Long Island University
College of Veterinary Medicine

COURSE OUTLINE

COURSE NUMBER:	DVM-800
COURSE SECTION NUMBER:	
COURSE TITLE:	Large Animal Medicine and Surgery Clerkship
COURSE COORDINATOR:	Dr. Jerry Roberson
COURSE DIRECTOR:	Dr. Jerry Roberson
INSTRUCTORS:	Dr. Keith Bogatch
	Dr. Bruce Figger
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	800c – Diagnostic Pathology – Instructors dependent on clinical site
YEAR:	2026-2027
OFFICE LOCATION:	Roth Hall 309B
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OFFICE HOURS:	open door
COURSE CREDIT:	Credit hours: 4
CREDIT HOURS:	Clinical rotation; 4 weeks full time
COURSE DURATION:	4 weeks

COURSE DESCRIPTION

This required clerkship provides students with opportunities to participate in the diagnosis and treatment of common diseases and conditions seen in contemporary production animal and equine medicine. Under the direct supervision of a veterinarian, students will assume responsibility for the management of individual cases and participate in the decision-making process and clinical reasoning.

This required rotation is 4 weeks in length.

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

PREREQUISITE: Enrollment in the 4th year of the DVM program. Students are expected to demonstrate practical animal husbandry and management skills including the ability to restrain and handle a variety of common species to allow clinical examination. Students should be able to demonstrate the ability to perform routine health procedures such as animal identification, vaccination and administration of medication. Students will possess knowledge of common microbial, parasitic and zoonotic diseases, their transmission and prevention.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COURSE-SPECIFIC LEARNING OBJECTIVES

Upon completion of Large Animal Medicine and Surgery, the student will be able to:

1. Gather and assimilate relevant information about individual animals and herds including history and examination results.
2. Synthesize and prioritize identified problems to arrive at differential diagnoses.
3. Develop and adjust a diagnostic plan based on available evidence for equine and production animal patients.
4. Interpret clinical pathology and microbiology results (including interpretation of cytological specimens and fecal flotation).
5. Interpret normal findings and common medical abnormalities detected by endoscopy, radiography, ultrasonography, electrocardiography, echocardiography and ophthalmological examination, when applicable.
6. Develop and adjust a comprehensive treatment plan for medical and/or surgical equine and production animal cases.
7. Evaluate and recommend protocols for biosecurity and disease prevention (e.g. vaccination protocol), husbandry, and nutrition.
8. Assess and recommend practices that promote equine and production animal welfare.
9. Perform common procedures with equine and production animals, including but not limited to dentistry/occlusal equilibration, administration of oral medications, fluids, injections (intramuscular, subcutaneous and intravenous) with consideration of patient comfort and

welfare.

10. Explain regulatory and public health implications (e.g. withdrawal times for slaughter and milk; downer cow syndrome) of common production animal conditions/abnormalities, including management of animal waste and carcasses.
11. Identify and discuss reportable and zoonotic diseases, including appropriate response.
12. Develop and maintain complete records, including evaluation for areas of needed improvement.
13. Listen attentively and communicates professionally with diverse audiences.
14. Work collaboratively with colleagues and veterinary team.
15. Practice evidence-based veterinary medicine.

Additional Learning Objectives for DVM 800c – embedded Diagnostic Pathology experiences

Diagnostic Pathology experiences embedded in clinical clerkships provide students with hands-on exposure to diagnostic necropsy/autopsy of various species. Students will apply knowledge acquired during their pre-clinical training to recognize and describe gross lesions, develop a list of differential diagnoses, and provide a tentative diagnosis. Additionally, students will review microscopic findings and participate in preparation of records to document findings.

1. Perform an autopsy/necropsy on a domestic animal species
2. Collect tissue samples for histopathologic examination during autopsy
3. Submit specimens to a diagnostic laboratory according to state and laboratory submission standards.
4. Recognize and describe gross changes in diseased tissues and organs
5. Interpret gross and microscopic autopsy/necropsy findings within the context of available ancillary testing results, history and clinical findings
6. Collect, store and submit suitable tissue and fluid samples for diagnostic testing
7. Prepare and evaluate cytology smears from tissues and/or fluids
8. Prepare a written autopsy report
9. Use available pathology data sources to find information about common animal diseases
10. Maintain personal safety when performing autopsies and apply basic biosecurity/ biocontainment principles
11. Collaborate in a professional and courteous manner; accept feedback.

