

## **VMED 5462 Externship: COVID-19 Supplement**

The SVM is monitoring conditions relative to the COVID-19 pandemic and reserves the right to cancel externships due to COVID-19 if conditions warrant. Many practices are also monitoring conditions and considering whether externs will be allowed into the practice. Not all states define veterinary professionals or veterinary practices as essential which may impact your externship during state mandated closures. Check with student affairs and the practice you are planning to extern at before you plan to travel.

At this time the SVM is requiring that all students returning from externship, special topics, or vacation get COVID-19 tested (Antigen or PCR) before starting their next rotation in the VTH. Testing must be on the Friday, Saturday, Sunday, or Monday of the weekend just prior to starting the rotation.

### **Prior to your externship**

About a month before your externship is scheduled you will receive a form to fill out about the externship location from E-value. Fill this form out promptly. One of the questions on the form is related to COVID-19 biosecurity measures in place at the practice you are planning to go to. Please contact the practice to find out what biosecurity measures are in place in the practice to determine if you feel comfortable participating in an externship in that practice. Consider potential travel restrictions that may affect travel and your ability to participate in the externship. Twenty-two states currently have travel restrictions that may impact travel to externship locations (12/7/20) or isolation requirements upon arrival in the state. You can look up state restrictions at the following websites.

<https://www.cnn.com/travel/article/us-state-travel-restrictions-covid-19/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-planner/index.html>

Check with student affairs to determine if restrictions or isolation will be required when returning to the SVM.

### **While at your externship**

Continue to fill out the symptom checker and do not go to the practice on a day when the checker would not allow you to be on campus. Make sure to let the practice know that you have one or more symptoms that prevent you from attending on that day. Follow the guidance and policies of the practice you are externing in during your externship relative to practice behavior and when you should or should not be present. Follow all biosecurity measures in place in the practice as for others working in the practice. Note however, that the SVM requires you to wear a mask while engaged in the externship in the same manner in which you would if you were in a rotation in the SVM Teaching Hospital. If you are notified of contact with a COVID-19 positive individual you should follow the isolation requirements in place in the state where the externship is taking place and the practice you are externing in; contact your health provider for further guidance. Please note that we ask you to contact student affairs to report the contact as well as filling out the close contact report on the LSU Roadmap (<https://lsu.edu/roadmap/>).

### **CDC defines Close Contact as:**

Individual who has had close contact (<6 feet) for  $\geq 15$  minutes over 24 hours with some one that meets the following criteria:

1. Person with COVID-19 who has symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation; can be laboratory- confirmed or a clinically compatible illness)
2. Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation).

**Disruptions in externships** will be considered on a case-by-case basis relative to credit for the experience. If isolation due to a close contact or the practice closing due to a COVID outbreak affects your externship contact student affairs. In general, if you have successfully completed at least a week and the mentoring veterinarian can give you a satisfactory evaluation you will still get credit for the externship. Make-up may be required on a case-by-case basis.

**If your externship is cancelled or you decide it is not safe to go**

Please contact student affairs as soon as you know that you will not be able to attend your externship. You are required to have 50 credits to graduate; make sure you check to determine if the lost credits will need to be made up or if they will affect your graduation.

**Upon return from your externship**

It is prudent when returning from travel that you take care to minimize exposure to others for 10-14 days and monitor for symptoms. Contact student affairs with any questions about isolation prior to starting your next rotation. At this time isolation is not required unless you were a close contact or tested positive but the SVM reserves the right to require isolation before returning to rotations in the teaching hospital. Check with student affairs to determine if restrictions or isolation will be required when returning to the SVM.

At this time the SVM is requiring that all students returning from externship, special topics, or vacation get COVID-19 tested (Antigen or PCR) before starting their next rotation in the VTH. Testing must be on the Friday, Saturday, Sunday, or Monday of the weekend just prior to starting the rotation. The student can start the rotation with proof of being tested even if results are not back. Once the test results come back they should be reported on the symptom checker and to student affairs. If a positive test comes back the student must immediately upon hearing of the results leave the VTH and begin the appropriate quarantine. (<https://lsu.edu/roadmap/>)

If at any time you have concerns about your safety while at an externship you should contact student affairs and let the mentoring veterinarian know of your concerns. We do not want you putting yourself in a situation where your safety is compromised or where you feel uncomfortable about your safety.



— School of —  
**Veterinary Medicine**

SYLLABUS: Externship  
 VMED 5462  
 Phase II 2020 – 2021  
 Location Varies

**CONTACT INFORMATION:**

Joseph Taboada, DVM, Dipl. ACVIM (Course Coordinator)  
 Associate Dean, Office of Veterinary Education & Student Affairs  
 School of Veterinary Medicine  
 Louisiana State University  
 (Office) +1.225.578.9537  
[jtaboal@lsu.edu](mailto:jtaboal@lsu.edu)

**COURSE MATERIALS:**

Any required materials or concerns about the externship should be discussed with the student's individual externship location prior to his/her arrival at the practice.

**COURSE DESCRIPTION:**

**Goal/Rationale of the Course**

Externship is a 2, 4, 6, or 8 week practical experience of veterinary medicine in a practice setting under the direct supervision of a licensed veterinarian who is in good standing with the Board of Veterinary Medicine in the jurisdiction in which the practice is located. The veterinarian will serve as a mentor and contact for the student relative to the externship experience. The goal of this rotation is for the student to participate as fully as possible in the practice of veterinary medicine while engaged in the externship.

**COURSE OBJECTIVES:**

Course Objective	Keywords (for administrative use)
1. Acquire practical veterinary experience in a general practice setting.	Practice ready; General practice
2. Perform physical examination and animal handling skills so as to strengthen this skillset.	Physical examination; Animal handling skills
3. Participate with the mentor(s) in a way that demonstrates problem solving skills, especially as it pertains to developing diagnostic rational and understanding the use of appropriate diagnostic procedures.	Problem solving skills; Clinical reasoning; Diagnostic procedures
4. Participate with the mentor(s) in a way that demonstrates treatment planning skills, especially as it pertains to the understanding of therapeutic modalities.	Treatment planning
5. Perform anesthesia and pain management in a practice setting so as to strengthen those skills.	Anesthesia skills; Pain management skills
6. Practice basic medicine and surgery skills so as to strengthen this skillset.	Basic medicine skills; Surgery skills; Aseptic technique
7. Participate in the practice in a way that demonstrates emergency and intensive (critical) care management skills.	Emergency skills; Intensive care skills
8. Participate with the mentor(s) in a way that demonstrates communications skills, especially as it pertains to client communication, client education, history taking, and working in the health care team.	Communication skills; Client education; Health care team; History
9. Demonstrate professionalism through being reliable, thorough, and punctual; maintaining a professional appearance and countenance; being courteous and	Professionalism; Punctuality; Positive working relationship

service oriented towards clients; and, demonstrating a positive working relationship with mentors, supervisors, colleagues, and staff.	
10. Demonstrate character through maintaining ethical conduction; sensitivity to the needs of the patients and clients; effective self-management; and, emotional stability.	Ethical; Sensitivity towards clients; Self-management; Emotional stability; Empathy

It is recognized that not all of the objectives can be met in all practice settings.

