

Cover Sheet: Request 11774

VEM5XXX

Info

Process	Course New Ugrad/Pro
Status	Pending
Submitter	Carter,Sharon W swcarter@ufl.edu
Created	8/18/2017 2:32:26 PM
Updated	8/25/2017 10:23:46 AM
Description of request	ICU Focused Critical Care Clerkship (Special Elective)

Actions

Step	Status	Group	User	Comment	Updated
Department	Approved	VM - Small Animal Clinical Sciences 312809000	MILNER, ROWAN JAMES		8/18/2017
Added VEM 5XXX Proposed ICU Rotation Syllabus_2017.pdf					8/18/2017
College	Approved	VM - College of Veterinary Medicine	Thomas Vickroy		8/25/2017
No document changes					
University Curriculum Committee	Pending	PV - University Curriculum Committee (UCC)			8/25/2017
No document changes					
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 11774

Info

Request: VEM5XXX

Description of request: ICU Focused Critical Care Clerkship (Special Elective)

Submitter: Carter, Sharon W swcarter@ufl.edu

Created: 8/21/2017 8:48:03 AM

Form version: 2

Responses

Recommended PrefixVEM

Course Level 5

Number XXX

Category of Instruction Joint (Ugrad/Grad)

Lab Code None

Course Title ICU Focused Critical Care Clerkship

Transcript Title Critical Care Clkship

Degree Type Professional

Delivery Method(s) On-Campus

Co-Listing No

Effective Term Earliest Available

Effective Year Earliest Available

Rotating Topic? No

Repeatable Credit? Yes

If repeatable, # total repeatable credit allowed 3

Amount of Credit 2

If variable, # min 2

If variable, # max 2

S/U Only? No

Contact Type Supervision of Student Interns

Weekly Contact Hours 40

Course Description This special elective clinical rotation aims to reinforce the concepts learned in VEM 5251, as well as introduce techniques and procedures needed to manage critical care inpatients. Students will work alongside an ICU-focused ECC resident and ICU technicians, and be supervised by an ECC faculty to primarily manage inpatient cases.

Prerequisites VEM5251

Co-requisites None

Rationale and Placement in Curriculum This rotation is intended for students who are looking for more exposure to and experience with a sick, hospitalized patient population. In particular, students that anticipate applying for a rotating internship following graduation, or plan to work in private practice with a large inpatient population or emergency care will find this rotation beneficial. We anticipate there will be ample opportunity for in-depth case discussion following independent research on individual cases.

Course Objectives Upon successful completion of this rotation, students will be able to:

1. Describe important markers/tools for cardiovascular assessment, including what is normal and abnormal for both dogs and cats, and how these are used to help make treatment decisions in critical care patients.
2. Demonstrate appropriate use of pain scoring in dogs and cats, and articulate pharmacologic and non-pharmacologic pain control options, including pros/cons, costs, and contraindications.
3. Demonstrate collegiality when working with students, staff, and faculty within the ECC service and with all other services within the teaching hospital.

4. Demonstrate ability to use appropriate literature search engines (PubMed, CAB Abstracts, etc.) in addition to other resources (textbooks, course notes) to identify up-to-date information relevant to case management.
5. Design a case management plan for critical care inpatients, including appropriate monitoring choices and frequencies, medications, alerts or "call orders," diagnostics, and other treatments and discuss rationale for decisions.
6. Perform accurate and efficient patient assessments, including full physical examination, critical evaluation of all catheter and stoma sites, and general hygiene and nursing care.
7. Write clear, concise, and complete medical records (SOAPs) using appropriate language and demonstrate a clear understanding of the important aspects of the case.

Course Textbook(s) and/or Other Assigned Reading Because ECC is such a broad subject, no one textbook will cover everything you need to know. A useful general and practical reference is the first or second edition of Small Animal Critical Care Medicine by Silverstein and Hopper, as well as VEM 5251 Critical Care Course Notes. An additional reference to be considered is the third edition of Clinical Medicine of the Dog and Cat by Schaer and Gaschen.

Weekly Schedule of Topics Topics will focus on critical care of the inpatients within the ICU and as such will vary depending on the actual cases hospitalized at the time.

