Long Island University
College of Veterinary Medicine

COURSE OUTLINE

COURSE NUMBER: DVM-802

COURSE SECTION NUMBER:

COURSE TITLE: Small Animal Surgery Clerkship

COURSE COORDINATOR: Alexandra Jakubik, DVM

COURSE DIRECTOR: Jessica Baron, DVM, DACVS-SA

INSTRUCTOR: Vary per clinical affiliate site

YEAR: 2026-2027

OFFICE LOCATION:

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OFFICE HOURS: By appointment

COURSE CREDIT: Credit hours: 4

CREDIT HOURS: Clinical rotation; 4 weeks full time

COURSE DESCRIPTION

In this required clerkship students will be provided an opportunity to apply and further develop practice skills, techniques and principles learned in the third-year surgery course. Students participate or assist in surgery on routine (spays, neuter, small mass removals) and complex surgical cases. Participation in surgery, including the extent of what they are permitted to perform, can vary depending on the clinical site and surgeon. Students, under direct supervision of a surgeon, will assume responsibility for the management of individual cases, and will participate in the decision-making process and clinical reasoning. This required rotation is 4 weeks in length.

Time commitment is a minimum of 40 hours per week per student, and emergency and off-hour duties may be required.

PREREQUISITE: Enrollment in the 4th year of the DVM program. Students will start the surgery rotation with knowledge of anatomy, physiology, pharmacology and pathology required to improve surgical skills.

This Course Will Assist the Students in Meeting the Following Curricular Endpoints:

PCC1. Demonstrate knowledge and understanding of the central biological principles and mechanisms that underlie animal health and disease from the molecular and cellular level to organismal and population manifestations.

PCC2. Demonstrate understanding of normal structure, function, homeostasis, pathophysiology, mechanisms of health/disease, and the natural history and manifestations of important domestic and global animal diseases in a diverse society.

CC1a. Demonstrate ability to perform comprehensive patient diagnosis and utilize problem solving skills to analyze a patient and develop a list of differential diagnoses.

CC1b. Demonstrate ability to perform comprehensive patient diagnosis and utilize problem solving skills to develop disease prevention strategies, therapeutic intervention plans, and/or biosecurity measures involving diseases of individual animals and populations.

CC1c. Demonstrate ability to perform comprehensive patient diagnosis and utilize problem solving skills to select, utilize, interpret and synthesize relevant physical and laboratory diagnostic procedures including diagnostic imaging and diagnostic pathology.

CC2. Demonstrate ability to develop a comprehensive treatment plan including patient referral when indicated.

CC3. Demonstrate ability to apply acquired knowledge in managing anesthesia, pain, and patient welfare.

CC4. Demonstrate ability in basic surgery skills and the evaluation of cases to provide case management.

CC5. Demonstrate proficient ability in basic medicine skills and the evaluation of cases to provide the adequate management.

CC6. Demonstrate proficient ability in emergency and intensive care case management.

CC7. Demonstrate ability to identify ways to prevent disease, identify organisms that require biosecurity measures, identify zoonotic disease and food safety issues and to promote awareness of the contributions of the veterinary profession to the overall public and professional healthcare teams.

CC8a. Demonstrate effective skills in client communications and ethical conduct as it relates to how to acquire information from clients (e.g. history) and about patients (e.g. medical records), to obtain, store and retrieve such information, and to communicate effectively with a diverse population of clients and colleagues.

CC8b. Demonstrate ethical conduct and understanding of professional ethics, influences of different cultures on the delivery of veterinary medical services to the public.

CC8c. Demonstrate knowledge, skills, values, attitudes, aptitude and behaviors necessary to address responsibly the health and well-being of animals in the context of the societal responsibilities of veterinarians and ever-changing societal expectations.

CC9. Demonstrate solid knowledge of the role of research in furthering the practice of Veterinary Medicine.

COURSE-SPECIFIC LEARNING OBJECTIVES

Upon completion of the course, the student will be able to:

1. Gather and assimilate relevant information about surgical patients, including history and complete physical examination.
2. Synthesize and prioritize identified problems to arrive at differential diagnoses.
3. Develop and adjust a diagnostic plan for surgery patients based on available evidence.
4. Interpret and synthesize diagnostic results to effectively adjust differential diagnoses and develop a treatment plan.
5. Develop and adjust a comprehensive treatment plan for medical and surgical patient considerations.
6. Develop ability to practice along a spectrum of care that utilizes shared decision-making to tailor care options to the unique circumstances of each client and patient.
7. Formulate surgical plans incorporating complete assessment of patient history, physical examination, results of diagnostic tests, and the planned procedure.
8. Recognize limitations of knowledge, skills, and resources, including identification of circumstances in which referral is warranted.
9. Demonstrate proficiency in aseptic principles through preparation of self, preparation of patient, and actions within the operating room.
10. Demonstrate proficiency in surgical principles including relevant anatomy, procedural knowledge, tissue handling, instrument handling, manual dexterity, suture handling, suture technique, and ligation technique.
11. Identify and manage postoperative complications through effective monitoring and timely implementation of appropriate interventions.
12. Implement evidence-based pain management strategies by selecting appropriate analgesic protocols and adjusting them based on patient response.
13. Demonstrate antimicrobial stewardship through proper antimicrobial use for prevention and
treatment of surgical site infections.
14. Formulate appropriate questions, identify appropriate supportive resources, and apply them to solve clinical problems in surgical patients using evidence-based medicine.
15. Develop and maintain complete medical records including surgical procedure, post-

operative
care plan, and communications.
16. Explain and comply with legal requirements for use of controlled substances.
17. Listen attentively and communicate professionally with diverse audiences, including clients, colleagues, and referring veterinarians.
18. Collaborate in a professional and courteous manner; accept feedback.
19. Practice effective time management and address all professional obligations.

