

# Cover Sheet: Request 13651

## VEM5XXX (Veterinary Surgical Oncology)

### Info

Process	Course New Ugrad/Pro
Status	Pending at PV - University Curriculum Committee (UCC)
Submitter	Amanda Larson smithal@ufl.edu
Created	2/20/2019 9:31:49 AM
Updated	3/13/2019 11:18:17 AM
Description of request	<p>We are proposing a change on the current Oncology rotation, VEM5873. This clerkship is currently a 2-week rotation in medical, radiation, and surgical oncology.</p> <p>Our proposal is to have a 2-week rotation in Medical Oncology/Radiation Oncology and another 2-week in Surgical Oncology/Radiation Oncology. We will increase the number of students available to medical/radiation oncology and available for surgical oncology/radiation oncology. There will be no swap of students between surgical or medical oncology services. Radiation Oncology will continue to be supported by the students who will help with SOAPS and daily management of inpatients in that service.</p> <p>Morning and afternoon rounds will continue to be held together, emphasizing the integrative nature of our service. Most importantly, morning teaching rounds held every day from 8:15 to 9 am will continue to be held together. This has been commented by the students as a great addition to our rotation. Comments in the past often asked for more teaching rounds. The students will have a stronger contact with the services and this is seen as a very positive detail.</p> <p>Improvements perceived by our services include:</p> <p>Decrease in number of cases/student; less paperwork/student. The students currently spend a large amount of their day sitting in front of the computer, doing paperwork. Improvement in the ability of the services to see additional cases, if needed. Improved ability for the faculty and house officers to assess and grade the students, since the exposure to their daily activities will increase. The students will have the ability to choose which service they prefer.</p>

### Actions

Step	Status	Group	User	Comment	Updated
Department	Approved	VM - Small Animal Clinical Sciences 312809000	Rowan Milner		2/27/2019
UF Surgical Oncology Clerkship.pdf					2/20/2019
College	Approved	VM - College of Veterinary Medicine	Jorge Hernandez	Decision to approve new VEM course (Vet Surgical Oncology) was made in consultation with CVM OA&SA.	3/13/2019
No document changes					
University Curriculum Committee	Pending	PV - University Curriculum Committee (UCC)			3/13/2019
No document changes					

Step	Status	Group	User	Comment	Updated
Statewide Course Numbering System					
No document changes					
Office of the Registrar					
No document changes					
Student Academic Support System					
No document changes					
Catalog					
No document changes					
College Notified					
No document changes					

## Course|New for request 13651

### Info

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Our proposal is to have a 2-week rotation in Medical Oncology/Radiation Oncology and another 2-week in Surgical Oncology/Radiation Oncology.

We will increase the number of students available to medical/radiation oncology and available for surgical oncology/radiation oncology. There will be no swap of students between surgical or medical oncology services.

Radiation Oncology will continue to be supported by the students who will help with SOAPS and daily management of inpatients in that service.

Morning and afternoon rounds will continue to be held together, emphasizing the integrative nature of our service.

Most importantly, morning teaching rounds held every day from 8:15 to 9 am will continue to be held together. This has been commented by the students as a great addition to our rotation. Comments in the past often asked for more teaching rounds.

The students will have a stronger contact with the services and this is seen as a very positive detail.

Improvements perceived by our services include:

Decrease in number of cases/student; less paperwork/student. The students currently spend a large amount of their day sitting in front of the computer, doing paperwork.

Improvement in the ability of the services to see additional cases, if needed.

Improved ability for the faculty and house officers to assess and grade the students, since the exposure to their daily activities will increase.

The students will have the ability to choose which service they prefer.

**Submitter:** Amanda Larson smithal@ufl.edu

**Created:** 4/10/2019 8:36:38 AM

**Form version:** 2

### Responses

**Recommended Prefix** VEM

**Course Level** 5

**Number** XXX

**Category of Instruction** Introductory

**Lab Code** C

**Course Title** Veterinary Surgical Oncology Clerkship

**Transcript Title** Vet Surg Onc Clkshp

**Degree Type** Professional

**Delivery Method(s)** On-Campus

**Co-Listing** No

**Co-Listing Explanation** For professional students only

**Effective Term** Earliest Available

**Effective Year** Earliest Available

**Rotating Topic?** No

**Repeatable Credit?** Yes

**If repeatable, # total repeatable credit allowed** 4

**Amount of Credit** 2

**S/U Only?** No

**Contact Type** Regularly Scheduled

**Weekly Contact Hours** 40

**Course Description** Introduction to surgical oncology. Students will focus on taking a relevant history, performing detailed physical examination, discussing differential diagnoses and workup as well as treatment of cancer in dogs and cats. The understanding of surgical anatomy and post-operative patient care is very important in our rotation.

**Prerequisites** None

**Co-requisites** None

**Rationale and Placement in Curriculum** The clerkship is designed to increase student knowledge of various cancers in small animals, including their diagnosis, therapy and outcome. Emphasis will be put on problem-based solving and discussion of pathophysiology processes. The caseload will dictate the actual diseases that are seen clinically. Teaching ("topic rounds") are scheduled for most mornings (8:15-9am) and will focus on common tumors such as introduction to oncology, chemotherapy, radiation therapy, surgical oncology principles, canine and feline lymphoma, mast cell tumors, hemangiosarcoma, osteosarcoma and soft tissue sarcomas.

