



Veterinary
Medicine

COLLEGE OF VETERINARY MEDICINE

**CLINICAL YEAR
STUDENT
HANDBOOK**

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The University of Arizona College of Veterinary Medicine reserves the right to change the policies, procedures, rules, regulations and any other contents of this handbook at any time. The latest version of this document is available on the College of Veterinary Medicine website at <https://vetmed.arizona.edu/student-policies>

UNIVERSITY
OF ARIZONA
VALUES

INTEGRITY

Be honest, respectful and just.

COMPASSION

Choose to care.

EXPLORATION

Be insatiably curious.

ADAPTATION

Be open-minded and eager for what's next.

INCLUSION

Harness the power of diversity.

DETERMINATION

Bear Down.

**BEAR
DOWN**

OUR MISSION

OUR MISSION

To continuously improve how we educate and innovate so we can lead the way in developing adaptive problem-solvers capable of tackling our most significant challenges.

OUR VISION

The University of Arizona College of Veterinary Medicine (UArizona CVM) will be the leader of innovation and excellence in the future of our profession. With a focus on advancing animal and human health, our student-centered program will develop career-ready veterinarians who live healthy, meaningful lives and serve communities and the animals they treat.

OUR VALUES

We value an inclusive environment that fosters critical thinking and evidence-based training that helps students become natural problem solvers and lifelong learners. We provide a transformational educational experience that promotes collaboration and creates a culture of discovery.

THE VETERINARIAN'S OATH

“

Being admitted to the profession of veterinary medicine, I solemnly swear to use my scientific knowledge and skills for the benefit of society through the protection of animal health and welfare, the prevention and relief of animal suffering, the conservation of animal resources, the promotion of public health, and the advancement of medical knowledge.

I will practice my profession conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics.

I accept as a lifelong obligation the continual improvement of my professional knowledge and competence.

”

Adopted by the American Veterinary Medical Association, July 1969. Amended & updated November 1999 & December 2010.

SECTION 1 CLINICAL EDUCATION OVERVIEW

CLINICAL YEAR OVERVIEW

Clinical rotations are supervised clinical experiences designed to further student knowledge in specific areas of veterinary medicine. During clinical rotations, students will begin integrating pre-clinical veterinary training to bring all of their veterinary education together. This active, experiential learning model creates a natural extension of the pre-clinical education into clinical education and ultimately into professional practice.

Clinical rotations are divided into core/required and elective courses. All clinical year students will take clinical course rotations in the core/required curriculum subject areas. Through elective rotations, students will be able to further explore learning experiences consistent with career objectives. Through this partnership between students, the clinical affiliate sites, and UArizona CVM, students will graduate as competent, confident, and compassionate problem-solvers prepared to bring day-one skills to the greatest profession on earth.

UArizona CVM entrusts its dedicated clinical supervising veterinarians at our affiliates (“On-Site Veterinarians” or “OSVs”) to be UArizona CVM partners in training students for excellence in veterinary practice. The clinical OSV will implement the curriculum in a manner that balances student learning needs and the available educational resources of the affiliate site. To enhance learning, clinical OSVs may

use a variety of teaching techniques, including observation, monitored participation, video and audio recordings, on-line resources, readings, individual discussions, and presentations. Specific curricular expectations, in the form of a course syllabus, are provided in VetMed Hub.

Non-clinical learning opportunities (e.g., hospital committees, business reviews, performance development, community participation, etc.) are also important learning experiences. These experiences will enable students to better understand and appreciate the full spectrum of activities expected of a graduate veterinarian. Take advantage of, and even request, opportunities to participate in these non-clinical learning opportunities.

The ability to participate in patient care as a student is regulated by veterinary state practice acts, and by definition, will vary from state to state. Most states allow students to participate in patient care under the direct supervision of a licensed veterinarian, and the OSV will be familiar with the local practice act.

Where deemed appropriate by the OSV, students will be given the opportunity to record history, perform physical examinations, list rule outs, and propose a diagnostic and treatment plan. In many cases, students will observe and assist the clinician; at other times, students may perform major aspects of diagnostic and therapeutic procedures, under the direct supervision and approval of the OSV, with the well-being of the patient always the priority. Students are expected to assume primary case responsibility as assigned by the OSV.

The OSV is responsible for all clinical decisions, including communication with the client/referring veterinarian, unless students are directly asked to do so. Students will not discuss the diagnosis, prognosis, treatment, or fees, before the OSV has been consulted.

CLINICAL YEAR TEAM ROLES AND RESPONSIBILITIES

Clinical Relations Faculty

- Provide overall leadership for Clinical Year education
- Oversee, evaluate, and train Clinical Year Mentors (CYMs) and affiliates, including OSVs
- Provide academic oversight for clinical courses, including the course syllabi, learning objectives, completion of assessment and gradebook items, as well as final rotation grades and appeals
- Are familiar with UArizona CVM curriculum and Council on Education (COE) requirements, and audit core clinical site facilities to ensure accreditation standards are met
- Provide recommendations regarding academic and interpersonal issues in tandem with other CVM teams to determine the appropriate responses to areas of improvement for staff and students

Academic Programs

- Provides administrative support to students, CYMs, and clinical affiliates, including logistical and operational processes
- Reports the submission of required assessments from students, OSVs, and CYMs
- Reviews and processes attendance for compliance with policy
- Assists with communications for the clinical year
- Oversees the implementation of the clinical year lottery
- Distributes and reports on dosimeter badges
- Manages the affiliate and CYM onboarding process and honorarium payments
- Maintains the documentation and detailed information for clinical affiliates for student public website

CLINICAL YEAR TEAM ROLES AND RESPONSIBILITIES

Clinical Affiliate On-Site Veterinarian (OSV)

- Serves as a supervisor for student's clinical rotation
- Has completed required UArizona CVM training
- Reviews the Learning Agreement and sets schedule expectations according to CVM standard
- Provides student with site orientation as outlined in the Learning Agreement
- Assesses and supports student development through formal and informal evaluation and feedback as determined by UArizona CVM
- Responds in timely fashion to communications regarding clinical year
- Provides feedback to UArizona CVM regarding student growth and wellness, as well as ideas to enhance the program further to continuously improve the student learning experience
- Is familiar with UArizona CVM curriculum, learning objectives, student outcomes, and course syllabi

Clinical Year Mentor (CYM)

- Doctor of Veterinary Medicine (DVM) that serves as role model/coach/mentor to students
- Provides timely feedback and communication to students and the Clinical Relations faculty
- Completes all UArizona and UArizona CVM training
- Is familiar with UArizona CVM curriculum, UArizona and UArizona CVM student resources, COE accreditation standards, and the UArizona CVM Clinical Educators Handbook
- Reviews student required submissions and any other assessment tools employed by the college
- Informs students of ancillary clinical resources – journals, textbooks, websites, etc.
- Communicates with their clinical relations team and the Associate Dean of Clinical Relations regularly to assess and improve the student learning experience
- Communicates any concerns regarding student performance to the clinical relations team
- Provides feedback to clinical relations team regarding clinical sites

STUDENT ROLES AND RESPONSIBILITIES

Prior to Day 1

A minimum of two weeks before arrival, students are expected to share a resume with the clinical site contact. Guidance on the format is provided from [UArizona CVM career services](#).