CRITERIA FOR EVALUATION OF STUDENT PERFORMANCE

Assessment Item	Percentage of Overall Course Grade
Evaluation of Small Animal Medicine Clinical Experience Rubric	100%
Clinical Rounds Rubric	Formative feedback only

CRITERIA FOR EVALUATION OF STUDENT PERFORMANCE
Evaluation of Required Rotations-Small Animal Surgery

Course Learning Objective	CBVE Domain. Competency	Curricular Endpoint	Pre-Novice 1	1.5	Novice 2	2.5	Advanced Beginner 3	3.5	Competent 4	N/A
CBVE Domain 1 – Clinical Reasoning and Decision Making										
1. Gather and assimilate relevant information about surgical patients, including history and complete physical examination.	1.1	CC1a	Uses template to obtain history; obtains incomplete history in healthy and unhealthy patients. May struggle to effectively handle patient and usually requires support. Disorganized/ incomplete physical exam.		Uses template to obtain history; obtains complete general history but may gather insufficient or irrelevant information. May require assistance with animal handling and/or restraint in complicated, clinical cases. Complete physical exam but may lack systematic approach or miss key findings.		Gathers relevant information; may omit details that impact clinical reasoning process. Generally effective animal handling but may be unable to effectively minimize patient stress. Physical exam is complete and follows logical sequence but may miss subtle findings.		Gathers relevant information and organizes data logically to consider common disorders. Handles patients effectively to minimize stress. Physical exam is complete, follows logical sequence, and includes subtle findings.	
2. Synthesize and prioritize identified problems to arrive at differential diagnosis.	1.2	CC1a, PCC1, PCC2	Problem list incomplete and/or poorly prioritized; reflects only presenting complaint. Generates limited or irrelevant differential diagnoses for consideration.		Problem list is generally complete for the presenting complaint (occasional omissions) but excludes other problems; may not be prioritized or updated with increasing information. Differential diagnoses may not be prioritized, may be limited in scope, and/or may include irrelevant conditions.		Problem list is accurate/complete, but not well prioritized. Differential diagnosis list may be generally complete and prioritized, but may exclude common, relevant conditions or include less common or irrelevant conditions.		Consistently develops an accurate, prioritized problem list and differential list for common problems.	
3. Develop and adjust a diagnostic plan for surgery	1.3	CC1c, PCC1, PCC2	Minimal ability to develop diagnostic plan for general and unique clinical		Describes basic components of a diagnostic plan but may not consider		Generates diagnostic plans that incorporate elements of unique		Develops comprehensive plan tailored to the patient, re-	

patients based on available evidence.			patient data. Does not re-evaluate plan during case progression.		unique clinical patient data to develop a tailored plan. Re-evaluates plan during case progression only when prompted.		patient findings but are not comprehensive. Re-evaluates plan but may require support to integrate new data or when dealing with uncertainty.		evaluates information, and updates plan as needed. Can justify case management decisions and self-corrects when initial conclusions are inaccurate.	
4. Interpret and synthesize diagnostic results to effectively adjust differential diagnoses and develop a treatment plan.	1.3	CC1c, PCC1, PCC2	Unable to interpret majority of results within the context of the patient.		Generally able to interpret results but may lack acknowledgement of key findings and rarely advances patient plan.		Interprets laboratory tests correctly most of the time; struggles to interpret conflicting results.		Interprets laboratory tests, including ambiguous results, correctly within the context of the patient; is effective at advancing patient plan.	
5. Develop and adjust a comprehensive treatment plan for medical and surgical patient considerations.	1.3	CC1b, CC2, CC5, PCC1, PCC2	Minimal ability to develop treatment plan for general and unique clinical patient data. Does not re-evaluate plan during case progression.		Describes basic components of a treatment plan but may not consider unique clinical patient data to develop a tailored plan. Re-evaluates plan during case progression only when prompted.		Generates treatment plans that incorporate elements of unique patient findings but are not comprehensive. Re-evaluates plan but may require support to integrate new data or when dealing with uncertainty.		Develops comprehensive plan tailored to the patient, re-evaluates information, and updates plan as needed. Can justify case management decisions and self-corrects when initial conclusions are inaccurate.	
6. Develop ability to practice along a spectrum of care that utilizes shared decision-making to tailor care options to the unique circumstances of each client and patient.	1.4	CC1b, CC1c, CC2	Fails to consider unique client and patient circumstances in developing patient plans. Is unable to adapt knowledge and skills to offer a spectrum of care.		Acknowledges unique client and patient circumstances but is unable to apply them through shared decision-making to tailor care options. Unable to provide a range of care options.		Can provide care options that consider unique client and patient circumstances but may fail to remain client-centered within the decision-making process or misses key circumstances to address with client.		Thoroughly considers and addresses unique client and patient circumstances. Offers range of care options that address individual circumstances. Utilizes shared decision-making to guide the client.	
7. Formulate surgical plans incorporating complete assessment of patient history, physical examination, results of diagnostic tests, and the planned procedure.	1.3	CC1b, CC4	Minimal ability to develop surgical plans accounting for general and unique patient considerations.		Describes basic surgical plans but does not account for unique patient considerations that should impact plan development.		Develops surgical plans that incorporate elements of unique patient considerations. Recognizes additional nuances with support.		Develops comprehensive surgical plans that consider general and unique patient considerations.	
8. Recognize limitations of knowledge, skills, and resources, including identification of circumstances in which referral is warranted.	1.7	CC2	Struggles to identify what steps to take to advance clinical reasoning and patient care. Cannot identify supporting resources or develop appropriate justification for potential referral.		May lack awareness of resource limitations. May underestimate or overestimate own abilities in the workplace. Reluctant to reveal shortcomings or seek advice from others to obtain assistance.		Recognizes some limitations but may overestimate other abilities. Requires assistance in utilizing resources for consultation and/or referral.		Recognizes own limitations. Usually seeks guidance when warranted. Occasionally delays timely consultation and/or referral.	
CBVE Domain 2 Individual Animal Care and Management										
9. Demonstrate proficiency in aseptic principles	2.1	CC4	Unable to aseptically prepare self or patient; Unable to perform		Able to aseptically prepare self and patient, able to perform procedures		Able to aseptically prepare self and patient, able to aseptically perform		Able to aseptically prepare self and patient, able to	

