Syllabus for VMED5457

Attached is information you may find helpful in preparing for your clinical rotation in Companion Animal Surgery (CAS). Please read it before your first rotation in CAS. Many of the topics mentioned in the outline will be expanded on during the rotation orientation. We look forward to working you.

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FIRST DAY

Attend Block Change Orientation

Orientation with surgery techs in Room 1840

Orientation with surgery house officer in Room 1840

Soft tissue receiving starts at 1 pm (see below Receiving Days)

Ortho may have surgeries in the afternoon (see below Responsibilities for Patients going to surgery)

GENERAL SCHEDULE

All surgery students are to attend the Block Change Orientation scheduled the Monday morning of the first day of the block by the hospital.

All subsequent Monday mornings, after rounds, you will fo to the Gonadectomy Lab in room 1301 (Surgery Lab Room). This lab should end by noon.

For Soft Tissue Surgery, receiving starts after noon on Monday for soft tissue surgery either after Orientation on new block day or after the Gonadectomy Lab. Wednesday morning is also receiving for soft tissue surgery and begins at 9:30 am. Tuesday and Thursday are surgery days. The fist surgery is usually scheduled to be on the table in the OR at 9:30 am because the faculty and house officers are attending educational events. Friday is a catch-up day since there are no appointments scheduled and it is a major surgery day for the Orthopedic/Neuro Surgery Service so they have priority for operating rooms and anesthesia personnel. There may be some recheck or bandage change appointments and there may be urgent or emergency surgeries on Fridays.

On Orthopedics/Neuro Surgery, Monday, Wednesday and Friday are surgery days. Tuesday and Thursday are receiving days. On receiving days, the first patient is schedule for 9:30 am and on surgery days the first patient is schedule to be on the table in the OR by 9-9:30 am. Monday after Block Change Orientation or after the Gonadectomy Lab there may be surgeries from weekend emergency service or prescheduled during a previous receiving day.

ATTIRE

You must wear appropriate professional/business casual attire when seeing clients. Appropriate attire includes tucked in button down dress shirt, polo or fitted shirt for men; blouse, sweater or dress shirt for Women; closed toe shoes, trousers for men and women, and appropriate length skirts for women (ladies, please remember that you will potentially have to crouch and sit on the floor to do orthopedic and neuro exams on large dogs). A white lab coat should be worn when seeing clients and must always be worn over scrubs. **You should also have a name badge on your lab coat at all times.** Your lab coat must be clean. Clean scrubs that have not been worn from home may be worn under a lab coat **on surgery days**.

Examples of inappropriate attire include, but are not limited to jeans, t-shirts, hooded sweatshirts, sweat pants, and shorts.

On receiving days you are required to wear professional attire and have personal equipment/instruments available. You will also need to have a clean pair of scrubs available each day as you may be required to go into surgery even on receiving days.

On surgery days you are allowed to wear more casual clothes, but will need clean scrubs to change into prior to entering the operating room. **Once you have changed into operating room scrubs they must be covered at all times except when in the operating room**. This can be accomplished by covering yourself with a lab coat or leaving your surgical gown on after you leave the operating room. Under no circumstances should you be outside the operating room with your scrubs uncovered. **If you are observed with your scrubs uncovered you will be asked to change into clean scrubs.**

Under no circumstances should you wear your scrubs from home and into the operating room. If you do, you will be sent home to get a clean pair and this error will be reflected in your grade.

Failure to follow this dress code will mean that you will not be allowed to see appointments and it will be reflected in your grade.

ROUNDS

These rounds take place separately for each service, orthopedics and soft tissue. Your **punctual** attendance at rounds is mandatory for successful completion of this rotation. In the morning, rounds will take place at **7:45 am on MONDAYS and FRIDAYS** and at **8:00 am TUES**, **WED and THURS.**

> The **Orthopedic Service** will meet in the **Room 1840** and the **Soft Tissue Service** will meet in the **Bandage Room**.

Prior to morning rounds the following MUST be completed: all ICU/wards order sheets must be complete, all APRs must be signed, all SOAPs need to be completed, and all owners MUST be called with a daily update. If these tasks are not completed by the start of morning rounds, it will reflect negatively in your grade. Be as prepared as possible for rounds. Be ready to start on time. There are no excuses to be late to rounds.

The time and location of **afternoon** rounds is variable and depends on many factors. An overhead page will alert you to when and where afternoon rounds will occur.

For **new patients**, each student will present their assigned case by stating the signalment, pertinent
history, pertinent physical exam findings, differential diagnoses, diagnostic test results, working diagnoses, and a plan. When presenting medications you must present the medication in the following format: drug, dose (mg/kg), route, frequency (e.g. tramadol 5mg/kg PO q8hr). This serves two purposes: it lets clinicians in the room check the doses on each patient, and it helps you learn proper dosing of commonly used drugs.

You will also be expected to know the history the of the next day's cases for afternoon rounds, so be sure to check the appointment schedule in the hallway or directly on Cornerstone prior to afternoon rounds.