Students are fully responsible for and therefore are required to proactively:

- request what day and time the site would like them to report for their first day
- clarify the dress code for their rotation
- ask what items they are to bring (stethoscope, journal, computer, etc.)
- confirm site location to plan and manage expenses associated with travel, housing, and the cost of living near (within reasonable driving distance - 30 minutes maximum or closer if required by site) the facility where they will be located
- for emergency (on-call services) rotations - validate any mileage/location restrictions to access the site location within a specified time from the site

Throughout the Rotation

- Adhere to policies of UArizona CVM and the clinical affiliate site
- Maintain confidentiality of client, patient and practice records
- Wear UArizona CVM-issued student name badge daily
- Wear UArizona CVM-issued dosimeter badge at all times during the clinical rotation
- Maintain a professional and educational attitude
- Actively participate
- Maintain open lines of communication with OSV and CYM
- Complete all required assessments on time
- Provide appropriate feedback if immediate action is needed by reaching out to CVM-ClinicalYear@arizona.edu with any concerns

Professionalism

Students must follow all UArizona CVM policies and procedures related to conduct and professionalism while at the affiliate site as well as any additional rules that are unique to the site. Please see the Professionalism and Integrity section of the CVM website for additional information: <https://vetmed.arizona.edu/student-policies>.

SECTION 1

First Day

Getting Oriented. Students and the OSV should work through a Learning Agreement. Students should be proactive and introduce themselves to affiliate personnel, as not everyone may be present on the first day of the rotation or initial orientation. They should ensure a staff member explains the safety standards and equipment on site.

Students and the OSV are to review the Learning Agreement outlining goals and expectations of both parties. The form will be submitted in VetMed Hub. The site will decide on the best days and times for students' schedule. They are uniquely aware of when a student should be on-site to provide the optimal learning experience. This may include evenings, weekends and holidays and is recorded on the Learning Agreement. Students are responsible for ensuring their agreed upon schedule meets minimum expectations and is in compliance with the clinical year attendance and workload policy.

As students begin observing and shadowing cases with the OSV and other team members, they should introduce themselves to clients as a student from UArizona CVM.

Typical Rotation Days

Day-to-day working at the affiliate site. During this period, the college has advised the OSV to use their discretion when assigning cases for students to participate in or investigate further. Students are expected to actively participate in day-to-day case management and general care duties.

Students are strongly encouraged to seek continuous feedback. During week two the opportunity for a formative ITER is available to request documented feedback from the OSV.

As opportunities arise during cases, students should work with their OSV to request and perform all ongoing clinical year assessments (i.e. Entrustable Professional Activities (EPAs), medical notes, reflections, etc.)

Last Day(s) of Rotation

The Debrief. Students will receive an end of the rotation evaluation in the form of a summative ITER. Students will also evaluate their experience at the clinical site via the site evaluation form. This evaluation provides the clinical relations team with feedback to improve the clinical experience. The Clinical Relations team will share a summary of anonymous feedback with the clinical sites on an annual or as-needed basis.

COMMUNICATIONS DURING THE CLINICAL YEAR

UArizona CVM is here to support students during the clinical year.

The official form of communication is the student's @arizona.edu email address. Students are required to regularly check their @arizona.edu email address, and all email sent is presumed received. Please use the clinical year email for correspondence: CVM-ClinicalYear@arizona.edu.

Please review the line of communication below to determine who to reach out to for assistance.

Line of Communication:

- Clinical Site Support - On-Site Veterinarian(s) (OSVs) and Staff
- Clinical Year Mentors (CYMs)
- CVM-ClinicalYear@arizona.edu
- Associate Dean of Clinical Relations

Regular office hours are 8:00 am to 4:00 pm Mountain Standard Time (MST) excluding days when the UArizona campus is closed. Please remember that Arizona does not practice Daylight Savings Time when traveling outside of the state.

For additional information on UArizona campus closure, please refer to the [University of Arizona's Human Resource's Holiday Calendar](#).

Student Emergency Number:

(520) 621-0995

Please leave a voice message if unanswered.

SECTION 2

CVM

CURRICULUM

OVERVIEW

Summary	52 weeks
Three 4-week required/core rotations	12 weeks
<ul style="list-style-type: none"> • VETM 830 General Practice • VETM 831 Specialty/Referral Practice • VETM 832 Shelter/Primary Care Practice 	
One 4-week required NAVLE rotation	4 weeks
<ul style="list-style-type: none"> • VETM 833 NAVLE Prep 	
Eight 4-week elective rotations (Non-speciated-student choices)	32 weeks
<ul style="list-style-type: none"> • VETM 840 Elective Distributive Rotation 	
One 4-week vacation/non-credit self-directed study rotation	4 weeks

UArizona CVM students in the clinical year are not governed by the UArizona calendar. Students in the UArizona CVM year are required to be at the clinical affiliate site on the first day of the rotation when orientation is provided. Please refer to the absence policy regarding policies and procedures for absences in the clinical year.

Schedule change requests are at the discretion of the Associate Dean of Clinical Relations and must be submitted for approval. The link to the Schedule Change Request form is accessible on VetMed Hub on the course website under Clinical Year Resources.

[View the VetMed Academic Calendar](#)
[View the VetMed Clinical Year Courses](#)

CORE/REQUIRED CURRICULUM ROTATIONS – 12 WEEKS

VETM 830 General Practice (4 weeks)

Students will work under supervised clinical instruction in either Large animal (Equine, Food Animal Species) or Small animal (canine, feline, avian/exotic/pocket pets) medicine and surgery at selected high-quality private general practices. Students will see various cases and actively participate in their diagnostic and therapeutic management, including documentation of findings and care in problem-oriented medical records and the performance of clinical procedures.

VETM 831 Specialty/Referral Practice (4 weeks)

Students will work in supervised clinical instruction in specialty practice (equine, food animal, canine, feline, lab animal, exotic, and zoological) medicine and surgery in selected high-quality specialty practices. Instruction will take place in practices that provide practice experience in specialty or referral practices. Students will see various cases and actively participate in their diagnostic and therapeutic management, including documentation of findings and care in problem-oriented medical records and the performance of clinical procedures. Students are exposed to various cases with instructive pathophysiological learning opportunities.

Students are active participants in the diagnostic and therapeutic management of a wide variety of cases with instructive pathophysiological learning issues requiring timely medical and/or surgical management in veterinary emergency and critical care situations.

SECTION 2

VETM 832 Shelter/Primary Care Practice (4 weeks)

Students will work under supervised clinical instruction in busy community shelter practice's medical and surgical areas. Students perform medical, dental and surgical treatments for the benefit of animals owned by the shelter. UArizona CVM faculty work with the shelter medical and surgical teams to supervise students. Students perform physical examinations on dogs and cats and discuss their findings with UArizona CVM faculty, shelter veterinarians and staff.