through preparation of self, preparation of patient, and actions within the operating room.			procedures aseptically; requires complete hands-on guidance or is not provided opportunity for patient safety.		aseptically only with continuous assistance and direct supervision.		procedures with intermittent assistance and direct supervision.		aseptically perform procedures without direct supervision but support available as needed.	
10. Demonstrate proficiency in surgical principles including relevant anatomy, procedural knowledge, tissue handling, instrument handling, manual dexterity, suture handling, suture technique, and ligation technique.	2.1	CC4	Unable to demonstrate proficiency in surgical principles. Requires complete hands-on guidance or is not provided opportunity for patient safety.		Able to demonstrate developing proficiency in surgical principles; requires continuous assistance and direct supervision.		Able to demonstrate proficiency in surgical principles in most circumstances; requires intermittent assistance and direct supervision.		Demonstrate proficiency in surgical principles in almost all circumstances. Does not require direct supervision, but support is available as needed.	
11. Identify and manage postoperative complications through effective monitoring and timely implementation of appropriate interventions.	2.1	CC4, CC6	Unable to identify and manage post-operative complications. Requires complete hands-on guidance to identify and respond to patient changes.		Able to identify and manage post-operative complications with continuous assistance and direct supervision.		Able to identify and manage post-operative complications in most circumstances; requires intermittent assistance and direct supervision.		Able to identify and manage post-operative complications in almost all circumstances. Does not require direct supervision, bus support is available as needed.	
12. Implement evidence-based pain management strategies by selecting appropriate analgesic protocols and adjusting them based on patient response.	2.1	CC3	Unable to develop or implement pain management strategies. Requires complete hands-on guidance.		Requires continuous assistance to develop and implement pain management strategies.		Requires intermittent assistance to develop and implement pain management strategies. Still requires direct supervision.		Able to develop and implement pain management strategies without direct supervision. Support is available as needed.	
13. Demonstrate antimicrobial stewardship through proper antimicrobial use for prevention and treatment of surgical site infections.	2.1	CC4, CC7	Unable to demonstrate antimicrobial stewardship through appropriate use of antimicrobials in the prevention and treatment of surgical site infections. Requires complete hands-on guidance.		Requires continuous assistance for appropriate use of antimicrobials in the prevention and treatment of surgical site infections.		Requires intermittent assistance for appropriate use of antimicrobials in the prevention and treatment of surgical site infections. Still requires direct supervision.		Able to demonstrate antimicrobial stewardship through appropriate use of antimicrobials for the prevention and treatment of surgical site infections.	
CBVE Domain 5, 6, and 7: Communication, Collaboration, and Professionalism/Professional Identity										
17. Listen attentively and communicate professionally with diverse audiences.	5.1	CC8a, CC8c	Can utilize basic communication skills unidirectionally; does not recognize importance of active listening or eliciting others' perspectives.		Communicates with a single style, in spite of audience. Limited active listening. May be unable to adapt when confronted with unexpected variables.		Attempts to adapt communication style to needs of others. Occasionally utilizes active listening or elicits others' perspectives.		Adapts communication to audience; routinely practices actively listening and elicits the perspectives, expectations, and concerns of others.	
15. Develop and maintain complete medical records including	5.3	CC8a	Unable to document relevant information and requires continuous		Inconsistently records relevant information. Require direct supervision to		Records most relevant information with appropriate terminology. May		Develops complete and accurate records. Able to identify	

surgical procedure, post-operative care plan, and communications.			direct supervision.		complete records.		require guidance to finalize records.		areas for growth.	
18. Collaborate in a professional and courteous manner; accept feedback	6.1	CC8c	Does not ask for feedback, even if required. May not respond openly to constructive feedback or modify behavior.		Demonstrates difficulty asking for feedback in the workplace. When provided, able to accept constructive feedback, but may not always modify behavior.		Invites and uses feedback for accurate self-assessment in the workplace.		Applies reflective practice regularly for self improvement. Invites and integrates feedback into self-assessment in the workplace.	
19. Practice effective time management and address all professional obligations.	7.2	CC8c	Frequently late for obligations and generally does not communicate appropriately if will be late. Has difficulty managing time and prioritizing responsibilities.		Generally arrives on-time for obligations; may not communicate appropriately if will be late. May need assistance organizing and prioritizing tasks and responsibilities.		Arrives on-time for obligations or communicates appropriately if will be late. Organizes and prioritizes tasks independently but lacks efficiency.		Organizes and prioritizes tasks and responsibilities according to importance and urgency.	
CBVE Domain 8: Financial and Practice Management										
16. Explain and comply with legal requirements for use of controlled substances	8.2	CC8b, CC9	Unable to explain or comply with legal regulations for use of controlled substances.		Explanation or actions incompletely comply with legal requirements. May struggle to explain requirements.		Explains regulatory standards for controlled substances but may struggle to apply.		Follows legal and regulatory standards for controlled substances consistently.	
CBVE Domain 9: Scholarship										
14. Formulate appropriate questions, identify appropriate supportive resources, and apply them to solve clinical problems using evidence-based medicine.	9.1	CC8c, CC9	Requires guidance and reminders to identify evidence-based solutions to problems. Struggles to identify knowledge gaps and formulate appropriate questions to identify solutions.		Limited ability to use evidence-based medicine to solve problems. Can identify knowledge gaps and formulate relevant questions. Needs guidance identifying resources or developing comprehensive solutions.		Requires guidance to select and apply the best evidence to a given setting. Inconsistently translates information from common to novel situations.		Incorporates evidence and experience to solve common problems. Consistently translates information across settings.	

Level of Progression Definitions:

1. Pre-novice: This is the skill level associated with student growth before entry into clinical rotations. These students require continuous support and may not be allowed to complete tasks on their own.
2. Novice: This is the minimum skill level expected for entry into clinical rotations. These students require frequent monitoring and support.
3. Advanced Beginner: These students are developing competence but continue to require intermittent monitoring and support.
4. Competent: These students perform at the level expected for entry into the professional career. Occasional or rare support will continue to foster growth.

When a student's performance falls between two levels, they are assigned a half-point score (1.5, 2.5, or 3.5). Half-points are used when the student:

- Demonstrates some characteristics of the higher level but doesn't fully meet all indicators
- Clearly exceeds the lower level but hasn't consistently achieved the next full level
- Shows progress toward the higher level with partial mastery

Example: A score of 2.5 means the student meets all Level 2 "Novice" indicators and demonstrates some Level 3 "Advanced Beginner" characteristics but doesn't yet perform at Level 3 consistently or

completely.