For **patients that have been previously presented at rounds,** you can give a shorter presentation to
include signalment, diagnosis, update on condition, and any changes to the plan.

The length of the discussion for each case will depend on time but in general, discussions are fairly in depth. We will discuss radiographs and other diagnostic findings, differential diagnoses, and treatment plans (medical & surgical). Consideration must be given to potential complications of surgery, postoperative therapy, prognosis**,** and client communication. It is expected that you review materials about the condition(s) of each assigned patient before the presentation.

RECEIVING DAYS

The list of cases to be seen will be posted on the notice board in the hallway at 4 pm the evening before receiving. Review this list as a group prior to afternoon rounds the day before

receiving and divide the cases among yourselves. This will allow you to make sure that you all get to see an equal number of new appointments and rechecks and will allow you to review the pertinent information on the case prior to the appointment.

Orthopedic service sees appointments on Tuesdays and Thursdays
Soft tissue service sees appointments on Mondays and Wednesdays

The evening prior to receiving, call the client and introduce yourself. This serves to confirm the appointment again, allows you to introduce yourself to the client, and allows you to ask for pertinent information that may be missing from appointment list.

When seeing appointments always wear your name tag, introduce yourself to the client, take them to a consulting room and explain how the appointment will work. **Place an ID band on the patient's neck prior to obtaining a history.** This is LSU VTH policy. Once you have taken the history about their pet's problem, you will take their pet to the bandage room for evaluation while they return to the waiting area. After their pet has been evaluated, you will return with the house officer/faculty to discuss the case and the next steps.

You should start with a thorough history. This should focus on the presenting complaint (clinical signs, onset, duration, medications, effect of any medications, diagnostics performed & results) but not to the exclusion of all else. You must also gather information about the vaccination status of the animal, any previous or concurrent medical conditions and the name and dosage of any medications the animal is currently receiving. When you have completed your history taking you should confirm you have the correct phone numbers and email address for the client, then return them to the waiting room. We are short on consultation rooms; therefore, do not leave clients in the consulting rooms. **Do not let a client leave the VTH until the client has spoken to a clinician.**

The patient should then be taken back to the bandage room and you should perform a thorough physical examination. Examinations should not be performed in front of the clients. If an owner is reluctant to have you take their pet to the back for the examination, contact a clinician to speak with them.

If it is an orthopedic or neurologic case you should also complete an orthopedic and/or neurologic examination prior to speaking to the clinician on the case.

When you have completed your physical examination, before you talk to a clinician, formulate a problem list, differential diagnosis and a plan for the patient. Then find a clinician and present the case following the format of the rounds presentations. In general you will present to both a faculty member and a house officer. If the animal is aggressive or overly nervous, discuss the case with one of the technicians or clinicians as we may just do one exam together.

After discussing the case with your clinicians, put the patient in the ward and the client in a consultation room, and then get the clinicians who will accompany you to the consultation room to discuss the findings and recommendations with the owners.

If the patient is on any medications that the owner has brought with them, we can accept these from the client as long as they are properly packaged, labeled, and non-controlled (e.g. tramadol cannot be brought into the VTH). If they are not, legally, we have to prescribe the medications from LSU VTH pharmacy for the patient during its hospital stay.

If the patient is staying in the hospital the file should stay with it. A cage card should also be stamped and filled out and put on the patient's cage.

When admitting a patient to the hospital:

Leave the collar, leash, carrier, and any personal items with the owner (We cannot guarantee that personal items will be returned if left with the pet).

Ensure a completed ID collar is on the animal.

Check the phone numbers for the owners to insure they are correct.

Fill out treatment sheets and cage card (remember to include your name) and attach them to the animal's cage.

COMMUNICATION FORM

This form should be completed every time you speak to an owner, rDVM or other external person regarding the case. Even if you speak to an owner in person during a visit, complete one of these forms. Remember to sign the bottom and place the form in the record.

HISTORY AND PHYSICAL EXAM FORM

Use the forms to guide your data collection. If a system is not examined, mark it as "not examined". If there is something that is not applicable, indicate that as well. Remember to collect all of the necessary information regardless of why the pet has come to the clinic. Use these forms to assist you in creating the discharge summary on Rover.

DAILY PATIENT CARE/TREATMENTS

You are responsible for each of your patients and their care. This includes daily patient assessment, attention to bandages, collars, dressings, keeping the patient dry and comfortable, making sure the patient is taken out for walks at an appropriate frequency, and the administration of medications. Please also work to assist your colleagues. The technicians are available to assist with patient care, but they are not responsible for these duties during the hours listed below.

Students are responsible for **ALL WARD TREATMENTS**.

Students are responsible for all **8 am** treatments in ICU. Give yourself at least **30 minutes** every morning for each **ward patient** and **60 minutes** for each **ICU patient** until you know your abilities to accomplish all that needs to be done.

All morning patient treatments must be completed by 7:15 am. Any concerns should be brought to the attention of a clinician immediately.