Students are intimately involved in providing medical, surgical and preventive care to shelter animals. Students are involved in preparing and performing elective surgeries (such as ovariohysterectomy, orchiectomy, and dentistry) on dogs and cats under the supervision of UArizona CVM faculty, shelter veterinarians and staff. Students participate in discussions and/or demonstrations regarding animal behavior problems and potential solutions. Students participate in medicine and surgery rounds. Students make formal rounds of presentations to other students and staff during the course and prepare a presentation relevant to the shelter experience with the course director's approval for presentation at rotation end.

The course comprises hands-on medical and surgical care of shelter-owned animals, lectures, self-study, case write-ups and presentations and team-based exercises.

SECTION 2

NAVLE PREP & ASSESSMENT ROTATION – 4 WEEKS

VETM 833 NAVLE Prep (4 weeks)

This four-week North American Veterinary Licensing Exam (NAVLE®) preparation rotation will provide structured day-by-day virtual instruction to help candidates ready themselves for the NAVLE licensing exam. There will be an organized review of topics pertinent to the exam presented in different formats, including in-class practice testing with immediate feedback and review in the form of written and live debriefing, as well as reserved time for an independent review of class materials. Course requirements will include completing written test preparation assignments, a mock practice exam, and 80% completion of an approved NAVLE® preparation course. Students will prepare to sit for and take the NAVLE® at the location they applied for during the summer June-August application window.

ELECTIVE CURRICULUM ROTATIONS – 32 WEEKS

VETM 840 Elective Distributive Rotation (8 rotations, 4 weeks each)

Students will work under supervised clinical instruction in high-quality, specialized learning experiences available at institutions and practices, including specialty practices (such as medicine, surgery, cardiology, dermatology, neurology, oncology, ophthalmology), species-specific practices, other accredited Colleges of Veterinary Medicine, zoos, and other UArizona CVM approved public and private biomedical institutions. Elective clinical courses for each student must be approved individually by the Clinical Relations faculty.

SECTION 3

STUDENT

ASSESSMENT

CLINICAL YEAR ASSESSMENT

To pass each rotation, students must meet the following requirements:

- **Attendance:** Must be in compliance with the clinical year attendance expectations and workload policy.
- **Learning Agreement:** Complete and submit electronically in VetMed Hub by assigned due date.
- **Radiation Monitoring:** Submit required reporting of radiation monitoring, which must be logged in VetMed Hub on the first and last day of the rotation.
- **Case Logbook:** Complete the case logbook with a record of all cases students have actively or passively been involved with. The case logbook must outline the type of animal seen along with other relevant information related to the case. Case logs must be actual accounts and not estimates. Case logs must be performed at least once on the final day of the rotation to receive a “Complete” for the assessment.
- **Site Evaluation:** Complete the site evaluation and submit it on or before the last day of the rotation.
- **Medical Notes:** Submit two medical notes in VetMed Hub by assigned due dates.
- **Personal Reflections:** Submit one personal reflection in VetMed Hub by assigned due date.

Additional assessment performed on the student:

- **In Training Evaluation Report (ITER):** Two ITER forms are submitted by the OSV and assess aspects of student’s case management while at the site. Students must successfully achieve the top two levels of entrustment by the end of the clinical year.
 1. Formative ITER: To be completed in week 2 (highly encouraged).
 2. Summative ITER: To be completed in week 4 (required).

SECTION 3

To pass the clinical year, students must meet the following requirements:

- **Oral case presentation:** Give one oral case presentation. The presentation will be given to fellow students, invited site personnel, CVM faculty, and Clinical Year Mentors, who may provide additional feedback. The date and time of the presentation will be assigned in VetMed Hub.
- **Portfolio reflections:** Complete 11 independent portfolio reflections. Reflection topics are in VetMed Hub. It is recommended that each student completes one reflection per rotation. The reflections should be thoughtful and reflective, and should demonstrate the student's learning and growth throughout the clinical year. The Portfolio Reflection topics include:
 1. Ethical dilemma
 2. Professionalism dilemma
 3. Role on the health care team
 4. One Health situation in clinical practice and how do you navigate
 5. Leadership-how good or poor leadership affected the team/you
 6. Conflict management
 7. Business/personal finance plan
 8. Preventive care plan for group or herd
 9. Expanding services at your hospital
 10. Advocating for new medication or therapeutic diet using research to support position
 11. Personal/professional development plan

SECTION 3

- **Entrustable Professional Activities (EPAs):** EPAs are discreet parts of practice that veterinarians do every day and are comprised of several competencies centered around case management. There are currently 13 required EPAs over the clinical year. Students must trigger each EPA in VetMed Hub and be assessed by their OSV. To graduate, students must successfully achieve the top two levels of entrustment for all EPAs by the end of the clinical year. It is recommended that students attempt an average of 1-2 EPAs per rotation.
 1. Gather a history, perform an examination, and create a prioritized differential diagnosis list
 2. Develop a diagnostic plan and interpret results
 3. Develop and implement a management/treatment plan
 4. Recognize a patient requiring urgent or emergent care and initiate evaluation and management
 5. Formulate relevant questions and retrieve evidence to advance care
 6. Perform a common surgical procedure (spay, neuter or castration) on a stable patient, including pre-operative and post-operative management
 7. Perform general anesthesia and recovery of a stable patient including monitoring and support
 8. Demonstrate Isolation Protocol and Formulate recommendations for preventive healthcare
 9. Communicate Effectively with Clients, Health Care Team and Colleagues in situations including patient care, client interactions, referral and management
 10. Perform dental prophylaxis (cleaning) on canine or feline patient with proper teeth charting
 11. Perform a necropsy using proper technique, gather tissue and/or fluid samples for diagnostic evaluation and submit a necropsy report via VetMed Hub to be reviewed and assessed by a UArizona CVM pathologist
 12. Perform proper radiograph positioning using required personal protective equipment
 13. Develop professional growth and development plan
- Receive a passing grade for all core/required and elective rotations.

Please review the [Student Policies](#) portion of the CVM website regarding incompletes and remediation processes.

**See syllabus for any changes to number or type of submission for the rotation. All submissions are through VetMed Hub unless otherwise noted in the syllabus.

SECTION 4 CLINICAL YEAR POLICIES AND FORMS

ATTENDANCE & WORKLOAD

The goal of the clinical year is to provide students with an educational experience that allows students to care for their well-being and have time and personal resources to research, reflect and critically think in the clinical setting, and to develop themselves as a veterinarian.

Attendance: Student rotation schedules are set after scheduling is complete and rotation schedules cannot be changed without the approval of the UArizona CVM clinical relations team (Associate Dean of Clinical Relations and course directors). Students must be present on the days and at the times specified by the On-Site Veterinarian, within the workload and schedule guidelines. Students must attend all rotation-related activities, including lectures, conferences, clinics, call responsibilities, affiliate-led rounds, etc. that fall within the workload noted below. Daily on-time arrival at the clinical site, beginning with the first day of the clinical course, is **expected** and **required**.

