

Externship Packet

UTCVM
INSTITUTE OF AGRICULTURE
THE UNIVERSITY OF TENNESSEE



Dear Mentor:

Thank you for providing an educational externship/preceptorship experience for our student. I very much appreciate you and all of your staff's time in providing this unique opportunity for our senior veterinary students to enhance their veterinary medical education through real-world, practical experiences with your organization.

Included within this packet is important information and guidelines regarding hosting a 4th-year student in your facility.

As partners, we expect **preceptors** to

- Facilitate student development
- Supervise student involvement
- Assess student knowledge and performance with regard to skills, interpersonal communication, and professionalism
- Include the student in decision-making processes
- Assist students in becoming competent, capable, conscientious, compassionate, and confident members of our profession
- Be a role model for ideal professional interactions with colleagues, staff, and clients

Our expectations of the **student**:

- Be proactive in their approach to learning
- Develop and explore learning issues from experiences
- Maintain professionalism at all times
- Demonstrate effective communication with colleagues, staff, and clients
- Evaluate the experience at its conclusion

If you are unsure as to what capacity clinical year veterinary students can participate in your facility, please review the veterinary practice laws in your state.

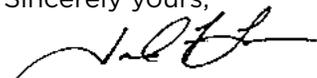
We ask that you pay extra attention to the section on evaluating a student.

Important Contact Information:

Dr. India Lane	Associate Dean for Academic Affairs	865-974-7263
Mrs. Misty Bailey	Curriculum and Assessment Coordinator	865-974-7446

Please do not hesitate to contact our office with any questions or concerns you may have. Thank you again for serving as an extension of the University of Tennessee College of Veterinary Medicine's clinical year curriculum. I look forward to future interactions with you through our 4th-year students.

Sincerely yours,



India Lane, DVM, MS, EdD
Associate Dean for Academic and Student Affairs

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Orienting the Student to your Organization

The purpose of an extensive orientation is to allow for our students to integrate quickly into your organization's flow and become familiar with your policies, vision, and culture. In this way, the student will quickly become a productive member of your team.



- **Provide the student with a complete tour of your facility.** This allows the student to become familiar with his or her workspace. Make it a point to introduce staff, interns, residents, and other doctors along the way. Provide a bit of information about your staff during the orientation. This could include how long individuals have been with your practice, their special interests, and their personal interests. This acts to promote the formation of a bond between your staff and the student and thus helps the student feel a part of your team. Provide your staff with an introduction of the student as well. This allows your staff to become a part of the educational team.

GOALS



- **Discuss the student's goals while at your practice.** This can provide you an opportunity to address the realities of the student's expectations. At the same time, you might discuss the goals and objectives you have for the student while he or she is at your facility.

Roles

- **Discuss student involvement** in rounds, the flow of patients through your practice, and/or other topics pertinent to the student's role at your facility. Be specific as to the expected roles the student will have, such as client communication, patient care, etc.

RESPONSIBILITY



- **Advise the student on the level of patient interaction and case management responsibilities expected.** For example, what parts of the examination should or should not be done in your absence, how do you want patients presented to you, and what are the expected student contributions to patient medical records and performance of clinical tests and therapeutic procedures?

Expectations

- **Provide students with your expectations** with regard to their schedule (including days off and your lunch policy), parking, and computer use. Describe and model the professionalism (clothing, language, punctuality) you will expect of them. Review how to contact the practice in case of personal emergency or unforeseen scheduling conflict.

FEEDBACK



- **Explain to students when they are to expect feedback and how it will occur.** For feedback to be effective, it must be given early in the learning process, and should be specific and focused on examples with reference to specific actions or behaviors. If you suspect a student will not successfully pass a rotation, you will need to provide them with feedback at mid-block, as well as contact us.



- **Provide students with a description of workplace safety policies** and location of policies and procedure manuals, if available.