Links and Policies Disability Resource Center website at: <http://www.dso.ufl.edu/drc/>

Administrative Policies: see Student Handbook @ <http://www.vetmed.ufl.edu/education/documents/studentHandbook.pdf>

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

UF Evaluation site:
<https://evaluations.ufl.edu/evals/>

Grading Scheme Grading Rubric
Scoring (1 = Needs Remediation; 2 = Competent; 3 = Good; 4 = Exemplary)

Critical Care Physical Examination and Patient Assessment

1 – Unable to perform accurate and complete physical examinations without frequent omissions. Doesn't perform a complete physical examination, or doesn't finish on time. Repeats mistakes after going over them with a clinician or technician.

2 – Usually performs examinations completely and correctly. Occasionally misses or misinterprets important findings (e.g., attributes elevated temperature to stress or anxiety in a patient with fever). Shows signs of improvement over the course of the clerkship. May occasionally miss important parts of the daily assessment (does not complete a pain score, or doesn't check catheter site for phlebitis).

3 – Performs evaluations completely and thoroughly. Occasionally misses subtle findings. Rarely overlooks important parts of the assessment. Shows significant improvement in thoroughness and/or efficiency with examinations over the clerkship.

4 – Performs complete, thorough, and efficient patient examinations. Always completes assessments on time, and improves efficiency over the clerkship. Remembers to evaluate catheter and stoma sites and ensures patients are clean and comfortable. Seeks assistance when appropriate, and works independently when able. Takes initiative to perform examinations on patients not assigned for extra practice.

Case Management and Planning

1 – Unable to articulate a treatment, monitoring, or diagnostic plan for patients. Frequently repeats what has been done on previous days with little critical assessment to make appropriate changes. ICU treatment sheets are often incomplete or not completed on time. Plans are not appropriate for the patient or is unable to defend recommendations with logic or evidence. Little to no improvement with creating plans seen over the clerkship.

2 – Treatment plans and ICU flowsheets are almost always completed on time, but often are copied from the day before with little assessment and adjusting of the plan based on patient status (e.g., does not decrease fluid rate in patient that was dehydrated after appropriate weight gain and resolution of clinical signs of dehydration). Often waits for clinician to make a plan before speaking up with ideas, rather than taking ownership of cases. Improves over the clerkship with guidance.

3 – Treatment plans and flowsheets always completed on time. Student makes an effort to consider patient status and adjusts plan accordingly. Sometimes judgement or rationale is flawed, and sometimes fails to make appropriate changes to monitoring or treatment plan; occasionally unable to articulate rationale for treatment plan. Always attempts to create a plan to present to the clinician(s), rather than waiting to be told what to do. Shows significant improvement in case management and planning over the rotation.

4 – Makes thoughtful choices on patient plan and incorporates information from physical examination, lab and imaging results, technician input, and client wishes/financial situation. Frequently seeks out relevant literature to justify decisions. Is able to articulate rationale for plans, rather than relying on guesswork or habit.

Ability to Assess Pain and Use Appropriate Pain Score/Scale and Create a Pain Control Plan

1 – Is unable to describe the components of the pain scale used at UF (CSU Acute Pain Scale in dogs and APS in cats) or any pain scales used in veterinary medicine. Frequently misinterprets signs of pain and continues to struggle identifying pain after discussing it. Is unfamiliar with commonly used classes of analgesics in small animal patients – unable to name the classes or drugs and/or is not familiar with important features of the medications (mechanisms of analgesia, potential adverse effects).

2 – Is able to articulate basic components of a typical veterinary pain scale but may not be familiar with any particular scale. Is able to recognize obvious signs of pain in hospitalized patients, but may miss less clear signs of pain (or misinterpret pain) occasionally. Understanding of how to use a pain scale improves over the rotation. Is able to list most of the commonly used analgesics in dogs and cats and is familiar with the most common adverse side effects.

3 – Is able to articulate the components of at least one veterinary pain scale/scoring system and applies them routinely and nearly always appropriately to the hospitalized patients. Easily lists all of the commonly used analgesics in dogs and cats, but may be less familiar with less commonly used drugs or formulations. Is aware of most of the important potential adverse effects of the common drugs, but may not be able to very clearly articulate mechanisms of actions or pathophysiology of adverse effects/contraindications. Assessment of pain and knowledge of medications improves over the clerkship.

