Long Island University

College of Veterinary Medicine

COURSE OUTLINE

COURSE SECTION NUMBER:	DVM-803
COURSE TITLE:	Anesthesiology Clerkship
COURSE COORDINATOR:	Vien O, DVM
COURSE DIRECTOR:	Andrea Looney, DVM, DACVSMR, DACVAA
INSTRUCTOR:	Melina Zimmerman, DVM, DACVAA, CVPP, CVMA, CCRP (virtual rounds)
	Vary by site (clinical)
YEAR:	2026 – 2027
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OFFICE HOURS:	By email appointment
COURSE CREDIT:	Clinical rotation; 2 weeks full time
CREDIT HOURS:	2

COURSE DESCRIPTION

This required clerkship is designed to provide clinical experience in the use of anesthetics in small companion animals. The student will develop an understanding of the mechanism of action, dosage, and administration of anesthetic drugs and other life supportive therapies. Under direct supervision of the anesthesia team, students will be given responsibility for the management of individual cases and will participate in the decision-making and clinical reasoning process. The required rotation is 2 weeks in length; students can enroll for additional 2 weeks as an elective.

Time commitment is a minimum of 40 hours per week per student, and emergency and off-hour (7 days/week) duties may be required.

PREREQUISITE

Enrollment in the 4th year of the DVM program. Students will start the anesthesiology rotation with basic knowledge of cardiopulmonary physiology, anatomy, and pharmacology of drugs used in the practice of anesthesiology.

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.

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

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

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.

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

1. Perform pre-anesthetic patient assessment using patient history, physical examination, results of diagnostic tests, and planned procedure to determine suitability for anesthesia, including ASA physical status.
2. Formulate general anesthetic and multimodal analgesic protocols including premedication, induction agent, maintenance, recovery, and emergency drugs.
3. Select and assemble appropriate patient anesthetic circuits and correct inhalant anesthetic machine preparation.
4. Provide appropriate patient supportive measures including thermoregulatory support and intravenous fluid therapy.
5. Communicate plan with team members and address questions or concerns.
6. Perform anesthesia (induction, intubation, monitoring) and recovery safely, including recognition and response to pain.
7. Anticipate and respond to changes in patient status during all stages of anesthesia.
8. Collaborate with team members to update anesthetic plan as needed.
9. Recognize limitations of knowledge, skills, and resources, including identification of circumstances in which referral is warranted.
10. Explain and comply with legal requirements for use of controlled substances.
11. Maintain complete and accurate records including drugs, vital signs, important anesthetic and procedural events and complications.
12. Listen attentively and communicate professionally with diverse audiences.
13. Collaborate in a professional and courteous manner; accept feedback.
14. Practice effective time management and address all professional obligations.
15. Formulate appropriate questions, identify appropriate supportive resources, and apply them to solve clinical problems using evidence-based medicine.