Workload: Schedules are determined by the clinical rotation site and may include weekends, evenings, and overnight shifts. Time commitments will vary by clinical rotation, but a minimum of 40 hours per week of clinical contact time (engaged and working with a veterinarian actively involved with patient care) and 10-20 hours per week of self-directed study time are expected. The UArizona academic calendar (which designates school days and holidays) is not applicable to veterinary students during their clinical course work. Clinical rotations are recommended to end around noon local time of the last Friday (week 4 of the rotation). Students may be required to work through the final day of the rotation (Sunday) if this time is needed to complete the required clinical contact time. This must be approved by the On-Site Veterinarian and the clinical relations team. Regardless of any agreement with OSV, it is the responsibility of the student to ensure they meet our CVM minimum requirements of 40 hours per week of clinical contact time. Not meeting this minimum requirement may result in failing the rotation.

SECTION 4

Rotation schedule limits: It is recognized that emergent situations arise and, on occasion, may extend the length of a day in clinical practice. The following schedule limitations apply:

1. A day of clinical contact with a veterinarian will not exceed 10 hours. The expectation is that most days will be 8 hours of clinical contact time and work 5 days a week.
2. A student will have a minimum of 12 hours between the end of one day's clinical experience and the beginning of the next day of clinical experience.
3. Students should not exceed 50 hours of clinical contact time working with a veterinarian in any week. (Monday-Sunday).
4. Students are to be provided, at a minimum, two 30-minute breaks per day, which is not included in clinical contact time.
5. If students' clinic schedule does not meet the minimum requirements, please contact the course directors for schedule review and approval before or at the beginning of the rotation.

SECTION 4

UARIZONA CVM CLINICAL YEAR ATTENDANCE POLICY

Attendance Requirements: Attendance is mandatory to receive a passing grade in clinical rotations, as outlined in the handbook and the course syllabi. This includes regular clinic hours, weekends, and holidays when the student has case responsibilities, as well as evenings, weekends and holiday treatment assignments, emergency duty assignments or intensive care duty assignments. Student clinical responsibilities and schedule will be discussed with the student during orientation at the clinical affiliate site. It is the student's responsibility to understand their responsibilities, expectations and scheduling during the rotation. **Failure to attend rotation activities or inaccurate reporting of attendance may result in course failure.**

Individual clinical affiliates will determine each rotation's start date and time that falls within the date range established by the UArizona CVM.

The clinical year attendance policy can also be found here: <https://vetmed.arizona.edu/student-policies>

General Rules and Guidelines

1. UArizona CVM maintains, and each student must recognize, that fulfillment of the academic obligations is the top priority of our program. It is the student's responsibility to ensure all clinical course requirements are fulfilled as outlined in the course syllabi. Failure to do so may result in course failure, additional tuition and fees and/or delayed graduation.
2. Students will work the schedule as determined by their On-Site Veterinarian (a minimum of 40 hours per week and 5 days during the week (Monday-Sunday)).
3. For any day the student is not physically at the affiliate site when scheduled, they must submit an absence request via VetMed Hub. All absence requests must be submitted in VetMed Hub by the student in accordance with the attendance policy. In addition to requesting the absence, students are required to notify the On-Site Veterinarian via email.
4. Absence Days will be considered up to an 8-hour day unless the student is scheduled to work more than 8 hours in any day. If scheduled to work more than 8 hours in a day they are taking an absence, the student will be required to make up the additional hours.
5. In addition to the assigned vacation block and including NAVLE, the student is allowed up to 12 personal days per clinical year which do not require make up.
 - Personal Days do not require an explanation and cover the following:
 - i. Students may take no more than 2 personal days in any given 4-week block in which the time does not have to be made up.
 - ii. Students may take no more than 12 personal days during their clinical year.
 1. Students may not take a personal day on the first day of a rotation unless the Associate Dean of Clinical Relations has approved it and the On-Site Veterinarian has been notified as described above.

SECTION 4

- iii. For absences such as illness the student must submit the absence request as soon as possible after the absence has occurred or within 48 hours of the missed session
 - 1. Absences for illness that require missing more than 2 days of a rotation will require medical documentation in order to be considered excused absences. Documentation will need to be provided by the student's health care provider.
- All absences other than personal days and NAVLE must be made up. The student must submit a written plan in VetMed Hub detailing how they will make up the time and be approved by the Associate Dean of Clinical Relations. The time must be made up at the site during that clinical rotation block, or at a later date at a site determined by the clinical relations team. If the time cannot be made up in that rotation, such as prolonged illness or other extreme event, the entire rotation may be repeated.
 - i. Students with outstanding makeups that have not been made up during the 4-week rotation will result in an "incomplete" for the rotation and must meet with the Associate Dean of Clinical Relations who may assign a program of remediation.
 - 1. This remediation may include making up the missed clinical time (including the full 4-week rotation), demonstration of competency, or preparation of a written and/or oral report.
 - 2. Remediation may have an impact on vacation blocks and may delay the date of graduation. An incomplete grade must be removed within the timeline determined by the clinical relations team and may not exceed one year or the grade will convert to a failing grade.
 - ii. The outcome for an incomplete is at the discretion of the Course Director and the Associate Dean of Clinical Relations. This decision is final and cannot be appealed. Only course grades (i.e., failure of a course) can be appealed.
- Miscellaneous
 - i. For medical appointments requiring missing up to 4 hours of a rotation within a 4-week block, the missed time will not require the use of an excused absence day. The missed time for a medical appointment of less than 4 hours will not need to be made up. These absences are still to be requested in VetMed Hub.
 - 1. Students may be asked to provide documentation from their health care provider stating that the student is able to participate in the UArizona CVM clinical year veterinary program.

SECTION 4

- ii. Students are able to request a letter of support for postponement of Jury Duty through VetMed Hub to minimize days missed.
- iii. If a student must schedule the NAVLE assessment during a rotation outside of the required NAVLE rotation block, students will have the opportunity to use the reason NAVLE. Students using the reason NAVLE will only be allowed one day.
- iv. Although shared with each of the clinical affiliates, students must confirm with their OSV during their orientation that the last Friday of the rotation will be a half-day ending around noon local time (unless otherwise approved). Any deviation from their assigned work schedule (including taking a day off on the last Friday of the rotation) requires the student to submit an absence request form as spelled out above.
- v. For additional questions or extenuating circumstances, please email CVM-ClinicalYear@arizona.edu.

CVM INCIDENT REPORTING PROCESS:

Any incident that causes personal injury or has the potential to cause personal injury without reasonable effort to prevent possible injury should be reported to the University for safety and legal purposes. If students have to ask themselves, “Should I report this?” the answer is probably yes.

Student Actions:

1. If this is an emergency or students need medical care they should consult Campus Health or Urgent Care, or call 911.
2. Students should immediately notify the clinical relations team (CVM-ClinicalYear@arizona.edu). Students should also complete the Non-Employee Incident Report form. The link to this form is accessible on VetMed Hub on the course website under Clinical Year Resources.
3. The Academic Programs team will fill out the incident report form to the university.
4. Update UArizona CVM with any changes to injury.

CVM PROFESSIONALISM REPORTING PROCESS:

Reporting lapses of professionalism: All members of the university community are encouraged to take action to support the creation and maintenance of an inclusive working and learning environment.

Anyone who experiences, or is aware of, incidents of discrimination or discriminatory harassment is encouraged to report the concern via the [University Office of Institutional Equity Reporting](#).