4 – Is very familiar with at least one veterinary pain scoring system and routinely and consistently applies it to the hospitalized patients without prompting. Is able to identify and correctly interpret subtle signs of pain and rarely misinterprets pain signs. Is comfortable with both commonly used analgesic drugs as well as some less commonly used options and is able to articulate mechanisms of action of various drugs as well as

pathophysiology of adverse effects. Without prompting will research the use of pain medications in small animals and applies the information to the hospitalized patients. Any knowledge gaps at the start of the clerkship are gone by the end of the rotation.

Application of Knowledge and Literature Research

1 - Illogical and/or scattered clinical thought processes. Unable to use the information at hand to think through a case and make assessments. Frequently does not look up problems when assigned. Is unable to appropriately use information from textbooks or literatures searches to the case at hand (e.g., applies information from one disease process inappropriately to a different disease), or sources may be inappropriate for the topic.

2 - Logical clinical thought processes displayed, but occasional errors noted. Needs significant guidance to think through a case and determine the pertinent problems. Is frequently unable to identify pertinent sources independently, but when directed to a resource, can apply the basic information therein to the case at hand. Does not usually critically assess research articles and other resources, tends to take all information at face value. When limitations or flaws in a study are pointed out, the student can apply that information to the cases at hand.

3 - Student demonstrates logical thought processes when discussing cases and assessing patients. Occasional guidance is needed to identify important issues. Thoroughly researches questions when asked using appropriate and multiple resources. Asks questions about articles found; may not yet critically evaluate literature.

4 - Clinical thought processes are consistently logical and complete. Minimal guidance is needed to think through a case logically and accurately. Researches important questions without prompting using appropriate resources. Is able to critically assess literature, identifying strengths and weakness of articles with little guidance. Can discuss complex processes and is well aware of critical care concepts and resources.

Records Keeping (Discharge Instructions and SOAP Writing)

1 - Correct format usually not followed. Paperwork does not reflect the discussion with the attending clinician. Paperwork is often incomplete or not completed on time.

2 - Records and/or reports follow correct format, and reflect the problems and plans discusses. Usually completed on time.

3 - Records and/or reports follow correct format and contain all pertinent entries. Always completed on time.

4 - Problem oriented medical records and/or procedural reports are concise, accurate, and always completed on time. Reports are easy to read and provide clear case documentation.

Cardiovascular Assessment & Understanding of Physiology

1 - Student is unable to list more than 1 or 2 parameters for cardiovascular assessment on physical examination and can only list 1 or 2 tools for additional cardiovascular assessment. May have difficulty interpreting basic cardiovascular exam features or tests. Is not familiar with normal findings in dogs or cats.

2 - Able to list several physical examination findings that yield cardiovascular information, but may misinterpret some findings initially. Assessment improves with guidance. Is able to identify important tools/tests for cardiovascular assessment, but may struggle with test interpretation. Cardiovascular knowledge improves over the

clerkship and the student makes concerted effort to learn.

3 – Student is well-versed in normal and abnormal cardiovascular findings on physical examination. Can articulate physiology behind various cardiovascular parameters and how to interpret findings. Is familiar with other tools and tests for cardiovascular assessment and is reasonably adept at interpreting test results, but may need some guidance or prompting. May not be familiar with less commonly used tools for cardiovascular assessment, but makes concerted effort to learn/look up information where there are knowledge gaps.

4 – Student's understanding and ability to articulate cardiovascular physiology is very strong. Picks up on subtle changes on the physical examination and interprets them correctly nearly every time.

Professional Communication and Collegiality

1 – Rarely communicates or articulates ideas effectively. Has problems communicating information clearly. Has problems with appropriate use of medical terminology and explaining concepts. Interpersonal skills need improvement.

2 – Reasonably good at establishing rapport and communicating with clients, peers, staff, and faculty. Uses appropriate medical terminology and concepts. Occasionally communication is lacking (questions not asked, information was inaccurate).

3 – Demonstrates above average communication skills. Uses appropriate medical terminology and concepts well. Good interpersonal skills with clients, peers, staff, and faculty.

4 – Communicates and articulates exceptionally well. Is fluent and accurate in medical terminology and clearly conveys concepts. Listens effectively. Strong interpersonal skills.