**Course Objectives**

- Learn and reinforce the process of hypothesis generation (eliciting the right question), problem representation (problem list), prioritized differential diagnosis and finally problem-solving strategies (pattern recognition and analytical reasoning).
- Improve physical examination skills and ability to take a relevant history as a foundation to clinical reasoning.
- Enhance knowledge of the principles of tumor biology, pathophysiology, diagnosis, treatment goals and treatment options through clinical cases, independent study and didactic rounds.
- Increase your knowledge in how to use surgery to diagnose and treat various tumors. Methods of biopsy will be discussed.
- Increase knowledge and clinical application of common treatment modalities in oncology such as radiation, chemotherapy and immunotherapy.
- Emphasize development of pattern recognition and appropriate clinical staging plans according to the tumor type.
- Improve ability to care for animals with cancer and communicate treatment options, (from palliative care and end-of-life issues to standard of care) with clients.
- Improve your surgical skills by practicing suture patterns while being directly supervised.
- SLO / clinical skills: the students will have the opportunity to learn and practice a lot of clinical skills such as fine needle aspirates, bone marrow aspirates, biopsies, venipunctures.
- Improve your care of post-surgical and critical patients.

**Course Textbook(s) and/or Other Assigned Reading** All students MUST review the online orientation module and videos prior to starting this rotation.

VEM 5308 (Veterinary Oncology) notes if student attended this course

Textbooks:

Small Animal Clinical Oncology by Withrow and MacEwen 4th and/or 5th eds.

Veterinary Surgical Oncology by Simon T. Kudnig and Bernard Séguin, 1st ed.

Compendium on Continuing Education for the Practicing Veterinarian for online reviews (free for students to register)

**Weekly Schedule of Topics** In general, students will work day shifts Monday to Friday, but patient care is often needed during weekends. Students will not be required to come on weekends if there are no patients in the hospital. UF oncology follows the UF CVM SA Hospital holiday schedule and a modified schedule may be provided when the college adjusts the length of a rotation. Students will receive cases alongside interns, residents, and faculty that are presenting to the UF Small Animal Hospital Surgical Oncology service. Students will also be responsible for all the hospitalized patients (mostly post-operative patients) that remain under the care of the surgical oncology service. It is important to know that faculty and house officers (a surgical oncology intern, a surgery resident, or a surgical oncology fellow) will be with you and guide you along these 2 weeks.

Basic Schedule:

Mondays and Wednesdays:

7:30-8:15 Case transfers (from ICU)

8:15 to 9:00am: Topic rounds (medical and surgical oncology together).

9:00 to 9:30am: Case rounds (Brief intro and discussion of the cases to be seen that day)

9:30am to 3:30pm: Receiving cases and clinical staging.

4:00 to 5:00 pm: Case rounds (discuss the cases we saw that day and plan for surgeries the next day).

After 5pm: wrap up of all the cases in the hospital, patient care, and client communication.

Tuesdays and Thursdays:

7:00 to 8:15am: Patient care, transport patient to anesthesia, client calls. (please refer to Canvas for detailed orientation).

8:15 to 9:00am: Topic rounds.

9:00 to 9:30am: Case rounds (as on Monday)

9:30 to 4:00pm: Surgical Procedures

4:00 to 5:00pm: Case rounds.

After 5pm: Client communications, patient care, and writing of documents (discharges, SOAPs, surgery reports, etc).

Fridays:

7:00 to 8:15am: Discussion of cases with surgical oncology house officers and plan for the day including continued care and discharge plans.

8:15 to 9:00 am: Topic rounds

9:00 to 9:30 am: Case rounds

9:30 to 11:30 am: Case rounds as time allows, preparation for patient discharge.

9:30 to 4pm: Patient discharges.

Saturday and Sunday: Student, house officers, and faculty to meet in the morning for patient care/discharges if needed.

We are an integrated service which means medical, surgical and radiation oncology are combined, and patients/clients may be seeing more than one doctor on any given day. We expect the students to follow their patient from evaluation to discharge and understand the recommendations made for that patient which may include more than one treatment modality. The rounds in the afternoon will help everyone understand the diagnostics and treatment for each specific patient.

Students are required to report to the oncology service by 7:30 am each day, ready to see appointments. If the student is responsible for any hospitalized patients, he/she will need to come in earlier to have their patient's treatments completed by 7:30 am and be ready to start taking in appointments.

Cases will generally be assigned the night before. Depending on the caseload, not all students will have a patient assigned to them, however students should make every effort to be available to take cases or assist other students with the care of surgical oncology patients.

Topic rounds will be given every morning from 8:15 to 9 AM on various topics such as introduction to oncology, chemotherapy, radiation therapy, surgical oncology principles, canine and feline lymphoma, mast cell tumors, hemangiosarcoma, osteosarcoma and soft tissue sarcomas, etc.

Morning Board rounds begin at 9:00 am and students are expected to be knowledgeable on their cases in order to succinctly present the case to the service (signalment, presenting complaint, brief history). A more comprehensive presentation of the case will be discussed when presenting to the attending clinician after seeing the case (signalment, presenting complaint, history, physical exam findings, problem list, differential diagnosis, diagnostic plan, and treatment options). Generally, a few cases from the day will be presented during rounds on the same day at 4:00 pm. Because the case should have been worked up in its entirety, the student should be prepared to show and discuss the diagnostic findings and discuss the case. Students MUST try not to schedule patient discharges or procedures between 4-5pm to make sure they are available for rounds. Before leaving at the end of the day, students should check in with the clinicians that they had cases with to ensure that clients have been called, prescriptions have been filled, and paperwork has been updated.

A quiz on the last Friday of the rotation which will count towards the student's grade will be given. Students who need a certain day or days off (e.g., to take the NAVLE, for job interviews, doctor's appointment etc.) should contact the course coordinator and the oncology faculty member that will be on duty at the time before the start of the rotation and should make every effort to organize this on a Friday, as this will impact the team less.