Based on the "Evaluation of Required Rotations – Small Animal Surgery" rubric, grades will be assigned with the following weights for numeric scores earned on each of 19 categories:

Competent 4 = 100%
Advanced Beginner 3 = 85%
Novice = 70%
Pre-novice 1 = 55%

Rounds:

Rounds will be held via zoom once or twice a week with all the students on the rotation at a time. A rounds schedule will be provided to you before the start of your rotation. **Attendance of rounds, at your assigned time, is expected unless clinical duties require for you to be absent.** If you will be unable to attend surgery rounds due to clinical duties, you must notify the Course Director as soon as possible or it will be considered an unexcused absence.

Rounds will be student driven, and participation is a must for successful completion of this rotation. The format of the rounds—case-based or topic-based—will be determined by the hosting clinician. If topic-based rounds are chosen, you will receive the assigned topic at least 2–3 days before the scheduled rounds session. For case-based rounds each student will be required to a present a case at least once during their scheduled rounds sessions. A problem-oriented case discussion will follow the history and physical examination and should involve ALL students present at rounds.

Clinical Rounds Rubric:

Criteria	Performance Level				
	Unsatisfactory (1)	**Needs Improvement (2)**	**Satisfactory (3)**	**Good (4)**	**Excellent (5)**
Clinical Knowledge	Unable to demonstrate basic knowledge of the case or treatment.	Has a limited understanding of the case and treatment, with significant gaps in knowledge.	Displays basic knowledge of the case and treatment plan, but lacks depth or some key details.	Shows good understanding of the case and treatment, with few gaps in knowledge.	Demonstrates deep understanding of the case, diagnoses, and treatment options, including recent literature and best practices.
Diagnostic Reasoning	Unable to demonstrate basic diagnostic reasoning.	Struggles with diagnostic reasoning, often missing key differentials or making inappropriate decisions.	Demonstrates some logical reasoning but may miss key differentials or tests.	Demonstrates good diagnostic reasoning with appropriate consideration of differentials and tests.	Excellent ability to logically and systematically assess the case, generating differential diagnoses and testing hypotheses.
Communication Skills	Unable to communicate effectively or appropriately during rounds.	Struggles to communicate ideas clearly and lacks responsiveness to feedback.	Communicates adequately, though sometimes unclear or hesitant; responds to questions appropriately.	Communicates clearly and listens well, but may lack confidence or brevity at times.	Speaks clearly, concisely, and confidently; listens to feedback and engages in thoughtful discussion with the team.
Patient Management Plan	Fails to create or present a coherent management plan.	Presents a weak or incomplete management plan,	Presents a basic management plan but may overlook	Presents a clear management plan	Creates a comprehensive and logical patient

Criteria	Performance Level				
	Unsatisfactory (1)	**Needs Improvement (2)**	**Satisfactory (3)**	**Good (4)**	**Excellent (5)**
		missing key components.	some important details.	with most major aspects considered.	management plan, addressing all aspects of patient care (diagnostics, treatments, follow-ups).
Professionalism	Unprofessional behavior or poor attitude that disrupts rounds.	Inconsistent professionalism, with occasional lapses in respect or attitude.	Maintains professionalism, but may have occasional issues with attitude or behavior.	Generally professional, with occasional lapses in punctuality or attitude.	Always demonstrates professionalism in interactions, including respect, punctuality, attire, and attitude.
Teamwork & Collaboration	Does not engage with the team or actively disrupts collaboration.	Rarely participates in discussions or struggles to work collaboratively with the team.	Participates minimally, occasionally contributing but often not engaging with the team.	Contributes to the team but may be more passive or not fully engaged in discussions.	Actively participates in the team, offering insights and support to peers, and facilitating group discussion.
Time Management	Consistently fails to manage time appropriately and misses key deadlines.	Struggles to manage time effectively, often falling behind on tasks.	Manages time adequately, but occasionally misses deadlines or needs reminders.	Manages time well, but may occasionally need to be reminded about deadlines.	Manages time exceptionally well, contributing to rounds efficiently and meeting deadlines for patient updates.
Self-Reflection & Improvement	Unwilling to accept feedback or make improvements.	Resistant to feedback or demonstrates little effort to improve.	Accepts feedback but may not always demonstrate noticeable improvement.	Accepts feedback and tries to improve but may not always integrate it effectively.	Actively seeks feedback, demonstrates an openness to learning, and integrates suggestions into future rounds.

GRADING POLICY: Final course grades are calculated as follows:

Percentage	Grade
Equal or > 90	A
88-89*	A-
85-87*	B+
80-84*	B
78-79*	B-
75-77*	C+
70-74*	C
<69.5*	F

*Any final grade with a decimal greater than 0.5 will be rounded to the next higher whole integer.

THRESHOLD REQUIREMENTS FOR ALL CLERKSHIPS:

Students will not receive a passing grade in the rotation until the items described below are successfully submitted and accepted: Case Logs, EPAs, Rotation Feedback, and Student Assessment of Clerkships. Failure to submit these required items will be considered an act of unprofessionalism for which the student will be referred to the Academic Standing Committee and may result in failure of the rotation. Failure to complete any of these required items may impact your course grade and/or graduation timeline.

Case Logs: Students must record information on patients with which they are significantly involved during each day of each clerkship.

- Case logs must be recorded for required, elective, and externship rotations.
- Case logs should be made for live, virtual, and post-mortem patients.
- Significant involvement includes clinical activities and follow-through beyond restraint or brief observation/discussion.
- This data will be recorded by the students through E-Value and **must** be completed by the final day of each clerkship.
- Failure to submit an appropriate number of Case Logs will be considered an act of unprofessionalism for which students will be answerable to the Assistant Dean of Clinical Programs and Associate Dean of Academic Affairs and may result in rotation failure.
- Failure to complete this requirement may impact your course grade (including failure of the course) and/or graduation timeline.

