Long Island University
College of Veterinary Medicine

COURSE OUTLINE

COURSE NUMBER:	DVM-819
COURSE SECTION NUMBER:	
COURSE TITLE:	Shelter Medicine Rotation
COURSE COORDINATOR:	Yuliya Bashkatova-Mills D.V.M. ; Jonathan Perez D.V.M.
COURSE DIRECTOR:	Yuliya Bashkatova-Mills D.V.M.
INSTRUCTOR:	
YEAR:	2026-2027
OFFICE LOCATION:	
TELEPHONE NUMBER:	
E-MAIL ADDRESS:	Yuliya.Bashkatova-Mills@liu.edu; Jonathan.Perez@liu.edu
OFFICE HOURS:	TBA
COURSE CREDIT:	Credit hours: 2
CREDIT HOURS:	Clinical rotation; 2 weeks full time
COURSE DURATION:	2 weeks

COURSE DESCRIPTION

In this required rotation, students spend two weeks participating in the practice of clinical veterinary medicine and surgery in a Shelter Medicine setting. Under direct supervision of a veterinarian, students will engage in individual animal care (i.e. shelter intake, spay/neuter, dentistry, infectious disease management) as well as population management (i.e. isolation and biosecurity, animal welfare). Students will apply the standards of care in shelter medicine and participate in decision-making processes across a spectrum of care. This required rotation is 2 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 community practice rotation with knowledge of anatomy, histology, physiology, pharmacology and pathology required to develop a list of differential diagnoses of the main diseases of domestic animals.

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 adequate surgical case management.

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

CC8d. Demonstrate basic knowledge of personal and small business management and awareness of the different career options in Veterinary Medicine.

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 companion animal patients, including history and complete physical examination. (1.1)
2. Synthesize and prioritize identified problems to arrive at differential diagnoses. (1.2)
3. Develop and adjust a diagnostic plan for companion animal patients based on available evidence. (1.3)
4. Interpret and synthesize diagnostic results to effectively adjust differential diagnoses and develop a treatment plan. (1.1)
5. Develop and adjust a comprehensive treatment plan for medical and surgical companion animal patients. (1.3)
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)
7. Recognize limitations of knowledge, skills, and resources, including identification of circumstances in which referral is warranted. (1.7)
8. Perform common diagnostic and therapeutic procedures in shelter patients, including complete oral health assessment and treatment and spay/neuter, including post-procedural care. (2.1)
9. Evaluate and recommend species-specific protocols for husbandry, nutrition, behavioral problems, and disease prevention. (2.2)
10. Apply shelter medicine standards of care for population management in the shelter setting, including disease prevention, isolation, housing, and husbandry. (3.1)
11. Recognize and recommend best practices for infectious disease management, including isolation and disinfection practices. (3.2)
12. Listens attentively and communicate professionally with diverse audiences. (5.1)
13. Develop and maintain complete medical records in accordance with professional and legal requirements. (5.3)

14. Work collaboratively with colleagues and the veterinary team. (6.1)

15. Formulate appropriate questions, identify appropriate supportive resources, and apply them to solve clinical problems using evidence-based medicine. (9.1

CRITERIA FOR EVALUATION OF STUDENT PERFORMANCE

Assessment Item	Percentage of Overall Course Grade
Evaluation of Shelter Medicine Clinical Experience Rubric + Rounds	60%
Problem - based SOAP with Discharge Instructions	10%
COHAT – case report/SOAP with Discharge Instructions	10%
Case Presentation/Discussion	20%

Evaluation of Shelter Medicine Clinical Experience/Rounds

Course Learning Objective	CBVE Domain Competency	Curricular Endpoint	Pre-Novice 1	1.5	Novice 2	2.5	Advanced Beginner 3	3.5	4 – Exceeds Expectations	N/A
CBVE Domain 1 – Clinical Reasoning and Decision Making										
1. Gather and assimilate relevant information about companion animal 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		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		Consistently develops an accurate, prioritized problem list and differential list for common problems.	

