

Cover Sheet: Request 13648

VEM 5XXXC Veterinary Medical & Radiation Oncology Clerkship

Info

Process	Course New Ugrad/Pro
Status	Pending at PV - University Curriculum Committee (UCC)
Submitter	Amanda Larson smithal@ufl.edu
Created	2/19/2019 11:33:55 AM
Updated	3/13/2019 11:20:32 AM
Description of request	<p>We are proposing a change on VEM5873 (Oncology Clerkship Elective) by creating two new clerkships.</p> <p>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/Radiation and another 2-week in Surgical Oncology/Radiation.</p> <p>We will increase the number of students that will be available to medical/radiation oncology and for surgical oncology/radiation oncology. There will be no swap of students between surgical or medical oncology services.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Improvement in the ability of the services to see additional cases, if needed.</p> <p>Improved ability for the faculty and house officers to assess and grade the students, since the exposure to their daily activities will increase.</p> <p>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 Medical Radiation Oncology Clerkship v5.pdf					2/19/2019
College	Approved	VM - College of Veterinary Medicine	Jorge Hernandez	Decision to approve new VEM course (Oncology Clerkship Elective) 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 13648

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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.

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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 8:36:04 AM

Form version: 2

Responses

Recommended Prefix VEM

Course Level 5

Number XXX

Category of Instruction Introductory

Lab Code C

Course Title Veterinary Medical & Radiation Oncology Clerkship

Transcript Title Med & Rad Onc Clkshp

Degree Type Professional

Delivery Method(s) On-Campus

Co-Listing No

Co-Listing Explanation Only offered to professional students

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 The Medical and Radiation Oncology Rotation is a 2 credit, 2-week rotation that is designed to introduce junior and senior students to clinical oncology. Students will focus on obtaining a relevant history, performing detailed physical examinations, discussing differential diagnoses and developing diagnostic and therapeutic plans for their patients.

Prerequisites None

Co-requisites None

Rationale and Placement in Curriculum The clerkship is designed to increase student knowledge of various aspects of oncology care in small animals, including obtaining a diagnosis, possible therapeutic options and associated outcomes. Emphasis will be put on problem based learning and discussion of relevant pathophysiology. The caseload will dictate the actual cases that are seen clinically and therefore specific topic rounds 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 a. Learn and reinforce the process of hypothesis generation (eliciting the right question), problem representation (problem list), prioritized differential diagnosis and problem-solving strategies (pattern recognition and analytical reasoning).

b. Improve physical examination skills and ability to obtain 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 knowledge and clinical application of common treatment modalities in oncology such as radiation, chemotherapy and immunotherapy.

e. Emphasize development of pattern recognition and appropriate clinical staging plans according to the tumor type.

f. Improve ability to care for animals with cancer and communicate multiple different treatment options (palliative through gold standard) with clients and the associated expected outcome of each option.

g. Introduction to the principles of radiation and chemotherapy administration, as well as side effects associated with these treatment modalities. Students should be able to discuss cases and offer treatment options.

h. Clinical skills: the students will have the opportunity to learn and practice clinical skills such as fine needle aspirates, bone marrow aspirates, biopsies, venipunctures, normal lymph node and abdominal palpation, and evaluation of radiographs (these skills will be assessed through online student learning objectives software)

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

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.

Weekly Schedule of Topics In general, students will work day shifts Monday to Friday, however patient care may be needed during weekends. UF oncology follows the UF CVM SA Hospital holiday receiving 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 Medical and Radiation Oncology services. Students will also be responsible for the hospitalized patients that remain under the care of the oncology service. 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.

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 and therefore it is expected that students have reviewed the medical record and relevant literature/ book chapters prior to the case arriving to the hospital. Depending on the caseload, not all patients have a student assigned to them, however students should make every effort to be available to take cases or assist with the care of oncology patients.

Topic rounds will be given Monday through Thursday mornings 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.

Morning Board rounds begin promptly 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 (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. The student should be prepared to present and discuss the diagnostic findings and outcome of their case. Patient discharges or procedures should not be scheduled between 4-5pm to be available for rounds. Before leaving at the end of the day, students should check in with the clinicians that they have cases with to ensure that clients have been called, prescriptions have been filled, and paperwork has been updated. All patients must be discharged or properly set up in PCW/ICU prior to leaving for the day.

