

## SENIOR STUDENT ORIENTATION HANDBOOK

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### **Welcome to the Large Animal Surgery Rotation!**

The faculty, residents and staff look forward to the opportunity of working with you during this rotation, as you increase your clinical awareness and competence in the diagnosis and treatment of equine/bovine medical and surgical disease. As in any clinical rotation, the amount you learn and experience you get will depend on your effort. To the extent that you do not understand something, feel uncomfortable or unskilled in a task, please ask and we will assist you. Take an active role in your education! This handout is to help familiarize you with the inner workings of the LA hospital (paperwork, etc), to prepare you for the rotation (so you don't feel totally lost), and in general to tell you what we expect of you.

### **ORIENTATION**

Orientation for the LA Surgery rotation will be held in room 2010 at 8:00am on the first day of the rotation. Following orientation with the resident, you will proceed to the barn, where one of the barn technicians will orient you to the barn. She will cover such things as the layout of the barn, patient admission, various form locations and proper submission properly, where case files and folders go, as well as various other important barn matters. Afterwards, you will proceed to the surgical suite where one of the surgery technicians will introduce you to the procedures for handling large animal surgery patients.

Following orientation, cases will be assigned and you will be oriented to their care.

### **CASES**

#### **□ How the LA service works**

For the majority of the year, we operate with two services, consisting of a total of 2 faculty members and 1 or 2 residents. There are however, times when only one service will operate. This occurs primarily during the winter months when the caseload is lower. Each service will consist of a faculty member and a resident. When two services are running, one service will receive cases on M-W-F and perform surgeries on Tu-Th. The other service will receive and operate on the alternate days. Emergencies will usually be handled by the service scheduled to perform surgery on that day. The residents are usually assigned to a particular service, but will frequently cross over for interesting cases. You will receive and be assigned cases with both services. You should attempt to avoid conflicts of scheduling, such as admitting a case if one of your cases is scheduled for surgery at the same time. If only one faculty member is assigned to clinic duty, then the service is run according to their schedule, as they will be responsible for both scheduled outpatients, emergencies and surgeries.

## **□ Outpatient cases**

Students should examine the incoming weekly case schedule (dry erase board at equine receiving bay) every morning and sign up for the cases on the dry erase board they wish to receive. Inpatient and outpatient cases should be divided up so that each student has an equal number of cases over the course of the rotation. Cases do not have to be taken in order if you have a particular interest in one that is to be admitted. Cases are often not equally divided, however we encourage you to try. Appointments will be assigned the day of the appointment if voluntary sign up fails.

Medical Records are prepared by the receptionist at the LA or front desk and can be obtained from them once the owner has checked in. The first contact with the client is often yours! Please take a full history and commence your physical examination. The receptionist will normally have alerted the resident, faculty member and technician that the case has arrived. Having completed your examination, contact the resident, if they have not appeared. This is meant to test/improve your doctor-patient skills as well as your abilities to identify problems through physical examination. However, if you are not comfortable with large animals, please let us know and we will work on the case together. Once the attending doctor arrives the patient will be worked up as a team and all procedures (lameness evaluations, differential diagnosis, diagnostic procedures and treatment modalities) will be discussed at each step.

While you should not limit your working relationship to only those cases to which you are assigned, your first responsibility is to your assigned patients. When active case work is not occurring in your assigned service, you should take the opportunity to learn about the other cases on receiving or in the hospital. If no case work is active, you should utilize your time wisely by reading or researching your cases or observing what is occurring in LAM. Please do not sit in the reception area, doing nothing.

## **□ Hospitalized cases**

Having received or been assigned a patient, it remains your responsibility until it leaves the hospital or you change rotations. You are responsible for all treatments from 8am to 6pm during the weekdays, and 8am treatments only on Saturdays and Sundays. On the next Monday of the next rotation you are responsible for the 8am ICU and treatment administrations before you move on to your next rotation.