When scheduling treatments in the ICU q8hour (TID) treatments are scheduled at 8:00 am, 4:00 pm and 12:00 am. q12hour (BID) treatments are scheduled at 8:00 am and 8:00 pm. The

number and frequency of treatments determines what the client is charged so make sure you check with a clinician before making changes to the number of walks, frequency of applying cold compresses, etc.

You are responsible to give all treatments to your patient if it is not in the ICU. If there is a treatment to be given at 10:00 pm this will be done by the on call student. If the on call student is busy with an emergency the backup student will need to come in 10:00 pm for the treatment.

If there are more than 5 patients that need treatments at 10 pm, the on call student AND the backup student will come in to do the treatments.

You are responsible for calling clients at least once daily. There is a long distance code to be used. Make sure you fill out a Client Communication form and place it in the medical record each and every time you talk to a client. You do not have to discuss anything you are not comfortable with (e.g. costs, prognosis, etc.) Tell the client you will have the clinician call to discuss these matters.

ICU Treatment Sheets

The ICU treatment sheet must be completed and ready to be reviewed by the clinicians before rounds each morning. A clinician must sign the treatment sheet before the treatment can be performed so if you do not have it ready on time, your patient will not receive its treatments.

The treatment sheet is a way for you to communicate with the rest of the students, staff and clinicians what needs to be done with your case. Think of it from the point of view of someone who is walking up to the cage and knows absolutely nothing about your case. What you put on the treatment sheet should allow them to perform the treatments safely and correctly with minimal to no risk to the patient.

If you are not sure if things will change, new medications will be added, etc. you can leave some areas blank but the basic information (e.g. patient information, clinician information) should be completed by 7AM each morning. We expect you to think about your cases and treat them as your own. You should have a treatment plan ready for your patient and this should be complete with ***dosages***, frequency and route of administration (e.g. “cefazolin 460mg IV q8hr” or “fentanyl 3mcg/kg/hr IV”). It is not acceptable for you to blindly copy the treatment sheet from one day to the next. Remember details like taking your patient outside to urinate and defecate as well as feeding frequency, what can be feed, and the amount. These are very important details that are often overlooked.

Ward Treatment Sheet

The Wards Treatment Sheets should be completed and ready to be reviewed by the clinicians before rounds.

We expect you to think about your cases and treat them as your own. You should have a treatment plan ready for your patient to be discussed and this should be complete with **dosages (in mg/kg)**, frequency and route of administration. It is not acceptable for you to blindly copy the treatment sheet from one day to the next. Remember details like taking your patient outside to urinate and defecate as well as feeding frequency, what can be feed and the amount. These are very important details that are often overlooked.

If you perform a treatment on a patient in the wards, initial beside the treatment. If you cannot perform a treatment for whatever reason, write the reason on the treatment sheet. By doing this it will be clear why the treatment was not completed.

RESPONSIBILITIES FOR PATIENTS GOING TO SURGERY

It is your responsibility to make sure your patient is ready for surgery. This includes making sure that they have been off food for an appropriate period of time (since 10 pm the evening before except for young animals and other special cases) that they are clipped and cleaned prior to moving into the OR. Many of the orthopedic cases will need a purse string suture placed in the anus so be sure to ask if this is required. The technicians and clinicians are available to help and a clinician should check the clip prior to doing the “dirty prep”.

SURGERY/ANESTHESIA FORMS

Surgery/Anesthesia Request Packets

All forms in the packet must be completed for every case that is undergoing an anesthetic/surgical procedure. In some cases, only an **Anesthesia Packet** is needed (e.g. a patient that is going to CT or MRI only). These packets must be submitted by 3:00 pm each day. These forms/packets are also used to schedule the procedure. It is your responsibility to return the completed forms to anesthesia/surgery. Make sure each page of the packet has a patient sticker.

Most cases will need to have a complete blood count (CBC) and serum biochemistry profile. Be sure to check with the clinician in case extra or additional tests are required before drawing blood. The forms for these procedures are in the treatment room and they should be labeled with stickers, completed and turned in to the Clinical Pathology lab with the samples. At the same time you need to record an ECG for your patient using the ECG machine in the treatment room. The technicians can help you with these procedures.

Surgery Operating Room Reservation Form (an online form in VTHGO)

It is very important for you to complete this form with as much detail as possible. Under the clinician name put the faculty surgeon and House Officer on the case. Be clear about the procedure to be performed. Do not just write fracture repair. Instead write, for example, fracture repair of the left femur and if we have discussed the method of repair you can also add that. If you have any questions about what to write please ask a clinician. The goal of this form is to help the OR technicians prepare for the procedure as much as possible.

Anesthesia Request and Data Form

Like the Operating Room Request Form, you should complete this form with as much detail as possible. One of the key pieces of information on this form is the preferred surgery time – if we have discussed that, be sure to include it on the form. If the laboratory data is available, enter it on this form. The ECG should also be attached to this form.

Anesthesia Record and Anesthesia Student SOAP Form

The only part of these forms that is your responsibility is to place a patient sticker on these forms, record the clinician and proposed procedure.