Participation in and Preparation for Clinical and Teaching Rounds

1 – The student demonstrates one or more of the following: insufficient ability to analyze patient database or integrate relevant basic and clinical scientific knowledge. Significant difficulty in discerning the major problems or gets lost on details. Case rounds are unorganized or the student is unprepared. May show minimal participation and/or often arrive late.

2 – Usually demonstrates an adequate analysis of patient database and integration of relevant basic and clinical scientific knowledge. Occasionally has difficulty discerning focusing on the major problems. Case presentations are generally organized in a logical manner, but may not always have pertinent patient information or be able to answer questions about patient care. Participates in teaching rounds with accurate responses on most occasions.

3 – Consistently accurate presentation of patient database, succinct and accurate integration of relevant basic and clinical scientific knowledge and clinical judgment. Case presentation are usually complete and accurate. Occasionally has difficulty presenting rounds concisely or may not have all pertinent patient data at hand. Is enthusiastic at teaching rounds and is generally correct when contributing.

4 – Often demonstrates insightful analysis of information and/or insightful approach to diagnosis and treatment. Is able to present cases in a concise, logical, and complete manner. Is able to answer questions regarding the case or patient care immediately. Actively participates in teaching discussions.

Attitude, Effort, Professionalism, and Teamwork

1 – A small degree of effort maintained. Poor attitude often demonstrated. Honesty, respectfulness, selflessness, willingness to concede mistakes or attitudes toward peers, staff, or faculty is sometimes a cause for concern. At times inappropriate behavior or interactions. Student may be overheard complaining or disparaging the rotation, other students, staff, or clinicians. Not willing to help others.

2 – Satisfactory level of effort usually given. Usually has a positive attitude. Behavior and interactions appropriate but rarely outstanding. May lack enthusiasm for emergency & critical care. Open to feedback but does not make significant changes in response. Willing to help others when asked.

3 – Attitude, effort, behavior and interactions are always appropriate and occasionally outstanding. Consistently mature, honest, and respectful. Knows when to seek advice. Compassionate in interactions with patient, peers, staff, and faculty. Strong work ethic. Welcomes feedback and makes appropriate changes. Offers to help fellow students with cases.

4 – Good attitude and high degree of effort always evident. Behavior and interactions are consistently outstanding. Demonstrates maturity, honesty, and respect in interactions with peers, staff, and faculty. Actively seeks feedback and makes adjustments if indicated. Is proactive to help fellow students and goes above and beyond expected duties.

Grading Scale:

Each Needs Remediation is worth 6 points

Each Competent is worth 8 points

Each Good is worth 9 points

Each Exemplary is worth 11 points

Total points for all 10 categories with grades as follows:

94-99 points = A

90-93 = A-

88-89 = B+

84-87 = B

80-83 = B-

78-79 = C+

74-77 = C

70-73 = C-

68-69 = D+

64-67 = D

< 64 will result in a failing grade

Instructor(s) Bobbi Conner, Course Coordinator

Ashley Allen

Gareth Buckley

Andrew Carver

Travis Lanaux

Leo Londono

UF College of Veterinary Medicine Small Animal Hospital

VEM ---- – ICU Focused Critical Care Clerkship (Special Elective)

Critical Care Rotation

The ICU Focused Critical Care Clerkship Rotation is a 2-week special elective clinical rotation aimed at reinforcing the concepts learned in the 2nd year ECC didactic course (VEM 5251) as well as introducing techniques and procedures needed to manage critical care inpatients. Students will work alongside an ICU-focused ECC resident and ICU technicians, and be supervised by an ECC faculty member to primarily manage inpatient cases on the ECC service. Additionally, students will be involved in the supervision of all patients hospitalized in the small animal ICU, including twice daily cage-side rounds, medical record review, and in-depth case discussion. Students will be responsible for ECC inpatient care, including daily patient assessments, writing treatment orders, writing prescriptions, writing SOAPs, client communications, performance of necessary procedures, and other patient care-related duties as assigned by the faculty member. The ICU service is open 24/7, 365 days a year, including holidays. Students on this rotation will take an active role in managing the most critical and complex cases managed by the ECC service, including patients requiring dialysis, mechanical ventilation, invasive monitoring, and extensive nursing care.