CRITERIA FOR EVALUATION OF STUDENT PERFORMANCE

Assessment Item	Percentage of Overall Course Grade
Evaluation of Anesthesia	100%

Clerkship Clinical Experience Rubric	
Clinical Rounds	Formative feedback

Evaluation of Required Rotations – Anesthesiology

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 Domains 1 and 2 – Clinical Reasoning & Decision Making and Individual Animal Care & Management										
1. Perform pre-anesthetic patient assessment using patient history, physical examination, results of diagnostic tests, and planned procedure to determine suitability for anesthesia, including ASA physical status. .	1.1	CC1a, CC1b, CC3, PCC1, PCC2	Obtains or considers incomplete history in healthy and unhealthy patients. May struggle to effectively handle patient and usually requires support. Disorganized/ incomplete physical exam. Unable to interpret majority of results in the context of the patient. Unable to identify general or patient-specific anesthetic risks.		Obtains or considers complete general history but may be unable to appropriately prioritize relevance of concerns in the clinical context. 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. Generally able to interpret results but may lack acknowledgement of key findings. Can identify general anesthetic risks but cannot describe patient-specific risks.		Obtains or considers 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. Interprets laboratory tests correctly most of the time; struggles to interpret conflicting results. Can identify general and most patient-specific anesthetic risks.		Obtains and considers relevant information and organizes data logically. Handles patients effectively to minimize stress. Physical exam is complete, follows logical sequence, and includes subtle findings. Interprets laboratory tests, including ambiguous results, correctly within the context of the patient. Is effective at synthesizing complete patient information to consider almost all potential anesthetic risks.	
2. Formulate **general anesthetic protocols** including premedication, induction agent, maintenance, recovery, and emergency drugs.	1.3	CC1b, CC3, PCC1, PCC2	Minimal ability to develop general anesthetic protocol for general and unique clinical patient data. Minimal ability to recognize drugs and drug classes, their applications, and their adverse risks, May struggle to accurately calculate drug doses.		Describes basic components of an anesthetic protocol but may not consider unique clinical patient data to develop a tailored plan. Recognizes common drug classes, their basic application, but is unaware of nuances of use or adverse risks. Calculates drug doses accurately, but likely cannot calculate constant rate infusions.		Generates general anesthetic protocol that incorporates elements of unique patient findings but is not comprehensive. Recognizes common drugs and drug classes, their application, and general risks, but misses patient-specific considerations. Calculates drug doses accurately and may be able to calculate constant rate infusions.		Develops comprehensive general anesthetic protocol tailored to the patient. Recognizes drugs and drug classes, including patient-specific recommendations and anesthetic risks. Calculates drug doses, including constant rate infusions, accurately.	
2. Formulate **multimodal analgesic protocols** including systemic and locoregional techniques.	1.3	CC1b, CC3, PCC1, PCC2	Minimal ability to develop analgesic plan for general and unique patient considerations. Unable to develop multimodal plan		Describes basic analgesic plan but may not be multimodal or consider unique patient considerations to develop a tailored plan. Recognizes		Develops multimodal analgesic plan but does not fully incorporate elements of unique patient considerations. Recognizes		Develops multimodal analgesic plan tailored to the patient. Recognizes analgesic drugs and drug classes, including patient-	

			due to minimal ability to recognize drugs, drug classes, and their applications. Unaware of locoregional analgesic techniques.		common analgesic drugs, their classes, and their application, but is unaware of nuances of use or adverse risks. Limited awareness of locoregional techniques.		common analgesic drugs, their applications, and adverse risks, but misses patient-specific considerations. General knowledge of common locoregional analgesic techniques.		specific recommendations and risks. Thorough knowledge of locoregional techniques including relevant anatomy and drugs.	
3. Select and assemble appropriate patient anesthetic circuits and correct inhalant anesthetic machine preparation. [2.1]	2.1	CC3, PCC1, PCC2	Unable select and assemble appropriate patient anesthetic circuits. Unable to prepare and utilize inhalant anesthetic machine safely.		Generally able to identify appropriate patient circuit but may miss a component or be unable to assemble. Generally able to prepare and utilize inhalant anesthetic machine but may miss some nonlife-threatening considerations.		Identifies and assembles appropriate patient circuit. Able to prepare and utilize inhalant anesthetic machine safely, but may miss small nuances.		Identifies and assembles appropriate patient circuit with ability to explain rationale. Able to prepare and utilize inhalant anesthetic machine safely, including nuances.	
4. Provide appropriate patient supportive measures including thermoregulatory support and intravenous fluid therapy.	2.1	CC1b, CC3, CC5, PCC1, PCC2	Unable to prepare general patient supportive measures, including thermoregulatory support and intravenous fluid therapy.		Can prepare general patient supportive measures, including thermoregulatory support and intravenous fluid therapy. Is unable to adapt general plans to clinically relevant patient-specific considerations.		Prepares patient supportive measures, including thermoregulatory support and intravenous fluid therapy, that incorporate elements of unique patient findings but may not be comprehensive.		Prepares comprehensive and patient-specific support measures, including thermoregulatory support and fluid therapy. Can justify nuances in case management.	
6. Perform anesthetic induction and intubation safely.	2.1	CC3, PCC1, PCC2	Unable to, or is not allowed, to perform anesthetic induction and/or intubation.		Can perform anesthetic induction and intubation with continuous guidance.		Can perform anesthetic induction and intubation safely with only intermittent guidance.		Can perform safe anesthetic induction and intubation autonomously with support available just in case.	
6. Perform safe anesthetic monitoring and recovery through synthesis of monitoring parameters and physical assessment of anesthetic depth.	2.1	CC3, PCC1, PCC2	Unable to, or is not allowed to, perform anesthetic monitoring and recovery. Lack of ability to verify and interpret monitoring parameters or perform physical assessment of anesthetic depth.		Can perform anesthetic monitoring and recovery with frequent guidance. Requires support to interpret monitoring parameters and physical assessment of anesthetic depth.		Can perform anesthetic monitoring and recovery safely with only intermittent guidance. Requires minimal support to interpret monitoring parameters and physical assessment of anesthetic depth.		Can perform safe anesthetic monitoring and recovery autonomously with support available just in case. Able to interpret monitoring parameters and physical assessment of anesthetic depth with rare support needed for nuanced findings.	
6. Anticipate pain, recognize patient evidence of pain, and develop an appropriate response.	2.1	CC1c, CC3, PCC1, PCC2	Unable to anticipate pain, recognize evidence of pain in patients, or develop appropriate responses.		Requires guidance to anticipate pain in all circumstances. Frequently requires support to identify evidence of pain in patients and develop an appropriate response.		Anticipates pain in most circumstances. Rarely requires support to identify evidence of pain in patients or to develop an appropriate response.		Anticipates pain in almost every relevant circumstance. Can effectively identify pain and develop appropriate responses for almost all circumstances.	