Perioperative Antibiotic APR

You will need to complete an APR to be signed by the clinician. The APR will indicate the dose (mg./kg), total amount (i.e. total mg) to be given, timing of administration (i.e. prior to start of surgery or wait for culture). Place the completed APR behind the OR door. At anesthetic induction go to the refrigerator in the OR and draw up the appropriate dose and amount of antibiotic from the vial. Give the syringe of antibiotic to the anesthesia student/technician and inform them if it is to be given or if we are waiting to collect samples for culture. The anesthesia student/technician will make a record of the amount (in mg), time and route of administration of the antibiotic administered to the patient.

Postoperative Imaging Forms

Be sure to put the Faculty and House Officer names on these forms.

A radiograph request should be completed with as much detail as possible. It is your responsibility to make sure these requests are submitted. Many of the orthopedic cases and some soft tissue cases (e.g. urinary calculi) will require both pre-operative and post-operative radiographs. This will require you to submit **two** separate requests – one for pre-op and one for post-op.

Ultrasound, CT and MRI require their own individual request. When submitting these requests be sure to check with your clinician as there are often specific requests/areas to be imaged and this needs to be indicated on the request.

Clinical Pathology and LADDL Forms

Prior to surgery you should have an idea if there is going to be a sample submitted for histopathology, stone analysis, etc. With this in mind you should have all the appropriate forms started so that you are not trying to complete all the basic information after surgery.

List the names of **all** clinicians involved with the patient including those from other services. The lab will send reports to all clinicians listed. For patients referred to surgery from other services within the VTH this is especially important so they will also get copies of the reports on the patients they have referred to us. Be sure to be as complete as possible when filling out the forms- include pertinent history, sample type, gross description of the sample (color, size, location, texture), succinct previous cytology or imaging findings, and current differential diagnoses.

It is your responsibility to take the samples to the Diagnostic Lab submission area regardless of the time of day. Samples in formalin do NOT go in the refrigerator (the formalin can crystallize at cold temperatures and ruin the sample). Samples for microbiology DO go into the refrigerator. Once the sample has been submitted, be sure to write it on the white board near the bandage room. See “forms” section for help on filling out LADDL forms.

PATIENT PREPARATION

Operating Room Attire

A clean pair of scrubs is required for entry in to the operating rooms.

The scrub top should be tucked into the bottoms.

The sleeves of any undergarments should not exceed the length of the scrub sleeves.

When wearing your scrubs outside of the OR a laboratory coat or surgery gown must be worn to cover your scrubs.

If your scrubs become visibly soiled, contaminated and/or penetrated by blood or other materials they need to be changed.

Any external jewelry that will be exposed (i.e. rings, dangling ear rings) must be removed.

A cap, mask and shoe covers must be donned before entering the operating room area (this includes the area of the scrub sinks just inside the doors from anesthesia prep).

Remove nail polish or acrylic or gel nails.

Men with a beard must use a hood with beard cover rather than a cap.

Dirty Preparation

Once the patient is anesthetized they can be clipped and the initial prep can be performed. Be sure to check with the clinician regarding the area(s) to be clipped and prepared. Clippers are available in the prep area: **Clippers can cause significant irritation to the skin of the patient when they are not used properly. If you are not sure how to use them, ask for help.**

a. Make sure you have your lab coat on and that it is buttoned up to protect your scrubs.

b. Check the clippers to make sure they are clean.

c. There are disinfecting sprays/solutions available and the clippers should be cleaned with these prior to use on your patient.

d. We use a #40 blade to clip the hair.

e. If you notice that the clippers are not working they may need to be cleaned or a new blade may be needed. The Operating Room technicians are available to help trouble shoot clipper problems.

f. The area around the proposed incision should be liberally clipped. If you are not sure how much to clip, ask.

g. In male dogs that are undergoing abdominal surgery or when the incision will be near the prepuce, the prepuce it must also be clipped.

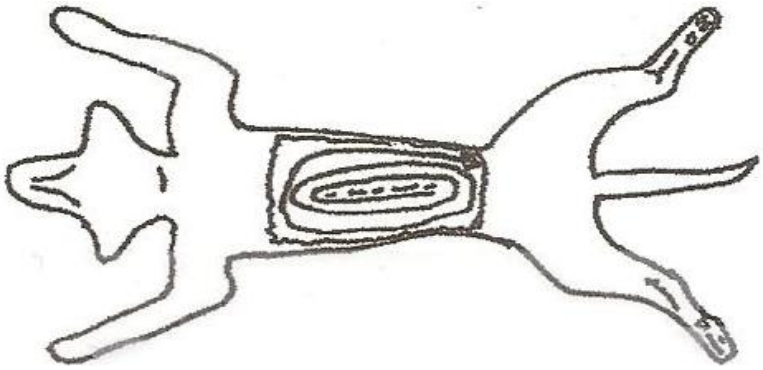
Use a vacuum available in anesthesia/prep to remove clipped hair from the patient and surrounding area.