**TEACHING PHILOSOPHY:**

Externship is a 2, 4, 6, or 8 week practical experience of veterinary medicine in a practice setting under the direct supervision of a licensed veterinarian who is in good standing with the Board of Veterinary Medicine in the jurisdiction in which the practice is located. The veterinarian will serve as a mentor and contact for the student relative to the externship experience. While practice settings are encouraged, the type of practice is left to the student to choose based on his/her own career goals and objectives. Each externship location provides the student with the opportunity to achieve many of the aforementioned objectives. The practice mentor should decide how much the student is capable of and how comfortable he/she is with allowing the student to participate in certain activities within the practice; it should also be recognized that the goal of this rotation is for the student to participate as fully as possible in the practice of veterinary medicine while engaged in the externship. Further, in order for the externship to count as credit for the LSU School of Veterinary Medicine, it must be approved by the Office of Veterinary Education and Student Affairs.

**COURSE POLICIES:**

Assignments/Responsibilities of the Externship Mentor(s)

1. To put the student into a safe and inclusive environment in which practice veterinary medicine.
2. To assume the responsibility of an instructor and/or mentor during the training period with the primary objective as training the student under direct supervision.
3. To ensure that the degree of responsibility delegated to the student shall in no way conflict with the Veterinary Practice Act of his/her state or those other jurisdictions where externship work might be done.
4. To meet with the student periodically during the externship to discuss the cases seen and aspects of the practice that will assist in meeting the objectives.
5. To conduct oneself in a professional and ethical manner.
6. To extend the same privileges to the student as afforded other practice employees.
7. To never consider the student as a substitute employee or to represent him/her as being a licensed veterinarian. Note that in some states, not Louisiana, it is legal for a student to practice under the direct supervision of a licensed veterinarian.
8. To assure that the student's assignments cover all aspects of the practice, including communication; practice management and the economics of veterinary practice; record keeping; diagnosis; therapeutic decision making; anesthesia and pain management; and, surgery.
9. To evaluate the student's performance and submit the evaluation to the LSU School of Veterinary Medicine.

Assignments/Responsibilities of the Student

1. Make arrangements with the chosen practice to schedule the externship during the block in which the student has externship on his/her Phase II schedule. It is up to the student to choose a practice; get it approved by Student Affairs; fill out the E\*value externship site form prior to starting the externship (this will require asking the practice about biosecurity protocols for COVID-19), share with the mentor the objectives and assessment requirements; and make all the appropriate arrangements, including learning the dress code, what equipment to bring, and his/her daily schedule. If the practice is in Louisiana the student must also fill out the [Externship Notice Form \(https://www.lsbvm.org/wp-content/uploads/2020/05/Externship-Notice-Form-DVM.pdf\)](https://www.lsbvm.org/wp-content/uploads/2020/05/Externship-Notice-Form-DVM.pdf) and submit the form to the Louisiana Board of Veterinary Medicine.

It is wise to sign up for the AVMA PLIT free professional liability insurance prior to going on any out-rotations. The liability insurance is free for SAVMA members in good standing and good for a year once the application is made. Information can be found on the AVMA PLIT website.

<http://www.avmaplit.com/products/student-liability/>

2. Submit the location information to the Office of Veterinary Education and Student Affairs by completing the automatic email sent from E\*Value which asks where the student is going; the location's address and phone number; who the evaluator(s)/mentor(s) is/are and his/her contact information; the dates in which the student is going; biosecurity protocols for COVID-19; etc. by at least two weeks prior to leaving for the externship. This information is needed so that the student's mentor/evaluator can receive the objectives and information about evaluating the student prior to the student's arrival; so that the student is legally covered under the university's liability insurance; and, so that the Office of Veterinary Education and Student Affairs can receive the student's evaluation. If the required information is not submitted by at least two weeks prior to leaving for the externship, his/her schedule may be changed to replace the externship with a vacation. If this occurs, the student is expected to make up the externship time lost before completing the program and/or graduating; this could mean the student stays an extra block or half block after the student's expected completion date.
3. If participating in an externship in Louisiana, submit the Externship Notice Form (<https://www.lsbvm.org/wp-content/uploads/2020/05/Externship-Notice-Form-DVM.pdf>) to the Louisiana Board of Veterinary Medicine.
4. Upon finishing the externship the student must submit the E\*Value "Student Evaluation of the Externship" form before a grade can be submitted and credit can be given.

#### Externship vs. Preceptorship

Externship is the term used by the LSU School of Veterinary Medicine to denote participation in VMED 5462 - Externship. Note that the Louisiana Board of Veterinary Medicine requires student externs to submit the Externship Notice Form (<https://www.lsbvm.org/wp-content/uploads/2018/08/Externship-Notice-Form.pdf>) if participating in an externship in Louisiana.

Preceptorship is similar to an externship except that it is defined as an experience in a practice that is being used to meet requirements for licensure in the state of Louisiana. A preceptorship is overseen by the Louisiana Board of Veterinary Medicine, but the LSU School of Veterinary Medicine will accept the experience for externship credit as long as the student has not already received the maximum number of externship credits. If a preceptorship is going to be used to meet the Louisiana Board's preceptorship requirement, then the preceptorship must be performed after January 1 of the year of graduation. The Louisiana Board requires that a student completes 8 weeks of preceptorship before obtaining his/her license. It does not need to be done prior to graduation, but it does need to be after January 1 of the year in which the student graduates. Four of the eight weeks can be at an approved board approved zoo, humane society, specialty practice, etc., but at least 4 weeks need to be in an approved general practice. In order for the weeks to count toward licensure requirements, the preceptorship must be approved by the Louisiana Board in advance and all requirements of the state must be met well in advance of the preceptorship. Note that a preceptorship must be in a Louisiana Board approved facility (it does not need to be in Louisiana) and approval of the preceptorship and assessment of the experience falls under the purview of the Louisiana Board. A current list of Louisiana Board approved facilities for preceptorships and instructions and forms are available at <https://www.lsbvm.org/preceptorship-dvm/>

#### Attendance/Lateness Policy

It is expected that students will work full-time in the practice (as defined by the practice) will be on time and professionally dressed for all practice related activities during the externship. Absences must be pre-approved by your mentor(s). One day is allowed per 2-week rotation. Unexcused absences and tardiness will result in an incomplete grade and students will be required to repeat the rotation. Missed days that are made up will not count towards the total allowable excused absences. If signs of illness are noted the externship mentor should be informed and the student should not report to the practice. Please see Phase II attendance requirements below.