This rotation is intended for students who are looking for more exposure to and experience with a sick, hospitalized patient population. In particular, students that anticipate applying for a rotating internship following graduation, or plan to work in private practice with a large inpatient population or emergency care will find this rotation beneficial. We anticipate there will be ample opportunity for in-depth case discussion following independent research on individual cases. Didactic rounds will be conducted when possible, depending on the demands of the inpatients. The rotation will be offered selectively throughout the year, depending on the availability of ECC clinician staffing, approximately 10-13 blocks (20-26 weeks) per year.

Learning Objectives

Upon successful completion of this rotation, students will be able to:

1. Describe important markers/tools for cardiovascular assessment, including what is normal and abnormal for both dogs and cats, and how these are used to help make treatment decisions in critical care patients.
2. Demonstrate appropriate use of pain scoring in dogs and cats, and articulate pharmacologic and non-pharmacologic pain control options, including pros/cons, costs, and contraindications.
3. Demonstrate collegiality when working with students, staff, and faculty within the ECC service and with all other services within the teaching hospital.
4. Demonstrate ability to use appropriate literature search engines (PubMed, CAB Abstracts, etc.) in addition to other resources (textbooks, course notes) to identify up-to-date information relevant to case management.
5. Design a case management plan for critical care inpatients, including appropriate monitoring choices and frequencies, medications, alerts or “call orders,” diagnostics, and other treatments and discuss rationale for decisions.

6. Perform accurate and efficient patient assessments, including full physical examination, critical evaluation of all catheter and stoma sites, and general hygiene and nursing care.

7. Write clear, concise, and complete medical records (SOAPs) using appropriate language and demonstrate a clear understanding of the important aspects of the case.

Schedule

All students should arrive at 7am on the first day of the rotation in the ICU for cage-side rounds. Students will be expected to work 5 days per week, generally a combination of weekdays and weekends (including holidays, if indicated). Students will generally be responsible for evaluating ECC inpatients and being prepared for 7am rounds, therefore the start of the shift will be prior to 7am after the first day. Shifts will generally end following evening cage-side rounds, which are scheduled to begin at 6pm each day, provided all necessary patient care and client communication needs have been attended to. The schedule will follow the outline below; students should discuss amongst themselves who will take which shift. Shift swapping is allowed, however must be approved by the attending faculty member or course coordinator. On occasion, depending on the caseload and when procedures are occurring, students may be asked to work a swing or overnight shift in place of a day shift (e.g., for ventilator cases).

Week 1

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Student 1	On	On	On	On	Off	Off	On
Student 2	On	On	Off	Off	On	On	On
Student 3	On	Off	On	On	On	On	Off

Week 2

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Student 1	On	On	Off	Off	On	On	On
Student 2	Off	On	On	On	On	On	Off
Student 3	On	On	On	On	Off	Off	On

Days Off

Students will have two days off each week, usually two days in a row. Students are not responsible for coming in for patient care or rounds on their days off, however they should be available by phone in case a member of the ECC team needs to reach them with a question about a patient they had seen.

Weekdays vs. Weekends

Every day of the rotation is scheduled the same; weekends and holidays are staffed the same as a weekday. If a student has a conflict to work a particular day, they should make an effort to choose the schedule that accommodates the conflict. If this is not possible, shift switches are possible with the prior approval of the course coordinator or the ECC faculty member(s) that will be on when the switch is occurring.

Paperwork

On the ECC service, all patient care notes are contained within the “discharge instructions.” For this clerkship, all inpatients will have daily updates included in the Critical Care Cases document found in Cornerstone. Students should complete a SOAP as outlined in the sample paperwork emailed prior to the start of the rotation. Samples are also available on the course Canvas website.

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

General Approach to the ICU Rotation:

Students should be prepared to have in-depth discussions about all inpatients, including treatment options, medication decisions (dosages, mechanisms of action, adverse effects, interactions), fluid and electrolyte balance, pain management, diagnostics, prognoses, financial considerations. Emphasis will be placed on important critical care topics, such as thorough cardiovascular assessment, respiratory function and dysfunction, high-quality nursing care, neurologic assessment, nephrology, traumatology, SIRS, sepsis, and specific common critical care cases (envenomations, intoxications). Students will be encouraged to review current literature to find the most up-to-date information on treatments and diagnostics for all cases in the ICU; this will be directed and supervised by the ICU resident and faculty member.