For procedures involving the limb or some other areas of the body, a hanging prep will need to be performed. A clinician or technician will help you with this. For a hanging leg prep, cover the distal limb/foot with an examination glove and secured it to the limb with adhesive tape. Wrap the glove in tape and hang the tape from an IV pole.

Prepare the clipped area with chlorhexidine scrub and alcohol. These supplies are available in the anesthesia/prep area.

Remove your lab coat and don a cap, mask and examination gloves.

Start with clean gauze and the chlorhexidine. Using the gauze, start at the intended incision and work your way out from that site. (See diagram) You never want to go from the outside back into the intended incision site and you want to keep the outer edge of the gauze on the outer edge of the area (notice how the white area of the square is always towards the outside in the diagram). Once you reach the outer area, throw the gauze away and get a new one. Repeat until the area is covered with chlorhexidine. Wait 3 minutes.



Now, remove the chlorhexidine with alcohol soaked gauze.

Help move the patient into the OR.

Aseptic Preparation

This is done by the OR technicians once the patient is positioned on the surgery table.

Operating Room Etiquette

Traffic in and out of the operating rooms must be kept to a minimum.

All students on the rotation are expected to be present in the OR observing the procedures. The best way for you to get the most out of this rotation is to be involved with every case even if it's not yours. Students who have patients recovering or undergoing other procedures (i.e. ultrasound) will be excused.

All students are encouraged to ask questions about the procedure, even if it is not your case.

When asking questions, be cognizant of what is happening with the procedure and that it is an appropriate time to distract the surgeons. There are times where it is critical for the surgeon to focus on the operative procedure so be aware a surgeon may say "I cannot answer right now. Please ask me again later."

ICU RECOVERY

Patients that have received a general anesthetic or heavy sedation for a procedure are recovered in the ICU. You are responsible for monitoring your patient during the recovery period and following extubation until its body temperature is 99 degrees. During this time monitor the temperature, pulse, respiration and other indicated parameters. Be cognizant of the effects of monitoring and if an alternative method needs to be used (e.g. a patient that has had rectal surgery should not have a rectal temperature taken). Some patients may be move to the wards once they have recovered sufficiently, but this will be at the discretion of the clinician(s) on the case.

ICU Cage Reservation - Small Animal Recovery Form

This orange sheet should be labeled with the patient sticker, the date, procedure, patient weight, clinician and your name recorded on it. The form is then placed in ICU at the nurses' station. When you place the form on the cage you should also place bedding, etc. in the cage so it is ready for when your patient comes out of surgery.

ICU Treatment Sheet for Recovery and Beyond?

PATIENTS IN WARDS

CLIENT VISITATION

No visits are allowed on the day of surgery. Visiting hours are from 930AM-4PM on weekdays and between 8AM and 9AM on weekends. Do not tell a client that he/she can visit outside of these hours. A student or clinician must be present during owner visits so it is important to schedule these appropriately. Discuss a visiting time with the clinician so they can help determine the best time. Client visits are limited to 20 minutes for ward patients and 5 minutes for ICU patients.

RECORDS

Every piece of paper or document related to a case must have a patient a sticker on it.

If you make an error when writing a record, place a single line through the error and initial it. Do not scribble over any errors or mistakes.

Progress Notes (SOAPs)

A progress note should be completed every day for every inpatient regardless of why they are in the hospital. In the progress note you need to provide the **S**ubjective (patient demeanor, attitude, brief history) and **O**bjective (temperature, pulse, respiration, laboratory data) data. In the **A**ssessment section you will list each problem and provide a list of differential diagnoses for the problem. In the **P**lan section you will list what steps are to be taken in working through the problem list (i.e. diagnostic or therapeutic procedures). This section can also include information about consultations with other services, when you believe the animal will go home, any necessary steps that are needed in order to educate the client, etc. This may seem like a tedious exercise but it will help you work through a case and process your thoughts. It is also an excellent method for you to learn how to record your observations and relevant data regarding your case.

Each morning a SOAP will be completed in Rover. The SOAP MUST be completed prior to rounds. If there are technical problems with the Rover system, a Word document may be used for this purpose, but be sure to include patient identification on each page. Once the SOAP is reviewed by the House Officer on the case, you will be instructed to print the SOAP and place it in the medical record.

Operative Notes (Surgery Report)

Rover should be used to complete the surgery report. The surgery report should be completed as soon as possible after the surgery so that you do not forget the important details. It **must** be completed and given to the house officer on the case by 8AM the following morning. The house officer will provide feedback/corrections that must be made prior to having the report signed by the house officer. The completed, signed surgery report should be placed in the medical record.

It is not necessary to specify the use of standard instruments (i.e. Metzenbaum or Mayo scissors, Debakey forceps, cordless drill) but you should list those that are not standard (i.e. Balfour retractor, Lonestar ring retractor, Gelpi retractor, TPLO saw). When in doubt it will not hurt to include this information.

