

RESIDENCY IN SMALL ANIMAL

MEDICAL ONCOLOGY

A. Case Management

1. Residents will receive predominately referral cases and will have primary case responsibility. Supervision of the resident's referral cases will be performed by a senior clinician working with the resident. This supervision is to include physical examinations for all hospitalized referral patients and a daily discussion of diagnostic plans and treatments. Referral ICU cases require daily supervision. The resident should get the supervising clinician's approval for all major procedures. If subspecialty consultation is required, approval should be obtained by the resident's senior clinician. The resident must keep the service clinician informed about follow up and discuss treatment changes.
2. The resident is responsible for communication with referring veterinarians: the initial phone call within two days of admission/hospitalization, discharge phone call (on the day of discharge from the hospital), discharge instructions, and communication of any follow-up information (lab results, etc.) to the referring veterinarian and client.
3. Documentation of communication with referring veterinarians must be maintained in the medical record for audit by the Section Chief or the supervising senior clinician. The supervising senior clinician must review and co-sign all discharges/referral letters and communications.
4. The resident, after consultation with the supervising clinician, will receive all referral emergency cases (nights and weekends) that are transferred to the oncology service. Routine emergency cases will be transferred at 7:30 am on the first regular workday after the case was admitted. The resident also will receive any daytime emergency referrals, or daytime emergency referrals transferred from other VTH services. The supervising clinician will be responsible for supervision and consultation on all referral emergency cases handled after-hours by the resident.
5. Appropriate professional appearance is expected at all times, even when off clinics.

B. Student Teaching

Residents will be responsible for using clinical cases in an instructional manner for senior veterinary students. Problem-oriented medical records must be reviewed daily with appropriate comments and corrections noted. The student's initial history, physical examination, temporary problem list, broad categories of rule outs and

diagnostic plans must be briefly critiqued before examining a case. Corrections, additions or omissions need to be immediately added to the history and physical examination forms. Each case should be discussed daily with the student on an individual basis. The resident must handle most client communications, but responsibility can be given to the student at appropriate times. Residents should assist the student with all routine diagnostic procedures and only perform procedures when the student has failed or the procedure carries significant risk to the patient. Senior supervising clinicians will aid with difficult diagnostic procedures. Residents may be asked to lead rounds as necessary during each block assignment. The resident should also provide support, consultation, assistance, guidance, and supervision to the small animal interns.

C. Classroom Teaching

Limited time will be assigned to residents to participate as a laboratory assistant as per the Departmental program description. At the resident advisor's discretion, lecture responsibility may be assigned for a maximum of two hours of lecture the first year and five hours of lecture during each of the second and third years of the residency. Teaching assignments will conform with those established by the Office of Research and Graduate Studies.

D. Emergency Duty

Medical Oncology residents will be required to rotate with the internal medicine and surgical residents and interns in providing emergency duty for the Veterinary Teaching Hospital. Specific details are presented in a separate document entitled "Emergency Duty."

E. Consultation Calls

All consult calls from veterinarians must be returned within 24 hours.

F. Seminar

Residents will participate in the Departmental Intern/Resident Seminar Program. First year residents will present 2 seminars. Second and third year residents will present one seminar per year.

G. Research

A suitable research project must be completed and a manuscript must be submitted to a refereed journal prior to completion of the residency. The resident must work closely with their resident advisor and/or major professor to design a project and obtain either intramural or extramural funding for this project.

H. Publication

Residents must work closely with their advisors or other medicine faculty members on all publications. All projects need to be approved by the resident advisor.

I. Collaborative Rounds

Regular attendance and participation are mandatory at Journal Club, Cytology/Oncology rounds, Surgery/Oncology/Histopath rounds, and Intern/Resident Seminars, even when off clinics.

J. Professional Development

Attempts to raise funds for resident attendance at a national meeting will be sought for 2 of the 3 years program. In addition, a three-week off-site rotation at either another veterinary college or medical school will be strongly encouraged during the third year.

K. Chief Resident

The third year resident may be designated as Chief Resident. The Chief Resident will function as a senior clinician. Mandatory case supervision is not required, but frequent consultation is suggested.

L. Professional Attitude

A professional attitude toward students, staff and faculty is expected at all times.

M. Off Clinic Time and Guidelines

Off clinic time is precious and must be used efficiently for completion of the residency/graduate program. Whenever possible, it is suggested that the resident participate in reading cytology slides and radiographs or observing and assisting in ultrasound and special procedures. **The resident must develop a plan for their off clinic time with approval by their resident advisor and major professor.**

Because this time is valuable, it is important that residents divorce themselves from clinic responsibilities (ie. referral letters, consultations, medical records, etc). Residents are still expected to communicate with clients and RDVM's about their cases. All in-house cases are to be transferred as soon as possible to active clinicians. Rechecks should not be performed by the resident during off clinic time unless absolutely necessary. Communication with on-duty individuals is necessary if recheck evaluations of their patients are required. This should include personal communication with the faculty member on clinic duty.

All vacation time is to be scheduled with the resident advisor and must be taken from off-clinic time.

Year 1: A total of 2 rotations, or 6 weeks, will be scheduled off clinic rotations. Two weeks will be vacation, and the rest of the time should be in the areas of grant writing, publication, research and preparation for the master's degree. An additional 4 weeks will be spent off-site with a Radiation Oncologist.

A graduate advisor (major professor) will be selected, and the Graduate Committee should be formed. It is preferable that the graduate advisor not be the same individual as the resident advisor although exceptions are possible. The resident advisor should be included on the graduate committee.

A case report or review article will be prepared for publication.

Year 2: A total of 3 rotations, or 9 weeks, will be scheduled as off clinic rotations. Two weeks will be vacation, 4 weeks may be spent in preparation for qualifying boards, and 3 weeks will be spent in research activities. An additional 4 weeks will be spent off-site with a Radiation Oncologist.

ACVIM credentials (application and fee to be paid by October 1 deadline) should be completed so that the resident is prepared to take the General Examination of the ACVIM.

The resident is encouraged to submit an abstract for presentation at the annual meeting of the Veterinary Cancer Society.

Research should be completed during this period.

Year 3: A total of 5 rotations, or 15 weeks, will be scheduled as off clinic rotations. Two weeks will be vacation, 8 weeks may be spent in preparation for board certification examination, and the rest of the time will be dedicated to the MS thesis.

Internal medicine credentials (fee, manuscript submission) should be completed by October 1st so that the resident is qualified to sit for the certification examination of the ACVIM.

An abstract should be prepared of the thesis work for presentation at the Veterinary Cancer Society annual meeting. The resident will be encouraged to present an abstract or poster session at the Research Symposium of the College in the spring of the final year.