- **Advise students of when projects will be assigned and expected due dates.** Projects may include written or oral presentations addressing topics of interest to you and/or your institution. For example, you could enlist students to find articles on a particular topic and place a copy in an informational binder for future students.

Providing Effective Feedback

During the learning process, students continuously self-assess, evaluating what they know, what they need to know, and how to obtain that information and apply it. This self-assessment plays an important role in student learning and is the hallmark of a life-long learner and effective, reflective professional. However, assessment or evaluation of the student's learning process and performance by the mentor is key to a student's successful externship experience. Mentor evaluation and feedback set the stage for improvement and are imperative because they address aspects of a student's abilities that are not easily evaluated through the traditional examination process.

Tips for Providing Constructive Feedback:

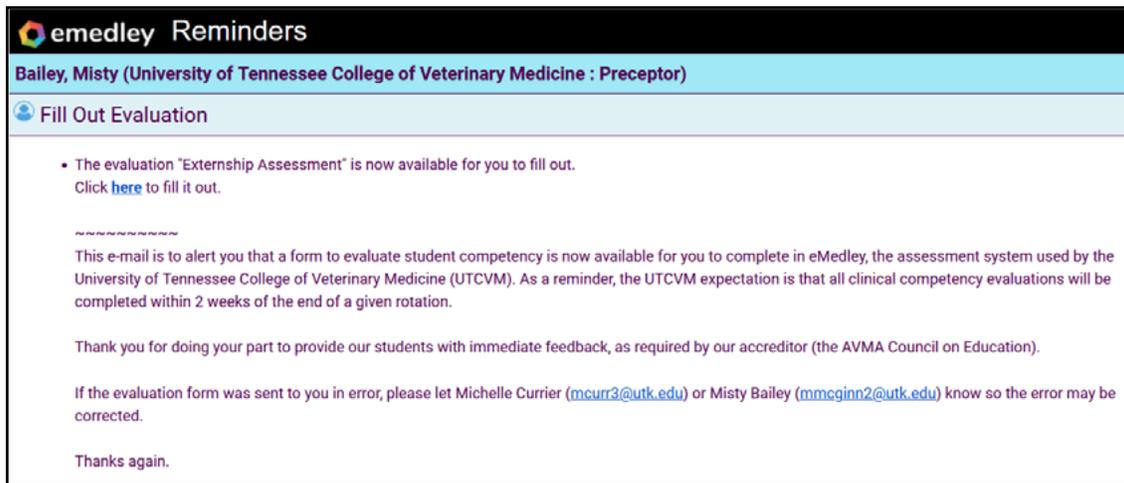
1. Feedback should be thought of as an everyday experience and should occur throughout the externship.
2. Expectations should be clear for the learner. Learners should be informed of what a good performance is. You may use the eMedley evaluation form (see pp. 4-5 of this guide) as a guideline for expectations.
3. Feedback should be specific, focus on specific behaviors, and be supported by specific examples of actions.
4. Feedback should be non-judgmental in nature. An example might be, "I noticed there are a few things on my problem list that you do not have. How do you feel about your initial physical exam findings?"
5. Feedback should be provided in close association with the observed events. Timely feedback is imperative.
6. The learner needs to be ready for feedback. If the individual is distraught or otherwise unreceptive to feedback at that time, set the expectation that you will be providing feedback at a later time and follow through.
7. Feedback should focus on 1 to 2 items at a time. Overwhelming a student with excessive feedback at once does not allow a student to focus on specific areas to improve.
8. Mentor-led feedback should be balanced. This means that the mentor should also deliberately seek the student's perception of his or her own performance.

As you are reviewing the grading rubric for the externship, it should be clearly understood that a score of "1" in the professionalism category results in no credit for externship rotation. We do have students receive no credit for external rotations from time to time, and we encourage you to uphold standards. If you feel that a student will not successfully pass the externship, it is mandatory that you have a discussion with them regarding their strengths and weaknesses. This discussion should happen half way through the externship. Additionally, we are here to support you and your final grading decisions. Please let us know how we can help, including speaking with the student on your behalf. If a student does not pass a rotation, they will need to repeat a similar experience, but will not be required to do so at your facility.