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 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 <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 Student grades will consist of a clinical evaluation and a final quiz. The student will be evaluated in the clinic using the score sheet listed below. A verbal midblock evaluation will be given after the first week of rotation in order to provide feedback and aid students who may be struggling. 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 oncology is set at D.

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

- History (5% of final grade)

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 (5%)

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 (10%)

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 (7.5%)

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 (10%)

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 (5%)

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 (5%)

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 (10%)

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 (2.5%)

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 (12.5%)

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 (10%)

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 (5%)

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 (10%)

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 adequate ability to make appropriate decisions regarding case management. Frequently needs some guidance to arrive at decisions and is frequently hesitant to make important decisions, but usually decisions made are appropriate. Student is fairly qualified to perform basic duties related to the clerkship unsupervised.

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 (2.5% of final grade)

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%)

Grading Scale:

Letter Grade	Total point	Rubric Quality Indicator
A	>93-100	Exceeds Expectations
A-	90-92.9	Exceeds Expectations
B+	89.9-86	Meets Expectations
B	85.9-83	Meets Expectations
B-	82.9-80	Meets Expectations
C+	79.9-76	Competent
C	75.9-73	Competent
C-	72.9-70	Competent
E	<69.9	Below Expectations

Instructor(s) Dr. Sandra Bechtel, Dr. Amandine Lejeune , Dr. Rowan Milner, Dr. Keijiro Shiomitsu and Dr. Anna Szivek

University of Florida College of Veterinary Medicine Syllabus

I. Course information

Course Number: **VEM5XXX (Final number to be attributed)**
Course Title: Veterinary Medical & Radiation Oncology Clerkship
Year/Semester: 3rd and 4th year, all semesters
Course credit: 2 credits, 2-week rotation

II. General information

Course coordinator: Dr. Amandine Lejeune
Office location & office hours: 374, by appointment
Office phone number: 352-394-4447
Email: alejeune@ufl.edu
Course Faculty:
Dr. Sandra Bechtel, Dr. Amandine Lejeune, Dr. Rowan Milner, Dr. Keiji Shiomitsu and Dr. Anna Szivek
Supporting Faculty: Dr. Carlos Souza and Dr. Judith Bertran

III. Course description

Course goals:

The Medical and Radiation Oncology Rotation is a 2 credit, 2-week rotation that is designed to introduce junior and senior students to clinical oncology. Students will focus on obtaining a relevant history, performing detailed physical examinations, discussing differential diagnoses and developing diagnostic and therapeutic plans for their patients.

The clerkship is designed to increase student knowledge of various aspects of oncology care in small animals, including obtaining a diagnosis, possible therapeutic options and associated outcomes. Emphasis will be put on problem based learning and discussion of relevant pathophysiology. The caseload will dictate the actual cases that are seen clinically and therefore specific topic rounds 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 problem-solving strategies (pattern recognition and analytical reasoning).
- b. Improve physical examination skills and ability to obtain 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 knowledge and clinical application of common treatment modalities in oncology such as radiation, chemotherapy and immunotherapy.
- e. Emphasize development of pattern recognition and appropriate clinical staging plans according to the tumor type.
- f. Improve ability to care for animals with cancer and communicate multiple different treatment options (palliative through gold standard) with clients and the associated expected outcome of each option.
- g. Introduction to the principles of radiation and chemotherapy administration, as well as side effects associated with these treatment modalities. Students should be able to discuss cases and offer treatment options.

h. SLO / clinical skills: the students will have the opportunity to learn and practice clinical skills such as fine needle aspirates, bone marrow aspirates, biopsies, venipunctures, normal lymph node and abdominal palpation, and evaluation of radiographs.

Course Outline/Schedule:

In general, students will work day shifts Monday to Friday, however patient care may be needed during weekends. UF oncology follows the UF CVM SA Hospital holiday receiving 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 Medical and Radiation Oncology services. Students will also be responsible for the hospitalized patients that remain under the care of the oncology service.