					diagnoses may not be prioritized, may be limited in scope, and/or may include irrelevant conditions.		irrelevant conditions.			
3. Develop and adjust a diagnostic plan for common companion animal patients based on available evidence.	1.3	CC1c, PCC1, PCC2	Minimal ability to develop diagnostic plan for general and unique clinical patient data. Does not re-evaluate plan during case progression.		Describes basic components of a diagnostic plan but may not consider unique clinical patient data to develop a tailored plan. Re-evaluates plan during case progression only when prompted.		Generates diagnostic 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.	
4. Interpret and synthesize diagnostic results to effectively adjust differential diagnoses and develop a treatment plan.	1.1	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 companion animal patients	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, CC8b	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. 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										
8. Perform common diagnostic and therapeutic procedures in	2.1	CC2, CC3, CC4, CC5, CC6	Unable to perform procedures or skills; requires complete hands-on guidance or is		Able to perform procedures and skills only with continuous assistance and direct supervision.		Able to perform procedures and skills with intermittent assistance and direct supervision.		Able to perform procedures and skills without direct supervision but support available as	

shelter patients, including complete oral health assessment and treatment and spay/neuter, including post-procedural care.			not provided opportunity for patient safety.						needed.	
9. Evaluate and recommend species-specific protocols for husbandry, nutrition, behavioral problems, and disease prevention.	2.1	CC1b	Unable to identify or recommend protocols for appropriate, species-specific husbandry, nutrition, behavioral problems, or disease prevention.		Can develop general, species-specific plans for husbandry, nutrition, behavioral problems and disease prevention recommendations, but lacks specificity or is incomplete.		Develops species-specific disease prevention, husbandry, behavioral problems, and nutritional recommendations but may have occasional minor omissions. May be unable to effectively communicate recommendations with peers or clients.		Develops comprehensive, species-specific disease prevention, behavioral problems, husbandry, and nutritional recommendations and effectively communicates these with peers and/or clients.	
CBVE Domain 3 Animal Population Care and Management										
10. Apply shelter medicine standards of care for population management in the shelter setting, including disease prevention, isolation, housing, and husbandry.	3.1	CC7	Unfamiliar with principles of population management in the shelter setting. Unable to apply standards of care in the shelter medicine setting.		Generally familiar with principles of population management in the shelter setting. Can outline a general, appropriate recommendation.		Cognizant of standards of care for patient management in the shelter setting. Can explain and initiate appropriate recommendations, with occasional omissions.		Efficiently considers and recommends practices in alignment with shelter medicine standards of care. Develops, initiates, and instructs others in the plan.	
11. Recognizes and recommends best practices for infectious disease management, including isolation and disinfection practices.	3.2	CC3, CC7	Unable to recognize animal welfare or public health concerns. Unable to develop general mitigation approaches.		Recognizes animal welfare and public health concerns. Able to identify general mitigation approaches.		Recognizes animal welfare and public health concern. Identifies mitigation strategies but may have difficulty communicating or promoting the strategies to stakeholders.		Advocates for animals and advises stakeholders regarding strategies to enhance welfare.	
CBVE Domain 5: Communication										
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.	
13 Develop and maintain complete medical records in accordance with professional and legal requirements.	5.3	CC8a	Unable to document relevant information and requires continuous direct supervision.		Inconsistently records relevant information. May require direct supervision to complete records.		Records most relevant information with appropriate terminology. May require guidance to finalize records.		Develops complete and accurate records. Able to identify areas for growth.	

CBVE Domain 6: Collaboration										
14. Work collaboratively with colleagues and the veterinary team.	6.1	CC8a, CC8b	Requires guidance to perform in assigned role. Unable to understand how all roles work together for the team goals. Disregards contributions of others. Conflict avoidant or creates conflict without seeking solutions.		Performs in assigned team role and depends on others for direction in the workplace. Requires guidance to transition between roles. May disregard contributions of those perceived to have less authority. Does not engage productively in conflict.		Functions independently in assigned team role in routine situations. Demonstrates respect for input from others, may not always incorporate input to advance team goals. Engages in productive conflict management with guidance.		Adapts own roles and responsibilities as needed to meet team goals. Considers team goals; solicits and incorporates input from others to advance team goals. Engages in productive conflict management.	
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.	

Course Learning Objective	CBVE Domain Competency	Curricular Endpoint	Pre-Novice 1	1.5	Novice 2	2.5	Advanced Beginner 3	3.5	4 – Exceeds Expectations	N/A
CBVE Domain 1 – Clinical Reasoning and Decision Making										
1. Gather and assimilate relevant information about companion animal 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 common companion animal patients based on available evidence.	1.3	CC1c, PCC1, PCC2	Minimal ability to develop diagnostic plan for general and unique clinical patient data. Does not re-evaluate plan during case progression.		Describes basic components of a diagnostic plan but may not consider unique clinical patient data to develop a tailored plan. Re-evaluates plan during case progression only when prompted.		Generates diagnostic 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.	
4. Interpret and synthesize diagnostic results to effectively adjust differential diagnoses and develop a treatment plan.	1.1	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 companion animal patients	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, CC8b	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. 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										
8. Perform common diagnostic and therapeutic procedures in shelter patients, including complete oral health assessment and	2.1	CC2, CC3, CC4, CC5, CC6	Unable to perform procedures or skills; requires complete hands-on guidance or is not provided opportunity for patient safety.		Able to perform procedures and skills only with continuous assistance and direct supervision.		Able to perform procedures and skills with intermittent assistance and direct supervision.		Able to perform procedures and skills without direct supervision but support available as needed.	