If you have any questions or concerns regarding the evaluation process, please contact the college at 865-974-7263.

Submitting the Final Evaluation

Our evaluations are all completed and stored in our online system called “eMedley.” During the last week of your student’s visit, you will receive an email notification from eMedley with instructions on how to login to the system. It will look something like this:



Simply click on the [blue link](#) to access the evaluation.

Once logged in, you will be able to see any evaluations that have been sent to you. It will show the student’s name and photo for each evaluation. You will see an evaluation form similar to the one under section “Example Evaluation Form” (pp. 4-5).

After you have completed all of the required questions, please click one of the following options at the bottom in [green](#):

SUBMIT

This will submit the evaluation to the student so that they may review the results of their performance (results are released automatically once you submit the form).

SAVE DRAFT

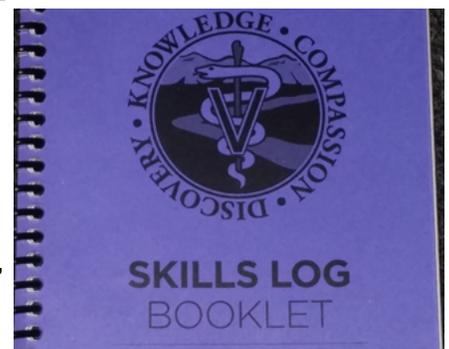
This will only save your recorded answers for each question. The student will not be able to view the evaluation until you come back to the evaluation, make any changes, and click “Submit.”

Approving Student Skills

All UTCVM students are required to competently complete 200 skills. They may complete up to 25 of these skills during externships. The student might ask you to verify successful completion of a skill in the *Skills Log Booklet*.

To approve a successfully-completed skill:

After the student fills in the animal’s name and number and the date, in the appropriate row of the *Skills Log Booklet*, 1) sign your name, and 2) write the word “Competent.”



Example Evaluation Form (Competency Rubric)

