



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>*

# THE 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.

## **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 (U of A 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 affiliation between students, the clinical affiliate sites, and U of A CVM, students will graduate as competent, confident, and compassionate problem-solvers prepared to bring day-one skills to the greatest profession on earth.

U of A CVM entrusts its dedicated clinical supervising veterinarians (“On-Site Veterinarians” or “OSVs”) as affiliates to mentor and train 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.

Other 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. Students should take advantage of, and even request, opportunities to participate in these 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 some 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

## **Associate Dean, Clinical Relations**

- Oversees the clinical year experience to ensure students receive quality education and mentorship across clinical sites
- Works with Clinical Year Lead Veterinarians, OSVs, and Clinical Year Mentors (CYMs) to provide diverse and meaningful learning opportunities
- Ensures consistency in clinical education by setting expectations for performance, feedback, and assessment during the clinical year
- Evaluates and improves the clinical year program based on student feedback, mentor input, and curricular goals

## **Clinical Year Lead Veterinarians**

- Provide overall leadership for clinical year education
- Oversee, evaluate, and train 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 U of A 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 U of A CVM teams to determine the appropriate responses to areas of improvement for staff and students

## **Academic Programs**

- Provides administrative support to students, Clinical Year Lead Veterinarians, 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 the supervisor for student's clinical rotation
- Completes required U of A CVM training\*
- Reviews the Learning Agreement and sets schedule expectations according to U of A CVM standard
- Provides students with site orientation as outlined in the Learning Agreement
- Assigns additional tasks to promote student engagement and enrich the learning experience
- Assesses and supports student development through formal and informal evaluation and feedback as determined by U of A CVM
- In addition to written evaluations, each student will receive regular, formative verbal feedback either in individual "site-down" sessions or through rounds
- Responds in timely fashion to communications regarding clinical year
- Provides feedback to U of A CVM regarding student growth and wellness, as well as ideas to enhance the program further to continuously improve the student's learning experience
- Is familiar with U of A CVM curriculum, learning objectives, student outcomes, and course syllabi

## **Clinical Year Mentor (CYM)**

- Doctor of Veterinary Medicine (DVM) faculty member that serves as role model/coach/mentor to students
- Provides timely feedback and communication to students and the clinical year team
- Completes all U of A CVM training
- Is familiar with U of A CVM curriculum, student resources, COE accreditation standards, and the U of A CVM Clinical Year Educator Handbook
- Reviews required student submissions and any other assessment tools employed by the college and gives feedback to the student
- Informs students of ancillary clinical resources – journals, textbooks, websites, etc.
- Communicates with the clinical year team regularly to assess and improve the student's learning experience
- Communicates any concerns regarding student performance to the Clinical Year Lead Veterinarians
- Provides feedback to clinical year team regarding clinical sites

*\*OSVs located at Student Proposed Externships (SPEs) are not required to complete the required training as they are student-chosen sites and are not listed or under a contractual agreement with U of A CVM.*



## STUDENT ROLES AND RESPONSIBILITIES

**Students are responsible for all of the following:**

### **Two Weeks Prior to Day 1**

- A minimum of two weeks before arrival, students are expected to share their resume with the clinical site contact. This is a very important step. Guidance on the format is provided from [U of A CVM career services](#).
- Verify clinical site-specific requirements such as state applications, vaccinations, insurance, etc.
- 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, suture model, etc.) and if there is any prework required to complete before the rotation begins
- 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 - verify any mileage/location restrictions to access the site location within a specified time from the site

### **Throughout the Rotation**

- Always show up to rotation on time
- Adhere to policies of U of A CVM and the clinical affiliate site
- Maintain confidentiality of client, patient and practice records
- Wear U of A CVM-issued student name badge daily
- Wear U of A 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 and submit all required assessments on time
- Provide appropriate feedback if immediate action is needed by reaching out to [CVM-ClinicalYear@arizona.edu](mailto:CVM-ClinicalYear@arizona.edu) with any concerns
- Complete any additional tasks assigned during clinical rotations to enhance learning and professional development

### **Professionalism**

Students must follow all U of A 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. This is required at every rotation. It is important for students to review their goals with the OSV and begin communicating what they hope to gain while at the site as well as what EPAs they can help with while attending. Students are strongly encouraged to discuss and review any additional tasks that may be assigned during their rotations to better align with expectations and fully understand their responsibilities. 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 through 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 U of A CVM minimum expectations and is in compliance with the clinical year attendance and workload policy.**

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

Students are required to take a dosimeter badge reading on the first and last days of the rotation and log it in the CVM App.