It is necessary to list all implants that are used. List the type of plate, number of holes it has (i.e. a 9 hole limited contact dynamic compression plate). You also need to list how the plate was applied (i.e. in compression, bridging or buttress). Provide the type and size (i.e. 3.5 mm self-tapping cortical screw) but you do not need to provide the length of every screw. For soft tissue, list any implants or materials that are being left in the patient (i.e. mesh, cellophane band, ameroid constrictor) and, where appropriate, the size. For suture material you should list the generic name, not the trade name but the material name (not PDS, rather polydioxanone), size, location and pattern. You do not need to provide the size/type of needle.

Many groups find it helpful to have a rotation mate be a scribe and take notes during surgery. This is fine encouraged.

Discharge Summary

DO NOT, under any circumstances, discharge a patient without the attending clinician's knowledge.
A discharge summary should be completed no later than 7:00 am on the day the patient is to be discharged. This allows time for the clinician(s) to review and sign the discharge. There are templates in Moodle, under "Dr. Bennett's handouts" that you should use. You can start the instructions the day the patient is admitted and then add to them as the case progresses.

There is a section that is for the owner and one for the primary veterinarian. Remember that the owner section needs to be written so that they will understand the instructions (i.e. avoid medical terms). The primary veterinarian section should provide enough detail so that they know what happened with the patient and will be able to assist the client when they present to their clinic. Think about what you would want if you were on their end. What information would be necessary/helpful so that they can provide adequate care to our mutual patient?

When arranging the discharge time with the owner it is imperative that you check with the clinician(s). Discharge times are the same as for client visits: 930AM-4PM on weekdays and between 8AM and 9AM on weekends. Do not tell a client that a discharge can occur outside of these hours.

When discharging a patient from the hospital please:

- Be sure the discharge instructions are complete and have been approved by the clinician in charge of the case.
- Be sure the animal is clean. Give the patient a bath if needed. Waterless shampoo is **not** an acceptable method to clean urine or feces from a patient.
- Be sure all catheters have been removed.
- Be sure any medications to accompany the animal are available and are sent home with the client.
- Be sure all "personal belongings" of the animal are clean and ready to go with the animal.
- When releasing the pet be sure to clean the kennel in the wards.

All animals scheduled to go home should have a completed Discharge Summary.

EMERGENCY DUTY

The surgery students will establish an emergency schedule the first day of the block. An emergency duty protocol will be available during orientation. All students will personally perform their emergency duties.
Failure to do so will result in an **Incomplete** and you will be required to repeat the rotation.

Surgery On Call Student

One student must be available/on call every night, on weekends and during holidays for surgical emergencies. A duty roster will be completed on the first day of the rotation. It is your responsibility to ensure this list has the correct names and phone numbers. A back-up student must also be available for each shift. The on call student must write their name on the laminated sheet beside the white board across from the wards by 12:00 (noon) each day.

A pager is available for you to carry if you would prefer to be contact in that manner. All students must respond to a phone call/page within 20 minutes and must be available to come in for surgeries when called. **Failure to respond or come in will result in an Incomplete and you will be required to repeat the rotation. Any student presenting for an on call shift under the influence of alcohol or other substance will be sent home and will receive a failing grade for the rotation.**

The surgery student on call for emergencies will be responsible for the treatment of cases on the surgery service between 10:00 pm – 12:00 am (midnight). **Failure to come in for these treatments will result in an Incomplete or a failing grade for the rotation.** Each student is responsible for filling in details of the required treatment for their case and clearly noting the location of the animal. This information must be placed on the white board opposite ward 1 by 6:00 pm. Any treatments written on the board after this time are the responsibility of the student on the case.

If there are more than 5 cases that need treatments at 10 pm, the on call student AND the backup student will come in to do the treatments. If the on call student is busy with an emergency case they will call in the back up student and/or the student(s) on the case to do the treatments. Examples of treatments are medication administration, urinary bladder expression, walking, removing food, applying hot/cold compresses, checking bandages, etc.

The on call schedule is:

Monday – Friday 5:00 pm – 8:00 am
Saturday, Sunday and Holidays 8:00 am – 8:00 am the following day

Weekend Patient Transfers

Weekend transfer students are assigned primary case responsibility and must perform a daily physical exam and morning treatments on the transfer patients for the remainder of the weekend (Saturday and Sunday morning). Students must discuss their patients with the emergency intern on duty. Students are expected to discuss their cases before leaving the hospital each day that the animal is hospitalized.

The transfer students assigned to Saturday morning are responsible for cases arriving after 4:30 pm on Friday until 8 am on Saturday.

The transfer students working on Sundays are only responsible for patients presented from 8:00 am Saturday morning until 8:00 am Sunday morning.

Patients that present after 8:00 am on Sunday morning are transferred to the proper services on Monday mornings and each receiving service is responsible for Monday morning treatments.

ON BLOCK CHANGE DAY: *Emergency service students and the transfer students are responsible for Monday morning treatments*.