Clinical Competencies: Students will be required to receive feedback on their performance of specific clinical competencies as defined by the CBVE Framework and Entrustable Professional Activities (EPAs). The clinicians at the clerkship will provide feedback on directly observed skills and activities. Competencies for assessment are affiliated with the student-entered E-Value Case Logs.

- Students must have each EPA evaluated a minimum of three separate times, by three different raters, as competent, over the course of their clinical year.
    - There are 18 distinct EPAs to be completed as "competent" a minimum of three times each for a total of 54 EPAs or more performed competently by the time of graduation.
- It is each student's responsibility to plan which competencies they will seek to have observed in a clerkship and to communicate with the clinical affiliate early to allow for observation and feedback.
- The student must ask the clinicians or licensed staff to observe them for an EPA. This individual will receive notification from E-Value to rate the student on the EPA.
- Completion of EPAs as competent should occur equally throughout the clinical year and not at the end of the clinical year. Students should plan to complete a quarter of their EPAs competently during the first quarter of the clinical year (14 EPAs competently), half by the half way point of the clinical year (27 or more EPAs competently), three-fourths by the ¾ point of the clinical year (41 or more EPAs competently) and the remainder by the end of the clinical year.
- It is the student's responsibility to organize and arrange these evaluations. Using the provided resources, students should anticipate requesting 4-5 per week with the goal of achieving 1-2 competent evaluations per week.
- Failure to complete this requirement may impact your graduation timeline and may include remediation.

Mid-Rotation Feedback: Students must engage with the supervising clinician for feedback at the approximate midpoint of a clerkship. A template to support this conversation is provided in each clerkship's Course Outline. Students will summarize the discussion in a document and add it into the Course Work section of E-Value. Students take the lead in asking for feedback. Failure to complete this required item may impact your course grade and/or graduation timeline.

Student Assessment of Clerkships

Student evaluation of academic and clinical experiences at all clerkship sites is mandatory, including required, elective, and externship rotations. Similarly, students are required to evaluate the Course Director at the end of each course. These evaluations should be specific and constructive, not an

attack on individual personalities. Unprofessional evaluations will be returned to the student for editing and will not be accepted until properly completed. Evaluations will be completed using the E-Value platform.

Students will not receive a passing grade in the rotation until all evaluations are successfully submitted. Failure to submit the evaluations will be considered an act of unprofessionalism for which student will be answerable to the Assistant Dean of Clinical Programs and Associate Dean of Academic Affairs and may result is rotation failure. Failure to submit the evaluations will be considered an act of unprofessionalism for which the student will be referred to the Academic Standing Committee and may result in failure of the rotation. Failure to complete this requirement may impact your course grade and/or graduation timeline.

LIU-CVM Clinical Year Policies and Procedures

Course Requirements

Rotation Schedule/Participation policy: Courses that students take during their clinical year DO NOT conform to the LIU-CVM Curriculum Calendar. Students will receive their schedule specific to the clinical year rotation during orientation at the clinical site. Students are required to reference the rotation syllabus and orientation sheets posted on Brightspace prior to the start of the rotation. If a student is unsure of the start-time of their first day of a rotation, students are expected to contact the course director (for on-campus rotations) or site contacts the week before the rotation starts (before the weekend).

Students should contact the site 7 days or more prior to the rotation to introduce themselves and provide a resume and confirm their arrival date and time.

Attendance at the clinical site for all hours scheduled at the affiliate is mandatory. Students must attend the clinical affiliate site as scheduled for instruction as required by the clinical site. The minimum amount of time required at the clinical site is 40 hours per week or as required by the clinical site (whichever timeframe is more) along with 10 to 20 hours per week of self-directed study, electronic portfolio maintenance, case logging and investigation. Students will not be given credit for more than 1 week attendance over a 7 day span of time (i.e. a student will not receive credit for two weeks for working 70 hours in one week).

In order to accommodate student travel, it is requested of the clinical affiliate that the Friday of the last week of the rotation be a half-day, with the last Saturday and Sunday of the rotation being unscheduled. The last day should include a face-to-face private review of the student's final evaluation with the preceptor (if available) or appropriate doctor or staff. Students are responsible for communicating this with the site supervisor.

Rotation, Affiliate, and Course Information: The course syllabus and site orientation sheets are available on Brightspace. Other supporting documentation is found in E-Value and Brightspace. Preclinical course materials including lecture notes, PowerPoint slides, assignments and study guides may be found on Brightspace.

Student Expectations

Professional Expectations: Students are expected to keep a professional attitude and appearance during clinical rotations. As a safety precaution, exposed jewelry must be removed. Non-slip, close-toe footwear must be worn in clinical situations. No nail polish or false nails may be worn in surgery. Please

refer to the LIU-CVM Student Handbook and Professional Catalog for additional dress code and professional conduct guidelines.

Students will be expected to follow all rules and regulations of the clinical site and respect all clients, doctors and staff throughout the clinical year rotation and after the rotation is completed.

Students must always:

- Demonstrate consistent ethical and professional conduct
- Uphold confidentiality, animal welfare, and integrity in all clinical activities.
- Maintain respectful and cooperative relationships with all clinical staff.
- Always maintain open communication with LIU-CVM Faculty and Clinical affiliate doctors and staff.

Repeated professionalism concerns or unsafe conduct may result in:

- Formal warning or probation
- Removal from the rotation site
- Referral to the Academic Standing or other committee
- Failure in a course

Student Instruction: Student instruction will be observational and hands-on with clinicians and staff during patient history, patient exam, patient diagnostic treatment planning and patient treatment implementation. Based on history and physical exam, the ability to provide a complete differential diagnosis will be stressed. Selecting appropriate diagnostic tools to arrive at a diagnosis will also be communicated and discussed between the student and supervising doctor.

Student Supervision: Students will be directly overseen by a supervising clinician or LIU-CVM faculty. The student may also be supervised or interact with other veterinarians and staff.

Required Coursework: Students will not receive a grade in the rotation until the items described below are submitted and accepted: Case Logs, Mid-Rotation Feedback, +/- Elective/Externship Reflective Writing, Student Evaluation of Site/Clinician, and Student Evaluation of Rotation/Course Director. Students must complete rotation specific assignments by the described due dates. Failure to submit these required items by the last Sunday of the rotation will not be accepted and will be considered an act of unprofessionalism. The student will be required to schedule in-person meeting with Academic Affairs and can be referred to the Academic Standing Committee. Repeat offenses can result in failure of the rotation or dismissal from the program.