#### Natural Disasters (Hurricanes, etc)

Hurricane Season officially runs from June 1st - Nov. 30<sup>th</sup>. The projected path of tropical storms/hurricanes are mapped by the National Hurricane Center: <http://www.nhc.noaa.gov/?atlc>. Please stay aware of impending storm systems. Staff and students of the VTHC are "essential personnel" during disasters affecting our community. The clinic schedule and student responsibilities may change during such events. Students may be required to participate in VTH emergency response efforts depending upon need and safety. Please check in with your mentor(s) and Student Affairs daily beginning 72 hours prior to any storm landfall projected for Louisiana. If you are asked to report for duty during an emergency, your personal safety is the number one priority. Use common sense in your commute and alert your mentor(s) if you are unable to arrive safely.

Preparedness begins at home. Please view the section on hurricane preparedness on MOODLE and make sure you and your household is prepared (also visit: <http://www.getagameplan.org/>).

**COVID-19** [<https://lsu.edu/coronavirus/>]

It is imperative that students make informed decisions about travel to and from externships and about their safety relative to biosecurity while in an externship practice. If the student is symptomatic or exposed to anyone that is COVID-19 positive or highly suspicious of being positive, they are expected to seek the guidance of their healthcare professional and, if directed, self-quarantine for 14 days. It is imperative that individuals showing any signs of disease (elevated temperature, coughing, difficulty breathing, diarrhea, loss of taste or smell) not report to the externship site or back to the VTH and seek the guidance of their healthcare provider for testing and treatment.

**COPY STATEMENT:**

Some of the materials in this rotation may be copyrighted. They are intended for use only by students registered and enrolled in this rotation and only for instructional activities associated with and for the duration of the course. They may not be retained in another medium or disseminated further. They are provided in compliance with the provisions of the Teach Act (Section 110(1) of the Copyright Act) <http://www.copyright.gov/docs/regstat031301.html>.

**GRADING/EVALUATION:**



Externship is a pass/fail rotation where the assessment is based on the following clinical proficiencies:

1. Knowledge Base (Basic pathophysiology, clinical concepts, participation in patient discussions)
2. Diagnostic Skills (Problem solving, diagnostic rational, understanding of diagnostic procedures)
3. Physical Exam and Animal Handling Skills
4. Treatment Skills (Treatment planning, understanding therapeutic modalities)
5. Anesthesia and Pain Management
6. Basic Surgery Skills
7. Basic Medicine Skills
8. Emergency and Intensive Care Management
9. Communication Skills (Client communication, client education, history taking, working with the health care team)
10. Professionalism (Reliability; thoroughness; punctuality; appearance; relations with clients, supervisors, colleagues, and staff)
11. Character (Ethical conduct, sensitivity to the needs of the patients and clients, emotional stability)

The evaluator is asked to use a 5 point Likert Scale with Below Expectations (1) being defined as unacceptable; and then scores of 2-5 being used for passing performance with behavioral anchors defining the low end of the acceptable range (Acceptable Performance), the middle of the acceptable range (Expected Performance), and the high end of the range (Exemplary Performance). The evaluations should be based on direct observations of the students performing the clinical proficiencies. The evaluator should pick the number that best corresponds to where the student’s skill level is for each of the proficiencies.

Performance	Not Applicable	Below Expectations	Acceptable Performance	Expected Performance	Exemplary Performance	
Likert Scale	N/A	1	2	3	4	5

The behavioral anchors for each clinical proficiency, are as follows:



Knowledge Base (Basic pathophysiology, clinical concepts, participation in patient discussions)

Exemplary performance:

Displays superior knowledge (pathophysiology, therapeutics, medicine, surgery, etc) on own cases, as well as cases of others. Excels at demonstrating technical knowledge specific to the externship and the application of clinical skills. Has a strong understanding of what he/she knows and does not know. Shows exceptional logic and knowledge in interpretation of histories, case information, discussions with mentors and always links observations from assessments to plans/discharge summaries. Actively participates in discussion of own cases and others' cases. Reads daily to support and improve knowledge of all cases. Accurately interprets and weighs conflicting information. Case information presented accurately and concisely. Always listens and shows respect for others during discussions.

Expected performance:

Displays good knowledge and understanding of a variety of common primary, secondary and tertiary medical and/or surgical problems. Good at demonstrating technical knowledge specific to the externship and the application of clinical skills. Has an accurate understanding of what he/she knows and does not know. Shows appropriate logic and knowledge in interpretation of histories, case reports, discussion with mentors and links observations from assessments to plans/discharge summaries. Case discussion participation indicates that the student usually reads to support and improve knowledge of own cases and most others' cases. Accurately responds to ambiguities on most occasions. Presents cases in an organized and understandable manner. Listens and shows respect for others during discussions the majority of time.

Acceptable performance:

Satisfactory knowledge base in most subject areas. Demonstration of adequate technical knowledge specific to the rotation and the application of clinical skills. Has a satisfactory understanding of what he/she knows and does not know. In most cases shows fair logic and knowledge in interpretation of histories, case reports, discussion with faculty and usually links observations from assessments to plans/discharge summaries. Participates in case discussion when prompted. Most responses are accurate. Evidence of some reading to support and improve knowledge of their own case, but little reading on others' cases. Case presentations are generally accurate, but unorganized. Usually listens and shows respect for others during discussions but shows occasional inattentiveness.

Below expectation:

Knowledge base is poor and inconsistent. Demonstration of inadequate technical knowledge specific to the rotation and the application of clinical skills. Has a poor understanding of what he/she knows and does not know. In most cases, does not show adequate logic and knowledge in interpretation of histories, case reports, discussion with faculty and incapable of correlating observations from assessments to plans/discharge summaries. No participation or poor participation suggestive of minimal preparation / outside reading. Can't or won't answer direct questions accurately. Answers if given are often confusing or inaccurate. Is inattentive when others are presenting and sometimes rude and disrespectful.

---

Diagnostic Skills (Problem solving, diagnostic rational, understanding of diagnostic procedures)

Exemplary performance:

Accurately identifies all patient problems. Appropriate diagnostic and therapeutic plans are always suggested. Diagnostic test results are promptly obtained and correctly assessed independently of instructor. Displays outstanding ability to integrate relevant information to make sound clinical judgments. Always formulates a complete problem list, accurately prioritizes problems and develops a complete and accurate differential diagnosis list. Has excellent understanding of diagnostic tests and protocols; excellent understanding of the strengths and limitations of the diagnostic test, can choose appropriate diagnostic tests and knows available options; all diagnostic tests scheduled as needed; patients always prepared and ready on time. Excellent ability to assess clinical laboratory data independently.

Expected performance:

Correctly identifies and assesses most patient problems. Appropriate diagnostic and therapeutic plans are usually suggested. Obtains and assesses most diagnostic test results independently of instructor. Displays good ability to integrate relevant information to make sound clinical judgments. Consistently formulates a complete problem lists, accurately prioritizes problems and develops a fundamentally sound but not always a complete differential diagnosis list. Has good understanding of diagnostic tests and protocols; good understanding of the strengths and limitations of the diagnostic test, can usually choose appropriate diagnostic tests; diagnostic tests scheduled as needed; patients usually prepared and ready on time. Good ability to assess clinical laboratory data independently, minimal input needed from clinician.