**Links and Policies** <https://evaluations.ufl.edu/evals/>

<http://education.vetmed.ufl.edu/dvm-curriculum/student-handbook/>

<http://education.vetmed.ufl.edu/student-affairs/attendance-policy/>

<http://www.dso.ufl.edu/judicial/honorcodes/honorcode.php>

<http://www.dso.ufl.edu/drc/>  
<https://counseling.ufl.edu/>

### **Grading Scheme** Grading Scale (either Canvas scale or unique scale)

Student grades will consist of a clinic evaluation and a final quiz. The student will be evaluated in the clinic using the score sheet below. A verbal interim feedback meeting after the first week of rotation will be given. Students in danger of failing the rotation will at this point be given a verbal warning and constructive advice on how to improve. Failing grade for surgical oncology is set at D.

Students will be graded as "Exceeds", "Meets expectations", "Competent" or "Below expectation" in each of the following categories:

- **History**

Exceeds Expectations: Consistently takes thorough and organized histories. Histories are completed in a timely manner for the circumstances

Meets Expectations: Almost always takes thorough and organized histories. Rarely misses details or pertinent follow-up questions; occasionally takes extra time to complete.

Competent: Generally, takes thorough and organized histories but sometimes misses important points. History-taking is sometimes inefficient/time-consuming.

Below Expectation: Minimally able to perform thorough and organized histories; has frequent omissions. Takes excessive amounts of time or completes too quickly leading to missing information.

- **Physical Examination**

Exceeds Expectations: Consistently performs accurate and complete physical examinations in a timely manner. Consistently able to elaborate key physical examination findings and associated subtleties.

Meets Expectations: Almost always performs accurate and complete physical examinations in a timely manner. Almost always able to address physical examination subtleties and continued improvement is expected.

Competent: Generally, performs satisfactory physical examinations. Occasional omissions or inaccuracies. Sometimes prioritizes minor problems over more critical findings

Below Expectation: Minimally able to perform satisfactory examinations. Frequently findings are incomplete or misinterpreted. Minimal to no improvement seen.

- **Problem Prioritization and Differential Diagnoses**

Exceeds Expectations: Consistently generates accurate and logical list of differential diagnoses. Takes into account all available information. Consistently prioritizes problems into clear categories of high- yield and low-yield problems.

Meets Expectations: Almost always generates accurate and logical list of differential diagnoses. Takes into account most available information. Almost always prioritizes problems into categories of high-yield and low-yield problems.

Competent: Generally generates a logical list of satisfactory differential diagnoses. Has occasional deficiencies that stem from failure to consider available information. Sometimes prioritizes problems correctly.

Below Expectation: Minimally able to generate a logical list of satisfactory differential diagnoses. Frequently excludes information to suggest differential diagnoses. Unable to prioritize problems correctly.

- **Diagnostic Plan**

Exceeds Expectations: Consistently selects key diagnostic tests/tools and correctly justifies selections.

Meets Expectations: Almost always selects key diagnostic tests/tools and justifies selections. Sometimes less common tests are omitted.

Competent: Often suggests important diagnostic tests/tools and typically correctly justifies selections. Sometimes suggests unnecessary tests or fails to consider important tests.

Below Expectation: Minimally able to select appropriate diagnostic tests/tools or provide justifications. Frequently suggests inappropriate/excessive tests or misses crucial/basic diagnostic testing.

- **Diagnostic Test Interpretation**

Exceeds Expectations: Consistently interprets test results accurately. Analyzes information and makes excellent decisions. Excellent recognition of pathologic lesions. Accurately describes and interprets lesions using appropriate terminology and systematic process.

Meets Expectations: Generally, interprets test results accurately but makes some mistakes. Subtleties are often missed; only most obvious interpretation is considered. Satisfactory interpretation of

pathologic lesions. Lesion description and diagnosis generation mostly accurate with occasional errors.

Competent: Generally, provides reasonable prognoses but may make some mistakes.

Below Expectation: Minimally able to interpret test results accurately and makes frequent mistakes.

Unable to assimilate/retain information from previous cases. Unable or limited ability to identify significant pathologic lesions or to distinguish lesions from normal tissues. Unable to describe lesions in accurate medical term

- Prognoses

Exceeds Expectations: Always provide accurate prognoses and knowledge of disease and treatment is excellent.

Meets Expectations: Consistently provides accurate prognoses.

Competent: Can provide prognoses but with errors

Below Expectation: Minimally able to provide accurate prognoses and makes frequent mistakes.

- Knowledge Base

Exceeds Expectations: Displays superior knowledge and understanding of a variety of common primary, secondary, and tertiary medical and/or surgical problems. Exceptional knowledge of diseases related to the specialty (individual or populations, including anatomy, pathophysiology, pharmacology, and other areas as is appropriate).

Meets Expectations: Displays good knowledge and understanding of a variety of common primary, secondary, and tertiary medical and/or surgical problems. Minor knowledge gaps regarding the specialty (individual or populations, including anatomy, pathophysiology, pharmacology, and other areas as is appropriate).

Competent: Displays satisfactory knowledge of a variety of common primary, secondary, and tertiary medical and/or surgical problems. Could benefit from more review related to the specialty (individual or populations, including anatomy, pathophysiology, pharmacology, and other areas as is appropriate).

Below Expectation: Displays limited knowledge in many areas related to the specialty (individual or populations, including anatomy, pathophysiology, pharmacology, and other areas as is appropriate).. Deficiencies hinder ability to progress through cases.

- Critical Thinking Skills

Exceeds Expectations: Always demonstrates clinical thought processes that are logical and complete. Always able to translate factual knowledge to clinical problem solving.

Meets Expectations: Almost always demonstrates clinical thought processes that are logical and complete. Almost always is able to translate factual knowledge to clinical problem solving. Occasional guidance needed.

Competent: Demonstrates logical clinical thought processes, but occasional errors noted. Satisfactory ability to translate factual knowledge to clinical problem solving, frequent guidance needed.

Below Expectation: Does not demonstrate logical and cohesive clinical thought processes. Displays limited ability to translate factual knowledge to clinical problem solving. Minimal to no improvement in ability to articulate thought process demonstrated.