		Unacceptable	Satisfactory	Good	Exceptional
1. History taking skills	Not Applicable OR No basis to assess	Frequently incomplete, inaccurate, or disorganized	Identifies most primary information, but may lack completeness or organization	Usually complete, organized & accurate with minor omissions or lapses in organization	Thorough, organized & accurate
2. Physical examination skills	Not Applicable OR No basis to assess	Examinations are typically incomplete; recordings of findings are incomplete or inaccurate	Performs basic physical examination but sometimes misses abnormalities, or fails to complete thorough examination	Performs complete physical examination with occasional minor omissions	Performs thorough and timely physical examination and prepares detailed records
3. Diagnostic planning skills	Not Applicable OR No basis to assess	Typically unable to identify major problems, differential diagnoses, or initial diagnostic steps	Creates initial problem list and plan but sometimes has difficulty identifying problems or differentials	Identifies major problems, appropriate differential diagnoses and initial plans	Consistently identifies all problems, most likely differential diagnoses and appropriate initial diagnostic steps
4. Use of laboratory /diagnostic tests & interpretation	Not Applicable OR No basis to assess	Has difficulty selecting appropriate diagnostic tests, or fails to provide accurate interpretation	With additional preparation, provides basic interpretation of common diagnostic tests	Usually identifies key diagnostic tests and provides accurate interpretation of results	Consistently identifies key diagnostic tests and provides accurate interpretation of results
5. Record management	Not Applicable OR No basis to assess	Progress notes, orders and discharge instructions are frequently incomplete, unorganized, late or missing	Progress notes, orders and discharge instructions include core information but lack detail, timeliness or organization	Progress notes, orders and discharge instructions are good but occasionally lack clarity, have minor omissions or are delayed in completion	Progress notes, orders and discharge instructions are clear, detailed, timely & accurate
6. Treatment/management plans	Not Applicable OR No basis to assess	Has difficulty developing appropriate treatment/management plans or referral plans, responding to patient changes or determining specific orders	Develops basic treatment/management plan for primary disease but may not address all possible problems or include clear written orders	Usually develops appropriate treatment/management plan, with clear written orders, comprehends when to seek consultation or patient referral	Consistently develops complete treatment/management plan for primary disease and potential complications, with clear written orders
7. Basic anesthesia/sedation, pain management	Not Applicable OR No basis to assess	Does not demonstrate anticipation, assessment or ability to manage pain or provide basic sedation	Demonstrates knowledge and adequate administration of common protocols	Usually assesses and monitors pain or anticipated discomfort; knowledge and choice of protocols is accurate	Accurately assesses and monitors pain or anticipated discomfort; knowledge and choice of protocols is detailed and accurate
8. Animal welfare and patient care	Not Applicable OR No basis to assess	Unacceptable concern with patient care; fails to provide basic patient comfort or respond to patient needs	Provides care for acceptable patient comfort as needed and responds to changing patient needs	Conscientious level of concern with patient care; frequently interacts with patient and responds to patient needs	Exceptional level of concern with patient care; provides extra attention to patient needs on an ongoing basis
9. Basic surgical knowledge & skills	Not Applicable OR No basis to assess	Does not demonstrate adequate knowledge of procedures or is unable to perform basic technical skills	Demonstrates knowledge & skills required to perform basic technical skills adequately	Demonstrates accurate knowledge of procedures and performs technical skills well with minor need for improvement	Knowledge of procedures is complete and accurate; technical skills performed well and with attention to possible complications
10. Surgical technique	Not Applicable OR No basis to assess	Does not consistently use aseptic technique; instrument use is poor; suturing technique & other skills are poor	Sometimes does not use aseptic technique; sometimes has difficulty with proper instrument use; suturing technique & other skills are adequate	Typically uses aseptic technique & instruments properly; suturing technique & other skills are good	Always uses aseptic technique & instruments properly; suturing technique & other surgical skills are exceptional
11. Basic medical skills	Not Applicable OR No basis to assess	Does not describe pathophysiologic or pharmacologic principles pertinent to case management	Describes basic pathophysiology & pharmacologic information with adequate but basic level of detail	Usually describes detailed pathophysiology of disease & pharmacologic basis for treatments	Consistently describes detailed pathophysiology of disease process & pharmacologic rationale for treatments
12. Emergency & intensive care skills	Not Applicable OR No basis to assess	Does not identify emergent patient issues, exhibits poor judgment regarding critical cases, & does not demonstrate knowledge of initial emergency care	Displays good judgment, but needs close supervision	Usually has sound judgment with emergency or intensive care cases & is able to plan supportive emergency treatments	Identifies emergent issues in admitted & critical patients and demonstrates ability to provide initial supportive emergency care
13. Case management and follow through	Not Applicable OR No basis to assess	Frequently arrives late, is disorganized, or fails to provide timely treatments or updates regarding patient status	Completes daily activities & treatments; provides basic patient updates in rounds & daily client/stakeholder communications	Organizes daily activities well, usually responds to patient changes, administers treatments as ordered & provides regular updates	Consistently organizes daily activities efficiently, responds to patient changes; administers treatments & provides appropriate updates to clinicians, clients/stakeholders