To report concerns (including reporting anonymously) and get information, support and resources from the college, fill out the [CVM Professionalism Conduct Report Form](#).

SECTION 4

CVM STUDENT MEDICAL SELF-CHECKLIST

This self-checklist is designed to help students identify conditions that could increase their risk of health problems due to the exposures they will have as veterinary students. If students have answered “Yes” to any of the questions below, they are encouraged to see their personal physician or schedule a consultation with Campus Health <https://health.arizona.edu/> or by calling 520-621-9202.

UArizona CVM requires enrolled students to maintain health insurance while participating in the DVM program and clinical experience. The personal health insurance must be adequate to cover any injuries or illnesses they may sustain during the UArizona DVM program.

For medical privacy, this checklist is solely for students’ own use.

1. Do you have signs of allergies such as itchy eyes, runny nose, sneezing, wheezing, shortness of breath, asthma, hives, welts, or redness that are associated with animals, medications, chemicals, latex, or other substances such as pollen or food?
2. Are you being treated for asthma? If you are unsure as to whether your asthma may be influenced by any of the above allergens, please contact your physician or [Campus Health](#).
3. Are you immunocompromised? If no, proceed to question 4.
 - Immunocompromised individuals may be adversely affected by certain zoonotic diseases such as Q fever.
 - Do you have a valvular disease (heart murmurs) or other congenital heart disease? Valvular diseases may be affected by bacterial infections such as Q fever.
4. Does you have an existing medical condition that may create an animal contact health risk? If yes, or you are unsure and would like to speak with a health professional concerning a particular condition, contact your physician or Campus Health.
5. Have you ever been diagnosed with an infectious viral, bacterial, or parasitic illness that had been confirmed to have come from an animal and was associated with your research/studies/work?
6. Have you ever suspected that you have acquired an illness from an animal, animal materials/ tissues, but were unable to confirm this?
7. Are you pregnant, or do you plan to become pregnant this year?

If students answered “Yes” to any question on the Student Medical Self-Checklist, it is recommended they either (1) see their personal physician and/or (2) contact a Campus Health physician by calling 520-621-9202.

For specific information on health risks including zoonotic diseases and physical injuries, please refer to the Animal Hazards Program (AHP) – Animal Hazards Medical Surveillance Program on the [Campus Health Website under Animal Hazards](#).

SECTION 4

HEALTH INSURANCE AND VACCINATIONS

Health Risk Acknowledgement Form

CVM assigns a high priority to maintaining and promoting a healthy and safe environment for all students training and learning with animals. However, there are inherent risks in the practice of, and training for, veterinary medicine that cannot be eliminated or avoided, and students should be aware there is always the risk of personal injury when working with animals. All CVM students must have a current signed copy of the CVM Health Risk Acknowledgement form submitted to CVM to be enrolled in clinical year.

Health Insurance

Students must maintain personal health insurance for the duration of the DVM program.

Health Monitoring and Vaccinations

The Centers for Disease Control recommends that individuals participating in a veterinary health care setting receive specific vaccinations. Campus Health offers a [Student Discounted Rate](#) for all vaccines and titers. Regardless of where students get the vaccinations, they are responsible for the cost associated with the vaccinations. Vaccination requirements are listed under the student policy page for the DVM program. <https://vetmed.arizona.edu/student-policies>

Some clinical sites may require proof of vaccinations and insurance. Students are responsible for providing the requisite vaccination information and documentation to an affiliate site if required. **If a student cannot meet the affiliate site requirements, a new site placement cannot be guaranteed for the same dates, potentially delaying graduation.**

SECTION 4

MENTAL HEALTH AND WELLNESS IN VETERINARY MEDICINE

Please refer to <https://vetmed.arizona.edu/students/mental-health-and-wellness> for resources and contact information.

DIVERSITY, EQUITY AND INCLUSION

Please refer to <https://vetmed.arizona.edu/about/diversity-equity-inclusion> for resources and contact information.

SECTION 5

APPENDIX

STUDENT POLICIES & RESOURCES

Please see the [UArizona CVM](#) and [UArizona websites](#) for a complete listing of all policies and resources for students and affiliate sites.

CLINICAL SITE RADIATION SAFETY PROTOCOL

All students must follow these required procedures when using x-ray equipment:

- Students must have completed the University Animal Fluoroscopy Protection Course. Failure to complete the course may cause a delay in the start of Clinical Year as well as a delay in Graduation
- The student should know and become familiar with the clinical site Radiation Quality Control Officer or similar designee. This needs to be discussed during orientation/tour for each rotation.
- All students must wear their UArizona CVM-supplied dosimeter when conducting radiographic examination.
 - If a dosimeter is issued by the clinic, students must wear the UArizona CVM dosimeter badge in addition to the one provided by the clinical site.
- Students must record radiation dosimeter badge readings in the Dosimeter Log located in VetMed Hub on their first AND last day of the rotation to “Pass”.
- UArizona CVM suggests following the guidance provided by American College of Radiology’s [Radiation Safety](#).
- All students in the area of a radiation producing device/x-ray machine must wear a lead apron, gloves and thyroid protector, and eyewear (as available and as the laws corresponding to the geographic area of practice require) or be outside the room, when using exposing radiographs.
- Pregnancy: It is recommended that individuals that are pregnant should not participate in radiation producing procedures.
- Device Management
 - When not using the dosimeter badge, place it in a secure area with a stable room temperature.
 - Extreme temperatures, either high or low, may permanently damage the badge. Do not leave the badge in a car or areas of direct sunlight. Avoid putting the badge in water, such as a washing machine.
- At the completion of the clinical year and prior to graduation, the student must return their UArizona CVM-supplied dosimeter badge to the CVM. Failure to return the dosimeter badge may result in a financial charge to the student’s account and a delay in graduation.

STUDENT CODE OF CONDUCT

It is the student's responsibility to understand and abide by this handbook and the following codes of conduct and policies. Ignorance of its content will not be accepted as an excuse or an adequate defense of any infraction. Violations of these codes may result in discipline up to and including termination from the CVM program.

[University of Arizona Student Code of Conduct](#)

[University of Arizona Graduate College Policies](#)

[VetMed Student Policies](#)

A student accused of one or more infractions (or other) forms of misconduct will be required to appear before a committee designated by the Dean of the College and the Associate Dean of Clinical Relations to review the violation(s) and recommend course of action.

Suspension from UArizona will result in immediate termination from UArizona CVM.

ASSESSMENT MILESTONES FOR LEARNING OBJECTIVES IN CLINICAL COURSES

The 31 Professional Individual Goals (PIGs) are derived from the AAVMC’s CBVE Framework as well as AVMA COE expected competencies. Attainment of the PIGs is important in achieving the UArizona CVM goal of producing “Day one ready veterinarians”.

Within each “PIG” there are milestones or levels of competence that describe what each goal encompasses and how students will be able to assess that level during a clinical rotation.

This is a large task to accomplish. Therefore, students need to allocate time to complete writing of medical notes, portfolio reflections, learning agreement goals, and other clinical year assessments to fulfill the requirements from the UArizona CVM. The need for this time is communicated to the On-Site Veterinarian.

