

# SMALL ANIMAL MEDICINE RESIDENCY

## Supplement

### 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 24 hours of admission/hospitalization, discharge phone call (on the day of discharge from the hospital), a copy of the client discharge instructions, complete referral letter written and placed in the supervising clinician's folder in VISION within 24-48 hours of discharge, 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 (VISION) for audit by the Section Chief or the supervising senior clinician. The supervising senior clinician or Chief Resident must review and co-sign all referral letters.
4. The resident, after consultation with the supervising clinician, will receive most cases that are transferred to the medical service. Routine emergency cases will be transferred at 7:30 am on the first regular workday after the case was admitted. The resident also may receive any daytime emergency referrals, or daytime emergency referrals transferred from other services. The clinician on medicine backup duty 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 problem-oriented rounds when their case is discussed (beginning in the second year), not to exceed one time per week. Chief residents will 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 residents will be required to rotate with other residents and interns in providing emergency duty for the Veterinary Teaching Hospital. Second and third year residents will serve as emergency back-up to the interns/other residents as needed. 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 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**

In addition to the research publication, the medicine resident must submit for publication either a review article or case report to a refereed journal by the end of the first year. Residents must work closely with their advisors or other medicine faculty members on these publications. All projects need to be approved by the resident advisor.

## **I. Clinical Conferences/Student Rounds**

- Regular attendance and participation are mandatory at Journal Club, Case Conferences and Intern/Resident Seminars, even when off clinics. All active case records (including radiographs, videos, ECGs etc.) should be made available by the presenting resident at Case Conferences.
- First year residents will attend student rounds at least 4 days/week for the entire first year. If graduate classes result in absence from rounds, then residents will make-up attendance during their second year.
- Second year residents will present student rounds at least once weekly during clinical rotations. Residents (2<sup>nd</sup> and 3<sup>rd</sup> year) are not required to attend rounds if not leading rounds. Rounds missed during the first year will be made up during this year.
- Third year residents will present student rounds at least once weekly, or if Chief Resident, then as often as necessary.

## **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.

The resident should register with the ACVIM (ACVIM.org) within 90 days of the beginning of the program.

## **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. **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.

A graduate advisor (major professor) will be selected, and the Graduate Committee should be formed. The graduate advisor and resident advisor often are not and do not need to be the same person, but may be. The resident advisor should be included on the graduate committee.

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

**Year 2:** A total of 10 weeks, will be scheduled as off clinic rotations. Two weeks will be vacation, up to 4 weeks may be spent in preparation for qualifying boards, and 4 weeks will be spent in research activities.

Internal medicine 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.

Research should be completed during this period.

**Year 3:** A total of 4 rotations, or 12 weeks, will be scheduled as off clinic rotations. Two weeks will be vacation, 6 weeks may be spent in preparation for board certification examination, and the rest of the time will be dedicated to the MS thesis. When time permits, the resident will be encouraged to spend 3 weeks at another institution in order to gain an experience not offered here (e.g.

critical care) or a different perspective on internal medicine. This 3 weeks is in addition to the aforementioned 12 weeks. The external rotation must be approved by the resident advisor and the appropriate documentation prepared for ACVIM requirements.

Internal medicine credentials (fee, plus all documentation) 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 ACVIM forum. The resident will be required to present a poster at the Research Symposium of the College in their second year and oral abstract in their final year in a manner that fulfills the requirements for the BMVS graduate program.

## **N. Training By Year**

### **Year 1:**

- Internal medicine: 34 weeks
- Neurology: 3 weeks
- Cardiology: 3 weeks
- Oncology: 3 weeks
- Radiology/Ultrasound: 3 weeks
- Off: 6 weeks

### **Year 2:**

- Internal medicine: 31 weeks
- Neurology: 3 weeks
- Cardiology: 3 weeks
- Oncology: 2 weeks
- Ultrasound: 3 weeks
- Off: 10 weeks

### **Year 3:**

- Internal medicine: 34 weeks
- Ultrasound: 3 weeks
- Elective (off site): 3 weeks
- Off: 12 weeks