Rounds: Rounds will be held virtually once a week in DVM 801, 802, 803, 807, and 813. All students scheduled for the same clinical rotation will attend a the same time. A rounds schedule will be provided at the start of the rotation. Attendance of rounds, at the assigned time, is expected unless clinical duties require the student to be absent. If a student will be unable to attend rounds due to clinical duties, they must notify the Course Coordinator and instructor providing rounds or it will be considered an unexcused absence.

Rounds will be student driven, and participation is a must for successful completion of this rotation. Each student will present a case at least once during rounds. Cases will be presented as if the group is seeing the case for the first time in a virtual practice setting. A problem-oriented case discussion will follow the history and physical examination that will include all students present at rounds.

Attendance and Absences

The goal of the clinical year is to provide students with an educational experience that allows students to care for their well-being and have time and personal resources to research, reflect, and critically think in a clinical setting and to develop themselves as competent veterinarians.

Attendance: Attendance is mandatory for daily clinical responsibilities, including after-hours duty assignments. Students must be prepared to attend clinical rotations during regular clinic hours including evening, weekend, and holidays when the student has case responsibilities. Clinical responsibilities, expectations and scheduling will be discussed with the student during orientation at the clinical affiliate site. Students are responsible for being clear regarding their responsibilities. Rotation schedules are finalized after scheduling is complete and cannot be changed without the approval of the Department of Clinical Programs. It is the student's responsibility to understand their responsibilities, expectations, and scheduling during the rotation. Daily on-time arrival at the clinical site for all scheduled clinical days is expected and required. Failure to attend rotation activities or inaccurate reporting of attendance may result in course failure.
The start date and time for each rotation will be determined by the rotation and individual clinical affiliate.

General Guidelines: LIU-CVM maintains, and each student must recognize that fulfillment of the academic program is the top priority in our program, and that it is each student's responsibility to ensure they fulfill all clinical course requirements. Failure to do so may result in a student's inability to graduate on time.

Students must adhere to the schedule provided to them by their supervising clinician or clinical site administrator OR a minimum 40 hours per week (Monday-Sunday), whichever is greater. Students should expect to remain at the site until all clinical duties are completed. Students are expected to check in with their supervising clinician prior to leaving the clinic each day.

For discussion purposes, 8 Blocks make up 1 Semester. That means that a 24-Block clinical year is made up of 3 semesters (Blocks 1-8 comprise the Summer semester, Blocks 9-16 the Fall semester, and Blocks 17-24 the Spring semester).

Students must request an excused absence for any day they are not physically at the affiliate site when they are scheduled to be present.

Students are allowed 2 Personal Days per Semester

Personal days can be used for planned events. Students are expected to work in advance to notify all parties (Clinical Affairs Coordinator and Supervising Clinician) and complete the Absence Request form. Students are responsible for notifying Clinical Programs to obtain an Absence Request form and to work with the Supervising Clinician/Site Administrator to complete the form.

These personal days can also be used for unplanned events such as illness, in which case students should submit their Absence request form as soon as possible after the absence has occurred.

- Only **one personal day** may be taken per block.

- A personal day does **not** need to be made up **if**:
  - It is one of the **two allowed** personal days for the semester.
  - No other day was taken off during that block

To clarify, if a student uses all 2 Personal Days in a Semester, any additional absences are considered unexcused, and the time taken off on the rotation must be made up during that rotation. Students work with the Clinical Affiliate to make up any missed time.

If students submit an Absence Request for time which must be made up at that site, they are required to include a plan showing how the time will be made up and acknowledgement of approval by the individual responsible at the clinical site.

If the time missed cannot be made up in that rotation, such as for a prolonged illness or other extreme event, then students may be required to repeat the rotation.

Procedure to submit an Absence Request

- Students must obtain an Absence Request Form for each absence. To obtain the Absence Request Form email Mr. Sheldon Sandiford (Sheldon.Sandiford@liu.edu).
- If a student is **not** utilizing a personal day, the student must work with supervising clinician (off-campus rotations) or course director (on-campus rotations) to determine an appropriate plan to make-up clinical time.
- Student must complete the Absence Request Form (including the make-up plan, if necessary) and sign the form.
- It is the students responsibility to acquire signatures from the supervising clinician, course director, and clinical programs.
- Once all appropriate parties have signed the Absence Request Form, Clinical Programs will communicate the approval decision to the student via email.

Planned Absence Days (For example: job interviews, conferences, NAVLE® test taking): As described above, a maximum ONE (1) personal absence day may be taken in each 2-week clinical rotation block for a planned absence, for a maximum of 2 per semester.

Planned absences will be scheduled **at least 3 weeks before the date of the planned absence**.

Planned Absence days will require approval by the supervising clinician or affiliate site administrator and the Department of Clinical Programs. Students should first contact the Clinical Affairs Coordinator to obtain an Absence Request form. Students are then responsible for discussing the absence with the supervising clinician or affiliate site administrator. Once the supervising clinician or affiliate site administrator signs the Absence Request form, the student is responsible for submitting the completed form to the Clinical Affairs Coordinator for final approval.

No planned absence days are allowed on the first day of a rotation.

If a student must take the **NAVLE®** during a clinical rotation block, they **must use a planned absence day.**

If a student plans to take the NAVLE® **outside of the designated 2-week NAVLE® Administration block,** they must request a **leave of absence.** A copy of the student's NAVLE® **Scheduling and Admissions Permit** must be submitted with the **Absence Request Form** for the time-off request to be considered.

Unplanned Absence Days (For example: illness and emergencies): Students will use a personal absence day for unplanned events such as illness, a family emergency or a death in the family.

For absences from illness that require missing 2 or more days of rotation, medical documentation will be required. The note will need to be provided by the student's health care provider. Before resuming the program, a note from the student's health care provider must be provided stating that the student is healthy and able to participate in the LIU-CVM clinical year veterinary program.

Students must provide evidence of the need for an unplanned absence after the fact.