The learning outcomes of all rotations are the 31 PIGs. Some of the PIGs may not be applicable in all rotations but will be assessed over the entirety of the clinical year.

Professional Individual Goals (PIGs)	Milestone 1	Milestone 2	Milestone 3
1. Can gather appropriate History.	Poses historic questions from a template. Gathers insufficient, exhaustive, or irrelevant information. Fails to recognize own microaggressions or insensitive actions or demonstrate inclusivity. Does not routinely follow up or check for understanding.	Gathers some pertinent information. May omit details that support/ refute common differential diagnoses. Communicates bidirectionally and professionally. Is not always clear and concise. Uses appropriate terminology most of the time and sometimes elicits others’ perspectives. Attempts to adapt communication style to meet the needs of others but sometimes forgets to check for understanding. Acknowledges the importance of diversity and inclusivity, and sometimes incorporates in collaborations and communications. Does not actively seek opinions but considers them if offered. Facilitates discussions but does not take audience differences into account fully.	Obtains pertinent history appropriate for the situation. Identifies and organizes historic elements consistent with common disorders. Practices active listening and fosters bidirectional communication in most situations. Uses appropriate terminology consistently. Establishes rapport and trust. Consistently communicates professionally, clearly, and concisely. Elicits perspectives of others, confirms understanding and concerns, and adapts conversation to individual and situation. Communicates with cultural awareness and sensitivity. Facilitates discussion that is respectful, non-judgmental, and culturally safe.

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Professional Individual Goals (PIGs)	Milestone 1	Milestone 2	Milestone 3
2. Can do complete Physical Exam.	Exercises questionable safety with animal handling. Performs disorganized or incomplete physical exam and may overlook key findings. Interpretation of results/problems identified rarely advances the plan.	Exercises predominant safe animal handling but breaks in restraint technique could have led to injury of staff, client, or patient. Physical exam follows a pattern and major abnormalities/problems are identified and described. Struggles to interpret conflicting information.	Performs thorough physical exam in a logical, fluid sequence including identification of subtle abnormalities. Is able to correlate conflicting information with the pets suspected condition.
3. Can develop and prioritize Problem List appropriate for patient that is updated as new information develops.	List of problems is not prioritized and is missing information/findings. List is not updated as new problems are discovered.	Develops list that is predominantly accurate and prioritized with few omissions. List is partially updated as new information is discovered.	Develops accurate prioritized problem list consistently. Updates problem list as new information is discovered.
4. Can develop Differential Diagnosis list appropriate for patient's listed problems and is updated as new information develops.	List of differential diagnoses is not prioritized and includes irrelevant choices. Does not correspond to problems identified and is not updated as new information is discovered.	Develops a Differential list that is predominantly accurate in relation to problems identified with occasional omissions. Differential list may be excessive but demonstrates some prioritization. List is updated as new information is discovered.	Develops an accurate Differential list consistently that relates to problems identified. Develops a list that is prioritized. List is updated and prioritized as new information is discovered.
5. Can prioritize and perform appropriate Diagnostics.	Difficulty performing even common, simple diagnostics. Requires direct assistance and may not be able to complete tasks by themselves.	Performs common diagnostic procedures with intermittent assistance and direct supervision. Limited ability to take corrective action. Is able to collect samples with some assistance.	Performs common diagnostic procedures without direct supervision but with support available, if needed. Takes corrective action as warranted. Is able to collect samples with minimal to no assistance.
6. Can interpret Diagnostic results.	Large amount of difficulty interpreting basic diagnostic results. Interpretation does not advance the plan.	Interprets laboratory tests correctly most of the time; struggles to interpret conflicting results. Interpretation of results partially advances the plan.	Interprets routine diagnostic tests appropriately. Ambiguous results are interpreted in the context of history and physical exam. Interpretation of results adequately supports the plan.
7. Can formulate Treatment Plan.	Describes some components of a treatment plan. Fails to consider unique patient data to develop a tailored plan. Presents an approach to diagnosis and treatment that does not consider the impact of cost, logistics, welfare, or quality of life. Does not seek owner input and/or dismisses owner requests. Does not apply inferences across species.	Develops treatment plan that is not comprehensive and only partially tailored to animal(s). With prompting, reevaluates situation; may have difficulty applying new information. Demonstrates basic problem-solving skills but inconsistently adapts plan when situations vary from routine. Has some difficulty communicating the reasons for the management decisions. Initial conclusions may be inaccurate and requires prompting to re-evaluate. Has some difficulty applying basic principles across species with relevance to the case.	Develops comprehensive plan tailored to the animal(s). Reevaluates situation and applies new information accurately to update plan. Demonstrates adequate problem-solving skills that adapt when situation varies from routine. Explains clinical reasoning for management decisions. Initial conclusions may be inaccurate but self-corrects. Draws inferences across species and circumstances in most situations.

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Professional Individual Goals (PIGs)	Milestone 1	Milestone 2	Milestone 3
8. Can perform common Treatments on patients.	Can perform few common procedures with direct assistance. Does not take corrective action and has no appreciable pre- or post- procedural care.	Performs common procedures with intermittent assistance and direct supervision. Limited ability to take corrective action. Initiates limited pre- and post-procedural care.	Performs common procedures without direct supervision but with support available. Takes corrective action as warranted. Initiates appropriate pre- and post-procedural care.
9. Can create and discuss an appropriate Diagnostic Plan and Treatment/Management plan (spanning the entire health status spectrum that includes euthanasia where appropriate), based on patient health status, with consideration of client objectives and economic constraints. Communications should encompass electronic, oral, and written modes.	Difficulty constructing fiscally structured diagnostic and/ or treatment plan. Difficulty explaining to client even with prompts. Requires fair amount of interceding to complete task. Presents an approach to diagnosis and treatment that does not consider the impact of cost, logistics, welfare, or quality of life. Does not seek owner understanding of information.	Presents a range of management options, but is unable to describe the advantages, logistics, and/ or complications of each. Has some difficulty prioritizing based on economic restraints of client. Has some difficulty recognizing and providing options for owner based on their limitations or preferences. Has difficulty predicting outcomes. Seeks owner input but does not incorporate into plan.	Prioritizes diagnostic plan, with a clear understanding of diagnostic and fiscal priorities. Prioritizes a range of feasible management plans, including euthanasia, with consideration of the long-term health and welfare of the animal(s). Recognizes owner limitations and respects owner preferences. Provides clear explanations of the advantages, complications, and prognosis of each option. Seeks owner feedback of understanding.
10. Records accurate Medical Records (SOAP or HEAP format).	Documents some relevant information but may be late, poorly organized, illegible, incomplete, or irrelevant. Terminology is often inappropriate for the audience. Requires point-by-point direction to complete forms.	Documents most relevant information in a timely manner but may not be organized or concise and may require revision to correct inaccuracies. Terminology is usually appropriate for the audience. Handwritten information is usually legible. Forms are usually completed correctly with some guidance.	Documents information that is accurate and organized. Terminology used is appropriate for the target audience. Documentation is timely, legible and requires little revision. Forms are filled out completely according to directions.
11. Recognizes when Referral is warranted.	Overestimates abilities and unaware of limitations. Reluctant to reveal shortcomings or seek advice from others.	Recognizes some limitations but overestimates other abilities. Needs help identifying resources for consultation and/ or referral. Does not recognize when appropriate, leading to delays in consultation.	Recognizes own limitations in most situations. Usually seeks guidance when warranted. Occasionally delays timely consultation.
12. Has basic Medicine Case Management skills.	Employs a standardized approach to patient management. Variation in circumstances presents a barrier. Needs assistance organizing and prioritizing tasks and responsibilities.	Demonstrates basic problem-solving skills but inconsistently adapts plan when situations vary from routine. Consistently fails to recognize new information that may affect a plan. Can decide on therapy including medications to go home with minor prompting. May omit options including follow up recommendations.	Draws inferences across species and circumstances in most situations. Can adjust plan if new information is discovered. Can formulate complete therapy options including recommendations for appropriate supplements, nutrition and medications to go home. Provides complete therapy plan including proper follow up.