You are responsible for all daily treatments including twice daily physical examinations (ICUs); (more frequently for sick animals), administration of medicines, maintenance of intravenous fluids, making sure required diagnostic procedures (radiographs, ultrasound, etc) are performed in a timely manner, care for specific problems, such as bandage changes and wound cleaning/flushing as required. Procedures you are unfamiliar with should not be performed alone. In general the residents or faculty like to be present for bandage changes, wound care and other specific procedures unless otherwise indicated. Morning treatments must be done by 8am each morning and before barn rounds.

On weekdays from 8am-6pm, if unable to complete your treatments at the appropriate time,

its your responsibility to arrange for them to be performed by another student on the rotation.

When surgery is scheduled for your patient, you should have the animal “ready to go” 30 minutes prior to the scheduled induction time. This means the patient should have an IV catheter in place, all pre-operative medications administered, and the animal properly groomed. Horses have their feet picked out and mouth rinsed immediately before being walked into the induction area.

**Please note: All milking cows admitted to the hospital must have milk cultures submitted for all 4 quadrants and a CMT test performed.** Don’t forget to check the “Milk BID” box on the stall chart so that the barn crew will milk them! Barn crew also do a daily CMT test and writes the results along with the quantity of milk obtained on the stall chart. Finally, cows must be checked daily for urinary ketones. **If any problems are found with any patient don’t forget to tell the doctor on duty so that they are addressed in a timely fashion.**

**Also please note:** All patients should be groomed and their feet picked out daily. This is particularly important immediately prior to discharge. All clients greatly appreciate their animals being clean at the time of discharge, and will often evaluate the quality of our care/service by the cleanliness of their animal. Grooming is an essential part of your daily treatments. Clean off any “debris” and brush your animals. Most animals enjoy this attention and feel better for it; however dangerous or “kicky” animals are to be groomed only as safety allows.

## **□ In Surgery**

We encourage you to take an active roll in every aspect of the surgical procedure. Induction of large animals requires a controlled environment and expertise so if you are unfamiliar with this procedure simply follow instructions given to you. Once the animal is anesthetized, the surgical site needs to be clipped and a rough prep performed. Jump in and help out the tech. Horseshoes may be removed or are covered with Elasticon to protect the horse’s legs from injury during recovery. Once the animal is ready to be moved into the surgery suite, you should remove your coveralls and put on a cap, mask and booties. Once the animal is in the OR, start scrubbing.

**You are responsible for writing the surgery report**, so you should know what the surgeons are doing at all times. If you don’t understand what is going on, don’t appreciate the details that must be recorded, ask questions! Important information includes the type of suture material and patterns used for closure, and the landmarks for the surgical approach. By the first Tuesday of the rotation, you should know the names of all the instruments in the Major Pan. If other instruments are used that you are unfamiliar with, please ask what they are called and what they are for. A review of the instruments can also be found on the S-drive under “instrument presentation”. For many procedures we will let you participate, and in some cases (castrations, for example) you may be allowed to perform most of the procedure, but only if you are well prepared and familiar with the surgery you are performing. There are several surgical reference books available in the cage for your use; if

you require additional information feel free to ask us *before* the surgery is performed.

## **MEDICAL RECORDS**

### **Receiving**

Every animal which is admitted to the hospital or is examined by its medical staff will have a case record. This includes clients, donations, and teaching or research animals. This policy includes all animals owned by members of the student body, staff, and faculty. When an animal is brought along as a companion, or a mare and foal enter the hospital, each animal must have a medical record, even if only one is actually a patient.

The student assigned to an admitted case is responsible for assisting the client in unloading their horse (unless an animal caretaker or technician is available to assist with this). The student is also responsible for collecting and recording the history, performing a physical examination, and formulating a working problem list and initial diagnostic plan. It is important to collect a complete history including information regarding vaccination and deworming, medication use, diet, bedding, and dental care for all animals.