Back Up Students for Transfers

Student will be called in if the primary CAM or CAS student assigned to the shift is out sick or unable to cover the shift. Student will be called in for help if there are more than 3 cases per primary "transfer" student or when unique circumstances arise (e.g. an individual case requires substantial care, etc.). Everyone must work as a team to make sure patient care is smooth. Student will NOT be called in for support if the emergency service is busy

Weekend ER Shifts

Day shift is from 8am-5pm and swing shift is from 10am-7pm

Students will have primary case responsibility for emergency cases admitted during the assigned shift. This includes initial consult, diagnostics, outpatient treatment, or admission of the patient to the hospital.

Students will be responsible to write a transfer summary or a discharge summary (or a death summary) for every patient they see during their shift.

Students are NOT responsible for the morning treatments of the hospitalized transfer patients (This includes Saturdays, Sundays and Mondays)

Absence / Late policy: Students must inform the overnight or day rotating intern if they are sick or unable to come for their shift.

Weekend ER Back Up Students

Student will be called in if the primary CAM, CAS or CP student assigned to the shift is out sick or unable to cover the shift. Student could be called in for support, if the emergency service is extremely busy

Hospital Closure Emergency Duty

If the Veterinary Teaching Hospital cancels normal operations due to weather related or other condition and where a larger than normal small animal emergency case load is anticipated, students may be asked to help with receiving and managing these emergency cases.

MORNING TRANSFERS AND IN HOUSE CONSULTATIONS

Students will need to complete a sign up sheet during orientation for the rotation.

For transfers, if you are on consults for the day, check your email by 6 a.m. to see if there are any ER transfers. An email is sent by the ER doctor at 5:30 a.m. A P.E., any morning treatments, and a SOAP must be completed for transfer patients before rounds on these patients if they have not yet had surgery.

Even if the email indicates there are no transfers for soft tissue, the Transfer/Consult student needs to be there early enough to complete these responsibilities in the event of an error.

If surgery was performed during the night, the patient will be transferred to the soft tissue service in the morning. If the student on call is on Soft Tissue Surgery they will keep the case and complete the morning responsibilities.

For consults during the day, periodically check the box for consults. If one is submitted, read the history and if you have any questions, contact the student on the service requesting the consultation. Fill in any additional information you obtain. Once you are familiar with the case, contact the resident and present the case to the resident on Soft Tissue Surgery.

For daytime emergencies, the same process applies. The service requesting emergency surgery for their patient will need to submit a consult form. If the patient goes to surgery, the student on consults will be the student on the case.

Since we may have multiple consults in one day, clinicians may reassign to distribute caseload among students. If you are on consults, all cases are your responsibility until reassigned.

CHANGING FROM ONE SERVICE TO THE OTHER MONDAY OF THE THIRD WEEK

Midway through the block (usually the Monday of Week 3) you will change from one service to the other
(i.e. from Orthopedics to Soft Tissue or vice versa). On that morning:

- You are responsible for 8 am treatments for any cases you had or received over the weekend.
- All paperwork must be completed for any cases you had on service. This includes SOAPs, surgery reports and treatment sheets. The Discharge Summary should be written as completely as possible so that the student taking over the case will be able to pick up where you left off.
- **You are expected to review the cases on the service to which you are transferring. This includes in hospital cases and transfers. Be ready to discuss/present these cases at rounds on the new service at 7:45 am.**

APPROVED/EXCUSED ABSENCE

ANY REQUEST FOR TIME AWAY FROM THE ROTATION MUST BE SUBMITTED TO THE COURSE
***COORDINATOR VIA EMAIL OR IN PERSON NO LATER THAN THE THIRD DAY OF THE ROTATION*.**

As noted in the Phase II Student Handbook all students may be allowed a maximum of six (6) days of
excused absences, which require no form of remediation.

(http://www1.vetmed.lsu.edu/SVM/Current%20Students/Phase%202%20Student%20Handbook/item4391
2.html)

On VMED 5457 Companion Animal Surgery, a "day" will be considered to be a full day OR any portion thereof. Examples of excused absences that may be allowed are job interviews, state board examinations, family emergencies, illness, and attendance at professional meetings.

The Course Coordinator may request documentation. The **Course Coordinator**, in consultation with the Faculty on service shall have the final authority on granting an excused absence.

A maximum of two excused absences will be allowed per four week block and one excused absence per two week block. If the Course Coordinator grants a number of days in excess of the number allowed, remediation will be required. The Course Coordinator in consultation with the Faculty on service will determine the form of remediation. Any unexcused absence will require remediation and/or possible a failing grade for the block.

Specific Situations/Guidelines:

These are examples to help you plan but as noted above and in the student handbook, the final decision for granting an excused absence is at the discretion of the Course Coordinator.

A student who is beginning an externship on the Monday following a block on Companion Animal Surgery will only be excused from treatments on the last Saturday and Sunday of the block.

A student who is attending an event where there is some academic/professional association (i.e. Conference or board examination) and where the event begins on the last Saturday of the block may be excused from the rotation on the last Friday of the block. If the event begins on the last Sunday, the student may be excused from the rotation on the last Saturday of the block.