		Unacceptable	Satisfactory	Good	Exceptional
14. Health promotion & prevention skills	Not Applicable OR No basis to assess	Lacks adequate awareness & knowledge of disease prevention & control measures, including wellness programs for maintenance of individual & population health; poor understanding of zoonotic or biohazard threats	When prompted, demonstrates acceptable knowledge of disease prevention & control measures, including adequate wellness programs for maintenance of individual & population health; limited understanding of zoonotic or biohazard threats	Usually demonstrates accurate knowledge of disease prevention & control measures, including good quality wellness programs for maintenance of individual & population health; good understanding of zoonotic or biohazard threats	Proactively demonstrates comprehensive & current knowledge of disease prevention & control measures, including optimal wellness programs for maintenance of individual & population health; excellent understanding of zoonotic or biohazard threats
15. Communication with clients/stakeholders	Not Applicable OR No basis to assess	Typically does not interact well with clients/stakeholders; grievances often occur in client/stakeholder interactions.	Sometimes has difficulty eliciting and/or giving accurate, thorough, & timely information. Needs to consider client's/stakeholder's perspective and/or maintaining professional boundaries with clients/stakeholders	Usually communicates with clients/stakeholders by eliciting & giving accurate, thorough, timely information, that meets the needs of both owner/ agent & animal patient	Consistently communicates with clients/stakeholders by eliciting & giving accurate, thorough, timely information, that meets the needs of owner/ agent & animal patient
16. Communication with medical personnel	Not Applicable OR No basis to assess	Typically does not interact well with other professionals; grievances often occur in team interactions	Sometimes has difficulty giving & eliciting accurate, thorough, timely information, that promotes effective medical care & teamwork. Needs to listen more, & consider/respect others' perspectives	Usually communicates well with other professionals, giving & eliciting accurate, thorough, timely information, that promotes effective medical care & teamwork	Consistently communicates with other professionals, providing accurate, thorough, timely information, that promotes effective medical care & teamwork
17. Medical ethical concerns	Not Applicable OR No basis to assess	Unacceptable level of ethical awareness; inability to recognize ethical issues or to demonstrate ethical decision making consistently; not diplomatic when communicating ethical dilemmas	Acceptable level of ethical awareness & skills: discusses & asks questions about ethical dilemmas; at times lacks diplomacy	Appropriate level of ethical awareness & skills: asks questions, discusses & uses diplomacy in implementing solutions to ethical dilemmas	High level of relevant ethical awareness & skills: anticipates, asks questions, discusses, & uses diplomacy in ethical dilemmas
18. Overall contribution to team & participation	Not Applicable OR No basis to assess	Does not assist others on rotation or in keeping clinic/work site areas orderly; is often late & unengaged in rotation	If prompted, assists others on rotation & contributes to keeping clinic/work site areas orderly; sometimes not on time or engaged in rotation	Usually assists others on rotation; usually keeps clinic/work site areas orderly; usually on time & engaged in rotation	Always assists others on rotation; takes initiative to keep clinic/work site areas orderly; always on time & engaged in rotation
19. Overall professionalism*	*Unacceptable performance in this category results in no credit for the rotation	Does not display appropriate professionalism; is unenthusiastic about learning & participation; demonstrates gaps in professional behavior	Demonstrates acceptable levels of maturity, preparedness & dependability; generally interacts respectfully with others or has minor areas for improvement in professional behavior	Demonstrates good level of maturity, is usually prepared & dependable, interacts respectfully with clinician, staff, peers, & clients/stakeholders; appears eager to learn & participate	Demonstrates high level of maturity, is always prepared & dependable, interacts respectfully with clinician, staff, peers, & clients/stakeholders; appears eager to learn & participate
20. Research skills & information literacy	Not Applicable OR No basis to assess	Does not demonstrate knowledge or acquisition of basic relevant information	Identifies & presents basic relevant information from textbooks	Identifies & presents relevant information from textbooks & other sources	Consistently identifies, analyzes & presents relevant current literature & other sources
21. Knowledge: Basic science, understanding of concepts pertinent to the discipline, and/or pathophysiology of disease	Not Applicable OR No basis to assess	Knowledge is frequently incomplete and/or incorrect	Knowledge is incomplete but is sufficient to provide rudimentary explanations most of the time	Has complete knowledge; is able to provide appropriate explanations the majority of the time	Outstanding breadth of knowledge; Exceptional ability to recall & apply information
22. Rounds: includes daily rounds, grand rounds & seminars	Not Applicable OR No basis to assess	Rarely participates; case presentations lack major components, or organization; does not respond to questions or engage in discussion	Participates when addressed; Provides adequate case presentations but presentations need improvement in organization or delivery	Participates regularly; respectfully engages in group discussion; provides organized, & complete case presentations with minor omissions, responds well to questions	Participates regularly; respectfully engages in group discussion; provides organized, complete & concise case presentations; responds effectively to questions
23. Other assignment(s) - Ex: Paper, management plan, financial worksheet, etc. - Please provide a description of assignment(s)					
Comprehensive & Summative Feedback:					

Final grades, although ultimately up to the preceptor, should be aligned with the competency rubric & additional externship assignments.