Students must complete the absence request form as soon as they know of an absence. Like a Planned Absence, students must notify the Clinical Programs to obtain an Absence Request Form. Students are then expected to notify the Supervising clinician or affiliate site administrator. If the student has utilized all their personal days during the semester, students must discuss a make-up plan for the missed time with the supervising clinician, and outline this on the absence request form. Once the absence request form is completed and signed by the supervising clinician or affiliate site administrator, it is the student's responsibility to send the completed form to the Clinical Affairs Coordinator for final approval.

Make-up dates/hours for Planned and Unplanned Absences: Students must coordinate make-up dates with the clinical site to make up any missed days/hours (if allowed). Students must notify the Department of Clinical Programs of the planned make-up schedule on the Absence Request form.

Any absence more than 2 days in each Semester (Summer semester Blocks 1-8, Fall semester Blocks 9-16, Spring semester Blocks 17-24) must be made up. With the approval of the clinical affiliate the student may make-up missed time, by working extra hours during a given calendar week to still work a minimum of 40 clinical hours a week in each seven-day calendar period (Sunday - Saturday). The Department of Clinical Programs must also approve the planned make-up schedule. This should be outlined in the absence request form.

Miscellaneous: Any request for absences that go beyond the scope of personal absence days (Planned and Unplanned) described above is to be submitted in writing to the Department of Clinical Programs for consideration as soon as possible.

For medical appointments not exceeding 2 hours over the course of rotation, the missed time will not require the use of a personal absence day and will not need to be made up.

When more than one medical appointment is needed within a given rotation block, the student should contact the Department of Clinical Programs (Nan.Du@liu.edu) and provide a note from the student's health care provider stating that the student is able to participate in the LIU-CVM clinical year veterinary program.

Jury Duty: A student that receives summons for jury duty during their scheduled fourth year clerkships must:

- Notify the Department of Clinical Programs immediately, including the date of the summons and effected clerkship.
- If the summons cannot be postponed or the student cannot be excused from service by the local commissioner of jurors' office, please contact the Department of Clinical Programs as soon as possible. Failure to communicate with LIU-CVM prior to the date of a jury summons will lead to unexcused absences for the clerkship.

Observation of Religious Holidays: Students who anticipate being absent because of a religious observance will notify the Department of Clinical Programs prior to the beginning of the clinical year, in the fall semester, to facilitate appropriate planning. The University complies with Section 224-a of New York State Education Law–Absence Due to Religious Observation.

Absence Misrepresentation: Dishonesty to a Clinical Affiliate or member of the LIU-CVM regarding the need for an absence is unprofessional and unethical. Students taking absences for reasons other than those described above or found to be dishonestly portraying their reason for being absent will receive an unexcused absence. Additionally, the student will be further reviewed for concerns regarding professionalism which may incur consequences as indicated in the LIU-CVM Professionalism Policy, including failure of the rotation or dismissal from the program.

Accommodations and Disability Support Services: In compliance with federal and state laws, LIU is committed to providing qualified individuals with disabilities the opportunity to participate in all university programs and activities, curricular and extracurricular, which are available to non-disabled individuals.

Students with disabilities who desire accommodations must submit appropriate documentation of their disability to the office of Disability Support Services (DSS) located in the Learning Center. Ideally this should be completed prior to the start of clinical year, when possible. Professional staff will review and evaluate this documentation, interview the student, and provide the student with completed accommodations forms for presentation to the teaching faculty. Campus departments will be notified, as necessary, of the need for additional accommodations noted in the student's documentation. Accommodations forms must be obtained each semester before the semester begins. It is the student's responsibility to obtain and complete all necessary documents. All disability-related files are confidential.

Personal Safety: Students enrolled in the LIU CVM professional curriculum participate in a medical profession where the threat of exposure to and the chance for spread of infectious agents and interaction with fractious animals and potentially toxic agents are greater than in the general population.

- For both personal safety and the safety of all personnel, attention must be given to cleanliness and sanitation as essential safeguards against infectious disease, including COVID-19. The student and their equipment must be kept so as to reduce the chance of contracting infection and spreading infection to others.
- Students may not wear protective clothing (e.g., scrubs, lab coat, overalls, coveralls) in public places away from the LIU CVM or rotation sites (e.g., retail establishments, public gatherings,

entertainment events, sports events). These clothing items are to be worn only while engaged in educational, research, and/or service activities related to veterinary medicine.
- Students must utilize their veterinary training to properly approach and restrain fractious animals to prevent both personal injury and injury to personnel or patients.

Emergency and Incident/Injury Procedures: Student injuries occurring within learning environments in NY State should **not** be treated under the affiliate's worker's compensation insurance coverage as students are not considered employees. The student's health insurance will be the primary coverage for such an incident or injury. If the facility where the student is hosted is not in New York, please consult the relevant state laws, codes, and regulations.

Minor Injury:

- Student responsibility:
  - Obtain immediate first aid if needed
  - If indicated, seek medical care at the nearest medical facility
  - Notify the Supervising Veterinarian
  - Notify the Course Director and Assistant Dean of Clinical Programs as soon as possible via phone or email, dependent on urgency
- Affiliate responsibility:
  - Administer immediate first aid if needed
  - Direct student to seek medical care at the nearest medical facility if indicated
  - Complete any state, federal, or locally required reporting (e.g. public health officials for animal bites)
  - Notify LIU Clinical Programs

Severe Injury:

- Student responsibility:
  - Call or direct another individual to call 911
  - Apply first aid as appropriate until medical services arrive
  - Notify the Supervising Veterinarian
  - Notify the Course Director and Assistant Dean of Clinical Programs as soon as possible, dependent on urgency
- Affiliate responsibility:
  - Call or direct another individual to call 911
  - Apply first aid as appropriate until medical services arrive
  - Complete any state, federal, or locally required reporting (e.g. public health officials for animal bites)
  - Notify LIU Clinical Programs

It is at the student's discretion as to where to seek medical care. Students must provide the treatment facility with their **PRIMARY** insurance information. In New York and most states students are not considered employees; thus, rotation related injuries are **not worker's compensation injuries**. Students should advise the treating facility that they are a Long Island University CVM student.