CRITERIA FOR EVALUATION OF STUDENT PERFORMANCE

The Production Animal Medicine portion of DVM 800 is two weeks. It will be noted as 800a and will utilize the rubric below. The Equine portion of DVM 800 is one week. It will be noted as 800b and will also utilize the rubric below. The pathology portion of DVM 800 is one week. It will be noted as 800c and will utilize the pathology rubric that follows the Large Animal rubric.

Production Animal Medicine (800a) two weeks
Equine Medicine (800b) one week
Diagnostic Pathology (800c) one week

Evaluation of Required Rotations-Large Animal Medicine and Surgery

Learning Objective	CBVE Domain. Competency	PLO	Pre-novice 1	1.5	Novice 2	2.5	Advanced Beginner 3	3.5	Competent 4	N/A
CBVE Domain 1 – Clinical Reasoning and Decision Making										
1. Gather and assimilate relevant information about individual animals and herds, including history and examination.	1.1	CC1a	Uses template to obtain history; obtains incomplete history in healthy and unhealthy patients. Disorganized/ incomplete physical exam.		Uses template to obtain history; obtains complete general history but may gather insufficient or irrelevant information. Complete physical exam but may lack systematic approach or miss key findings.		Gathers relevant information; may omit details that impact clinical reasoning process. Physical exam is complete and follows logical sequence but may miss subtle findings.		Gathers relevant information and organizes data logically to consider common disorders. 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 based on available evidence for production animal patients.	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 clinical pathology and microbiology results, including interpretation of cytological specimens and fecal flotation.	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. Interpret normal	1.1	CC1c	Unable to		Generally able to		Interprets		Interprets	

findings and common medical abnormalities detected by endoscopy, radiography, ultrasonography, electrocardiography, echocardiography, and ophthalmological examination, when applicable.		, PCC1, PCC2	interpret majority of results within the context of the patient.		interpret results, but may lack acknowledgement of key findings and rarely advances patient plan.		laboratory tests correctly most of the time; struggles to interpret conflicting results.		laboratory tests, including ambiguous results, correctly within the context of the patient; is effective at advancing patient plan.	
6. Develop and adjust a comprehensive treatment plan for medical and/or surgical production animal cases.	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.	
CBVE Domain 2 and 3: Individual Animal Care/Management and Animal Population Care and Management										
9. Perform common procedures with production animals, including, but not limited to dentistry/occlusal equilibration administration of oral medications, fluids, injections (intramuscular, subcutaneous, and intravenous) with consideration of patient comfort and welfare.	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.	
7. Evaluate and recommend protocols for biosecurity and disease prevention (e.g. vaccination protocol), husbandry, and nutrition	3.1	CC1b, CC7	Unable to identify and apply existing biosecurity protocols in the environment. Plans for disease prevention, husbandry, and nutritional recommendations have significant omissions or are inappropriate.		Can apply existing biosecurity protocols in the environment, but unable to evaluate for adequacy. Can develop general plans for disease prevention, husbandry, and nutrition recommendations, but lacks specificity or is incomplete.		Can evaluate and recommend biosecurity protocols with minor assistance. Develops disease prevention, husbandry, and nutritional recommendations but may have occasional minor omissions. May be unable to effectively communicate recommendations with peers or clients.		Can evaluate and recommend biosecurity protocols for common diseases and environments. Develops comprehensive disease prevention, husbandry, and nutritional recommendations and generally communicate these with peers or clients.	
3.3 Assess and recommend practices that promote production animal welfare	8	CC1b, CC3	Unable to recognize animal welfare concerns or develop general mitigation		Recognizes animal welfare concerns and identifies general mitigation		Recognizes animal welfare concerns, identifies mitigation strategies, but may have difficulty communicating or		Advocates for animals and advises stakeholders regarding strategies to enhance welfare.	