## Typical Rotation Days

**Day-to-day working at the affiliate site.** During this period, the U of A CVM 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 should actively review information relevant to the cases they have or will see and use all available resources in acquisition of knowledge relevant to case management (including previous coursework, prework, library resources and other sources provided by or discussed with the OSV).

Students are strongly encouraged to seek continuous verbal feedback throughout the rotation. During week two of the rotation, the opportunity for a formative In-Training Evaluation Report (ITER) is available to request documented feedback from the OSV.

## SECTION 1

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

### **Last Day(s) of Rotation**

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

# COMMUNICATIONS DURING THE CLINICAL YEAR

**U of A 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](mailto:CVM-ClinicalYear@arizona.edu).

It is expected students will communicate with their CYM during the rotation. Students are expected to respond to all U of A CVM emails within 24-48 hours. Not responding or responding later than 48 hours is considered unprofessional and may impact the student's successful completion of the rotation.

Please follow the line of communication listed in order below to determine who to reach out to for assistance. Students should begin by working with their clinical site support and work through the order as needed.

Line of Communication:

1. Clinical Site Support - On-Site Veterinarian(s) (OSVs) and Staff
2. Clinical Year Mentors (CYMs)
3. Clinical Year Lead Veterinarians via [CVM-ClinicalYear@arizona.edu](mailto:CVM-ClinicalYear@arizona.edu)
4. Associate Dean, Clinical Relations

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

For additional information on U of A campus closure impacting regular office hours, please refer to the [University of Arizona's Human Resources Holiday Calendar](#).

## **Student Emergency Number:**

### **(520) 621-0995**

**Please leave a voice message if unanswered.**

# SECTION 2

## CVM

## CURRICULUM

### OVERVIEW

#### Summary

**52 weeks**

Four 4-week required/core rotations

16 weeks

- VETM 830 Non-Speciater General Practice
- VETM 831 Non-Speciater Specialty Referral Practice
- VETM 832 Shelter/Primary Care Practice
- VETM 834 Necropsy/Large Animal Ambulatory

One 4-week required NAVLE course

4 weeks

- VETM 833 NAVLE Review

Seven 4-week elective rotations (Non-speciater student choices)

28 weeks

- VETM 840 Elective Rotation

One 4-week vacation/non-credit rotation

4 weeks

## SECTION 2

*U of A CVM students in the clinical year are not governed by the U of A calendar. Students in the U of A CVM clinical 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 clinical year team and must be submitted for approval. The link to the Schedule Change Request form is accessible on the [Chobiit Student Portal](#) and VetMed Hub on the course website under Clinical Year Resources. As a reminder, students can only rotate at a site once during their clinical year unless that location offers multiple specialty service lines. Each rotation must be in a different service line.*

[View the VetMed Academic Calendar](#)

[View the VetMed Clinical Year Courses](#)

## CORE/REQUIRED CURRICULUM ROTATIONS – 16 WEEKS

### **VETM 830 Non-Speciased 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 Non-Speciased Specialty Referral Practice (4 weeks)**

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 with board-certified veterinary specialists. Students see a wide variety of cases and are active participants in their diagnostic and therapeutic management, to include documentation of findings and care in problem-oriented medical records and performance of clinical procedures. Students are exposed to a wide variety of cases with instructive pathophysiological learning opportunities.

Students are active participants in 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. U of A 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 U of A 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 U of A 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 clinical year lead veterinarians' 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.

### **VETM 834 Necropsy/Large Animal Ambulatory (4 weeks)**

This rotation provides a comprehensive understanding of necropsy procedures, diagnostic pathology, and ambulatory large animal medicine and surgery. Students will gain hands-on experience in a variety of diagnostic procedures and participate in the clinical management of various large animal cases. This rotation is a split rotation with a necropsy and ambulatory component.

## SECTION 2

### NAVLE REVIEW & ASSESSMENT COURSE – 4 WEEKS

#### **VETM 833 NAVLE Review (4 weeks)**

The NAVLE Review course is a required course offered in the clinical year rotation at the University of Arizona's College of Veterinary Medicine. Students will actively engage in a variety of instructional presentations to expand and solidify their knowledge base through comprehensive review sessions in preparation for the North American Veterinary Licensing Examination (NAVLE). They will undertake rigorous group and independent studies, strategically tailored to enhance their readiness for the NAVLE examination.