treatment and spay/neuter, including post-procedural care.										
9. Evaluate and recommend species-specific protocols for husbandry, nutrition, behavioral problems, and disease prevention.	2.1	CC1b	Unable to identify or recommend protocols for appropriate, species-specific husbandry, nutrition, behavioral problems, or disease prevention.		Can develop general, species-specific plans for husbandry, nutrition, behavioral problems and disease prevention recommendations, but lacks specificity or is incomplete.		Develops species-specific disease prevention, husbandry, behavioral problems, and nutritional recommendations but may have occasional minor omissions. May be unable to effectively communicate recommendations with peers or clients.		Develops comprehensive, species-specific disease prevention, behavioral problems, husbandry, and nutritional recommendations and effectively communicates these with peers and/or clients.	
CBVE Domain 3 Animal Population Care and Management										
10. Apply shelter medicine standards of care for population management in the shelter setting, including disease prevention, isolation, housing, and husbandry.	3.1	CC7	Unfamiliar with principles of population management in the shelter setting. Unable to apply standards of care in the shelter medicine setting.		Generally familiar with principles of population management in the shelter setting. Can outline a general, appropriate recommendation.		Cognizant of standards of care for patient management in the shelter setting. Can explain and initiate appropriate recommendations, with occasional omissions.		Efficiently considers and recommends practices in alignment with shelter medicine standards of care. Develops, initiates, and instructs others in the plan.	
11. Recognizes and recommends best practices for infectious disease management, including isolation and disinfection practices.	3.2	CC3, CC7	Unable to recognize animal welfare or public health concerns. Unable to develop general mitigation approaches.		Recognizes animal welfare and public health concerns. Able to identify general mitigation approaches.		Recognizes animal welfare and public health concern. Identifies mitigation strategies but may have difficulty communicating or promoting the strategies to stakeholders.		Advocates for animals and advises stakeholders regarding strategies to enhance welfare.	
CBVE Domain 5: Communication										
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.	
13 Develop and maintain complete medical records in accordance with professional and legal requirements.	5.3	CC8a	Unable to document relevant information and requires continuous direct supervision.		Inconsistently records relevant information. May require direct supervision to complete records.		Records most relevant information with appropriate terminology. May require guidance to finalize records.		Develops complete and accurate records. Able to identify areas for growth.	
CBVE Domain 6: Collaboration										
14. Work collaboratively with colleagues and the veterinary team.	6.1	CC8a, CC8b	Requires guidance to perform in assigned role. Unable to		Performs in assigned team role and depends on others for direction in the		Functions independently in assigned team role in routine situations.		Adapts own roles and responsibilities as needed to meet team goals.	

			understand how all roles work together for the team goals. Disregards contributions of others. Conflict avoidant or creates conflict without seeking solutions.		workplace. Requires guidance to transition between roles. May disregard contributions of those perceived to have less authority. Does not engage productively in conflict.		Demonstrates respect for input from others, may not always incorporate input to advance team goals. Engages in productive conflict management with guidance.		Considers team goals; solicits and incorporates input from others to advance team goals. Engages in productive conflict management.	
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 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 Rotation – Shelter Medicine" rubric, grades will be assigned with the following weights for numeric scores earned on each of 15 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.

Based on the “Clinical Rounds Rubric,” scores will be assigned as total points earned of possible 40.

Rubric Assignment:

All students are required to perform the following during their Shelter Medicine Rotation.

PART 1: Core Clinical Assessments

These assignments assess individual medical competence and record-keeping standards.

1. Comprehensive Medical Record (SOAP)/Discharge Log

Objective: Demonstrate ability to document cases for a high-volume setting where multiple clinicians may treat the same patient.

Requirement: Submit 1 Problem - Based SOAP notes from your caseload.

- One Intake Exam (focus on preventative care and infectious disease screening). - Must capture signalment, body condition score, and infectious disease screening.
  OR
- One Sick Exam - Must have a clear differential diagnosis list and treatment plan.