			approaches.		approaches.		promoting the strategies to stakeholders.			
CBVE Domain 4: Public Health										
10. Explain regulatory and public health implications (e.g. withdrawal times for slaughter and milk; downer cow syndrome) of common production animal conditions/abnormalities, including management of animal waste and carcasses.	4.2	CC7, CC8c	Unable to identify recommended health and safety practices in the workplace.		Follows health and safety practices with assistance in the workplace.		Participates in health and safety practices.		Evaluates and recommends health and safety practices.	
11.Identify and discuss reportable and zoonotic diseases, including appropriate response.	4.1	CC7, CC8c	Unable to identify clinical signs associated with zoonotic and reportable diseases in clinical cases.		Identifies clinical signs associated with common zoonotic and reportable diseases in clinical cases. Can outline a general, appropriate response.		Lists zoonotic and reportable diseases as differential diagnoses when appropriate. Can explain and initiate appropriate response, with occasional omissions.		Identifies common zoonotic and reportable diseases consistently. Can develop and initiate an appropriate response. Instructs others in the plan.	
CBVE Domain 5: Communication										
12. Develops and maintains complete records, including evaluation for areas of needed improvement.	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.	
13. Listens attentively and communicates professionally with diverse audiences.	5.1	CC8a, CC8c	Can utilize basic communication skills unidirectionally; does not demonstrate awareness of 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.	
CBVE Domain 6: Collaboration										
14. Work collaboratively with colleagues and veterinary team members	6.2	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		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.	

					productively in conflict.					
CBVE Domain 9: Scholarship										
15. Practice evidence-based veterinary 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 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.	

CRITERIA FOR EVALUATION OF STUDENT PERFORMANCE

Evaluation of Core Rotations – Large Animal Medicine and Surgery - Diagnostic Pathology

	CLO	CBVE Domain. Competency	PLO	Pre-novice 1	1.5	Novice 2	2.5	Advanced Beginner 3	3.5	Competent 4	N/A
Knowledge											
Demonstrates understanding of pathophysiology of diseases.	4, 5	1.6	PCC1, PCC2	Significant difficulties understanding of pathophysiology of diseases		Limited understanding of pathophysiology of diseases		Good basic understanding of pathophysiology of diseases		Solid understanding of pathophysiology of diseases	
Demonstrates ability to integrate basic and clinical sciences.	1, 4, 5, 7	1.6	PCC1, PCC2	Significant difficulties integrating basic and clinical sciences		Limited ability to integrate basic and clinical sciences		Good basic ability to integrate basic and clinical sciences		Solid ability to integrate basic and clinical sciences	
CLINICAL SKILLS											
Demonstrates ability to find information/search literature.	9	9.1	CC9	Unable to find information No motivation finding information.		Limited ability finding information.		Good basic ability to find information.		Solid ability to find information.	
Demonstrates ability to diagnose common diseases.	1, 2, 4, 5, 7	1.2	CC1c, PCC1, PCC2	Significant difficulties diagnosing common diseases.		Limited ability to diagnose common diseases.		Good basic ability to diagnose common diseases.		Solid ability to diagnose common diseases.	
Demonstrate ability to perform a necropsy.	1	1.1	CC1a, CC1c, PCC1, PCC2	Significant difficulties handling necropsy instruments and examining organs and tissues.		Limited abilities of handling necropsy instruments and examining organs and tissues.		Good basic ability handling necropsy instruments and examining organs and tissues.		Solid ability handling necropsy instruments and examining organs and tissues.	
Demonstrates ability to collect and submit samples for histopathology assessment or ancillary diagnostic testing.	1, 2, 6	1.3	CC1a, CC1c	Significant difficulties collecting and/or submitting samples for histopathology assessment or ancillary diagnostic		Limited ability collecting and/or submitting samples for histopathology assessment or ancillary diagnostic		Good basic ability collecting and/or submitting samples for histopathology assessment or ancillary		Solid ability collecting and/or submitting samples for histopathology assessment or ancillary diagnostic	