### ELECTIVE CURRICULUM ROTATIONS – 28 WEEKS

#### **VETM 840 Elective Rotation (7 rotations, 4 weeks each)**

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

### CLINICAL YEAR EXTERNSHIP POLICY

The policy and requirements for a student proposed externship (SPE) and competitive externship can be found via the Student Clinical Year Resources on the [Chobiit Student Portal](#).



# 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 (including on-time arrival to rotation) and workload policy, including all make-up assignments and/or clinic hours by the last day of the rotation.
- **Learning Agreement:** Complete and submit electronically through VetMed Hub by assigned due date after the student discusses with the OSV.
- **Dosimeter Readings:** Submit required reporting of radiation monitoring, which must be logged in the CVM App on the first and last day of the rotation.
- **Case Logbook:** Complete the case logbook in the CVM App 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, but it is strongly recommended to input case logs at least weekly so the clinical year team is aware of the caseload each student is being asked to work with.
- **Site Evaluation:** Complete the site evaluation and submit it in the [Chobiit Student Portal](#) on or before the last day of the rotation.
- **Medical Notes:** Submit two medical notes in VetMed Hub by assigned due dates.
- **Self-Reflections:** Submit one self-reflection in VetMed Hub by assigned due date.

## SECTION 3

- **Portfolio Assignments:** Submit one portfolio assignment (student chosen topic) each rotation. Student must complete all 11 portfolio assignments over the course of the clinical year. No Portfolio Assignment is due during the NAVLE block or the student's vacation block. The assignments should be thoughtful and reflective, and should demonstrate the student's learning and growth throughout the clinical year. The portfolio assignment topics include:
  1. Ethical dilemma
  2. Professionalism dilemma
  3. Conflict Management
  4. Role on the Healthcare Team
  5. One Health situation in clinical practice and how do you navigate
  6. Leadership (good or poor)
  7. Time management
  8. Creative Problem Solving
  9. Goal Setting and Achievement
  10. Working with Residents and Interns
  11. Business or Personal Finance Plan

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 before 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).

*\*Students completing a rotation as an SPE are required to provide a summative ITER. It is the student's responsibility to share the link with their site and confirm it has been submitted to the clinical year team.*

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

- Receive a passing grade for all core/required and elective rotations; all incomplete grades must be fully resolved and removed.
- **Oral case presentation:** Give one oral case presentation. The presentation will be given to fellow students, invited site personnel, CVM faculty, and clinical year faculty, who may provide additional feedback. Case presentations will be the last Friday of the rotation beginning in block 5. Attendance on your presentation date will count as clinical contact hours; students presenting are required to stay for the entire session on their assigned date. The date and time of the presentation will be assigned in VetMed Hub. Presentations are due in VetMed Hub five days before the presentation date.
- **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. The AVMA COE requires 9 competencies for accreditation of veterinary colleges, and the EPAs were developed to meet those standards.

EPAs are assessed at the level of being a day-one ready graduate and may require multiple attempts to complete. There are currently 14 required EPAs over the clinical year; EPA 11 (perform a necropsy using proper technique) must be completed twice.

Students must trigger each EPA in VetMed Hub and be assessed by their OSV. To graduate, students must successfully achieve one of the top two levels of entrustment and demonstrate all associated PIGs for each EPA by the end of the clinical year.

EPAs cannot be performed at SPE sites.

## SECTION 3

The list of EPAs includes:

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. EPA 11 must be completed twice over the clinical year. For each necropsy EPA, a necropsy report must be submitted via VetMed Hub. These two necropsy reports will be reviewed and assessed by a U of A CVM pathologist. The two EPAs will be designated EPA 11a and EPA 11b on VetMed Hub.
12. Perform proper radiograph positioning using required personal protective equipment
13. Develop and communicate a professional growth and development plan

More information on where to submit these assignments can be found on the [Chobiit Student Portal](#) in the Student Clinical Year Resources.

## SECTION 3

# LATE ASSIGNMENT POLICY

The following policy applies to logbook entries (case logs and dosimeter readings), Learning Agreements, Medical Notes, Portfolio Assignments, Self-Reflections, Site Evaluations and Oral Case Presentations.