Acceptable performance:

Problem identification, patient assessments, and/or diagnostic / therapeutic plans are only occasionally inaccurate or require assistance. Occasionally fails to obtain and properly interpret test results. Displays satisfactory ability to integrate relevant information to make sound clinical judgments. Only occasional difficulties are noted in the formulation of problem lists, prioritization of the listed problems and development of differential diagnoses. Has fair understanding of diagnostic tests and protocols; fair understanding of the strengths and limitations of the diagnostic test, sometimes has difficulty choosing appropriate diagnostic tests; diagnostic tests scheduled with prompting; sometimes needs prompting to have patients prepared and ready on time. Satisfactory ability to assess clinical laboratory data, some input needed from clinician.

Below expectation:

Problem identification, patient assessments, and/or diagnostic / therapeutic plans are usually inaccurate or incomplete. Consistently fails to obtain and properly interpret test results. Displays unsatisfactory ability to integrate relevant information to make sound clinical judgments. Often formulates an incomplete problem list, inaccurate prioritization of problems and inappropriate differential diagnoses. Has poor understanding of diagnostic tests and protocols; poor understanding of the strengths and limitations of the diagnostic test, cannot usually choose appropriate diagnostic tests; diagnostic tests often not schedule; patients usually not prepared and ready on time. Cannot assess clinical laboratory data, explanation from clinician almost always needed for comprehension.

---

Physical Exam and Animal Handling Skills - Need to add in animal handling

Exemplary performance:

Always performs accurate, thorough and complete examinations in a timely manner. Superior in ability to elaborate key physical examination findings and associated subtleties. Is able to handle animals confidently in a way that keeps self and others from getting hurt.

Expected performance:

Performs accurate, thorough and complete examinations in a timely manner. Good ability to elaborate key physical examination findings and associated subtleties. Ability to recognize and address physical examination subtleties is good but can be improved. Is able to handle most animals confidently in a way that keeps self and others from getting hurt.

Acceptable performance:

Fair in performing accurate, thorough and complete examinations in a timely manner. Physical exam has occasional omissions or inaccuracies. Is able to handle tractable animals confidently in a way that keeps self and others from getting hurt but usually needs help with afraid or aggressive animals.

Below expectation:

Examinations incomplete or inaccurate or findings misinterpreted. Is uncomfortable and not confident in handling animals.

---

Treatment Skills (Treatment planning, understanding therapeutic modalities)

Exemplary Performance:

Student devises comprehensive treatment plan accurately utilizing the complete problem list without input from instructors. Provides superior explanation and rationale for the treatment plan and explains the treatment plan in the context of a specific patient. Has thorough understanding of available treatment options and alternatives to the proposed plan. Is aware of all common potential complications arising from institution of this plan and how these complications might be addressed. Student has a thorough understanding of the treatment options available for a particular case. Recognizes the scope of options and the need for advanced treatment modalities when appropriate. Always recognizes that treatment options are not available in all locations (primary care facilities) and discusses the need for referral to a secondary or tertiary care facility when appropriate.

Expected Performance:

Student devises a reasonable treatment plan accurately utilizing the complete problem list with minimal input from instructors. Provides reasonable explanation and rationale for the proposed treatment plan and explains the treatment plan in the context of a specific patient. Has a good understanding of available treatment options and alternatives to the proposed plan. Is aware of critical potential complications arising from proposed treatment plan and how these complications might be addressed. Student recognizes and has a good general knowledge of most treatment options available for a particular case without assistance from instructors. Recognizes most advanced treatment options and that all options are not available in primary care facilities. Usually recognizes the need for referral when appropriate.

Acceptable Performance:

Student devises a reasonable treatment plan most often with input from instructors. Occasionally proposes treatments that may not be appropriate for the individual patient. Provides explanation for the proposed treatment plan but understanding of rationale behind plan is frequently incomplete. There may exist an occasional inability to prioritize or delineate all aspects of the underlying condition and treatment plan instituted from conditions or treatments that are not directly applicable to that particular patient or situation. Has an acceptable understanding of available treatment options and alternatives to the proposed plan but is occasionally unaware of all options. Is aware of critical potential complications arising from proposed treatment plan but may not always be aware of how these complications are addressed. Student recognizes most treatment options available for a particular case with assistance from instructors. Inconsistently recognizes advanced treatment options and the need for referral from a primary care facility.

Below Expectations:

Student is frequently unable to devise a reasonable treatment plan even with input from instructors. Frequently proposes treatments which are inappropriate for the individual patient. Has difficulty providing explanation for the proposed treatment plan and rationale is often inaccurate, faulty or incomplete. Treatment plans are most often based on a very superficial and general knowledge of a condition and not necessarily directly applicable to the particular patient. Does not have an acceptable understanding of treatment options and alternatives to the proposed plan. Is not aware of potential complications arising from proposed treatment plan or how the complications are addressed. Student does not recognize significant treatment options available for a particular case nor can critically assess the reasoning used in prior treatment selection. Current treatment plans do not meet an acceptable standard of care. The need for referral when appropriate is not recognized.

---

Anesthesia and Pain Management

Exemplary Performance:

Superior patient assessment skills in preparation for, during and following anesthesia. Diagnostic test results are promptly obtained and patient and test results are correctly assessed independently of instructor. Appropriate anesthetic plans including drugs and correct dosages are always suggested independent of instructor. Thoroughly evaluates the changing needs and status of the anesthetized patient including subtleties. Always identifies changes and complications and develops an appropriate and timely plan to address each. Completes all required responsibilities including emergency duty in a timely, efficient manner without provocation. Has thorough understanding of anesthetic drugs, basic pharmacology, physiology, side effects and anesthetic equipment set up and use. Able to choose drugs, calculate dosages, and set up necessary equipment appropriate for each patient without help or prompting from instructors. Student demonstrates superior patient assessment skills and empathy towards patient and client. Diagnostic test results are promptly obtained and patient and test results are correctly assessed independently of instructor. Appropriate patient care and pain management plans including drugs and correct dosages are tailored to the needs of individual patients and are always suggested independent of instructor help. Consistently and correctly identifies changes in patient pain and welfare, including subtle changes, and develops an appropriate plan to address them. Completes all required care and communication in a prompt, efficient and courteous manner without prompting. Has thorough understanding of pain management drugs and basic pharmacology. Shows significant concern for the welfare of patients and often volunteers to help others.