				testing.		testing.		diagnostic testing.		testing.	
Demonstrates ability to develop a list of differential diagnoses.	4	1.2	CC1a	Significant difficulties in identifying and prioritizing major differentials.		Limited ability in identifying and prioritizing major differentials.		Good basic ability in identifying and prioritizing major differentials.		Almost always able to identify and prioritize major differentials.	
Describes and interprets macroscopic chnages.	4	1.1	CC1c	Significant difficulties describing and/or interpreting macroscopic changes.		Limited ability to describe and/or interpret macroscopic changes.		Good basic ability to describe and/or interpret macroscopic changes.		Solid ability to describe and/or interpret macroscopic changes.	
Demonstrates ability to provide a morphologic diagnosis.	4, 5, 8	1.2	CC1c	Unable to provide a morphologic diagnosis.		Limited ability to provide a morphologic diagnosis.		Generally able to provide a morphologic diagnosis.		Almost always able to provide a morphologic diagnosis.	
Demonstrates ability to analyze laboratory data.	4, 5, 7, 8	1.1	CC1c	Significant difficulties evaluating laboratory data.		Limited ability to identify and define common laboratory abnormalities .		Generally able to identify and define common laboratory abnormalities.		Almost always able to identify and define common laboratory abnormalities.	
Demonstrates ability to identify zoonotic organisms and those that require biosecurity measures.	10	3.2	CC7	Unable to identify clinical signs associated with zoonotic and reportable diseases in clinical cases.		Identifies clinical signs associated with common zoonotic and reportable diseases in clinical cases. Can outline a general, appropriate response.		Lists zoonotic and reportable diseases as differential diagnoses when appropriate. Can explain and initiate appropriate response, with occasional omissions.		Identifies common zoonotic and reportable diseases consistently. Can develop and initiate an appropriate response. Instructs others in the plan.	
COMMUNICATION											
Demonstrates ability to communicate effectively with a diverse population of people.	8	5.1	CC8a, CC8c	Significant difficulties communicating effectively with a diverse population of people.		Limited ability to communicate effectively with a diverse population of people.		Generally able to communicate effectiveky with a diverse population of people.		Almost always able to communicate effectively with a diverse population of people.	
Demonstrates ability to prepare an autopsy/ pathology report.	8	5.3	CC8a	Unable to prepare an autopsy/ pathology report.		Good basic ability to prepare an autopsy/path ology report.		Good basic ability to prepare an autopsy/ pathology report.		Solid ability to prepare a clear and concise autopsy/ pathology report.	
PROFESSIONALISM											
Demonstrates proper professional behavior and follows Standard Operating Procedures (SOPs) when working in the pathology area.	10	7.3	CC8b	Significant deficiencies in professional conduct and/or understanding of the SOPs to follow in the pathology area.		Limited understandin g of professional conduct and/or SOPs when working in the pathology area.		Demonstrates proper professional conduct and follows the pathology area SOPs.		Demonstrates solid professional conduct, compliance, and deep understanding of the pathology area SOPs.	
Collegiality	11	6.1	CC8a, CC8c	Significant difficulties interacting with team members.		Limited ability to interact with classmates and members of the		Interacts well with classmates, staff, and faculty.		Outstanding interaction with classmates, staff, and faculty.	

						pathology team.					
Response to feedback	10	7.3	CC8c	Rejects feedback; denies weaknesses; defensive; fails to change negative behavior		Limited ability to accept feedback or consistency in willingness to improve		Accepts feedback; makes efforts to improve; improvement seen		Accepts feedback; regularly seeks feedback and ways to improve	

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, assign a half-point score (1.5, 2.5, or 3.5). Use half-points 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 – Large Animal Medicine/Diagnostic Pathology" rubric, grades will be assigned with the following weights for numeric scores earned on each of 15/11 categories:

Competent 4 = 100%
Advanced Beginner 3 = 85%
Novice 2 = 70%
Pre-Novice 1 = 55%

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 equal or greater than 0.5 will be rounded to the next higher whole integer.

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

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

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

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

- Students must have each EPA evaluated a minimum of three separate times, by three different raters, as competent, over the course of their clinical year.
    - There are 18 distinct EPAs to be completed as "competent" a minimum of three times each for a total of 54 EPAs or more performed competently by the time of graduation.
- It is each student's responsibility to plan which competencies they will seek to have observed in a clerkship and to communicate with the clinical affiliate early to allow for observation and feedback.
- The student must ask the clinicians or licensed staff to observe them for an EPA. This individual will receive notification from E-Value to rate the student on the EPA.
- Completion of EPAs as competent should occur equally throughout the clinical year and not at the end of the clinical year. Students should plan to complete a quarter of their EPAs competently during the first quarter of the clinical year (14 EPAs competently), half by the half way point of the clinical year (27 or more EPAs competently), three-fourths by the ¾ point of the clinical year (41 or more EPAs competently) and the remainder by the end of the clinical year.