### **Initial Late Submissions**

Students are allowed to submit up to three (3) assignments late during the clinical year without additional consequences as long as the late assignments are still completed by the end of the current block.

Failure to complete late assignments by the end of the current block will result in an “Incomplete” grade.

### **Fourth, Fifth, and Sixth Late Submissions**

Upon a fourth, fifth, and sixth instance of late submission, the student will be required to meet with the Associate Dean, Clinical Relations and one of the Clinical Year Lead Veterinarians to develop a time-management plan. All assignments must still be submitted by the end of the block.

Failure to complete late assignments and additional assignments by the end of the block will result in an “Incomplete” grade.

### **Seventh Late Submission**

A seventh instance of a late submission will result in the student having to repeat the entire rotation as part of an Incomplete grade. Repeating a rotation may result in a delay in graduation at the student’s own expense.

### **Eighth and Subsequent Late Submissions**

Any late submission after seven instances will result in the student failing the current block.

## SECTION 3

### INCOMPLETE GRADE

Students that do not meet the above requirements to pass a rotation will receive a failing or an incomplete grade.

An Incomplete form will be filled out by the Clinical Year Lead Veterinarians and must be signed by the student stipulating the conditions for changing the Incomplete grade to a Passing grade. Failure to successfully complete the requirements outlined on the Incomplete form in the established timeframe will result in the student failing the course (block).

Additional information on incomplete grades can be found on the Student Policies portion of the U of A CVM website.

#### **Failing a Clinical Year Course (Block)**

A student who fails a course in the clinical year curriculum will be required to enroll and remediate the course in an additional semester to meet the graduation requirements. A student may choose to forgo an eligible vacation block to enroll and remediate a failed course if approved by the Associate Dean, Clinical Relations based on factors such as student academic standing and clinical site availability. The student will be responsible for all expenses (tuition, fees, travel, housing, etc.).

Students can appeal their final course grade by following the established grading and appeal process located on the Student Policies portion of the U of A CVM website.

## SECTION 4

# CLINICAL YEAR POLICIES AND FORMS

## ATTENDANCE & WORKLOAD

The goal of the clinical year is to provide students with the opportunity to incorporate pre-clinical knowledge in a clinical setting preparing them for professional practice after graduation. As such, exhibiting professionalism through on-time and consistent attendance at rotations is required as it is integral to students' success throughout the clinical year.

**Attendance:** Student rotation schedules are set after scheduling is complete and rotation schedules cannot be changed without the approval of the Clinical Year Lead Veterinarians. Students must be present on the days and at the times specified by the OSV, 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**. Not meeting the attendance requirements may result in failing the rotation.

**Workload:** Schedules are determined by the clinical site and may include weekends, evenings, holidays, and overnight shifts. A minimum of 40 hours per week of clinical contact time (engaged and actively working with a veterinarian involved in patient care) is required. Time commitments will vary by clinical rotations and students can expect to work up to 55 hours per week. An additional 10-20 hours per week of self-directed study time is expected for students to be prepared for clinical contact time. The U of A academic calendar (which designates school days and holidays) is not applicable to veterinary students during their clinical course work. If a site is closed on a holiday, students can work with their OSV to make up those hours or take a personal day. 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 OSV and the Clinical Year Lead Veterinarians. **Regardless of any agreement with the OSV, it is the responsibility of the student to ensure they meet U of A 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 should not exceed 10 hours in most practices. Some emergency clinics have longer shifts (12 hours) but students should not exceed 12 hours in one day. The expectation is most days will be 8-10 hours of clinical contact time for a 5-day work 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 55 hours of clinical contact time working with a veterinarian in any week (Monday-Sunday).
4. Students should be provided, at a minimum, two 30-minute breaks per day which are not included in clinical contact time. At most sites the breaks are not scheduled and the student should communicate with the OSV when they need to step away for a break.
5. If students' clinic schedule does not meet the minimum requirements, please contact the Clinical Year Lead Veterinarians for schedule review and approval before or at the beginning of the rotation.