Family vacation, birthday, or other non-academic/professional events will NOT generally be considered acceptable reasons for an excused absence.

TECHNICIAN AND SUPPORT STAFF

The surgery (those that help with receiving and those in the OR), treatment room and ICU technicians are here to help us with the operation of the hospital and care of our patients. The front desk and other support staff also play important roles in client services and care of our patients. Please be respectful and courteous when working with them. If you have a problem or

concern with one of the technicians or support staff, please bring it to the attention of the faculty member on your service.

The hospital is a very busy place. We ask that everyone pitch in to keep it clean and orderly. The technicians are not here to clean up after you. We all need to do our part and clean up after ourselves.

OBJECTIVES

The **general teaching objective** of the companion animal surgery rotation is to provide you with the opportunity to apply your basic medical and surgical knowledge in a clinical situation.

The primary teaching goal of this rotation is to assist you in developing your skills in surgical case management.

Specific Goals

To become familiar with preoperative, intraoperative and postoperative considerations including pain management for all surgical patients (i.e. routine, geriatric, high risk).

To improve your clinical skills with regards to the general physical, orthopedic and neurologic examinations.

To recognize the importance of post-operative care and learn how to provide this for a variety of surgical patients.

To give you the opportunity to formulate a diagnostic and therapeutic plan for a given patient.

To review and master the principles of aseptic surgery.

To understand the role of a surgical referral center in the management and treatment of small animal surgical disease.

To become proficient in generating and maintaining a COMPLETE medical record with a thorough but concise daily SOAP, comprehensive surgical report, treatment plan/orders and discharge instructions that will aid the primary veterinarian in caring for our mutual patient.

Provide an opportunity to discuss the relevant perioperative and postoperative complications that may occur with any surgical disease/procedure.

Allow you to develop your client communication skills.

Expose you to the scientific literature and help facilitate the critical review process of the literature.

Emphasis will be on the following components of overall case management:

Client communication

Case record keeping
Obtaining a complete case history
Performing thorough physical, orthopedic and neurologic examinations
Developing an appropriate diagnostic plan
Interpreting clinical information
Identifying sources of additional information
Developing a therapeutic plan including appropriate pre-operative patient care needs,
Developing short and long term post-operative therapeutic plans
Developing post-operative patient care instructions for pet owners

Due to the tertiary referral nature and complexity of cases seen by the surgery service, you should recognize that **primary surgical experience will be limited with clinical cases**. The spay/neuter laboratories on Mondays will give you an opportunity to perform surgery.

EVALUATION

Faculty, residents, and technicians will collectively evaluate each student's performance in the following categories: surgical knowledge; participation in rounds; problem solving skills; record keeping; surgical skills; patient management and clinical proficiency; dependability and ethical conduct; and communication and interaction.

Indirect Assessment – Grade in Moodle

Students taking the full 4 week block will spend 2 weeks on the Soft Tissue service and 2 weeks on the Orthopedic/Neurosurgery service. Students will be divided and assigned to each service by the course coordinator and these assignments will be provided during orientation if not before. Students will receive evaluations via Moodle. This will count towards 50% of your final grade. A second evaluation will be for the second half of the block and will count towards 50% of your final grade.

Direct Assessment – E-Value

At the end of each week the students will be evaluated on each of the following Clinical Competencies.

Competency one: comprehensive patient diagnosis (problem solving skills), appropriate use of clinical laboratory testing, and record management

1.1 History/Physical Examination
1.2 Patient Assessment/Clinical Thinking Skills
1.3 Knowledge Base/Basic Pathophysiology
1.4 Diagnostic Skills/Clinical Laboratory Assessment
1.5 Participation in Patient Discussions
1.6 Medical Records

Competency two: comprehensive treatment planning including patient referral when indicated

2.1 Treatment planning

Competency three: anesthesia and pain management, patient welfare

3.2 Pain Management/Patient Welfare/Empathy

Competency four: basic surgery skills, experience, and case management

4.1 Basic surgical skills
4.2 Surgical experience gained through rotation
4.3 Case Management

Competency six: emergency and intensive care case management

6.1 Emergency Care Management

Competency eight: client communications and ethical conduct

8.1 Client Communication/Client Education/Discharge Summary
8.2 Working with Health Care Team
8.5 Reliability/Thoroughness/Punctuality/Appearance

Competency nine: critical analysis of new information and research findings relevant to veterinary medicine

9.1 Critical Analysis of New Information and Research Findings Relevant to Veterinary Medicine

The assessment scale for the clinical competencies is the following:

Exemplary performance
Expected performance
Acceptable performance
Below expectation

During the final assessment (at the end of week 4) any student that receives a below expectation on any of the competencies will be asked to meet with Dr. Taboada to discuss the deficiency.

Specific descriptions for each of the competencies and what constitutes an Exemplary performance, Expected performance, Acceptable performance and Below expectation are available from Student Affairs.