Expected Performance:



Correctly identifies and is able to accurately assess most patient problems before and during anesthesia. Diagnostic test results are obtained and evaluated in a reasonable time and with reasonable accuracy and minimal instructor input. Appropriate anesthetic plans including drugs and correct dosages are usually presented with minimal help from instructors. Recognizes major changes in patient status and often makes appropriate recommendations with minimal prompting required. Identifies the most common potential complications and is able to formulate an appropriate plan to address each. Completes all required responsibilities including emergency duty with minimal prompting. Has basic understanding of anesthetic drugs, pharmacology, physiology, side effects and anesthetic equipment set up and use. Able to choose drugs, calculate dosages, and set up necessary equipment appropriate for each patient with minor help and prompting from instructors. Correctly identifies and is able to accurately assess most patient problems. Diagnostic test results are obtained and evaluated in a reasonable time and with reasonable accuracy and some instructor input. Appropriate patient care and pain management plans including drugs and correct dosages are usually presented with only occasional guidance. Recognizes minor changes in patient status and pain level and makes appropriate recommendations with minimal prompting required. Completes all required care and communication with minimal prompting and in a timely manner. Has basic understanding of drugs and pharmacology. Overall is empathetic towards patient and client.

Acceptable Performance:

Identification and assessment of patient needs are occasionally inaccurate or require assistance. Acceptable ability to recognize major changes in patient needs or status and can formulate an appropriate recommendation with some help needed from others. Appropriate anesthetic plans including drugs and correct dosages are suggested with help from instructors. Has satisfactory ability to recognize potential complications before and during anesthesia, but needs guidance when formulating an appropriate plan to address complications. Completes all required care including emergency duty, but sometimes needs prompting. Has some understanding of anesthetic drugs, pharmacology, physiology, side effects and anesthetic equipment set up and use, but lacks knowledge necessary to be proficient without occasional help from an anesthetist. Able to choose drugs, calculate dosages, and set up necessary equipment appropriate for each patient with significant help and prompting from instructors. Identification and assessment of patient needs are only occasionally inaccurate or require assistance. Diagnostic test results are obtained and evaluated in a reasonable time but with some input from the instructor. Acceptable ability to recognize major changes in patient needs or status, minor changes may go unnoticed. Can formulate an appropriate pain management plan but will require some assistance from clinician. Completes all required care including emergency duty and communication, but sometimes needs encouragement to do so. Has basic understanding of pain medications and pharmacology, but complete understanding of these concepts requires some instructor input. Shows reasonable empathy for patient and client, but does not go "above and beyond" for the patient's welfare.

Below Expectations:

Student is unable to identify and assess the needs and status of an anesthesia patient. Cannot choose an appropriate anesthetic plan, including anesthetic drugs and dosages without significant help from others. Oblivious to the severity of the situation and unable to detect changes in anesthetized patients. Ability to recognize potential complications or formulate a plan is poor. Consistently does not complete required responsibilities including being late or not being available for scheduled emergency duty. Lacks basic understanding of anesthetic drugs, pharmacology, physiology, side effects and anesthetic equipment set up and use. Lacks the basic knowledge and understanding necessary to safely and proficiently perform anesthesia without the direct supervision of an anesthetist. Unable to identify and assess the needs and status of a patient. Cannot choose an appropriate test or therapy, including pain management drugs and dosages without significant help from others. Oblivious to the severity of the disease process and unable to detect changes in the status or needs of the patient. Consistently does not complete required care including being late or not being available for scheduled emergency duty and treatments and not communicating effectively. Patient care is poor and not completed in an efficient and timely manner. Lacks basic understanding of pain medications and pharmacology as well as how this pertains to patient pain management protocols and overall patient welfare. Lacks knowledge necessary to be proficient without instructor's help and endangers patient's welfare and health with lack of basic knowledge and understanding. Shows little empathy towards client or patient.

---

Basic Surgical Skills

Exemplary performance:

Displays superior ability and dexterity in tissue handling, suturing and knot tying. Is able to assist the primary surgeon with little direction and is able to anticipate their needs. Has an exemplary knowledge of the procedure being performed (including likely complications, anatomy and alternatives).

Expected performance:

Able to perform basic suturing and knot tying techniques with above average skill. Has good tissue handling skills and is able to assist the primary surgeon under direction. Has a good knowledge of the procedure being performed (including likely complications and relevant anatomy)

Acceptable performance:

Able to perform basic suturing and knot tying with some assistance. Has fair tissue handling skills. Has a basic understanding of the procedure being performed (including likely complications and relevant anatomy).

Below expectation:

Unable to perform basic suturing and knot tying techniques without substantial assistance. Demonstrates poor tissue handling. Has an incomplete or poor understanding of the procedure being performed.

---

Basic Medical Skills

Exemplary Performance:

Consistently identifies current and past medical issues pertinent to patient care/visit through obtaining history and performance of physical examination. Excels at creating and prioritizing a differential list including common and uncommon disease processes based upon information available as well as demonstrating a logical and complete progression through body systems. Excellent ability to choose and interpret diagnostic tests methodically with concurrent comprehension of the utility of each test. Therapeutic plan is always accurate, well thought out, and formulated with attention given to individual patient/client needs. The individual would be considered extremely capable of independently seeing most cases with no to minimal guidance.

Expected Performance:

Regularly identifies current and past medical issues through the history and physical examination; can improve on identification of subtleties. Creates an appropriate differential list including common disease processes; needs some help with identification of uncommon differentials. Demonstrates a logical

progression through body systems with few errors. Good ability to choose and interpret diagnostic tests methodically and in most cases understands the utility of each test. Therapeutic plan is well put together with occasional input from the clinician to demonstrate the need to consider individual patient/client needs. Generally considered to be qualified to see patients and requires minimal (direct or indirect) supervision.

Acceptable Performance:

Acceptable identification of current and past medical issues through the history and physical examination in most cases with occasional inaccuracies or omissions noted. In most instances, recognizes common differentials with significant help needed to realize uncommon disease processes. Progression through body systems is sometimes random and unorganized. Acceptable ability to choose and interpret appropriate diagnostics with some thought given to the justification of each test. Knows the most common therapy for a given disease/disease process with help needed recognizing alternatives and individualization of a plan. Can see patients themselves with direct supervision needed but on track to requiring less supervision.

Below Expectations:

Lacks the ability to identify current and past medical issues through the history and physical examination. Significant deficiencies in developing a differential list with no thought given to body systems. Is incapable of choosing appropriate diagnostics with concurrent lack of understanding of their utility. Therapies recommended are often inappropriate and ill considered. Not ready to practice medicine. If allowed to practice independently, patient welfare would be a concern. Significant improvement required.

---

Emergency and Intensive Care Management

Exemplary Performance:

Consistently and readily identifies and acts upon emergency situations. Exhibits a solid understanding of disease pathophysiology. Excels in triaging and stabilizing cases in an appropriate, efficient manner. Independently performs procedures and skills in a calm, collective, competent, timely manner. Reliably and logically formulates appropriate differentials and therapeutic plans for patients with no assistance needed. Superior patient assessment skills. Thoroughly evaluates the changing needs and status of a critical patient including subtleties. Proactively makes appropriate recommendations regarding additional diagnostic testing and treatment strategies. Consistently recognizes the severity of illness and needs of each patient. Always identifies potential complications and develops an appropriate plan to address each. Completes all required care in a timely, efficient manner without provocation.