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Professional Individual Goals (PIGs)	Milestone 1	Milestone 2	Milestone 3
13. Can retrieve relevant/ongoing information to Advance Care.	Does not reevaluate situation after implementation of plan. Unable to apply new information. Unable to progress with incomplete information or situations that vary from routine.	With prompting, reevaluates situation; may have difficulty applying new information. Can justify and explain most clinical management decisions. Initial conclusion may be incorrect and requires prompting to re-evaluate,	Reevaluates information, and updates plan. Explains clinical reasoning for management decisions. Initial conclusions may be inaccurate but self-corrects.
14. Recognizes Emergency or critical situations.	Recognizes overt life-threatening situations but does not initiate appropriate action.	Recognizes urgent situations and prioritizes care.	Recognizes change in status warranting escalating care or imminent danger.
15. Can manage basic Emergency/ICU care.	Fails to recognize decompensating animal(s). Does not take the lead and has trouble assisting in emergent situations.	Inconsistently detects changes in patient status that require intervention. Fails to take the lead in directing care required in emergent situation.	Calls for assistance and works with team members in a coordinated effort. Is able to direct members of the team in lifesaving or corrective action situations.
16. Can perform Sedation, Local Anesthesia and General Anesthesia on stable patients.	Performs anesthesia for common procedures only with direct assistance and supervision. Unable to take corrective action. Does not perform pre- and post- procedural care. Unable to formulate plan and calculate correct dose for procedure (sedation, local and/or general anesthesia).	Performs anesthesia for common procedures with intermittent assistance and direct supervision. Limited ability to take corrective action. Initiates limited pre- and post-procedural care. Does require additional assistance with common medications used for sedation, local anesthesia and/or general anesthesia.	Performs anesthesia for common procedures without direct supervision but with support available, if needed. Takes corrective action as warranted. Initiates complete pre- and post-procedural care. Can perform sedation, local anesthesia and/or general anesthesia without assistance.
17. Analyzes and discuss Pain Management options with clients.	Unable to determine options without direct assistance. Discussion is often one-sided with little to no input from stakeholder. Unable to adequately explain benefits and risks.	Is able to provide multiple options but some difficulty prioritizing. Initiates limited discussion with clients. Does not provide thorough explanation of benefits and risks.	Is able to provide prioritized complete list of options. Discusses options in thorough fashion using well thought out and concise information. Does explain benefits and risks with each option.
18. Can perform Basic Surgeries.	Describes common procedures. Requires step-by-step coaching during execution. Limited ability to anticipate next steps and patient needs. Pre- and post-procedural care provided by instructor.	Performs common procedures with intermittent assistance and direct supervision. Limited ability to take corrective action. Initiates limited pre- and post-procedural care.	Performs common procedures without direct supervision but with support available, if needed. Takes corrective action as warranted. Initiates proper and complete pre- and post-procedural management.
19. Can perform basic Dental Procedures with simple extractions.	Performs common dental procedures with direct assistance only. Unable to correctly position for dental radiographs. Does not initiate pre- or post- procedural care. Unable to perform simple dental extractions.	Performs common dental procedures with intermittent assistance and direct supervision. Limited ability to take dental radiographs. Initiates limited pre- and post-procedural care. Difficulty with common simple extractions.	Performs common dental procedures without direct supervision but with support available, if needed. Can perform adequate positioning for dental radiographs. Initiates and follows through with pre- and post-procedural care. Is able to perform simple dental extractions.

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Professional Individual Goals (PIGs)	Milestone 1	Milestone 2	Milestone 3
<p>20. Can apply Diversity and Inclusion principles to effectively communicate with veterinary team and clients.</p>	<p>Communicates in a primarily unidirectional manner with limited active listening. Has difficulty conveying information clearly and professionally. Acknowledges the existence of diversity in all its dimensions. Fails to recognize own microaggressions or insensitive actions or demonstrate inclusivity. Focuses on own agenda without engaging or following up with others.</p>	<p>Uses appropriate terminology most of the time and sometimes elicits others' perspectives. Engages others to maintain relationships but follow-through is inconsistent. Acknowledges the importance of diversity and inclusivity, and sometimes incorporates in collaborations and communications. Some difficulty leading discussions that involve varying opinions and backgrounds. Does not communicate consistently in a manner that leads to client confidence and trust. Does not actively seek opinions but considers them if offered.</p>	<p>Elicits perspectives of others, confirms understanding and concerns, and adapts conversation to individual and situation. Supports relationships by actively coordinating activities, engaging others, and providing follow-up. Communicates with cultural awareness and sensitivity in all situations. Facilitates discussion that is respectful, non-judgmental, and culturally safe. Establishes rapport and trust. Actively seeks out various opinions to increase understanding.</p>
<p>21. Analyzes and develops Preventive Care Plans for individuals as well as herd health.</p>	<p>Presents some basic, yet incomplete, recommendations for wellness/preventive care. Unable to articulate rationale for recommendations. Creates incomplete population management plan without identifying economic and legal factors. Demonstrates difficulty explaining regulatory standards for veterinary practice. May suggest actions that contravene legal and regulatory requirements.</p>	<p>Informs client of wellness/preventive care plan recommendations but does not explain benefits and importance unless asked. Readily ends wellness focused discussion if client disengages or expresses indifference. Creates population management plan based on incomplete data analysis. Solution lacks detail and fails to completely consider legal, regulatory, and economic factors. Explains some regulatory standards for veterinary practice. Consults regulatory standards when prompted. Has minor omissions on logs or legal records.</p>	<p>Presents a comprehensive wellness/preventive care plan including justification for each component. Answers client questions thoroughly and confidently and promotes patient and client benefits. Analyzes population data to identify common problems and articulates potential solutions including economic and regulatory considerations. Applies legal and regulatory standards consistently. Is knowledgeable and able to communicate effectively regulatory standards and significance to stakeholder. Actively seeks out regulatory standards to verify correct information. Maintains appropriate legal records.</p>
<p>22. Recognize, discuss and address Zoonotic/ Public Health concerns including food safety.</p>	<p>Demonstrates difficulty identifying components of and rationale for a biosecurity protocol. Describes clinical signs of common zoonotic diseases. May fail to recognize in an applied setting or develop appropriate action plans.</p>	<p>Identifies most aspects of a biosecurity protocol with rationale but may have difficulty developing specific protocols for common infectious diseases. Identifies clinical signs associated with common zoonotic diseases inconsistently or requires prompting. Seeks appropriate help to develop a plan. Complies with posted protocols and explains rationale. Takes appropriate barrier precautions. Limited understanding of workplace safety but does comply with posted standards. Understands basic biosecurity protocols.</p>	<p>Develops an accurate Differential list consistently that relates to problems identified. Develops a list that is prioritized. List is updated and prioritized as new information is discovered.</p>