For both of the above SOAPS, you must also write a discharge outlining the plan for the patient going forward based on your diagnostic workup and assessment of the patient. This includes further diagnostics recommended, medications discussed and dispensed, etc.

- Format: Emailed typed Word doc or PDF or uploaded into Brightspace.

2. The "COHAT" Case Study (Comprehensive Oral Health Assessment and Treatment)
REQUIRED: Dental Report based upon a case
Optional Case Study Presentation

Objective: Document full Comprehensive Oral Health Assessment and Treatment.

Requirement: Follow one patient through a dental procedure. Submit a packet containing:

Pre-op Assessment: ASA status, awake oral exam findings, and anesthesia plan.

Dental Chart: Accurate charting of pathology (e.g. probing depths, furcation, mobility) *before* extraction and accuracy of the chart (missing teeth, periodontal pockets, etc.) compared to the patient.

Radiograph Interpretation: A written interpretation of at least 3 significant findings on dental x-rays. Correctly identifying any pathology on x-rays (e.g., bone loss, abscesses).

Procedure Report: Description of blocks used, extractions performed (including technique), and closure. Clarity of the report, including description of extraction techniques and suture material used will be evaluated.

Format: Emailed typed Word doc or PDF. Or uploaded into Brightspace

SOAP AND DISCHARGE INSTRUCTIONS RUBRIC:

Criteria	1 – Greatly Below Expectations	2 – Below Expectations	3 – Meets Expectations	4 – Exceeds Expectations	Score
Case History & Signalment	Minimal, inaccurate, or poorly organized history.	Incomplete history; limited shelter-specific details.	Mostly complete history with minor	Complete, relevant, and well-organized history including signalment, intake	

Criteria	1 – Greatly Below Expectations	2 – Below Expectations	3 – Meets Expectations	4 – Exceeds Expectations	Score
			omissions; includes relevant shelter context.	source, length of stay, vaccination status, housing, prior treatments, and shelter risk factors.	
Problem Identification & Assessment	Major problems missed or poorly defined.	Some problems identified but unclear prioritization or missing key issues.	Identifies main problems; prioritization mostly appropriate.	Clearly identifies and prioritizes primary and secondary problems; links individual and population concerns.	
Clinical Reasoning & Differentials	Inappropriate, missing, or unsupported differentials.	Limited or weakly justified differentials; reasoning unclear.	Reasonable differentials with minor gaps in justification or ranking.	Logical, well-supported, and appropriately ranked differentials; integrates history, exam findings, and shelter epidemiology.	
Diagnostic Plan (Shelter-Appropriate)	Inappropriate, excessive, or missing diagnostic plan.	Diagnostics suggested but impractical, incomplete, or weakly justified.	Appropriate diagnostics with minor gaps in justification or practicality.	Realistic, cost-conscious, welfare-conscious diagnostic plan; clearly justified and appropriate for shelter setting.	
Treatment & Management Plan	Incomplete, unrealistic, or inappropriate treatment plan.	Basic treatment plan; lacks shelter-specific management depth.	Appropriate treatment plan with minor omissions in shelter management details.	Clear, practical, evidence-based plan including isolation, biosecurity, pain management, and shelter considerations.	
Discharge Instructions	Incomplete/inappropriate discharge note for the patient (missing reason for visit, or medications being dispensed).	Bare minimum information written; not well thought through. Partial mention of reason for visit,	Mostly appropriate discharge notes written, with minor omissions	Clear, concise, knowledgeable discharge notes, with good follow up plan.	

Criteria	1 – Greatly Below Expectations	2 – Below Expectations	3 – Meets Expectations	4 – Exceeds Expectations	Score
		omitting most meds used/given.			

Total Score: _____ / 24

Performance Level:

☐ 20–24 = Excellent
☐ 15–18 = Good
☐ 12–14 = Needs Improvement
☐ 11 or below = Significant Gaps

DENTAL PROCEDURE (COHAT)/SURGERY RUBRIC:

Criteria	1 – Greatly Below Expectations	2 – Below Expectations	3 – Meets Expectations	4 – Exceeds Expectations
Case History & Signalment	Minimal, inaccurate, or poorly organized history.	Incomplete history; Misses oral issues/concerns	Mostly complete history with minor omissions;	Complete, relevant, and well-organized history including signalment, intake source, vaccination status, housing, prior treatments.
Problem Tooth Identification & Assessment on an Awake pet	Major problems missed or poorly defined.	Some problems identified but unclear prioritization or missing key issues.	Identifies main problems; prioritization mostly appropriate.	Clearly identifies and prioritizes primary and secondary oral problems;
Probing of teeth/gums on Sedated pet	Not able to use probe effectively	Only uses probe with strict direction, cannot identify abnormalities via probing.	Uses probe appropriately and identifies most abnormalities correctly (pockets, tooth mobility) but needs intermittent guidance.	Uses probe correctly, independently and identifies all relevant findings/abnormalities during exam.