Expected Performance:

Regularly and readily identifies emergency situations. Has an appropriate understanding of disease pathophysiology. Accurately triages and stabilizes cases in an appropriate, efficient manner. Performs procedures and skills in a calm, collective, competent, timely manner with minimal assistance from others. Usually formulates an appropriate differential list and a therapeutic plan for patients with some guidance and coaching from clinicians. Correctly identifies and able to accurately assess patient needs. Frequently recognizes the severity of illness and minor changes in the status and needs of a patient and often makes appropriate recommendations with minimal prompting required. Identifies the most common potential complications and able to formulate an appropriate plan to address each. Completes all required care with minimal provocation.

Acceptable Performance:

Capable of identifying emergency situations, but occasionally needs some prompting from others. Acceptable, basic understanding of the pathophysiology of disease processes but struggles to answer more in-depth questions. Occasionally fails to identify appropriate triage and stabilization requirements for a patient in an efficient manner. Capable of performing procedures and skills effectively but may require some assistance from others. Satisfactorily formulates an appropriate differential list and therapeutic plan for patients with occasional inaccuracies and prompting needed. Identification and assessment of patient needs are occasionally inaccurate or requires assistance. Acceptable ability to recognize the severity of illness and major changes in the status or needs of a patient. Can formulate appropriate recommendation with prompting and assistance. Satisfactory knowledge of potential complications but requires some guidance when formulating an appropriate plan. Completes all required care, but sometimes needs prompting.

Below Expectations:

Unable to effectively recognize an emergency situation and lacks a sense of urgency. Poor to complete lack of understanding of disease pathophysiology. Requires significant help to triage and stabilize a patient. Lacks the ability to perform the procedures and skills needed in an emergency situation. Consistently fails to formulate an appropriate differential list and therapeutic plan for patients. If allowed to perform autonomously, patient welfare would be a significant concern. Unable to identify and assess the needs and status of a patient. Does not notice changes in the status of a patient. Cannot choose an appropriate test or therapy without significant help from others. Oblivious to the severity of illness or declining status of the patient. Ability to recognize potential complications or formulate a plan is poor. Consistently does not complete required care.

---

Communication Skills (Client communication, client education, history taking, working with the health care team)

Exemplary performance:

Demonstrates superior efficiency, thoroughness and accuracy in performing a history. Always asks questions that are systematic, relevant, precise, objective, non-leading and interactive. Always asks questions of clarification and corrects inconsistencies. Excellent at organizing history information accurately in the medical record and presents information in an orderly, clear and concise manner. Communicates and articulates exceptionally well, orally and in writing. Follow-up on cases is exceptional, and always appropriately documented. Puts great effort into clearly communicating and documenting discharge information. Consistently writes in a constructive and professional manner, adapts writing depending on the target audience. Is able to capture subtle nuances and differences for individual cases. Discharge instructions require very few if any modifications. Demonstrates excellent teamwork skills and works cooperatively with faculty staff and other students. Conveys an exceptional "can-do" spirit, a sense of optimism, ownership, commitment and dedication. Is always willing and quick to volunteer to help with any task even when not specifically involved.

Expected performance:

Demonstrates good efficiency, thoroughness and accuracy in performing a history. Frequently asks questions that are systematic, relevant, precise, objective, non-leading and interactive. Consistently asks questions of clarification and corrects inconsistencies. Good at organizing history information accurately in the medical record and presents information in an orderly, clear and concise manner. Communicates and articulates well, orally and in writing. Follow-up on cases is good, and is appropriately documented. Puts appropriate effort into clearly communicating and documenting discharge information. Consistently writes in a constructive and professional manner, adapts writing depending on the target audience with minimal prompting. Is

able to capture and understand most differences for individual cases. Discharge instructions require few modifications. Demonstrates good teamwork skills and works cooperatively with faculty staff and other students. Conveys a good "can-do" spirit, a sense of optimism, ownership, commitment and dedication. Will volunteer to help with any task even when not specifically involved.

Acceptable performance:

Demonstrates adequate efficiency, thoroughness and accuracy in performing a history. Occasionally asks questions that are systematic, relevant, precise, objective, non-leading and interactive. Occasionally asks questions of clarification and corrects inconsistencies. Satisfactory at organizing history information accurately in the medical record and presenting information in an orderly, clear and concise manner. Fair in oral and written communication. Follow-up on cases is fair, and most often documented. Puts an average amount of effort into communicating and documenting discharge information. With prompting, writes in a constructive and professional manner, and with prompting can adapt writing depending on the target audience. Is sometimes confused in ability to capture and understand subtle differences for individual cases. Discharge instructions require modifications. Demonstrates adequate teamwork skills and works cooperatively with faculty staff and other students. Conveys an appropriate "can-do" spirit, a sense of optimism, ownership, commitment and dedication. Will help with a task when asked.

Below expectation:

Unable to perform accurate and complete histories without frequent omissions. Poor at asking relevant, precise, objective, non leading and interactive questions. Cannot appreciate, clarify or correct inconsistencies. Difficulties in orally and written communication. Follow-up on cases is poor and seldom documented. Puts little effort into communicating and documenting discharge information. Neither writes in a professional manner nor adapts writing to the target audience. Is often confused in understanding subtle differences for individual cases even after explanation. Discharge instructions require extensive modifications and client communication only occurs with prompting. Consistently demonstrates poor teamwork skills and does not work cooperatively with faculty, staff or other students. Demonstrates a consistent sense of pessimism and/ or lack of ownership, commitment and dedication. Is not available to help with a task or cannot be located to be asked to help.

---

Professionalism (reliability, thoroughness, punctuality, appearance, relations with clients, supervisors, colleagues and staff)

Exemplary performance:

Outstanding work ethic. Willingly takes ownership of actions and responsibility for the consequences. Is highly motivated and exceeds commitment made to others. Behavior, and interpersonal skills are consistently outstanding. Always dresses professionally. Is always on time and meets deadlines. Overtly demonstrates maturity, honesty, and respect in interactions with peers, staff and faculty. Is a role model.

Expected performance:

Enthusiastically performs responsibilities without prompting. Takes ownership of actions and responsibility for the consequences. Follows through with commitment made to others. Behavior, interactions and dress are always appropriate. Good interpersonal skills. Is on time and meets deadlines. Consistently mature, honest and respectful.

Acceptable performance:

Generally has a positive attitude. Takes ownership of actions and responsibility for the consequences but sometimes needing prompting. Only occasionally fails to follow through with commitment made to others. Performs clinical duties without significant redirection or prompting. Is seldom late and seldom misses deadlines. Demonstrates tact, appropriate interpersonal behavior and language. Usually dressed appropriately.

Below expectation:

Often demonstrates a lack of interest. Frequently commits to things without follow through, causing trust to be questioned. Frequently exhibits unprofessional behavior or uses inappropriate language. Is usually late and misses deadlines. Interpersonal skills need improvement. Dress is often inappropriate. May have hygiene issues.