You are responsible for the timely completion of the documents contained within the medical record (same day or within 24 hours). Their completion is essential for quality record keeping and medical care. Please take special care to complete all forms in a legible fashion using black or blue ink and sign your complete legal name. The time of examinations should be recorded against each entry. The student assigned to the case is responsible for formulating an initial working problem list, differential diagnoses for each problem identified, and a proposed diagnostic plan for each problem. Remember, the medical record is a legal document. It must be descriptive and accurate. The importance of complete records for instruction, follow-up letters, or retrospective clinical studies cannot be over-emphasized.

The case will be reviewed with you by the resident or senior clinician. The student should always discuss his/her findings with their assigned clinicians first. The clinician will advise the client of the required tests, diagnosis, treatment, cost and prognosis. It is important that you do not offer or express opinions about the management of the case with the owner or agent, prior to discussing the findings or plans with the resident or senior clinician. This is often difficult, as concerned owners will frequently quiz you about your findings.

## **HOSPITALIZATION**

### **Entry**

All animals admitted to or discharged from the hospital should be weighed on the large animal scale, in kilograms, at the time of admission, unless their medical condition or temperament precludes doing so. The weight should then be recorded in the medical record.

All cases must have stall charts created immediately following hospital admission. The clinicians in charge of the case are responsible for completing an estimate form and having the owner/agent sign the necessary consent forms. You will probably be asked to escort the client to the reception desk as they leave, so that the deposit can be obtained.

When surgery is scheduled for your patient, feed should be withheld the night before. Signs are available for attaching to the stall door to advise the barn crew who feed the animal. Feed is normally withheld from horses for 8 hours, and from 24-36 hours for bovine patients. In bovine patients water is normally withheld for 12 hours prior to surgery under general anesthesia. It is common for any feed remaining in the horses stall at midnight to be removed. Clinicians vary in their desire to have horses muzzled. Nursing foals are not normally muzzled prior to surgery.

### **□ In-Hospital Record**

As noted above, the medical record is a legal document. It must be neat, legible, accurate, and current at all times. The chart beside the animal's stall is called the stall chart and orders must be written on them by 5pm for the *following* day. The stall chart should include (1) clinician orders sheet, (2) comments sheet, (3) ICU sheet, (4) IV fluid sheet (if required) and a (5) barn crew sheet. All medications, procedures to be done and ICUs to be done should be indicated on the clinician orders sheet. ICU results are written on the ICU sheet on the stall chart and routine minor blood work (PCV/TP, glucose, etc...) results are written at the top of the clinician orders sheet so they can be easily scanned and evaluated throughout the day. In general, results of diagnostic procedures and long comments are not written on the stall chart, they belong in the green binder in the cage.

The patient's complete medical record is kept in a green binder in the cage area. When a patient is admitted into the hospital all pertinent papers (problem list, admitting history/physical examination sheets, communication logs sheet, etc) are transferred into the green back binder and all pertinent documentation is maintained in this binder until the patient is discharged. The manila folder should remain in the patient's slot until the animal is discharged from the hospital. The green binder is the place to write all detailed medical data, and this should be done on the sheet marked "progress notes and treatment plan". Complete SOAP information is to be written at least once daily ( or as requested by the residents and faculty supervising the case), and results of all clinical pathology and diagnostic tests should be discussed here. Differential diagnosis, treatment options and plans, patient progress and other details are to be written clearly and in as much detail as possible. The resident or faculty member will read and evaluate the contents of the green binder every day (if possible) and sign the SOAP to ensure the information is complete and accurate, and to give you advice and information as required regarding the case.

### **RECORDING**

Almost all the forms you will need are on a shelf in the cage. These must be properly

embossed for identification prior to submission.

#### **☐ Progress notes**

A daily entry of the temperature, pulse, and respiration and other physical examination parameters and SOAP evaluation should be made. Please number and date all Progress notes and maintain in chronological order. Problem oriented medical record keeping format must be followed, as presented in your third year. Examinations, medical treatments morning treatment notes and SOAPS must be written before 8:00 a.m. every morning. If problems are apparent (fever, anorexia, depression, sudden lameness, colic, obstipation), you should report these findings directly to one of the clinicians on the service. All hospitalized animals must be evaluated at least, twice daily with changes noted as addendums to the SOAP. Please note the apparent appetite, mentation, evidence of urination, and character/amount of feces for each patient. Abnormalities, particularly depression, fever, or a reduction in fecal output should be reported to one of the attending clinicians at the first opportunity. You must sign all record entries legibly. Records must remain in the cage (i.e.: do not take them home, to the lunch area or library).