- Medical Records

Exceeds Expectations: Always creates medical records that are concise, accurate, and always completed on time. Medical records are easy to read and provide clear case documentation.

Consistently creates a problem oriented medical record when required.

Meets Expectations: Almost always creates medical records that contain most pertinent information, and are completed on time. Medical records are easy to read and provide good case documentation. Almost always is able to create problem oriented medical records when required but requires edits.

Competent: Satisfactory ability to create medical records that contain most pertinent information, and are usually completed on time. Medical records could be better organized but provide adequate case documentation. Could be more consistent. Satisfactory ability to create problem oriented medical records when required.

Below Expectation: Minimally able to create problem oriented medical records. Medical records often contain omissions of relevant information and not well organized. Records contain too much or not enough vital information. Minimally able to create problem oriented medical records when required. Records may not be completed in a timely manner.

- Patient Care and Management

Exceeds Expectations: Consistently provides exceptionally high quality patient care in a timely

manner. Provides all important treatments. Consistently concerned for the welfare of patients and often volunteers to help others. Goes above and beyond.

Meets Expectations: Provides above average patient care in a timely manner. Provides most important treatments. Concerned for the welfare of patients and often volunteers to help others.

Competent: Provides satisfactory patient care and treatment is delivered in an acceptable timeframe. Occasional errors made regarding most important treatments, but promptly corrected when directed.

Satisfactory level of concern for the welfare of patients and sometimes volunteers to help others.

Below Expectation: Has difficulty in providing satisfactory patient care in a timely fashion. Important treatments are often delayed or overlooked. Potential for significant compromise of patient's health.

Shows lack of concern for the welfare of patients and rarely volunteers to help others.

- Communication

Exceeds Expectations: Consistently communicates and articulates complex information to clients and/or medical personnel exceptionally well; oral and written communication always timely and appropriate. Listens effectively. Strong interpersonal skills.

Meets Expectations: Above average ability to communicate and articulate complex information to clients and/or medical personnel, oral and written communication usually timely and always appropriate. Good interpersonal skills.

Competent: Satisfactory ability to communicate and articulate complex information to clients and/or medical personnel, oral and written. Satisfactory interpersonal skills.

Below Expectation: Has difficulty communicating or articulate ideas effectively to clients and/or medical personnel, oral and written. Interpersonal skills need Improvement. Clients sometimes misinformed or confused after speaking with student. Poor interpersonal skills.

- Professionalism/Professional Maturity/Ethical Behavior

Exceeds Expectations: Consistently outstanding attitude, effort, interactions, and ethical behavior. Overtly demonstrates maturity, honesty, and respect in interactions with patients, peers, staff, and faculty. Actively seeks feedback and makes adjustments as directed.

Meets Expectations: Consistently professional attitude, effort, interactions, and ethical behavior. Interactions with clients, patients, faculty, staff and peers always appropriate. Responds well to offered feedback and effort made to improve in response.

Competent: Satisfactory attitude, effort, interactions, and ethical behavior. Typically mature, honest, and respectful in interactions with patients, peers, staff, and faculty. Open to feedback but does not overtly welcome it. May have occasional minor interpersonal concerns.

Below Expectation: Poor attitude, effort, interactions, and ethical behavior with patients, peers, staff, and faculty; minimal effort maintained. Disregards feedback when offered.

- Independent Decision Making

Exceeds Expectations: Demonstrates exceptional ability to make appropriate decisions regarding case management. Takes initiative and anticipates needs of teammates and client/patient. Student is qualified to perform basic duties related to the clerkship unsupervised.

Meets Expectations: Demonstrates strong ability to make appropriate decisions regarding case management. Needs some guidance to arrive at decisions or may be occasionally hesitant to make important decisions. Student is mostly qualified to perform basic duties related to the clerkship unsupervised.

Competent: Demonstrates ability to make appropriate decisions regarding case management but misses important details. Often needs guidance to arrive at decisions or may be occasionally hesitant to make important decisions. Student is often qualified to perform basic duties related to the clerkship with some supervision.

Below Expectations: Demonstrates poor ability to make appropriate decisions regarding case management. Unable to make any decisions without significant guidance or makes inappropriate decisions frequently. Student needs direct supervision and is not qualified to perform basic duties related to the clerkship.

- Quiz

Exceeds Expectations: Student performed at the highest level expected for the assignment (90% and above).

Meets Expectations: Student performed very well on the assignment (80-89%)

Competent: Student performed adequately on the assignment (70-79%)

Below Expectation: Student performed poorly on the assignment (<70%)

Clinical competencies (if evaluated please indicate)

SLO / clinical skills: The student will have the opportunity to learn and practice various clinical skills. These should be entered through the CoVM curriculum Map website and will be reviewed/accepted by the teachers. We expect about 35% of completion to pass.

**Instructor(s)** Course Faculty: Dr. Carlos Souza and Dr Judith Bertran  
Supporting Faculty (Medical and radiation Oncology): Dr. Sandra Bechtel, Dr. Keijiro Shiomitsu, Dr. Rowan Milner, Dr. Amandine Lejeune and Dr. Anna Szivek

# University of Florida College of Veterinary Medicine Syllabus

## I. Course information

Course Number: **VEM5XXX**  
Course Title: Veterinary Surgical Oncology Clerkship  
Year/Semester: 3<sup>rd</sup> and 4<sup>th</sup> year, all semesters  
Course credit: 2 credits, 2-week rotation

## II. General information

Course coordinator: Dr. Carlos Souza  
Office location & office hours: SACS #372; by appointment only

Email: [souzachm@ufl.edu](mailto:souzachm@ufl.edu)

Course Faculty: Dr. Carlos Souza and Dr Judith Bertran  
Supporting Faculty (Medical and radiation Oncology): Dr. Sandra Bechtel, Dr. Keijiro Shiomitsu, Dr. Rowan Milner, Dr. Amandine Lejeune and Dr. Anna Szivek

## III. Course description

### Course goals:

The Surgical Oncology Rotation is a 2 credit, 2-week rotation that is designed to introduce junior and senior students to surgical oncology. Students will focus on taking a relevant history, performing detailed physical examination, discussing differential diagnoses and workup for their patients as well as treatment of cancer in dogs and cats (occasionally large animals and exotic species). The understanding of surgical anatomy and post-operative patient care is very important in our rotation.