---

Character (Ethical conduct, sensitivity to the needs of the patients and clients, emotional stability)

Exemplary performance:

Is always honest, fair, courteous, considerate, and compassionate. Is always respectful and transparent in dealing with others, displays knowledge and respect of the rules, laws and standards in place. Does not discuss prior case management or case outcome in a derogatory manner. Protects the personal privacy of clients and patients. Recognizes impairment in self or in others and acts quickly to report or rectify the problem. Demonstrates exceptional maturity and emotional stability required for full use of the required intellectual abilities. Tolerates physically and emotionally taxing workloads and long work hours, and functions in an exemplary fashion under stress. Displays superior flexibility and adaptability to changing environments. Easily accepts constructive feedback from others and takes personal responsibility for making appropriate positive changes. Is excellent at demonstrating compassion while handling strong emotions.

Expected performance:

Is honest, fair, courteous, considerate, and compassionate. Is respectful and transparent in dealing with others, displays knowledge and respect of the rules, laws and standards in place and seldom needs to be reminded. Does not discuss prior case management or case outcome in a derogatory manner. Protects the personal privacy of clients and patients. Recognizes impairment in self or in others and acts appropriately to report or rectify the problem. Demonstrates good maturity and emotional stability required for full use of the required intellectual abilities. Tolerates physically and emotionally taxing workloads and long work hours, and functions in an appropriate fashion under stress. Displays flexibility and adaptability to changing environments. Accepts constructive feedback from others and takes personal responsibility for making appropriate positive changes. Is good at demonstrating compassion while handling strong emotions.

Acceptable performance:

Strives to be honest, fair, courteous, considerate, and compassionate. Is respectful and transparent in dealing with others, displays knowledge and respect of the rules, laws and standards in place but needs to be reminded periodically of the appropriate conduct. Does not discuss prior case management case outcome in a derogatory manner. Protects the personal privacy of clients and patients. Recognizes impairment in self or in others and acts appropriately to report or rectify the problem. Demonstrates adequate maturity and emotional stability required for full use of the required intellectual abilities. Fairly

tolerant of physically and emotionally taxing workloads and long work hours, and functions in an acceptable fashion under stress. Displays fair flexibility and adaptability to changing environments. Accepts constructive feedback from others and takes personal responsibility for making appropriate positive changes in most instances. Can demonstrate compassion while handling strong emotions, but may need help in extreme situations.

Below expectation:

Is not honest, fair, courteous, considerate, and compassionate. Often has to be reminded to be respectful and transparent in dealing with others and displays little knowledge and respect of the rules, laws and standards in place. Discusses prior case management and or case outcome in a derogatory manner. Does not protect the personal privacy of clients and patients. Disregards situations of impairment in self or in others and does not attempt to report or rectify the problem. Does not demonstrate adequate maturity and emotional stability required for full use of the required intellectual abilities in most instances. Is tolerant of physically and emotionally taxing workloads and long work hours, and does not function well under stress. Is inflexible and does not adapt to changing environments. Has difficulty accepting constructive feedback from others and does not take personal responsibility for making appropriate positive changes. Has difficulty demonstrating appropriate level of compassion without displaying strong emotions.

---

**RESOURCES:**

1. Under the User's Home page in E\*Value (<https://www.e-value.net/login.cfm>) is a document called Out Rotation Basics & Instructions; this document walks a person through how to view externship locations that other students have visited as well as these students' reviews of the location.
2. Externship Notice Form: <https://www.lsbvm.org/wp-content/uploads/2020/05/Externship-Notice-Form-DVM.pdf>
3. Louisiana Board of Veterinary Medicine website: <http://www.lsbvm.org/>
4. Louisiana Board of Veterinary Medicine Preceptorship Information website: <https://www.lsbvm.org/preceptorship-dvm/>
5. Evaluation form that externship mentor fills out on student:



Out-rotation  
Evaluation of Student

**PHOTOGRAPHS AND VIDEO OF PATIENTS:**

Photographs and video may be taken of patients for educational purposes (e.g., for use in abstracts, articles, and presentations). Any photographs and video for use by the media may not be taken without the express consent of the patient's owner. Verbal consent by the animal's owner is an acceptable means of gaining permission to photograph/video the patient. If a member of the media is present in the hospital and wishes to take background footage of clinicians and students working with animal, no close-up shots are permitted such that the animal would be identified by its owner. All media requests must be directed to the LSU – School of Veterinary Medicine Public Relations Director, Mrs. Ginger Guttner.

**POSTINGS ON INTERNET/ SOCIAL NETWORKING SITES:**

Posting, releasing, or otherwise disclosing photos, identifiable case descriptions, images, or records related to the educational, clinical, or research activities of the LSU - School of Veterinary Medicine, outside of the LSU - School of Veterinary Medicine via social networking sites (e.g. MySpace, Facebook, Twitter, etc.) or via other than standard professional means of query and/or dissemination of educational, clinical, or research information is prohibited. This policy applies to all students, faculty, staff, clients, and visitors of the LSU - School of Veterinary Medicine and to all activities of the LSU - School of Veterinary Medicine, on or off campus, related to veterinary clinical services and teaching and research labs. Pictures of animals (whether owned by University or client), and client information are strictly forbidden from being published or posted on social networking sites such as "Facebook," "Twitter," and "Myspace;" and non-educational blogs, message boards, or internet websites; without the prior approval from an appropriate Supervisor, Department Head, Director of the LSU – School of Veterinary Medicine Veterinary Teaching Hospital, or the Director of the Louisiana Animal Disease Diagnostic Laboratory. This policy is to promote the safety and privacy of students, faculty, staff, clients, and visitors. Failure to comply with this policy could result in damage to persons or property, may be a violation of legal, professional, and/or ethical obligations, and may result in disciplinary action by the LSU - School of Veterinary Medicine, up to and including dismissal.

**LSU SCHOOL OF VETERINARY MEDICINE ACADEMIC MISCONDUCT POLICY:**

The LSU Code of Student Conduct applies to the School of Veterinary Medicine within the Code is the Academic Misconduct Policy, which outlines the School of Veterinary Medicine expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the LSU Code of Student Conduct Policy and for living up to their pledge not to violate the Code.

- I. It shall be a violation of this Code for a student to cheat.
- II. It shall be a violation of this Code for a student to knowingly circumvent any course requirement.
- III. It shall be a violation of this Code for a student to steal.
- IV. It shall be a violation of this Code for a student to purposely impair another student's educational opportunity.
- V. It shall be a violation to act in a manner which is detrimental to the moral and ethical standards of the veterinary medical profession.
- VI. It shall be a violation for a student to knowingly deceive another student, faculty member, or professional associate with the intent to gain advantage, academic or otherwise, for said student or for any other student.
- VII. It shall be a violation for any student to fail to report any infraction of the LSU Code of Student Conduct Policy to an appropriate representative.