7. Anticipate and respond to changes in patient status during all stages of anesthesia.	1.5	CC1c, CC3, CC6, PCC1, PCC2	Unable to anticipate or respond to changes in patient status. Presents a danger to patient safety.		Requires frequent support to anticipate and respond to changes in patient status.		Requires only intermittent support to anticipate and respond to changes in patient status.		Anticipates and responds to changes in patient status autonomously with support available just in case.	
9. 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 Domains 5, 6, and 7 – Communication, Collaboration, and Professionalism/Professional Identity										
12. 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.	
5. Communicate plan with team members and address questions and concerns.	6.2	CC8a	Unable to communicate plan with team members. Unable to engage colleagues to foster a culture of patient safety and error reduction.		Able to communicate with team members but needs prompting to share complete details of plans. Resistant to engage with colleagues to foster a culture of patient safety or unable to justify plan.		Able to communicate with team members about complete plans with minimal prompting. Engages with colleagues to foster a culture of patient safety and can generally justify plans.		Able to communicate comprehensive plans to colleagues and can engage with colleagues to thoroughly justify plans and foster a culture of patient safety.	
8. Collaborate with team members to update anesthetic plan as needed.	6.1	CC8a, CC1b	Disregards contributions of others.		May disregard contributions of those perceived to have less authority. May not incorporate input into ongoing plan of action.		Demonstrates respect for input from others, may not always incorporate input to advance patient and team goals.		Solicits and incorporates input from others to advance patient and team goals.	
11. Maintain complete and accurate records including drugs, vital signs, important anesthetic and procedural events and complications.	5.3	CC8a	Requires continuous guidance to complete records and forms.		Records relevant information inconsistently (e.g. poorly organized, illegible, incomplete, irrelevant, or late) for clinical cases. May require point-by-point direction to complete forms.		Records most relevant information. Documents may require revision to correct inaccuracies or improve comprehension. Terminology is usually appropriate. Completes forms correctly with guidance.		Creates documents that are accurate, timely, legible and complete. Completes forms independently.	
13. 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.	

14. 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										
10. Explain and comply with legal requirements for use of controlled substances	8.2	CC8c, 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										
15. 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 their 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 – Anesthesiology" rubric, grades will be assigned with

the following weights for numeric scores earned on each of 18 categories:

Competent 4 = 100%

Advanced Beginner 3 = 85%

Novice 2 = 70%

Pre-Novice 1 = 55%

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, missing key components.	Presents a basic management plan but may overlook some important details.	Presents a clear management plan with most major aspects considered.	Creates a comprehensive and logical patient 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.

Rounds:

Rounds will be held via Teams weekly (schedule to be determined). A rounds schedule will be provided before the start of rotation. **Attendance at rounds, at your assigned time, is expected unless clinical duties require you to be absent.** If you are unable to attend rounds due to clinical duties, you must notify the Course Director as soon as possible or it will be considered an unexcused absence.

Resources: Students should utilize class notes and textbooks when preparing for cases and caring for patients. Suggested textbooks include:

- Lamont, L *et al*, eds. Veterinary Anesthesia and Analgesia 6th ed of Lumb and Jones
- Ko, J ed. Small Animal Anesthesia and Pain Management. A Color Handbook. 3rd ed.
- Muir WW *et al*, eds. Handbook of Veterinary Anesthesia.
- Dugdale AA *et al*. eds. Veterinary Anaesthesia: Principles to Practice. 2nd ed.
- Barletta M et al, eds. Equine Anesthesia and Pain Management. 1st ed.
- Gaynor JS & WM Muir eds. Handbook of Veterinary Pain Management, 3rd ed.

Knowledge required by a student on each case should also include current literature sources from journals that are readily available through the Library website (JVAA, JAVMA, JVIM, etc.). Other resources include Google Scholar and PubMed. Students can also discuss where to obtain the current literature with the clinician in charge of the case or rotation instructor.

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