Oncology Rotation Schedule					
Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
7:30a	Orientation with Client Liaisons				
8:15a	Topic rounds	Topic rounds	Topic rounds	Topic rounds	Resident Small Animal Medicine Seminar
9:00a	Board Rounds	Board Rounds	Board Rounds	Board Rounds	Board Rounds
10:00a	Receive 1st Cases	Receive 1st Cases	Receive 1st Cases	Receive 1st Cases	Clinicians Rounds
11:00a					Students Rounds or cases
12:00p					Journal club
1:00p					
2:00p					Midblock Feedback
3:00p					
4:00p	Case round (4:00-5:00p)	Case round (4:00-5:00p)	Case round (4:00-5:00p)	Case round (4:00-5:00p)	Patients discharges
5:00p	Discharge patients & assess inpatients, update clients	Discharge patients & assess inpatients, update clients	Discharge patients & assess inpatients, update clients	Discharge patients & assess inpatients, update clients	

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday
8:15a	Topic rounds	Topic rounds	Topic rounds	Topic rounds	Resident Small Animal Medicine Seminar
9:00a	Board Rounds Receive 1st Cases	Board Rounds Receive 1st Cases	Board Rounds Receive 1st Cases	Board Rounds Receive 1st Cases	Board Rounds
10:00a					Clinicians Rounds
11:00a					Students Rounds or cases
12:00p					Journal club
1:00p					
2:00p					Quiz
3:00p					Patient discharges
4:00p	Case round (4:00-5:00p)	Case round (4:00-5:00p)	Case round (4:00-5:00p)	Case round (4:00-5:00p)	Service and faculty evaluations
5:00p	Discharge patients & assess inpatients, update clients	Discharge patients & assess inpatients, update clients	Discharge patients & assess inpatients, update clients	Discharge patients & assess inpatients, update clients	Patients Discharges

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.

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 and therefore it is expected that students have reviewed the medical record and relevant literature/ book chapters prior to the case arriving to the hospital. Depending on the caseload, not all patients have a student assigned to them, however students should make every effort to be available to take cases or assist with the care of oncology patients.

Topic rounds will be given Monday through Thursday mornings 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.

Morning Board rounds begin promptly 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 (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. The student should be prepared to present and discuss the diagnostic findings and outcome of their case. Patient discharges or procedures should not be scheduled between 4-5pm to be available for rounds. Before leaving at the end of the day, students should check in with the clinicians that they have cases with to ensure that clients have been called, prescriptions have been filled, and paperwork has been updated. All patients must be discharged or properly set up in PCW/ICU prior to leaving for the day.

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 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 are responsible for starting the clients discharges, however it is expected that the clinician working with them on the case will help in completing all paperwork. Students are responsible for updating the “Doctors Notes and Plan” form as it is a medical summary of the patient’s visit. Students should complete a SOAP as on the course Canvas website for inpatients only. Client discharges must be complete before the patient is discharged as this is a legal document the owners signs; “Doctors Notes and Plan” should be ready for review by clinicians within 24 hours of patient discharge unless directed otherwise by the clinician.

All client and DVM communications must be documented in the medical record (including in-person communication).

General Approach to the Medical and Radiation 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, and financial considerations. Emphasis will be placed on important internal medicine and oncological concepts, such as thorough physical examination assessment and problem prioritization, quality of life and pain control assessment, and palliative care for chronic diseases. 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:

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

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.

Additional Resources/ equipment

Pubmed.org

Veterinary Society of Surgical Oncology website, 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 clinical evaluation and a final quiz. The student will be evaluated in the clinic using the score sheet listed below. A verbal midblock evaluation will be given after the first week of rotation in order to provide feedback and aid students who may be struggling. 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 oncology is set at D.

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

- **History (5% of final grade)**

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 (5%)**

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 (10%)**

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 (7.5%)**

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 (10%)**

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 (5%)**

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 (5%)**

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 (10%)**

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 (2.5%)**

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 (12.5%)**

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 (10%)**

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 (5%)**

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 (10%)**

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 adequate ability to make appropriate decisions regarding case management. Frequently needs some guidance to arrive at decisions and is frequently hesitant to make important decisions, but usually decisions made are appropriate. Student is fairly qualified to perform basic duties related to the clerkship unsupervised.

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 (2.5% of final grade)**

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%)

Grading Scale:

Letter Grade	Total point	Rubric Quality Indicator
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A	>93-100	Exceeds Expectations
A-	90-92.9	Exceeds Expectations
B+	89.9-86	Meets Expectations
B	85.9-83	Meets Expectations
B-	82.9-80	Meets Expectations
C+	79.9-76	Competent
C	75.9-73	Competent
C-	72.9-70	Competent
E	<69.9	Below Expectations

< 70 will result in a failing grade

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:

Information will be provided on Canvas such as review articles, oncology lectures and concepts to master while in oncology.