Pledge of Honor: All students are expected to sign the following Pledge of Honor upon matriculation to LIU-CVM:

"As a student of the College of Veterinary Medicine at Long Island University, I will actively pursue behaviors that are consistent with professional conduct, as outlined in the college's Honor Code. I will maintain a professional relationship with faculty, colleagues, other health care providers, and patients, and will maintain academic integrity, as outlined in the Code. I fully recognize that violation of any of the standards of the Code may result in disciplinary actions, including possible dismissal from the college."

Students are reminded that failure to sign this document does not relieve them from the professional and academic responsibilities set forth in the LIU-CVM Honor Code and/or other documents delineating student conduct and behavior.

Professional Dialogue: Comments related to concerns about the adequacy of animal care, the accuracy of diagnosis, and the appropriateness of therapy are never permitted in the presence of the owner/client. These conversations should be conducted respectfully, professionally, and directly with the clinician at an appropriate time and location away from the client. Violation of this professional conduct code may result in student removal from the Clinical Affiliate site and require completion of the clerkship at another date at the student's own expense and may result in graduating late.

Communication: The official form of communication for the clinical year is the student's @my.liu.edu email address. The clinical programs team will reach out with important information regarding the student clinical year via this email. Students are required to regularly check their @my.liu.edu email address, and all emails sent are presumed received. Students are responsible for responding in a timely manner when necessary. All email communication with course instructors, faculty, and staff must be carried out professionally. Email communications must always be respectful and professional, including formal introduction and correct spelling and grammar.

Medical Record Confidentiality and Security: The medical record is the property of the individual rotation site and is strictly confidential. Contents are not to be divulged to anyone other than personnel involved in patient care or in response to course requirements. A veterinary professional is ethically bound to keep this information confidential unless the owner has granted written permission for disclosure.

Descriptive information of the client (e.g. name, address, telephone number) is the confidential property of the Clinical Affiliate and is not required for any purpose by the college for any academic reason.

If the Clinical Affiliate authorizes students to write in the medical records, the following general rules apply:

Medical records are a legal document and must be treated as such.
For paper records, the records must be written in black or blue ink and must be signed or initialed by the student so that it clearly indicates the portion that was entered by the student.
Personal comments or commentary must not be included.
Medical records are not to be taken outside the Clinical Affiliate site.

Copyright and File Sharing Notice: Materials in this course, unless otherwise indicated, are protected by United States copyright law [Title 17, US Code]. These materials (including lecture capture) are presented in an educational context for personal use and study; they should not be shared, distributed or sold in print, or digitally, outside of the course without permission. This includes providing or

uploading materials to commercial or external educational services such as CourseHero or Chegg. If a user fails to comply with Fair Use restrictions, they may be liable for copyright infringement.

Students may utilize, link, or post to copyrighted materials in the educational environment under US copyright law exemption. However, this use may not be shown, transmitted, or broadcast outside the institution and no copies may be distributed. Faculty and staff reserve the right to remove or disable student use of copyrighted materials if in their judgement it would involve violation of copyright law.

Social Media: Material related to any client or patient may not be shared in any public or social networking site unless written permission from the Clinical Affiliate, owner, and/or Course Director has been received.

No picture of any client or patient may be posted without the written approval of the client involved and the clinic where the patient was seen.

Posting these materials without appropriate permissions will be considered unprofessional behavior and subjected to sanctions as per university policies and procedures and may result in failure and/or withdrawal from the college.

Any post which contains information about a client, patient, Clinical Affiliate, or faculty member must include a comment indicating that written permission to post was received prior to posting.

Conduct: As veterinary students, you are representatives of LIU CVM and the veterinary profession. Professionalism, including respectful and considerate behavior towards others, including peers, members of the community, and animals in our care, is expected, whether in the classroom (lab and lecture) or during off-campus activities. Part of the grade will reflect the degree of professionalism displayed in the course and during off-campus activities. Actions such as inappropriate language, mistreating of animals and fellow students, cheating on exams, graffiti, and other similarly inappropriate behaviors will not be tolerated and may result in failure of the course.

Students should familiarize themselves with the LIU CVM Student Conduct policy in the LIU CVM Professional Catalog as well as Long Island University's Student Code of Conduct. Students should also be aware of reporting options through the CVM and the University.

College reporting: Students may report concerns to a Course Coordinator/faculty member, Department Head, Assistant Dean for Student Affairs, or Associate Dean for Academic Affairs.

University Reporting:

1. **Public Safety** – Students can go to Public Safety and file a report. Please note that Public Safety is open and available 24/7 and all year. The number for Public Safety is (516) 299-2222.
2. **EthicsPoint** – This is a confidential internet and telephone-based reporting tool for faculty, staff, and students. The following link will give you access to Ethics Point: EthicsPoint - Long Island University.
3. **Student Affairs** – Students can visit Student Affairs located in Hillwood Commons 100. They can make a report in person or send an email to StudentAffairs@liu.edu.

The Center for Healthy Living: The Center for Healthy Living provides mental health counseling, nutrition counseling, and health services to Long Island University students. Long Island University students have access to on-campus mental health counseling services, nutrition counseling, religious and spiritual counseling, and access to tele-heath and local in-person health care. The Center for Healthy Living has licensed mental health professionals, graduate student therapists, and nutritionists to provide consultation and support. Medical referrals are made in partnership with Northwell Health - GoHealth. The Center for Healthy Living is a collaboration of on-campus resources and strong partnerships with local health organizations and professionals, including The Northwell Health Behavioral Health College Partnership, Northwell Health - Go Health, the LIU Post Psychological Services Center, and the LIU Post Nutrition Department.

Website: www.liu.edu/post/healthyliving
Location: Post Hall – South Entrance (parking lot side of building)
Email: Post-HealthyLiving@liu.edu
Phone: 516-299-3468

University Policies and Information:
LIU's Academic Affairs policies are located on the University website at:
https://liu.edu/about/LIU-policy/ policy-by-category-listing

LIU Academic Catalogs may be found at:
https://liu.edu/enrollment-services/registration/academic-catalogs

The LU Academic Calendar may be found at:
https://liu.edu/enrollment-services/registration/academic-calendar