#### **☐ Selected records**

### **Surgery Request Form**

Surgery Request Forms are to be submitted to anesthesia before 3:00pm on the day prior to the proposed surgery. A 3"x5" card with the patient information embossed on it, must be submitted along with the surgery request form. The later, which is completed with the assistance of one of the attending clinicians, should include details of the surgery, positioning, surgery room, special equipment required, etc. **This requirement applies to all surgeries, whether under general anesthesia or performed standing under sedation with local anesthesia.**

Emergency procedures should be brought to the attention of the anesthesia service as soon as possible to facilitate their handling.

### **Surgical Record**

Every case for which a surgical procedure has been performed should be accompanied by a surgical report. This is an essential part of the medical record, but is also useful for assessing your observations and understanding of the procedure. The report is to be completed and placed in the medical record within 24 hours of the procedure's completion. Details that should be included are the landmarks for the surgical incisions and dissection, the tissues resected and suture size, type and pattern used for closure. A surgical report form should be completed for all surgeries, no matter how major or minor, including castrations and wound closures.

### **Intensive Care Monitoring/ Colic Sheet**

All horses receiving intensive care must be assessed and evaluated as instructed by the

clinician in charge of the case, or as directed by the written ICU orders. All ICU sheets should be identified by Patient, Date, and Time and arranged in chronological order. All medication and fluids administered should be recorded. If at any time, there are questions about the medical orders, or any significant change in the patient's status, a clinician supervising the care of the case should be notified. If it is impossible to contact one of these individuals out of hours, then the clinician on emergency duty should be advised immediately. Never hesitate to contact any clinician at any hour of the day or night regarding the condition of one of our patients!

### **Clinical Pathology**

Clinical Pathology requests are submitted via UVIS. Microbiology requests need a paper request for submission. Check with the doctor as to urgency of the tests (Routine, ASAP, STAT)

### **Necropsy**

**Necropsy Forms** are submitted through UVIS. Detailed necropsy submission protocol sheets are available in wall pocket files located in the bunker and cage. All animal carcasses submitted for necropsy must be tagged with the appropriate identification and disposal tag. Shoes and catheters should be removed from the body. Make sure the necropsy request is complete and has been signed by an attending clinician.

### **Radiology**

Radiology request forms should include as much pertinent information as possible, so that the radiologists can better assess why we are requesting the study and whether certain lesions are significant to the presenting problem or not.

### **Pharmacy**

Pharmacy Forms: Monday-Thursday request medications/fluids for your treatments through 12pm of the following day. On Friday, order medications/fluids through 12pm of the following Monday. If a holiday follows the weekend, please order medications for the following day 12pm after the holiday weekend. Be sure you are ordering the minimum (or there is a surcharge) and be sure the drug name, dosage and route of administration are clearly indicated on the form. Even if you are not drawing up the drug you should be aware of what you are prescribing for the animal and why.

### **Vetstar**

The LA hospital uses VetStar for many purposes. **You are required to generate Surgery and Discharge reports with this program.** You can also look up pathology and necropsy reports through VetStar. An example of a surgery report and discharge statement are attached, you should stick to this format as much as possible. The resident or faculty on the case will edit your reports and make appropriate corrections. Only documents signed by the attending clinician can be sent to clients or put in the medical record.

## **Discharge**

The attending clinician will normally notify you of the anticipated discharge of your case, so that you can prepare and have the discharge statement reviewed. We aim to have the discharge statement ready for discharge with the animal. This will frequently not occur with outpatients. In order that we do not delay departure of cases, statements are often reviewed and sent by fax or e-mail. Discharges are printed in duplicate or triplicate, -one for the client, one for the medical record and one to be faxed and then sent to the referring veterinarian. Documents to be faxed are placed in the box on the LA receptionist's desk.

