence of their satisfactory progressive scholarship and professional growth

Resident: _____

Evaluator: _____

Dates of Evaluation: ____/____/____ through ____/____/____

Clinical Ability: Unsatisfactory ☐ Satisfactory ☐ Excellent ☐

Comments:

Knowledge: Unsatisfactory ☐ Satisfactory ☐ Excellent ☐

Comments:

Student/Technician Teaching:
 Unsatisfactory ☐ Satisfactory ☐ Excellent ☐

Comments:

Rounds Participation/Presentations:
 Unsatisfactory ☐ Satisfactory ☐ Excellent ☐

Comments:

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Professionalism/Appearance/work ethic/collegiality:

Unsatisfactory ☐ Satisfactory ☐ Excellent ☐

Comments:

Research: Unsatisfactory ☐ Satisfactory ☐ Excellent ☐

Comments:

Completion of
ACVAA Requirements:

Direct Management Case numbers:

Unsatisfactory ☐ Satisfactory ☐ Excellent ☐

Supervised case numbers (only after first year):

Unsatisfactory ☐ Satisfactory ☐ Excellent ☐

Presentations (list):

Other specialty rotations (list):

Comments:

Strengths:

Weaknesses:

General Comments:

Overall Satisfactory Performance: Yes ☐ No ☐

Advisor/Program Director: _____ Date: ____/____/____

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15.9 Other Forms