Criteria	1 – Greatly Below Expectations	2 – Below Expectations	3 – Meets Expectations	4 – Exceeds Expectations
Local Block Administration for Extractions	Incorrect placement; ineffective block or patient discomfort. Unable to identify anatomical landmarks.	Inconsistent technique; requires frequent instructor intervention	Able to perform local blocks with intermittent guidance; affective block achieved	Precise needle placement; correct angle, depth, and aspiration performed; minimal patient discomfort.
Extraction Technique	Unable to extract teeth; Unaware of how to hold instruments in hand for proper positioning.	Able to use dental instruments but lacks good technique; needs a lot of guidance.	Good understanding of instrument handling and performs extractions well but needs some guidance.	Excellent understanding of patient and self positioning for procedure and all extractions are smooth.
Scaling, Polishing & Irrigation Technique	Unable to perform scaling; doesn't know how to hold instrument for procedure. Poor polish; neglects irrigation; causes tissue trauma.	Uneven scaling performed and tissue trauma observed; instrument holding needs improvement. Uneven polish or incomplete irrigation.	Able to effectively scale teeth but may forget some surfaces. Adequate polish and irrigation with minor inconsistencies.	Able to effectively scale teeth, without trauma, on all surfaces. Achieves smooth, even polish; completes thorough irrigation; avoids tissue trauma.
Dental Charting & Record Keeping	Chart is missing or illegible.	Chart is incomplete or contains inaccuracies.	Chart is mostly complete and accurate.	Produces a complete, accurate, and legible dental chart documenting all findings.
Communication with team & client about procedure and follow up treatment plan	Poor communication; unprofessional conduct.	Communication inconsistent or unclear.	Communicates effectively with minor lapses in clarity or tone.	Communicates clearly and effectively with the team; maintains professional conduct at all times

Total Score: _____ / 32

Performance Level:

☐ 25-32 = Excellent

☐ 17–24 = Good
☐ 10–16 = Needs Improvement
☐ 09 or below = Significant Gaps

CASE PRESENTATIONS:
Each student is expected to produce one case report on a patient that they have worked up during the 2 week rotation. Please note that these do not need to represent unusual cases and in fact it may be best that you stay away from very complicated cases. The point of the case report is to demonstrate your overall approach, clinical reasoning processes, reflection and appropriate use of evidence-based medicine in typical Shelter Medicine setting.

The presentations will be done in front of the entire rotation group towards the end of the rotation and evaluated by a lead veterinarian. Each presentation should be presented in slideshow or PowerPoint format and should include at a minimum, the following information about the patient.

- Signalment of patient
- Case History
- Exam Findings
- Assessment with Differentials
- Diagnostics
- Plan

SHELTER MEDICINE CASE PRESENTATION RUBRIC:

Criteria	1 – Greatly Below Expectations	2 – Below Expectations	3 – Meets Expectations	4 – Exceeds Expectations	Score
Case History & Signalment	Minimal, inaccurate, or poorly organized history.	Incomplete history; limited shelter-specific details.	Mostly complete history with minor omissions; includes relevant shelter context.	Complete, relevant, and well-organized history including signalment, intake source, length of stay, vaccination status, housing, prior treatments, and shelter risk factors.	
Problem Identification & Assessment	Major problems missed or poorly defined.	Some problems identified but unclear	Identifies main problems; prioritization	Clearly identifies and prioritizes primary and secondary problems; links	

Criteria	1 – Greatly Below Expectations	2 – Below Expectations	3 – Meets Expectations	4 – Exceeds Expectations	Score
		prioritization or missing key issues.	mostly appropriate.	individual and population concerns.	
Clinical Reasoning & Differentials	Inappropriate, missing, or unsupported differentials.	Limited or weakly justified differentials; reasoning unclear.	Reasonable differentials with minor gaps in justification or ranking.	Logical, well-supported, and appropriately ranked differentials; integrates history, exam findings, and shelter epidemiology.	
Diagnostic Plan (Shelter-Appropriate)	Inappropriate, excessive, or missing diagnostic plan.	Diagnostics suggested but impractical, incomplete, or weakly justified.	Appropriate diagnostics with minor gaps in justification or practicality.	Realistic, cost-conscious, welfare-conscious diagnostic plan; clearly justified and appropriate for shelter setting.	
Treatment & Management Plan	Incomplete, unrealistic, or inappropriate treatment plan.	Basic treatment plan; lacks shelter-specific management depth.	Appropriate treatment plan with minor omissions in shelter management details.	Clear, practical, evidence-based plan including isolation, biosecurity, pain management, and shelter considerations.	