All patients will be groomed for discharge. Credit all discontinued medications/fluids. All take-home medication must be appropriately packaged and identified. Many equine cases will be bathed prior to discharge, however, the student should check with the appropriate clinician on a case by case basis.

Cases to be admitted or discharged after hours are subject to the same guidelines. Clinicians will authorize after hours admissions and discharges to accommodate the wishes of our clients. The paperwork will be left with the record in the cage and the technician on duty should be informed of after hours admission or discharge to facilitate processing. Please do not take records from the cage to the receptionists' desk until the owner or agent arrives. Under no circumstances should a student allow a client to take their animal from the hospital without this first being cleared by the attending clinician, and the client being directed to the receiving desk (daytime) or emergency desk (after hours).

## **DAILY CASE CARE AND OBSERVATION**

Every animal under your care should be carefully evaluated at least twice daily, groomed and the feet picked out once daily. Please take the time to note the animal's appetite, attitude, water consumption, frequency and nature of defecation. Failure to eat well or defecate regularly constitutes advance warning signs of colic. As noted above, any changes should be reported immediately to the clinicians on the case.

For hospitalized patients subjected to special examinations or procedures, you should submit the necessary requests by the designated time, as specified above. Anesthesia and surgery requests should be submitted before 3:00 p.m. All requests should be filled in and approved by a clinician.

### **□ Nursing Care**

The public expects the highest caliber of nursing care from the professional veterinary medical student. You will be evaluated on your attention to patient care and comfort, as well as your application of correct techniques and professional skills when treating or handling patients (injections, etc.). To the extent that you are unfamiliar or uncomfortable with a given procedure, please ask for assistance.

**Technical Support:** The LA technicians are there to help you restrain animals and complete minor procedures such as place catheters, place support bandages, change fluid bags, etc... Most have many years of experience and a wealth of experience, so take advantage of their expertise and do not hesitate to ask for their help.

**Administering Medications:** Always know what medication you are giving, why you are giving it, the route of administration and special instructions regarding the product. For example: Potassium Penicillin is given *slowly* (over 3-5 minute), Procaine Penicillin is **never** given IV, Vitamin E IM injections sting and must be injected deeply and in a very clean site.

**If you have any questions or concerns regarding medications, please check with a resident, technician, or the faculty member in charge of the patient.**

**Communication:** In the Large Animal Surgery section, all communication with clients and referring veterinarians is made by the attending clinicians (resident or faculty) unless otherwise specified. In many cases, faculty will ask you to contact owners or agents and update them on the progress of their animal. It is not necessary for you to contact the client or referring veterinarian unless requested to do so. If you need to talk to a client for any reason (for example to get pertinent history of other information) check with the resident or faculty member before doing so. If you have conversations about the case with the client, it must be summarized in the communications log sheet so that we have a record of who was contacted and what the gist of the conversation was.

The following points are essential for your safety and that of our patients:

- Do not treat horses alone! For your own safety, work in pairs. **Never go alone into a pen with a adult bull!** Be careful of mares with foals, they can be overprotective, and foals may be small but they can still kick and bite. Small foal feet often hurt more than those of an adult. Always assess an animal's temperament and use proper restraint procedures before approaching any large animal. **Do not get yourself hurt!**
- Do not tie horses for injections or noxious treatments by they parenteral, oral or otherwise. Instead, have a classmate hold the horse for you while you perform the treatment. Please check with a clinician on your service before tying any horse for the first time. Horses may injure themselves if tied and left standing. (Some horses do not tie.) ALL horses should be tied with a quick release knot!
- Please use disinfectants to cleanse the horse's skin and the bottle top prior to administration of medications.
- **Students are only permitted to administer intravenous injections through a catheter without direct supervision!** If you are given permission to perform an intravenous injection, first remove the needle from the syringe. To avoid intra-arterial injection, use an 18 gauge 1-1/2" needle

for an adult horse. Should you inadvertently hit the carotid artery, blood will squirt out of the needle, not necessarily in a pulsatile manner, but will travel several feet. If you were using a 20 or 21 gauge needle, this will not occur, and you will merely see blood in the hub or the needle. It is good practice to use the right jugular. Should the animal suffer a perivascular injection with an irritating substance, there is the risk of abscessation and involvement of nerves that run in close association with the jugular vein and carotid artery. Of greatest concern is the esophagus, which travels on the left side of the neck.