The clerkship is designed to increase student knowledge of various cancers in small animals, including their diagnosis, therapy and outcome. Still, emphasis will be put on problem-based solving and discussion of pathophysiology processes. The caseload will dictate the actual diseases that are seen clinically. Teaching (“topic rounds”) are scheduled for most mornings (8:15-9am) and will focus on common tumors such as introduction to oncology, chemotherapy, radiation therapy, surgical oncology principles, canine and feline lymphoma, mast cell tumors, hemangiosarcoma, osteosarcoma and soft tissue sarcomas.

### Educational goals of the course:

- a. Learn and reinforce the process of hypothesis generation (eliciting the right question), problem representation (problem list), prioritized differential diagnosis and finally problem-solving strategies (pattern recognition and analytical reasoning).
- b. Improve physical examination skills and ability to take a relevant history as a foundation to clinical reasoning.
- c. Enhance knowledge of the principles of tumor biology, pathophysiology, diagnosis, treatment goals and treatment options through clinical cases, independent study and didactic rounds.
- d. Increase your knowledge in how to use surgery to diagnose and treat various tumors. Methods of biopsy will be discussed.
- e. Increase knowledge and clinical application of common treatment modalities in oncology such as radiation, chemotherapy and immunotherapy.
- f. Emphasize development of pattern recognition and appropriate clinical staging plans according to the tumor type.
- g. Improve ability to care for animals with cancer and communicate treatment options, (from palliative care and end-of-life issues to standard of care) with clients.
- h. Improve your surgical skills by practicing suture patterns while being directly supervised.

- i. SLO / clinical skills: the students will have the opportunity to learn and practice a lot of clinical skills such as fine needle aspirates, bone marrow aspirates, biopsies, venipunctures.
- j. Improve your care of post-surgical and critical patients.

### **Course Outline/Schedule:**

In general, students will work day shifts Monday to Friday, but patient care is often needed during weekends. Students will not be required to come on weekends if there are no patients in the hospital. UF oncology follows the UF CVM SA Hospital holiday schedule and a modified schedule may be provided when the college adjusts the length of a rotation. Students will receive cases alongside interns, residents, and faculty that are presenting to the UF Small Animal Hospital Surgical Oncology service. Students will also be responsible for all the hospitalized patients (mostly post-operative patients) that remain under the care of the surgical oncology service. It is important to know that faculty and house officers (a surgical oncology intern, a surgery resident, or a surgical oncology fellow) will be with you and guide you along these 2 weeks.

Basic Schedule:

#### **Mondays and Wednesdays:**

7:30-8:15 Case transfers (from ICU)

8:15 to 9:00am: Topic rounds (medical and surgical oncology together).

9:00 to 9:30am: Case rounds (Brief intro and discussion of the cases to be seen that day)

9:30am to 3:30pm: Receiving cases and clinical staging.

4:00 to 5:00 pm: Case rounds (discuss the cases we saw that day and plan for surgeries the next day).

After 5pm: wrap up of all the cases in the hospital, patient care, and client communication.

#### **Tuesdays and Thursdays:**

7:00 to 8:15am: Patient care, transport patient to anesthesia, client calls. (please refer to Canvas for detailed orientation).

8:15 to 9:00am: Topic rounds.

9:00 to 9:30am: Case rounds (as on Monday)

9:30 to 4:00pm: Surgical Procedures

4:00 to 5:00pm: Case rounds.

After 5pm: Client communications, patient care, and writing of documents (discharges, SOAPs, surgery reports, etc).

Fridays:

7:00 to 8:15am: Discussion of cases with surgical oncology house officers and plan for the day including continued care and discharge plans.

8:15 to 9:00 am: Topic rounds

9:00 to 9:30 am: Case rounds

9:30 to 11:30 am: Case rounds as time allows, preparation for patient discharge.

9:30 to 4pm: Patient discharges.

Saturday and Sunday: Student, house officers, and faculty to meet in the morning for patient care/discharges if needed.

We are an integrated service which means medical, surgical and radiation oncology are combined, and patients/clients may be seeing more than one doctor on any given day. We expect the students to follow their patient from evaluation to discharge and understand the recommendations made for that patient which may include more than one treatment modality. The rounds in the afternoon will help everyone understand the diagnostics and treatment for each specific patient.

Students are required to report to the oncology service by 7:30 am each day, ready to see appointments. If the student is responsible for any hospitalized patients, he/she will need to come in earlier to have their patient's treatments completed by 7:30 am and be ready to start taking in appointments.

Cases will generally be assigned the night before. Depending on the caseload, not all students will have a patient assigned to them, however students should make every effort to be available to take cases or assist other students with the care of surgical oncology patients.

Topic rounds will be given every morning from 8:15 to 9 AM on various topics such as introduction to oncology, chemotherapy, radiation therapy, surgical oncology principles, canine and feline lymphoma, mast cell tumors, hemangiosarcoma, osteosarcoma and soft tissue sarcomas, etc.

Morning Board rounds begin at 9:00 am and students are expected to be knowledgeable on their cases in order to succinctly present the case to the service (signalment, presenting complaint, brief history). A more comprehensive presentation of the case will be discussed when presenting to the attending clinician after seeing the case (signalment, presenting complaint, history, physical exam findings, problem list, differential diagnosis, diagnostic plan, and treatment options). Generally, a few cases from the day will be presented during rounds on the same day at 4:00 pm. Because the case should have been worked up in its entirety, the student should be prepared to show and discuss the diagnostic findings and discuss the case. Students MUST try not to schedule patient discharges or procedures between 4-5pm to make sure they are available for rounds. Before leaving at the end of the day, students should check in with the clinicians that they had cases with to ensure that clients have been called, prescriptions have been filled, and paperwork has been updated.