# U OF A CVM CLINICAL YEAR ATTENDANCE POLICY

### Attendance Guidelines and Requirements:

1. Attendance is mandatory to receive a passing grade in clinical rotations.
2. Individual clinics will determine the rotation start date and time for a given block. Students will work the schedule as determined by their OSV for each rotation. The student must meet the university requirement of 40-55 clinical contact hours and a minimum of 4 days per week.
3. Student clinical responsibilities and schedule will be discussed with the student during orientation at the clinical affiliate site. Students are required to contact the clinical site at least two weeks prior to the rotation to confirm their orientation session. These responsibilities can include 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. It is the student's responsibility to understand their clinical responsibilities, expectations and scheduling during the rotation. **Failure to attend rotation activities or inaccurate reporting of attendance may result in course failure.**
4. Students must confirm with their OSV during their orientation if they would like the last Friday of the rotation to be a half day ending around noon local time to allow for travel.
5. If, for any reason, a student must miss a scheduled day (including a portion of a schedule day) they must submit an absence request through the CVM App AND notify the OSV via email or phone. Please see the section Making Up Absences for additional details.

## SECTION 4

# U OF A CVM CLINICAL YEAR ATTENDANCE POLICY

### Absences

Students will select from the following when submitting an absence request through the CVM App. For any absence requiring make-up, the student must submit a written plan through the CVM App detailing how they will make up the time and be approved by the Clinical Year Lead Veterinarians.

Absence Reason	# of Days	Make-Up Required	Details
NAVLE	1	No	A student may request 1 day for their NAVLE exam
Medical Appointment	1 per block	Yes, after 4 hours	Medical Appointments must be requested through the CVM App. Students are allowed one medical appointment (up to 4 hours) per block that does not need to be made up. Additional medical appointments or appointments that are greater than 4 hours during a block will require the use of an illness absence and need to be made up. Students may also use a personal day instead. Students may be asked to provide documentation from their health care provider.
Illness	Varies	Yes	The student must submit the absence request as soon as possible after the absence has occurred or within 48 hours of the missed day(s). 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.

## SECTION 4

### U OF A CVM CLINICAL YEAR ATTENDANCE POLICY

Absence Reason	# of Days	Make-Up Required	Details
Bereavement	3-5	Yes	<p>Students may request up to 3 days off for a death in the family as defined below. Two additional days may be granted to attend or arrange out-of-state funeral services.</p> <p>Up to three days (3) will be given for the death of the student's spouse, parent (natural parent, stepparent, adoptive parent), parent-in-law, sibling, child (natural child, adoptive child, foster-child, stepchild), grandparents, grandchildren, brother or sister-in-law, or any other person who is a member of the student's household.</p>
Jury Duty	Varies	Yes	Students are able to request a letter of support for postponement of Jury Duty via the Helpful Links in VetMed Hub to minimize days missed.
Religious Observance	Varies	Yes	Student's request for an excused absence for a religious holiday where work is strictly prohibited will be granted upon request. Please refer to the Office of the Registrar <a href="#">Calendar of Religious Holidays</a> .
DRC Accommodation	Varies	Yes	Confirm with a clinical year team member before selecting this option.

## SECTION 4

### U OF A CVM CLINICAL YEAR ATTENDANCE POLICY

Absence Reason	# of Days	Make-Up Required	Details
Personal Day	12 total per clinical year, 2 per block	No	<p>Personal days do not require an explanation and can be used for illness, clinic closures, or other types of absences for which a student would normally need to make up hours. Personal days are the equivalent of 8 hours and may not be split across days or shifts. Any hours missed beyond 8 hours need to be made up. Students may not take a personal day on the first day of a rotation unless the Associate Dean, Clinical Relations has approved it. The OSV must be notified via phone or email. Personal days cannot be taken on the same day as a student's scheduled case presentation.</p>
Other Emergency	Varies	Yes	<p>Confirm with a clinical year team member before selecting this option.</p> <p>State of Emergency/Natural Disasters- if inclement weather, natural disasters, or a state of emergency is issued, students should prioritize safety and communicate with their OSV and the clinical year team once they are secure. Students can opt to use personal days or work on a makeup plan/assignment with the clinical year team if hours are missed due to these circumstances. Students should select "Other-Emergency (Makeup Required)" for the absence reason in the CVM App, when safely able to do so.</p>

## SECTION 4

### U OF A CVM CLINICAL YEAR ATTENDANCE POLICY

Absence Reason	# of Days	Make-Up Required	Details
Clinic Closure	1 day per clinical year	No	Students will be permitted one day for clinic closures, such as a holiday, for which the clinic is closed. This request can be used once during the clinical year. If a site is closed more than one day in observance of a holiday, students must either use a personal day or make up the hours. The clinic closure absence satisfies 8 hours of the workload for the week. Therefore, the student needs to ensure the minimum workload requirement is met for rotations that experience a closure.
Parental Absence (Only Non-Birthing/Adoption)	Varies	Yes	Refer to the Parental Absence Policy on the <a href="#">CVM website</a> .