Recommended Reading

Because ECC is such a broad subject, no one textbook will cover everything you need to know. A useful general and practical reference is the first or second edition of *Small Animal Critical Care Medicine* by Silverstein and Hopper, as well as VEM 5251 Critical Care Course Notes. An additional reference to be considered is the third edition of *Clinical Medicine of the Dog and Cat* by Schaer and Gaschen.

Grading

At the end of the rotation, students will be evaluated on their performance using the criteria outlined below. Students will be graded specifically on their demonstration of proficiency in the 7 learning objectives stated above. In general, the faculty will try to give you feedback during the block on areas for improvement, however if you have specific concerns, please bring these to the attention of the faculty member(s) or the course coordinator. Evaluations will be a composite of input from faculty, residents, interns, and ICU/PCW staff.

Grading Rubric

Scoring (1 = Needs Remediation; 2 = Competent; 3 = Good; 4 = Exemplary)

Critical Care Physical Examination and Patient Assessment

1 – Unable to perform accurate and complete physical examinations without frequent omissions. Doesn't perform a complete physical examination, or doesn't finish on time. Repeats mistakes after going over them with a clinician or technician.
2 – Usually performs examinations completely and correctly. Occasionally misses or misinterprets important findings (e.g., attributes elevated temperature to stress or anxiety in a patient with fever). Shows signs of improvement over the course of the clerkship. May occasionally miss important parts of the daily assessment (does not complete a pain score, or doesn't check catheter site for phlebitis).

Updated:3/2017

3 – Performs evaluations completely and thoroughly. Occasionally misses subtle findings. Rarely overlooks important parts of the assessment. Shows significant improvement in thoroughness and/or efficiency with examinations over the clerkship.

4 – Performs complete, thorough, and efficient patient examinations. Always completes assessments on time, and improves efficiency over the clerkship. Remembers to evaluate catheter and stoma sites and ensures patients are clean and comfortable. Seeks assistance when appropriate, and works independently when able. Takes initiative to perform examinations on patients not assigned for extra practice.

Case Management and Planning

1 – Unable to articulate a treatment, monitoring, or diagnostic plan for patients. Frequently repeats what has been done on previous days with little critical assessment to make appropriate changes. ICU treatment sheets are often incomplete or not completed on time. Plans are not appropriate for the patient or is unable to defend recommendations with logic or evidence. Little to no improvement with creating plans seen over the clerkship.

2 – Treatment plans and ICU flowsheets are almost always completed on time, but often are copied from the day before with little assessment and adjusting of the plan based on patient status (e.g., does not decrease fluid rate in patient that was dehydrated after appropriate weight gain and resolution of clinical signs of dehydration). Often waits for clinician to make a plan before speaking up with ideas, rather than taking ownership of cases. Improves over the clerkship with guidance.

3 – Treatment plans and flowsheets always completed on time. Student makes an effort to consider patient status and adjusts plan accordingly. Sometimes judgement or rationale is flawed, and sometimes fails to make appropriate changes to monitoring or treatment plan; occasionally unable to articulate rationale for treatment plan. Always attempts to create a plan to present to the clinician(s), rather than waiting to be told what to do. Shows significant improvement in case management and planning over the rotation.

4 – Makes thoughtful choices on patient plan and incorporates information from physical examination, lab and imaging results, technician input, and client wishes/financial situation. Frequently seeks out relevant literature to justify decisions. Is able to articulate rationale for plans, rather than relying on guesswork or habit.

Ability to Assess Pain and Use Appropriate Pain Score/Scale and Create a Pain Control Plan

1 – Is unable to describe the components of the pain scale used at UF (CSU Acute Pain Scale in dogs and APS in cats) or any pain scales used in veterinary medicine. Frequently misinterprets signs of pain and continues to struggle identifying pain after discussing it. Is unfamiliar with commonly used classes of analgesics in small animal patients – unable to name the classes or drugs and/or is not familiar with important features of the medications (mechanisms of analgesia, potential adverse effects).