- It is the student's responsibility to organize and arrange these evaluations. Using the provided resources, students should anticipate requesting 4-5 per week with the goal of achieving 1-2 competent evaluations per week.
- Failure to complete this requirement may impact your graduation timeline and may include remediation.

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

Student Assessment of Clerkships
Student evaluation of academic and clinical experiences at all clerkship sites is mandatory, including required, elective, and externship rotations. Similarly, students are required to evaluate the Course Director at the end of each course. These evaluations should be specific and constructive, not an attack on individual personalities. Unprofessional evaluations will be returned to the student for editing and will not be accepted until properly completed. Evaluations will be completed using the E-Value platform.

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

LIU-CVM Clinical Year Policies and Procedures

Course Requirements

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

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

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

In order to accommodate student travel, it is requested of the clinical affiliate that the Friday of the last week of the rotation be a half-day, with the last Saturday and Sunday of the rotation being unscheduled. The last day

should include a face-to-face private review of the student's final evaluation with the preceptor (if available) or appropriate doctor or staff. Students are responsible for communicating this with the site supervisor.

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

Student Expectations

Professional Expectations: Students are expected to keep a professional attitude and appearance during clinical rotations. As a safety precaution, exposed jewelry must be removed. Non-slip, close-toe footwear must be worn in clinical situations. No nail polish or false nails may be worn in surgery. Please refer to the LIU-CVM Student Handbook and Professional Catalog for additional dress code and professional conduct guidelines.

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

Students must always:

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

Repeated professionalism concerns or unsafe conduct may result in:

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

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

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

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

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

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

Attendance and Absences

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

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

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

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

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

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

Students are allowed 2 Personal Days per Semester

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

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

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

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

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

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

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

Procedure to submit an Absence Request

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

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

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

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

affiliate site administrator. Once the supervising clinician or affiliate site administrator signs the Absence Request form, the student is responsible for submitting the completed form to the Clinical Affairs Coordinator for final approval.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Minor Injury:

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

Severe Injury:

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

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

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

"As a student of the College of Veterinary Medicine at Long Island University, I will actively pursue behaviors that are consistent with professional conduct, as outlined in the college's Honor Code. I will maintain a professional relationship with faculty, colleagues, other health care providers, and patients, and will maintain

academic integrity, as outlined in the Code. I fully recognize that violation of any of the standards of the Code may result in disciplinary actions, including possible dismissal from the college."

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

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

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

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

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

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

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

Copyright and File Sharing Notice: Materials in this course, unless otherwise indicated, are protected by United States copyright law [Title 17, US Code]. These materials (including lecture capture) are presented in an educational context for personal use and study; they should not be shared, distributed or sold in print, or digitally, outside of the course without permission. This includes providing or uploading materials to commercial or external educational services such as CourseHero or Chegg. If a user fails to comply with Fair Use restrictions, they may be liable for copyright infringement.

Students may utilize, link, or post to copyrighted materials in the educational environment under US copyright law exemption. However, this use may not be shown, transmitted, or broadcast outside the institution and no

copies may be distributed. Faculty and staff reserve the right to remove or disable student use of copyrighted materials if in their judgement it would involve violation of copyright law.

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

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

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

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

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

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

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

University Reporting:

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

The Center for Healthy Living: The Center for Healthy Living provides mental health counseling, nutrition counseling, and health services to Long Island University students. Long Island University students have access to on-campus mental health counseling services, nutrition counseling, religious and spiritual counseling, and access to tele-heath and local in-person health care. The Center for Healthy Living has licensed mental health

professionals, graduate student therapists, and nutritionists to provide consultation and support. Medical referrals are made in partnership with Northwell Health - GoHealth.
The Center for Healthy Living is a collaboration of on-campus resources and strong partnerships with local health organizations and professionals, including The Northwell Health Behavioral Health College Partnership, Northwell Health - Go Health, the LIU Post Psychological Services Center, and the LIU Post Nutrition Department.

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

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

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

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