- Do not kick, strike, whip, discipline or excessively restrain horses in the hospital. Instead, report your failure to treat the animal to the supervising clinicians or nursing staff immediately (day or night; so that other arrangements for therapy may be made). We recognize that some horses are refractory to certain treatments and we want no harm to come to you or them.
- Please help us take care of hospital equipment and prolong its longevity by cleaning it after use and properly storing it for the next person. Do not allow materials to accumulate in the aisles or foal area. **Please remember that the technicians are employed to help in the care of the patients, and not to clean-up after you.**
- Hang halters and lead ropes on the hooks outside each stall or on the wall in the aisles, if not used.
- Please do your part in keeping the receiving, cage, bunker and examination room as clean as possible. It helps maintain efficiency in the work area and conveys the impression that we are professionals who care about the hospital environment. It is particularly important that we clean off all carts and return them to an optimal condition at the completion of each use.
- Students are encouraged to externally palpate and examine every animal they are associated with during their equine rotation. We encourage responsible participation in each case for its instructional merits.
- Students are encouraged to question the treatment or work up of every case in the hospital. Under no circumstances are the orders of the clinician to be changed without their consent!
- You should be aware of and quickly report any deleterious change in your patient's condition to the clinicians in charge of your as soon as possible. Do not hesitate to call a clinician at home or have them paged, if you note a change in a patient's status "after hours". There is a binder maintained in the bunker that contains the telephone numbers and beeper numbers for all clinicians. If in doubt, ask the barn technician on duty, who will help you

locate the appropriate phone numbers.

- Everything (clinical observations, examinations or procedures) that you observe or perform with regard to your case should be recorded in the medical record.
- The "doctor - client" relationship, which is built on a trust and confidence, not be violated. You will be part of discussions regarding the proper care of animals and their athletic or reproductive future. This is confidential information. You must respect the doctor-client relationship, even if you know the client or they are personal friend. **You must not discuss the diagnostic or therapeutic activities of the medical staff with individuals other than the medical staff or your classmates in an educational setting.**

## **NIGHT DUTY OBLIGATIONS**

### **□ Emergency Duty**

The emergency duty schedule is made up by Cindy Fry, the technician supervisor. The schedule will be posted in the cage on the first day of the rotation. Duty swapping is at your discretion. Any conflicts that may arise should be dealt with first through Cindy; however, if no satisfactory resolution is found then the clinician on duty should be notified to help resolve the problem.

Emergency duty is as follows: one student is on Treatment Duty from 7pm-12am and then from 5am to 8am. Depending on caseload, the 5a-8a shift may only be called in if necessary. One student is on primary call with a backup emergency student on weeknights and weekends. **If you are on-call, you must be available for the entire time and within 30 minutes of the hospital.**

If a case assigned to you requires surgery out of hours, (i.e. after 5pm or during the weekend) you have the option of being involved in the procedure or allowing the student on emergency call to be called in. Passing off the duty to a colleague will not negatively influence our assessment of you, -it's your choice.

## **EQUIPMENT & DRESS**

The dress code for students is green coveralls in the barn and clean scrubs in surgery. Do not wear scrubs in the barn without them being covered by a green coverall. (we do not supply scrubs or coveralls to students). On the first day of the rotation, you should report in clean clothing for patient care.

If you have a patient in isolation, please follow the isolation protocol as outlined by the resident at the beginning of this orientation. If you have questions regarding the dress code,

please consult the VMTH Policies and Procedures (available online only) regarding the dress code in the Large Animal Hospital.