2 – Is able to articulate basic components of a typical veterinary pain scale but may not be familiar with any particular scale. Is able to recognize obvious signs of pain in hospitalized patients, but may miss less clear signs of pain (or misinterpret pain) occasionally. Understanding of how to use a pain scale improves over the rotation. Is able to list most of the commonly used analgesics in dogs and cats and is familiar with the most common adverse side effects.

3 – Is able to articulate the components of at least one veterinary pain scale/scoring system and applies them routinely and nearly always appropriately to the hospitalized patients. Easily lists all of the commonly used analgesics in dogs and cats, but may be less familiar with less commonly used drugs or formulations. Is aware of most of the important potential adverse effects of the common drugs, but may not be able to very clearly articulate mechanisms of actions or pathophysiology of adverse effects/contraindications. Assessment of pain and knowledge of medications improves over the clerkship.

4 – Is very familiar with at least one veterinary pain scoring system and routinely and consistently applies it to the hospitalized patients without prompting. Is able to identify and correctly interpret subtle signs of pain and rarely misinterprets pain signs. Is comfortable with both commonly used analgesic drugs as well as some less commonly used options and is able to articulate mechanisms of action of various drugs as well as pathophysiology of adverse effects. Without prompting will research the use of pain medications in small animals and applies the information to the hospitalized patients. Any knowledge gaps at the start of the clerkship are gone by the end of the rotation.

Application of Knowledge and Literature Research

1 - Illogical and/or scattered clinical thought processes. Unable to use the information at hand to think through a case and make assessments. Frequently does not look up problems when assigned. Is unable to appropriately use information from textbooks or literatures searches to the case at hand (e.g., applies information from one disease process inappropriately to a different disease), or sources may be inappropriate for the topic.

2 - Logical clinical thought processes displayed, but occasional errors noted. Needs significant guidance to think through a case and determine the pertinent problems. Is frequently unable to identify pertinent sources independently, but when directed to a resource, can apply the basic information therein to the case at hand. Does not usually critically assess research articles and other resources, tends to take all information at face value. When limitations or flaws in a study are pointed out, the student can apply that information to the cases at hand.

3 – Student demonstrates logical thought processes when discussing cases and assessing patients. Occasional guidance is needed to identify important issues. Thoroughly researches questions when asked using appropriate and multiple resources. Asks questions about articles found; may not yet critically evaluate literature.

4 - Clinical thought processes are consistently logical and complete. Minimal guidance is needed to think through a case logically and accurately. Researches important questions without prompting using appropriate resources. Is able to critically assess literature, identifying strengths and weakness of articles with little guidance. Can discuss complex processes and is well aware of critical care concepts and resources.

Records Keeping (Discharge Instructions and SOAP Writing)

1 – Correct format usually not followed. Paperwork does not reflect the discussion with the attending clinician. Paperwork is often incomplete or not completed on time.

2 – Records and/or reports follow correct format, and reflect the problems and plans discusses. Usually completed on time.

3 – Records and/or reports follow correct format and contain all pertinent entries. Always completed on time.

4 – Problem oriented medical records and/or procedural reports are concise, accurate, and always completed on time. Reports are easy to read and provide clear case documentation.

Cardiovascular Assessment & Understanding of Physiology

1 – Student is unable to list more than 1 or 2 parameters for cardiovascular assessment on physical examination and can only list 1 or 2 tools for additional cardiovascular assessment. May have difficulty interpreting basic cardiovascular exam features or tests. Is not familiar with normal findings in dogs or cats.

2 – Able to list several physical examination findings that yield cardiovascular information, but may misinterpret some findings initially. Assessment improves with guidance. Is able to identify important tools/tests for cardiovascular assessment, but may struggle with test interpretation. Cardiovascular knowledge improves over the clerkship and the student makes concerted effort to learn.

3 – Student is well-versed in normal and abnormal cardiovascular findings on physical examination. Can articulate physiology behind various cardiovascular parameters and how to interpret findings. Is familiar with other tools and tests for cardiovascular assessment and is reasonably adept at interpreting test results, but may need some guidance or prompting. May not be familiar with less commonly used tools for cardiovascular assessment, but makes concerted effort to learn/look up information where there are knowledge gaps.