H = Honors (top 10% of externs)	N/C = No Credit	None of these grades affects the student's GPA
S = Satisfactory	SI = Satisfactory Incomplete	

Final Grade:

Frequently Asked Questions

1. How many hours can a clinical student work?

A clinical student is required to work a minimum of 40 hours per week, but we expect them to mirror your hours. This will include rounds and additional patient care as needed. We expect this commitment might be 50–60 hours per week. Additional opportunities for patient monitoring and treatments are encouraged and are to be mandatory at the discretion of the preceptor.

2. What do I do if the student becomes ill?

If a student becomes ill while on a rotation at your facility, we need to be alerted. We will follow up directly with the student regarding absences.

3. The student has asked to take personal days. What do I do?

If a student requests personal days, we need to be alerted. We have very specific policies regarding taking days off and how many they are allowed to have. Once you have notified us of the request, we will follow up directly with the student. Please note: We do not allow working fewer hours to study for the NAVLE. We expect our students to continue their education in a professional manner and with good work ethic. Please let us know if there is an issue.

4. How long will students be at my site?

The students are required to spend a minimum of two (2) continuous weeks on site. The time period could be longer, depending on the agreement between the student, the institution, and/or the program.

5. Do students have liability insurance?

Most of our students are covered under a SCAVMA-PLIT policy. All students have the option to purchase a PLIT policy. The student should provide documentation of coverage if it is required and requested.

6. May a student receive a stipend?

Yes, students may receive a stipend and/or housing allowance to cover expenses incurred by their participation in the externship.

7. How should the student spend his or her time?

The student should spend the majority of the rotation experience under direct supervision, while getting as much hands-on experience as possible.

8. What procedures can a student legally perform?

Please refer to your state's Veterinary Practice Act for guidelines in hosting a clinical student, as it varies from state to state.

9. A student has asked me to observe him/her performing a technical skill. What do I do?

Our students are required to be evaluated on specific technical skills throughout their clinical training. A number of these skills may be evaluated by the preceptor. If you are comfortable with the student performing the skill, you may choose to observe, evaluate, and give feedback. However, you are not obligated to do so.

10. How do I evaluate a student?

You (the mentor) will evaluate the student in the areas of knowledge, clinical skills, interpersonal skills, and professionalism. Students prepare their own goals for the externship prior to arriving at your facility. You are welcome to ask the students for these goals and are encouraged to provide feedback throughout the rotation. The formal evaluation and grade will be due at the end of the rotation. If you have questions or concerns, please contact us directly.

Expectations of the Student

Before the externship:

- Requests for externships must be made at least 2 months in advance.
- Although some externships require extra travel time to the site, the expectation is that students will complete the duties of the previous rotation or request leave time accordingly.

At the externship site:

- Be proactive in your approach to learning.
- Develop and explore learning issues from experiences.
- Maintain professionalism at all times.
- Demonstrate effective communication with colleagues, staff, and clients.

Once the externship is complete:

- Evaluate the experience at its conclusion.
- Turn in any skills logged to Dr. Lane, according to the procedure outlined on p. 6 in the Skills Log Booklet.

Optional: Keep an activity log (template below).

UTCVM Externship Activity Log Dates _____

Site/Institution _____

Patient #	Patient Name	Species	Problem/Diagnosis	Treatment(s)	Outcome

Did you do any other activities during this externship?
(topic rounds, seminars, assignments, etc.)