Any non-emergency absence taken without prior notification or permission may be considered an unexcused absence and will be treated as an act of unprofessional behavior. Not reporting an absence or making false statements regarding the reason for an absence is considered a violation of academic integrity and may result in failing the rotation in addition to being referred to the Associate Dean, Clinical Relations.

### Making Up Absences

For absences requiring make-up, the student must submit a written plan through the CVM App detailing how they will make up the time and have it approved by Clinical Year Lead Veterinarians. Directions for submitting a make-up plan can be found on the [Chobiit Student Portal](#) in the Student Clinical Year Resources. The time must be made up at the site during that clinical rotation, or at a later date at a site determined by the clinical year team. If the time cannot be made up in that rotation, such as prolonged illness or other event, the student may be required to repeat the entire rotation.

1. Students with outstanding makeups that have not been made up during the 4-week rotation will receive an “incomplete” for the rotation and may be asked to meet with the Associate Dean, Clinical Relations or Clinical Year Lead Veterinarians who may assign a program of remediation.
  - i. 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.
  - ii. Remediation may have an impact on a vacation block and may delay the date of graduation.
2. An incomplete grade must be removed within the timeline determined by the clinical year team and may not exceed one year, or the grade will convert to a failing grade. The outcome for an incomplete is at the discretion of the Clinical Year Lead Veterinarians and the Associate Dean, Clinical Relations. This decision is final and cannot be appealed. Only course grades (i.e., failure of a course) can be appealed.
3. For additional questions or extenuating circumstances, please email [CVM-ClinicalYear@arizona.edu](mailto:CVM-ClinicalYear@arizona.edu).

## SCHEDULE CHANGE REQUEST STUDENT POLICY

Once schedules have been finalized, changes are only approved under specific circumstances. This policy can be found on the [Chobiit Student Portal](#) in the Student Clinical Year Resources.

## SHORT-TERM CLINICAL LEAVE POLICY

Students may request short-term clinical leave during the clinical year for personal emergencies. This policy can be found on the [Chobiit Student Portal](#) in the Student Clinical Year Resources.

## SECTION 4

### CLINICAL YEAR LEAVE OF ABSENCE

A leave of absence (LOA) is an official approval for a student to temporarily leave the program without the need for the student to re-apply for admission into the program. There are several specific types of leaves of absence, which include Military, Medical, and Academic. All LOAs are managed through the U of A CVM Associate Dean, Student Affairs in coordination with the Senior Associate Dean, Academic Programs and Associate Dean, Clinical Relations.

Students may request a leave of absence for one or more semesters within the clinical year. The maximum cumulative leave of absence allowed during the clinical year is one (1) academic year (3 consecutive semesters). Requests for extensions beyond one year will be considered on a case-by-case basis and require approval from the U of A CVM Associate Dean, Student Affairs. Returning students will be placed in the next available cohort, and must complete all clinical year requirements of the new cohort, including assessments specific to each block.

Students should know that a LOA might adversely affect their cost of tuition, financial aid, and visa status. For this reason, students are urged to refer to the [University Dates & Deadlines](#), as deadlines vary by course. All U of A CVM degree students must satisfactorily complete all graduation requirements six years from the original date of matriculation, which include leave(s) of absence, a repeat of an academic year, or remediation of any course.

### USE OF ARTIFICIAL INTELLIGENCE (AI)

**Generative AI use is NOT allowed for any purpose.**

In this course any and all uses of generative artificial intelligence (AI)/large language model tools such as ChatGPT, Dall-e, Google Bard, Microsoft Bing, etc. will be considered a violation of the [Code of Academic Integrity](#), specifically the prohibition against submitting work that is not your own. This applies to all clinical year assessments outlined in the course, including but not limited to case presentations, portfolio assignments, and evaluations.

This course policy is driven by the learning goals and desired learning outcomes for the course. The following actions are prohibited:

- entering all or any part of an assignment statement as part of a prompt to a large language model AI tool;
- incorporating any part of an AI-written response in an assignment;
- using AI to summarize or contextualize reading assignments or source materials;
- and submitting your own work for this class to a large language model AI tool for iteration or improvement.