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Professional Individual Goals (PIGs)	Milestone 1	Milestone 2	Milestone 3
23. Can perform necropsy and obtain pertinent samples.	Necropsy is incomplete and most major abnormalities are overlooked. Documentation is incomplete. Culture samples have some contamination and tissue samples are collected without the primary lesion in some circumstances.	Necropsy follows a pattern and major abnormalities are identified, described, and documented. Culture samples collected with possible contamination. Tissue sample collected do not always contain suspected lesions.	Identifies and documents most abnormal necropsy findings (including subtle findings). Is able to correctly gather samples for culture minimizing risk to self and contamination to sample. Tissue samples collected contain adequate amount of suspected lesion(s).
24. Handles themselves in Ethical and Professional decision manner.	Acts outside applicable code of conduct occasionally. Approach to professional decision-making is superficial. Unable to articulate an accepted ethical position.	Recognizes ethical situations and inconsistently applies an ethical decision-making framework to resolve dilemmas. Ability to reflect self-critically on various roles and responsibilities within ethical framework but some difficulty implementing.	Applies an ethical decision-making framework when addressing dilemmas. Demonstrates accountability by balancing care quality and efficiency when addressing concerns about ethical implications in decision making.
25. Poses critical thinking skills in terms of evaluation and application of available Research information.	Describes the importance of gathering and evaluating data. Demonstrates difficulty identifying resources and assessing credibility. Relies on anecdote rather than evidence-based data to solve problems.	Retrieves credible information. Analyses are not consistently accurate. Formulates relevant questions but needs assistance developing comprehensive solutions.	Evaluates and prioritizes information based on reliability and applicability. Analysis is accurate with only minor alterations needed. Incorporates evidence and experience to solve common problems.
26. Demonstrates passion for Self-directed/Life-long Learning.	Demonstrates difficulty identifying gaps in knowledge and skills. Seeks instructor guidance rather than searching for answers. Identifies a variety of career opportunities but fails to investigate specifics.	Recognizes gaps in knowledge and skills. Consults easily accessible resources but requires prompting to expand depth of investigation. Investigates career opportunities by consulting mentors and seeking experiences in interest areas.	Identifies most gaps in knowledge and skills easily and understands steps needed to facilitate change. Self-corrects using reliable sources. Plans and completes experiences to strengthen qualifications for chosen career path.
27. Applies sound reasoning in Career and Personal Development.	Demonstrates difficulty asking for or accepting feedback and fails to demonstrate accurate self-assessment. Neglects self-care and personal well-being occasionally. Fails to establish boundaries to protect self. Has unrealistic expectation of the demands of the profession/career choice.	Functions well in a slow-paced setting. Organizes and prioritizes activities but lacks efficiency. Demonstrates difficulty applying reflective practice for self-improvement. Accepts constructive feedback but does not always modify behavior. Recognizes the importance of self-care and inconsistently practices habits that promote personal well-being. Has realistic recognition of the demands of the profession. Requires assistance and time away from duties to reflect and cope.	Functions well in different/multiple types of environments. Organizes and prioritizes tasks and responsibilities according to importance and urgency. Applies reflective practice regularly for self-improvement. Invites feedback from others to modify behavior. Utilizes a range of effective coping strategies. Practices habits that promote well-being in self and others. Recognizes and normalizes the need for professional support in an evidence-based environment.

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Professional Individual Goals (PIGs)	Milestone 1	Milestone 2	Milestone 3
28. Makes sound decisions about financial aspects of Business and Personal Finances.	Describes financial and business principles but has difficulty applying them. Unable to evaluate a personal or business financial plan.	Develops an evidence-based personal financial plan (e.g., strategies for loan repayment) that is not fully complete or has gaps in information provided. Has limited understanding of cost: benefit analysis in business affairs. Limited evaluation and refinement of financial plans using base of knowledge and does not seek out assistance.	Considers economic implications when making professional decisions (e.g., profit-loss statements, equipment purchases). Seeks financial professional counsel to refine financial plan and negotiate contract. Develops an evidence-based personal financial plan (e.g., strategies for loan repayment).
29. Promotes One Health in professional and personal life.	Exhibits lapses in health and safety practices but follows posted regulations when prompted. Unable to explain regulatory standards. Unable to complete logs/legal records without assistance.	Follows health and safety practices most of the time. Describes the role of the veterinarian in protecting public/ environmental health. Explains some regulatory standards for veterinary practice. Consults regulatory standards when prompted. Minor omissions in logs/legal records.	Follows practices that support and protect the health and safety of people, the environment, and the food supply, respecting the local culture. Acts in their role as a veterinarian to protect public/ environmental health. Applies legal and regulatory standards consistently. Fully versed in regulatory standards and consults references without prompting. Maintains appropriate legal records.
30. Establishes and develops their role within the Veterinary Health Care Team and values a team approach to relationship-centered care.	Demonstrates limited understanding of team member roles and may disregard contributions from those perceived to have less authority. Functions as a passive observer of team activities and behaviors. Tends to overlook team goals. Adheres to own communication style. Often makes assumptions rather than eliciting perspectives from others. Often uses inappropriate terminology. Complies with posted protocols inconsistently and has difficulty explaining their rationale. Provides anecdotal information without verification from evidence-based sources. Educational resources are poorly organized and lack a clear message.	Functions as a passive member of the team. Assumes a prescribed role in team and depends on others for direction. Engages others to maintain relationships but follow-through is inconsistent. Complies with posted protocols and explains rationale. Creates educational resources that are accurate, but do not meet the needs of the stakeholders. Limited experiences hinder growth on the team. Follows workplace safety guidelines.	Considers team goals and solicits input from others. Adapts own roles and responsibilities as needed to meet team goals. Draws on personal experience to be adaptive. Supports relationships by actively coordinating activities, engaging others, and providing follow-up. Identifies and applies health and safety protocols. Advocates for workplace safety through role-modeling and practical application. Creates educational resources that are accurate and meet the needs of the stakeholders.
31. Recognizes and responds to the importance of Animal Welfare in all aspects of veterinary medicine.	Recognizes animal welfare concerns inconsistently. Unable to articulate best practices to stakeholders.	Presents a range of management options, but is unable to describe the advantages, logistics, and/or complications of each. Advocates for animals but has gaps in communicating best welfare practices. Recognizes welfare concerns but has difficulty articulating best practices to stakeholders. Has difficulty predicting outcomes.	Advocates for animals and advises on best welfare practices. Prioritizes a range of feasible management plans, including euthanasia, with consideration of long-term health and welfare. Recognizes owner limitations and respects owner preferences. Provides clear explanations of advantages, complications, and prognosis of each option.