A quiz on the last Friday of the rotation which will count towards the student's grade will be given. Students who need a certain day or days off (e.g., to take the NAVLE, for job interviews, doctor's appointment etc.) should contact the course coordinator and the oncology faculty member that will be on duty at the time before the start of the rotation and should make every effort to organize this on a Friday, as this will impact the team less.

### **Paperwork:**

Students will be responsible for starting the clients discharges but it is expected that the clinician working with them will help in completing these. Students should complete a SOAP as on the course Canvas website for inpatients only. All client and DVM communications must be documented in the medical record (including in-person communication). In addition, you will have to write the operative report for your patients. We will discuss how to write an objective report during the surgical procedure.

### **General Approach to the Surgical Oncology Rotation:**

Students should be prepared to have in-depth discussions about their patients, including treatment options, medication decisions (dosages, mechanisms of action, side effects, interactions), diagnostics, prognoses, financial considerations. Emphasis will be placed on important internal medicine, oncological, and surgical concepts, such as thorough physical examination assessment and problem prioritization, quality of life and pain control assessment, palliative care for chronic diseases. The evaluation of tumors during physical exam is a high priority. The concepts below must be understood by the student:

Being able to identify and measure tumors.

Measurement and evaluation of surgical margins.

How to perform a biopsy in various locations.

How to perform marginal and wide resection surgery.

Understand important pathology concepts.

Students will be encouraged to review current literature to find the most up-to-date information on treatments and diagnostics for their cases; this will be directed and supervised by the oncology resident and faculty member.

#### **IV. Course Materials**

##### **Include Learner Objectives and Key words for each IU (may include SLO's)**

Upon successful completion of this rotation, students will:

- More comfortable with the process of hypothesis generation (eliciting the right question), problem representation (problem list), prioritized differential diagnosis and finally problem-solving strategies (pattern recognition and analytical reasoning).
- Have improved their physical examination skills and ability to take a relevant history
- Have enhanced their knowledge in surgery in addition to complementary treatment modalities in oncology such as radiation, chemotherapy and immunotherapy.
- Be able to design a case management plan for the oncological patient, including medications, appropriate monitoring choices and frequencies, diagnostic tests and discuss rationale for decisions.

##### **Required texts/Recommended texts**

**All students MUST review the online orientation module and videos prior to starting this rotation.**

VEM 5308 (Veterinary Oncology) notes if student attended this course

Textbooks:

Small Animal Clinical Oncology by Withrow and MacEwen 4th and/or 5th eds.

Veterinary Surgical Oncology by Simon T. Kudnig and Bernard Séguin, 1<sup>st</sup> ed.

Compendium on Continuing Education for the Practicing Veterinarian for online reviews (free for students to register)

##### **Additional Resources/ equipment**

Pubmed.org

Veterinary Society of Surgical Oncology website, [www.vssso.org](http://www.vssso.org)

Additional Oncology textbooks are available in the oncology room to be used as needed

The course coordinator will provide relevant articles on the most common oncological diseases in the Canvas course site

#### **V. Evaluation/ Grading/ Testing:**

##### **Grading Scale (either Canvas scale or unique scale)**

Student grades will consist of a clinic evaluation and a final quiz. The student will be evaluated in the clinic using the score sheet below. A verbal interim feedback meeting after the first week of rotation will be given. Students in danger of failing the rotation will at this point be given a verbal warning and constructive advice on how to improve. Failing grade for surgical oncology is set at D.

Students will be graded as “Exceeds”, “Meets expectations”, “Competent” or “Below expectation” in each of the following categories:

- **History**

Exceeds Expectations: Consistently takes thorough and organized histories. Histories are completed in a timely manner for the circumstances

Meets Expectations: Almost always takes thorough and organized histories. Rarely misses details or pertinent follow-up questions; occasionally takes extra time to complete.

Competent: Generally, takes thorough and organized histories but sometimes misses important points. History-taking is sometimes inefficient/time-consuming.

Below Expectation: Minimally able to perform thorough and organized histories; has frequent omissions. Takes excessive amounts of time or completes too quickly leading to missing information.

- **Physical Examination**

Exceeds Expectations: Consistently performs accurate and complete physical examinations in a timely manner. Consistently able to elaborate key physical examination findings and associated subtleties.

Meets Expectations: Almost always performs accurate and complete physical examinations in a timely manner. Almost always able to address physical examination subtleties and continued improvement is expected.

Competent: Generally, performs satisfactory physical examinations. Occasional omissions or inaccuracies. Sometimes prioritizes minor problems over more critical findings

Below Expectation: Minimally able to perform satisfactory examinations. Frequently findings are incomplete or misinterpreted. Minimal to no improvement seen.

- **Problem Prioritization and Differential Diagnoses**

Exceeds Expectations: Consistently generates accurate and logical list of differential diagnoses. Takes into account all available information. Consistently prioritizes problems into clear categories of high- yield and low-yield problems.

Meets Expectations: Almost always generates accurate and logical list of differential diagnoses. Takes into account most available information. Almost always prioritizes problems into categories of high-yield and low-yield problems.

Competent: Generally generates a logical list of satisfactory differential diagnoses. Has occasional deficiencies that stem from failure to consider available information. Sometimes prioritizes problems correctly.

Below Expectation: Minimally able to generate a logical list of satisfactory differential diagnoses. Frequently excludes information to suggest differential diagnoses. Unable to prioritize problems correctly.

- **Diagnostic Plan**

Exceeds Expectations: Consistently selects key diagnostic tests/tools and correctly justifies selections.