# 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 year team ([CVM-ClinicalYear@arizona.edu](mailto:CVM-ClinicalYear@arizona.edu)). Students should also complete the Non-Employee Incident Report form. The link to this form is accessible on the [Chobiit Student Portal](#).
3. The Academic Programs team will fill out the incident report form to the university.
4. Update U of A 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](#).

# PROFESSIONAL LIABILITY INSURANCE

Students are strongly encouraged to obtain Professional Liability Insurance during the clinical year. This may be required by some clinical rotation sites.

Policies are available through AVMA (free to SAVMA members) as well as other insurance agencies.



## 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.

U of A 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 U of A 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. Do 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?
8. Are you unsure that your current rabies titer is at the recommended protective level?

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](#).

# HEALTH INSURANCE AND VACCINATIONS

## Health Risk Acknowledgement Form

U of A 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 U of A CVM students must have a current signed copy of the U of A CVM Health Risk Acknowledgement form submitted to U of A 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.

In preparation for clinical year, students must ensure they have the appropriate measurement of protection via their Rabies Titer. If the titer is not at a protective level, a booster vaccine is needed and it is the responsibility of the student to ensure their rabies is current. Students are responsible for all costs associated with the immunizations and testing. U of A CVM strongly recommends rabies titers take place prior to starting clinical year to ensure enough antibody is present. Some clinical sites require proof of current/effective rabies immunization or titers.

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 at the student's own expense.**

## 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.

# SECTION 5

## APPENDIX

### STUDENT POLICIES & RESOURCES

Please see the [U of A CVM](#) and [U of A 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 U of A CVM-supplied dosimeter when conducting radiographic examination.
  - If a dosimeter is issued by the clinic, students must wear the U of A CVM dosimeter badge in addition to the one provided by the clinical site.
  - Students are not allowed to take radiographs if they do not have a U of A CVM dosimeter badge.
- Students must record radiation dosimeter badge readings in the Dosimeter Readings Log located in the CVM App on their first AND last day of the rotation to receive a passing grade for the rotation.
- U of A 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 radiographs are being performed.
- Pregnancy: Students should contact their medical provider for guidance. Students may obtain accommodations through the Disability Resource Center.
  - Students should contact [CVM-ClinicalYear@arizona.edu](mailto:CVM-ClinicalYear@arizona.edu) as this may impact their ability to complete clinical year assessment requirements.
  - Students who are pregnant may refer to this U of A Title IX pregnancy resource page: <https://equity.arizona.edu/title-ix/pregnancy-parenting>

- 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.
  - When traveling, do not allow the dosimeter badge to be scanned at the airport as this could result in a falsely elevated reading. Please ask for the badge to be hand checked.
- At the completion of the clinical year and prior to graduation, the student must return their U of A CVM-supplied dosimeter badge to the U of A CVM. Failure to return the dosimeter badge may result in a financial charge to the student's account and a delay in graduation.

## CVM STUDENT POLICIES

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

### [VetMed Student Policies](#)

## ASSESSMENT MILESTONES FOR LEARNING OBJECTIVES IN CLINICAL COURSES

The 31 Professional Individual Goals (PIGs) are derived from the American Association of Veterinary Medical Colleges' Competency-Based Veterinary Education (CBVE) Framework as well as AVMA COE expected competencies. Attainment of the PIGs is important in achieving the U of A 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 assignments, learning agreement goals, and other clinical year assessments to fulfill the requirements from the U of A CVM. The need for this time is communicated to the OSV.

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.

## SECTION 5

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.

## SECTION 5

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.



## SECTION 5

<b>Professional Individual Goals (PIGs)</b>	<b>Milestone 1</b>	<b>Milestone 2</b>	<b>Milestone 3</b>
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.

## SECTION 5

Professional Individual Goals (PIGs)	Milestone 1	Milestone 2	Milestone 3
20. Can apply Diversity and Inclusion principles to effectively communicate with veterinary team and clients.	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.	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.	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.
21. Analyzes and develops Preventive Care Plans for individuals as well as herd health.	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.	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.	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.
22. Recognize, discuss and address Zoonotic/ Public Health concerns including food safety.	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.	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.	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.

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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.