4 – Student’s understanding and ability to articulate cardiovascular physiology is very strong. Picks up on subtle changes on the physical examination and interprets them correctly nearly every time.

Professional Communication and Collegiality

1 – Rarely communicates or articulates ideas effectively. Has problems communicating information clearly. Has problems with appropriate use of medical terminology and explaining concepts. Interpersonal skills need improvement.

2 – Reasonably good at establishing rapport and communicating with clients, peers, staff, and faculty. Uses appropriate medical terminology and concepts. Occasionally communication is lacking (questions not asked, information was inaccurate).

3 – Demonstrates above average communication skills. Uses appropriate medical terminology and concepts well. Good interpersonal skills with clients, peers, staff, and faculty.

4 – Communicates and articulates exceptionally well. Is fluent and accurate in medical terminology and clearly conveys concepts. Listens effectively. Strong interpersonal skills.

Participation in and Preparation for Clinical and Teaching Rounds

1 – The student demonstrates one or more of the following: insufficient ability to analyze patient database or integrate relevant basic and clinical scientific knowledge. Significant difficulty in discerning the major problems or gets lost on details. Case rounds are unorganized or the student is unprepared. May show minimal participation and/or often arrive late.

2 – Usually demonstrates an adequate analysis of patient database and integration of relevant basic and clinical scientific knowledge. Occasionally has difficulty discerning focusing on the major problems. Case presentations are generally organized in a logical manner, but may not always have pertinent patient information or be able to answer questions about patient care. Participates in teaching rounds with accurate responses on most occasions.

3 – Consistently accurate presentation of patient database, succinct and accurate integration of relevant basic and clinical scientific knowledge and clinical judgment. Case presentation are usually complete and accurate. Occasionally has difficulty presenting rounds concisely or may not have all pertinent patient data at hand. Is enthusiastic at teaching rounds and is generally correct when contributing.

4 – Often demonstrates insightful analysis of information and/or insightful approach to diagnosis and treatment. Is able to present cases in a concise, logical, and complete manner. Is able to answer questions regarding the case or patient care immediately. Actively participates in teaching discussions.

Attitude, Effort, Professionalism, and Teamwork

1 – A small degree of effort maintained. Poor attitude often demonstrated. Honesty, respectfulness, selflessness, willingness to concede mistakes or attitudes toward peers, staff, or faculty is sometimes a cause for concern. At times inappropriate behavior or interactions. Student may be overheard complaining or disparaging the rotation, other students, staff, or clinicians. Not willing to help others.

2 – Satisfactory level of effort usually given. Usually has a positive attitude. Behavior and interactions appropriate but rarely outstanding. May lack enthusiasm for emergency & critical care. Open to feedback but does not make significant changes in response. Willing to help others when asked.

3 – Attitude, effort, behavior and interactions are always appropriate and occasionally outstanding. Consistently mature, honest, and respectful. Knows when to seek advice. Compassionate in interactions with patient, peers, staff, and faculty. Strong work ethic. Welcomes feedback and makes appropriate changes. Offers to help fellow students with cases.

4 – Good attitude and high degree of effort always evident. Behavior and interactions are consistently outstanding. Demonstrates maturity, honesty, and respect in interactions with peers, staff, and faculty. Actively seeks feedback and makes adjustments if indicated. Is proactive to help fellow students and goes above and beyond expected duties.

Grading Scale:

Each Needs Remediation is worth 6 points

Each Competent is worth 8 points

Each Good is worth 9 points

Each Exemplary is worth 11 points

Total points for all 10 categories with grades as follows:

94-99 points = A

90-93 = A-

88-89 = B+

84-87 = B

80-83 = B-

78-79 = C+

74-77 = C

70-73 = C-

68-69 = D+

64-67 = D

< 64 will result in a failing grade

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 the course instructor to discuss the required accommodations. Once notification is complete, the instructor can work with the Disability Resource Center to provide the requested 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 the course coordinator during registration.

Administrative Policies: see Student Handbook @

<http://www.vetmed.ufl.edu/education/documents/studentHandbook.pdf>

Updated:3/2017

Honesty Policy - 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.

Student Evaluation of Instruction - Evaluations are performed electronically at the end of the course. To evaluate the instructors, visit the UF Evaluation site at: <https://evaluations.ufl.edu/evals/> .