Meets Expectations: Almost always selects key diagnostic tests/tools and justifies selections. Sometimes less common tests are omitted.

Competent: Often suggests important diagnostic tests/tools and typically correctly justifies selections. Sometimes suggests unnecessary tests or fails to consider important tests.

Below Expectation: Minimally able to select appropriate diagnostic tests/tools or provide justifications. Frequently suggests inappropriate/excessive tests or misses crucial/basic diagnostic testing.

- **Diagnostic Test Interpretation**

Exceeds Expectations: Consistently interprets test results accurately. Analyzes information and makes excellent decisions. Excellent recognition of pathologic lesions. Accurately describes and interprets lesions using appropriate terminology and systematic process.

Meets Expectations: Generally, interprets test results accurately but makes some mistakes. Subtleties are often missed; only most obvious interpretation is considered. Satisfactory interpretation of pathologic lesions. Lesion description and diagnosis generation mostly accurate with occasional errors.

Competent: Generally, provides reasonable prognoses but may make some mistakes.

Below Expectation: Minimally able to interpret test results accurately and makes frequent mistakes. Unable to assimilate/retain information from previous cases. Unable or limited ability to identify significant pathologic lesions or to distinguish lesions from normal tissues. Unable to describe lesions in accurate medical term

- **Prognoses**

Exceeds Expectations: Always provide accurate prognoses and knowledge of disease and treatment is excellent.

Meets Expectations: Consistently provides accurate prognoses.

Competent: Can provide prognoses but with errors

Below Expectation: Minimally able to provide accurate prognoses and makes frequent mistakes.

- **Knowledge Base**

Exceeds Expectations: Displays superior knowledge and understanding of a variety of common primary, secondary, and tertiary medical and/or surgical problems. Exceptional knowledge of diseases related to the specialty (individual or populations, including anatomy, pathophysiology, pharmacology, and other areas as is appropriate).

Meets Expectations: Displays good knowledge and understanding of a variety of common primary, secondary, and tertiary medical and/or surgical problems. Minor knowledge gaps regarding the specialty (individual or populations, including anatomy, pathophysiology, pharmacology, and other areas as is appropriate).

Competent: Displays satisfactory knowledge of a variety of common primary, secondary, and tertiary medical and/or surgical problems. Could benefit from more review related to the specialty (individual or populations, including anatomy, pathophysiology, pharmacology, and other areas as is appropriate).

Below Expectation: Displays limited knowledge in many areas related to the specialty (individual or populations, including anatomy, pathophysiology, pharmacology, and other areas as is appropriate).. Deficiencies hinder ability to progress through cases.

- **Critical Thinking Skills**

Exceeds Expectations: Always demonstrates clinical thought processes that are logical and complete. Always able to translate factual knowledge to clinical problem solving.

Meets Expectations: Almost always demonstrates clinical thought processes that are logical and complete. Almost always is able to translate factual knowledge to clinical problem solving. Occasional guidance needed.

Competent: Demonstrates logical clinical thought processes, but occasional errors noted. Satisfactory ability to translate factual knowledge to clinical problem solving, frequent guidance needed.

Below Expectation: Does not demonstrate logical and cohesive clinical thought processes. Displays limited ability to translate factual knowledge to clinical problem solving. Minimal to no improvement in ability to articulate thought process demonstrated.

- **Medical Records**

Exceeds Expectations: Always creates medical records that are concise, accurate, and always completed on time. Medical records are easy to read and provide clear case documentation. Consistently creates a problem oriented medical record when required.

Meets Expectations: Almost always creates medical records that contain most pertinent information, and are completed on time. Medical records are easy to read and provide good case documentation. Almost always is able to create problem oriented medical records when required but requires edits.

Competent: Satisfactory ability to create medical records that contain most pertinent information, and are usually completed on time. Medical records could be better organized but provide adequate case documentation. Could be more consistent. Satisfactory ability to create problem oriented medical records when required.

Below Expectation: Minimally able to create problem oriented medical records. Medical records often contain omissions of relevant information and not well organized. Records contain too much or not enough vital information. Minimally able to create problem oriented medical records when required. Records may not be completed in a timely manner.

- **Patient Care and Management**

Exceeds Expectations: Consistently provides exceptionally high quality patient care in a timely manner. Provides all important treatments. Consistently concerned for the welfare of patients and often volunteers to help others. Goes above and beyond.

Meets Expectations: Provides above average patient care in a timely manner. Provides most important treatments. Concerned for the welfare of patients and often volunteers to help others.

Competent: Provides satisfactory patient care and treatment is delivered in an acceptable timeframe. Occasional errors made regarding most important treatments, but promptly corrected when directed. Satisfactory level of concern for the welfare of patients and sometimes volunteers to help others.

Below Expectation: Has difficulty in providing satisfactory patient care in a timely fashion. Important treatments are often delayed or overlooked. Potential for significant compromise of patient's health. Shows lack of concern for the welfare of patients and rarely volunteers to help others.

- **Communication**

Exceeds Expectations: Consistently communicates and articulates complex information to clients and/or medical personnel exceptionally well; oral and written communication always timely and appropriate. Listens effectively. Strong interpersonal skills.

Meets Expectations: Above average ability to communicate and articulate complex information to clients and/or medical personnel, oral and written communication usually timely and always appropriate. Good interpersonal skills.

Competent: Satisfactory ability to communicate and articulate complex information to clients and/or medical personnel, oral and written. Satisfactory interpersonal skills.

Below Expectation: Has difficulty communicating or articulate ideas effectively to clients and/or medical personnel, oral and written. Interpersonal skills need Improvement. Clients sometimes misinformed or confused after speaking with student. Poor interpersonal skills.

- **Professionalism/Professional Maturity/Ethical Behavior**

Exceeds Expectations: Consistently outstanding attitude, effort, interactions, and ethical behavior. Overtly demonstrates maturity, honesty, and respect in interactions with patients, peers, staff, and faculty. Actively seeks feedback and makes adjustments as directed.