Protective, waterproof footwear that can be easily washed or disinfected is also required. It is inappropriate to wear dirty coveralls, baseball caps, running shoe and sandal-type footwear when working with large animals in the Clinic.

The minimum required equipment to be carried daily includes:

- ✓ Clean green coveralls.
- ✓ Clean Scrubs
- ✓ Thermometer
- ✓ Hemostat
- ✓ Bandage Scissors
- ✓ Stethoscope
- ✓ Protective Footwear
- ✓ Penlight

Please note that the School of Veterinary Medicine is tobacco free. There should be no smoking or chewing tobacco used within the complex. Clients should be advised politely to smoke outside.

## **SURGERY**

### **General Guidelines**

#### **Personal Preparation**

With the exception of emergencies, surgeries are normally scheduled at least one day in advance. It is important that you prepare for the procedure by reviewing the relevant literature. You may be questioned on your knowledge of the surgical procedure, anesthetic considerations and basic surgical principles. We feel this is an important as part of your training.

#### **Preparation of the Animal**

The necessary forms requesting anesthesia and surgery should be completed and submitted to the anesthesia service in small animal, by 3:00 PM the day before surgery. Please identify any special needs or instrumentation required on the form. Check with the clinicians on the service if/when the animal is to have feed withheld. Water may also be withheld for ruminants only. Determine what preoperative medication will be used. , If intraoperative radiographs are anticipated, submit a request and note the approximate time that the services of radiology will be needed.

Students should check with the surgical technician prior to surgery to assist in preparing the surgery areas.

## □ Aftercare

- All students are expected to participate in cleaning the surgery room and equipment after the procedure. These include the mats, lights, tables, floors, the surgery table, and helping to push it back to the pit. You should not leave the area until this has been completed. Please return x-ray equipment to radiology, if it has been used.

## CLEANING

It is your responsibility to assist the staff in the cleaning of our hospital. It is important that materials be kept stored, counters cleaned and a professional appearance maintained, which conveys that we are a professional and highly organized facility.

Please pay attention to the following:

- Manure in the examination room, hallways, and alleys should be picked up immediately.
- Avoid tracking bedding out of stalls when walking horses; you should move the bedding back from the doorway and pick the feet prior to taking a horse from its stall.
- Sharp objects (needles, scalpel blades) should be deposited in the appropriate, specially marked containers. In the LA hospital, we remove the needle from the syringe. The later is deposited in the red biohazard plastic bags attached to the back of the carts.
- Clean off all counters in the hospital after use. Areas which typically become cluttered include the receiving area, the examination room, and the isolation area.
- The emergency duty students are responsible for checking that the hospital is cleaned up each night. Please ensure that if the recovery box has been used late in the day, that it has been washed and dried.
- These areas must remain clean and orderly on holidays and weekends as well. By working together, we can share this important burden. We appreciate your assistance in keeping the hospital clean.

## ROUNDS

Barn rounds are normally held once daily. This will vary according to the caseload, number of inpatients and time available. We try to have rounds each morning, so that we are all clear on what the status is of each patient on the service, and to make a schedule for how we hope the day is going to progress. If morning rounds are not held, you should check with the

attending clinicians regarding the progression of your cases and what the plans are for the day. **Saturday rounds are at 8:30am, and all students are required to attend.** We do not hold rounds on Sundays. Only students with patients in the hospital are required to come and do their morning treatments on Sunday.

**Be the expert!** We expect you to know the *most* about the cases for which you are responsible. You should anticipate that the residents and clinicians will ask you questions during rounds about your patient to ensure you are aware of why the patient is in the hospital, why certain diagnostic and treatment modalities were chosen, what surgical procedure was done (and why!), what medications were prescribed along with their mechanisms of action and potential side effects as well as questions on various other topics pertinent to the case. We encourage you to review your lecture notes, read the reference books provided in the cage and to do internet journal searches as required.. We want you to learn as much as possible during this rotation, so that you are better prepared for your board exams and your future life as a veterinarian. Every case is a valuable learning experience. It doesn't matter if you have little experience with large animals or do not intend to pursue a career dealing with large animals. There are things that you may learn and apply to other species.