Total Score: _____ / 20

Performance Level:

☐ 18–20 = Excellent
☐ 15–17 = Good
☐ 11–14 = Needs Improvement
☐ 10 or below = Significant Gaps

DUE DATES:

Problem-based SOAP with Client Discharge Instructions for 2 patients seen on your 2-week rotation:

- SOAP/Discharge on Patient (SICK or HEALTHY): Due 1st Friday of clerkship at 11:59PM
- COHAT SOAP/Discharge on Patient: Due 1st Friday of clerkship at 11:59PM or the week when the student has a dental case.

If there is nothing interesting you see during the week and would like to use a case from Friday, speak to Dr. in charge regarding new submission date***

***CASE PRESENTATIONS:

- The final day of the rotation or as otherwise specified by course coordinator.

GRADING POLICY: Final grades and GPA are calculated as follows:
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.

REQUIRED READINGS:

BIBLIOGRAPHY (SUPPLEMENTAL READINGS):

The Association of Shelter Veterinarians' Guidelines for Standards of Care in Animal Shelters, 2nd edition, December 2022

The Association of Shelter Veterinarians' 2016 Veterinary Medical Care Guidelines for Spay-Neuter Programs

UC Davis Koret Shelter Medicine Program Library:

ASPCAPro: https://www.aspcapro.org

ASPCA Pro Spay/Neuter Library: https://www.aspcapro.org/spayneuterlibrary

THRESHOLD REQUIREMENTS FOR ALL CLERKSHIPS:
Students will not receive a passing grade in the rotation until the items described below are submitted: Case Logs, Clinical Competencies, Mid-Rotation Feedback, and Student Assessment of Clerkships. Failure to submit these required items 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.

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 core and elective 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 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.

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. The clinicians or licensed staff 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 competency evaluated a minimum of three separate times, by three different raters, over the course of their clinical year.
- 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.

Mid-Rotation Feedback: Students are expected to 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.

Student Assessment of Clerkships

Student evaluation of academic and clinical experiences at all clerkship sites is mandatory, including core and elective 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. Evaluations will be completed using the E-Value platform.

Students will not receive a passing grade in the rotation until all evaluations are 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.

POLICIES AND PROCEDURES

The Clinical Programs Student Handbook contains complete policies, procedures, current practices,

and provisions of the college and University that guide students successfully through their clinical year. Although many common situations are addressed in this Course Outline, it does not cover all possibilities. The 4th Year Clinical Student Handbook and the CVM Academic Bulletin should be consulted for further information. If a conflict exists between these documents, the College policy, procedures, and standard operating practices prevail.

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 veterinarians.

Attendance: Attendance is mandatory for daily clinical responsibilities, including after-hours duty assignments. Students must be prepared to attend 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. 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 your responsibility as a student to ensure you fulfill all clinical course requirements. Failure to do so may result in your 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 your 24-Block clinical year equals a total of 3 semesters (Block 1-8 is the Summer semester, Block 9-16 is the Fall semester, and Block 17-24 is the Spring semester).

For any day you are not physically at your affiliate site when you are scheduled to be, you must submit an Absence Request Form.

You are allowed 2 Personal Days per Semester

Personal days can be used for planned events. You 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 the Clinical Affiliate 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 you submit your 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.

If you are submitting an Absence Request for time which must be made up at that site, you are required to include a plan showing how you will make up the time.

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

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 **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 Affairs Coordinator 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 at secondary instructional sites or electives, 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 you 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 **at the beginning of the semester.** 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. 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. 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 in such orderliness 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 rotations 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 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)

Severe Injury:

- Student responsibility:
  - Call or direct another individual to call 911
  - Apply first aid as appropriate until medical services arrive
  - 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)

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.

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 your 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:

- 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.

> As a student you 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 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 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.

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

Conduct: As veterinary students, you are representatives of our school 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 laboratory grade will reflect the degree of professionalism displayed in the classroom (lab and lecture) 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.

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