Meets Expectations: Consistently professional attitude, effort, interactions, and ethical behavior. Interactions with clients, patients, faculty, staff and peers always appropriate. Responds well to offered feedback and effort made to improve in response.

Competent: Satisfactory attitude, effort, interactions, and ethical behavior. Typically mature, honest, and respectful in interactions with patients, peers, staff, and faculty. Open to feedback but does not overtly welcome it. May have occasional minor interpersonal concerns.

Below Expectation: Poor attitude, effort, interactions, and ethical behavior with patients, peers, staff, and faculty; minimal effort maintained. Disregards feedback when offered.

- **Independent Decision Making**

Exceeds Expectations: Demonstrates exceptional ability to make appropriate decisions regarding case management. Takes initiative and anticipates needs of teammates and client/patient. Student is qualified to perform basic duties related to the clerkship unsupervised.

Meets Expectations: Demonstrates strong ability to make appropriate decisions regarding case management. Needs some guidance to arrive at decisions or may be occasionally hesitant to make important decisions. Student is mostly qualified to perform basic duties related to the clerkship unsupervised.

Competent: Demonstrates ability to make appropriate decisions regarding case management but misses important details. Often needs guidance to arrive at decisions or may be occasionally hesitant to make important decisions. Student is often qualified to perform basic duties related to the clerkship with some supervision.

Below Expectations: Demonstrates poor ability to make appropriate decisions regarding case management. Unable to make any decisions without significant guidance or makes inappropriate decisions frequently. Student needs direct supervision and is not qualified to perform basic duties related to the clerkship.

- **Quiz**

Exceeds Expectations: Student performed at the highest level expected for the assignment (90% and above).

Meets Expectations: Student performed very well on the assignment (80-89%)

Competent: Student performed adequately on the assignment (70-79%)

Below Expectation: Student performed poorly on the assignment (<70%)

### **Clinical competencies (if evaluated please indicate)**

SLO / clinical skills: The student will have the opportunity to learn and practice various clinical skills.

These should be entered through the CoVM curriculum Map website and will be reviewed/accepted by the teachers. We expect about 35% of completion to pass.

### **Student Evaluation of Instruction**

Instructor evaluations should be completed at the end of each semester and are a vital part of the University!

Evaluations take only a few minutes and can be completed online at <https://evaluations.ufl.edu/evals/>

## **VI. Administrative Policies: see Student Handbook**

<http://education.vetmed.ufl.edu/dvm-curriculum/student-handbook/>

### **Remediation**

The CVM Academic Advancement Committee reviews the academic performance of all students who receive a failing grade in a course, GPA falls below 2.0, or who is currently on probation. The committee will meet with the student and their advisor and decide on appropriate action for the student (including, but not limited to, probation or continuation

of probation, repeat of semester or full year, dismissal). Full description of these policies can be in Student Services section of Student Handbook.

### **Attendance**

Excused absences for religious holidays and family/personal emergencies must be reported to OSI/instructor as soon as possible. Please see the UF CVM attendance policy <http://education.vetmed.ufl.edu/student-affairs/attendance-policy/> and submit absence requests online as instructed by OSI.

### **Academic Honesty**

All students registered at the University of Florida have agreed to comply with the following statement: "I understand that the University of Florida expects its students to be honest in all their academic work. I agree to adhere to this commitment to academic honesty and understand that my failure to comply with this commitment may result in disciplinary action up to and including expulsion from the University." In addition, on all work submitted for credit the following pledge is either required or implied: "On my honor I have neither given nor received unauthorized aid in doing this assignment." To review the student honor code please visit:

<http://www.dso.ufl.edu/judicial/honorcodes/honorcode.php>

Plagiarism includes any attempt to take credit for another person's work. This includes quoting directly from a paper, book, or website, without crediting the source. Sources should be noted, a link to the website added, or quotation marks placed around the material and attributed, even during online discussions. However, the instructor expects more than simply cutting and pasting in this graduate-level course. Students are expected to review, evaluate and comment on material they research, rather than simply copying relevant material. Work will be graded accordingly.

### **Professional Behavior**

The College of Veterinary Medicine expects all students to be professional in their interactions with patients, colleagues, faculty, and staff and to exhibit caring and compassionate attitudes. These and other qualities will be evaluated during patient contacts and in other relevant settings by both faculty and peers. Behavior of a veterinary student reflects on a student's qualification and potential to become a competent veterinarian. Attitudes or behaviors inconsistent with compassionate care; refusal by, or inability of, the student to participate constructively in learning or patient care; derogatory attitudes or inappropriate behaviors directed at clients, patients, peers, faculty or staff; misuse of written or electronic patient records (e.g., accession of patient information without valid reason) substance abuse; failure to disclose pertinent information on a criminal background check; or other unprofessional conduct can be grounds for dismissal.

### **Accommodations for Students with Disabilities**

Students requesting accommodations must first register with the Dean of Students Office, Disability Resource Center at 352-392-8565. Students may also apply on-line for accommodations. For more information, see the Disability Resource Center website at: <http://www.dso.ufl.edu/drc/>

The Disability Resource Center will provide a letter to the student who must then meet with OSI to discuss the required accommodations. To ensure that necessary accommodations are provided in a timely manner, it would expedite this process if any student who might need an accommodation would notify OSI during registration.

### **Student Safety**

Contact information for Safety & Security Department: 352-294-4444 (immediate assistance 24/7). University Policy Department: 392-1111; 911 for emergencies.

Counseling and Wellness Center: <https://counseling.ufl.edu/>; 392-1575.

Staff members in OSI are also readily available for those who need immediate assistance.

**VII. Other information:**

(for example):

Sample test questions

Extra credit assignments (if applicable)

Hints on studying