Format for presenting a case in rounds is as follows:

**Presenting a new case at rounds:**

Starts with Signalment: age, gender, breed  
A brief but pertinent history  
Physical examination upon presentation  
Diagnostic Procedures and their results (blood work, radiographs, ultrasound, lameness evaluation, etc...)  
Differential diagnosis and final diagnosis  
Treatment options and treatment used  
Daily progress  
Plan

**For Existing Patients:**

Signalment, problem and treatment in a nutshell  
Patient progress  
Plan

**Instrument Rounds: occur on the first Tuesday morning of the rotation at 9am in the Nurses station.** You will be reviewing the instruments in the "Major Pan" We will assume that you know these instruments and their use. A presentation of the instruments is also on the S-drive under "instrument presentation".

**Radiology Rounds** may be held during the rotation. Their frequency is dependent on the caseload. The residents will present a medley of interesting cases from our archives to provoke in-depth discussion. These rounds are meant to help you better evaluate

radiographs, understand the clinical significance of various lesions, choose appropriate treatment options and help prepare you for board exams. If there are any specific problems you wish to discuss please let us know; we'd be happy to accommodate you.

If time allows, rounds discussions of specific topics (lameness, colic, neonatal orthopedics, antibiotics, suture materials, etc) may be held. Let us know if there are particular topics that interest you.

### **PROFESSIONAL DAYS AND SICK DAYS**

Professional days are authorized on a case by case basis. If you require a day off for an interview, conference or personal matter, you should inform the faculty member supervising the rotation as soon as possible. Under normal circumstances, no more than 2 days/rotation are permitted. If you become ill, you may be absent for up to 2 days. If you miss more than 3 days of a rotation (for any reason), it is likely that you will receive an incomplete grade and be required to repeat the rotation.

### **EVALUATIONS**

After the rotation you will receive an evaluation, a copy of the form we use is available upon request. Grades are assigned as A, S or F. An "S" grade indicates you have successfully completed the rotation. An "F" indicates a failure. To receive an "A", you must prove yourself to be highly knowledgeable, have above average surgical skills, be forthcoming in rounds, show special interest in all cases in the hospital and above all work well with your colleagues. You don't have to be large animal oriented to receive an "A"! Evaluations are made by the residents and faculty members with whom you worked during your rotation.

In determining the grade, we consider:

- Your mastery of basic knowledge relative to entry to large animal practice
- Clinical skills (restraint, physical examination, nursing care)
- Demonstrated ability to work collegially with peers and staff
- Demonstrated ability to follow instructions and protocol
- Intellectual participation: rounds, discussions, film reading, etc.
- Evidence of improvement

On rare occasions, poor judgment is exercised which can result in an individual receiving a failing grade. These situations are unfortunate, but do occur. If we feel that your performance is inadequate during the first week of the rotation, you will be advised of our concerns and given the opportunity to improve in the second week. Experience suggests that these situations can best be avoided by following the protocol and asking for clarification of instructions or protocols whenever confusion exists. Examples of poor judgment include but are not limited to the following:

- Failure to be present for duty (day/ICU/Emergency)
- Unauthorized changes in medical treatment
- Failure to execute the medical orders
- Failure to treat one's patients
- Unauthorized discharge or euthanasia of a patient.

A failing grade may also be awarded if we feel that you have demonstrated inadequate knowledge or reached the required level of technical skill.

On the last day of the rotation, you will be asked to provide an evaluation of the clinical faculty and the rotation. The necessary forms will be distributed by the barn technicians. The completed forms are not seen or reviewed by the clinicians you are reviewing. Please fill these out as they help us identify problems and improve ourselves and the rotation.

We greatly appreciate your input on these teaching and rotation evaluations.

If you have any questions or concerns, please discuss them with the resident or faculty member supervising the rotation. We want this to be an educational and enjoyable rotation.