LSU Code of Student Conduct can be found at:

<http://saa.lsu.edu/code-student-conduct>

#### GENERAL STATEMENT ON ACADEMIC INTEGRITY:

Louisiana State University adopted the Commitment to Community in 1995 to set forth guidelines for student behavior both inside and outside of the classroom. The Commitment to Community charges students to maintain high standards of academic and personal integrity. All students are expected to read and be familiar with the LSU Code of Student Conduct and Commitment to Community, found online at [www.lsu.edu/saa](http://www.lsu.edu/saa). It is your responsibility as a student at LSU to know and understand the academic standards for our community.

Students who are suspected of violating the Code of Conduct will be referred to the office of Student Advocacy & Accountability. For undergraduate students, a first academic violation could result in a zero grade on the assignment or failing the class and disciplinary probation until graduation. For a second academic violation, the result could be suspension from LSU. For graduate students, suspension is the appropriate outcome for the first offense.

#### SEXUAL HARASSMENT POLICY:

The University reaffirms and emphasizes its commitment to provide an educational and work environment free from sexual harassment and to provide a means to remedy sexual harassment that employees may have experienced. (PS-73 Sexual Harassment and PS-95 Sexual Harassment of Students)

The intent of this policy is to express the University's commitment and responsibility to protect its students from sexual harassment and from retaliation for participating in a sexual harassment complaint. It is not intended to infringe upon constitutionally guaranteed rights nor upon academic freedom. In considering allegations of sexual harassment, the University must be concerned with the rights of both the complainant and the accused.

All proven cases of sexual harassment shall result in appropriate disciplinary action. The severity of the disciplinary action shall be consistent with the seriousness of the act of sexual harassment. Additionally, under appropriate circumstances, the University may take action to protect its students from sexual harassment by individuals who are not students of the University. If the alleged harasser is a student, the Dean of Students Office must be notified of the complaint.

Student Advocacy & Accountability, Office of the Dean of Students, LSU Student Life & Enrollment, 340 LSU Student Union, Baton Rouge, LA 70803; Phone: (225) 578-4307; Fax: (225) 578-5637; [dossaa@lsu.edu](mailto:dossaa@lsu.edu)



**AMERICANS WITH DISABILITIES ACT:**

Louisiana State University is committed to providing reasonable accommodations for all persons with disabilities. The syllabus is available in alternate formats upon request.

Students with disabilities: If you are seeking classroom accommodations under the Americans with Disabilities Act, you are required to register with Disability Services (DS). DS is located in 115 Johnston Hall. Phone is 225/578-5919. To receive academic accommodations for this class, please obtain the proper DS forms and meet with me at the beginning of the class. The Office of Student and Academic Affairs can help you if you have questions as well. <http://disability.lsu.edu/students>

**SYLLABUS CHANGE POLICY:**

Except for changes that substantially affect implementation of the evaluation (grading) statement, this syllabus is a guide for the course and is subject to change with advanced notice.

**SVM INSTITUTIONAL LEARNING GOALS/OBJECTIVES ALIGNED WITH COMPETENCIES:**

SVM 9 +1 Clinical Competency Anchor Points			
<b>Competency One:</b> Comprehensive patient diagnosis (problem solving skills), appropriate use of clinical laboratory testing, and record management	Aligned with Course Learning Objective	Assessment Method	Teaching Method
1.1 History/Physical Examination	1, 2, 8	Clinical Performance	Clinical Experience, Inpatient
1.2 Patient Assessment/Clinical Thinking Skills	1, 3, 6	Clinical Performance	Clinical Experience, Inpatient
1.3 Knowledge Base/Basic Pathophysiology	1, 3, 6	Clinical Performance	Clinical Experience, Inpatient
1.4 Diagnostic Skills/Clinical Laboratory Assessment	1, 6	Clinical Performance	Clinical Experience, Inpatient
1.5 Participation in Patient Discussions	8, 9, 10	Clinical Performance	Clinical Experience, Inpatient
1.6 Medical Records	1, 8, 9, 10	Clinical Performance	Clinical Experience, Inpatient
<b>Competency Two:</b> Comprehensive treatment planning including patient referral when indicated	Aligned with Course Learning Objective	Assessment Method	Teaching Method
2.1 Treatment planning	1, 4	Clinical Performance	Clinical Experience, Inpatient
2.2 Understanding Therapeutic Modalities and Availability (would include knowledge of referral services available)	1, 4	Clinical Performance	Clinical Experience, Inpatient
<b>Competency Three:</b> Anesthesia and pain management, patient welfare	Aligned with Course Learning Objective	Assessment Method	Teaching Method
3.1 Anesthesia/Patient Status/Response/Plans	1, 5	Clinical Performance	Clinical Experience, Inpatient



3.2 Pain Management/Patient Welfare/Empathy	1, 5	Clinical Performance	Clinical Experience, Inpatient
Competency Four: Basic surgery skills, experience, and case management	Aligned with Course Learning Objective	Assessment Method	Teaching Method
4.1 Basic surgical skills	1, 6	Clinical Performance	Clinical Experience, Inpatient
4.2 Surgical experience gained through rotation	1, 6	Clinical Performance	Clinical Experience, Inpatient
4.3 Case Management	6, 8, 9, 10	Clinical Performance	Clinical Experience, Inpatient
Competency Five: Basic medicine skills, experience and case management	Aligned with Course Learning Objective	Assessment Method	Teaching Method
5.1 Basic medical skills/ Case Management	1, 6	Clinical Performance	Clinical Experience, Inpatient
5.2 Medical experience gained through rotation	1, 6	Clinical Performance	Clinical Experience, Inpatient
Competency Six: Emergency and intensive care case management	Aligned with Course Learning Objective	Assessment Method	Teaching Method
6.1 Emergency Care Management	1, 7	Clinical Performance	Clinical Experience, Inpatient
6.2 Intensive Care Management	1, 7	Clinical Performance	Clinical Experience, Inpatient
Competency Seven: Health promotion, disease prevention/biosecurity, zoonosis, and food safety	Aligned with Course Learning Objective	Assessment Method	Teaching Method
7.1 Health Maintenance/promotion	1, 3, 8, 9, 10	Clinical Performance	Clinical Experience, Inpatient
7.2 Disease prevention/Control/Eradication	1	Clinical Performance	Clinical Experience, Inpatient
Competency Eight: Client communications and ethical conduct	Aligned with Course Learning Objective	Assessment Method	Teaching Method
8.1 Client Communication/Client Education/Discharge Summary	8, 9, 10	Clinical Performance	Clinical Experience, Inpatient
8.2 Working with Health Care Team	8, 9, 10	Clinical Performance	Clinical Experience, Inpatient
8.3 Ethical Conduct	10	Clinical Performance	Clinical Experience, Inpatient
8.4 Emotional Stability	10	Clinical Performance	Clinical Experience, Inpatient
8.5 Reliability/Thoroughness/Punctuality/Appearance	9	Clinical Performance	Clinical Experience, Inpatient